

Elective Report - Philippines

My 6-week elective period at the Western Visayas Medical Centre, Iloilo, Philippines has been a truly eye opening and life altering experience. Work the world had provided me with information regarding the healthcare system in the Philippines, the structure and day-to-day functioning of the hospital and aspects of patient care. However, seeing and experiencing this first hand was insightful and at times emotionally challenging.

There were many striking differences between the healthcare in the UK and that in the Philippines, in terms of pattern of disease and illness in the populations as well as the structure and functioning of the health care system. Working within this environment for 6-weeks provided an invaluable insight into these.

I spent my first 2 weeks in the Internal Medicine department under the supervision of Dr Toledo. The team were very welcoming and made me feel part of the team from day one. On my first day I was introduced to the structure of daily operations starting with 8.00a.m. hand over followed by some of the residents carrying out ward rounds and others attending the Emergency Department. I had the opportunity to take part in both these aspects on various days during my placement.

During ward rounds we discussed interesting cases and management plans, which gave me a valuable opportunity to identify and analyse differences in disease patterns, presentations and patients care between the UK and Philippines. My patient interactions were at times limited due to the language barrier but the doctors, nurses and other staff members were very helpful in translating, explaining cases and answering any questions I had during my placement. The interdepartmental meetings discussing current developments in the field of medicine were very informative. The monthly morbidity and mortality meeting allowed me an insight into the pattern of disease presentation and common causes of illness and death within the population. Also the challenges faced by the healthcare team in regards to limited resources and finances and how they deal with these in order to provide optimal patient care.

I had the opportunity to perform a number of practical procedures including venepuncture, cannulation and catheterisation in the Emergency Department. Getting used to different equipment and slightly different standardised ways of performing practical procedures was challenging at first, but with guidance from the residents and nursing staff I became increasingly confident in undertaking these tasks. One thing that struck me most in contrast to the UK is limited resources available within the hospital and how medical professionals address these limitations by different ways of practice. For example, oxygen saturation monitors are not widely available and therefore O₂ saturations are scarcely used in monitoring patients, more emphasis is placed on basic observations such as respiratory rate and physical examination. The privatisation of healthcare means that patients pay for most equipment and medication required for their treatment and those of poor economical background may not be able to access the same standards of care as others. Additionally due to financial constraints people tend to leave illness to a critical level and present late in the disease process. Although emotionally challenging this provided an opportunity to see

signs and symptoms I have previously only seen in textbooks and heard about in lectures, such as a tension hydrothorax as a result of malignant pleural effusion.

Two weeks in the Obstetrics and Gynaecology department was equally insightful and informative. It was a great opportunity to get hands on experience assisting in delivery and neonatal care. Pain relief during labour is not a common practice and due to limited bed space and staff shortage the process of normal delivery is augmented to take up less time. Applying fundal pressure and nipple stimulation in order to stimulate contractions and immediate placental delivery by putting traction on the umbilical cord is performed. The Ballard score is used as standard for determining gestational age.

I spent a week in the community setting which provided a different perspective to another aspect of healthcare. I went to a number of community centres which people in the locality attended for medical advice and services. Postnatal appointments, neonatal check up and baby immunisations were some of the services provided. I also participated in the pneumonia vaccination programme for over 60s. It was a good opportunity to improve my skills in giving intramuscular and subcutaneous injections as well as compare and contrast the immunisation schedules between the countries. People attending the clinics were very friendly and willing to learn more about health issues they face and preventive measures and steps towards a healthy life style. During the village healthcare experience I had exposure to an even more resource poor healthcare setting. Observing how medical professionals provide the best possible healthcare within these limitations has given me an appreciation for the UK National Health Service and I have seen good medical practice that I will incorporate into my practice in the future.

Overall spending time in various healthcare settings in the Philippines has been insightful and has given me the chance to improve on my medical knowledge and communication and practical skills. In addition I have developed personal and professional relationships that I will continue learning from and cherish for years to come.