



Volume 15
Issue 2
2020

Oxygen

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I'd come to Nepal after my internal medicine residency for what I thought would be a four-month stint and wound up staying two years. Though I'd originally gone there on a whim, medicine in Nepal looked like the real thing, a place where patients travelled long distances just to see a doctor, often with serious but curable illnesses, and where a lot could be accomplished with limited resources. It gave me a perspective on the excesses of medicine in America.

After my first two years in Nepal, I went back to Syracuse, New York, and worked for a year in an emergency room to pay off my medical school debt. During that period, I grew tired of the bureaucracy and paperwork and, pining for the simple effectiveness of practice in the developing world, I eventually committed to a longer term of overseas service with a mission organization, which sent me back to Nepal.

Two months after my return to Kathmandu, Shanti came into Patan Hospital. We admitted her because her pneumonia had not improved on oral

antibiotics and her breathing was becoming difficult. She was a slender 16-year-old girl, who pinned her long black hair in a bun atop her head and wore western-style clothes. She attended a private boarding school in Kathmandu and when I spoke with her on the ward she insisted on using English, hers being better than my Nepali.

“How’s Shanti today?”

“Fine, doctor. Except for this cough ... and the fever ... which is also ... hanging around. When does it ... get better? I’ve been on your medicines ... three days already.”

“Are you able to eat any food?”

“I’m trying ... Doctor. I don’t have much ... of an appetite.” She had an IV in one arm and oxygen coursed through a nasal cannula.

“Sometimes pneumonia is slow to improve, Shanti. We’ve put you on strong antibiotics. Don’t worry.”

“I’m not worried, doctor.” Her smile showed perfect teeth.

Her mother sat at the bedside and seemed content to let her daughter speak with the foreign doctor. I turned towards her and repeated my report in Nepali, imploring her to feed Shanti more.

Later that day we repeated her x-ray and found the pneumonia had spread to the other lung. By evening, the group of relatives at her bedside had increased and included a man in his fifties, who had a fleshy face and wore a checkered sports coat and tie. After I examined Shanti, he motioned silently with a hand for me to come out into the hallway with him.

“Namaste, Doctor. As far as I can tell, my niece Shanti is not doing well. Would you be so kind as to give a report of her condition?” He also preferred English and spoke with his chin pushed forward and a grin fixed on his face. His stylish shoes gleamed.

“Shanti has pneumonia, sir. It’s been slow to respond, so today we’ve added other antibiotics.”

“She’ll get better, then, right?”

“Yes, I think so.”

“Okay. Then that’s all we need to hear.”

He handed me a greeting card indicating he was principal of a large boarding school in Kathmandu. “Please call me if anything comes up.”

“Sure, sir. We will.”

Her chart showed a temperature of 104°F from earlier in the day. I went back inside her room and rotated the knob on the oxygen concentrator until its small red indicator ball bobbed half-way up the clear plastic cylinder.

I’d seen my share of patients with pneumonia in New York and sometimes they’d gone bad there, too, but in the U.S. there was usually a strong microbiology lab and we had a broader range of antibiotics. Of course, in almost any American hospital there was also an ICU with ventilators. In Kathmandu, there were only two hospitals with ICUs—Patan wasn’t one—and those beds were almost always full.

The next day, more family members arrived from their ancestral home in eastern Nepal and Shanti’s room became crowded. Her condition remained critical. I added another antibiotic, the last type we had in our pharmacy.

That night, I left the hospital around seven and went to eat dinner at a local restaurant. Just after I arrived home, the resident, Dr. Amar, phoned me.

“Sir, we have an emergency in here. It’s Shanti. Come quickly, please, sir.”

I cycled in on a back lane, took the hospital stairs three at a time and turned into the medical ward hallway, which was abuzz with people. A nurse beckoned me to the nurses’ station and I edged through the crowd and entered to find Dr. Amar, who looked relieved to see me.

“Sir, there’s been a major disturbance here and I’m not sure I did the right thing. The patient in bed 154, that old man with the chronic renal failure? He collapsed, so while I was trying to resuscitate him, I told the nurse to bring an oxygen concentrator. Two are broken, so the only one we had on the ward was with the girl Shanti. When the nurses took it away, her relatives went crazy.”

“What’s the man’s condition now?”

“We worked on him for a while, sir, but he died.”

“How’s Shanti?”

“No better, but she’s got the oxygen back on. The family says they’re guarding it now.”

Oxygen concentrators, ICU beds, and kidney dialysis all were in short supply in Nepal. There were no plants to “bottle” oxygen cylinders and the concentrators—squat boxes on wheels which plugged into wall sockets—frequently broke down.

The man in bed 154 was Keshab, a farmer from a rural village, who’d been brought in two days before because of body swelling. He was soft-spoken, wore tattered clothes, and the soles of his

feet were darkly lined and calloused. When we came to see him on rounds, he somehow managed a smile despite having almost no remaining kidney function. He had no immediate family and it had taken weeks for his neighbors to convince him to come to the hospital. We were trying to revive his kidneys by intravenous infusions and, because they were of normal size on ultrasound, we'd hoped his problem was reversible.

