

ELECTIVE (SSC5b) REPORT (1200 words)

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

During my 2 weeks at Cebu Doctors Hospital, I was able to spend time on cardiology, gastroenterology, nephrology, and in the emergency room. Through these experiences, I managed to accomplish most of my objectives, and gain an understanding of some of the similarities and differences between medicine in the United Kingdom and the Philippines.

Common presentations

It did not come as much of a surprise to me that most of the presentations I saw in the emergency room were ones I'd seen several times in the United Kingdom. I saw patients come in with acute onset weakness, chest or abdominal pain, shortness of breath to list a few, which are not uncommon in a London Accident and Emergency department.

A particularly interesting factor that influences people's presentations was the ease of obtaining prescription medications. For example, I heard of patients inappropriately getting their hands on high doses of prednisolone for rheumatoid arthritis and even acne, and not being adequately counselled. Patients would therefore remain on these high doses for a long period of time and as expected, come in with complications like steroid-induced osteoporosis. Another patient had been inappropriately prescribed ceftriaxone for a minor ailment from a peripheral facility, and later presented to Cebu Doctors University Hospital with Stevens Johnson Syndrome. Although I did not see cases as severe as these everyday, they were frequent enough to bear the possibility of unprescribed medications in mind when seeing patients.

Referral pathways

The Emergency Room in Cebu was very different to what I know in the United Kingdom. Since Cebu Doctor's University Hospital is a privately funded hospital, the majority of major emergencies that occur in the community are sent to government hospitals. Resultantly, the Emergency Room was surprisingly very quiet, with only about 5 patients coming through the doors in the morning. Patients who have a relationship with a known doctor at Cebu Doctor's University Hospital might request to be seen there. Alternatively, smaller facilities in and around Cebu could also refer patients there to be seen as a "Charity patient".

In Cebu Doctors University Hospital, Internal Medicine is split into cardiology, pulmonology, nephrology, gastroenterology, infectious disease and endocrine. It was interesting to see that each of these departments do not have dedicated wards. Instead, patients are spread across all floors, and departments travel across the hospital to see their respective patients. Each patient is often seen by multiple departments – for example, a patient diagnosed with a cerebrovascular accident who has underlying hypertension might be seen primarily by neurologists, but also by cardiology on their ward rounds to achieve their blood pressure control. I recognized there was a lower threshold to get other departments involved in a patient's care than I am used to seeing in the United Kingdom.

Factors influencing health

On the dialysis unit, it was interesting to see that the majority of renal failure cases were secondary to hypertension and diabetes mellitus, similar to what I've seen in United Kingdom. Patients are unlikely to

have routine check ups with a General Practitioner as in the United Kingdom, and as a result, early stages of hypertension and diabetes are not commonly picked up, and patients often present with severe complications.

Since hospitals in the Philippines use paper notes, transfer of information between facilities proves particularly difficult. While I was on gastroenterology, I recall seeing a male in his 80's presenting with right upper quadrant abdominal pain. There was suspicion of cholecystitis or biliary obstruction, but on examination, he was found to have a midline laparotomy scar. The patient could not recall what his previous surgery was for, and there was no medical record of it. On ultrasound, the sonographer was unable to visualize his gall bladder, suggesting he might have had a cholecystectomy in the past. But why would this require a midline laparotomy and not a simple Kocher incision? The answer to this question was never found, and I was able to appreciate how difficult patient care must be without adequate communication between facilities.

Because most of the patients presenting to Cebu Doctors University Hospital are paying for their care, finances played a significant role in the management of patients. I recall a patient who had had a myocardial infarction and was undergoing percutaneous coronary intervention. It was found that her disease was more extensive than initially perceived, and she would need a coronary artery bypass graft. When the patient's partner was informed of the change of management plan and cost, he immediately broke down as they would not be able to afford the prescribed treatment. It was incredibly difficult to witness, and it was a vivid first hand experience of the challenges associated with a privatised healthcare system.

History taking and examinations

Unfortunately, taking histories from patients was much more difficult than I had anticipated. Most patients spoke little to no English, so I was unable to take thorough histories. However, during ward rounds, doctors would translate what patients said. Some paying patients were also less keen to have students examine them or observe procedures.

Every week however, there were meetings where the internal medicine team could discuss a couple of new admissions. In these meetings, I would get a good picture of the patient's history and examination findings. I found these meetings incredibly useful to revise some important aspects of a patient history and examination. In these meetings, we would also discuss how histories and examinations could be improved – how could this differential be excluded through the history, what are some important red flags to rule out etc. These were helpful sessions to prepare to clerk patients once I start working as a Foundation Year 1 doctor in just a matter of months.

All in all, I thoroughly enjoyed my experience at Cebu Doctor's University Hospital. I am grateful to have experienced the bread and butter of medicine in such a different culture, and it was useful practice before getting thrown into the deep end of Foundation Training. I was able to learn about the common presentations in Cebu, some factors that influence patient's health and their care, as well as understand patient pathways through the hospital. I look forward to my medical jobs as an FY1 doctor, and will make use of some of the skills I learnt over the last 2 weeks.