



The AFP's Busy Hospital

by Major Bernabe S. Galang, MC

Writer explains problems of and procedures for admission to the AFP's most active but also most misunderstood, thus criticized, hospital

THE Victoriano Luna General Hospital on Kamias Road, Quezon City is the only hospital of its kind in the whole Armed Forces of the Philippines. It has been set up primarily to serve the whole AFP by providing the best possible care and treatment to all sick and disabled military personnel who need hospitalization for more than 30 days. Those whose ailments or disabilities require a much shorter period of hospital care and management are taken care of by 25-bed station hospitals serving each of the four Military Areas, the Philippine Navy, the Philippine Air Force, the PATC and the Philippine Military Academy.

There is a lack of understanding of the current policies governing admission to the VLGH. This lack of understanding might have aroused unnecessary criticisms and caused disappointments to those who may have found difficulty in gaining admission for themselves or their immediate dependents. It is the purpose of this

article to familiarize all concerned with admission procedures, problems confronting the medical and administrative staff in the care and management of patients, and what facilities are offered by the hospital to servicemen for their cure, rehabilitation, and speedy return to either military or civilian life.

People Served

Firstly, it must be realized that while the primary mission of the VLGH is to provide the best hospital care and treatment to all members of the AFP, it has also other secondary missions to accomplish, which demand from its limited personnel the utmost in energy, skill and zeal.

It also provides free hospitalization to direct dependents of enlisted personnel in the active service, a limited number of indigent veterans not benefited by the Roger's Act, civilian commandos, surrendered Huks, civilians wounded during military operations, persons in military custody, and certain cases of exceptional



One of the most-crowded and frequented wards is the OB-GYM (Obstetrical and Gynecological ward, where wives of military personnel are confined for delivery or treatment.

instructional value upon orders of higher headquarters.

Under the provisions of Circular 77, GHQ, AFP, dated October 17, 1955, medical and dental attendance including hospitalization subject to payment of nominal fees, is also authorized for retired military personnel, direct dependents of officers, parents of unmarried officers and enlisted men, civilian employees of the AFP, and commissioned officers of the Bureau of Coast and Geodetic Survey and their immediate dependents. Under this provision only the wife and minor children of military personnel are classified as direct or immediate dependents.

It likewise provides for the training of military and civilian medical

personnel, such as interns and externs, as a contribution to the national effort in the building up of a trained medical reserve. In times of emergencies and calamities, it is also given the added mission of taking care of casualties in any part of the Philippines, which are beyond the capabilities of civilian medical facilities. Its role in the prevention and control of communicable diseases by providing for their isolation and treatment, and in conducting researches and studies on the incidence, manifestation, and management of diseases are equally important and of great benefit to the AFP.

Hospital Staff

In accomplishing these manifold missions, the VLGH is staffed by

only 50 medical officers, 95 nurses and 678 enlisted men and civilian personnel, who take care of 1081 established beds. These personnel are distributed to perform either administrative or professional services, and in some cases both professional and administrative. According to hospital staffing guides which provide for one attending personnel for each established hospital bed, the VLGH is considered undermanned, in doctors, nurses, and overall personnel to patient ratio.

The hospital is equipped and staffed to take care of all types of surgical and medical cases except contagious diseases like typhoid, cholera, measles, chicken-pox, small-pox, and diphtheria. Cases of the latter category are not admitted in the VLGH in order to prevent the spread of epidemics within the compound. A few cases of leprosy are handled by the Dermatology Section for purposes of research and study, but highly resistant and disfiguring cases are evacuated to the Tala Leprosarium.

Equipment

The hospital has also a Physical Medicine Section, which is equipped with the latest and most modern apparatus for all kinds of therapy prescribed for the physical rehabilitation of patients. Closely related to the Physical Medicine Section is the Amputation and Prosthetic Team which handles the rehabilitation of all kinds of amputees and physically handicapped and the making of appropriate artificial limbs or prostheses suited to their particular conditions.

