

## **AMSF Travel Scholarship 2016**

**Matthew Borg**

**Self-Created Medical Selective, 15/2/16 – 11/3/16**

**Internal Medicine**

**Western Visaysa Medical Centre**

**Iloilo, Phillipines**

My name is Matthew Borg. I recently spent my 6<sup>th</sup> year Self-Created Medical SCAP Selective at The Western Visaysa Medical Centre in Iloilo, Philippines for four weeks. I spent the placement rotating through internal medicine (IM) and the emergency room (ER). It was a highly rewarding multifaceted experience, which greatly broadened my medical exposure and at the same time exposed me to the beautiful Philippines previously unknown to me.

Western Visaysa Medical Centre was set up in 1946, initially as an emergency hospital facility. Now it is considered one of the government's "centres of excellence" and provides services to a catchment area of over four million people. Despite being understaffed relative to its size and number of patients, it provides an affordable public health service with most patients having national PhilHealth insurance to cover the major part of their hospital costs. Where possible, patients without insurance and patients from tribal and Indigenous regions are also admitted. This hospital provides specialty care in anaesthetics, dental medicine, ENT, emergency medicine, family and community medicine, IM, ophthalmology, orthopaedics, obstetrics, gynaecology, paediatrics, physiotherapy, psychiatry, radiology and surgery.

Internal medicine is one of the major departments in the hospital. The wards are split into four wards based on gender and the presence of infectious diseases. Cases include cardiovascular disease and anaemia as well as diseases such as tuberculosis, viral hepatitis and typhoid. This hospital is the only one in Iloilo that serves as a treatment hub for HIV and thus has a HIV/AIDS core team unit within the department. However, the prevalence of HIV in the Philippines is less than 0.1%. This department also includes a separate haemodialysis unit with a ten bed capacity. Renal transplants are not offered at Iloilo due to their high cost, so end-stage renal disease patients are often on haemodialysis for life or, if they can afford it, are transferred to Manila for a renal transplant. I rotated through the different wards in IM and parallel consulted in the IM Outpatient Department (OPD). Sponsor meetings are also common; many free lunches were to be had, all with plenty of rice. As they say, "To live like a Filipino, you have to eat like a Filipino!"

In the ER, common cases are the same as in any country, but in addition you will also see tropical diseases particularly tuberculosis, typhoid and conditions presenting at an advanced stage. For example patients with breast lumps wouldn't present until the mass increased in size, changed colour and started ulcerating. Also, patients who presented with a stroke a week after the onset of their symptoms were not uncommon. The ER is also considered a part of IM in Iloilo; the IM doctors rotate between the wards, OPD and ER.

The staff was very supportive and they were happy to involve me in activities. I took histories, examined patients, performed procedures such as venipuncture and Foley catheter insertions,

and prescribed medications. I found it heartening that most patients are accompanied by other family members, in particular children and the elderly. The family often plays an important role in management, such as supporting the patient with administration of oxygen. The biggest challenge for me was the language barrier since most patients did not speak fluent English. Therefore history taking and certain parts of the physical examination that rely on good communication between examiner and patient were challenging unless you were fluent in Hiligaynon (the local dialect). Fortunately, Pilipino patients are very respectful to the medical team and tend to be quite obliging with both examination and procedures. Patients may often be accompanied by younger family members who are more fluent in English. All the medical staff too were proficient in the English language, so translators were available during our various rotations enabling us to communicate with patients in the way we have been trained to do so.

Being a third world country, medical supplies are scarce. Doctors have to be creative. Rubber gloves are often used as makeshift tourniquets and stethoscopes as tendon hammers. Use of analgesia is limited and many patients are intubated without sedation. Available investigations are few and there is just one CT scanner for the whole hospital and no MRI scan. Spirometry is unavailable, so asthma is diagnosed solely on the basis of history. However, the staff are both willing and enthusiastic – a great asset of this hospital and a pleasure to be part of. Many medical students from other countries were also spending their elective in Iloilo. During our weekends, we went island hopping to explore the greater Western Visayas region of the Philippines, sunbake on the beach and enjoy a swim.

Spending four weeks in Iloilo was a fantastic experience and I would strongly recommend this placement to other students. I want to thank the many doctors and nurses who invited me into their team and gave me such an amazing experience. I thank Work the World for making this placement possible. I thank the other Work the World students who were with me at the time, including Joule Li who planned this trip with me. They became friends, housemates and travel buddies simultaneously. This trip would not have been as enjoyable as it was without them. Finally, I thank the AMSF for their financial support which lessened the economic burden that comes with such a life-memorable trip!