



MAIN IMAGE:
The CMC hospital.
BELOW: Aged care home
residents and volunteers.



Junior doctor Carmel Hogan volunteered in one of the world's poorest countries.

NEPAL is a country that can take your breath away. Not only will the beautiful Himalayas leave you breathless, but so will the scenes of poverty and underdevelopment. I feel lucky to have experienced a fortnight of medical volunteering in this amazing country – such a different world to my own in North Queensland.

After the culture shock of my first 24 hours in the capital, Kathmandu, I travelled on a bus for six

hours southwest to Bharatpur in Chitwan District. Due to the pothole-ridden roads and chaotic traffic, 40km/h felt over the limit, and we made slow time.

In Bharatpur I exchanged the bus for a bicycle rickshaw for the remaining few kilometres to my host family's house.

The family welcomed me in a traditional way, and I was overwhelmed with their friendliness.

The facilities at the house were what my grandparents might have had, with a touch of the 21st century, limited of course by the electricity supply that averaged four hours a day.

My medical time was spent

between the Chitwan Medical College (CMC), a private hospital, and primary healthcare in the community.

Healthcare is not free in Nepal, so the facilities at CMC are available only to those who can afford it. Public hospitals, which are mostly under-resourced, can also be expensive, so many Nepalese are left to care for the sick independently. This made the community work invaluable to me, as I was able to stretch my knowledge and creativity to make inexpensive management plans.

The first 'health camp' (clinic) I went to was at a poor district on the outskirts of Bharatpur. I had

Volunteer Profile



NAME Dr Carmel Hogan

ASSIGNMENT LOCATION
Bharatpur, Nepal

ROLE Community health work

a nurse translating for me, while I and two other local junior doctors saw 130 patients in just a few hours. Cases ranged from orthopaedic to paediatric to dermatological, but were predominantly gastroenterology complaints.

I was lucky enough to visit an 'aged care home'. I was the sole doctor to see the 30-odd residents. The consultation room was unique in that it was an open space with zero confidentiality and came with monkeys skipping above us on the walls.

Volunteer nurses and physiotherapists were invaluable on these visits, and I believe we provided a good service with our

varied international backgrounds and career experiences.

The CMC hospital was an eye-opener. In the emergency department, the resuscitation beds were lucky to have oxygen, a pulse oximeter, blood pressure cuff and an old paddle defibrillator. The maternity ward was lined with beds holding both mother and neonate, and nearby beds with labouring women. The sterile gloves were drying on a piece of string near the procedure room. A rare find of a sink with an old cake of soap amused me as it had a sign saying, "Dry hands with own hanky".

The hospital had an outpatient clinic where doctors lined up side-by-side at a desk, and the patients sat or stood opposite them to disclose their presenting complaint.

Upstairs was the intensive care unit, which lacked the fancy monitors I am used to seeing. Beside it were the theatres. These were small but well-maintained and I felt were well-equipped compared to the rest of the hospital.

Despite their surroundings, the CMC medical staff were dedicated and provided efficient healthcare. There is no doubt that, despite the difference in facilities and 'protocols' from what I have experienced in Queensland, the patients who attend CMC hospital were receiving great care from the staff.

CMC is a teaching hospital, and the medical students I met were enthusiastic and had absorbed quality teaching from the doctors.

I enjoyed my time in the maternity ward particularly. I was able to observe different procedures for common obstetric cases that were effective and relatively inexpensive. For example, a lady who miscarried in her second trimester had mechanical dilatation and cervical ripening via use of a Foley catheter strapped to her inner thigh. This works by both direct stretching of the lower uterine segment and cervix as well as a cervical hormonal response. I was happy to learn that at present, the Nepalese government covers the cost of vaginal and caesarean deliveries for all Nepalese women as well as vaginal hysterectomies.

I left Nepal having learned so much in just a fortnight, and would love to have been there longer. A huge *dhanyabad* (thankyou) to DocTours Voluntary International Programs for providing me with this unforgettable experience.

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