The X-Ray Service is equipped to perform both diagnostic examinations and superficial and deep therapy. Due to the large volume of work done by this service on patients confined in the hospital, it is necessary that requests for X-ray or fluoroscopic examinations for cases referred by surgeons of other units be scheduled on limited days of the week. It should be realized that the taking of X-ray pictures is not just like taking a kodak picture. Not infrequently the radiologists are confronted by difficult or problem cases which require much study, research, and repeated X-rays before they can arrive at a diagnosis or impression. Coupled with the present budgetary limitations and shortage of X-ray films, it should not be difficult to understand the problems often confronting our radiological service.

We now have a medical officer in the United States undergoing training in the use of radio-isotopes for both diagnostic and therapeutic purposes. Whether this hospital will handle radio-isotopes upon the return of that officer is still doubtful. At present, Lieutenant Colonel F. V. Quilala, Assistant Chief of the Eye, Ear, Nose and Throat Service, is the only officer in the whole Medical Service of the AFP who has been certified by the Atomic Energy Commission of the United States as capable of handling the beta-radiations of certain isotopes. During his trip abroad last year, Colonel Quilala purchased a Beta-radiation apparatus at his own expense, which he now makes available to Army patients

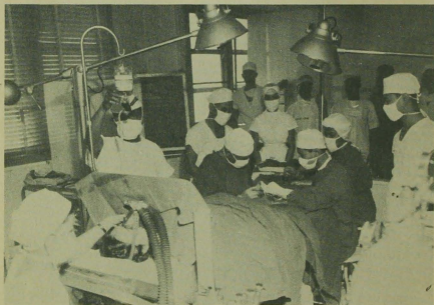
needing such treatment, free of charge. This is not an isolated instance of our specialists making available their personal professional equipment to patients in the hospital.

The Laboratory Service supports all the other services of the hospital and takes care of all laboratory examinations, such as blood and spinal fluid examinations, blood chemistry, bacteriological examinations, urinalysis, histological examinations, gastric juice analysis, etc. It also performs metabolic rate determinations and handles a Blood Bank in cooperation with the Philippine National Red Cross. Here again, examinations are scheduled by prior ar-

rangements because of the nature of the examinations. The greater volume of blood given to patients in the hospital is taken from the Central Blood Bank of the Philippine National Red Cross and a lesser amount is taken from blood donors which is paid for from hospital appropriations when used by authorized military and civilian personnel.

Dependent's Ward

To take care of the large number of female and children dependents who seek admission to the hospital, Ward 7 (the Female Dependents & Pediatrics Ward) and Ward 8 (Obstetrical and Gynecological Ward) were established a few years ago. The handling of these wards initial-



Only patients needing specialized care and management should be evacuated or admitted to the VLGH. Photo above shows an officer's dependent undergoing an orthopedic operation under general anesthesia by specially-trained personnel.

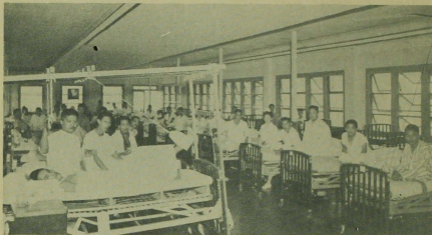


Due to limited number of beds allotted for pediatrics cases, admission to the children's ward is on a priority or emergency basis. Many a time, cases not considered as emergencies have to be refused admission and sent to other government hospitals or just given medicines and advice. Major Panlilio is seen examining a sick child.

ly was only made possible by voluntary contributions. While a modest amount is now appropriated in the Army Budget to help maintain these wards, the hospital is still confronted with the ever-recurring problem of lack of sufficient beds and personnel to handle the large number of cases seeking admission. This is especially true in the Pediatrics and the Obstetrical Sections where, due to the limited beds allotted for such cases, admission is on a priority or emergency basis. Many a time, cases not considered as emergencies have to be refused admission for lack of beds and sent to other government hospitals.

It is the earnest desire of the hospital staff to do the most good for as large a number far beyond their capabilities to attend. It is, therefore, essential that cases for admission to the hospital be thoroughly screened commensurate with the limited number of doctors and personnel available. Of course, all cases of emergencies involving loss of life or limb are immediately admitted and taken care of regardless of staff and space limitation.

