



# THE PHYSICIAN

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## Looking Forward to a New Physicians' Act of 2013

By Ma. Corazon S. Maglaya, M.D.

The third session of the 15<sup>th</sup> Congress adjourned February 8, 2013 without the pending Medical act of 2012 being passed. This means the Bill will have to be filed again when the session resumes first week of June this year. The proposed bill, had it been passed, would have repealed the Medical Act of 1959 that has been the governing law on the practice of medicine in the country since its inception more than fifty years ago.

While some considered this a major drawback, the Philippine Medical Association welcomed this development. This would now give the Association a chance to propose to the legislators a bill without the provisions that penalizes a doctor who performs any act constituting the practice of an area of medical specialization without fulfilling the specialization requirements prescribed by the PMA and the Board of Medicine. The proposed Medical Act in effect requires a licensed physician to be a specialist before he/she can practice an aspect of the profession.

The PMA believes that its members should have the necessary skills and knowledge to give patients quality medical service. However it is also aware of the reality that a big number

of its members, especially those who are in the provinces, do not have the necessary specialty board certification needed for them to give the medical service that the patient(s) need. The lack of specialists has also been the reason why the Department of Health trained doctors in the provinces to do some simple procedures like appendectomy and Caesarian section. These DOH-trained physicians are authorized to perform the procedure for which they were trained without passing the specialty exam given by the Specialty Societies like the Philippine College of Surgeons (PCS) or the Philippine Obstetrics and Gynecology Society (POGS). The PMA is also cognizant of the fact that some of its members, although trained in the field, are not Board Certified.

The Association, thru its Committee on Legislations and its Specialty Societies, the Association of Philippine Medical Colleges Foundation, Inc., and the Professional Regulations Commission through its Board of Medicine, will work together to draft a new bill which will be presented to the legislators in time for the opening of the session on June, 2013.

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# NEWS UPDATES



**MMDA Chairman Francis Tolentino accommodates the request of PMA to open road barrier at North Avenue for PMA members to turn left straight to PMA gate. This shortens travel time especially for busy medical practitioners attending PMA activities.**



The PMA and other Health Professionals trooped to the Senate in support of the Sin Tax Bill during its Interpolation last November 17, 2012. In the picture are (L-R) former DOH Sec Dr. Alberto Romualdez, Dr. Julio Javier II (Gov. Rizal), Dr. Eileen Habawel (Gov. Central Tagalog), PMA Sec Gen Dr. Marianne Dobles, former PMA Pres. Dr. Santiago del Rosario and Dr. Anthony Leachon.



**Press Conference "Health Community Bicom Watch" about Sin Tax Bill held at Richmond Hotel, Pasig City last December 06, 2012**



PMA Nat'l Officers, NCR Governors together with the Commission on CME, Commission on Ethics and Committee on Emergency and Disaster held a Press Conference last Jan. 16, 2013 at the PMA Boardroom to clarify important matters such as Stem Cell and Media Communications.



**Signing of Manifesto in support of the passage of the Reproductive Health Bill during the Press Conference held at the Social Hall, UP-PGHMC last December 11, 2012. The Philippine Medical Association spearheaded the said event with the participation of different multi-sectoral and health groups.**

# THE PRESIDENT SPEAKS...

Modesto O. Llamas M.D.  
President

*My Dear Colleagues,*

Warmest greetings for a more prosperous 2013 for everyone !

## Progress in PMA – Good Governance

With the support of the members of the PMA Board of Governors, we have accomplished much for our PMA in just the first eight (8) months: Foremost is **Good Governance**; of being **transparent**, which we have started; of making PMA **more relevant** to the members; programs to improve the training and certification process; and the efforts of uplifting the standards of practice of medicine (**Objective of PRC Board of Medicine**). However, it is also our obligation with the support of all the Specialty/ Subspecialty Societies to help our current non-certified colleagues so that the health care delivery specially in the provinces or areas without specialists will not be compromised (**DOH's Universal Health Care**). Balancing the two is definitely not easy!

## A clarification once more on issues – one last time

The Export Industry Bank (EIB) is where PMA has a deposit of 11M pesos. EIB closed its operation on April 27, 2012 (Exactly one month and 3 days before we assumed office on June 1, 2012). What started as a 5M

peso deposit in 2003 grew to 11M pesos. **What was done at that time?** A letter then was sent to EIB with no one to receive it since all the offices of EIB were closed.

**What has the present Board done?** Thirteen (13) days into our term, on June 13, 2012, your Officers (**Drs. Llamas, Dobles, Guevarra**) met with the Central Bank (CB) Deputy Governor and were told: "Nobody can know when a bank will be closed and the CB officials are prohibited to make any premature announcement." Our only hope to recover the deposit is for another bank to take over EIB operations. Negotiation is currently going on.

Any legal action will only delay the negotiation with interested investors. **Your officers have also taken steps to approach the PDIC.**

Finances of PMA are being reported monthly by the National Treasurer to the Board. Only the Board can transfer deposit from one Bank to the other. As I have stated in the previous Newsletter, we can not blame any member of the last administration, not even the past President, following the Principle of "Command responsibility". **Let us stop pointing fingers as if we knew what was coming! "Let us move on. Let us all join hands, pray and hope for the best!"** If anyone has better ideas and solution, please do it and help us for PMA's sake!



## DISINFORMATION – INIMICAL to PMA

Your PMA President and the Secretary General were sued in the ILO-ILO PRC for "Dishonorable Conduct" in relation to the 11M bank deposit in EIB using the contents of the 3 similar letters signed by 5 members of the PMA.

