One evening, a woman was returning with some of her family members from a neighbouring village to her home in Khunde when she fell off the narrow track and was severely injured. Many villagers helped rescue her and she was carried to the hospital. It was the view of the family that the woman’s personal god, her lha, was upset and had caused hrindi, the ‘ghosts’, to push her off the trail. To the doctor and staff at the Khunde Hospital the woman had stumbled and then fallen several metres down the steep mountainside. She was unconscious and had multiple unknown external and internal injuries. The family lived not far away and had used the hospital on other occasions. They said the doctor could try and treat her, but on the condition that if he thought she was going to die the family must be allowed to take her away so that she could die at home. Hospital staff had told the doctor before of the importance within Sherpa culture of dying at home. For three weeks the woman remained unconscious at the hospital, but she was alive and various fractures and problems were treated. During this time the people of the villages of Khunde and Khumjung, who shared the gompa (temple) at Khumjung, were preparing for Dumje, the main festival for the wellbeing of the whole community, and which was held over several days. During this festival, Khumbila, the most sacred god of Khumbu, came down from his mountain home above the hospital and village, and danced at the gompa. The woman’s husband asked if the

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1 The story comes from participant observation while working as a volunteer at Khunde Hospital from 1996 to 1998.

2 Sherpa language is one of many dialects of spoken Tibetan. However, written Tibetan, which is used in religious texts, is unfamiliar to almost all lay Sherpa. There is no standard system used for phonetically rendering Sherpa words, and this has sometimes led to variations of orthography. Khunde, for example, is often spelt as Kunde.

3 By speaking of ‘Sherpa’, in this chapter, I mean the Sherpa of Khumbu. Sherpa are not one homogeneous entity, since there is considerable regional and internal variation amongst groups of Sherpa, such as those of Khumbu, Solu or Rolwaling, or further afield in Kathmandu or Darjeeling in India.
doctor would mind him going to pray to Khumbila. The doctor thought it was a good idea and the husband offered his prayers. The doctor and staff also went each day to attend the ceremonies during the festival. The following morning the woman’s level of unconsciousness began to improve and two weeks later she walked home from the hospital.

In 1966, New Zealander Sir Edmund Hillary, together with a group of overseas helpers and local villagers, built the small hospital at Khunde as part of a wider aid programme to assist the approximately 3000 mainly Sherpa people in the Khumbu area of Nepal near Mount Everest. Considerable change has occurred throughout the region since the arrival of the first Western visitors in Khumbu in 1950, and the subsequent development of the area as one of Nepal’s principal tourist destinations. The aim of this article is to explore how continuing Sherpa beliefs and practices about ill health in Khumbu influence the provision of Western health care services. This will be done by looking historically at people’s encounter with services provided from Khunde Hospital. Sherpa beliefs and practices have remained strong amidst a range of forces promoting modernisation, and are the key to understanding not only what Sherpa people did when they were sick but also to understanding how the hospital has responded to sickness among the Sherpa. Perhaps the above story would have been less surprising in 1966 when the hospital first opened, but this encounter occurred more than 30 years later, and neither hospital nor patient and family thought it unusual.

The 1960s, when Khunde Hospital was planned and built, was a time when Western medicine was extremely optimistic about what it could achieve. The rural health care model of a small hospital with a Western doctor could be found in many places around the world. Nevertheless, when reviewing Khunde Hospital’s first nine months of operation John McKinnon, the hospital’s first doctor, wrote of mixed responses to the ‘modern medicine’ which the hospital offered for free, but thought that

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4 Khumbu is the Sherpa name for this area. It is part of the Solukhumbu district of the Eastern Development Region of Nepal.
5 The area is now part of the Sagarmatha National Park.
6 Khunde Hospital practises what is variously—and often controversially—referred to in the literature as Western medicine, modern medicine, scientific medicine, biomedical or allopathic medicine. In this article ‘Western’ will be used most often because it best describes the practice of medicine at Khunde, both in terms of medical services and of the establishment of the hospital through Western aid organisations. Sherpa view it as ‘modern medicine’.