

An Elective in KMC

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I first visited Nepal (briefly) while trekking a Kanchenjunga circuit out of Darjeeling. This corner of India had been my favourite part of that holiday – the peaceful way of life, serene monasteries and the cool air were a welcome tonic to the intensity of North India. It was here that I became interested in visiting the mysterious Kingdom that lay to the West of Darjeeling.

At that time I had just finished my second year of pre-clinical, or basic science. A UK medical education includes two initial years of academic study, followed by clinical work for three years, slightly longer than in Nepal. An optional year in-between (which I took) allows you to earn a BSc. The treat comes at the end of the fourth year – the elective, a month dedicated to studying medicine in another country. This was to be my chance to return to Nepal.

Three years after that trek, on a hot May afternoon, flight QR350 landed in Tribhuvan Airport. I was glad to get off - I had slept little, and was jetlagged and stiff. I was delighted to have finally made it to the country I had been curious about all this time. I knew a lot had changed in Nepal since then – the threat of the Maobaadi, much hyped in the Western newspapers, had caused my companion to change her plans. My parents were worried by the volatile political climate and UK Foreign Office warnings.

I slept well, after a wonderful welcome from my host, Angel Magar, and my first encounter with daal bhaat tarkaari. The next morning, after an uncharacteristically early waking (still jetlagged) I had breakfast with Angel and some other interns. I couldn't understand their Nepali, but I recognized their tone, expressions and personalities easily – junior doctors are the same all over the world!

I chose to do my elective in medicine for the next month – I knew I needed to brush up on my clinical skills after my largely academic fourth year. I was placed in Unit I, and was introduced to Prof Karki, Dr Aparna and the MOs, Mahendra, Pardita and Shovna. My first ward round brought a pleasant surprise – it was mostly conducted in English, with the formal medical terms that I recognized. It made me start, though, to hear the informal medical

phrases, ubiquitous in England, mixed with streams of Nepali – 'bit on the low side', 'common things are common'.

I knew that Nepal would bring me into contact with different pathologies, but I was unprepared for level of infectious disease I would see. The acronym 'AGE' doesn't exist in the UK – at first I thought patients were being admitted because of their advanced years. It meant, though, that I got plenty of practice in palpating enlarged spleens and livers, difficult to find in UK hospitals but so important for our final exams. I had to be careful when asked about their causes though – in England 'kala-azar' will earn you only a sarcastic comment from your consultant, whereas 'CML' will earn you the same here in Nepal! The other common infections here have provided new learning experiences for me. Additionally, I have a particular interest in TB, and spent sometime learning about DOTS therapy and its effects.

I saw some familiar things too – COPD and heart failure are as common in the UK as in Nepal. They present a lot later in Nepal, though, and so I could examine patients with more advanced clinical signs, good practice for back home. I later realized why they presented later – in England healthcare is free for all (paid for through taxes) and patients will present with relatively minor symptoms. It was frustrating for me to see patients leave before they were ready and foregoing essential investigations and treatments because of lack of cash. More than once I happily donated some rupees to help pay for a transfusion or a CT scan.

OPD in the UK is only reached after the patient first consults with a General Practitioner (GP), who applies for an appointment on behalf of the patient. I was unprepared for the organized chaos in KMC OPD, amazed that a doctor could see and accurately examine such a huge volume of patients. It meant there were a lot of signs for me to pick up though – and to practice my fledgling Nepali skills.

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It can't be normal for a tourist's first words to be 'kaha dukhcha?' (where does it hurt?) and 'lamo sas linus' (take a deep breath?!). Another surprise in OPD was the daily midday medical rep round. In the UK they're called 'drug reps', and they conduct business in a very different manner. They are not allowed in OPD, and instead attack during doctors' lunchtimes, frequently donating food in exchange for the doctors' attention during a 10 minute, quite scientific presentation. The frequent, short, presentations in KMC OPD felt unnecessary to me, and I wondered how much more efficient the doctors could be without them.

With four weeks in Kathmandu, it has been easy for me to do all the touristy things. My first visit to Thamel was an experience, and made me glad to be staying in the relative peace of Sinamangal. I really enjoyed visiting Swoyambhunath, Bhaktapur and Patan, and my four day mountain bike tour of the central hills was amazing, trekking in Nagarkot and Dhulikhel, and some pretty steep ascents and descents! Another highlight was the mountain flight – 40 minutes to reach the summit of Everest must be some sort of record!

More than the tourist traps, though, I have really appreciated being able to live and work as a Nepali. Few tourists are lucky enough to become as

immersed in a country's culture as I have, and it's Angel I have to thank for all this. Without his continual guidance on Nepali medicine and culture (and the art of eating with one hand!), I would have been lost from day one. He and his friends (Suresh, Bhaskar, Tirtha, CM, Shiva and Niraj) have become my friends, and I've been lucky to know such a kind and generous group of guys. Life would have been very difficult without my friends on Unit I, too – I don't know how Mahendra, Pradita and Shovna put up with my endless questions and misunderstandings, but somehow they did, and I thank them for it!

I am writing on the eve of a short holiday in Sri Lanka, before returning to England to take on my final year. I'll be sorry to leave Nepal, and look forward to returning – perhaps when qualified, so I can be of more use. The differences between Nepali and English medicine have certainly made an impression on me – medicine feels so much more of a challenge without our battery of tests and investigations. However, I think what will stay with me more are the similarities – from the canteen gossip and laughs of the junior doctors, to the calm authority and expertise of their seniors, to the compassion and professionalism shown to patients by all. These similarities have connected doctors across the world for centuries, and will continue to do so long into the future.