

2017 Surmang Foundation Clinic Report

Phuntsok Dongdrup, MD, Clinic Director

Sonam Drogpa, MD Associate Director

Introduction

Our work is patient-centered medicine, which means that we strive to see the patients on an eye-to-eye level, as fellow Khampa Tibetans and work from the point of view of our culture and religion both of which are based on generosity. Generosity is our primary cultural value. And so we are united in spirit with the patients, many of whom we have known our entire adult lives.

Familiarity, warmth and openness are the basis for our work. From a Chinese or Western perspective, we might see these people as poor, since their income levels are about 25¢/person/day. Who are they? They are nomads, farmers and monks and nuns. They are people who herd, farm or pray here -- descendants of people who have been doing this for a thousand years and in the case of the monastery, 400 years.

To open the doors of our work without concern about the ability to pay, we have three standards:

- Patients are treated for free
- Medicines are prescribed and given for free
- Mother and child health are our primary concern.

Patient Load

This year we treated 12,587 patients, averaging about 34 patients/day, if we were open 365 days of the year. But the truth is that we are closed for about a month every year, due to monthly religious holy days and also the lengthy national day, and Chinese national New Year's (week), and Tibetan Lunar New Year (another 2 weeks).

That would mean we actually see 1,144 patients/month or about 38 patients/month. Some times of year, such as in July when Khampa Tibetans gather "worm grass," or *cordyceps sinensis*, there are very few patients. And in the winter, there are days when we see 100 or more patients/day and often keep the clinic open until late at night, 7 days a week.

Clinic hours are 9:00 to 12:00 am, 2:00 to 6:00 pm. But often we have to take the time to take a break to diagnose and treat the patient. Sometimes, even at late night, we have to go to the heavily afflicted patient's home for medical treatment before climbing tens of miles of hard-and-dangerous mountain road.

Mother and Child Health

1703 women were OBGYN patients, treated both neo- and post-natal using ultrasound. Our clinic is one of the few outside the large Prefecture Hospital, that not only has a functioning ultrasound, but that has international doctors who come to aid in our professional development on this and other devices.

27 babies were delivered.

Diseases
Influenza
Hypertensive myocardial infarction
Cerebral hemorrhage
Arthritis
Osteoproliferation
Fractures
Appendicitis
Hypertension
Gastric ulcer
Gynecological diseases
Trauma
Cholecystitis
Difficult birth/labor
Hepatitis
Tuberculosis

Remarks

The vast majority of patients is treated and is rehabilitated at the Surmang Foundation Clinic. Male or female patients from the age of 30 suffering from high blood pressure are a problem due to environmental problems such as altitude (clinic is at 14000'+, 4200m) and diet (Khampa Tibetans eat a very salty diet, and few vegetables). Increase in high bp, I personally believe is caused by diet. In the last two years most seriously ill patients suffer from high blood pressure, tuberculosis and hepatitis.

The profile of patients in Yushu Prefecture and Yushu City hospitals is similar to that of the Surmang Clinic.

There are two problems with severely ill patients or those needing emergency care. One is the long distance (150km) over poorly maintained mountain roads. Another is the dearth of private transportation and the complete absence of public transportation. To provide these patients with emergency or surgical care, we will drive them free of charge to the Yushu Prefecture Hospital.

This number includes women giving birth. Most of this year's maternal patients were sent to the Prefecture, because of a recent government policy, requiring a birth certificate. For high risk pregnancies (pregnancy-induced hypertension, nephritis, premature birth, dystocia, bleeding) mothers need to be evacuated for birth or treatment of disease.

For Khampa Tibetan mothers and mothers-to-be, this has challenged cultural mores that don't see a hospital as a place where you might go when you are sick on one hand, but don't consider pregnancy or childbirth an illness, on the other.

Conclusion

In short, we achieved gratifying results in 2017. However, we should realize more clearly that the more outstanding our achievements are, the greater the responsibility we assume and the heavier our burden on our shoulders. As Buddhists we don't separate our spiritual practice from our working life. We always think that our work is very spiritual, very important. To this end our staff works together in that same spirit, setting an example of wakeful, spiritual cooperation. We hope to make a contribution to our entire society beyond our society, our country, in the same way as well. We will continue in this spirit and so contribute to a healthy, sane world from our remote corner.