

## **Health Sciences Roadmap Towards Building a Culture of Science**

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### **Introduction**

The Health Sciences Division, in keeping the theme: “A Progressive Philippines Anchored on Science: Building a Culture of Science in the Philippines”, chose key topics and expert speakers as follows:

1) Curriculum of the Medical School by Dr. Ramon Arcadio, Chancellor, UP Manila, 2) Evidence-Based Medicine by Dr. Domingo Bongala from the Philippine College of Surgeons, and 3) The Curious Phenomenon of Doctors Going into Nursing by Acd. Jaime C. Montoya, Executive Director of the Philippine Council for Health Research and Development. For the third topic, I had to pinch in for Acd. Montoya who had to attend to something very urgent elsewhere.

### **On the Curriculum of the Medical School**

Dr. Ramon Arcadio, Professor and Chancellor of UP Manila, discussed the Trends and Actual Experiments on the Curriculum of UP Medical School. He first reviewed the trend in the world, but later focused on what have been tried in the Philippines, especially the UP experience. He noted that the present curriculum is a combination of the regular curriculum which is mainly discipline-based basic sciences— anatomy, physiology, pharmacology, and clinical medicine, and an introduction into the different specialties. At UP, they introduced the Integrated Liberal Arts Medicine Program (INTARMED), which is a shorter seven-year program. The regular program consists of nine years — four years of pre-Med, four years of Med proper and then one year more of internship totalling seven years. The INTARMED Program consists of Liberal Arts subjects in the first two years, followed by clinical clerkship that is community-based, then clinical clerkship that is hospital-based, and culminates in an

integrated internship. The students obtain the MD degree in seven years, two years shorter than the regular curriculum.

From the experiences gathered from the implementation of these medical curricular programs, Chancellor Arcadio recommended for the Philippine medical school system: "Medical schools should shift to a more innovative and science-based curriculum to be monitored by CHED and the Association of Philippine Medical Colleges. And medical schools should adopt a community-oriented curriculum."

I would like to mention that the first community-based medical education program was introduced by one of our National Scientists, Dr. Paulo Campos, many years ago, through the comprehensive community health program in Bay, Laguna. This is now the trend— to go back to this community orientation.

It was further recommended that the basic medical curriculum should not be legislated, thus, the enumeration of subjects in the Revised Medical Act of 1959 should be removed. A shift to science-based curriculum should be accompanied by reforms in licensure examination, that is, for example, questions should be based on core competencies, not on the subjects. Exceptional colleges of medicine may be allowed to implement a shorter seven-year curriculum.

### **Evidence-based Medicine**

Dr. Domingo Bongala, a member of the Philippine College of Surgeons and presented what is now a buzzword in medicine, evidence-based medicine. He gave as an example, the revised published guidelines on antimicrobial prophylaxis for different surgical procedures which were based on good clinical evidence. In this case, the guidelines involved actual randomized clinical trials on the use of antimicrobials for prophylaxis, that is giving antibiotics or antimicrobials before surgery to prevent and minimize infection as a complication of the surgical procedure. Based on the clinical trials specific recommendations on what antimicrobials or antibiotics are to be given before surgery. Dr. Bongala recommended that this evidence-based approach should be used for the adoption of all guidelines for diagnosis and medical treatment of common medical conditions. Evidence is better than using limited personal experience or 'gut feel'. Evidence particularly Randomized Controlled Clinical Trial is the gold standard.

### **The Phenomenon of Doctors' Shifting to Nursing**

We are all aware of the phenomenon of doctors shifting to nursing to be able to go abroad and work abroad as nurses. I will now discuss

this interesting phenomenon of many doctors wanting to be nurses. In our time, we liked nurses and some of us courted nurses and married nurses but we never shifted to nursing as a career. Today, we observe this curious phenomenon of many doctors going abroad and shifting to nursing as a profession.

Firstly, let us review some statistical data from the government agencies in 2003. The Philhealth accredited MDs in government number 21,000. In 2004, there was a decrease in this number of PhilHealth accredited MDs which would support the shifting to nursing of government medical doctors. In 2002, DOH reported that there were 3021 MDs and 4720 nurses in government service. The ratio of government MD to population in the Philippines was 1 to 26000. This is very far from the WHO recommendation of 1 doctor to 600 population. The ideal MD to patient ratio in the hospitals and perhaps in modern rich countries is 1 to 8. The ideal nurse-patient ratio is 1 to 4. The Philippine ratio is very much below this. This problem is nationwide.

In 2002, there were 9,453 nurses who took the Professional Regulation Commission (PRC) Examination for Nurses. This number jumped in 2003 to 15,000. On the other hand, the number of medical doctors who took the PRC Exam for Doctors was below 4,000. In government hospitals, a large proportion (20 to 40%) of the total number of medical staff in provincial hospitals was reported to be taking up nursing according to the association of provincial hospital directors in the Philippines. This shows that this phenomenon is occurring all throughout the regions of the country and many of these were reported by different medical societies in a survey made in August 2004.

In Misamis Occidental, the percentage of physicians enrolled in nursing was 20% and in General Santos and adjacent towns, it was a very high 78%. Overall, 8% of medical doctors were enrolled in nursing, 5% have graduated as nurses, and 2% of these have migrated abroad.

Why would government physicians want to leave and go abroad to be employed as nurses? In the Philippines, their salary range from PhP20,000 to 24,000 per month, and retirement benefits are minimal; they render difficult underpaid work and they have no secure career path for professional advancement. If they go abroad as nurse, they would get PhP216,000 per month, a two-year guaranteed contract and they can bring their family too. This is a very attractive offer available in many countries like the United States and the United Kingdom. Love of medicine and service to the nation are not sufficient to overcome the economic hardship resulting from low salaries of government physicians and limited career advancement opportunities for physicians.

## **To Create the Health Care Workforce of the Future**

I will now summarize what we can do to create the health care workforce of the future. At the international level, macroeconomic policies that have impact on the national health workforce should be studied and favourable policy interventions can be designed at various levels and with various time frames.

At the national level, we can establish registries and network that effectively strengthen national human resource information system, establish mechanisms to allow for dialogue and cooperation among the different professions like medical, nursing, and allied professionals in health care. Chart and assume full control of our roadmap for the future medical practice in the Philippines and allot adequate time focused on resources on the future directions adapting to the needed change in strategic planning, membership, profiling, and advocacy.

We have to acquire a level of competency, clout, and control over the politics of health care not only where and when it hurts but also when and where it matters. Promote and safeguard the welfare of medical residents and fellows; ensure that they are not exploited; conduct a training orientation and curriculum in medical schools and residency training institutions. Redirect focus on public health and service to the country. Analyze current relative salary and human resource supply trends. Press legislation to improve the economic status and welfare of health workers; look beyond pay and to make health care sector more attractive to the citizens. Consider broader incentive packages that address living conditions. Develop long-term plan for achieving proper plate mixes of skills and geographical distribution Collaborate with other sectors and non-governmental organizations, etc.

To quote a guru in management “the only way to predict a future is to create it.”

Thank you.

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