Ryan BARTER
RURAL MEDICINE

Elective Report: Tamekoshi Hospital – Manthali, Ramechhap. *Nepal*

For my elective, I went to Tamekoshi Hospital in a town called Manthali in the district of Ramechhap in Nepal. The population of the town was 10,000 and the wider district was 202,000. It is a poor, rural district existing mainly from subsistence farming. It took ten hours by bus from Kathmandu and then a small hike up to the town. The hospital acted as a kind of midway point between primary care/GP and a busy A&E department, although these comparisons are obviously arbitrary as the health provision in Nepal is completely different from the UK as I will go on to explain.

Nepal is one of poorest countries in the world with about a quarter living below the poverty line. It has only recently finished a ten-year long civil war following an attempted Maoist revolution to overthrow the Monarchy. It still currently has not formed a proper government but people in the country are optimistic that the politics are tending towards democracy and hopefully will hold elections very soon.

"Describe the pattern of diseases in the population within which you have worked and discuss this in the context of global health."

The people of Nepal suffer from diseases that are common to all developing countries – gastroenteritis and other infections, malnutrition and trauma. There are some tropical diseases such as malaria, rabies and typhoid. There are high maternal and infant mortality rates, indeed some of the highest in the world. This contrasts with developed countries which generally suffer the diseases of affluence - cardiovascular disease related to obesity and cancers owing to their long life expectancy.

"Describe the pattern of health provision in relation to the country in which you have worked and contrast this with the UK"

Nepal has 3 main forms of hospital provision and then countless traditional practices in more remote areas – witch doctors, folk healers and quacks. The hospital provision is either Governmental, voluntary or cooperative and private. Most of the hospitals, particularly the private ones are concentrated in the Kathmandu valley where only 2 million of the 29 million total population live. Unfortunately this is also where the majority of the doctors in the country are based.

Tamekoshi Hospital is a cooperative hospital in a rural district where members of the community pay a fee annually to receive up to 2000 Rupees worth of treatment for their family each year. Non-members are also welcome to use the hospital but are charged a small fee for the services. Subsidies from the cooperative fees are used to fund healthcare for the very poorest patients who can prove they cannot pay. The hospital was based in one of the main centres of the district, which is still several hours by bus from the more remote villages based in the hills. It had one full-time doctor who also did the job of medical director and then 3 health assistants and several nurses and one midwife. The health assistants train for three years in the very practical aspects of medicine and then provide the majority of care within the hospital. They can suture wounds, set fractures, treat infections and a whole other range of very pragmatic skills which are needed an area that does not attract doctors to work. In the more remote villages, there are health posts with community health assistants

providing the most basic of medical care. These health assistants train for 18 months and have basic skills for emergency first aid and can dispense some small amount of medicines which are provided by the government.

"Discover how medicine is practised in developing countries and learn about tropical diseases"

In my small experience of Nepal, medicine was practised in a similar way to in the UK. The practitioner, whether it be a doctor or health assistant, takes a history, examines and then orders tests to confirm a diagnosis and treats with medications not dissimilar to our own. They don't have some of the newer drugs for diseases such as rheumatoid arthritis but make do with older, cheaper ones such as a hydrochloroquine which I was assured worked perfectly well.

I saw many examples of tropical diseases – typhoid, malaria and rheumatic fever were very common. Several patients had tuberculosis and some extra-pulmonary. One young boy who sticks in my mind was unfortunate enough to contract TB of the bones in the hip and rheumatic fever. TB is one of the diseases that is treated fairly well in Nepal. Patients have to travel to Kathmandu to the National TB Hospital but then get free treatment paid for by the government as a public health measure.

"Develop clinical skills without reliance on tests. Learn to work in a high pressured environment."

