

## **GDS REPORT – MEDICAL ELECTIVE SARAH DOWSELL**

My medical elective took place in the town of Gorkha in Nepal. This was arranged with help from the Gorkha development scheme (GDS) making use of their connections with the schools and hospitals within and around the town.

I spent the majority of my time between two hospitals. The first was Gorkha District Hospital, a government funded hospital and the second was a private hospital named Apollo. A typical day for me would start at either 9 am for the ward round or 10am at the outpatient department (OPD) clinic where I would usually spend the morning. I would observe and participate in consultations where possible ranging from helping with dressings to taking blood pressure manually. The doctors would be keen to keep me involved by asking me for management plans or my opinion on possible diagnosis. On occasions I would follow the patients to the dressing room where they would receive treatment or for further investigations.

The main hospital building at the district hospital had recently begun to undergo construction with the hope to expand patient capacity but also repair facilities from the damage following the 2015 earthquake. The construction is currently aimed to be completed this time next year however this results in facilities being restricted in the meantime. The hospital facilities consisted of a main OPD clinic which is similar to a triaging service and acts as the equivalent of a GP in England. From here patients would be sent to get further investigations such as blood tests or X-ray. Traditional X-ray and USS were available as well as most basic blood tests. There was an emergency room consisting of nine beds where patients would sit if they needed to be observed for example following a dose of nifedipine for hypertension. Some patients would also be admitted to the general ward if required where there are 15 general beds and 10-15 maternity beds. The current ward is a rented building from the Gorkha eye hospital. The hospital also had a dental ward consisting of 2 chairs adjacent to the dressing clinic.

There was no active operating theatre, the nearest was a 2 hour drive away in Chitwan. This was a bit disconcerting especially for any complicated maternity cases that needed an emergency c- section. It certainly was not an ideal situation but it was the best the hospital could do given the facilities available to them and I admired the resilience of the doctors.

The afternoons would then follow, after a short lunch break, in Apollo hospital which was a private hospital run by a local doctor. At the government hospital you still had to pay for consultation and treatment (1 consultation was 200rs = £1.50 with additionally priced medication) whereas at the private hospital was much more expensive. I found that there was a difference in patient attitudes between the private and government settings. There was a higher level of both patience and respect for the doctors in the private hospital which I found slightly surprising. They both had similar facilities available and equivalent waiting times. The case load was very similar too.

The case load in both hospitals varied from day to day as it does in the UK. There were common problems that I was familiar with such as Type 2 diabetes and Hypertension as well as COPD. Common colds were popular as it was monsoon season however antibiotics were frequently given even though the cause was probably viral. The doctors were aware that it was viral however due to the rural location that most patients lived in, it was hard for the patients to travel back for follow up therefore the doctors wanted to ensure they did not get a secondary bacterial infection. There was also an element of patient expectations in this decision making too.

However, there were cases too which I had not had past experience with. Rheumatic heart disease and Tuberculosis are still very prevalent in Nepal with regular appointments scheduled to ensure adherence to antibiotic treatment. Enteric fever was a common problem too. The government does not currently fund a vaccination scheme for typhoid (Enteric fever) as the vaccination is more expensive than the

treatment itself. It is mainly water sanitation that is the main source of infection after a discussion with the doctors.

One aspect of practice that surprised me the most was the amount of medication that was given to a patient. For example, as well as getting antibiotics for tonsillitis they would also get other multivitamins such as zinc. The Doctors said this was mainly due to patient expectations, as they wanted to get prescribed vitamins so they could get a boost and feel better instantly. I believe there was also an influence from drug companies as well.

I would work in the hospital Sunday to Friday. I would spend my spare time on Saturdays either with my host family and friends or helping with a charity scheme. I was given the opportunity to be involved in 2 schemes, a teaching training programme in a local school and a hygiene programme. Each were fantastic opportunities and gave me the chance to experience other aspects of the community that I would not necessarily have been able to see from the hospital.

During my stay I was living with a Nepali family who consisted of my Nepali mum, dad and sister Sheral who was 11 years old. Living with a host family was definitely one of the highlights of my experience as I had the opportunity to become immersed in Nepali culture and also it was a great way to meet their friends and family in the village. I felt well looked after and didn't have any problems. Family dinner time on the balcony outside eating traditional Nepali food is an experience that will stick with me. I also made several friends with the Doctors from the hospital, going for a regular walk every other day with one of the doctors from Apollo.

I have felt overwhelmed by the hospitality and friendliness from the members of the hospital, charity and community in Gorkha. I had a fantastic time, although hard work, and I will definitely be back in the future as I hope to see the completed hospital. Thank you GDS!

**SEE PHOTOS BELOW:-**

**PHOTOS**



Headteacher from local school (Sarita's School) where I helped teach an English class and lead a session with the scout group



Goodbye meeting with Gorkha committee members. From left: Sarita, Laxman, myself, Ramchandra and Perusotum.



Hygiene programme teaching with Sarita and Kalpunga in a rural school.



Location of hygiene programme. The school was still renting a room whilst waiting for their school building to be rebuilt following the earthquake.



Left: My Nepali family!  
Middle: Relatives of my Nepali family during our visit and picnic at Gorkha Durbar.  
Right: My Nepali mum (Sabitri) and I after temple



Dullav Secondary school in Ghampestsal where the teacher training programme took place.



Teacher training programme with the aim to help develop their English. All Nepali subjects are now taught in English apart from Nepali.



Scout session at local school where committee member Sarita teaches.



Handing over of teaching materials to Headteacher of Mahendra Jyoti school from previous volunteer Fiona



Gorkha District hospital. Building closest right hand side is the Emergency room with the dental ward attached. White building is the OPD building with pharmacy and X ray underneath.