

Expedition fund 2014 report

Luke Ashby & Angus Wilson

4th November 2014

Expedition: Manila Clinical Observership 1st-10th August 2014

Ophthalmology is an exciting specialty; epitomising our personal and professional ideals. Our desire to fix and restore is instinctive, as is our meticulous attention to detail and strive for procedural precision. The specialty combines complex clinical and practical skills with academic rigour, whilst demanding compassion and exemplary communication. However, exposure to the discipline is limited in medical school; restricted to one week during fourth year. This was enough to spark an unshakeable interest, and prompted us to organise further experience during the summer break. We organised a Clinical Observership at St. Luke's Medical Centre; the ophthalmology department renowned as being the most prestigious in the Philippines.

We arrived at our accommodation to a wonderfully friendly welcome; a running theme of our time in the Philippines. Whilst we were heavily jetlagged, we were buoyed by the prospect of starting the placement at the hospital in the morning.



An early start had us walking the short fifteen-minute journey to the medical centre; prompting bemused looks and frank astonishment from the general public. According

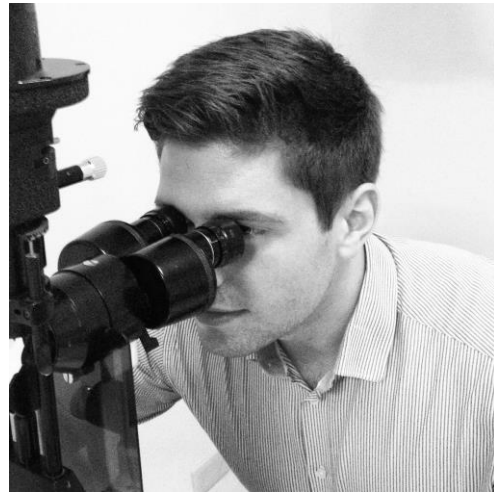


to our Filipino friends, nobody walks, especially in typhoon season. Nonetheless, we marched on, and arrived in one piece. We were introduced to the team in outpatients and given a tour of the hospital, encountering warm welcomes at every exchange. The remainder of the day was spent in the operating theatres, observing various procedures including cataract surgery, retinal repairs, and oculoplastics. In a combination of serendipity and bad luck, one of the surgeons fell ill during an oculoplastics operation, leaving the head surgeon without an assistant.

"Angus, will you scrub-in and assist?" was the next question. Angus duly scrubbed-in and adopted the empty space at the operating table; adorned with microsurgical glasses and bearing the tools of the ophthalmic surgeon. For the subsequent hour, he

assisted in a lateral canthotomy and blepharoplasty, an operation to resolve function and aesthetics of the eyelids and periorbital region.

Jetlag continued for the next couple of days, but this didn't deter from our experience observing in the busy outpatients department. Here, the medical interns and residents took us under their wings; showing us the intricacies of overseeing a department with high patient turnover, providing us with tutorials in practical skills, and including us in teaching regarding interesting clinical cases. This was invaluable experience, both clinically and culturally. It provided us with the opportunity to develop our practical examination skills, particularly in the testing of visual acuity, fundoscopy and use of the slit-lamp. The experience also served to highlight the clinical challenges within a poor population in a developing country. It emphasised the vast inequality in health provision, and differences between our Beveridge-style system and a private healthcare model. The consultants exclusively treated private patients, whilst more junior members of the team were responsible for seeing charity patients.



After a few days of working closely with the team, and forming good work and social relationships, we were fortunate enough to be invited to the Orbit Grand Round; a monthly meeting amongst local hospital teams to discuss pertinent educational cases encountered over the previous month. This event was held at an eminent consultant's house (mansion), whereby an elaborate spread of traditional Filipino food and local



beverages were supplied in abundance. In true Filipino style, we were treated as guests of honour, with minor celebrity status. In true British style, we were embarrassed; particularly given our clinically junior status. Nonetheless, it was a fantastic evening of presentations and academic discussion. Clinically, this was a truly unique experience, as the pathologies presented were as a result of extreme poverty and lack of healthcare provision; diseases that we otherwise would not encounter in a Western system.

The following day was surgically focused, and one of the most exciting. We witnessed a full thickness corneal transplant, during which we learned about the harvesting of grafts, the complex technique of the procedure, and the immunoprivileged status of the cornea. A LASEK procedure, which uses laser therapy to correct for refractive error in the cornea, gave us an insight into the influence of ever-advancing technology in the field of ophthalmology. Later in the day, Luke was lucky enough to be asked to

take part in a phacoemulsification and intraocular lens implant (cataract surgery). Utilising the operating microscope, he was able to put into practice his microsurgical skills and assist the operating surgeon. This was a profound and inspiring moment, as it provided true example of the sight-restoring capabilities of ophthalmic surgery.

Another difference between the UK and Philippines in terms of healthcare is that of the influence of pharmaceutical companies. Such companies are permitted to freely advertise directly to doctors, as well as provide sponsorship of medical events. This was no more evident than at the Cornea Grand Round, another event outside of hospital hours, which we were kindly invited to. This was an 'all-expenses paid' evening at an exclusive restaurant, whereby academic discussions were held in the presence of pharmaceutical representatives.

On the final night, the junior doctors, who we had spent most of our time with, organised a farewell evening for us. We were treated to a traditional Filipino meal; a delicious spread of local delicacies. A few celebratory beers with the team in a local bar followed, where we had a truly fitting send-off (and successfully avoided the Filipino pastime of karaoke).

Overall, the placement at St. Luke's was an invaluable personal, professional and cultural experience. We gained a much deeper clinical understanding of the field of ophthalmology, but most importantly, it stirred a passion and cemented our drive to pursue a career in ophthalmology.

