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Elective program attaching at Chaurjahari Hospital, Nepal  
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### **Why Nepal? – the process of seeking**

*And Jesus went throughout all the cities and villages, teaching in their synagogues and proclaiming the gospel of the kingdom and healing every disease and every affliction. When he saw the crowds, he had compassion for them, because they were harassed and helpless, like sheep without a shepherd.*

*Matthew 9:35-36*

I have always thought that the elective program is a good opportunity to have a taste of medical missions in a rural part of the world, where the resources are few and the need is great. I believed that God has been preparing me for the past 6 years medically and spiritually, that I may be equipped to participate in the great commission and share in His ministry to preach the gospel and show compassion for those in need, with medicine as an entry point. There were quite a few objectives I had in mind- embedding myself in a different culture, serving the poor and sick in a less developed country, conveying God's care and love to the locals, and building personal relationships with locals, missionaries and local staff.

Initially I have set my heart on going to Africa, a continent where I have never set foot on and somewhere new to explore. But as my application to attach at an African mission hospital got turned down, I didn't know where to go next. On spending time in prayer and reflection with Christians around me, I realised that missions isn't about going to where I want, but where He sends. Through prayer and affirmation through surrounding Christians, I was led to Chaurjahari Hospital, Nepal- a country I have been to before. Through researching a bit more on its website, I came to the realization that there are poverty and sickness in every part of the world, there are rural villages that are in need of medical help in many different countries. Perhaps my lesson to learn here is to lay down my want to seek for "something new", and instead trade for it a heart that would go deeper within a nation and in the care for its people.

Language barrier was a foreseeable problem, but I know that as long as God is with me and I am at where God places me, there is nothing else I need to worry about.

### **The attachment**

A typical day would begin with gathering at the meeting room for devotion with all the staff. We would sing a Nepali hymn together, listen to a Bible reading and sharing, and conclude by staff from each department giving a short work update in turn. Morning rounds would then begin across the four specialties available here– internal medicine, surgery, paediatrics and obstetrics and gynecology. Then after breakfast, the doctors would begin their day of work in the outpatient department, attending to the hundreds of patients from far and near, taking careful history and physical examination before deciding the next steps of investigation and management. The more prevalent cases here at the time of my attachment are as follows: COPD cases as the rural villagers still uses firewood for cooking, so breathing in cooking fumes and smoke for prolonged periods made them prone to developing chronic

lung conditions; renal stone develop due to dehydration from not enough intake and the water supply here being hard water with high mineral content; acute gastroenteritis from eating food that was not prepared hygienically; fracture malunion cases from untreated fall/traumatic injury...

For my medical learning, I was able to perform physical examinations to pick up a variety of clinical signs, observed and practiced performing abdominal ultrasound (known as “video X-ray” over here) as well as dating scan, assisted surgeries in the operation theatre, helped taking blood pressure during a community visit, and learning from the medical officers’ clinical reasoning in OPDs.

Our day would end with evening round at night, followed by devotion time together at the dinner table – reflecting on the daily devotional reading from “The Doctor’s life support”, sharing interesting cases and a finishing prayer.

### **Medical missions – the fruits and costs**

*Nepal was closed to the outside world until 1951. When it was first opened to outsiders, a few Christian women from the UK entered Nepal, walking nine days from the Indian border to start a health clinic and small fellowship in Pokhara. Along with a handful of Nepalese who were also living in India, they became the country’s first believers.*

*Excerpt from premierchristianity.com*

It is estimated that there are currently 800,000 Christians living in Nepal, and it all began when a group of Christian medical workers set foot in this Hindu kingdom to care for the sick and the poor some 70 years ago. During my five-week stay in Nepal, I have also heard numerous testimonies of how mission hospitals set up by Christian doctors have led people to Christ- by living out the gospel caring for the poor and the sick, providing job opportunities for locals thus allowing them to hear the gospel for the first time through group prayer and devotions, praying and walking alongside patients in their illness journeys... And many of these first generation Christians went on taking leadership positions in mission hospitals, and a lot of their children later became doctors who would then return to serve in the rural areas, picking up the baton passed on from the first missionaries.

