Senior Elective in Rural and Outreach Medicine in Manthali, Ramechhap, Nepal

2523182

Tamakoshi Hospital Manthali Municipality, Manthali-1, Ramechhap Bagmati Province Nepal

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Objectives

- Learn and review basic physiology/pharmacology in primary care.
- Appreciate the differences between primary care in Scotland & Nepal.
- Develop a greater understanding of specific conditions and management of patients in rural Nepal within the primary care hospital and medical camps.
- Consolidate skills such as history taking, ECG, basic labs in a different healthcare setting with a variety of patients.
- Understand the role of outreach and education in Nepal.
- Experience Nepali culture and customs, as well as learning about their history, politics and current situation, and impact on patient care.

Setting : Clinics - Outreach Camps - Theatre. Direct supervision. In Nepali. Accommodation with the local healthcare professionals or hostel.

Funding : WOSAT Bursary

Reflective Account

Nepal and it's healthcare system is an entity which has changed significantly over the last 25 years with a significant improvement in services and provisions. Compared to the an almost 300 year history of Scottish medical education, the first Nepalese medical school was set up in 1972. It has since expanded allowing approximately 9 doctors per 10,000 individuals, however there is a major discrepancy between rural and urban (1:150,000 vs 1:850). [1] Being from the Highlands & Islands in Scotland, the concept of rural healthcare is not new to me. However, the structure of services is different, and rightfully so with 81% of Nepal living rurally instead of the 17% of Scotland. Whilst 11% of rural Scotland is considered "accessible rural", a large proportion of Nepal would be considered remote rural, especially in monsoon season. [2]

Arriving to Manthali keen to explore healthcare outwith the UK, pre-hospital and humanitarian aspects. Our expectations were met and exceeded. Tamakoshi Hospital is a 25-bed NGO hospital which has an ED, maternal & child health department, dialysis, diagnostic testing, and outpatient clinics including regular visiting speciality consultants. Our days based at the hospital consisted of helping Dr Suman ultrasound scan the patients, we ended up scanning everything from hearts to gallbladders and even some pregnancies over our time, strengthening these skills. The escalation pathway from rural health outpost to hospital and if appropriate to Kathmandu for specific care was also demonstrated. Ayurvedic medicine is well established in Nepal with some services being government provided, we were able to visit a neighbouring centre which utilised medications, acupuncture, physiotherapy and oil-based therapies to alleviate pains and aches for both acute and chronic conditions. Patients found this extremely helpful and preferred to traditional healthcare, as it was a more holistic and cultural approach to their issues. In clinic, the further patient was saw had travelled 5 hours to attend, however the hospital provides services to a vaster area. Using Manthali as a base point we did 4 outpost all with different purposes to service that local area.

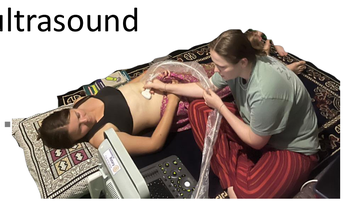
1. A local English school 30 minutes west of Manathali, for an eye screening camp to pick up an eye problems, mainly short or long sightedness. The students were referred onto Tilganga Outreach for formal assessment and free glasses to aid their studies and daily life.
2. A government school in Kathjor to report data collected be a previous general health screening clinic. As "teeth" were the most prevalent issue we proposed an oral hygiene initiative mirroring the school tooth brushing initiative in Scotland to the local teachers and government. This was positively received and will be implemented over the next year so would be exciting for future students to follow up.
3. Venturing north to Priti for a gynaecology outreach clinic. With a translator each we ran a drop-in clinic of history and examination with scope for USS and further testing by Dr Suman. Over the day we each saw approx. 50 women highlighting service need, however it is only provided every 6 months and outwith they would be required to commute 6+ hours to Manthali. National breast, cervical and sexual health screening is not established, however contraception (typically Depo), miscarriage and abortion services are easily accessible.
4. Finally a two stop visit, initially to attend the opening of a new government hospital and Tilganga Outreach which was a unique insight to Nepal public health organisation and the staffing struggle. Secondly, Galpa health outpost, with a pharmacy ED clinic, and ambulance service. We saw a couple patients in clinic, thankfully none of which required the ambulance but were USS and provided some medication for their mainly kidney or gallstones.

To finish our journey through the healthcare system we spent a few days in Tilganga Eye Hospital in Kathmandu, the scale and efficiency of their service is extremely impressive. They see approximately 400,000 ophthalmology patients every year and even produce their own intraocular cataract lenses (the cheapest in the world). Besides their outreach in Nepal, Tilganga also does programmes throughout Asia and Africa.

Visting Nepal has been an amazing experience both medically but also culturally. In Manthali there was a series of festivals in the village, the cultural wear, practices and dances were lovely to see. We managed to learn and partake in one which made us feel part of the community. After the medical portion, I was able to spend 2 weeks trekking in Langtang and Gosikunda, the communities, food and landscape of the region is so impressive, and a little insight into altitude medicine when one of our fellow hikers got a little bit ill. We even managed to do a trek up Pikey Peak on a weekend during the elective and got a beautiful view of Everest which I will always remember.

Reflective Account

My last day in Nepal marked the start of a historical event for Nepal. Thankfully I flew out on the day that the various social media services in Nepal were blocked. This has since been reversed, however led to civil unrest and a change of government. Whilst we were there Nepal was an extremely welcoming country that cares about their community. Though there have been various building that have been destroyed and a change in power it will be interesting to see how this affects the health care system and communities going forward. I will definitely take forward the efficiency of practice, holistic appreciation and my newfound ultrasound skills into my future practice, and back from 2082 to 2025!



References

[1]Karki L et al. Migration of Medical Doctors from Nepal: Analyzing Trends and Policy Implications. JNMA. 2024; 62(277):614-617. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11665755/ [Accessed 29th September 2025]

[2]Gauchan B et al. Role of the GP in improving rural healthcare access: a case from Nepal. HRH. 2018;16.23. Available from: https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-018-0287-7 [Accessed 29th Septmeber 2025]