



The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that will concentrate on issues pertaining to rural health in South Africa. We hope to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.



Rural medicine in Nepal



Introduction

Nepal is a fascinating country, famous for its mighty Himalayan peaks and ancient untouched cultures. In spite of its great beauty and attraction, Nepal remains one of the poorest countries in the world. As in many developing countries, most of the population lives in rural areas while most of the medical facilities and health professionals are found in the capital city. Although there are many rural hospitals scattered throughout the hills of Nepal, many function very poorly, suffering from shortage of staff, medicines and low quality of care. Some however have gained a reputation for offering good and appropriate service to the communities they serve. I currently have the privilege of working in such a hospital, the TEAM mission hospital in Dadeldura.

The hospital in Dadeldura

Dadeldura is the district headquarters of the Far Western region and as such is relatively large town. It is on the top of a ridge of mountains and has a spectacular view over rolling river valleys rising up to steep hills, backed by an East to West view of the snow capped Himalayas.

The hospital has 30 beds, with 2 wards. Men, women and children, medical and surgical cases are all mixed together in these wards. Initially I was surprised to see that it was possible to run a hospital with only 30 beds. However there were never any patients who had to sleep on the floor since I have been here and 30 beds seem enough. There is a much higher threshold for admitting patients; for example, patients suffering from typhoid, which is endemic, are usually not admitted,

and TB patients usually stay for only a few days. The hospital sees about 100 out patients a day and does about 50 deliveries a month.

The hospital is run by two doctors, both family physicians from USA. One has been at that hospital for 20 years and is an extremely well known figure in the community. He told me that on his first visit to the hospital, he had to walk for three days to reach the hospital as the road had been blocked by landslides.

The real keys to the hospital are the 5 CMAs (Clinical Medical Assistants). These workers are the Nepali equivalent of PHC nurses in South Africa. They sit in out patients department and see most of the patients. They also manage the wards, giving injections and doing dressings. As there is no radiographer, they take all the X-Rays. They also conduct all of the deliveries that happen at night. For caesarean sections they scrub and assist in theatre. They are the main people to see patients after hours and so take turns to be on call, working the whole of the next day as well after a call. And for all this they have 15 months training. Many of them are highly experienced and a real pleasure to work with.

Challenges

A thing I have found surprising is the relatively high proportion of surgical and especially orthopaedic patients that we admit. People are often falling out of trees - or off the steep terraces that they farm on. They climb the trees to cut off branches to feed their buffalo. (As a result, most of the trees here have no side branches and just grow vertically up). About 3 patients with

fractures come to the hospital every day, and supra condylar fractures of the humerus are especially common.

In my first three days here, 4 women arrived in labour with dead babies. Two were in transverse lie with cord prolapse and we had to deliver the babies by caesarean section. One was a breech and delivered vaginally, and in the case of the other we had to do a destructive procedure on the skull to deliver the baby. None of these women had been for antenatal care, which seems to be the rule rather than the exception here. It is not hard to see why Nepal has one of the highest maternal mortality rates in the world. Very few patients are admitted here to await labour, and the concept of maternity villages does not seem to have been proposed at all in South Asia. As some mothers come from several days walk away, this situation is very difficult. At least they can do caesarean sections at this hospital. There are many district hospitals in Nepal where not even this is possible.

The lack of referral facilities is difficult. The hospital is not far from the India border, so if patients have money many choose to go there. But there is no close relationship between TEAM hospital and larger referral hospitals. In my first week here we had several difficult cases with no one to ask - like an open skull fracture with meninges showing - and a man with Fournier's gangrene. It made me appreciate "Mailadoc" (email discussion list) and the good referral backup we had while I was working at Manguzi Hospital, in KwaZuluNatal. We often refer patients to larger centres, up to 8

hours away, without being sure they will reach the correct place or receive the correct treatment. I have seen several people who travelled far and spent much money on investigations such as X-Rays and blood tests, only to not have enough money for treatment, or to be told that it was an incurable illness. Referral often does not seem rational and a lot of money seems to be unnecessarily spent by anxious relatives wanting to do the very best for their loved ones, even if that means spending money they have had to borrow.

At first I thought that being able to collect blood from a willing family member donor was a huge advantage and would prevent the situation we tried to avoid at Manguzi of our blood supply running out. I have since found out that this is not true. Generally speaking, people seem very unwilling to give blood except to very close family members. Women seem particularly reluctant, fearing that it will make them too weak to work in the fields. I have now observed three occasions where very anaemic patients, one with an ongoing gastrointestinal bleed, had to be sent home or to another centre at great cost, simply because no willing donor could be found. The problem of unusual blood types is even more of a challenge. Last week, after persuading over 10 villagers to have their blood tested, seeking a donor for an A negative patient, none was found to match. Eventually the patient was sent to a bigger centre.

Some solutions

An innovation at this hospital that I have found very useful is the solar lights. Each light fitting has two lights - one working off the main power and one off a solar battery. The hospital does have a back up generator but this has to be turned on manually at the workshop. When the lights go out in that crucial stage of a delivery or operation, with a flick of a switch one can be using solar power, while waiting for the generator to be turned on.

Unlike the situation in South Africa, where interpreters are widely

used in consultations, here there is a high expectation on expatriate doctors to be able to speak the local language. I had to take a 4 month course in Nepali before working here and all of my work with staff and patients is done in this language. The increased depth of communication that this makes possible has lots of rewards. One of these is being better able to appreciate and in some ways manage the personal and contextual aspects of the consultation. I am amazed at the number of patients, even in this very poor rural community, who present with physical symptoms, but have underlying depression or anxiety, often from family related problems.

Conclusion

In all, though, it is in many ways like a rural hospital at home. The doctors' houses look the same, the communal social life is the same, and the fact that all the staff in the hospital are related to everyone in the village is the same. It has not taken me long to feel at home here.

I have found that rural health care has many similarities all over the world. It is my hope and prayer that its joys and challenges will keep me in this type of work for a long time to come. For those who like adventure, enjoy a challenge, find other cultures stimulating and want to make a difference in the world around them, I can recommend it whole-heartedly. ✨

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Note: For more information about Mailadoc, also known as Doctors' dialogue, the email discussion list for rural doctors and other health workers, and to subscribe, go to colin@galac-ticomm.org in the ointment.