PLENARY SESSION III

AN OVERVIEW ON CLINICAL PEDIATRICS IN THE PHILIPPINES

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The talk this morning will be an overview of clinical pediatric practice in the Philippines - past, present and future. I graduated in medicine a few months before the start of World War II and my young colleagues in the profession consider that as "ANCIENT". Having been placed in that category, I presume that I am qualified to talk about the past, and as I am still in the midst of the present with high hopes for the future, my comments on the three phases will be a typical description of the eras.

Pre-Spanish Era

In the pre-Spanish era, the health care of children as well as of the adults was in the hands of herb doctors, seers and (?) witches which, sad to say, are still so in some parts of the islands. Western medicine was introduced when Spain took possession. Some doctors were in the expedition and the friars dispensed their own type of healing. Much later, Filipinos were trained to be doctors and then augmented in number with the coming of the Americans who established a government-supervised medical school. Pediatrics was not well delineated at the time although it was already taught as a separate subject. It was an accepted fact that children are not merely miniature adults, neither in size nor in their diseases. Some of the doctors were known to be proficient in treating children while still treating adults, they became the prototype of the present day pediatricians. The doctors of old were usually kindly middle-aged men (no women as yet) who exacted respect and trust. The doctor was one with acuity of perception, a high degree of an educated intuition, and without the help of technology, would arrive at a rational diagnosis and treatment. There was an empathy between physician and patient which contributed much to the well being of both patients and their parents. This human touch is slowly disappearing today.

House visits and home medications were administered. Specific treatments were not available - for febrile reactions and mild illnesses simple procedures were usually followed. The child was wrapped to produce sweating and the ubiquitous castor oil would always be in the regimen. The evening enema will end the ritual. Windows were closed during defervescence and diet was restricted. The rationale behind the procedure was to cleanse the system and starve the cause, to produce cure.

More serious illnesses needed hospitalization. The more common conditions that would require confinement would be severe diarrheas and respiratory infections. Rehydration technique was poor as this was effected by the slowly absorbed "hypodermoclysis". There were no facilities for intravenous infusions - there were no tubings as are used at present. The only ones available would be rubber tubings as used for enemas. The forceful infusion in the subcutaneous tissues was very painful and traumatic as it bloated the thighs until bursting, so as the interscapular areas of smaller babies. If this happens today, the doctor will surely be accused of physical abuse. Because of this lack of proper hydration, cholera was almost always fatal, as the main treatment is fluid replacement.

One common disease during the prewar era was a condition caused by vitamin B1 deficiency popularly known as beri-beri. It was so rampant that sanitary inspectors, or even layman, in the rural areas diagnose the condition. Young doctors have only a hazy idea about the condition but it caused a high morbidity and mortality among our children and even adults. Treatment with a dose of 10 mg. of vit. B1 would be enough to result in almost immediate improvement or cure. Rice bran became the panacea for the cure and the byword among Filipinos "tikitiki Zamora" was born. A foreigner in the concentration camp was saved by the "darak" cookies that were smuggled to them during the war. With the spate vitamin preparations these days scarcely would one hear of the condition - vitamins have been used for so many purposes even in cosmetics and cancer prevention. I would be remiss if I do not mention intestinal parasitism. Tuberculosis has always been with us - was and still at present ranks high as a leading cause of morbidity and mortality. Antitubercular drugs did not reach the islands until after the cessation of the war. It did not spare anyone - even high officials. If a child contracted the meningitic form it was tantamount to a death sentence. Within six weeks all told, without treatment, will end up in death.

Post Era

I will term the immediate post war era as the recent past as not so log ago, it was part of the present. Advances in medicine in the other parts of the world did not reach the Philippines until the end of the war. Then, there was an exodus of doctors in all levels. The faculty went abroad for reorientation - to refresh and absorb new trends in Pediatrics. The young graduates went for training with a vision for specialization and because the Americans needed doctors, they gobbled up our manpower. This situation reminds me of Abraham Jacobi, the father of American Pediatrics who in the

1860's felt that there was already a trend in organ specialization, of which he was not in favor, had this to say "If they honestly believe a human organ can be treated separately like the wheels of a watch, they do not have the brains enough to be a physician. And if they do it for mercenary reasons, they haven't the right to be." I wonder what he would have to say today when there is a possibility of specialization of the left or right eye or leg!

Antibiotics had come into the islands, and their impact on the virgin organisms in the country was almost magical. Penicillin for the bacterial infections and streptomycin for the long suffering tubercular patients. With all the enthusiasm for the new management, the Filipinos were among the first to use both intrathecally. Other antibiotics and antituberculous drugs were to follow with good results.

Well-baby clinics were introduced, prevention became a new thrust in the care of infants and children. Immunization against infectious disease with growth monitoring spelled a better life for the young population. There were only a few vaccines available before the war but it was a proof that prevention is the best way to curb diseases. Small pox vaccination is the best example in this category. Since 1970, smallpox vaccination has been discontinued as it was declared globally that it was no longer a menace. DPT, polio, measles, mumps, rubella were the first to receive backstopping by an Expanded Program on Immunization (EPI), together with BCG. The target of the DOH for polio eradication is the year 2000. We hope each of these preventive measures will go the same way of the small pox experience.