All hospitals, private or government-owned, are duty bound to attend to emergency cases occurring in their immediate vicinity. The VLGH is no exception to this humane po-



This is a view of the Orthopedic Ward under Lt. Col. Santos. Ward houses all bone and joint cases. In foreground is a compound fracture case resulting from combat against dissidents. Most cases eventually recover, but a small percentage become unfit for military service and are recommended for discharge on CDD.

licy, but as soon as danger to life or limb is passed, all civilians not belonging to the categories previously mentioned, are evacuated to the nearest available proper government hospital.

Kinds of Admission

Admission to the VLGH may be either direct or indirect, or by transfer from other hospitals. Direct admissions refer to such cases who came directly to the hospital and whose conditions were determined by duty officer as requiring hospitalization. These cases are mostly personnel of the hospital or their immediate dependents and other military personnel from other units living within the immediate neighborhood. As a general rule, triage or sorting of cases requiring hospitalization should be done initially by unit or dispensary surgeons. No

cases should go directly to the hospital unless they have been previously seen by their unit surgeons and found requiring that special care and treatment available only in a general hospital. In the latter instance, these cases are evacuated to the VLGH with appropriate recommendations or medical tags, which indicate the nature of the disease or injury, when and where it was incurred, previous treatment given, and recommendations for its disposition. Admissions through this procedure are known as indirect admissions, while formal transfers refer to those cases which have been previously admitted in other AFP hospitals and later transferred to the VLGH, after it has been determined that they need definitive treatment which require hospitalization for more than thirty days.



For the benefit of ambulant patients who desire to learn certain trades or hobbies, the Amputation and Prosthetic Team and the Physical Medicine Section jointly operate the Occupational Therapy Project. Photo shows some patients engaged in rug and mat weaving, leathercraft, belt-weaving, plasticraft, typewriting, and metal molding.

Out-Patient Service

In order to take care of the large number of authorized military and civilian out-patients who flock daily for consultation or seek admission to the hospital, the Out-Patient Service and Dispensary was recently enlarged and reorganized. It now occupies a building of its own and is conveniently located near the main entrance. During office hours, all patients are required to first pass thru the Dispensary where they are attended by doctors from the different services and sections of the hospital who are assigned in Out-Patient Service on a rotation basis. Here in the Dispensary, the initial records, history-taking, and physical examinations are made.

Again it must be emphasized that only personnel living in the vicinity of the VLGH or those referred by

surgeons of other units should go directly to the VLGH Out-Patient Service and Dispensary. Other units like those in Camp Murphy, the Engineer Construction Group, Camp Diliman, etc., have their own medical and dental dispensaries to take care of their own personnel. Unit surgeons have been advised by the Surgeon General, AFP, to attend to personnel under their jurisdiction so that hospitals and other dispensaries will not be unnecessarily clogged and hamstrung by patients who bypass their own unit dispensaries. It may very well reflect adversely on the professional ability of the hard-working and overworked unit surgeon when patients that should be handled by him seek the services of other surgeons — a situation which we hope is not desired nor intended by such patients to happen.

If the examining medical officer should require further laboratory or X-ray examinations or specialized procedures to arrive at a diagnosis, appropriate written requests are filled in. Only then is the patient sent to the appropriate service or section concerned, where he is either immediately attended to or made to come back on scheduled dates, depending on the nature of his disease or injury, the number of patients previously scheduled ahead of him, or the character and the duration of the consultation advised, etc.

After the attending doctor in the Dispensary has evaluated the history, physical findings, and the result of the laboratory, x-ray, and other specialized examinations, he decided whether the case can be treated as an out-patient or whether it requires admission to the hospital. In the latter case, the patient is directed to the A & D (Admission & Disposition) Office in the Main Building where his hospital records are initiated and assignment to the proper ward is made.

Military patients are admitted when their conditions require it. Civilians, on the other hand, except in dire emergencies, are usually on a space-availability basis. With the exception of female patients who seek consultation or admission to the Obstetrical and Gynecological Ward (Ward 8), no patient is allowed to proceed directly to different clinics or wards without having made previous consultations or arrangements with the Dispensary Officer.

Specialists In Dispensaries

The different sections and services of the hospital have professionally qualified medical specialists assigned to the Dispensary on different scheduled days, and patients can be assured that even in the Dispensary they could get the same initial service that they expect to get directly from the wards and clinics.

