

Healthcare Science in One of the Poorest Countries in the World: Nepal

For my elective training period, I arranged a 4-week placement at Manipal Teaching Hospital in Pokhara, Nepal. Nepal has a population of approximately 27.5 million with an average life expectancy of 68 years; it is one of the poorest countries in the world and ranks 145 out of 187 countries on the Human Development Index. Nepal is situated in the Himalayas and home to many of the world's highest mountains. Due to the nature of its location, the country faces significant geographical challenges; the poor infrastructure, education and resources limit the availability of basic healthcare to the numerous remote rural communities that are scattered across the mountainous areas. In addition to this, healthcare services provided by the public sector are poorly funded whilst private sector healthcare services are too expensive for the majority of the population; both are under-resourced and fair poorly by international standards. Moreover, hygiene, nutrition and sanitation across Nepal is poor, and this includes hospital facilities.

There are also many socio-economic issues affecting healthcare services. One significant factor affecting the availability of healthcare is the cost. Patients have to pay for all aspects of treatment from ambulance services to drug therapies and laboratory tests, and even basic medical equipment such as cannulas. Even the public sector hospitals operate at a cost to the patients and with 75% of the Nepalese population earning less than \$2 per day, people are generally unable to afford the healthcare costs or are unable to forgo the wages of even a single day of work, in order to present to hospital. For this reason alone, patients often delay presenting to hospital until pathologies are well advanced or at least until the pathology is so severe that they can no longer work.

Manipal Teaching Hospital is the largest hospital complex in the Western Region of Nepal with over 700-beds. As a teaching hospital, treatment costs are subsidised by the fees of students who are in training at the hospital, making the prices comparative to the government-run public hospitals and more affordable to the general population. It is not uncommon for patients and their families to walk for days to reach the hospital. There were many obvious differences between Nepali and UK hospitals: I had to quickly become accustomed to the pigeons, cockroaches, beetles, wood mites, geckos and other creatures that resided in the hospital. Nevertheless, I gained good experience in several areas of medical laboratory science including biochemistry, haematology and transfusion, cytology, histology and microbiology. I was also able to join the doctor hand-over sessions, ward rounds and patient consults, and I regularly visited wards to learn the clinical details and history of patients with abnormal test results. I was able to follow patients from their admission in the Emergency Department through their treatment as an inpatient and saw many interesting cases this way. Overall, I believe the elective experience was a worthwhile and challenging experience.

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