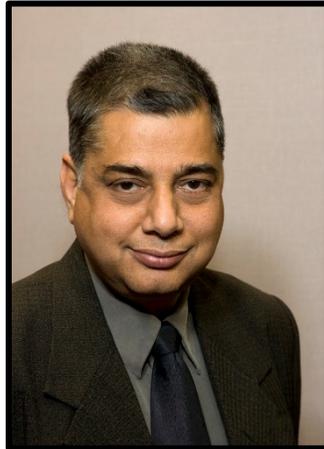


## **Bishnu Dutta Paudel** **Kathmandu, Nepal**



### ***"A Leader is dealer in Hope"*** **Napoleon Bonaparte**

I was born on 14<sup>th</sup> August in 1962, the last child in a middle-class family in the eastern part of Nepal. My father was doctor in alternative medicine and he wanted me to become a doctor, too. Interestingly, he wanted me to become a doctor of modern medicine. As I grew up, I realized that a doctor has good social status and respect in society -- as well as financial stability. But I heard that one must be very intelligent to become a doctor. I was not sure whether I was intelligent enough to become a doctor or not. One of the educated gentlemen residing near my home told me that, "Yes, you *can* become a doctor."

This motivated me to study hard and I completed my school in first division.

At the age of sixteen, I left my home to continue my studies at college. However, a very unusual situation occurred during my college life. After completing my first year, my college was closed down due to some internal problems. We were told to return home and look for another college to attend.

But in spite of returning home, I -- with some of my friends -- started to battle with the university authorities. I met several people, including the Dean, Registrar and Vice Chancellor of the university. But nothing was resolved. I became very upset and angry.

Finally I met Prime Minister of the country to express my views and discuss our problems. He accepted that it would be an injustice to send students back home after one year. So he directed the Vice Chancellor to provide grants to transfer all my friends and me to attend a college in Kathmandu, the capital city.

It was there that I completed my paramedical education in 1982. Following graduation, I went to serve a remote area of Nepal for four years. After that finished, I returned to medical school to do my Bachelor of Medicine and Bachelor of Surgery (MBBS). I completed this in 1992 and went to a hill station as the only doctor of a Panchther District Hospital. My senior relatives suggested that I marry a girl who was studying Masters in Economics in Tribhuvan University in Kathmandu. It was common trend in our society to enter into an arranged marriage -- to marry without knowing your future life partner. I was married on November 20th that very year. Now we have two boys and a happy family life.

The next year, I was transferred to the Koshi Zonal Hospital because my wife was pregnant and I did not want to conduct my wife's delivery myself. I worked in different departments including anesthesia, post-mortem, pediatric, family planning, medicine and others. While working in the department of pediatrics, I was invited by University of Tokyo to do a presentation about child healthcare in Nepal in 1995. This was my first international exposure. I found the Japanese to be very social and hardworking people, and they are very punctual.

In late 1997, I received a World Health Organization (WHO) scholarship to study oncology in Sri-Lanka. I spent four years there (1998-2001) and completed my specialized oncology training. Even though the country was in the midst of a civil war, the health system and education were free in Sri-Lanka. Lord Buddha was born in Nepal but I found Buddhist philosophy was more popular in Sri-Lanka than in my home country. In Sri-Lanka, I had some initial exposure to Palliative Care. I saw morphine was very effective in controlling pain in cancer patients.

In March 2002, I returned to Nepal and joined the National Cancer Hospital. Here, most of the patients were in advanced stage and needed Palliative Care. So I began providing Curative as well as Palliative Care to these patients.

While working in this institute, in 2004 I became the first Nepalese doctor to receive an International Development and Education Award from the American Society of Clinical Oncology (ASCO). With this award, I was able to visit MD Anderson Cancer Center in Texas and attend the 2004 ASCO annual meeting in Louisiana. ASCO also arranged an observational trip for me to visit the Sydney Cancer Center in Australia. These American and Australian visits opened my eyes to modern oncology.

During the ASCO annual meeting, I met my college friends. They suggested that I visit the USA for a longer period so that I could observe the American system in more depth. After returning to Nepal, I applied for an American Society of Hematology (ASH) visiting trainee award.

By this time, the Nepalese government had decided that oncologists should have good knowledge of cancer prevention and selected me in 2005 for a Japan International Cooperative Agency scholarship for cancer prevention. I saw several different cancer prevention activities in Japan, and I was puzzled to see their self-cervical cancer screening program.

When I got home from Japan after six weeks training (July 29<sup>th</sup> 2005-September 2<sup>nd</sup> 2005), I returned to work at the National Cancer Hospital. Then I received an ASH visiting trainee award and went to Wake Forest University, NC, USA. On this visit, I had increased exposure to the fields of oncology and hematology. After returning from USA (Nov 14<sup>th</sup> 2005 to February 3<sup>rd</sup> 2006), I was transferred to the Bir Hospital in Kathmandu where again I provided both curative and Palliative Care to my patients.

Because of my interest in Palliative Care, a good friend of mine -- Dr. Prakash Neupane who practiced oncology in the USA -- suggested that I attend a hospice and Palliative Care seminar in the UK in 2007. This was the first formal exposure I had received involving Palliative Care.

