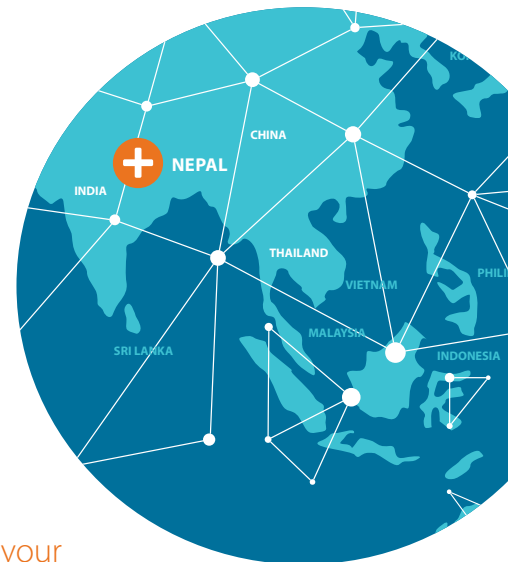


Elective Grant Report



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At 5'9 I'm no giant, but after hitting my head 5 times on the first day I quickly realised the average height is somewhat less in Nepal

"Namaste!"

The welcoming phrase bounces around the hospital from every patient, family and staff member at Green Pastures Hospital (GPH) in Pokhara, Nepal. The smiles of these people lift your spirit, in this place they are living the truth that there is hope despite their illness, disability or life circumstances.

In my final year of medical school I was given the tremendous privilege to complete a medical elective overseas as part of my studies. For as long as I can remember I have wanted to use my skills and training in populations of disadvantage and where others may not be willing to go.

The first time Nepal came onto my radar in a meaningful way was in my first year of medical school when I was privileged to meet Dr Bruce and his wife Libby. Dr Bruce, an Australian trained General Practitioner, is now the medical superintendent for GPH. His wife Libby also serves the community as the principal of a school based on the hospital grounds. This passionate couple has been serving the Nepalese people for nearly 30 years and in a real way opened my eyes to what it might look like to make a worthwhile difference in the world of dire health needs outside of Australia.

Green Pastures Hospital was established in 1957 by International Nepal Fellowship (INF). INF is a Christian NGO that aims to bring "sustainable improvements in health and quality of life of people and communities."

This involves not only supporting hospitals and health services (run largely via foreign support), but also training local Nepali people in medical and health fields to provide sustainable change to these communities. GPH is one of three hospitals established by INF that serves the needs of poor and marginalised people in Nepal. GPH was originally established as a specialist leprosy hospital but has grown to have over 70 beds and its services have greatly extended, including a Rehabilitation service which is almost unheard of in Nepal. Other key departments of GPH include: Orthopaedics, Palliative Care, Spinal Cord Injury, Physiotherapy, Occupational Therapy, Orthotics and Prosthetics.

So when the opportunity arose for an overseas elective, GPH was the obvious choice. INF GPH happily accepted me, along with my wife Ali who joined to volunteer her Occupational Therapist experience in training local Rehab staff. With our bags packed and leave approved we set off for five weeks in Pokhara.

One of the first realisations I had upon arriving in Nepal was that it is full of rich culture, natural beauty and poverty. With over a quarter of Nepal's total population living below the poverty line, many people here are striving for enough to eat and luxuries such as paying for medical care are far from their minds or capacity.

Out of every 1,000 babies born in Nepal, 29 die before their first birthday due to poverty related causes (compared to 3.1/1000 in Australia). This is particularly common for young baby girls, who are viewed as lesser in this culture due to their inability to provide security for their parents.

International Nepal Fellowship's vision is for: "Life in all its fullness for the poor and disadvantaged people of Nepal."

This is why there is such a focus on leprosy at GPH. Before coming to Nepal, I knew next to nothing about leprosy (Hansen's Disease). In my second year of MD I think it was mentioned in an infectious disease lecture once. From a position of ignorance I had basically considered it a disease of antiquity that we had pretty much dealt with. Not so. After a very short amount of time at GPH the burden of this condition was apparent. Perhaps the hardest lesson learned from spending time with patients and healthcare workers, however, is that there is a lot more than just pathology contributing to the significant morbidity and mortality associated with this disease.