The spouse of the Secretary General decided to file a counter-suit seeking for Fairness and Justice from the unfounded accusations ! The 5 other physicians were included because of their letters related to the case.

Your PMA President played no role in the counter-suit. Besides, there was no need for his blessing, and there was **"no such Blessing"**– which is contrary to the negative text message being circulated for whatever purpose.

**The whole amount is still with Export Industry Bank (EIB).** The money is **"Not Lost"**, as if it was stolen or misused !.

## Who says there is a fake Doctor in the PMA Board?

So that the truth shall prevail, and to know whoever is the person referred to, please come to PMA name her/him and prove it, or submit the evidence to the COMELEC,

so that she/he can be disqualified, if a candidate. Don't just brandish it, It is so unfair to the members of the Board, for everyone becomes a suspect! Such act is tarnishing the image of the PMA which every member is helping to build! **The "Rumor Monger" should resign his membership from the PMA!** PMA does not need such member!

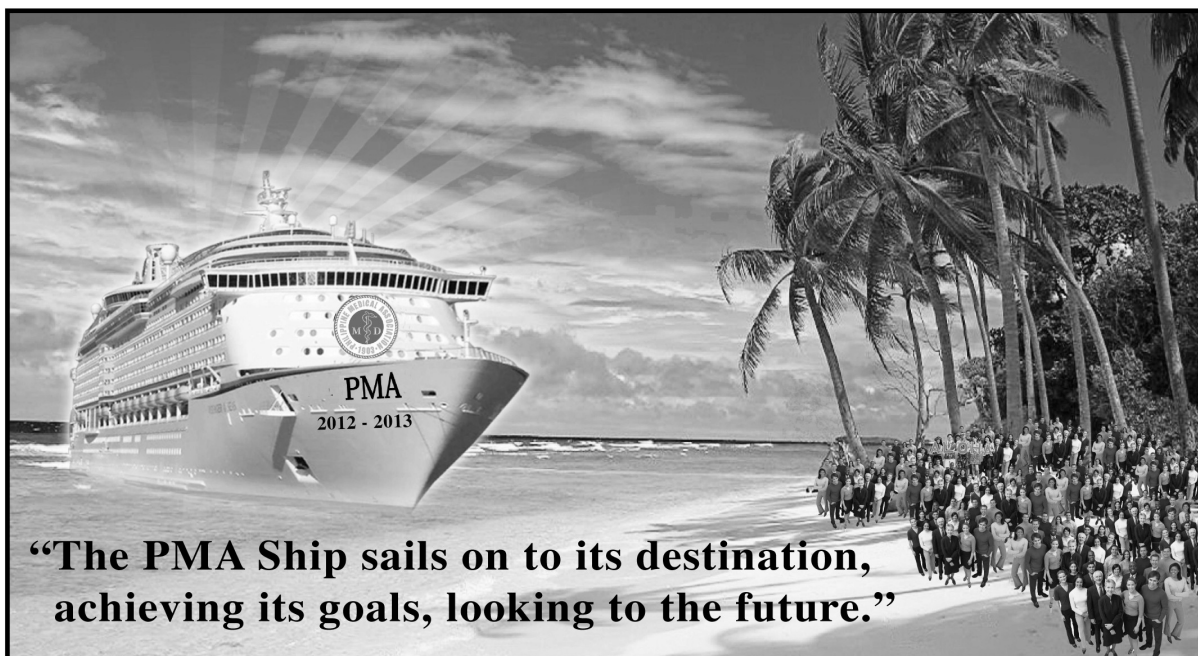
### PMA PRESS CONFERENCE

The PMA press conference called on January 16, 2013 was to address several concerns. The incident between Congressman Manny Pacquiao and one of our respected PMA member was not in the agenda, and your president as the PMA official Spokesman did not touch on it, even when asked by the reporter.

### OTHER POSITIVE DEVELOPMENTS

- The PMA Board has approved a "Calamity Fund" to raise funds to help the public in time of disasters / calamities.
- The current Disaster Fund will be reserved to help our own PMA members.
- The new "Building Plan" that preserves the PMA property and for a shorter period is in its last stage of negotiation with the developer.
- Amendment of the PMA Bylaws to increase the number of Specialty Divisions among other changes is being discussed by the Committee on Constitution and Bylaws and the Board.
- The Code of Ethics will be updated and strengthened.
- PMA will soon convene a group (DOH, PRC, Specialty/ SubSpecialty Societies, CHED, affected Physicians), that will draft a "**New Physicians' Act of 2013**" without Criminalization of Physicians and with due consideration for our practicing non-certified colleagues.
- Philhealth is adjusting the case rates to increase the payment to Physicians as the case becomes more complicated.
- PMA has requested PCSO for a new ambulance to supplement our old ambulance which was donated to my administration in 1999.

► **We need your full support for a stronger & unified PMA.**



**"The PMA Ship sails on to its destination, achieving its goals, looking to the future."**

# EDITORIAL

## THE PMA: Almost there

MARIANNE O. DOBLES, M.D.  
Editor-in-Chief



**W**eather Forecast: Sunny, blue skies and a clear, bright horizon.

Yes, here comes the sun! And we're alright. We are now on our 9th month and we are back on course! Despite being battered by strong winds and heavy waves, our ship has carried on. And through rough seas, we are getting there. It looks like we will reach our destination right on time, achieving our goals and preparing for the future.

All these we have accomplished by being a cohesive team, moving forward as one. There may have been divergent ideas and differing policy issues but our minds have been able to meet on some definite point to sail on. It is amazing to

know what each one of us can do when we set aside personal reasons and personal gains as we do our work. We pulled through, united for the benefit of our member-passengers!