Surprising, I was to find that in Tamekoshi Hospital there was in fact a greater reliance on tests than in the UK. There was ready access to x-rays and basic blood tests – full blood count, U&Es and urine and stool analysis. Thus the health assistants would take a quick history and send the patient for tests based mainly on their presenting complaint. They would sometimes ausculate the chest of a child or examine the range of movement in an injured limb but compared with how we've been taught to examine it was fairly minimal. We examined patients more thoroughly and formulated differential diagnoses but they were always confirmed by tests. In some ways this meant I possibly didn't meet this objective, but in others it showed me the fundamental reason for performing blood tests and imaging – to confirm your clinical diagnosis. In fact I am pleased that the hospital was able to offer the necessary tests to its patients.

I certainly learned to work in a high pressured environment. We attended to 30+ patients each day in outpatients along with normally up to ten more as in-patients. When emergencies came in we took a hands-on role as part of the team caring for patients who had suffered trauma. For example, one young gentleman came in after being involved in a tractor accident in which the driver passed away. He potentially had life-threatening abdominal injuries with the nearest surgical facilities 6 hours away by ambulance in Kathmandu. My colleague and I performed the primary survey to ensure he did not have any obvious cardiorespiratory compromise or neurological deficit. It was stressful but I felt well supported so was a good introduction to care of the acutely sick patient.

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Elective 30/04/13-26/05/13

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General medicine

The placement was exactly how I expected it – a small, busy hospital in a remote, rural area of Nepal. The people were unfortunately very poor, surviving mainly by subsistence farming.

The clinical experience was excellent – we saw 30+ patients in outpatients everyday with the health assistants helping us translate during history taking. We saw a wide range of interesting pathology and common infections (pneumonia etc.) you also see at home. We also did ward rounds with the medical director and assisted when emergencies presented.

I learnt a great deal about the interesting politics of the country, having just emerged out of a 10 year long civil war following an attempted Maoist revolution to overthrow the Monarchy in the 1990s. The country still does not have a fuklly formed government but the people are optimistic about the move towards democracy and the plans for elections.

The health professionals in Nepal are a lot more pragmatic in their approach and training than us in the UK. Whereas we have the luxury of 6 years of training and a chance to study the latest science and drugs in depth because they will be used in the NHS, in Nepal they have to be very competent with the common things. Suturing wounds, reducing and plastering fractures, dealing with other injuries and treating serious infections with a limited selection of antibiotics.

There are really three different health systems in Nepal – governmental, voluntary or cooperative and private. Most of the hospitals are based in the Kathmandu valley where only 2 million of the 29 million people live. Voluntary or cooperative hospitals are more common in the rural areas and take subscriptions from members of the community in exchange for treatment up to a value for their family.

The best bits was living with the staff at the hospital and eating our meals and socialising together in the evenings. It was an amazing opportunity to learn about Nepali culture, history and language. By the end I felt practically Nepali!

The worst bits were the frustrations at the lack of resources. The only specialist care in the country is located in Kathmandu so patients with serious or complicated medical conditions have to ride the 10 hour bus to Kathmandu. Some parents could not afford to take their children and pay for care in Kathmandu and so Tamekoshi Hospital could only palliate their condition.

There were no real shortcomings I really enjoyed the whole trip. The buses are a bit uncomfortable and we tried to run a health camp that was blocked by local Marxist militants but we just ran one in another village.

I would thoroughly recommend this placement as you get great clinical exposure and it's suitably located to go trekking in the mountains afterwards!

I would try and learn some of the language before I go next time as I think it will make it much easier to pick up when you get there.

Apart from Marxist local big men wanting money to let us do a health camp, there was no deviation from the risk assessment. However, we were perfectly safe as the medical director Dr Suman acted as a buffer in negotiations with them.

Accommodation was pretty basic but when you've lived in flats in East London for 5 years it's absolutely fine. Good shower and a fan to keep you cool at night (when the electricity worked)

We got tourist buses where we could and local buses the rest of the time. They take a long time over the mountain roads and are terribly uncomfortable but if you cared about that you'd never travel to interesting countries.

Enjoy elective it's the best 2 months you'll do at Barts!