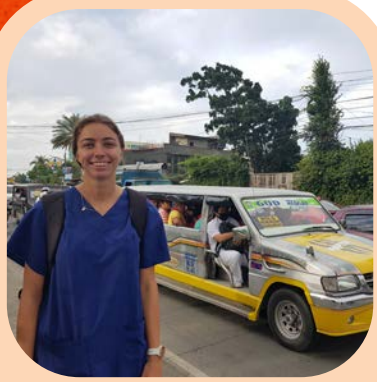
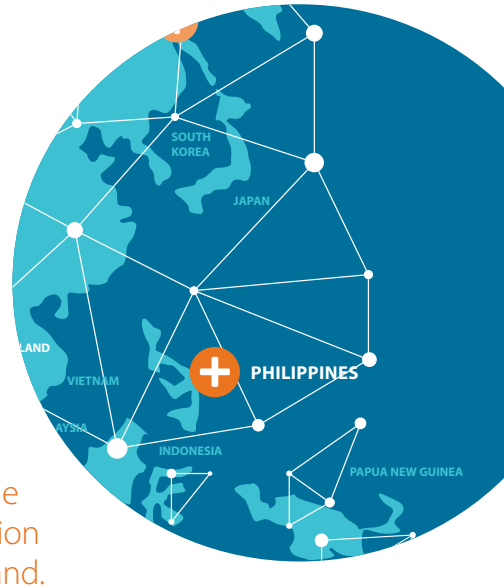
# Elective Grant Report



Jeepney

**Brieana Nolan**
University of Western Australia

**Western Visayas Medical Centre**
Iloilo, Philippines




For my medical elective I spent 3 weeks in January 2020 at Western Visayas Medical Centre in Iloilo, Philippines. I spent the prior 3 weeks travelling around the many islands of the Philippines before starting the placement portion of my trip in Iloilo, the largest city on Panay Island. The Philippines is home to 104.9 million people. Western Visayas Medical Centre is a government run hospital that services patients from all around Panay (4.5 million people) who are unable to afford private healthcare. The Philippines is a beautiful place with so many amazing people! I met many genuinely selfless and kind people, especially during my placement and I can't wait to go back someday.

Orientation to the hospital was eye-opening. Having seen other hospitals around the world, I knew Western Visayas would be different to a typical Australian hospital, but it was impossible to predict the stark contrast. Since it was a public hospital in a developing country, I expected minimal patient privacy with no curtains and multiple people sharing a room. Even so, I was still shocked when I first walked through the hospital. Throughout the entire hospital, there were literally as many beds as possible in each room with very little room to walk. It was extremely crowded, especially with the family members standing at the bedside. My first day was over the holiday period so this was a "quiet" time! Apparently, they often get so busy that they have to fit two adults per bed and up to four children per cot! Sharing beds causes many issues, particularly an increased risk of infection. The high number of patients in the hospital highlights the limited resources and staffing available which is a serious issue within the hospital system.

The Paediatric (Pedia) team was amazing! It consisted of 18 doctors. They all spoke 3 different languages, Tagalog, Hiligaynon and English. They all tried to speak English when I was around. They were very friendly from the beginning, chatting with me about both their professional and personal lives. One of the doctors in particular took it upon herself to show me around the Pedia area and introduce me to a few patients.

This doctor explained that there are plenty of nice private hospitals in the Philippines, but these are expensive. Many people struggle to afford food and the cost of local transport to even get to a hospital, let-alone to attend these private hospitals. Western Visayas is a government run hospital and offers free health service to everyone, however, this is not 100% accurate. Patients also need to pay for a lot of the medical equipment required for treatment, with surgical equipment being particularly expensive. For example, on the wards there was a 3-year-old patient with congenital hydrocephalus. Unfortunately, she was under end of life care. I was told that since her family were very poor, they could not afford the approximately $400AUD shunt which could have reversed her pathology just after birth. Sadly, this is a life limiting condition which could be managed relatively easily in a better resourced setting.

The doctor explained that this was the "worst" hospital she has worked at in the Philippines. There were many patients in desperate need of help, but due to lack of funding, the hospital has very limited resources, with regard to both medical equipment and staffing. The doctor had technically completed her residency but feels obliged to stay working for the hospital to help the patients.

**Brieana Nolan**
University of Western Australia

**Western Visayas Medical Centre**
Iloilo, Philippines

Myrna

Birthday

Whilst all resources are very limited, one of the most striking limitations was the hospital wide staff shortages. Due to this, the doctors seemed to work extremely long hours. Until they reach consultant level, the majority of the doctors work 12 hours every day, and every third day they work an additional on call/overnight shift. This means that in a 3-day period (72 hours), they work 48 hours, leaving only 24 hours to travel to and from work, spend time with family, socialise, exercise, eat and sleep.

