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**I ALSO HAVE A DREAM:
A YOUNG DOCTOR'S THOUGHTS ON
HEALTH RESEARCH IN DEVELOPING
COUNTRIES**

This may not be a typical essay from *The Lancet*. A thousand-and-a-half word entry is too short if you invite me to talk about challenges for health research in developing countries such as my own. The perfect start would be the question: where do I begin?

Reports abound about the poor quality of health services in developing countries. I trained in one of the biggest charity hospitals in the Philippines. There were too many instances when we did not have anaesthesia for suturing, normal saline solution in the emergency room or even drapes for women giving birth. Yet, we always had to turn patients away. We simply had too many. Too many were still on the streets being passed around by the hospitals. So women give birth in taxi cabs. Neonates become septic. Children die of tuberculosis, meningitis and rheumatic heart disease. Yet, we are not so poor, since many still buy cigarettes, alcohol and cheap street drugs only to end up in our wards where, by then, they do not have any money for lab tests or medicines. Offer free medicines, but patients tell you they cannot afford the fare to get them. Patients, doctors and almost everybody else grumble about the inefficiencies of the system.

So this is the problem: poor health services. People need better. How to make the most of the scarce resource? Ahh, we must do research! Research allows us to find the most cost-effective interventions to attain the desired results. But research also uses up resources. Can we really afford to invest in research? Is it fair to tell a man needing money for a blood transfusion that we are diverting the money to finding out how efficient our blood bank system is? Then again, how many patients do we save by improving the efficiency of the process?

Of course, the assumption is that the research work will translate into increased efficiency. But there are no guarantees. Every research properly done offers new knowledge, yes, but we need to go beyond the paper results. Translation of research into actual policies and implementation requires even more resources. So that often dissuades researchers and investors. But then, can we really afford not to invest in research and change? With a steadily growing population, how long can we go about riding the wave of the present inefficient system? Developing countries with their scarcer resources, needier of the most cost-effective interventions, lag far behind – almost incomparably – developed countries when it comes to research funding! It could explain the increasing development gap.

I strongly believe in the value of research in medicine. This is from a letter I wrote for a research scholarship application: “I am a student from the Philippines graduating with the degree of Doctor of Medicine... Indeed, my training and my strengths are

in the clinics. I think my heart really is there too. But it is precisely this love for the clinics that make me realize I need to learn research... I want to look at Mrs A's haemoglobin and really see it. Not just as a value, but as a tool not just for Mrs A. I want to know research so that I can transfer clinical data into queries and answers. This way, even if I cannot do anything any more for Mrs Jones, I can at least make sure that her suffering was not in vain ... so that I can improve the care of future other Mrs A's, or, God willing, Mrs A herself. If I focus just on being a clinician, I will see and treat one patient, and another, and another. But if I can combine a bit of a researcher, then I can help contribute to the development of treatments, or even just understandings, that can help the lives of so many – people who do not even have to be seen by me.”

More than ever, health research is multidimensional. One can look into the level of the molecule, the organelle, the cell, the tissue, the organ, the individual or the social groups, using physiology, pathology, treatments or behaviours. Every new discovery may provide the key to another answer in another dimension of inquiry. Also, more than ever, health research need not always be expensive. There is an information explosion happening in our midst. The world, and that includes us from the developing countries, is hungry for research. It is like building a puzzle where the picture is a better life for all. We may not have all the pieces right now, but we certainly will fare better with more puzzle solvers on hand.

How can we promote health research in developing countries? First, this may seem so simple, but please, encourage it. The present realities may be discouraging, but I believe that a simple encouragement still packs a wallop. I find myself inspired by stories of scientists who, by their personal success, keep alive the possibility that anyone who dreams can do research. One teacher told me, “Go for it! Go out, get the training, your work will find its way back here whether you come back or not.” Second, emphasize its worth in reality. I am sorry to admit that the majority of the research I have undertaken often felt like a purely academic exercise where I simply needed to submit a paper. Nobody likes working for a paper alone. What makes being published such a big deal is because you know that once your work is out there, the potential for its utilization is endless. It could just be a dot in the process of finding a certain cure, but it is still a dot in the process of finding an answer. Third, of course, is funding. It need not be charity, but an investment. Developing countries are not beggars. Many have a rich biodiversity with data that could very well benefit developed nations as well.

One of the people who made me believe in the importance of health research in the developing world was a schizophrenic patient. She was developing severe side-effects from her antipsychotic medication but she could not switch to the atypicals because she could not afford them. Then the resident in charge enrolled her in a drug trial where she got the medicines for free and the promise that whatever drug turned out to be superior, she would get a supply of that for at least two years after the study. I ran into her after my graduation. She looked so much better! She told me she loved her new medicines and that she no longer felt like a robot. It was so wonderful that she felt wonderful because she participated in a study that could improve the treatment of patients with schizophrenia like herself! I told her and her mom that they had better save up for the time when the medications would no longer be free. Now, they have the time to save. They promised me they would.

In our college, a selected student gives a speech near the end of the term in front of the dean, faculty and fellow students. I said, "... My dream right now is to see our hospital reach up to its research potential. Indeed, we are a Mecca for research with the sheer volume of our patients alone. So many interesting cases just pass us by. And if we can get funding for our research, that can translate into funding for the medical arm of our hospital. Maybe then fewer patients will have to die because they cannot be given the necessary medicines. Maybe then interns will not have to be 'robin hoodlums', stealing supplies for patient care. I am sharing this with you in the hope that even if it is not my dream to fulfil, at least I can say that I have shared the vision with someone who can ..."

I believe that the essence of research is sharing. Equity is about sharing. All men may not be equal, but we all have the capacity to share. This essay is about to end. I have no references other than my own. Clearly, I have much to learn about health research. The passion is there. The ideals are threatened by constricting realities. This may just be another paper. But I am putting this out there. I dream of a time when local data is just as readily available as United States data, everyone enjoys good health services and a student from any country who wants to work on neural stem cell research can actually follow her dream. I am putting this out there. The possibilities are infinite.

This is my dream. Learning from the great dreamers of history, I know the best way to realize it is to share.

Vesper Fe Marie Llana Ramos, who liked learning, was born in the Philippines. She loved school and did her best to excel, eventually devoting herself to medicine. She interned in the Philippines' largest tertiary charity hospital, where she worked with patients who had no money for medication and doctors who were overworked and underpaid, daily treating patients with tuberculosis and hepatitis with a minimal mask and glove supply. Her dream is to see their hospital stand up to its immense research potential – to benefit medical science and, of course, patients and doctors here and everywhere. She is preparing to be a neurologist.