Serving in Nepal was also a cross-cultural and cross-geographic boundary act, stepping out of my comfort zone into a foreign environment away from family, friends and familiar surroundings, to which I do feel lonely at times despite the staff’s hospitality. Out here we were also exposed to the elements- a massive forest fire engulfing the hospital from multiple fronts that everyone had to co-operate in putting out during my first week there, which really challenged me to step up and join the others on the frontline to protect the hospital and everyone who lives within.

And the life of a medical missionary is not glamorous- it involves sacrificing higher pay and more comfortable working environments elsewhere, in return for busy work six full days a week, stretching your limits physically and mentally if you are the only doctor there facing all kinds of critical medical problems from specialties/areas you are not familiarised with.

## **The heart of missions – living out the gospel**

*Religion that is pure and undefiled before God the Father is this: to visit orphans and widows in their affliction, and to keep oneself unstained from the world.*

*James 1:27*

*He has told you, O man, what is good; and what does the Lord require of you  
but to do justice, and to love kindness, and to walk humbly with your God?*

*Micah 6:8*

These two passages came up towards the end of my time there in Nepal, where I also had the chance to attach to Dr Kaleb (former medical director of Chaurjahari Hospital who has recently moved to work at a leprosy mission hospital in Kathmandu and started his own clinic with his wife), as well as visiting a local school under HDCS for special educational needs students.

Leprosy is the kind of disease I thought I would only see in the Bible—

*“The leprous person who has the disease shall wear torn clothes and let the hair of his head hang loose, and he shall cover his upper lip and cry out, ‘Unclean, unclean.’*

*Leviticus 13:45*

It was therefore bewildering to see leprosy patients complicated by disfigurements and amputations sitting in front of my very eyes, to hear that they are excommunicated by their communities due to stigmatisation still, with their inability to work rendering them hard to make ends meet. On the other hand, I see students at the special needs school who were born with intellectual disabilities, cerebral palsy, Down syndrome...

In front of me were the “orphans and widows” of our days, the poor and the sick, the marginalised of the society, the ones often neglected and mistreated by others. Yet in their afflictions and injustice, I see bold Christians living out what the Bible commanded, to continually take care of them and to offer them restorative justice where the state has omitted.

And God’s calling for my life is simple— to fear the Lord and obey his commands (Psalm 128:1). Not out of the sense of self-righteousness from being altruistic or kind— as this would not last long. Rather, to see the materialistically poor and the physically/mentally handicap as a mirror reflection of my own spiritual bankruptcy—that in my distress and depravity God had mercy upon a lowly sinner as I, and by His grace I am to do the same to those around me.

No matter the location, I can still be missional wherever God has placed me.

## **The Promise on the other side of the calling**

Blessed is everyone who fears the LORD,  
who walks in his ways!  
You shall eat the fruit of the labour of your hands;  
you shall be blessed, and it shall be well with you.

Your wife will be like a fruitful vine  
within your house;  
your children will be like olive shoots  
around your table.  
Behold, thus shall the man be blessed  
who fears the LORD.

Psalm 128:1-4

This was the devotional passage on my final day at Nepal. As I was meditating on the passage, the life of Dr Kaleb came to mind:  
The one who fears the Lord and strives to live out a life according to what Scripture teaches will toil and labour— but after a day of hard work God promises that they shall eat the fruit of the labour of their hands;  
The one who fears the Lord and strives to live out a life according to what Scripture teaches will face many challenges, difficulties, or even frustrations, disappointments and discouragement— but God promises that they shall be well and He will lead them through.  
As they return home to the dining table, they shall return to a family that makes them glad and satisfied.

Yet it all started with a calling. “Even if He does not”, am I willing to follow Him? Do I love him more than “these”? Am I willing to seek first His kingdom and His righteousness?

By God’s sufficient grace, may I be able to live a life worthy of His calling for my life.