Since then so many types of vaccines have come out. There are Hepatitis A& B, Hemolphilus Influenza B, a new type of typhoid vaccine, and the latest are the varicella vaccine, and influenza virus, pneumococcus, and many more under trials - such as for H. fever and malaria.

One phase of pediatrics that has progressed by leaps and bounds is the care of the newborn. Whereas before, the care of the newborn infant was in the hands of the obstetricians; the special care needed by high risk infants demanded a full time attention. It was obvious that if the mother had some difficulties in delivery resulting in high risk babies, the obstetricians" primary concern would be the mother. As a result, neonatology as a subspecialty was born. Neonatology means knowledge of the newborn and the term was coined by Alexander Schaeffer in 1960 in his book "Diseases of the Newborn". The neonatologist, then came into being. Smaller babies were saved with the aid of high technology and a better understanding of the pathophysiology of such types of babies. Neonatal disorders being the result of perinatal difficulties, antepartum assessment of the fetus became a must so that difficulties may be anticipated and therefore remedial measures can be done. High risk babies including those with very low birth weight, survived with fairly good outcome postnatally as the quality of life is considered. This brings in another subspecialty- perinatology. In some institutions the pediatrician has a corresponding level in the faculty of the Department of Obstetrics and Gynecology Inrauterine intervention; surgical and non-surgical have been going on since two to three years ago. In one of our talks in the latter part of the 80s, we predicted this to happen in the

year 2000. It happened in less than five years. Such is the rapid advances in medicine. The latest addition is the cure of small babies who had trouble in maintaining respiration after the first breath with the use of artificial surfactant. This is a very costly procedure. About P20,000 to P30,000 is needed per application which is administered twice.

Pediatric practice is likened to a pendulum; it sways forward but somehow backtracks and sometimes old ideas and procedures resurface.

Breastfeeding practices cannot be more than over-emphasized. It benefits both mother and child, and of course, is less expensive.

The Philippine hemorrhagic fever has been in our textbooks, but apparently did not merit a second look until the mid fifties when there was an epidemic of the disease. The virus was here; dengue virus and the vector has been in our midst -the *Aedes egypti*. Poor sanitation brought about by over population (uncollected garbage, stagnant canals) have caused the high incidence during this last few years.

The Present

One of the most talked topics is child abuse - physical, sexual, substance. This is critical and must be addressed as soon as possible. Centers where the aggrieved can be taken cared for, have to be established. This is again a very expensive proposition. A multidisciplinary team of experts is needed and should be available 24 hours a day to be effective.

Cancer in children is not as rare as some people want to believe. Among adults, more and more cases are diagnosed due to better awareness. Advances in the management of cancer in children have resulted in longer survival and sometimes total cure.

Children do contact AIDS most often from their mothers at birth. Other routes are less, except in cases of sexual abuse.

The high cost of technology which of course has been beneficial to mankind, the support of researches, and the continuing search for newer drugs have led to spiraling cost of health care. Ways and means to minimize this situation were devised and one of these was the establishment of the Health Maintenance Organization (HMO). HMO is composed of business interest groups or organizations in health care delivery which provide a specific set of comprehensive services to a defined population of patients for a prepaid, fixed sum. And like any corporation, the priority is for profit while the health care seem to be of less importance. This type of health care providers had been going on in the US for some time now. It is true that HMOs have succeeded in controlling cost of health care, but this seems to be at the expense of the doctors and the patients' coverage. Doctors are given minimum reimbursement for services rendered while the patients are shortchanged because of limitations in their health coverage. Due to this flaw, new models in health care delivery have emerged in the USA. One of these is the Preferred Provider Organization (PPO) which is like a group practice without walls, where the health care is managed, controlled

and owned by doctors or physician groups. This type of organization has taken ground here in the Philippines.

Genetics is very much in the forefront since the 1950's scientists have proven that the so called "thread of life" - deoxyribonucleic acid (DNA) is the basic stuff of heredity. A detailed map of the human gene has been drawn roughly showing the known locations of mutations uncovered by scientists. With this knowledge, they have search for mutant imperfect genes that cause the appearance of the disease in the person. The genetic map shows the known locations of mutations already uncovered. Once they are discovered, they have to be fixed. Several approaches have been tried as transplantation of a healthy copy of the gene for the affected cells. An immunodeficiency disease has been one of the first gene therapy tried with success. This what we would like to see in the future for our Filipino children. Scientists are now very concerned in Genetic Engineering. Once this is mastered, genetic therapy will certainly follow. How far can man meddle in creation? Frankly, I am ambivalent with regard this situation. There are already talks about genetic screening which in itself is a good procedure if used for good purposes. But if the secrets of the individual hidden in his gene will be used against him - this again will be a major constitutional issue of the next generation.

Toward the Future

What really do we expect in the future? Concisely, we would like the following to happen:

Preventable diseases suppressed and wipe out.

Genetically preventable diseases will be corrected.

With the help of the public health sector there will be a clean community with ample potable water good sewage and sewerage system.

The environmentalist will give our children fresh air, water, and land free of pollution.

All these will create a Philippines where children will have the best chance to grow and develop their full potential, so they can really be the future backbone of the nation.