

A Day in the Life of a Doctor Working at The Himalayan Rescue Association

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Abstract

The Himalayan Rescue Association's (HRA) clinic in Pheriche, Nepal (4243m) is one of a number of high altitude medical posts where demands for services are increasing. Every year international doctors see over 1000 patients, assisting local people with basic health needs and providing emergency care for trekkers with both altitude-related and general illnesses and injuries. This article describes the work of the voluntary clinic and some of the challenges it faces.

Introduction

The Himalayan Rescue Association (HRA) was founded in 1973 with the primary aim of reducing casualties in the mountains by providing education and medical care to local people and trekkers in remote environments. It currently operates two primary clinics in the Spring and Autumn season (Manang on the Annapurna circuit and Pheriche in the Khumbu valley) and the "Everest ER" base camp clinic in the Spring. These clinics are each staffed by two or three doctors from a variety of specialities who come from all over the world. Most have a special interest in mountain and wilderness medicine plus many years of postgraduate experience. The charity is a non-profit organisation and all donations (from sales of merchandise, consultations and from the lectures) are put back into providing care and improving facilities at the clinics.

Pheriche lies in a valley at 4243m on the way to Everest Base Camp. It is a common overnight stop on the 5th or 6th night and many tour companies spend another acclimatisation day here and do day walks to surrounding peaks before ascending on to Lobouche at 4900m. The village has approximately thirty stone buildings, the main street lined with lodges/tea houses, yak farms at both ends and a heli-pad next to the river. It is a friendly and bustling place in-season, with a busy internet cafe, porters passing through with enormous loads, children playing in the sunshine, dogs barking and yaks wandering through town. Off season many of the local people take their herds and move down to lower (and slightly warmer) places like Pangboche, leaving it all but deserted.

Trekkers, porters, guides and local people of all ages use this medical facility and sometimes walk for hours to reach the clinic. To make the service economically sustainable trekkers are charged a premium (and additional fees for medication and oxygen) knowing that they can claim this back from their insurance company on return home. This allows Nepali patients to be charged a minimal fee, promoting accessible healthcare and reducing both morbidity and mortality. Unfortunately for those without adequate insurance, a helicopter evacuation would cost \$5500! For locals and some trekkers this is unaffordable and descending on horseback, on foot or being carried are the only

options. The Pheriche clinic does not have x-ray capabilities, blood testing facilities or a defibrillator. The nearest fully equipped hospital at Kunde is a two day walk away.

A Typical Day

On a typical day at the Pheriche clinic a jovial "good morning" from the medical assistant Bhuwan at 0630 woke us to the start of a new day. Before clinic began at 0900 the two UK Doctors, the Canadian assistant Christine and Bhuwan would go on an hour-long march, working up an appetite for a hearty breakfast in the clinic's kitchen. When there had been patients over night, one doctor would stay behind to write referral letters and negotiate with insurance companies.

Following breakfast, the clinic opened to patients for the morning session (0900 until 1200). On a typical day we saw between ten and thirty patients with a variety of complaints. These ranged from minor problems like skin infections or coughs/colds for which one might visit the family doctor, to life-threatening altitude related illness requiring helicopter evacuation.

Interspersed amongst the patients were trekkers passing through Pheriche, some of whom were interested in the clinic's operations and facilities. They were shown the patient assessment room, inpatient room and office areas from where the doctors operated. Some people had general enquiries about altitude, routes, weather and lodges which were answered whilst being encouraged to attend the afternoon lecture. T-shirts, hats, scarves, jackets, sun cream, water purifiers and other essential items were sold to augment the charity's income.

Between seeing patients, we took personal time to enjoy the solar powered hot shower, wash some clothes, tidy the clinic and visit our resident newborn puppies! Our medical assistant (and Vet by training) was delighted to nurture them. From midday to 1330 we broke for lunch and enjoyed the delicious feasts cooked by our chefs Ang Rita and Jit. They never failed to make a novel meal with the sparse ingredients and kept our stomachs happy and our minds fresh. We also took turns throughout the season to have days off allowing us to explore the local valleys and do some challenging high altitude trekking ourselves.

The afternoon clinic session, from 1330 to 1700, also included our informative daily lecture, where we aimed to educate trekkers and their guides about the signs and symptoms of high altitude sickness. Every other day, one of the team travelled over the hill

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to Dingboche (4400m) to give the lecture to travellers staying there. The lecture typically lasted between 30 minutes and 1 hour depending on the number of attendees and their questions. Normally around 20 to 30 people attended the lecture, but on occasion when large groups were passing through it was given twice a day. Invariably the lecture would alert some people to the fact they had been suffering altitude sickness, and they would then request a consultation after the talk. After the lecture the trekkers were invited to visit the clinic and could, for a small donation, have their oxygen saturation checked – ‘normal’ being between 80-90% and the lowest 46%!

If there were no more patients to be seen the clinic closed at 1700 to routine work and the staff had an opportunity to relax before dinner, perhaps catch up on paperwork or email messages home. Dinner was normally around 1830, and if the sun had been shining and the solar battery was fully charged, the team congregated around the yak-dung fire to watch a DVD. By 2100 most of the team would be tucked up in bed, unsure of what the night ahead would bring.

Unexpected Challenges

One of the most exciting things about the job is that we never knew what would come through the door next and what challenges would be presented. Although we tried to adhere to clinic opening times, we operated a 24/7 service which not infrequently received patients in the night, early in the morning and during our breaks.

On one memorable evening, it was well below freezing inside when at 0100 the emergency door bell rang. We climbed out of our sleeping bags, wrapped up in layers of down and went to investigate. At the door we found a 31 year-old male trekker holding his hands over his bleeding head. We learnt that he had fallen 8m while going over the Cho La pass and now had a significant head laceration and cervical spine tenderness. Having walked 8 hours looking for medical assistance, he was tired, cold and in pain. We placed him in a C-Spine collar and cleaned and sutured his 28cm full-thickness scalp laceration under local

anaesthetic. After ensuring the patient was comfortable and warm the team returned to their sleeping bags, with each staff member taking turns to get up and check on him throughout the night.

Later that night, the bell sounded a second time at 0400. A Japanese trekker had been carried down by a team of three porters from Gorak Shep (5180m) suffering from a combination of High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). On arrival he was hypothermic, disorientated and significantly hypoxic. Further assessment determined that he had SpO₂ of 58% on room air, a pulse of 140 and a BP of 160/110. Taking a history from a cold, confused patient was further complicated by his limited English and the Pheriche team's non-existent Japanese! Luckily a three-way translation was conducted, via Bhuwan the porters and the patient, allowing us to establish a medical history. The patient was treated with medications for his ailments and placed overnight on high flow oxygen via a concentrator. In this remote location our concentrators rely on electricity supplied by solar and wind power. If the weather was persistently cloudy and calm, the electricity could run out, forcing us to use the Gamow bag or our limited supply of bottled oxygen.

Fortunately both these patients had travel insurance that covered high altitude helicopter rescue and they were transferred the following morning to the clinics in Kathmandu. We have since heard that they are doing well and have returned home safely.

Summary

In total we spent 2½ months in the mountains and every day was a novel experience, bringing us patients from countries all over the world with a plethora of challenging and interesting pathologies. It was also a wonderful opportunity to meet and talk to new people. It was an honour to be able to work and live with such a friendly and professional team and we all plan to return one day to do more trekking.

To find out more about the organisation and how to donate or volunteer, please visit the websites www.himalayanrescue.org and www.everester.org.