One Month in India: An International Medical Elective Story

Dr. Elizabeth Haney

This past August I traveled with a medical group into Northern India (Himachal Pradesh State) to provide medical clinics for those that sometimes go without medical care for up to 7 months at a time. For some this is due to limited numbers of rural physicians, and for others it is due to having their only access trail over high mountain passes made impassable by snow.

We consisted of one physician (a pediatrician from Southern California), 3 residents (including me), 22 medical students from around the world and a stellar support crew.

What began for all of us as a simple medical elective turned into a race to save the life of a 13-year old girl, Tenzing. She had been a healthy, normal 13-year old girl from Kargiakh, a small village nestled in the Indian Himalayan Mountain Range. When our team arrived in her village after a 4-day trek over the high pass Shingo-La we received a King's welcome from the local "Tea Shop" owner. The village came to welcome us at his tent and serve us tea and cookies. It was only after he had ensured our comfort that he asked if we would consider seeing his daughter, Tenzing. She had been wasting away before their eyes for over 6 weeks. Initially treated for worms, she had developed worsening diarrhea, anorexia, oral thrush, and prominent cervical lymphadenopathy. She was dangerously dehydrated and in need of a hospital admission to sort out what was going on. We started her on an IV, using what limited sterile resources that we had, and treated her obvious infections. Once stabilized, the goal became how to transport her over the 4 day trek, reaching a high-pass of 17 000 ft. This was the same pass on which one of our team members developed High Altitude Cerebral Edema (HACE), 2 others developed severe Acute Mountain Sickness (AMS), and all three had to be airlifted from Kargiakh (they are now fully recovered). We all wished that they could have taken Tenzing with them on the helicopter, but they could not. On the night before we were to leave, Tenzing developed GI bleeding and required further IV fluids. It was a long night of tough decisions regarding whether her travel would be wise. It was what the family wanted.

The decision was made that Tenzing's father, sister and a hired helper would carry her in a basket slung on their backs over the pass. We would provide food and shelter for them, and medical care if Tenzing required additional treatments.

They met us on the trail our 2nd night of trekking, thus shortening Tenzing's travel time by one day. On her first night, Tenzing would occasionally smile from under her bundle of blankets. Her smile could light up a room, and touched all of our hearts.

I wish that I could write a happy ending, but Tenzing died peacefully by her sister's side in their tent on her 2rd night with us, one day from hospital. In the morning her father and sister woke at dawn to give her a private burial by the riverside. It was beautiful. Several of our team wandered down to the site to say a final good-bye.

The limitations of medicine in my international experience and the vast difference from my practice in Canada were eye-opening. There were moments of joy and of overwhelming sadness, but overall there was thankfulness that I could use my skills to help those with limited access to medical aid. For the citizens of Kargiakh, the annual Himalayan Health expedition might be their only regular interaction with doctors. As we saw with Tenzing, they don't have the luxury of calling "911" for an ambulance, or an air evacuation. Her story is one of the many powerful memories that I brought home with me. I am left with a sense of accomplishment, knowledge of my limitations and a deep desire to return in order to continue the work that began long before my trip.

Dr. Elizabeth Haney is a 2nd year Family Medicine Resident at Dalhousie University, based at the Fredericton Site. After her trip, she became an Advisory Board Member for the Himalayan Health Exchange. www.himalayanhealth.com She plans to return to India and eventually other countries with medical need on a yearly basis once in practice.

