

Lumos Report: Healthcare, Culture, and Relationships in Nepal
Heather Ferrari

Namaste, I have been home for almost two months now and I am still at a loss of words for my experience in Nepal. Part of me wants to talk about the healthcare scene and how my eyes have been opened to the ways other countries deliver health care, part of me wants to talk about how different the culture was and how immersed I was in it, and part of me wants to solely talk about the lasting friendships I built while I was there. Trying to write this reflection brings back so many feelings, emotions, and desires. It has taken me a while to reflect on my time in Nepal and it is hard to believe that this experience has come and gone. To sum up my experience in one word it would be thankful. I am thankful to have had the opportunity to go, to follow my heart, and to follow the desire God has placed in me. I am thankful for the access to healthcare that I have here in the United States. I am thankful for the friendships, relationships, and the second family that I now have in Nepal and around the world. Lastly, I am thankful for the people who believed in me, and invested their time and money to allow me to follow my dreams as a volunteer nurse in Nepal, especially the Lumos Foundation.

When I found out that I received the Lumos Award to go to Nepal I had no idea what to expect, what city I would live in, or what hospital I would volunteer at. I found myself in the third largest city of Nepal in the southern flatland region bordering India. My expectations were that the hospital would be small, not super clean, and the healthcare being provided would be basic care. However, when I arrived at the hospital the first day I was blown away. The hospital was a private teaching hospital, that also has a medical college. It was a lot larger, a lot cleaner, and actually surprisingly had the resources to provide higher quality of care than I was expecting. The hospital had four floors, with individual units on each floor. The patients did not have individual rooms but were in one large open room where the beds formed a circle around the nurse's station. The critical care units and the operating theater (operating rooms) were the only units air conditioned, while the rest of the hospital relied on fans to keep patients comfortable in the 90+ degree weather.

My main goals were to develop relationships with other volunteers as well as medical professionals in the hospital, to have an understanding of healthcare in a developing country, and to learn about the Nepali culture and the influence culture has on healthcare. I built friendships with a lot of the hospital staff so much so that when other volunteers had questions they were told to ask me first and if I could not direct them then we would ask the staff. Being exposed to developing world healthcare practices allowed me to learn and understand what developing countries lack in healthcare as well as learn alternative ways to treat patients. During the project, I was able to learn about Nepali healthcare through participating in daily care. I was able to share American healthcare practices with children, other volunteers, and some of the Nepali nurses and doctors. Teaching basic dental hygiene as well as nutritional and exercise habits to third graders at a local school was a very rewarding experience. Some social issues the Nepalese deal with are malnutrition, smoking and drinking, deficiency in common first aid, lack of education, and lack of numerous resources. Many Nepali people are malnourished, not because they do not have enough food to eat, but they lack a variety of nutrient dense foods. Another social issue for the Nepalese is drinking alcohol. While a majority of Nepali people smoke, very few will admit to the fact that they drink. While in the gastroenterology department I witnessed many patients that had jaundice or ascites from alcohol abuse. A phrase often said by Nepali people is when the sun goes down Nepal comes out, because that is when the Nepali people will drink. Pharmacies in Nepal do not require prescriptions, prescriptions are only required for sedative and analgesic

medications. This creates an issue of people self-medicating themselves without seeing a doctor. I was introduced to cases where patients took antibiotics thinking they had a bacterial infection, only to find out they did not have an infection, which increases the risk of resistant strain bacteria.

Healthcare in Nepal and healthcare in America are different in many ways, but often offer the same type of care. When discussing healthcare there are three parts access, quality, and cost. The access to healthcare in Nepal is actually quite high especially in cities; the city I lived in had more than four hospitals that served the area. The quality is poor because of the lack of resources, and it is expensive for Nepali people. An average medical bill in Nepal for a ER visit is around 3,000-4,000 Nepali rupees, which is \$25-35 American dollars. 3,000-4,000 Nepali rupees is a month's wage for most Nepali people. The quality of care is not to our standard. As a volunteer, I would not have wanted to be a patient in the hospital, I was fortunate that I only had to be a patient once during my 14 week stay only for an ear infection. When I first arrived at the hospital it appeared to be very clean but as I spent more time there I realized how unsanitary it was. Mold was present on many of the walls or ceilings; we worked a night shift and it was not uncommon to see a rat run across the floor. IV catheters were reused, never for different patients, but if a nurse tries to start an IV on a patient and blows the vein she would pull the catheter out and put it back on the needle and try again. Cardiac catheters were reused although they sterilized the catheter, their concept of sterilization and our concept of sterilization is very different. I was surprised that we did not see more cases of infection either post operation or from sutures or bandaged wounds. Overall the health care being provided is a lot better than I expected; they have access to many of the same procedures that developed countries perform but the procedures are not performed with as high of quality as they would be in a developed country.