Along the way, we have come together. We have spread goodwill among our members. We have made friends. We have made relationships stronger. We have bonded together!

Still, we must carry on and cross the ocean, as we sail closer to shore. There is still much to be done in the remaining months. As we face the end of the fiscal year of our voyage at sea, we must continue to work on our fair share of the tasks and responsibilities so our ship would be stronger and well

prepared for other journeys ahead and of course, so that it would be more stable and comfortable for our crew and member-passengers.

Thomas Edison once said, "Many of life's failures are people who did not realize how close they were to success when they gave up."

Thus, sail on! We're almost there! We're now closer to shore!

***Special thanks to our National Officers, Board of Governors, Commissions and Committees, Specialty, Subspecialties, and Affiliates for your support and help. Let's bond and sail together towards that shore!***

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# As I See It...

By **MARIANNE O. DOBLES, M.D.**  
PMA Secretary General

*I*n the last quarter of 2012, the PMA has completed its Information Technology team. And our goal is to finalize and complete the computerization program of the PMA in the last two quarters of this fiscal year. The PMA website has been enhanced and immediate information and details of important announcements, events and activities are available by logging into the PMA website: ([www.philippinemedicalassociation.org](http://www.philippinemedicalassociation.org))

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The Philippine Medical Association participated in the **PRC (Professional Regulations Commission) Summit** at the Manila Hotel with a booth showcasing our association's Mission and Vision and events and activities.

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During the last quarter of 2012 a series of meetings sponsored by the Jaycees were done to search for "**The Outstanding Physicians for 2012**". The Chair of the Panel of Judges was the Honorable Secretary of the Department of Health, Dr. Enrique Ona. The nominees came from all over the country. Drs. Jaime Galvez and Thelma Clemente were adjudged "Emeritus" and were considered in the Hall Of Fame. Their tremendous work, researches, community outreach programs, and continuous help given to our countrymen were the factors that catapulted them to the positions they hold. The incumbent PMA governor for the region of Western Visayas, **Dr. Erlinda delos Reyes** was one of the Outstanding Physicians for 2012. The awarding ceremony was held last December 5, 2012 at the Centennial Hall of the Manila Hotel.

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The PMA National Officers headed by Dr. Modesto O. Llamas together with Dr. Ric Ramos, former PMA Governor, met with the Honorable Azucena P. Esleta, Director 1V of the Personnel Policies and Standards Office of the Civil Service Commission to discuss the possibility of increasing the pay of Government Doctors. She explained the process and that it is not within the function of her office to increase the salaries of our doctors. PMA will have to make representations with other government agencies like the LGUs, and the Department of Trade and Industry.

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The Committee on Publications will be coming out with 2 editions of the PMA Journal for this year. The PMA medical Journal is under the stewardship of Dr. Gina Nazareth. We have been sent a reminder by the President of the Philippine Association of Medical Journal Editors and the Secretary General of the Asia Pacific Association of Medical Journal Editors to have a minimum of 2 issues of our journal per year.

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A series of meetings with the Philhealth culminated on a **PMA Philhealth Forum or Reachout** last November 15, 2012 at the PMA Auditorium. This forum was attended by all component societies from Quezon City, Manila, Rizal, Central Tagalog, Southern Tagalog, and Central Luzon. **Dr. Eduardo Banzon** led the team of Philhealth Officials. Matters taken up were the Accreditation Process, the ATM cards, lost Philhealth cards, unclaimed ID's, unpaid fees, etc. The whole day event was fruitful and beneficial for all.

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The first Anti-Fraud Awareness Forum was held last November 27, 2012 by the Philhealth at the Develop-

ment Academy of the Philippines, San Miguel Avenue, Pasig. **Dr. Leo Douglas Cardona** is the head of the Anti Fraud unit of the Philhealth. He showed the present statistics on fraud committed by Philhealth providers as well as healthcare units and hospitals.

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The Philippine Medical Association strongly supported the **Sin Tax Bill** because the funds from this tax will mean better quality healthcare for the poor, upgrading of government hospital facilities, increase in the pay of government doctors and healthcare personnel, and the higher cost of cigarettes would discourage our youth to take on the habit of smoking.

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The Philippine Medical Association supported the passage of the RH Bill with its stand that life begins at fertilization. This has been the stand of the PMA since the term of Dr. Rey Melchor Santos.

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A courtesy call was made at the start of this year with the **Honorable Kim Henares**, Commissioner of the Bureau of Internal Revenue. Her message is that doctors will have no problems with the BIR if we issue receipts and we pay the right taxes. If there is any form of harassment from the BIR, please report this promptly to the PMA since Commissioner Henares will not tolerate these.

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The Philhealth Accreditation Standard and Monitoring Department discussed the "Provider Engagement through Accreditation and Contracting for Health Services (PEACHES) with all parties concerned including the PMA, last January 18, 2012.

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# KAPE-KAPERAHAN

By **ALBERT C. GUEVARRA, M.D.**  
PMA National Treasurer



## PMA funds in Safe and Stable Condition

*A*t the start of the fiscal year

2012-2013, the PMA Board under the presidency of Dr. Modesto O. Llamas and with the help of the Committee on Budget and Finance have put up additional safeguards and stricter monitoring and guidelines in the implementation of our investments and expenses in the PMA. Thus, all our Trust Placements and Investments were put in **BSP (Banko Sentral ng Pilipinas) guaranteed SDA (Special Deposit Accounts)**. Investments in time deposits were likewise transferred to BSP-SDA. For the eight (8)-month period ending January 31, 2012 our Gross Income (earnings) is Php17,599,039.50. Against our Operating Expenses of Php10,061,264.39 we have a Net Income of Php7,537,775.11. Four months before the end of this fiscal year we are hoping to surpass the approved budget of Php23,057,300.00 and with tighter spending we can have bigger net Income.

