RES MEDICA
Journal of the Royal Medical Society

# Travel Fund Reports: Nepal

**John Parker**

**Abstract**

Living in a valley, lush and green, 4600-ft. above sea level, filled with paddy fields, surrounded by terraced hill slopes and dominated by an inspiring backcloth of snow-capped Himalayas is a personal experience to be cherished. Working among a people, poor and poorer yet happy and cheerful, seeing textbook cases of gross, unattended pathology, tropical and "Western" , is a medical experience never to be forgotten.

The valley of Kathmandu in Nepal provides the setting. Until 1951, when the King regained control from the Rama family, a hereditary line of Prime Ministers since since 1846, all Nepalese borders were closed to foreign travellers. The country maintained a mediaeval lifestyle with a mediaeval medical care.

Since 1951 the influx of foreign influence has been accelerating. Now Kathmandu isa popular tourist stop. The people, however, are caught between the wealth and status of the visitors and their ancestral customs and poverty. Owing to the very rough terrain of the region and the poor communications within the country, most areas outside the city still retain their original life-style and value system.

In 1953, the United Mission to Nepal began a hospital which still exists as the Shanta Bhawan Hospital (Palace of Peace). It caters mainly for the Nepali inhabitants of the area but also extends its foreign residents and tourists. Charity or credit concessions are available to the poor whilst the rich and foreign patients are over-charged.



ISSN: 2051-7580 (Online) ISSN: 0482-3206 (Print)
*Res Medica* is published by the Royal Medical Society, 5/5 Bristo Square, Edinburgh, EH8 9AL

*Res Medica,* Autumn 1972, 7(1): 35
doi:10.2218/resmedica.v7i1.899

## TRAVEL FUND REPORTS

# NEPAL

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The hospital runs between the Western and Eastern styles of medicine. The staff is international, providing wide scope in medical background and practice. The nurses are mainly Nepali, efficient and elegant in their uniforms of white sarees. The most important factor in the running of the hospital is finance — or lack of it. Emphasis is always on out-patient care and admissions tend to be acute conditions: there is little scope for the care of the chronically ill. The in-patients are cared for by their families who also help the nurses in their duties. Diagnostic investigations are limited so that clinical diagnosis is all the more vital.

Being a medical student in such conditions allowed ample opportunity for performing ward procedures, assisting in the operating-room and even tackling minor operations oneself unsupervised. Nevertheless, what I found to be the most stimulating was the necessity to improvise, compromise or reject. So many factors concerning the patient, the language, patient care and treatment available that are assumed in Britain, are altered so that it becomes essential to reassess their relevance. To take a case history through two interpreters, auscultate the heart of a young girl who believes that baring her breasts before marriage brings ill-luck in child-bearing, or a patient refusing to have his haemoglobin estimated because it is too expensive and he is too proud to accept charity, may seem ridiculous in Britain but are commonly encountered in Nepal. To refuse admission to a person whose prognosis is hopeless may appear unethical, but to brand a hospital with too many deaths would cause unlimited harm.

The obvious advantage of "going East" to work the clerkship is to see gross pathology. Tuberculosis, leprosy, malaria, elephantiasis, dysentery, tetanus and diphtheria, rarely seen in Edinburgh, were frequent in Nepal. Furthermore, "Western" diseases such as heart disease, carcinomas, uneumonia, osteomyelitis, peptic ulcers and neurological disorders will usually present in advanced states whereas early diagnosis is stressed in Britain.

The most valuable lesson which I gained during my visit to Nepal was to appreciate the problems and methods of setting up a medical care system among a people totally ignorant in basic hygiene, in a nation where the medical budget is 1/200 per member of population of Britain's. The hospital becomes a capital expenditure that cannot be afforded when preventive medicine is imperative; the doctor is seen as an over-trained, easily frustrated and expensive member of staff when emphasis is placed on economy.

No-matter-what, the opportunity of visiting a country where the priorities of medical care are different, the relevance of every practice must be revised, the cost of every drug prescribed must be justified and the satisfaction of treating diseases not previously encountered is so immense, should be missed by no-one.