

Philippines: A medical practice in which the poor are likely to die

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(Edited version of an article originally published by the Asian Human Rights Commission: AHRC-ART-047-2011, 31 August 2011.)

The common phrase that the poor suffers the most, in all aspects of life, is not difficult to comprehend. It is near impossible however, to grasp the depth of their daily suffering; it is not like any experimental exposure, where a person can immerse himself in a situation in order to get a feel of it, knowing full well that he can simply step out of it when it becomes too much for him.

Admittedly, my knowledge of how the disadvantaged suffer from the poor state of the medical practice in the Philippines is limited to my recent experience, as well as that of my family and relatives. While I could articulate others' experiences, it would be in broader and more abstract terms.

If you are poor in the Philippines, and you have no political connection, and are not known to the medical service provider, and if the latter thinks you have no education, you are likely to die.

Recently, I took my family for a holiday to my wife's hometown, a remote village in the southern part of the Philippines. After having been away for over two years, I thought our travel would be a good experience for our two children, the eldest of whom is five, and the youngest, two. The latter was born in Hong Kong and has not been seen by our relatives since his birth.

A few days after we arrived, both children fell ill. The eldest had fever and was vomiting, while the youngest had loose bowels. In the village there are no taxis; there is an ambulance service but there is no way to contact them. In an emergency, the villagers take the patients, even those who might be dying, to the hospital by themselves--if not on foot, on a public bus or passenger jeep at the highway. These means of transport are only available about ten to twenty minutes walking distance from the house where we were staying.

It was high noon as I carried my eldest and my wife our youngest, to the highway to go to the hospital which was almost an hour away from us. After waiting for the passenger jeep to arrive, we then had to wait until it was full, as the driver was reluctant to leave without a full vehicle.

Try to imagine the scene inside the jeep: I was carrying a plastic bag for my daughter to vomit in; and my wife, who was carrying our boy, was making sure the contents of his low quality, malfunctioning diaper (the best available) did not spill out of his pants. We waited in agony and despair for the jeep to leave for the nearby town where the hospital is.

Finally we were there. We immediately went into the emergency section of the provincial hospital. Here, I saw an ambulance parked by the door and wondered how it might be possible to contact them, not seeing any contact sign or instructions. At that time, I did not bother to find out; I had my two children with me right at the door to the emergency room. It had taken an hour and now we were just as worried and clueless as no one was telling us what to do.

Along the hallway, a hospital staff (probably a nurse), who did not bother introducing herself, asked us why we were there. She didn't stop to talk to us and we had to walk along with her. I had always assumed that in an emergency room where the lives of patients are at stake you do not waste time. Was it necessary for this nurse to ask such an obvious question? Apparently it was.

In an emergency situation, the first duty of the hospital staff is to ascertain the immediate situation of the patient. Without making any such inquiries however, the nurse arrogantly asked why we did not bring our sick children earlier. Before I was able to answer, she told us that if we wanted to have our children attended to by a doctor, we would have to either submit them for admission or just go away.

She then arrogantly demanded to know why we were unaware that the doctors at the provincial hospital only serve patients half day every Saturday. Thus, even if we admitted our children they would not be attended to by a doctor until one or two days later.

It was only after I told the hospital staff that we lived in Hong Kong and were staying at a nearby town, that she took the time to explain to us properly how we could get treatment at the hospital; something that should have been part of her normal duties. My siblings and friends had told me that we were only likely to be accommodated by government employees including hospital staff, if they thought we had money, or were professionals, and most importantly, if you arrived at the hospital in a private car.

In this instance all we had was this arrogant woman to deal with. There was no apparent system or mechanism. There was no one dealing with newly arriving patients, their conditions being an emergency or otherwise. I did not see any instructions on what the newly arriving patient should do to get registered and treated; that they are only open half days on Saturdays; that a patient could be admitted without being examined by a doctor; that patients have to wait until the doctors are available. There were no instructions, only posters from the health department on general public announcements.

When I realized this, what came to mind was not me and my two sick children, but how terribly the poor and ordinary person might suffer daily when they seek treatment from that government hospital in an emergency. Our case was vastly different. At least I had an idea of how to deal with government employees and we, at least, could also afford to go to a private doctor and hospital.

I was told how patients were refused treatment in health centres and hospitals for very petty reasons. My sister-in-law told me a story about an indigenous child, who came down with a relative from a far flung village in the mountains, sent away by the village health worker because he did not carry proof that he was a resident there. The patient, whose foot was badly and painfully swollen, was refused treatment by the health centre.

In the remote and far flung villages, villagers do not bother securing referral letters or documents to prove they are residents of that village. Most villagers know who lives in their village regardless of how far a neighbour's house is from another. Indigenous people prefer to treat their patients on their own because, firstly, they have very little experience of getting treatment from medical services, and secondly, hospitalization and medication means you need a lot of money, which they do not have.

Even if you can afford to pay or are covered by health insurance in private hospitals, doctors and hospital staff make money from you in their own way. Unlike in Hong Kong, the doctor's fee when you go to private doctors and hospitals in the Philippines is only for the consultation; medicine is not included. The doctor would prescribe a medicine for you to buy at the private pharmacies outside. The prescription of medicine

is where the doctors get money or commission from medical representatives, who are selling medicines. These persons have their own way of checking at pharmacies which doctors prescribed what medicine.

Thus, when my wife and I fell sick a few days later, the medicines prescribed by a doctor at a private hospital—which might have been cheaper if they were of a generic brand—were very expensive. Doctors at private clinics usually ask patients what they do for a living (which clearly has nothing to do with your sickness) before prescribing medicines. The medicine that the patient would get depends on the patient's response; and the doctor's judgment as to whether the person can afford it or not.

At the private hospital where my wife and I went, I overheard a female patient sitting next to me attempt to admit herself for treatment. The nurse refused to register her because she had no money to pay, and also could not produce a document showing the bus company would cover her hospital expenses (she was a victim of a bus accident). The patient had not been admitted even when we left the hospital.

Doctors are subject to laws as well as medical rules and regulations. To refuse treatment to needy patients is illegal; however, hospitals and health centres get away with it by not putting them on record in the first place. They have no liability or responsibility for any patient when they do not have any records of them.