Going Blind in Nepal

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ABSTRACT

Following two months of backpacking in Southeast Asia, I arrived in Nepal in August 2014 for a much anticipated three-week global health elective in emergency medicine. Before I finished my first day, however, my trip took an unexpected turn; I began to experience a serious medical problem and was forced to seek immediate treatment. I was suddenly transformed from an enthusiastic student to a reluctant patient in a country whose medical system is very different from that of my own. This unfortunate circumstance did, however, allow me to learn about Nepalese medicine in ways that I never would have been able to as a medical student, and the lessons that I learned will undoubtedly help me in my future career.

RÉSUMÉ

Suite à deux mois de voyage en Asie du Sud-Est, je suis arrivé au Népal en août 2014 où j'ai fait un stage de trois semaines en médecine d'urgence. Suite à ma première journée de stage, j'ai dû me chercher un traitement médical pour un problème sérieux. J'ai été transformé d'étudiant enthousiaste en patient inquiet dans un pays où le système médical est très différent du mien. Mon expérience comme patient et étudiant en médecine au Népal m'a permis d'apprendre beaucoup au sujet de la médecine népalaise. Les leçons apprises dans ce pays étranger vont sans doute aider dans ma future carrière en tant que médecin.

Nepal is a mountainous South Asian country with 29 million people inhabiting a land mass similar to Canada's Maritime Provinces. Its medical system differs greatly from that of Canada. Sadly, only 61.8% of Nepalese households have access to health facilities within 30 minutes of their homes [1]. This general lack of accessibility may play a role in other discouraging statistics. For example, in 2007 only 36% of births were attended to by a skilled health professional [2], and a recent report suggests that inadequate access to surgical care accounts for 23% of deaths in Nepal [3]. Recently, however, some aspects of health care in Nepal have been steadily improving. From 1990 to 2012, Nepal's under-five mortality rate decreased from 142 to 40 deaths per 1,000 live births, and its maternal mortality rate has decreased from 790 to 190 deaths per 100,000 live births [2]. Nevertheless, there is still a lot of room for improvement, and one can imagine that the experience of a personal health emergency in Nepal is vastly different from one in Canada. I discovered this firsthand during the summer of 2014.

The initial signs of trouble occurred when I was sitting in a circle, meeting the people that I would be living with in a large house in Pokhara, owned by the Work the World group. I started to feel an itch in my left eye as I was introducing myself to the team. While the itch initially did not concern me, another student pointed out that my eye looked quite red. I shrugged it off as a simple contact lens irritation. As the night progressed, however, the itchiness turned to pain, which increased to the point of interfering with my sleep. As I had never experienced conjunctivitis before, I assumed that it was the cause of my worsening symptoms. I decided that I would ignore the pain and wait for the irritation to resolve. In retrospect, the lack of attention that I paid to my symptoms was irresponsible; my excitement for this elective was all-consuming, and I did not want to face the disappointment of missing out on it should I have had a more serious medical condition. My subconscious was determined to steer my attention far away from my eye.

During the second day of orientation, my vision started to blur. My visual acuity was similar to what it would have been if I was wearing glasses that carried a power of -15 in the left eye instead of my usual -6. The pain was still there, constant and burning. Without stopping to consider the severity of my symptoms, I decided that the blurriness must be attributable to discharge pooling in my eye from conjunctivitis and clouding my vision.

The next morning, a conversation with my mother transformed me back into my normal, rational, sensible self. I ran to a private ophthalmologist's office in downtown Pokhara, cursing myself for being so oblivious. After paying a few American dollars at the reception, I saw him quickly. When he first looked at my eye after staining my cornea, his face was grim, lacking emotion. I immediately knew that something was wrong. He told me that I had

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three corneal ulcers near my pupil, and was at risk of permanent vision loss in my left eye. In an impassioned tone, he said that I had to get to a hospital as quickly as possible, because time was running out.

Although I had been travelling alone for months and making daily decisions for myself, I suddenly could not think clearly. Panic took control of me, and even hailing a taxi to take me to the hospital was a challenge. Upon arrival, I experienced firsthand what it was like to be a patient in one of the poorest countries in the world. First, a patient must be triaged to see the physician that will look after them. The patient then receives a list of drugs that the physician will use for treatment and must wait in line at the hospital's pharmacy to buy them. Next, the patient must queue in another line to pay the hospital bill. The patient must then enter a third line to buy the tools that the physician will need, including such things as gloves, a scalpel, bandages and even a surgical cap. This process is mandatory regardless of the acuity of the visit; even patients with life-threatening illnesses require family members to follow these instructions. The whole process took me over 30 minutes to complete, during which time I continued to ponder the risks of further delays to treatment.

