Reflections on issues of justice in the Philippine healthcare system

Naomi Jones
Year 4, Brighton & Sussex Medical School

Fig 1. A view along Pasig river. I was struck by the close proximity of the slums (L) to the downtown business district (R).
Introduction

I was recently extremely fortunate to spend my medical elective in Manila, Philippines. The Philippines is an archipelago of over 7,000 islands, with a large population of 92 million people\(^1\). In Manila, the huge rich-poor divide could not be more obvious, with increasingly affluent middle classes nearly, but not quite, meeting their poor neighbours. This divide extends to, and is perhaps exacerbated by, divisions in healthcare.

My elective was based at The Medical City (TMC), a large private hospital. I also spent a week in a paediatric outreach scheme in Ilugin, a local urban slum community. My aims for this project were to reflect on the issues presented by the Philippine health system, and consider whether Western ethical theories on healthcare justice could be applied to the Philippines, given the different cultural context.

My experiences of the Philippine health system

The Philippine healthcare system is privatised, and the dichotomy is striking. Highly-equipped private hospitals co-exist alongside poorly-equipped, crowded government hospitals. TMC is at the upper end of the spectrum; inpatients nearly always have individual rooms, and most equipment is readily available.

I was really struck that patients have to pay for even the most basic of interventions. Hospital bills are vast, and presented a huge issue for countless patients. There is a reimbursement scheme, but this is often of little assistance to those who need it most. Patients frequently had to be discharged early simply because the money had run out. Many patients’ relatives described how the worry of impending health bills added to the already highly stressful situation.

However, many patients could afford treatment, such as vastly expensive Granulocyte Colony Stimulating Factor, costing P12,000 (£200) per dose. In contrast, in Ilugin, there is limited access to healthcare, and many struggle to afford even rudimentary treatments. One mother was unable to afford salinase nasal drops for her six-month-old son who had repeated episodes of sinusitis. This really struck me; these drops are so simple and yet could be so beneficial.

I struggled with this contrast greatly, and have never been more appreciative the NHS’s ‘free at the point of need’ ethos. Sometimes the fact that TMC is, after all, a business, was glaringly obvious, and I was deeply uncomfortable with this. Patients’ financial status directly affects whether or not they can access healthcare. To me, it simply felt like the health of those on the lower income levels was not valued. Further, this system places little importance on health as a whole. This caused me to question what it is about health that I consider so important. As a health professional in training, I realise I have a bias towards healthcare. I believe that health is an intrinsic good, an end that individuals often seek, and an end that attributes full respect and value for humans. It also carries great instrumental value: access to good healthcare allows the individual to benefit fully from the opportunities their life presents. Seeing, and getting to know, patients for whom money was such an issue brought home the importance of a just healthcare system.

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**Considering two Western ethical theories in this context – Rawls & Daniels**

According to John Rawls, justice is fairness. When forming a just health system, he suggests readers consider their ‘original position’ under the ‘veil of ignorance’. A Rawlsian health system is one in which all individuals are treated fairly, where each person is can pursue their own interests within the setting of the social contract.

This does not match the Philippine health system. The poor are simply unable to pursue their health interests. Unsurprisingly, patients told me that they would prefer not to have to consider cost as part of their health choices. However, there are immense difficulties with applying Rawls’ doctrine to the Philippines. Firstly, the social contract of which Rawls writes so fervently is much less a part of the Philippine culture than he suggests in his theory. Secondly, the chasms in the Philippines are truly vast. It is virtually impossible to reach the original position, because it is so difficult for an individual in one part of society to fully understand another. As such, there are different priorities, and for some, access to health may not carry as great a weight as others.

Rather than providing equality of access or outcome, for Norman Daniels, a just system provides equality of opportunity, allowing each person to attain normal species functioning. Of course, there are issues with this, particularly when, in the Philippines, this will be influenced by the context in which that individual is living – normal functioning is different for a wealthy businessman compared to a poor tricycle driver.

Next, a health rationing decision must fulfil publicity, relevance, appeal and enforcement conditions. Firstly, the TMC’s decision-making process is fairly easy to access, though nothing like the transparency of the NHS. Secondly, the Philippine culture is, as I often saw, that individuals don’t challenge one another, so appeals are much less likely to occur, though this is changing. According to Daniels, a relevant decision would be one that ‘appeals to reasons and principles that are accepted as relevant’. Once again, different areas of society will find different principles relevant, making the relevance condition difficult to satisfy. Add this to the fact that different health decisions are made by different groups and establishing true relevance becomes extremely difficult indeed. Thus, Daniels’ theory is also problematic here.

**Conclusions**

The Philippine health system is hugely different to the NHS, and I frequently encountered challenging situations as a result. I am extremely loathed to say that the differences in culture excuse this. However, changing the system will require a different perspective than either Rawls or Daniels, due to the problems presented by the different context.

Undertaking this project has been an excellent way for me to analyse the principles and reasoning behind a just health system. It has also been extremely useful to me in considering why I was, and still am, deeply shocked and saddened by the impact that the health system has on so many individuals in the Philippines, and I believe it has enriched my elective.

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References


Acknowledgements

I am personally and professionally indebted to all those at The Medical City, and Ilugin Community Center, both in Pasig City, Metro Manila, Philippines, for their kindness and welcome during my stay.

I am also extremely grateful to the IME and to Brighton and Sussex Medical School, without whose bursaries my elective would have been impossible.