Leprosy is highly misunderstood and stigmatised. *Mycobacterium leprae* is not easily spread, and transmission requires years of close personal contact with an untreated carrier. Further, early treatment is highly effective at preventing disability and rapidly terminating infectivity (after only five days of multi-drug therapy patients are no longer contagious!). Yet sufferers will often avoid any medical contact for fear of being labelled a leper and risking exclusion from their communities. Even leprosy patients that have completed treatment are discriminated against and struggle to find any





Rounding with the Plastic Surgeon. The patient is displaying a classic ulnar claw associated with the peripheral neuropathy of Leprosy



Assisting in the debridement of a large sacral pressure sore



Patan Durbar Square in Kathmandu



The view from Poon Hill is world class and well worth the trek

form of employment, worsening the vicious cycle of poverty. These factors lead to delay in diagnosis and adequate treatment, resulting in progressing disability along with increased disease transmission. Lack of education on leprosy and access to quality care are serious hurdles to be overcome before leprosy truly becomes a point of interest in textbooks. GPH seeks to deal with these core issues of education and advocacy while at the same time providing quality care and support to those that have lost dignity, limbs and livelihood.

Whilst at GPH I spent most of my time with the Leprosy and Dermatology team. My normal day would start with ward rounds at 9am. It was still early in the morning but being monsoon season, the humidity quickly overcame any attempt the fans could make at dissipating it. Outpatient dermatology clinics were always full to overflowing. In hindsight I realise dermatology was the perfect field to do a cross-cultural elective in. Even if I couldn't understand the consultation when in Nepali, the pathology was always visible! The staff all spoke excellent English and were very patient in relaying information to me. Having lunch each day with the medical staff and enjoying the local specials while sharing the similarities and differences between our cultures was a highlight of each day. My wife and I did take several Nepali lessons whilst in Pokhara but a few weeks doesn't get you much beyond introductions and asking where the toilet is.

Despite language barriers, outpatient Dermatology clinics were a real highlight. Learning to recognise a range of common presentations and the odd exciting rare condition will doubtless be helpful in the future.

I was surprised to discover that in Nepal medication stewardship is virtually non-existent. Apart from morphine, nearly every medication can be purchased over the counter without a prescription. This includes broad spectrum antibiotics, tramadol and high dose steroids. Coupled with low health literacy, it is a dangerous mix. Needless to say, antibiotic resistance is high. Everyday my consultant would deal with many cases compounded by steroid overuse. I won't forget the cases of tinea pedis (supposedly athlete's foot...) that progressed to tinea corporis that covered most of the body.

Depending on the day I would also go to MDT Ulcer round, where affected inpatients would be assessed by the physio, occupational therapist, social worker and plastic surgeon. The number of patients coming to this room with amputations and chronic ulcers was initially staggering, but you could not tell these people were living with major disability by the way they laugh and chat with themselves and the team. I was also able to attend theatre, observing or assisting the surgeons as they debrided terrible pressure sores, performed complex spinal surgery and undertook function-restoring, life-changing reconstructive surgery.

Palliative care is another area in which GPH is addressing an overwhelmingly under resourced need. Joining in on palliative care home visits showed me not only the day-to-day of caring for people at the end of life but also gave me the privilege of being welcomed into people's homes.

Education is a big part of what GPH does. In my short time there I took part in leprosy education sessions run for patients, as well as a conference on neglected tropical diseases attended by healthcare workers from all over the surrounding districts.

It wasn't all work for us though. Nepal is renowned for its hiking. The three-day Poon Hill trek was a real highlight and the Himalayas need to be seen to appreciate their grandeur. I loved the variety in landscape too. We went from the roof of the world down to the jungle in the south where we took part in a safari looking for elephants, rhinos, tigers and bears.

Poverty is a major barrier to healthcare access here, especially as all healthcare services are funded entirely by the patients. In Nepalese hospitals, all medications, equipment (such as IV lines and urinary catheters) and procedures are paid for directly by the patients and their families. GPH endeavours to provide affordable health services to the people of Nepal, while reserving funds that can be used for the treatment of poor and marginalised people. Despite targeting a dire need, GPH receives minimal funding from the Nepalese government. To continue providing medical charity to the poorest in Nepal, GPH have established a Poor Patients Fund so that these people can access the healthcare they so desperately need. The community component of MIGA's generous Elective Grant is going directly into the Poor Patients Fund where it will support life changing work for many Nepalese, such as providing wheelchairs, medications, walking frames, prosthetics, pressure area air mattresses for spinal cord injury patients and rehabilitation sessions.

From my brief time in Nepal I learned much about the people, culture and healthcare system. I know that I barely scratched the surface, however it has left a lasting impression on me. Seeing how life and healthcare happens in another culture is an invaluable experience. I am thankful to MIGA for their generous support of my journey and more importantly, the Poor Patient Fund which continues to improve the lives of many in crisis, and in helping INF achieve the vision of sustainable improvements in health and quality of life.

Each year MIGA's Elective Grants Program offers 10 Grants of \$3,000 to medical students undertaking electives in developing communities. Each Grant includes \$1,500 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website.

MIGA's free Protection Package for medical students provides automatic cover for your elective and clinical placements. Insure with MIGA and undertake your elective with confidence – complete our simple online Application Form for immediate confirmation of your cover.

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