Health Care in Dolpa: New Era of Trust and Hope

Samal AM

Department of family practices and emergency medicine

Email: sam.anup@gmail.com

Dolpa is a mountainous region in mid-west Nepal, one of the ten districts of province number six that covers 5.36% of the nation's total landmass. Like much of rural Nepal, its treacherous terrain and lack of properly enabling infrastructures make it highly inaccessible, limiting availability of every requirements for the mountain residents, including basic health care. Just to make it worse, Dolpa still awaits a touch of vehicular road access and thus happens to be the one out of only two districts in this nation (other being Humla) where the only mode of transportation in either by air or by foot. It is not a surprise to acknowledge the fact that patients in this district are in every way, prone to delayed treatment that can be further detrimental to patients in need of immediate medical attention.

This is a write-up about my experience, then and now, about the situation of health care service in district hospital, Dolpa. I have closely observed all grounds that relates to the hospital, staffs, patients and delivery of the service. When I first arrived, I was a little surprised to find that not a single patient had been admitted in the hospital for in-patient care. Eventually, what surprised me more was to know that patients were seldom admitted in general wards, not just days and weeks but for months and the scenario was easily reciprocated after seeing the beds, patient trolleys and patient chart files and the ward floor, all covered by dust like they have not been touched for a long time. The paramedical staffs in the ED and nursing staffs in the IPD had their duty rosters, but most of the times, no one stayed in their respective duty stations at night. To all, it was probably like a mute understanding of a decree that no patients would get admitted anyway.

When I first visited Dolpa, there was only one doctor there who had to look more of overall administrative aspects of district health service. He was all alone, assigned by the Government of Nepal for dual job responsibilities; chief of District Health Office and also Medical Superintendent. It was thus obvious that neither was he strictly bound to taking care of patients, nor there were any additional doctors appointed by the government for exclusive clinical care. No wonder, the people of Dolpa had not seen much doctors for decades. Patients very rarely visited the hospital. People didn't want to waste their time walking about fifteen minutes from the market to an isolated hospital just to have a check-up with some paramedical staffs whom they could easily find in their clinic in the market itself. For medicines too, they again had to return back to such clinics in the market. Except for few of the Government granted medicines, the hospital didn't have its own pharmacy. So in every way, patients didn't want to come to hospital. The only group of people/patients who visited the hospital often were those who came for antenatal check-ups, delivery and vaccination.

The situation has changed a lot recently. For most of the months in the last year, people in Dolpa have seen a very 'rare' labelled service in the hospital. Assigned by Karnali Academy of Health Sciences (KAHS) for the purpose of extension of specialty health care service to other remote districts of the region, it's been a little less than a year since I got the privilege to serve the most needy people/ patients of Dolpa. Initially, along with the specialist, KAHS had to assign a medical officer too (from KAHS itself) but lately, the government has assigned few more medical officers from the central level. So all in all, we now form a team that works together to giving better service. We are acting relentlessly to provide patient care and help them fight their ailments. As doctors, we have been doing everything in our capacity regarding

what's supposed of a clinician's primary job. We have been managing cases, treating their illness and taking care of whatever is related to patient's health. But on a larger picture, it's a lot more than that. There's a whole lot of this that's worth mentioning. It's about how desperately we put our effort to building that trust from the people towards the hospital. We have not been dealing with so many patients and their illness but more interestingly, we have been able to create a relation of trust and hope between hospital and the patients. This part the story about what we have been able to achieve effectively in Dolpa, looks more exciting to me than anything.

The hospital has recently seen a significant surge in number of total patients visiting the hospital. Patients have been walking for days to come to the hospital. In out patients department, there were times till last year when there were very few patients, as less as ten per day. In the months of Jestha and Ashadh particularly (late May through July), hospital got very few patients because everybody would go to collect Yarsagumba*. Those who couldn't go were the ones who were sick enough to not tolerate the harsh weather conditions in higher altitude. It used to be either a case of emergency health situation, or nothing. So virtually, no one would come to OPDs. Schools too remain closed. Not just the students but teachers also walk away to participate in this mega event. Even the local health staffs working in the hospital used to manage to visit the highlands for fun and extra bucks. But this year, patients showed up in constant figures like any other season. Local staffs were all amazed to see how the number of patients visiting the hospital had gone up, extraordinarily. Similarly, gone are the days when there were empty dusty beds in the ward. Since my arrival to this hospital, I do not remember a stance of 'no patients' in the in-patient ward. In fact, there is quite a number of times that we had almost full bed occupancy with up to twelve patients admitted in total of fifteen beds in the hospital. * Cordyceps sinensis

The number of patients visiting the ED has also increased significantly. For any health ailments, people have been carrying sick patients all the way right to the hospital. The most noteworthy of all, we have lately been successful to start a long awaited OT

service for some of the most prominent lifesaving health issues. Except for one or two major surgeries that were performed here, the last one being more than year-and-a-half back, no other surgeries were ever performed in this hospital; in the history of this entire district rather. It was a clearly expected challenge, a huge one, to set up and have a surgery done. It was a real challenge to set ready the mentality of not just the patients for surgery, but also of the hospital staffs. I feel proud that I have worked tirelessly from searching equipment/ instruments, cleaning up the closet, floor and ceiling to collecting drapes, linens and wrappers. It is now a matter of immense satisfaction, gratitude and pleasure that finally, we got cases, we did surgeries to save lives and we now enthusiastically look forward to continuing OT service round the year. Currently, we have been doing caesarean sections any time as indicated. We are ready for more.

We are obviously lacking in so many aspects like adequately equipped infrastructure, equipment, skilled supporting staffs, trained health personnel, timely supply of essential drugs and proper laboratory. It is still not ascertained about the persistence in delivery of specialty service in Dolpa. Continuity of the service is something that can be questioned. People and patients in Dolpa have long been awaiting patiently to see a proper health service delivery mechanism. Thanks to the administrators of KAHS, fellow friends and colleagues from KAHS and Dolpa, nursing and paramedical staffs and all the people who have helped us in any way to achieving this milestone of immense pleasure and hope. The change is here and I hope we all realize the values brought about by this change. I hope because I have seen how hard of an effort it takes to build people's trust. Many patients like them have lost their lives in line and many have never ever seen any hospital. Things come and go in life. But trust and faith once gone, doesn't always come back. I can't afford to let go this hard earned trust because I see a lot of faith in my patient's eyes. In fact, many a time, I thought I could risk my professional career as well. But the worth of taking a risk rather than just sitting back in a couch leaving someone to die even when there is just a feeble chance of life is quite something. It's quite something, especially when it's actually happening in a new Dolpa, in a new era.