

## AMSF Travel Scholarship 2017 – Report

Kaski Sewa Hospital and Research Centre,  
and rural village health posts

Pokhara, Nepal

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The morning view from the rooftop of my homestay

*"Dukhyo?"* I said clumsily, asking in Nepali if he was in pain. He was in ICU, admitted several hours ago with a diagnosis of MI, but haemodynamically stable. I had been asked by the nurse to read a repeat ECG, and I recognised some new ST changes in anterior leads, suspecting he could be having another heart attack. The medical officer had been called to review the patient, but while waiting, I suddenly noticed I could no longer hear his laboured breathing. Then the monitoring alarm went off – the heart rate had dropped to zero. Within moments I had started compressions and was yelling for help. Twenty minutes later, at the instruction of the consultant, we stopped CPR. That was my first real experience performing CPR. And it was just day two.

This was just one of many new experiences offered during my eye-opening four week placement in Nepal, as part of my final year self-created 'medical selective'. I spent three of those weeks at the Kaski Sewa Hospital and Research Centre in the city of Pokhara, and another week at rural health posts in surrounding villages. I was operating through a local volunteering society and stayed with a wonderful host family in the centre of town, allowing me to fully embrace the local culture and actually integrate into the community. My decision to go to Nepal was initially difficult – I knew I wanted to gain exposure to healthcare in a developing country, but with so many choices and so much freedom, it was difficult to make up my mind. With my medicine selective in rotation 1, I was able to combine the placement with my summer holidays, and choosing Nepal meant I could fulfil my long-held dream of seeing the Himalayas. And in the end, it was definitely worth it.



My time at the hospital was highly varied. Theoretically I was allocated to just the medical department, but I had plenty of freedom to spend some time with the other departments; paediatrics, O&G, general surgery and orthopaedics. The hospital itself is a relatively new 100-bed 'private' hospital, relatively well-equipped with both adult and neonatal ICUs. Being private obviously means higher costs for the patients (there is no such thing as health insurance), but the quality of care provided by the 'government' hospitals is comparatively so much poorer, and the difference is reflected in health outcomes. I was fortunate enough to spend a few evenings at the large government Western Regional ("Gandaki") Hospital, just down the road, with one of the physicians who worked at both hospitals. I saw many confronting scenes, including the hallway of ED lined with several deceased patients waiting to be moved, but I gained valuable insight into the real ramifications of a severely under-resourced, mismanaged public healthcare system and the human impact of Nepal's poverty.





Within the medical department, my time was spent with both consultant physicians and medical officers (the equivalent of interns in Australia), rotating between the medical wards, outpatient clinics and ED and ICU (which both fell under the general medical team as there are no acute care specialists). And since the Kaski Sewa Hospital is a private, non-teaching centre, there were no 'registrars' and I was the only student – so I frequently took advantage of one-on-one teaching! One of my key incentives in picking a developing country was to gain exposure to conditions not seen in Australia, especially foreign infectious diseases, in the hopes of applying textbook knowledge to real-life patients. Indeed I did see several cases of tuberculosis (pulmonary and extra-pulmonary) and malaria, as well as less familiar and more exotic diseases like amoebic liver abscesses, hydatid cysts, schistosomiasis, a fungal brain abscess, lymphatic filariasis and leprosy – all of which proved to be valuable learning opportunities.

With a six-day working week in Nepal, my Saturday 'weekends' were rather brief, and spent mostly exploring the touristy Lakeside area of Pokhara; soaking up the relaxed atmosphere and indulging myself at the many cheap restaurants. On one weekend, I was able to attend a rural health camp as part of the hospital's community outreach program, which provided quite a unique experience. These camps, staffed voluntarily by doctors of the hospital, are held weekend every few months, and visit several of the more remote villages to provide free care to areas with perhaps the greatest need. At this particular camp, I rotated between four classrooms-turned-outpatient clinics (medical, general surgical, orthopaedic and O&G) and together we saw over 700 patients in under 6 hours. With such limited time per patient, the assessments were very brief and I often questioned whether we made any difference, but it seemed that simply having talked to a doctor brought great comfort to most. And despite a limited offering of helpful medications (our 'pharmacy' was stocked mostly with free sample packs), each patient was prescribed paracetamol to satisfy their need for some sort of tangible management plan.



Chatting to villagers at the hospital's rural health camp

I was also exposed to rural village medicine through the week I spent in *Gachowk* village, attending the local government health posts. One of the physicians at KSH had grown up in the village, and invited me to stay in his parents' home to work with the health posts – and it proved the most enjoyable week of the placement. I was welcomed into the community and experienced village life first-hand; from milking the buffalo at 5am each morning, to cooking simple meals of rice and lentils over a wood fire, to sleeping on the floor of a low-roofed clay house each evening. The health posts were staffed by nurses only, had no equipment for investigation, and the government provided only 35 'essential' medicines – so there was little capacity or need for proper assessment/diagnosis. There was a management algorithm for each presentation; every patient with pain received ibuprofen, and those with fever all got antibiotics. The staff and patients were grateful to have someone with medical experience there, but they clearly expected more than I was able to offer and I was often frustrated by my lack of usefulness within such a resource-limited setting. Nevertheless, I found the work particularly rewarding and very much appreciated the opportunity to learn from the different cultural aspects of healthcare in rural Nepal.



Scenery on my morning walk to the rural village health post



Glad to be of service, wearing the traditional *Dhaka taupi* (hat) at the government health post in *Ghachowk*



With some extra time outside the elective, and thanks to the AMSF scholarship's funding of this placement, I was able to afford to go trekking in the Himalayas – which was a dream come true. I spent 8 days venturing alone into the Annapurna region (dangerous and not recommended, but cheaper than hiring a guide...), and climbed to Base Camp. Being rushed for time, I completed a 14 day trek in just 8, which meant walking for 10-12 hours each day (most of it at high altitude) – giving me plenty of time for personal reflection and to practice my newfound skills in Buddhist meditation. The alpine scenery was surreally beautiful, and I met some of the warmest people in the mountain villages. Watching the sunrise at base camp, surrounded by majestic snow-capped peaks in -25°C cold, was a truly unforgettable moment and indescribably profound.

These several weeks were some of the best of my life – I underwent significant personal and professional growth and in many ways it really was a journey of self-discovery. The placement offered a variety of interesting cases to broaden my knowledge, and an exposure to different management strategies. But perhaps more valuable was the insight I gained into the foreign approach to healthcare and systematic differences where resources are so restricted. There was clearly a greater reliance on clinical judgement and diagnosis, and a stronger emphasis on inexpensive interventions (though not necessarily evidence based or cost-effective). I also gained a deeper understanding and widely-applicable awareness of the sociocultural, political and economic determinants of health in a developing country – and of course a greater appreciation of the quality of care and resources available in Australia.

My personal growth stemmed from my immersion in such a foreign culture and unfamiliar setting; from the new relationships I formed with some of the beautiful Nepalese people, to the introspections borne of being so far outside my comfort zone. My perspectives have been broadened, my sense of self and purpose redefined, and my resolve to work further in global health strengthened. I beheld some of the greatest natural beauty and kindled a burning desire to see more of this world. I would like to sincerely thank the AMSF for their generous contribution to what has been a truly life-changing time for me.



A view of Annapurna South, from Poon Hill