I had the chance to visit St. Christopher Hospice and the Children's Hospice in London. This gave me a clear vision about how hospice truly worked. When I returned from the UK, I was invited to work in the newly-opened Thankot Hospice in Kathmandu as a visiting consultant.

While working in this hospice, I learned many different things. Patients and families told me that oncologists in Nepal and neighboring countries do not explain patients' prognosis properly. Patients and families spent all their money in the false hope of being cured. Because of my exposure to medicine in the UK and my new responsibility in hospice, my activities shifted towards hospice and Palliative Care.

My patients in hospital and hospice were suffering from pain, but morphine was not easily available. In this context, I started to explore resources to solve the problem through the internet. I found an International Pain Policy Fellowship (IPPF) of Pain Policy Study Group (PPSG) at the University of Wisconsin. I applied and, after a successful interview, I was selected. I joined as IPPF in 2008 and completed my fellowship in 2012. Thanks to this program, I acquired new knowledge, skill and experience about the availability of opioids for chronic pain.

The PPSG family members were supportive and encouraging of my work in Nepal. As a fellow, I tried to coordinate the Nepalese Drug Company, the Ministry of Health and PPSG members. Because of our joint effort, the Nepalese Drug Company started manufacturing morphine syrup beginning in October 2009, then immediate-release morphine tablets in 2011, and eventually sustained-release tablets in 2012. Now all forms of morphine are manufactured in Nepal and are available for those in need.

I was providing Palliative Care in my own way in Nepal but there were other people and organizations in this field. We all felt that if we worked together then we could do more and duplication of work would be minimized. Representatives from different institutions had a joint meeting and decided to form an ad-hoc committee to work to establish a National Palliative Care Association. The Nepal Network for Cancer Treatment and Research (NNCTR), a branch of International Network for Cancer Treatment and Research (INCTR), played a very important role.

Finally, we established the Nepalese Association of Palliative Care (NAPCare) in December, 2009. At present I am serving as the Vice President of this organization.

In 2010, I had the chance to attend a seminar on Education in Palliative and End-of-Life Care - Oncology (EPEC-O) in Salzburg, Austria. This was my second opportunity to update myself about Palliative Care. I met important people like Dr. Frank Ferris, Prof. Jamie Von Roenn and others. I learned from Frank Ferris about a scholarship program with the American Academy of Hospice and Palliative Care (AAHPC) and the International Program at the Institute of Palliative Medicine at San Diego Hospice. I applied for this AAHPM scholarship and was selected to attend the 2011 AAHPC Annual meeting in Vancouver, Canada.

Here again, besides updating my knowledge of Palliative Care, I networked with important people in the field of Palliative Care -- including Frank Ferris, Fraser Black, Robin Love and others. We explored different opportunities to develop Palliative Care in developing countries.

Frank and other colleagues once again shared information about the Institute of Palliative Medicine at San Diego and its different international programs, including the Leadership Development Initiative (LDI) program. I thought it was time for me to go for leadership training rather than just seeing individual patients. Therefore, I applied for LDI and was selected to work throughout 2012-13.

I was selected for the first South Asia Palliative Care Award in 2012. Since I was attending the LDI program in USA, my wife went to India to receive the award on my behalf. I felt happy because the lady who shared my difficult times was able to share my happy moments.

After completing my International Pain Policy Fellowship (IPPF), I was given the responsibility of serving as a Mentor for IPPF in 2012. I was fortunate to receive the Loyalty Prize from the International Association of Hospice and Palliative Care in 2012.

LDI is a really wonderful program. I am trying to develop personal leadership skills with the help of my Mentor, Coach, and other resource people -- and through the different LDI activities. This program is teaching me multiple proficiencies, such as how to express myself, how to understand others, presentation and communication skills, etc.

With the help of a grant from this program, I got the chance to visit my mentor's workplace in Trivendrum, India, in 2012 and attend a one-month Palliative Care training session. I learned a lot from my Mentor, Dr. Rajagopal, who is a very successful Palliative Care leader in my region. He is also a very humble and dedicated person. The successful homecare service in Trivendrum is doing a wonderful job.

I realized that doctors and paramedics in Nepal had limited knowledge and skills in the field of Palliative Care. So I have been actively involved in conducting different Palliative Care academic

activities. I focus on optimal pain management with the judicious use of opioids. We conduct different training ranging from one day to one month in duration.

A one-month Palliative Care training session is conducted annually in joint collaboration with different institutions. From this year onward, the one-month Palliative Care training will be conducted by the Ministry of Health. The first one was already held from August 25th to September 20th, 2013. I requested that the authorities at the National Academy of Medical Sciences (NAMS) to include Palliative Care training for residents and fellows. Now every year, Palliative Care training is conducted for these doctors.

In April 2013, I was appointed Program Director to establish a Medical Oncology Fellowship in Nepal. Two internists have been selected and I am training these two fellows in curative as well as palliative aspect of cancer management.

I hope that medical oncologists produced in Nepal will provide Palliative Care right from the very first day.

I am happy that I have also contributed to move Palliative Care forward in my country. I am sure with new knowledge and skill of leadership I will be able to make palliative care accessible to more people.

*"Don't find fault, find a remedy."*

Henry Ford

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