Communication, Consent, and Clinical Hierarchies: Reflections from a Medical Elective in the Philippines.

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Abbreviations
PGI - Post Graduate Intern
UK - United Kingdom
WHO - World Health Organisation

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Abstract

This article reflects on an elective placement in the Philippines, undertaken by a fourth-year medical student. It discusses disparities in healthcare systems, approaches to informed consent, communication practices, and the impact of clinical hierarchy on learning. The article aims to give insight into the ethical and cultural challenges in global practice and show the benefits of international electives for medical students, particularly the opportunities for improving clinical knowledge, ethical awareness, and adaptability.

Reflection on my Elective

The Elective

My medical elective was in a private hospital in a city in the Central Visayas region of the Philippines. Cebuano Visayan is the language spoken locally; however, English is also used by clinicians and patients. Religion shapes cultural norms, including healthcare practices, with approximately 78% of the population affiliated with the Roman Catholic Church (World Health Organization [WHO], 2018).

Elective Objectives

The main objectives for my elective were:

- develop my clinical knowledge and skills
- learn to work in unfamiliar environments
- develop a global perspective on clinical practice

Throughout my eight-week elective, I participated in teaching sessions with the postgraduate interns (PGIs), assisted in theatre and labour suites, clerked patients, and joined consultants on ward rounds.

Reflection

Healthcare Structure in the Philippines

The Philippines operates a two-tier healthcare system composed of both private and public hospitals (WHO, 2018). Wealthier patients often use private hospitals - paying fees at point of service - to avoid longer waiting times and limited comfort of the public hospitals (Lavado *et al*., 2011).

Obstetric care in the Philippines appeared more standardised than in the United Kingdom (UK), likely due to government policy (Kanamori *et al*., 2021), resource availability, and cultural norms. These observations allowed me to appreciate the diversity of global medicine practices.

Medical Training and Work Culture

Working alongside the hospital's PGIs provided insight into the expectations placed on Filipino medical trainees. PGIs - having completed both a 4-year undergraduate degree and a further 4 years at medical school - undertake a year of hospital work before sitting their licensing exams. Despite often working unpaid, receiving minimal subsidies, they are expected to take on significant clinical responsibility, working 12-hour shifts, six days a week. Resident doctors have regular 36-hour duties with short breaks of around 12 hours before they are required to be at the hospital for 'pre-duty' again.

While I was impressed by the independence, resilience, and knowledge of the PGIs, I recognised the potential long-term effects of their working conditions, including emotional burden, risk of burnout and reduced job satisfaction (West, Dyrbye and Shanafelt, 2018). It was common to see the resident physicians and PGIs asleep on wards or in teaching sessions, an observation that brought home the physical and emotional demands placed on them. In contrast, UK medical students are afforded more time off, structured supervision and fewer clinical responsibilities. This increased my appreciation of the support systems and gradual responsibility we experience in the UK. It also led me to consider that expectation and exposure are key contributors to professional development (Pylväs, Li and Nokelainen, 2022).

Ethical Reflection: Consent and Communication

Effective communication and informed consent are fundamental to ethical medical practice (Pietrzykowski and Smilowska, 2021). The importance of

these principles became evident during my time spent on the labour ward.
In the hospital, women in labour were placed in a shared room and monitored by doctors until full dilation, when they were transferred across to a separate delivery room. During one observation, I witnessed a doctor perform an internal examination while speaking on their mobile phone, without properly addressing the patient or seeking explicit consent. The patient became visibly distressed. This incident was troubling, as it conflicted with my understanding of patient-centred care and professional standards in the UK.

Communication forms the basis for informed consent, which helps to safeguard patient autonomy and supports a strong doctor-patient relationship. Studies have shown that effective communication improves patient satisfaction and compliance with medical advice (Ong *et al*., 1995). The failure to obtain explicit consent contradicted professional guidelines, which state the need for clear communication before conducting intimate procedures (Beauchamp and Childress, 2019). It is unclear whether the medical training in the Philippines covers these issues in the same depth as in the UK. While most evidence on patient experience is not obstetric-specific, there is a clear association between positive experience, clinical effectiveness, and safety in healthcare more broadly (Doyle, Lennox and Bell, 2013), reinforcing the importance in training healthcare professionals to obtain consent and value patient experiences.

The encounter left me unsure whether I should have intervened. I later discussed my observations with a doctor on the ward, who explained communication with consultants via mobile phone was routine when seeking advice about a patient's management due to their limited presence on the wards. This helped to contextualise the doctor's actions. It affirmed my personal preference for clear patient communication - not only to support patients, but also to preserve my own professional integrity and comfort in clinical interactions.

Clinical Hierarchy

Hierarchy is a core feature of healthcare systems worldwide. It facilitates mentorship and supervision but can also inhibit open communication, particularly from those in junior roles (Salehi *et al*., 2020).
As a foreign medical student, I initially felt uncomfortable raising my concerns due to my position within the team. This hesitation is supported by the literature showing that medical students often face ethical dilemmas in clinical settings but may struggle to address them due to hierarchical structures and uncertainty about appropriate action (Feudtner and Christakis, 1993; McClintock and Fainstad, 2022).

Interestingly, I found it easier to raise questions in the Philippines than in the UK. In my home setting, the risk of damaging long-term relationships and fear of humiliation or retaliation can deter speaking up. In contrast, my lack of familiarity with the local system in the Phillipines allowed me to frame

questions as curiosity rather than criticism.

This incident increased my awareness of how hierarchical systems seen within healthcare can perpetuate suboptimal practices through a top-down transmission of behaviours. Creating safe learning environments, where students feel empowered to ask questions and voice concerns, can protect patient welfare (Umoren *et al*., 2022). The education of team leaders, changes in institutional policies, and culture change initiatives can help to create these environments (Martin *et al*., 2017; Umoren *et al*., 2022).

Conclusion

This elective in the Philippines was both educational and eye-opening, offering a valuable perspective on global medical practice. I met the objectives I set at the beginning of the 8-weeks. I engaged in valuable learning opportunities on key medical topics and learnt to adapt to a new healthcare system, communicate across cultural boundaries, and navigate life and work abroad. These experiences pushed me out of my comfort zone and equipped me with a broader skill set and confidence to approach unfamiliar environments in the future.

In developing a global perspective on clinical practice, my assumptions about consent, communication, and professionalism were challenged. I came to understand that medical practice is shaped not only by technical skill but by cultural context and values that vary across healthcare systems.

When I shared my observations with staff, many responded with curiosity about UK health practices. This led to a dialogue of reciprocal, open conversations that often continued beyond the hospital, forming strong personal and professional connections, enriching my experience of the Philippines.

Importantly, my placement helped me identify areas for personal development. I aim to improve how I address ethical concerns and enhance my communication with patients. I will ensure I introduce myself properly to all patients, seek explicit consent before any examination, and be proactive in identifying appropriate channels for raising concerns. I also plan to explore ethical decision-making in international healthcare further and will seek targeted feedback from supervisors in upcoming placements to support this growth.

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