Once these tasks were completed, I returned to the ophthalmology department with the supplies that I had purchased. The team briefly explained to me that they needed to do a bacterial culture and sensitivity, and that I should lie down on the bed. The procedure that followed was traumatic, involving surgical linen being placed around my face, a hole cut into the linen around my eye, local anaesthetic dropped onto my cornea and a scalpel being used to scrape off the superficial layers of the ulcers. Next, an aggressive regimen of antibiotic and anti-inflammatory eye drop treatments was instituted. Although I later found out that this was almost identical to the treatment that I would have received in Canada, the fact that I was in a foreign environment, and at the time had no way of knowing if I was receiving the standard of care, made the experience much more distressing.

Within a couple of days, the pain settled down and my vision returned. Thankfully, I was still able to complete a week of shifts in the emergency room for my elective, but was then strongly advised to return to Canada quickly to start treatment with steroid eye drops, as my next placement was scheduled to be in a more remote setting.

Although shaken by the whole event and the potential consequences that could have ensued, I decided to view it as an important learning experience for my future career. Being a patient in a developing country was a priceless opportunity for learning and growth, and I decided to share the insights I gained with fellow students and colleagues at home.

Above all else, we as physicians and students need to take care of ourselves. It is easy to ignore our own health needs when we are focused on providing care or we are in an exciting learning environment. Although long working hours, stress and a dedication to patient-centered care frequently take priority over personal considerations, maintaining our own health is paramount to being able to care for those who depend on us. I have often witnessed medical personnel sacrifice their own health by staying late at the hospital, skipping meals, and not taking adequate breaks. Lack of self-care while abroad is also a problem for many learners. In 2014, Bhattari and colleagues looked specifically at 210 medical students on electives in Nepal, and found that 90 of them (42.8%) experienced at least one injury during their clinical rotation [5]. Furthermore, an estimated 60% of international medical schools lack adequate education on basic injury prevention [6]. Thankfully, this lack of preparation is not the case at the University of Ottawa, where the importance of self-care is taught both in our third year link block and in the school's mandatory pre-departure training.

The stress that I experienced in Nepal opened my eyes to the fear and anxiety that many patients I have met must have felt. Often the patients we see at home feel as foreign to their environment as I felt in Nepal. Having experienced a medical emergency as a patient, I hope I am able to relate to patients in a more understanding way than I could before.

Despite the many resources which are lacking in the Nepalese system, as a student in the hospital I was very impressed by what I saw and the physicians that I spoke to. Nepal is currently the 29th poorest country in the world according to the International Monetary Fund, with a GDP of $2,376 per capita [7], however, despite financial constraints, the medical system appeared to function well from my perspective as a patient. What I can take away from my time in the hospital is how I was *treated*, how it made me *feel*, and how I can use this experience to improve the *care* that I provide to my future patients. After all, these soft skills may not correlate directly with a country's GDP.

Upon reflection, what created the most anxiety for me was the lack of communication that I received, which was not attributable to a language barrier, as all the physicians were fluent in English. I was never fully informed of what was happening to me, and was not given any choice in terms of what treatment I would or would not be receiving. Additionally, I never consented to any procedures that were performed. This lack of adequate communication may be an isolated event, or the culture of Nepalese medicine may in fact be more paternalistic than its Canadian counterpart. Regardless, the lack of communication simply serves as a warning for me to treat my patients the way that I would want to be treated if I was in their position.

Finally, this experience made me incredibly grateful for a medical system that can provide excellent care regardless of a patient's ability to pay. Although by our standards, the care I received was extremely cheap, totalling about $25 USD, Nepal has no universal health coverage, and many Nepalese citizens may not be able to afford this care. What was a short and limited scare to me might have been a life sentence of blindness to an average Nepalese citizen.

My experience with the Nepalese medical system will always be in the back of my mind. I will always be reminded to maintain self-awareness when I travel in foreign environments, and no matter where I am, to always monitor and address my own health needs. I will never forget to treat patients the way that I, in that hospital as a patient, wished I had been treated. By writing this I want to encourage you, as a physician, future physician, or other health care professional, to always remember to do the same.

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