

Week 4 of our trip started with a little bit of uncertainty. The Bicol team had been approached by a medical officer who runs the Kalimati health post, a small clinic near the town of Bhotewodar (about an hour north of Bandipur), to see if we would be interested in visiting the clinic and helping to see patients. The story of the clinic was quite remarkable in that it had been a longstanding clinic in the area but had been closed about 10 years ago before Dr. Hen, the medical officer who contacted Bicol, decided to reopen it after finishing medical school a couple of years ago. He told us that he usually sees about 12-15 patients a day, but that he had advertised that an American team was coming to provide additional care, and so he was hoping that more people in the community would come. So as a group of 15 students that might outnumber patients, there was some concern that we might be in the way than anything else. We arrived at the clinic Sunday morning and Dr. Hen welcomed us with a traditional tilaka greeting (a red mark placed on the forehead) and a topi (a hat commonly worn by Nepalis, usually older men). The clinic was quite simple with three small exam rooms situated around a narrow hallway, a small room for a pharmacy, and a defunct X-Ray room. The back of the clinic opened to a small fenced in area that overlooked rich farm land surrounded by lush mountains. Basically, it was green everywhere and the view was pretty spectacular.



Kalimati Health Post

We arrived around 9:15 in the morning and the clinic started seeing patients at 10am. The system for making appointments was simple; patients came to the front window of the clinic and gave staff their information and were given a number and placed in a queue. When we arrived, there were a few people waiting outside. They may have been patients waiting to get their number, or perhaps they were just locals coming to chuckle at the site of Americans with tilakas and topis! We had four physicians, so we set up exam rooms with Dr. Schuster in one, Dr. Hen and his colleague in another, and Dr. Khatiwada (the fantastic medical officer we worked with in Bandipur who joined us for a couple of days) in another. There were 2-3 students with each physician, 3 in triage, and 1-2 in pharmacy. As it got closer to 10am on Sunday, the number of patients outside started to grow. I was with Dr. Schuster on Sunday, but by the time I peeked out into the waiting area at 11am the window was packed with people 4-5 rows deep! This was clearly the place on the trip where we were most needed. In the first day, for a clinic that normally sees 12-15 patients, there were more than 115 appointment slips given out. For me, this really highlighted the most important goal of any global health trip: find a community that is in dire need of the care you can give or resources you can offer. Pokhara and Bandipur were incredible experiences and there was a need for some additional care and resources, but nothing like what we saw here.