Due to understaffing of nurses (alongside cultural differences), the families are heavily involved in patient care and essentially take a large part of the role of the nurse. For example, in the neonatal room (which is around the size of my bedroom back home) there were 32 babies. For the entire room, there was only one nurse available. Many babies shared cots with others, and their fluid bags were hung from the same pole. When the parents needed to take their baby anywhere, whether it was to weigh the baby or to take them to get a new cannula, the parents had to hold both the baby and the fluid bag and carry them to another room. If the baby needed ventilation and there were no machines available, then the parents would be in charge of ventilating them with a bag-mask. These conditions would be unacceptable in Australia, but were a daily reality in Western Visayas Medical Centre. There is also no room for parents to lie down to sleep, so many of them fall asleep sitting on a chair whilst leaning on their baby's cot. This obviously creates issues as untrained, exhausted parents are hand ventilating their potentially very sick neonate.

*The hospital was simply not big enough for the number of patients. You could barely walk through any of the Pedia wards due to the number of cots each having a single plastic chair per child for a family member. Due to this, it proved almost impossible to perform any procedures in the cots. As a result, there was a "treatment" table set up in the corridor, where all procedures such as cannulas, lumbar punctures and bone marrow aspirates occurred. There was zero privacy as everyone in the hallway could see the procedures occurring. The hallway was constantly full of people whether they were sleeping, eating, breastfeeding or going back and forth from the Pedia rooms.*

The hospital is also severely under-resourced with regards to equipment. For example, there are only 3 neonatal ventilation machines in the Pedia neonatal room. The rest of the babies who need ventilation, need to be ventilated by hand by a family member. Sometimes these family members are so tired, that they fall asleep whilst ventilating their newborn, causing potentially life-threatening sequelae. Furthermore, there are only 3 neonatal IV fluid infusion pumps. These allow a specific amount of fluid to be given to the neonate, preventing overhydration and harm to the baby. All other neonates simply have the typical drip fluids that can easily be changed from low flow to high flow by rolling the dial. The doctor mentioned that since the babies and their fluid lines are in such close proximity to each other, in the past, parents have accidently changed the flow of fluids from low to high resulting in babies becoming fluid overloaded and dying.

Other simple equipment that are taken for granted in Australia, such as sutures, are limited in Western Visayas as many patients can't afford them. If a poor patient who can't afford sutures needs a wound sutured, whether it be from trauma or for an elective surgery, the doctors are forced to recycle sutures that have been used on other patients. Recycled sutures obviously have a high infection risk, but it's better than an open wound! In order to reduce the risk of infection, the doctors attempt to sterilise the sutures, however, this whole procedure is alarming when compared to the infection control standards of Australia.

Differences between the way Western Visayas and a typical Australian hospital operate were very evident in the Obstetrics department. On average there were around 30 births a day. Women tended to present to the hospital to give birth very far through labour. Many women gave birth within 5 minutes of entering the delivery ward. This is probably partly cultural and partly due to patients knowing there is limited resources and space in the delivery ward. The women that presented prior to being 10cm dilated and hence weren't actively ready to give birth, all shared one small "pre-delivery" room which had 3 beds. There were no family members allowed in this area – there simply wasn't enough space. Here they were monitored with a CTG machine for ten minutes on presentation and then with a foetal doppler for about 10 seconds every hour after. They were also given hourly vaginal exams to monitor how far through stage 1 labour they were.

I saw up to 10 women sharing the 3 beds in the "pre-delivery" room. Once a woman was actively giving birth, they would move to the "delivery" room. This consisted of two beds with stirrups. The majority of the time, the baby was then born within 5 minutes of being in the delivery room. All of this was completely without analgesia, due to the cost and limited availability of anaesthetists. Post labour, there was no skin-to-skin contact and the newborn was taken to be examined and vaccinated. The mother was then taken to the "post-labour" area and after around 30mins she was allowed to see her baby for the first time.

Another big difference is the team's approach to caesarean sections. They continue to utilise a midline vertical uterine incision, which in general is considered out-dated in Australian hospitals, largely being replaced by the lower uterine transverse incision. I was told that the reason for this type of incision being used at Western Visayas, is that it is quicker to close the patient. Since there are only two obstetric operating rooms, the procedure needs to be quick just in case another labouring mother needs a caesarean section.

**Brieana Nolan**
University of Western Australia

**Western Visayas Medical Centre**
Iloilo, Philippines

Treatment area n hallway

Street

Cambugahay Falls

Many of the different methods and procedures used in the hospital were due to limited resources. There were also some differences between the way Western Visayas and a typical Australian hospital operate that weren't necessarily related to these limited resources. Something I didn't expect to be different was the delivery process. 90% of the births I witnessed required episiotomies. In Australia, episiotomies are uncommon and only done when deemed necessary as current evidence states that restrictive episiotomies result in more intact perineums.[1]

After doing some research, I found that there are ethnic differences in the rates of perineal tears. A study of ~30,000 women showed that South-East Asian women are more likely to have tears (3rd or 4th degree) in a natural delivery than Caucasian women, this difference is significant in both nulliparous and multiparous women.[2] When comparing whether it is better to have a restrictive approach to episiotomies or routine episiotomy approach, a study on 3,000 South-East Asian women concluded that restrictive episiotomy results in more intact perineums after vaginal birth in multiparous women.[3] However, in the hospital, they essentially appeared to do a routine episiotomy in any woman who might benefit from one in order to reduce the chance of a tear. Many of these women were multiparous women. Perhaps the expedited end stage of labour at Western Visayas plays a role in why they do routine episiotomies. It is also important to note that the evidence that I researched included no studies specifically done on Filipino women.

