One fine Saturday in Nepal

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My medical elective has been and gone. I spent the New Zealand summer of 2011/2012 in Nepal and Tanzania sampling different cultures and gaining a new appreciation for how fortunate I am to come from a small country at the bottom of the world with a functional health system and a non-corrupt government (as far as I know).

But something happened in Nepal. It all started on a Saturday.

I was placed in a homestay in a small town called Banepa, about 25 kilometres away and two hours of mad driving southeast of Kathmandu. The family I was placed with were typical Nepalese. The father worked in accounts at the local hospital; the mother kept the home in good shape and prepared food for her two children and the variable hordes of foreign students and volunteers who stayed with them. I joined the household the same day as a midwife from Canada. Together with a retired nurse from England and a young nursing student from Australia we settled into the family ready to begin our respective placements.

Prior to my arrival, Sue, the intrepid retiree, had identified that there were about 30 homeless 'untouchables' living rough around the place. She thought it would be nice to help them out a bit so organised and personally funded something of a health day. It was scheduled for the first Saturday after my arrival — two days into my placement. The plan was to take the children, in a bus, down to the local river where they could wash. Following this they would all receive new warm clothes and shoes. We then planned to bring them back into town for some lunch, and in conjunction with a local women’s health clinic perform rudimentary health checks to see if there were any problems that could be addressed despite their limited means.

Having turned up just two days prior to this planned event the entire organisation had been done, so I offered to help in whatever way was
needed. Sue teamed me up with the Canadian midwifery student and together we tackled the health checks. Well what an experience that was!

Prior to starting, I did not really have any idea what I may find or what I should look for so using the stethoscope and otoscope I had brought with me seemed like the best approach. I began by demonstrating the use of the otoscope on my Canadian friend. She had perfect ears and made the process look so much fun that I was soon mobbed by children who all wanted me to look in their ears too. In the first ear of the first boy there was a gaping hole in his ear drum! I was shocked at what I saw and I despaired at what else I may find. Fortunately it did get better and I only found one other perforation but it was almost universal that their ears were filled with gunk (specific medical term for ear wax or cerumen).

Next I looked at their teeth. Again it was almost universal that their teeth were riddled with cavities. Some of these cavities were so large that the actual tooth was eroded down to the gum line. Some children had three or more teeth that were this badly affected. It is difficult to imagine the pain they must feel every time they eat.

Then I came to their chests. At least five children had good sounding crackles/wheeze/general consolidation and one child did not seem to have any breath sounds at all on his left side. Upon looking at his back, I discovered the reason. Apparently two years ago he had fallen from a balcony and by the looks of it actually broken his back and most of his ribs on the right side; there was an enormous bulge and severe scoliosis. Outwardly he was as normal and happy as the other children but you can only imagine the pain he must have suffered at the time. Finally there was a little girl in a pink jersey with a murmur so loud I could hear it despite a room full of thirty screaming children. After waiting for everyone else to leave and the room to be quiet I listened again and sure as day there was a murmur – ejection systolic to be exact. What should we do with this girl? I had no idea. I asked the adults in attendance to get her referred to a big hospital in Kathmandu but any consultation would need to be paid for since there is no government funding for health care in Nepal. We did plan to follow up the boy with a deformed chest by getting an X-ray (NZD$2.20) and a consultation with a local orthopaedic surgeon.

Following on from this first encounter we visited the Banepa street kids three more times. During the initial screening and health checks the children all carried their details around on a little piece of paper. This worked well on the day because we were dotted around the classroom and would have found it difficult to collate the information in any other way. In true Nepali fashion and through some hilarious miscommunication, all the children left that day with the information in their hot little hands and not with us. This left us with an obvious problem. So we went back to gather the information. On two consecutive days following their afternoon school session we turned up and screened every child again. Fortunately by then I had been joined by two colleagues, Matt and Jessie, also from the University of Otago’s Christchurch School of Medicine who were able to share the workload. On the first afternoon through another miscommunication our Nepali helpers/ translators did not turn up so the ensuing chaos meant we could not hear their chests properly nor were we sure we had recorded the children’s details correctly. So we returned the next day with the helpers in attendance and tightly controlled the excitement long enough to hear what was going on. This worked well and we were able to pass the information on to the women’s clinic we were working alongside.
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Figure 5: Jessie Ma and David Short (both Christchurch School of Medicine) comb knots out of a young boy’s hair in Banepa, Nepal.

Throughout this exercise we had been keeping an eye out for the kid with the deformed back but he did not show up. Fortunately for us, their sleeping location was near where we were staying and they tended not to stray far during the day. We went and found him one morning and then walked the short distance up to the local hospital to see the orthopaedic specialist. One of the greatest strengths of the otherwise uninspiring Nepali health care system is that you can simply turn up, and provided you wait in line, you can see whomever you wish. So this is what we did, and as it turns out wearing a white coat gives you line skipping privileges. A morning consultation with the junior doctors followed by an X-ray, then an afternoon consultation with the specialist and all I have to report is that he has been referred to a spine specialist. The images showed that some of the vertebra in his back had suffered wedge compression fractures but were now stable. The boy did not report any neurological symptoms so it may be the case that nothing will be done in the long term. He is still young so I am left wondering how things will change as he enters puberty and begins to grow.

A few weeks later, Sue, the mostly retired nurse again organised for the street kids to have breakfast but this time also planned for the children to get a haircut and a wash. This was another great occasion filled with laughing and contented faces. Of course we found lice infested hair and again had to wash off a few weeks of grime but it was a morning I will remember for a long time to come.

I have thought about this experience a lot since returning to New Zealand. Despite our efforts, I feel that whatever we achieved was transient and ultimately futile. However, the same would not be true for efforts focused on addressing poverty in New Zealand. There are already many organisations that attempt to do just that. Address poverty. I don’t plan on setting up an organisation, nor do I plan to commit to any one ‘run-the-length-of-the-country’ fundraising event. I plan on sticking to my strengths and using my skills as a future doctor to help those who are less fortunate than myself.

I left Banepa shortly before Christmas bound for Tanzania, Africa. The work that was started was continued in the short term by the Sue and then hopefully by the local women’s health clinic. How well that arrangement is going I have no idea. I am afraid that Nepali miscommunication, corruption and disorganisation may combine with limited funding to ensure that no further progress is made but there is at least a foot in the door for the future of these children. Namaste from Nepal.

My elective placement was organised through Hope n Home, Nepal. They offer a cost effective, safe and comprehensive programme for medical students to complete their placements. You can visit their website for more information: http://www.hopenhome.org/

Figure 4: Nepali health workers assist a young boy to get dressed after his close shave with the local barber.