

Elective Report – Robert Kidd

GENERAL
MEDICINE

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Objectives

- 1) What are the major health issues faced by doctors in the Philippines? How do they differ from in the UK?
- 2) What is the health service structure in the Philippines? How does it differ to the UK?
- 3) I am going to spend a week working in a local medical centre and hope to learn about working with few resources
- 4) I wish to gain confidence working in the hospital setting, with a post-finals mindset.

Elective Report

I spent my elective at the Western Visayas Medical Centre in Iloilo City, which is the capital of the Western Visayas region and largest city on the island of Panay, with about 400,000 inhabitants. I travelled as part of the *Work the World* programme (www.worktheworld.co.uk) who also offer electives in Argentina, Ghana, Tanzania, Sri Lanka and Nepal. They have been absolutely fantastic from start to finish and I highly recommend them to anyone, particularly if you want to work out here in the Philippines.

The hospital itself is a tertiary referral government hospital, meaning it provides for all the basic healthcare needs and accepts patients – including Emergency Medicine, Surgery, Obstetrics, Paediatrics, Mental health and Internal Medicine - from all across the region, whether that is self-referred or from primary or secondary healthcare centres.

The issues facing Filipino doctors are vastly different to those facing their British counterparts. This is partly due to the healthcare structure; the Department of Health have a similar pledge to provide universal healthcare – or *Kalusugan Pangkalahatan* – and this involves (from their website): the “provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public”, however unlike the NHS this is not free to all. Instead patients have to pay for all investigations and treatments, and this makes for a dramatically different day-to-day experience, as doctors have to consider which investigations the patient and their family can afford, and they provide the families with the prescriptions, on a daily basis, in order for them to procure the medications from the pharmacy.

There is a form of limited health insurance available, called Philhealth. This covers investigations and specific medications, but it tends not to cover the entire cost of any one specific service and will often only cover a given medication when there is proof of indication for it, thus requiring investigations to be done when otherwise a patient might otherwise just opt straight for a medication (for example a carbopenem to cover themselves for a variety of causative pneumonia bacteria rather than waiting for the results of a blood culture). Philhealth patients make up a small proportion of the patients in my hospital, but the majority are patients rely purely on the government-subsidised healthcare.

However, even low-cost medical provision is beyond the financial reach of many people who come to the hospital, and every day tough choices have to be made. I have most regularly witnessed this in the form of patients suffering from Chronic Kidney Disease and in dire need of going on to dialysis. The cost of the first session is around £150, and although subsequent sessions are about a fifth of this, families simply can't afford it and have to accept their relative's inevitable fate. It is always a desperately sad situation and it must impact hard upon the doctors, presumably up to a point that they

have to become hardened to it. I know a number of who have put their hands in their pockets for investigations and treatments in the past.

The impact of this system in a country with an economy like the Philippines' is that people tend to present quite late in the disease course, when symptoms are at their worst. The medical problems seen are generally some sort of infection related to an unsatisfactorily treated condition which they have lived with for many years. Pneumonia is very common, superimposed on conditions such as diabetes and TB, as is the aforementioned CKD, due to diabetes and/or hypertension. And when they come into such a government hospital the means available to the doctors to treat patients are hugely limited compared to that of a hospital serving a similar sized city in the UK: intubations performed outside of the surgical setting are done without sedation; there is no provision for PCI outside of private hospitals; there are only a small number of limited yet expensive ventilators, resulting in the need for family members to provide continual ventilation...These are just a small part of the things I have seen in my short time here, but provide a window on the situation.

Another reality of the lack of funds available to government hospitals here is that the staff teams are very stretched compared to those in the UK. The principles laid down by the European Working Times Directive are completely alien to doctors here for starters; within the Internal Medicine team they do a 36 hour duty once every four days, work half days on Saturdays, and get Sundays off (provided they are not scheduled to do their duty). This works out at 376 hours per 28 day month, or 94 hours a week. And to further put this into perspective, they get 7 days holiday a year, but in their first year of residency they do not even get this allowance. This incredible workload still means they are extremely stretched across the various hospital departments, and therefore a great deal of the work that in the UK would be handled by the Junior Doctors, falls on the nurses. This makes for very capable nurses, but the downfall of this is that there is a drain of talent, as they are in great demand overseas. In any case the hospital cannot afford to maintain very high nurse-to-patient ratios, so every patient is expected to have their family members present to cope with basic duties when they nurse teams are overrun, and to alert staff to acute changes in the patients' condition.

Throughout the course of my time here in Iloilo I have been continually surprised by quite the extent of the pharmaceutical companies' involvement in the medical provision. In the UK I have only really witnessed at first hand the weekly exchange of lunch for the opportunity to introduce some new drug. Obviously I know that there is a great deal more involvement than this (both above and below board), but in the Philippines it is pretty much incessant. Over one three-day period we had an afternoon session of around 40 drug reps coming in to provide promotional materials, followed by dinner and a presentation on Insulin. The next day we had a local night out fully paid for a company. The next day we had a promotional lecture on statins by one of our consultants, followed by an expensive buffet meal in the hospital, complete with waiting staff. At the end of my trip all the doctors are being taken on a 4-day holiday to an international renowned beach resort in the north of the island.

The doctors say that there is no actual pressure to comply with any particular prescribing policy (a fact which is borne out by their frustration over the requirement here to only prescribe generic drugs; in the Philippines the pharmaceutical market is apparently flooded by cheap, ineffective brands – and possibly even fake medications – and this has implications for the poorer patients who will inevitably pay out for these above the “better quality” brands). However I think it would be fair to say they are to a certain extent vulnerable to the exaggerations and hyperbole of the pharmaceutical companies. Of course, I say this in full awareness that doctors all over the world are manipulated in a variety of ways.

I have barely scratched the surface of my experiences here. The differences between the healthcare systems and issues between this country and my own are vast and deserve more discussion. However I have found the chance to work among the medical teams out here has been invaluable and has given me immense respect for the doctors I have worked with, as well as an appreciation for the luxuries we have in the UK.