

Elective report – Jordan Robery – The Philippines 7/4/14 – 17/5/14

Objectives

1. I will investigate the common presentations to the emergency department as compared to that of the UK

In the Philippines, I have spent one and a half weeks within the emergency department. The main difference I have noticed between the patients here and those in the UK is that the patients tend to present much later than they do in the UK; perhaps as they would have to pay for any treatment they receive here. For example some patients who have a stroke may not come to hospital for a few days, and patients with simple infections often wait until they are taken to hospital by their family rather than attending themselves. In addition to this observation, there are also a large amount of vehicle related trauma incidents and while these are also commonplace within the UK, the difference comes in the fact that there is a poor adherence to safety regulations within the Philippines, thus making each accident more harmful to the patient. For example, people are allowed to ride on top of buses or hang off the back and we saw one child who had fallen off of a moving bus and was seriously unwell. There are also no seat belts in cars and many of the vehicles do not have functioning speedometers on the dashboard and so the driver cannot tell how fast he is going. It is also much more common in the Philippines to see extreme manifestations of common chronic diseases as many people cannot afford to take long-term medication.

2. I will investigate the limitations of healthcare provision both in the hospital and with a more isolated community in the Philippines

The healthcare provision in the hospital within Iloilo city is basic (there are very few monitors throughout the hospital to check simple things such as O<sub>2</sub> saturations or temperature), but further limited by the patient's likely lack of finances. There is also a massive shortage of staff which means that if there are any labour intensive jobs such as ventilating a patient, the family must perform it. In order to manage the patients in this scenario the doctor's would often have to scrutinise exactly which tests were absolutely necessary, and they may have to re-use equipment in order to reduce the cost. On the island there was even more primitive healthcare practice, the folate supplements for the pregnant women were handed out in the wrappers of old syringes as they did not come in their own bag. Also any seriously unwell patient would have to be transported to the mainland which involved a 15 minute boat trip in the searing heat which often would inevitably lead to the deterioration of the patient.

3. My health-related objective is to experience the obstacles related to healthcare provision within a developing country

One of the main problems throughout the Philippines is the lack of staff in each of the hospitals. As there is only a set budget for the doctors' pay they cannot hire more doctors and so the current ones must work longer and longer hours. Furthermore the nurses must pay to qualify as a nurse and then work for around 12 months voluntarily prior to being

given a paid position. This also creates a shortage of nurses and often ends up with people who are medically trained not pursuing a career as the working conditions are non-sustainable. This eventually has an impact on the quality of care the patient receives as the doctors and nurses are tired and stretched.

4. My personal objective is to broaden my understanding of the role of local cultures and social norms in medical practice.

In the Philippines the largest difference I have seen in the way patients are managed compared to within the UK is in the obstetrics department. There are no family allowed in with the expectant mothers and they each share the same room, as they queue to deliver their baby in another shared room. These mothers are offered no analgesia, and they are also actively discouraged from caesarians as they cannot provide enough monitoring to make the procedure safe. The mothers are also forced to deliver the baby very quickly, and if this fails then the doctor will not hesitate to perform an episiotomy whereas in the UK the mother can push for up to 2 hours before this is considered. They also use fundal pressure which is illegal in the UK. While all of this was shocking to me and my colleagues, it was interesting to see that when discussing practices within the UK, the Filipino women were appalled at the idea of pushing for 2 hours and thought that that was more barbaric! The women also seem to care less about being exposed in front of other patients and the doctors never ask for their consent for examinations as the doctors are seen as people that demand great respect. I think one thing I can take with me from this experience is that the patient must always be asked what they would like and not have it assumed based off of what you yourself would like as in their culture it may be entirely different.

#### Reflection

It was difficult to know what the placement would be like as it was so alien from anything I had ever done before. So I wasn't really expecting anything as I knew that whatever I expected it would invariably turn out to be something different. I feel as though I had a fair amount of clinical experience, doing shifts in the emergency department had the clinical experience dictated by the patients who would come in and so one quiet days there was not so much to do.

I learnt that the people of the Philippines are very welcoming and friendly to everyone, and that the country is a lot poorer than I thought it was as many people cannot have decent healthcare. From the health care professionals that I worked with I learnt that we are lucky in this country to be looked after as much as we are. The doctors there work 36 hour shifts, and the nurses have to work without pay for a year in order to get a permanent position. The healthcare system is threadbare, the most basic of monitoring equipment isn't present and the doctors are able to do what they want to the patients regardless of the patients' wishes as they are held in such high esteem.

The best bits of the clinical experience were when I got to deliver a baby and help suture up a man's scalp that was hanging off after a road traffic accident. The parts I least enjoyed

were the general temperature and humidity within the hospital, and also seeing some of the patients treated with brutality by the doctors.

I would definitely recommend the placement to other students, if I was to do anything differently then I would have stayed longer in the Philippines in order to see more of the country. The accommodation was really good, we had a room to ourselves (4 guys) and were catered for by an in-house chef. The only thing was there were no washing machines or air conditioning.

The best tip for future students is to unlock your phone before going and then you can get internet through your phone anywhere with a local sim card. Also don't bother taking any smart clothes as it's too hot for them!