Our initial plan at the beginning of the trip was to spend the full week in Bhotewodar. However, due to some family events for Dr. Schuster, we ended up only spending two days at the clinic. This was somewhat disheartening given the number of patients that continued to come into the clinic on the second day, but in the two days we were there, we saw nearly 200 patients, and hopefully it's the start of a lasting relationship between the Bicol Foundation and the clinic. The patients who came into the clinic were similar to the patient populations that we saw in Pokhara and Bandipur. Many patients came in with chief complaints of longstanding back, knee, or abdominal pain. We also saw a lot of poorly managed hypertension and diabetes. One woman had actually passed out while walking to the clinic and was brought in with a blood glucose close to 400 which remained at that level for the two days we were there. She had declined to go to Pokhara to get a more thorough workup the first day but had agreed to do so when we left on the second day. In addition, we saw more serious cases than we had seen in the other clinics we had visited. Clara and I were also with Dr. Schuster on Sunday and saw a middle-aged man with a chief complaint of blood in his urine, a BP of 175/90, and a blood glucose of 313. After taking a more thorough history, we learned he had previously been diagnosed with early stage prostate cancer. When we obtained his urine sample, it was bright red with a viscosity more like blood than urine. We looked back through the records the patient had brought with him and learned that aggressive treatment of his prostate cancer had been previously advised and declined. Dr. Schuster recommended Cipro for the likely UTI, iron supplements for the hematuria, increased metformin to better control his diabetes, and advised him to return to Pokhara for new imaging to determine the progression of his disease and assess kidney function. Clara was also part of the team that saw a 50 year old male with blindness, progressive hearing loss, and wasting anorexia for the last 7 years. In one of the more heartbreaking visits we had, Ben was with Dr. Schuster when a man in his 60's came in with metastatic melanoma hoping that an American team could offer him advice or care that Nepali physicians could not. In a testament to the care in Nepal, his team of physicians had done everything that would have been done in the States given the resources available. They had tested him for the BRAF mutation, but unfortunately his tumors were BRAF negative, meaning he wasn't a candidate for targeted kinase inhibitor therapy. Since he wasn't a candidate for targeted therapy, his physicians had started him on frontline chemotherapy and had counseled him on immunotherapy. However, immunotherapy is not available in Nepal, even in cancer centers or more advanced hospitals like Tribhuvan Teaching Hospital in Kathmandu. Accordingly, he would have to travel to India (where immunotherapy is available in some hospitals) and pay for treatment there, something not feasible given the combined income of him and his relatives. The response rate for immunotherapy is around 60-70% and the average duration of response is around 2 years, with some patients having much longer responses. It was both eye-opening and distressing to see a middle-aged patient with a terminal condition come to terms with the fact that there was nothing more that could be done given his limited financial resources, especially given the fact that in if he lived in the U.S. or other developed country he would have had access to promising treatment options, was very difficult. Needless to say, the patient turnout, and the type of cases we saw in in Bhotewodar, highlighted the need for global health programs and further motivated many of us to participate in, and advocate for, global health efforts.



After our time in Bhotewodar, we spent one more day at Bandipur hospital. Since we hadn't planned on spending the day there, it ended up being more of a shadowing experience than anything else.

But it was interesting to see how the hospital functions on a normal day. As space is always at a premium, the attending physician and one of the medical officers still shared a small office/exam room. The patient turnout was only slightly less than it had been when we were volunteering there, and the attending and medical officers continued to impress us all. Patient care, with a few exceptions, tends to be more impersonal in Nepal than we might be used to seeing in the States. While patients or physicians in the U.S. may harp about the impersonal nature of a 15-minute appointment, visits in Nepal rarely last more than 5 minutes, and the interactions between physicians and patients definitely seemed transactional in nature. For example, on particularly busy clinic days, the Nepali doctors might see 10 patients during the time that Dr. Schuster saw one patient. As Dr. Mahotra explained, it was better to see patients fast than have to turn some away, especially since many people had traveled great lengths to seek care while the team was nearby. Despite the fast pace, as we shadowed the attendings and medical officers in Bandipur, we saw that they still somehow managed to make those short visits both personal and productive. This had not been the case in some of the private hospitals we visited. It really highlighted the fact that efficiency in medicine and personal care aren't necessarily mutually exclusive.



Back at Bandipur Hospital

Our clinical time in Nepal came to an end a couple of days earlier than expected, but it was an amazing experience. We can't thank the Bicol Foundation enough for the effort they put in to make this experience possible, especially for novice MS1 students. While Dr. Schuster and his wife are headed back to Kathmandu tomorrow, a large part of our group (I think 10-11 of us) are headed back to Pokhara to use the extra free time to trek across Nepal. In a strange turn of events, we learned today that the work force in Nepal is going on strike tomorrow and that there will be no public transportation available. Tourist busses are somehow exempt from this strike... so we've hired a tourist van for a little bit more money to take us to Pokhara. We'll see how that goes! For Clara, James, Ben, and Scott, the extra time means a couple more days on the Annapurna circuit, a 120 mile trail that circles three of the top-10 largest peaks in the world. For others in our group, they've decided to use the extra time to trek from Pokhara to Ghorephani, which sits in the southwestern region of the circuit and is supposed to be one of the most scenic spots in the Annapurna region. Hopefully it will provide the exclamation point to what has already been an amazing trip!