By confining as much as possible all consultations to the Dispensary, the clogging of the wards with out-patients is greatly minimized, if not totally eliminated. By this method the ward officers could give more care and undivided attention to the patients already confined in their wards. Undoubtedly this eventually redounds to the benefit of the government and patients themselves, as it enables them to get well sooner, thus reducing the total number of days lost in hospital.

After Office-Hour Admission

After office hours, all cases seeking admission to the hospital do not have to pass thru the Dispensary (which is by this time closed), but proceed directly to the A & D Office, where medical officers-on-duty determine whether they should be hospitalized or sent home after they have been given proper advice and/or treatment.

In no instance should the patients go directly to the wards or clinics, especially after office hours. It should be realized that only duty officers remain in the hospital during these hours, and the demand on their services from other wards becomes more pressing and urgent. To the unin-

formed and uninitiated, it may not be apparent that by seeking personalized service from the duty officers during after office hours they may be unduly spending so much of his time and attention which may be more urgently demanded at the moment by four or five other calls from the far-flung wards of the hospital. Obviously, the solution to this situation is for the patients to go to the A & D Office where there are always other officers on duty to attend to them.

Other Information

Because of limited appropriations for medicines and medical supplies, only common stocks like aspirin, sulfas, laxatives, cough mixtures, ointments for external use, etc., are furnished free of charge to authorized military personnel and EM depend-

ents, when these are prescribed by medical officers concerned. Expensive antibiotics are not usually dispensed at dispensary level.

When a serviceman is confined in the VLGH, and it is determined that his condition would require hospitalization for more than 30 days, he is recommended for transfer from his mother unit to the Detachment of Patients of the Hospital. Many a time, due to the delay in the transmittal of the patient's service records, allied papers, and accountability clearance from his former mother unit to the CO, Detachment of Patients, VLGH, the patient's pay while in hospital is unnecessarily delayed. This often entails the granting of passes to the patient concerned so that he could settle his accounts in his former unit and expe-



During office hours, all patients seeking admission to the hospital are required to first pass thru the Dispensary, where initial records, clinical history, physical examinations, and treatment are made. Photo shows the Receiving Section where patients are being interviewed and referred to appropriate sections in the Dispensary.

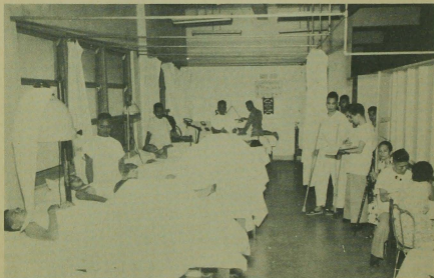
dite the forwarding of his papers to the CO, Detachment of Patients. This procedure is not only time-consuming and demoralizing to the patient but also delays his treatment and eventually his recovery.

While it is the duty of unit personnel officers to attend to this matter, it would benefit the serviceman to know that his service records and allied papers should accompany him when he is evacuated to the VLGH for prolonged hospitalization so that there will be no delay in his pay, transfer, or possible retirement.

Once the serviceman is admitted in the hospital he can rest and assured that the best will be done for him. It is imperative, however, that he cooperates and obeys all hospital regulations. He should give as

complete a history of his illness, follow all instructions and orders of his ward officers, and help whenever possible, in providing an atmosphere of order, cleanliness, and good cheer in the ward. The serviceman who gets drunk, provokes disorders, or goes on AWOL, while confined in the ward, not only does harm to himself but also to his ward officers and fellow patients. Ward officers have to perform additional administrative details wasting time which could otherwise be employed in the professional care and treatment of cases, everytime a patients goes on AWOL.

Visiting hours to the hospital have been limited to three days a week, exclusive of Sundays and holidays. This is so made in order to reduce



VLGH has the best equipment and apparatus for the physical rehabilitation and treatment of the crippled and infirm. Close supervision and follow-up of all cases are made by well-trained medical officers and nurses to alleviate the human suffering.

the hours usually taken up by visitors, which time could very well be used for the treatment, follow-up, and rehabilitation of patients.

