One month in India
An international medical elective

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This past August, I traveled with a medical group into northern India (Himachal Pradesh) to provide medical clinics for those who might go without medical care for up to 7 months. For some this is because there are few rural physicians; for others it is because their only access trail over high mountain passes is periodically blocked by snow.

Our group comprised one physician (a pediatrician from southern California), three residents (including me), 19 medical students from around the world, an emergency medical technician, a dentist, a nurse, 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 13-year-old Tenzing. She had been a healthy girl from Kargiakh, a small village nestled in the Himalayas. 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 owner of the local “tea shop.” 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 more than 6 weeks. Initially treated for worms, she had developed worsening diarrhea, anorexia, oral thrush, and prominent cervical lymphadenopathy. She was dangerously dehydrated and needed to be...
admitted to hospital to sort out what was going on. We started an intravenous drip, using the limited sterile resources we had, and treated her obvious infections. Once she was stabilized, we had to figure out how to transport her over the 4-day trek at altitudes reaching 5100 m (17 000 ft). On the same pass one of our team members developed high-altitude cerebral edema, two others developed severe acute mountain sickness, 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 gastrointestinal bleeding and required more intravenous fluids. It was a long night of tough decisions about whether travel would be wise. Still, it was what the family wanted.

We decided that Tenzing’s father, sister, and a hired helper would carry her over the pass in a basket slung on their backs. We would provide food and shelter for them and medical care if Tenzing required additional treatment.

They met us on the trail our second night of trekking, thus shortening Tenzing’s travel time by 1 day. On her first night, Tenzing occasionally smiled from under her bundle of blankets. Her smile could light up a room, and it 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 second night with us, 1 day from the hospital. In the morning, her father and sister woke at dawn to give her a private burial by the river. It was beautiful. Several members of our team visited the site to say a final goodbye.

During my international experience, the limitations of medicine and the vast difference from my practice in Canada were eye-opening. There were moments of joy and of overwhelming sadness, but overall I was grateful 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 do not have the luxury of calling 911 for an ambulance or an air evacuation. Tenzing’s story is one of the many powerful memories 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 Haney is a second-year family medicine resident at Dalhousie University, based in Fredericton, NB. After her trip she became an Advisory Board Member for the Himalayan Health Exchange (www.himalayanhealth.com).