General Philippine Hospital, Manila, Philippines

Cara Cecil
Children's Mercy Hospital

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/posters

Part of the Critical Care Commons, Medical Education Commons, and the Pediatrics Commons

Recommended Citation
Cecil, Cara, "General Philippine Hospital, Manila, Philippines" (2019). Posters. 60.
https://scholarlyexchange.childrensmercy.org/posters/60

This Poster is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Posters by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
General Philippine Hospital
Manila, Philippines
Cara Cecil, MD

Philippines
- Consists of 7,641 islands
- Population > 100 million
- The Capital City: Manila
  - Population ~12.9 million
- Located in the ring of fire making the Philippines prone to earthquakes and typhoons
- Gained Independence in 1946
  - Previously under Spanish, American and Japanese rule
- Democratic government
- Predominant religion: Catholicism
- Climate: 3 seasons
  - Hot-dry, cool-dry, monsoon

Experience
- Philippine General Hospital/University of the Philippines
  - Established in 1907 and opened in 1909
  - 1,500 beds (1,000 for indigent and 500 for private)
  - Provides care for ~ 600,000 patients/year
  - 15 clinical departments including pediatrics
  - Pediatrics:
    - General pediatric ward
    - Subspecialty teams and heme/onc ward
    - Pediatric intensive care unit (ICU)
    - Neonatal ICU and newborn nursery
    - Pediatric Emergency Department (ED)
- Clinical Experience
  - Worked in the pediatric ICU, neonatal ICU and ED
  - Attended the Society of Pediatric Critical Care Medicine National Convention

Goals
- Learn how to provide critical care medicine in a low resource setting
- Gain clinical experience treating tropical infectious diseases, HIV and vaccine preventable diseases
- Learn how to manage unrepaired congenital heart disease
- Learn and understand resource limitations and how to best allocate resources to maximize patient outcomes

Reflection
- Learned alternative or secondary critical care interventions determined by resource availability
- Reinforced the value of a thorough physical exam and how to formulate a clinical assessment in the absence of laboratory data
- Learned strategies to provide clinical and procedural interventions with limited resources
- Witnessed numerous barriers to medical and surgical care including, but not limited to language, finances, access, transportation, medication, physician compensation, education, technology and unsanitary living conditions
- Learned some of the political and financial hurdles as well as frustrations that come with advocating for patients
- Reminded me how thankful I am for the quality education and resources we have in the United States

Future Directions
- Continue to pursue opportunities to learn and work in a critical care setting abroad
- Use advocacy, education, and leadership as a means of further global health and support underserved populations