## Increase in the Benefits of PMA Members

During the 5<sup>th</sup> PMA Regular Board Meeting held in Tacloban City, Leyte last October 13, 2012, the Board unanimously approved the recommendation of the Commission on Mutual Aid the **increase in the Benefits of our Members. Resolution No. 050, series 2012-2013** granted the increase of **Death Benefit** from Php35,000.00 to Php40,000.00; **Disability Benefit** from Php10,000.00 to Php15,000.00 which can be claimed twice in a lifetime at five (5) years apart and the **Legal Aid** from Php25,000.00 to Php30,000.00 (cases filed in Quasi-judicial bodies can file a claim of Php15,000.00 and if the case is elevated to judicial bodies, the remaining Php15,000.00 will be granted).

Members and Legal Beneficiaries must file their claims complete with the necessary documentary requirements to the Commission on Mutual Aid.

The PMA Board encourage the Component Societies to set-up their Committees on Benefits and Assistance and have their own Membership Benefit Programs.

## Benefits and Assistance

From June 2012 to January 2013, covering a period of eight (8) months, the Commission on Mutual Aid have approved a total of **141 applications for aid and we have granted a total of Php3,631,300.00 to members and beneficiaries**. For the Death Benefits 83 beneficiaries received a total of Php2,971,200.00, for the Disability Benefits, 50 members received a total of Php543,600.00 and for the Legal Benefits, 8 members received a total of Php116,500.00.

We have also extended financial assistance to the different Component Societies for their Medical Missions in their areas affected by disaster and calamities. During the **Habagat** in the months of August and September, affected societies in Metro Manila, Central Luzon and Southern Tagalog received a total of Php185,000.00. In the months of December and January, **Typhoon Pablo** affected the Southeastern Region of Mindanao and we have extended financial assistance of Php193,000.00. Thanks and gratitude to the Component Societies who have given financial assistance, apart from the manpower and medical missions during these times of disasters and calamities. Your much needed help

Our **Code of Ethics** states:

**“Colleagues, legitimate children who are minors, or even those who are not minors but mentally incapacitated and dependent upon our colleague for support, should be given the courtesy. However, this shall not apply to plastic or cosmetic procedures unless the cosmetic service is for reconstructive procedure for conditions resulting from diseases or accidents. In case of package deals, professional fees included in said package shall be waived.”**

**Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved.**

Mattie Stepanek

**EXPORT AND INDUSTRY BANK  
(EIB)**

The PMA - EIB Account was opened and has been active since **September 2003**, more than nine (9) years to date with initial placements of **Mutual Aid Fund** – Php4,194,572.00 and Physicians Fund – Php970,183.00 with a total of Php5,164,755.00. In January 2008, an additional placement from **Doctor's Inn Fund** – Php1,000,000.00. The rate for time deposits ranges from 4% to 9.25% in interest which is relatively higher than the other banks. From September 2003 to March 31, 2012, the total interest earned is Php5,002,491.00 with an actual exposure of Php6,164,755.00. The total PMA Fund at the time of the Bank's closure is **Php11,167,246.00**.

All monies, time deposits and other placements are submitted monthly to the PMA Board of Governors, including interest rates amount and effectivity dates. **The PMA Board of Governors decides on the movement of placements of money from one PMA Depository Bank to another.** The National Treasurer through the Committee on Budget and Finance may also recommend to the board subject to their approval.

A merger with the EIB with BDO was afloat but this could not have been interpreted as an indication that EIB was in trouble. In fact, it meant that it would be a stronger bank.

As to what happened with EIB, there was no bank run noted. PDIC did not initiate its take over EIB. It was the bank that asked PDIC to take over.

## **106th PMA Annual Convention and Scientific Meeting:**

**"PMA: Nagkakaisang Manggagamot Tungo sa Kalusugang Pangkalahatan"**

The merger of the EIB with BDO was posted in the Breaking News of ABS-CBN website on April 13, 2012. It noted that the merger has been approved by PDIC. The previous PMA Committee of Budget and Finance met in April 21, 2012 and our placements were discussed. **EIB declared a bank holiday on April 27, 2012**, thirty four (34) days before the end of the term of the previous Board 2011-2012 under the presidency of Dr. Oscar D. Tinio.

At the start of the term of the present Board of PMA 2012-2013 under the presidency of Dr. Modesto O. Llamas we have made several inquiries and meetings to discuss the status of the closed EIB. Last June 13, 2012 we made a call to the Deputy Governor of the Bangko Sentral ng Pilipinas at the BSP office in Pasay City. Meetings and communications were also done with PDIC.

The latest news from PDIC dated February 05, 2013 wherein the National Treasurer attended the Investors and Depositors forum, PDIC has received 61% (in terms of amount) and 50% (in terms of number of accounts) of the depositors/creditors consent. The consent of all depositors and creditors is required before they can proceed and implement the rehabilitation of EIB. We are hoping that the bidding by STPs (Strategic Third Partner) would eventually proceed so that rehabilitation of the closed bank will progress.

As of now, we already have claimed the maximum insured deposit of Php500K from PDIC.

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## *In Memoriam*

**GIL C. FERNANDEZ, M.D.**

**PMA President 2001-2002**

## REPORT OF THE AD HOC COMMITTEE ON BUILDING

Lakandula A. Elayda, M.D.  
PMA Governor, Manila Region  
Chairman of the Ad Hoc Committee on Building

To start, the PMA property was never donated by the government to the association.

