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Nepal 2007

What Nepal lacks in geographic size and population, this tiny nation makes up for in beauty and culture. The lure of the Himalaya and oft-cited genuine hospitality of its inhabitants could no longer be ignored and I knew a visit to this fascinating country was in my near future. I never imagined, however, that this dream would become a reality during residency.

This past November, I was fortunate to spend one month in Nepal. For many years, I had attempted to participate in medical trips to Nepal but my efforts were repeatedly thwarted by continued political instability. At long last, in the winter of 2007, the Maoist rebel activity calmed, a group of physicians united and funding was established for a medical trip to Nepal.

The month elective in Nepal was the brain child of David Wachter, MD, an attending physician at UNM in Albuquerque. Dave has spent several months per year in Nepal for the last 20+ years. He speaks Nepali fluently and knows both the major cities and countryside better than many Nepalis themselves. He has worked as a physician in multiple Nepali medical clinics throughout the country, including work for the Himalayan Rescue Association. I could not have imagined a better group leader than Dave. The remainder of our small group consisted of myself, 2 senior residents from UNM, a husband/wife team of ER physicians from Durango and their 2 children, ages 8 and 12. From day 1 we knew we had a very special team of individuals.

Our primary goal in Nepal was to travel extensively throughout the country- mostly to rural settings- and teach emergency ultrasound. As anticipated, many clinics had ultrasound capabilities because the machines are relatively cheap and easy to transport but they lacked adequately trained (in ultrasound) personnel. In addition to teaching ultrasound courses in multiple regions of the country, we met with Kathmandu hospital directors and began discussions regarding establishing a trauma instruction program in Kathmandu. Currently, physicians in Nepal are not trained in trauma life support and trauma protocols are nonexistent. This is not surprising, given the fact that a system of triage itself is rare and poorly executed. The field of emergency medicine as its own entity does not yet exist in Nepal but individual facilities are becoming interested in advancing their current emergency practices. The opportunities for introducing and advancing emergency medicine in Nepal are endless and extremely exciting. In addition to spreading our medical knowledge, as a group we were interested in learning about eastern medicine. We met with local physicians to learn about Tibetan medicine, homeopathic medicine, Chinese medicine and acupuncture. Lastly, we worked in a Buddhist monastery for several days, seeing patients and overseeing the monastery's monk physician.

Thankfully, the trip was not all work. Our travels took us from roaring city life, to the Nepali jungle, to the green rolling hills of the terai, and lastly, to the Everest region of the Himalaya. Adventures were numerous and included bartering hard in the city, attending sacrificial Hindu services, playing on bathing elephants in the jungle, trekking for 12 days in zero degree weather in the Khumbu to an elevation of 18,000 ft, sleeping on monastery floors, and frequently battling the enemy of all travelers: gastroenteritis.

My experience in Nepal has been, without a doubt, the highlight of my residency thus far. The wonderful people I met, the beauty of the country, and the incredible opportunities for medical work made my 4 weeks in Nepal unforgettable. The group plans on returning this November 2008, to continue the projects and work started this past year. Again, I will hope for ongoing political stability and program support so as to continue a medical tradition that may last my lifetime. Again, thank you for making my Nepal month possible!

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<http://picasaweb.google.com/katieoinecuador/BESTnepalPICS>