Some diseases that aren't common in Australia are also endemic in the Philippines. Rabies is very prevalent amongst the stray animals there. Any patient with a dog bite, has their likelihood of rabies exposure scored, and were treated prophylactically as outpatients. All neonates at Western Visayas were given the BCG (tuberculosis (TB)) vaccination as part of the normal vaccination schedule to prevent disseminated and meningeal TB. The hospital also had a specific dengue ward which unfortunately outlines how prevalent it is within the Philippines. Thalassaemia was also relatively common in the hospital. Thalassaemia is a hereditary blood disorder and alpha thalassaemia occurs more commonly in patients of Asian origin which may explain why it is so common.

*Throughout my time at Western Visayas I saw many conditions that I would rarely see back home in Australia. On my first day on the Pedia ward I saw 2 patients, aged 4 and 6 with tetralogy of fallot who had not had surgery to repair their heart defects when born. I was told that for the surgery they would need to fly to Manila and pay around $10,000USD. They were in respiratory distress, had cyanosis and severe clubbing. In Australia, surgery would be done for free and within the first year of life. I also saw many patients with thalassaemia, acute lymphoblastic leukaemia, and haemorrhagic disease of the newborn.*

After long discussions and liaising with various hospital staff across a few fields, I finally came to a decision on what equipment to purchase for the hospital. The grant went towards a foetal doppler machine, a portable oxygen tank, a suction machine, multiple nebulizer machines, pulse oximeters and manual blood pressure machines. I believe the obstetrics department currently only has 3 doppler machines across the hospital. There is one in each area, the delivery ward, the obstetrics emergency room and the outpatient clinic area. There is high demand for each doppler machine, and the staff were very excited at the idea of the MIGA grant going towards purchasing a new foetal doppler. Currently in the paediatrics department, there is no portable oxygen machine. This means that a patient on oxygen on the ward is unable to go elsewhere in the hospital, for example, to go for an x-ray. The oxygen machines they are connected to are huge and definitely too heavy to move. For this reason, the nurses on the ward were particularly excited about this purchase. Suction machines, nebulizer machines, pulse oximeters and manual blood pressure machines are in short supply around the hospital. These will be stationed on the wards and will hopefully help many patients.

*I met many amazing people whilst at Western Visayas Medical Centre, including both healthcare staff and patients. I grew close to some staff in particular and feel that I have made friends for life.*

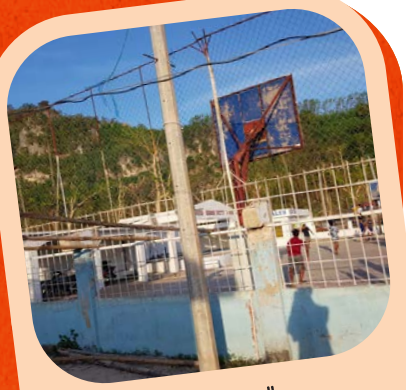
The healthcare staff at Western Visayas worked tirelessly for very long hours. They don't complain about it because they truly want to be helping people. They are doing the best they can with what they have and are having a huge positive impact on many people's lives. For the doctors, they fully understand what going into the public medical system in this country means. They will have the privilege of having the knowledge and skills to be able to help people and save lives, but they also understand that this comes with the cost of having minimal social life outside of the hospital. I was astounded by their work ethic and altruism!

The experience made me very grateful for the Australian healthcare system and for my true "western world privilege". It has inspired me to work as hard as I can so that I am able to genuinely help people in the future. I hope to someday go back to the Philippines, or to another developing country so that I'm able to help those with limited medical access around the world (I just need to decide on a language to learn).

**Brieana Nolan**
University of Western Australia

**Western Visayas Medical Centre**
Iloilo, Philippines



Basketball


Front of Hospital

**References**

1. Jiang H, Qian X, Carroli G, Garner P. Selective versus routine use of episiotomy for vaginal birth. Cochrane Database of Systematic Reviews. 2017 (2).

2. Davies-Tuck M, Biro MA, Mockler J, Stewart L, Wallace EM, East C. Maternal Asian ethnicity and the risk of anal sphincter injury. Acta Obstetricia et Gynecologica Scandinavica. 2015;94(3):308-315.

3. Sangkomkamhang U, Kongwattanakul K, Kietpeerakool C, Thinkhamrop J, Wannasiri P, Khunpradit S, et al. Restrictive versus routine episiotomy among Southeast Asian term pregnancies: a multicentre randomised controlled trial. BJOG: An International Journal of Obstetrics & Gynaecology. 2020;127(3):397-403.