Patient Rehabilitation

In line with the present modern trends of giving more and more emphasis on physical rehabilitation not only as a complement to the cure and treatment but also as a definite step in the preparation of patients for gainful occupation, the Physical Medicine Section, in conjunction with the Amputation and Prosthetic Team, is operating on Occupational Therapy Shop. Under the guidance and supervision of trained officers and corpsmen, practical instructions in mat, rug, and belt-weaving, leathercraft, plasticraft, typewriting, and metal molding, are given to as many ambulant patients who can be excused from their respective wards.

Ward officers are advised to encourage as many patients as possible, especially those suffering from protracted ailments, to take advantage of the opportunities offered by this shop and to break the monotony of long hospital confinement, as well as to keep them occupied in acquiring gainful trades or hobbies.

The VLGH is the only hospital in the whole AFP authorized to discharge military personnel on CDD (Certificate of Discharge for Disability). After a sick or disabled serviceman has received the maximum benefits of hospitalization and the attending ward officers have found him unfit for further military service as a result of some disease or disability contracted in line of

duty while he was still in the active service, he is made to appear before a CDD Board, which will determine the severity and extent of his disability. All military personnel who are discharged from the service on CDD are entitled to receive monthly disability pensions under Republic Acts 610 and 573, depending on whether their illness or disability was incurred in the Philippines or overseas (Korea), in addition to whatever retirement pay or gratuity that may be due them by reason of length of service in the government. In this connection, before the serviceman due for retirement by reason of disability leaves the hospital, it would benefit him to seek the assistance of the Military Welfare Service unit in filing his application for the disability pensions provided by the laws above-mentioned.

Understaffed Hospital

It may be of interest to note that of the total admissions to the VLGH, 60 per cent are civilians and only 40 per cent are military personnel. Most of these civilians are dependents of military personnel. The VLGH is staffed by personnel sufficient only for the care of military patients, and it should be obvious that due to this additional load of civilian patients they have to double their efforts and draw heavily on their reserve energies and stamina to meet the challenge. Nearly all military personnel of the hospital go on 24-hour duty every three or four days, in addition to their normal daily working hours. Since professionals have to keep on reading and

studying new developments in their particular specialties, it is also necessary that part of their limited time should be budgeted for this purpose.

In spite of the varied and multifarious tasks which the VLGH personnel are called upon to perform, they are not imbued with the idea that a patient is just another job to be done. To the uninitiated and harried outsiders, the seemingly impersonal attitude of the medical officer may be construed as one of indifference, lack of human touch, and even callousness. They expect him to commiserate with their individual ills and problems, to get excited and show an almost nervous concern for their ailments, and give them a very personalized attention. They fail to understand that the calm mien and demeanor of the physician do not truly reflect his inner feelings that he is also human and beset with emotions of his own. The physician, through his intimate daily contact with disease and death, has become almost inured to the conflicting emotions evoked by these dangers and learns to become impersonal and unruffled if he must continue serving others.

Conclusion

It is, therefore, improper, not to say most unfair and unjust, that some patients, who may have been disappointed in the way they have been treated or in the seemingly casual attitude of some VLGH officers, readily bring their complaints to higher headquarters or authori-

ties. In most instances these misunderstandings and complaints are traceable to an ignorance or lack of sufficient information regarding admission procedures and hospitalization policies promulgated by General Headquarters, a situation which could have been easily threshed out if only the parties concerned mustered more patience and gave due consideration for the poor overworked medical personnel. It is in the interest of good public relations that all should be familiar with such procedures attendant to the selection and admission of cases to the V. Luna General Hospital.

All these sytematizations of working procedures in this hospital have been painstakingly thought of and enforced with the sole purpose of allowing the hospital staff to render the maximum professional care to all who look for it. The irony of it is in the confusion that may be created in the minds of those coming for the first time in such a complex organization like a modern general hospital. The VLGH was established for the alleviation of human suffering and the betterment and speedy return to normal health of those afflicted with disease or temporarily maimed by injuries. In the accomplishment of the avowed mission, the VLGH dedicates itself, wholeheartedly and devotedly, to the end that the fighting strength of the AFP could be preserved and the serviceman made a healthier and a happier man.