In 1965, PMA then President Jose C. Denoga, started negotiation for the purchase of a lot at the US Navy Reservation at Bago Bantay, Quezon City with the People's Homesite & Housing Corporation (PHHC) now the North Avenue, Quezon City.

In 1967, President Rodolfo Caños and Dr. Jose C. Denoga, finalizing the details of the transaction after being informed of the approval of their application for the lot. It involved the purchase of 5,019.8 sqm. of the price of P100.00 per square meter payable in 10 years. On May 28, 1969 President Fe del Mundo signed the contract of sale after payment of P110,000.00.

This is the story of how the PMA acquired the PMA property from the government.

After the first Board Meeting of the Board of Governors 2012-2013, I was named the chairman of the **Ad Hoc Committee of PMA building and development**; appointed members were PMA National Treasurer Dr. Albert C. Guevarra, PMA Gov. Eileen Christine B. Habawel of Central Tagalog, PMA Gov. Wilfredo F. Batol of Central Luzon, PMA Gov. Julio P. Javier II of Rizal Region, Dr. Nenita Lee Tan – former PMA President and Chair, Special Projects Committee, Dr. Ma. Josefa C. Yanga – Chair, PMA Committee on Budget and Finance, and PMA President Modesto O. Llamas as Honorary Chair.

Meetings of the Ad Hoc Committee were immediately scheduled and pertinent matters were touched for the negotiation with the developer, now, known as **Filinvest**.

The negotiating team was composed of the President, National Treasurer, Secretary General, Asst. Secretary General, Atty. Danny Castro, Dr. Arturo Estuita, Financial Adviser Dr. Arturo Trinidad and myself.

In our initial talks during the negotiation, we made it clear that our team is new, **no piece of the property will be lost, transparency was the key in all**

**our talks, every detail will be for the good of the Association and the general membership**, which was well appreciated by the President Mr. Joseph Yap.

### Identification of Both Parties

The **Philippine Medical Association, Inc.**, a non-profit, non-stock corporation duly organized and registered under Philippine laws with principal address at PMA Compound, North Ave., Quezon City herein represented by its duly authorized President Dr. Modesto O. Llamas, Treasurer Dr. Albert C. Guevarra, and Chairman of the Ad Hoc Committee on Building Dr. Lakandula A. Elayda as approved by the Board is referred to as PMA, the absolute owner and registered owner of a parcel land located along North Ave., Quezon City with an aggregate area 5,019.8 sqm. referred to as the PROPERTY and **Filinvest Land, Inc.**, a corporation duly registered under Philippine Laws, with principal address at Filinvest Bldg. 79 EDSA, Mandaluyong City, Metro Manila represented by its authorized President, Mr. Joseph M. Yap, hereinafter referred to as DEVELOPER.

The PMA in its desire to develop the property into a vertical mixed use project with complete amenities and facilities (The Project) and the Developer came into an agreement in project development, the Developer having resources, facilities and expertise in project development offered to develop the property.

The favorable offer of the Developer to Construct the **8 storey PMA Building** occupying 430 sqm. more or less of the property with facilities and amenities:

- 1<sup>st</sup> Floor – Indigency Center & other spaces** available the use of which shall be determined by PMA to support the clinic.
- 2<sup>nd</sup> Floor – Offices** for the Secretariat, Commissions & Committees
- 3<sup>rd</sup> Floor – Auditorium**
- 4<sup>th</sup> – 7<sup>th</sup> Floor – Doctors Inn**
- 8<sup>th</sup> Floor – Spaces** for PMA component

societies, specialties & sub-specialties or affiliates

The PMA Bldg. shall have **two (2) elevators** capable of carrying at least 11 persons each up to the 8<sup>th</sup> floor.

We have also agreed that PMA can hire its own independent works, engineering & project management expert to ascertain that the execution of the construction work of the PMA Bldg. in accordance with the plans and specifications, the cost of work services be shouldered by the PMA.

The PMA building will be delivered complete within a period of 18 months upon commencement date complete with COC (Certificate of Completion) from the City Government.

For the general membership concern, the PMA Bldg. cost P225M at **no expense from the coffers of the Association**.

Meanwhile, while construction of the PMA building is ongoing, the existing Doctors Inn, Indigency Clinic and Auditorium will still continue its function. When the new PMA building is delivered, the 2<sup>nd</sup> phase of the development of the remaining 3,159 sqm. will start which will consist of **rentable office/ commercial spaces and a four-star hotel which will be run by the developer for 25 years**.

**Thirty five (35) free parking spaces** located within the commercial building will be reserved for PMA officers, members, employees and guests.

PMA's coffers will also be enriched by the **P500,000.00 monthly rental** coming from the office/ commercial/hotel building, aside from the continued resources from the Doctors Inn, Indigency Clinic & Auditorium

The general membership will have more benefits out of the earnings of our property when fully developed.

We hope, the present leadership can give the general membership more opportunities attained by completion of our project.

We'll keep you posted from time to time for the completion of the construction.

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## NEWS IN ACTION



The President, Dr. Llamas accompanied by Host PMA Gov. Dr. Amparado during the Regional Assembly of Eastern Visayas Region held at Tacloban City last Oct. 14, 2012



Participation of the PMA in the PRC/PAPRB 1st Philippine Professional Summit "Convergence of Profession for Nation Building and Global Competitiveness" held at Manila Hotel, Oct. 18-19, 2012.