During my time in the hospital I rotated through many units including the Cardiac Care Unit (CCU), Nephrology, Medical Surgical ICU, GI OPD (outpatient department), operation theater (operating rooms), psychology, tropical medicine, and emergency room. The majority of my time was spent in the CCU since that is where I will work as a nurse in the United States. Most of my time in the hospital I spent observing, I was able to help with daily care and vitals on most floors but especially the CCU since I had built relationships with the nurses and doctors on that unit. Most of the care in Nepal hospitals is provided by the doctors or the family. Nurses do very little when treating patients. In most cases the family provides all the care except giving medications. The family will help feed the patient, walk the patient, and also change the bedding. The doctors write the orders, talk to the family members about the care, and provide everything else. One of the differences I observed related to the role between nurses and doctors, occurred during a code on the CCU unit. It was also one of my hardest days while volunteering and it happened during my first week. We had a patient going in and out of ventricular tachycardia. The patient was given epinephrine and cardioverted and came out of ventricular tachycardia, but then an hour later she was back in v-tach. During this moment in time the doctor was not on the floor. The nurses were required to wait for the doctor to return to the floor in order to set up the AED or even start CPR. In the United States if a code is called for a patient and there is no doctor around the nurse starts the code and takes charge. When the doctor shows up the nurse will normally continue calling the orders for the code. With this patient, the whole process started all over again, except this time the doctor couldn't work the AED machine, so CPR was immediately performed, but it wasn't intense, it wasn't fast paced, and there were many pauses. I stood there. I watched. I observed. I struggled. I did not understand what was going on, I looked around thinking this is a person's life and you aren't doing anything about it, even though they

were probably actually doing everything they could. The code was totally different than how a code is performed in the United States. I was distraught, as I witnessed her body lying there, and the nurse performed a 12 lead and it was a flat line. I came home that day and cried. I emailed two of my favorite professors from Belmont and questioned everything that had happened. I needed to discuss what I had seen with someone who could be compassionate but provide me with facts, with information. I needed comfort and reassurance, which is exactly what they provided.

I cannot express how grateful I am for my host community. Although the volunteers were the only non-Nepalese or non-Indian people in the city so we often were stared at wherever we went, the people opened up their arms and received us as their own. I could not have asked for a better host family. I was placed with the area director for Projects Abroad, Binod. Binod and his family treated me as their own daughter. I was fortunate enough to have a washer, but we had to hang our clothes in order to dry them. I had a roommate for about $\frac{2}{3}$ of my time there, which was great, but I also enjoyed when I did not have roommate and could come home from work and have time to myself. My host house did not have air conditioning or heat, we had fans and blankets, and no hot water. The best time to take a shower was around 4:30 in the afternoon because the water would be warm from sitting in the sun all day. All the food we ate was fresh and grown in the backyard, every night for dinner we had dal bhat, which is rice and lentils with vegetable curry. During my stay in Nepal, there were four festivals that we got to participate in, unfortunately the one-week I was sick was during one of the festivals. During the festivals, we had feasts with all the family and extended family. I really enjoyed being at a host family because it immersed me into the culture and participate in activities that I might not have participated in had I been in a multi-volunteer home. The people of Nepal are the friendliest people and they will give you the best they have, which is not a lot. They want to take care of you and get to know you. I will never forget the spirit of kindness I was shown while in Nepal.

During my time in Nepal, I learned a lot about myself. I learned the importance of rest. I learned what it looks like to live with only the necessities. I learned what life looks like at a slower pace. I have never been so uncomfortable but also so comfortable in my life. Being in Nepal was one of the hardest experiences but it was also the most rewarding. Before leaving for Nepal I had never been 1) that far away from home 2) that long away from my parents. It is an experience I will never forget, and an experience that has not only changed me but one that I will carry with me wherever I go. Because of this experience I have a greater understanding how healthcare works in developing countries, and what developing countries need in order to better their quality of care. In closing, I would say to future travelers is matter where you are planted and wherever you end up, make a difference. You might not be there long so make the most of it. If you do the people you spent time with will never forget you. It was really hard for me to say goodbye, not knowing whether I would see these people ever again. I still talk to my host family at least once a month. I have stayed in contact with a few volunteers some I talk to weekly, while others less frequently. I still communicate with my medical intern friends. I wanted to matter. I wanted to be known. I wanted to make sure I got the most out of everything, even if that meant going outside my comfort zone. In that I believe I succeed, so, matter where you are planted, and invest your time, money, and energy in locality, have an impact on the community around you even if it is something as little as a smile or waving to the person you pass walking on the road.

Dhanyabad (thank you in Nepalese)

1/10/19



my bedroom



this is my host family house



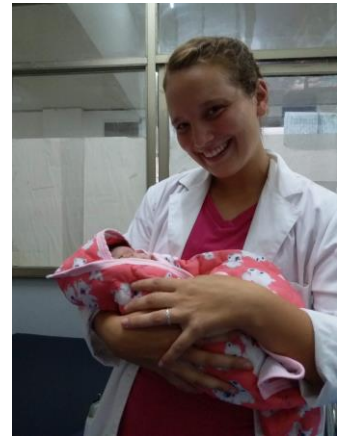
this is my host mother and host father, blessing me during the Dashain Festival



my last day at the hospital



learning how to suture



holding a new born baby boy during my time in GYNO/OB



my medical intern friends Sabeeta and Ankita



endoscopy for a patient with duodenal ulcers



observing a PCI in the Cath Lab



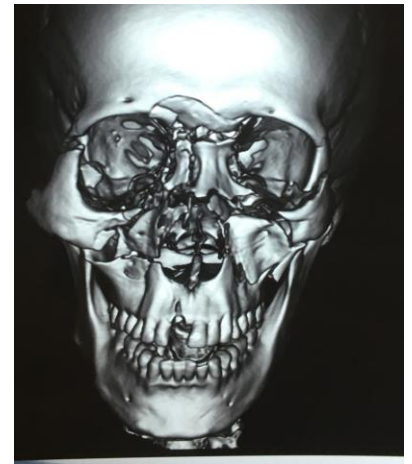
Pictures from my time in the OT(OR)



baby after a C-section delivery



ER patient from a motor vehicle accident, broke every facial bone, but brain and spinal cord did not suffer an injury



the setup for an ER patient, without the bed



Carolyn and I teaching dental hygiene, nutrition, and exercise habit to local third graders