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General Philippine Hospital, Manila, Philippines

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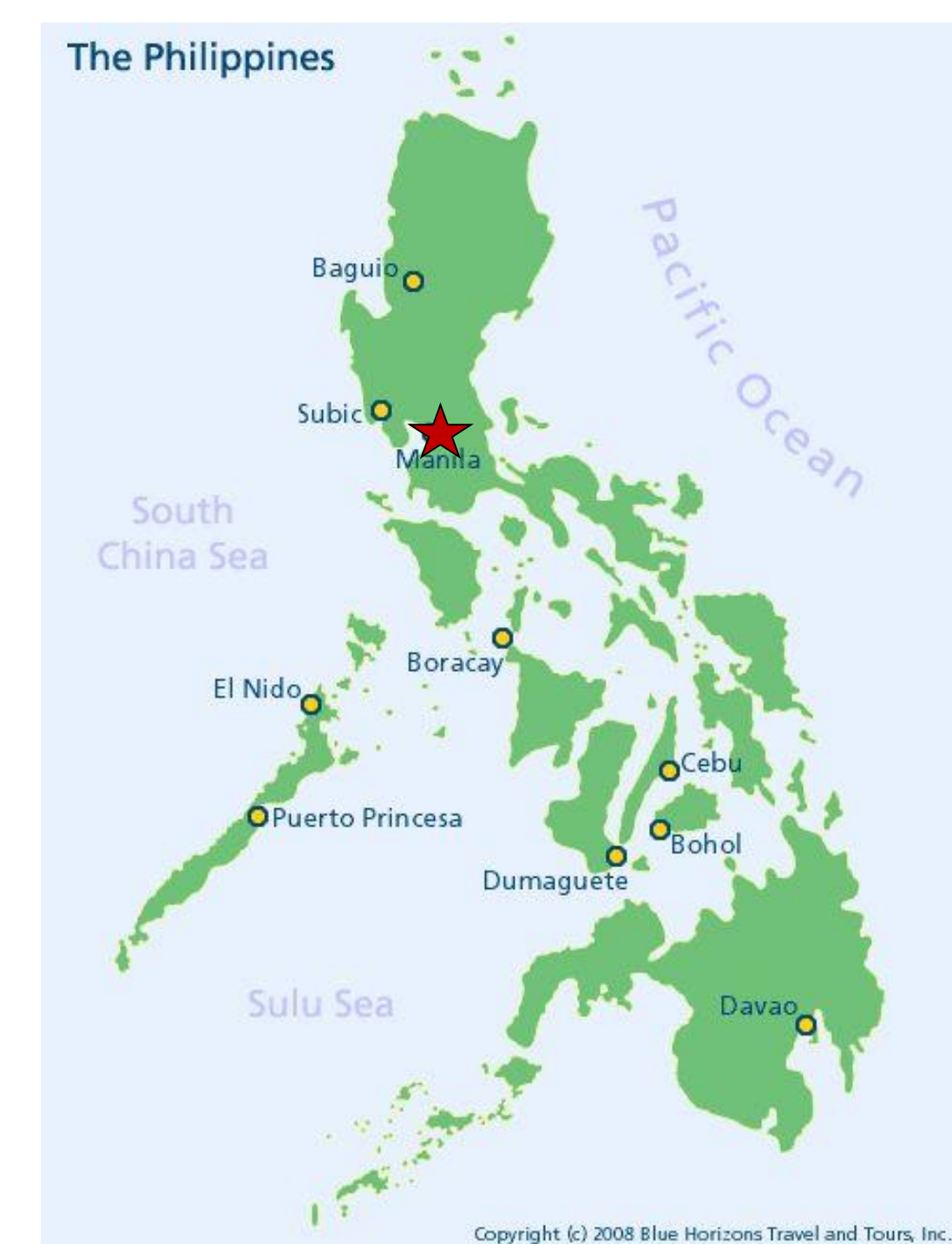
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Philippines



- 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

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



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



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