Former PHIC CEO & Pres. Dr. Eduardo Banzon during the open forum of the Joint PMA-Philhealth "Reachout" at the PMA Auditorium, Nov. 15, 2012



PMA Gov. Dr. Erlinda delos Reyes of Western Visayas Region (seating: 4th from left) was awarded as one of The Outstanding Filipino Physician (TOFP) given by JC International held last Dec. 5, 2012 at Manila Hotel



PMA Govs. Dr. Villa, Dr. delos Reyes, Dr. Gaerlan & Dr. Aniceto rendered a surprise number during the PMA Christmas Party held last Dec. 9, 2012 at the PMA Auditorium.



Central Luzon Regional Assembly held at Holiday Inn, Clark, Angeles City last Jan. 20, 2013. Host Society was the Angeles City Medical Society



Honorable Ma. Isabelle Climaco, Congresswoman, 1st District-Zamboanga City (at the left of Dr. Llamas) as the Guest Speaker during the Western Mindanao Regional Assembly last Jan. 27, 2013 at Garden Orchid Hotel, Zamboanga City.



Honorable Darlene Antonino Custodio, mayor of Gen Santos City as the guest speaker at the SouthEastern Mindanao Regional Assembly held at Phela Grande Convention Center last Nov. 24, 2012.



DOH Sec. Dr. Enrique T. Ona & PMA Commission on Legislation Chair Dr. Romeo Encanto during the meeting about the Physician's Act 2012 which was also attended by other PMA Nat'l Officers and Commission Members, PRC-BOM, APMC and CHED.



Dr. Llamas with the NCR PMA Governors Dr. Javier II, Dr. Cercenia, Dr. Elayda & Dr. Habawel and Dr. Alejandro Tan, Pres. of Manila Med Society (Host Society) in the recently held NCR Regional Assembly at the Unilab Bayanihan Center, Pasig City last Jan. 13, 2013



PMA Nat'l Officers held a dialog with APPA (Assn of Phil. Physicians in America) Officers at the PMA Auditorium, Feb. 13, 2013. Every year our colleagues from U.S.A. come to conduct Medical Missions in Payatas, Quezon City and other indigent communities in the country.



Western Visayas Regional Assembly held at Planta Centro Hotel, Bacolod City last Feb. 10, 2012. Hosted by Gov. Dr. Erlinda delos Reyes and Canlaon Medical Society.



Fellowship night with the Board of Judges of the 22nd Dr. Jose P. Rizal Memorial Awards last Feb. 15, 2013 at the PMA Auditorium.



## TOUGH CHOICES, PMA SUPPORTS THE RH AND SIN TAX BILLS

By Arthur Toloza Catli, M.D.

*"A person has three choices in life. You can swim against the tide and get exhausted, or you can tread water and let the tide sweep you away, or you can swim with the tide, and let it take you where it wants you to go." – Diane Frolov and Andrew Schneider*

Time and again, in the 109 years

of its existence, the Philippine Medical Association as the umbrella organization of the medical profession finds itself consulted on various landmark issues that affect both the doctors and Philippine Society as a matter of national health policy. We have the controversial Philippine Generics Act in the mid eighties, the Non detention Act in 2008, the Magna Carta for Public Health Workers of 2009.

Now in 2013, after decades of delay in Congress, the PMA, as a collegial body, supports two landmark and controversial pieces of legislation. The Reproductive Health and "Sin Tax" Bills. President Benigno S. Aquino III signed both measures into law very recently.

Curiously, at no other time in Philippine history did any other Bill elicit a deep polarization among doctors and the Filipino people the way they have. The PMA drew the line between a choice of Faith and that of the Public interest. In the advent of an evolving Philippine health landscape, PMA made its choice.

### Reproductive Health Act (R.A. 10354)

Through Board resolution no. 60 at Ormoc City in 2008, the PMA expressed its support to the Bill that is now more appropriately referred to as the *Responsible Parenthood and Reproductive Health Act*. The history of reproductive health in the Philippines dates back to 1967 when leaders of 12 countries including the Philippines' Ferdinand Marcos signed the Declaration on Population. The Philippines agreed that the population problem be consid-

ered as the principal element for long-term economic development. This concept of population management underwent several transformations in terms of strategic approach and emphasis in the decades to come depending on the standing policy of the incumbent administration.

The implementation of this policy varied, depending on how the Philippine President is aligned with the Bill's primary critic, the influential Philippine Roman Catholic Church and its affiliated conservative groups. What did the Bill provide?

A summary shows that the bill mandates the government to "promote, without bias, all effective natural and modern methods of family planning that are medically safe and legal."

Although abortion is recognized as illegal and punishable by law, the bill states, "the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner."

The bill calls for a "multi-dimensional approach" integrates a component of family planning and responsible parenthood into all government anti-poverty programs.

Under the bill, age-appropriate reproductive health and sexuality education is required from grade five to fourth year high school using "life-skills and other approaches."

The bill also mandates the Department of Labor and Employment to guarantee the reproductive health rights of its female employees. Companies with less than 200 workers are required to enter into partnership with health care providers in their area for the delivery of reproductive health services.

Employers with more than 200 employees shall provide reproductive

health services to all employees in their own respective health facilities. Those with less than 200 workers shall enter into partnerships with health professionals for the delivery of reproductive health services. Employers shall inform employees of the availability of family planning services. They are also obliged to monitor pregnant working employees among their workforce and ensure they are provided paid half-day prenatal medical leaves for each month of the pregnancy period that they are employed.

The national government and local governments will ensure the availability of reproductive health care services, including family planning and prenatal care.

Any person or public official who prohibits or restricts the delivery of legal and medically safe reproductive health care services will be meted penalty by imprisonment or a fine.

