

THE DHULIKHEL EXPERIENCE – A REFRESHING CHANGE

RACP Fellow Dr Fiona Foo explains why the developed world should be grateful for the medical attention we receive – and sometimes complain about. An inspiring story.



Cardiology Catheter Laboratory team after inserting the first coronary stent



Dhulikhel Hospital, Nepal

Imagine you had chest pain and were having an acute myocardial infarct – only to present to the hospital and be told you would have to pay the equivalent of several years of your annual salary to have an angiogram and stent. Or, if you had severe valvular heart disease, were getting short of breath with acute pulmonary oedema, but couldn't afford to stay a day in hospital, let alone have a valve replacement? What would you do?

While some people complain about our medical system and costs, they don't realise how lucky we are. I had the opportunity to spend some time in Dhulikhel Hospital (DH), teaching interventional cardiology techniques to the two local cardiologists who have minimal experience in this subspecialty. DH is a rural hospital 30 kilometres north-east of Kathmandu, Nepal. In this third world country with low incomes, no health insurance, poor government hospital services, and a commercial and expensive private health sector, people are still friendly, happy and extremely grateful for any help given them. It was a refreshing experience – and not just because of the Nepali chai.

DH is a not-for-profit, community-based hospital whose mission is to provide affordable healthcare to all. The hospital doesn't receive government support, but gets some donor support from organisations such as Rotary International and covers some operational costs from fees. It is also the university hospital for all the medical programs run in collaboration with Kathmandu University, so it is a teaching hospital too (you can gather this from the throngs of white-coated medical students combing the hospital).

From the hospital's website – 'it is guided by the principles of social equity, sustainable development and harmony with nature. Through its trained staff,

it provides cost effective, compassionate and quality health care services. The hospital believes in the fact that quality health services need not always be an expensive commodity and limited only to those who are able to afford.'

The hospital endeavours to service a population of approximately 1.9 million people, and has already provided services to 50 out of the 78 districts of the country.

Dr Ram Makaju Shrestha set up DH in 1996. Every morning, at 8 am sharp, he heads a hospital meeting with all the departments, from paediatrics, obstetrics, surgery and orthopaedics, to ICU, CCU, medical etc. It's a concept that nowadays doesn't exist in big teaching hospitals in the developed world. However, it definitely builds a team approach and a sense of 'this is our hospital'. Everyone goes for breakfast after the meeting! You definitely get a feeling of community and commitment when you are there.

The dedicated doctors and nurses are paid modestly and none of them 'moonlight'



Touching Everest



Dr Foo with Dr Hull after the Tenzig Hillary Everest half-marathon

elsewhere. Their days are busy, yet they don't seem stressed. There are multiple patients waiting outside outpatients at any one time and people queuing for investigations and medications. Doctors, nurses and allied health staff don't complain about workloads, and the patients – well, they have patience. It is a great environment.

Rotary Australia donated a cardiac catheter theatre to the hospital some time ago, but they only started doing diagnostic angiograms the month before I arrived. With very few resources, it becomes clearer how much everything costs when you break them down. For example, a bare metal stent costs 55,000 rupees (100 rupees = 1 AUD), a drug eluting stent 84,000 rupees. Even a guide wire costs 9900 rupees. At the Kathmandu Heart Centre in Kathmandu – which receives some government funding – it would still cost around 120,000 rupees for a bare metal stent insertion, and around 250,000 rupees for a drug eluting stent insertion.

Patients unable to pay the cost have home visits to assess their financial need before qualifying for a reduced cost service.

I was fortunate to have some coronary stents donated from Boston Scientific and Terumo, which were like gold at DH. Apart from a few questions with airport security and police on the rural roads, I managed to get the two boxes safely there. Lucky I was able to pack light!

After assisting the two cardiologists with a few diagnostic angiograms, we had a patient present with unstable angina and placed the first coronary stent at DH. Previously, patients either would not have had a stent (and continued to have angina or myocardial infarcts) or would have had to wait and probably pay large amounts in Kathmandu for it. Subsequently, I guided the two cardiologists through several more stenting procedures. Getting patients back for procedures is often problematic too. They may not turn up, being afraid or unsure of the procedure. They often just put up with the chest pain or, worse, have infarcts, die young or develop heart failure. Patients are grateful: they never flinch on the cath lab table, and when you are done, they and their family thank you sincerely with palms pressed together saying 'Namaste'.

Like any third world country, resources are limited, though relatively speaking DH has very good facilities. Instead of asking 'What would give the best results?', you become used to asking 'What do I have available in

stock?' Reusing and reesterilising equipment, by necessity, makes you realise how much we take for granted in the developed world, and that our modern, expensive and resource-intensive medicine is applied in fact to the minority of the world population.

I will be going back to DH again next year and hopefully on a regular basis to help with their endeavours to improve cardiology services to their community. The two cardiologists, Dr Koju and Dr Sanjay, were inspiring, wanting to deliver the developed world's technology to the third world. The people, the country and the scenery are added motivation.

For me, the DH experience can be summed up as refreshing. It was a good reminder of how fortunate we are in Australia and New Zealand, and the importance of appreciating this. And if anyone wants to know what severe shortness of breath at minimal exertion feels like, try a half-marathon at >4500 metres; I now have such insight!

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