ELECTIVE (SSC5c) OBJECTIVES

OBJECTIVES SET BY SCHOOL

1 Compare and contrast common disease presentations in the Philippines with those in the UK

Working in a primary care setting in the UK and the Philipinnes has many similarities and differences. As in the UK, diabetes and hypertension are very prevalent. Diagnostic clinics as well as community based diagnosis and follow up clinics are held at least weekly. Infections are also very common. Upper respiratory tract infections and unspecified viral illness are seen, similarly to the UK, particularly in children. However, as a contrast to the UK, there is more parasatic diarrhoeal disease, for example ameboesis, as well as tropical disease, including high case numbers of dengue fever amoungst the young and old. There is a large emphasis on primary prevention with informaion across all health care facilites about bite prevention and safe water use.

Unlike the UK a lot of minor injuries are attended to in the community and many of these are already infected. This could in part be due to the living conditions of the local community in Pakna-an, as many people live in reclaimed land where they have built their own homes. Sanitation is poor with many homes having no running water and no waste disposal. There are also many stray aminals living amoungst communities, the inhabitants are not only at risk of bites but also of rabies.

Malnutrition is also a very common presentation in the locality. Many families earn less than the minimal wage and therefore good quality and volume of food is lacking. Many children require vitamin supplementation and are at great risk of infection and other health conditions associated with malnutrition. As a healthcare worker it is a very difficult problem to address as it requires more than just good medical care.

2

The philipines has a private health care system, where people can attend private clnics or government hospitals. Some people have private healthcare insurance, for example Philhealth, which enables them to have subsidised care. It's members must pay 200 pesos per montha dn ahve been paying into the fund for 3 months before they can benefit from reduced rates on investigations and treatment. However, people with poorly paid jobs or ad hoc work often have no insurance and therefore need to pay for all of their care. Consultation fees can vary from clinic to clnic as can medication costs..

In contrast to the UK, there are no general practitioners who look directly after an individuals care. As a patient you can self refer yourself to a clinic that you see fit. The lack of a general practitioner also makes follow up in the community difficult and patients have to return to the hospital or health centre they were seen at for a check up. There are local health centres in all barangays and a health worker in every zone. They help to identify people who need further attention and care.

The government hospitals, for example Vincenti Sotto have to accept every attender and are therefore exceptionally busy. Again all care is paid for and the cost is often what creates the ceiling of care. If a patient needs a cannula or medications, family members must go and purchase what they need before care can be administered. Due to the sheer volume of patients, there is often more than one patient in each bed and patient's provide their own meals. All treatment costs are discussed so the patient can decide what they are willing to pay for. This payment is often required instantly meaning that some patients may have to forgo treatment.

OBJECTIVES SET BY STUDENT

3

Diarrhoeal disease is very common in the Philippines and I saw many children with diarrhoea and some with dehydration as a consequence. If stool analysis was positive, appropriate treatment was started. Ciprofloxacin for the major bacterial causes and Metronidazole for parasitic, i.e. ameoboesis. If they did not require admission and IV therapy they were sent home with oral rehydration solution. Parent education was also vitally important and parents were encouraged to give their children bottled water to drink. In the poorer areas, where the residents lived in make shift huts on reclaimed lands, water pumps are used as the main source for washing. This water is not always very clean and could be a contributing factor. As it is so hot in the Philippines, it is also very easy for a child to become dehydrated, so parents are told to check for signs of dehydration.

Antenatal care varies greatly depending on where, and if, the mother attends a health care facility during her pregnancy. Women are encouraged to be seen each month during their pregnancy and have basic bloods including blood grouping, full blood count and syphilis screening. However, not all women will have had these investigations, depending on their ability to pay. Throughout their pregnancy women are able to have ultrasound scans and regular BP and urine dips, to check for eclampsia. This allows high risk women to be flagged up so they are able to attend a hospital for further investigation. Women are encouraged to have their babies at hospital or a birthing centre, to try and reduce both fetal and maternal deaths. Whilst I was rotating in Sotto, I had the opportunity to attend the labour ward. It was very busy and there were many women on each bed, before they entered the delivery room, but there was such a sense of camaraderie. Many of the women had minimal pain relief but no one complained. Partners were not allowed in. All babies are delivered by interns or obstetricians at Sotto but there are also midwifes present at the birth as well as interns from paediatrics, ready to take the babies up to NICU if necessary. Monitoring was very minimal in the delivery room, due to scarcity of resources and the day I was there the caesarean section room was closed. Women will often stay in hospital with their babies for a couple of days post delivery, in contrast to England where women often leave the same day, if there are no compilations.

4

Working in Pakna-an certain medications and investigations were limited. I found it difficult to prioritise tests and it was very good practise to have to think about the indication for each investigation and how it would aid diagnosis.

The main challenges I faced were during my rotation at the government hospital. The volume of patients was unmanagable and the resources and staff were so stretched. I was very overwhelmed. I found it really difficult to watch as patients had to wait for medications and equipment to be bought before we could treat them, and even harder when they were unable to buy them. It was also difficult as I kept thinking how different the situation would be for them if they were to receive care in England, where it is free at the point of use.

It was interesting to learn about different practises, as some patients were managed very differently to the UK but the doctors and interns adapted to the resources they had. Many of the patients arrived in the advanced stages of their illness and I saw many extremes that I had not seen previously for example very advanced hydrocephalus and a patient with chronic kidney disease in great need of dialysis. I was also able to play a role in the crash team, whilst rotating in IM. This was a distressing yet useful experience.