In a report from the Philippine Daily Inquirer, the PMA and 22 other health groups manifested its support on December 11, 2012 for the passage of the then RH Bill. They called for the protection of seven "Life-giving" provisions:

"State protect the individual's freedom to decide what family planning method s/he wants to use (whether natural or artificial), that the bill should have explicit statements against induced abortion, and that the state should protect a couple's right to decide on their ideal family size."

"The state should recognize and respect religious rights and convictions of both patients and caregivers [and] RH education should include value formation, and [should] be age appropriate."

The PMA and the other health groups further expressed that the provision for reproductive health services should be improved while the guidelines on the use of specific contracep-

tives, including warnings on safety, should be left to the discretion of the Food and Drug Administration. As it will allow recommendations to evolve as scientific knowledge advances.

At 3 in the morning on December 13, 2012, the House of Representatives voted on second reading in favor of the bill with 113 affirmative votes versus 109 negative votes, 5 abstained while 50 congressmen were absent. In the upper house, the Senate voted on December 18, 2012 to pass the bill on second reading with 13 affirmative votes versus 8 negative votes, while Senators Sergio Osmeña, III and Lito Lapid were absent.

On the same day, both houses passed the bill on the third and final reading. Members of the House of Representatives voted 133 affirmative votes versus 79 negative votes while 7 abstained. The Senate registered 13 affirmative votes versus 8 negative votes, the same result as the second reading.

On December 19, 2012, both versions of the bill were passed to the Bicameral Committee to produce a final version to be signed by the President Aquino. The committee quickly passed the bill in just one session. It was transmitted back to the House of Representatives and the Senate, which both ratified the bill, with the Senate voting 11-5 in favor of ratification, and the House of Representatives voting via voice vote.

On December 21, 2012, President Aquino signed the bill into law.

From a PDI report dated February 4, 2013, Congressional RH Law principal author Albay Rep. Edcel Lagman expressed fears that it may not be effectively implemented if it is not given the proper appropriation in the national budget. "Funding will always be a contentious battleground." He further expressed that to guarantee that the law would receive proper funding; its advocates must actively support legislative candidates to both Houses who agree with the Measure.

This means that our Association must call on its members who are community leaders in their own right to enroll the citizenry to again make tough

choices in selecting the political leaders who can sustain what has already been started. After all, *we are whom we elect into office.*

#### **Sin Tax Reform Act (R.A. 10351)**

Through Board Resolution number 043 approved on September 16, 2012, the PMA moved to support the equally controversial measure now popularly referred to as the "Sin Tax Law"

Lifting from the "Official Gazette" of the Philippine Government that was published on September 19, 2012, the law aims to restructure the existing taxes imposed on alcohol and tobacco goods. As duties on these products are potential revenue source that will help fund the Universal Health Care Program of the administration. Likewise, higher taxes—and consequently higher costs—are seen as a deterrent to the consumption of "sin" products, whose adverse effects are mostly borne by the poorer segments of society.

Noteworthy is also the fact that the PMA has always supported the Aquino Government's effort to install Universal Health Care to answer to the country's healthcare woes. [PMA]

Why are we supporting this? It because *we are promoting health by discouraging vice. Government is also able to collect more revenue for health-care.*

According to the Department of Health (DOH), the Philippines have an estimated 17.3 million tobacco consumers, the most number of smokers in Southeast Asia. Filipinos on average consume 1, 073 cigarette sticks annually, while the smokers in the region consume less than a thousand sticks yearly. This high consumption rate is seen as a result, among others, of the very low cigarette prices in our country.

The "National Gazette" further says that smoking is responsible for 71 percent of lung cancer deaths in the world. Consequently, lung cancer is the leading form of cancer in the Philippines. DOH statistics reveal that 10 Filipinos die every hour because of smoking.

According to the DOH, a 10 percent increase in tobacco taxes will re-

duce the number of smokers by two million by 2016. A significant decline in the number of smokers will likewise reduce the number of smoking-related deaths.

Meanwhile, drinking alcohol, though effects are relatively less severe health-wise than smoking, has posed a number of costs on the individual and society. We have:

- Vehicular accidents
- Fetal deformities
- Healthcare expenditures
- Accidental falls
- Fires
- Suicide
- Productivity losses
- Violence and Crime

The Department of Finance (DOF) has determined the following flaws in the current system of taxing sin products:

The current system is still under the Price Classification Freeze, wherein old brands are taxed differently from new ones.

The system follows a multi-tiered tax structure that is prone to the *downshifting* of smokers to cheaper cigarette brands (which does not discourage smoking). For example, based on 1994-2010 statistics provided by the Bureau of Internal Revenue (BIR), it was observed that consumers had downshifted from medium-priced cigarettes (more than 30% consumption in 1994 to less than 20% in 2010) to low-priced cigarettes (less than 40% consumption in 1994 to more than 50% in 2010). This also applied to beers: consumption of low-priced beer ballooned from less than 40% in 1994 to more than 70% in 2010.

The lack of price indexation results to declining tax burdens, as tax is eroded by inflation. In effect, the 2004 effective burden tax price has decreased in 2010 ranging from a 1 percent to 9 percent decrease in tax burden (based on BIR 4th quarter survey).

The taxation of *distilled spirits* is non-compliant with World Trade Organization (WTO) rules.

The sin tax proposes the following reforms:

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Maintain the specific form of excise taxation (e.g., per piece, per pack, per proof liter) to discourage consumption, have more revenues that are predictable and easier to administer, and devoid of incentives for manufacturers and importers with under-invoice products;

A shift from a multi-tiered tax structure to a single tax structure: (1) For cigarettes, a two-rate structure of P14 and P30 per pack for the 1st two years, and a uniform rate of P30 per pack of cigarettes on the third year. (2) For fermented liquor, immediate implementation of unified rate of P25/liter. (3) For distilled spirits, a two-year transition period to a unified rate of P150 per proof liter on the third year.

