ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

INTRODUCTION

I undertook a three-week elective, which is the second part of my 6-week SSC5B at Cebu Doctors University Hospital (CDUH). CDUH is a leading private, tertiary hospital serving metropolitan Cebu. I had the privilege of being under the wing of Dr John Patrick Gandionco, Resident for Otorhinolaryngology, Plastics and Urology departments. During the placement, I rotated through the Otorhinolaryngology department, with opportunities to observe the workings of other surgical specialties. These included General Surgery, Plastic Surgery and Urology. My learning largely took place on ward rounds and theatre sessions. I chose this hospital for its good reputation, and to gain further insight of how private healthcare works.

1, 2 and 4) **Describe the pattern and type of ENT presentations and procedures carried out in developing countries such as the Philippines, considering the differences in resources when compared against countries such as the UK ;**
Observe the differences in presentations to the ENT department in developing countries such as the Philippines and state how the type of care is different to that seen in the United Kingdom ;
Widen my knowledge of ENT by speaking to an entirely different cohort of patients, learning new presentations of diseases and potentially learning much rarer conditions which may be 'commoner' in countries such as the Philippines. I would also like to explore the differences in techniques used when surgeons are conducting ENT operations, and seeing whether this has an impact on patient outcomes.

Common ENT cases encountered here is largely similar to that of the UK. Common conditions include Otitis Media, Rhinosinusitis, Tonsilitis. Notably, head and neck trauma, head and neck neoplasms are more prevalent in the Philippines. This is largely attributed to poor road user safety precautions, widespread smoking along with greater incidence of Epstein Barr Virus exposure in a much denser populated country. Patients often present with later stages of disease, leading to increased case complexity, alongside possible poorer outcomes and prognosis. Procedures observed at CDUH included surgical repair of the mandible and medial orbital wall fractures, tonsillectomy and total thyroidctomy. Notably, ENT surgeons and endocrine surgeons both perform head and neck procedures such as thyroidectomy. Routine ENT procedures such as Adenoidectomy, Tonsillectomy and Myringotomy are widely performed, including within more rural hospitals, however advanced procedures such as major

head and neck surgeries are more often performed at government-funded hospitals. Other procedures observed across other surgical subspecialties include Total Thyroidecomy, excision of basal Cell Carcinoma of the nose and Open Reduction Internal Fixation. However, exposure in clinic was limited due to logistical limitations alongside language barriers, which limited patient interactions and further exposure to other clinical presentations.

Clinical practice in the Philippines is akin to the United States. The hierarchy among doctors is ordered from Post-graduate Intern, Resident and Attending. The working day begins early with ward rounds starting at 6 a.m., and the first theatre cases starting at 8 a.m. Residents rounded on patients independently, with post-graduate interns preparing notes and pre-rounding on patients beforehand. We were also partook in departmental teaching offered to CDUH medical students. Medical students in the Philippines undertake Medical Degrees as a four-year postgraduate programme, which is then followed by a one-year Post-graduate Internship. Following sucessful completion, Interns could apply onto a specialty residency programme of choice. Undergraduate medical education in the Philippines is largely traditional, with the bulk of learning taking place in lecture halls and tutorial groups in Years 1-3; 4th year medical students complete multiple core clerkship rotations across multiple departments in their final year only. During the rotation, we partook in teaching activities with medical students at CDUH, and learnt more about the healthcare system, education and culture in the Philippines. Given that CDUH is a private hospital, wards were sorted according to nightly rate, which corresponded to its equipped facilities and comfort. The more expensive inpatient rooms on the wards is akin to NHS side rooms, complete with its own TV set and smaller beds for guests. This was a completely unfamiliar concept to me as most clinical placements were done in NHS (government) hospitals in the UK. Operating theatres in CDUH are less equipped than that of the UK, however standards of care and patient outcomes are similar. Notably, sterile drapes and gowns are reused after being cleaned and re-sterilised between operations. This is environmentally sustainable, however is susceptible to contamination during cleaning process due to human error. Notably, surgical equipment such as video laryngoscopes, laparoscopes and diathermy devices are similar to what is used in NHS-hospitals. Similar practices in theatres include sign in, time out and sign out, these practices which minimise patient harm. There was no notable differences in terms of

surgical techniques employed to the best of my knowledge, the approach and technique is largely guided by indication, resource availability and clinical judgement, as with any other branch of medicine practiced anywhere in the world. This experience has given me a healthy appreciation of resource allocation and availability in your local clinical setting, and how to adapt my practice to suit resource availability wherever I go.

3) **To explore the impact of unequal wealth distribution across different geographical areas, in a country, and how it can impact care provision along with health outcomes in the population.**

Spanning over 700 islands, the Philippines is an archipelago home to 118 million residents. The Philippines operates a mixed public-private healthcare system. Government-funded public healthcare facilities and hospitals are available at the point of use, however face significant under resourcing, resulting in patients facing lengthy waits for treatment and having to pay out of pocket for treatment; private hospitals are widely available, and outnumber government hospitals, however these are located mostly in urban centres, more expensive but ensure quicker treatment. All Filipino citizens enjoy free health insurance under PhilHealth, which is government subsidised and partially funded through company payroll deductions. PhilHealth notably covers inpatient, outpatient, maternity and mental health services at government-healthcare facilities and hospitals. However, patients may pay out of pocket for subspecialized, inpatient care.

The Philippines faces significant challenges when it comes to healthcare resource allocations. The Philippines spend 5% of its Gross-Domestic Product (GDP) on healthcare; the UK spends 12% of its GDP on healthcare. With a massive population relative to the UK, healthcare expenditure forms a significant financial burden on the population. Furthermore, infrastructure and resources are largely concentrated in urban centres such as Manila and Cebu, whereby rural areas often lack fundamental infrastructure and key services. These factors contribute to health disparities, as patients living at more deprived areas suffer from higher rates of chronic conditions and other preventable diseases, secondary to lack of access to preventative medicine. Furthermore, geographical distances to access care acts as an impediment to patients living in such areas accessing care. This leads to patient hesitation when accessing care and presenting with later stages of disease, leading to lengthier inpatient stays and poorer prognosis, alongside

increased financial costs to their household. The concept of health economics, wealth disparity and its implications on patient care and healthcare decisions was explored this elective. Financial constraints often dictated multiple aspects of inpatient care, ranging from quality of inpatient room, length of hospital admission and even surgical techninques offered! This is a fresh realisation and something to keep in mind in my future practice.

During our spare time we explored Cebu and other parts of the Philippines, including Moalboal, Boracay and Palawan, which are reknowned for their famous beaches. Activities included karaoke with colleagues, island hopping, spending time on the beach, snorkelling and canyoneering. What struck me was how environmental conservation and sustainability is a key part of tourism in the Philippines. Overall, my three-week elective in the CDUH, Philippines has been rewarding and enjoyable , and has given me a fresh insight into the field of Otorhinolaryngology, along with how medicine is practiced a less-developed parts of the world. The lessons learnt will serve me in good stead when I start my career as a Junior Doctor.

(**1160 words excluding headings**)