Events proved us wrong. On this particular evening, as Shanti's family passed the time in her room two doors down, Keshab suddenly went into cardiac arrest. With only one oxygen concentrator on the medical ward, Dr. Amar had to prioritize and was correct in assuming no one could be sicker at that moment than Keshab. What he'd not anticipated was the reaction as the oxygen was removed from Shanti.

Amar continued to recount the story as the nurses chimed in. When they realized what was happening, the ten or so family members around Shanti's bed rose, shouting. At first, they tried to prevent the nurses from taking the concentrator away and when the nurses insisted, the family members accused them of taking bribes from Keshab's visitors. They roared insults at the nurses, threatened to beat them, and one man finally declared, should Shanti not survive the night, they'd burn Patan Hospital down.

After hearing the whole story from Dr. Amar and the nurses, I walked down the hallway. The uncle saw me and strode out from his crowd to meet me. I was probably not the right person to

pacify this dispute, for upon hearing the story and seeing our cowering nurses, I'd also grown angry. Limitations were a reality of which everyone in Nepal was aware; individuals, whether rich or powerful, couldn't put themselves above the healthcare system.

“Doctor Sahib, you have to do something about this hospital of yours. Imagine nurses trying to take away a dying girl's oxygen!”

“Resources are limited, sir. This is a district hospital. You should know that. It's not up to your family to decide who gets oxygen. Our doctors and nurses make that decision.”

“Are you trying to insult me, doctor?”

“This hospital is for the care of many, not just one. If your family can't behave, you'll have to take your niece to another hospital.”

On hearing this, he spun down the hallway to join his smoldering clan. A doctor, he declared, a supposed humanitarian, had just ordered a serious patient out of this hospital. More shouting ensued. I caught up with him and addressed the mob. I emphasized that we wanted to care for their relative, but their disruption of hospital work could not be tolerated. Several of the young fellows became more agitated, raising their fists in the air and shouting slogans in unison, as if at a political rally. I walked back and told the senior nurse to call the police.

At that point two things happened to diffuse the situation. One was the news of police possibly arriving. More immediately, Shanti's uncle, the school principal, began to have an attack of

angina. A young man sheepishly poked his head into the nurse's station and asked me to come see his uncle right away, saying he'd had a previous heart attack. The young man thought things might be headed that way again. When I went down the hallway to the uncle, he was sitting slouched against the wall. We hoisted him onto a stretcher and wheeled him to the ER.

He was a rotund man lying still with sweat beading his amber brow. His shirt was open at the chest and he looked scared. We placed him on oxygen from the only concentrator in the emergency room.

"How's the pain, sir?"

"Moderate. Not as bad as my heart attack. Thank you for seeing me quickly, doctor. I really appreciate this."

I asked the nurse to bring some nitroglycerine and placed a tablet under his tongue. His color improved and I gave him another nitro. His cardiogram showed no new changes; he appeared not to be having a heart attack. Fifteen minutes later, when his pain had subsided, I walked back upstairs to check on Shanti. In her room, only two elderly ladies remained, keeping watch over her. She still looked ill.

"How are you, little sister?"

With some effort, she focused on my face, but couldn't manage any expression.

"Going on, Doctor. Going on."

"You'll get better. Don't worry, Shanti."

She closed her eyes. I waited to see if she was crying, but she wasn't.

The nurse said the police had come and gone without incident. The place had cleared out before they arrived.

A little after ten, I walked from the hospital gate and headed towards my apartment. A street lamp lit the dusty patch of ground outside the morgue. There lay Keshab's body, wrapped in white cloth and tied like a long, thin parcel. Over it stood four young men talking quietly and they opened their circle as I approached.

“Namaste, Doctor Sahib.”

“Namaste.”

I looked around at them, all village youths, none more than twenty-five years old. “I'm sorry about your friend Keshab.”

“Thank you for your treatment. This is a good hospital and people took good care of the old man. We were satisfied.” The others murmured in assent.

“Well, he only lasted two days here.”

“No, no. It's a good hospital.”

It was cold that night and our clouds of breath mingled in the air over the man's body. We talked for a few minutes more about their journey and then I left them there, waiting for a vehicle to take him across town to the Bagmati River to be cremated. As I walked home, I considered how far I'd travelled from a medical world where oxygen is assumed, and I wondered when next we'd have to face another crisis like this one.

From that night onwards, Shanti's condition improved and six days later she walked out of the hospital on her own. The day of her discharge was the first time I'd seen her uncle since the night of

the disturbance. After that, he'd stopped his daily visits and now he stood with his back to me, chatting with several of his relatives. I came around to his side of the bed, caught his eye and smiled. He stepped towards me and shook my hand.

“Namaste, sir. How are you?”

“Namaste. Fine, thank you. And thank you for your care of our dear Shanti, Doctor.”

“Sure. I realize it was a hard time. Really hard for all of you.”

“Yes. Well. Thank you again, Doctor. As they say, all's well that ends well.”

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