Adopt an automatic annual adjustment of tax rates using relevant NSO-established tobacco and alcohol indexes after the third year.

A shift from a raw-material criterion

to an alcohol-content criterion in taxing distilled spirits.

The continued sharing with tobacco farmers of the incremental revenues. Revenues from sin taxes are to augment the funds of the Aquino administration's universal health care program.

The total cost of universal health-care (UHC) from 2012 to 2016 will amount to P682.1 billion. The national government's financing requirement for the next five years amounts to a total of P224.8 billion or a 33 percent share in the UHC cost. Additional revenues to be brought about by the proposed sin tax reform are being viewed as one of the main sources for UHC national government financing.

P92.7 billion will account for the national government covering for a 100 percent subsidy for the premium of 5.2 million or the bottom 20 percent of the poorest families.

P55.3 billion will account for a 50 percent subsidy for the next 5.6 million of poorest families (the other half will

P76.8 billion will account for investment subsidies in the health sector.

Dr. Anthony Leachon summarizes the Health Goals of the Sin Tax Reform Law:

1.Reduce the number of smokers & alcohol among the YOUNG

2.Reduce the number of smokers among the POOR

3.Reduce health expenditures from complications from consumption of cigarettes and alcohol

Finance Universal Health Care

Equally important as a health objective is the revenue gained from the excise tax. (85% UHC, 15% tobacco farmers)

Quoting another prominent colleague, Dr. Antonio Dans said:

*"UNDER THE IMPROVED CONCEPTUAL FRAMEWORK, THE SIN TAX IS AN ENVIRONMENTAL MEASURE AIMED AT CONTROLLING A SOCIETAL DISEASE THAT IS MASQUERADING AS HEALTH PROBLEMS IN INDIVIDUALS."*

## PMA IN CROSSROADS

**Benjamin T. Lim MD FPPS MHA**  
**Chairman, Committee on Constitution and By-laws**

The Medical Act of 1959 has finally cease to exist starting March of last year ( 2012 ). Congress would want to pass a new medical act which will penalize a physician who will do certain procedures not within their realm or scope of specialization. Penalties either or in combinations of imprisonment, monetary compensation, or revocation of license to practice shall be imposed to the convicted physician. On the other hand, Philhealth as well as the Philippine Regulatory Commission would like to classify physicians only into 2 groups, namely: General Practitioner and Specialist/ Subspecialist. A specialist is a physician who has undergone the required number of years of residency/ fellowship training in an accredited institution; has passed the certifying written and oral exams; and has been recognized either as diplomate or fellow by the specialty society. Unfortunately, majority of these specialists and subspecialists are not practicing in the far flung area of our country. Because of this, many general practitioners as well as "specialty board eligibles" are the ones filling this vacuum. If and when

this new Medical Act will be passed in the future, then, the health care delivery system in the far flung areas of our country will suffer a big blow.

By trying to solve these problems and making all these ends meet, once again PMA is in crossroads. This lead PMA to review as well as to amend its by-laws and constitution. Some of the highlights of these proposed amendments are of the following, namely:

1.) Empowerment of the Commission on Specialty and Subspecialty to formulate as well as implement ways to strengthened specialty societies and sub-specialty societies by

A. Increasing the number of specialty societies under PMA based on the criteria set by the joint meeting of specialty societies and abolishing the specialty divisions

B. Increasing the number of specialty representations in the general assembly.

C. Helping the so called "specialty board eligibles" or "specialists with certain

years of training" to be finally integrated to the specialty or subspecialty societies.

2.) Empowerment of the Commission on Continuing Medical Education to conduct, to supervise, to coordinate with other specialty/ subspecialty societies in providing and recording CME activities for the purposes of complying with the requirements of the Philhealth and Professional Regulations Commission making each member updated with the recent state-of-the-art of healing.

3.) Strengthening of Philippine Medical Association as a professional medical regulatory authority (a body vested with the authority by the government in each ASEAN Member State to regulate and control medical practitioners and their practice of medicine).

In this regard, may I take this opportunity to thank the PMA Executive Board by giving us, The Committee of Constitution and By-laws, to be of service to the PMA, its members, and to the whole Philippines. May I ask your support by voting "yes" to the proposed amendments so as we all can move forward to better PMA.

# RISE MINDANAO

## Regional Initiatives in South Eastern Mindanao

By Noel B. Camique, M.D.  
PMA Governor, South Eastern Mindanao



### Introduction

Deep in the very essence of our existence is that charitable nature of a physician, full of hope and compassion, ready to offer a part of what we have. Our altruistic nature drives us to be as one, most especially in times of need. During disaster whether natural cause or manmade, a call to assist those who are victims of these calamities is difficult to ignore. In our desire to extend help are dampen by several barriers such as lack of directions where to effectively channel our support, delay in response due to undirected flow of resources and lack of knowledge of the extent of need that appropriate help will be delivered. These limiting circumstances drives us to organize preparedness plan to timely and promptly deliver the kind of support we can afford to complement other agencies disaster response efforts.

### Program Description

The RISE-Mindanao project, defines the directions of all Component Societies of the Southeastern Mindanao Region in preparing for an effective and efficient response in any event of emergency or disaster. The implication of extraordinary and exceptional nature of the event can be reduced through effective Disaster Preparedness and Response plan.

### Goals and objectives

**Goal:** To complement disaster efforts of other agencies by providing resources available from members' contributions in the form of relief goods and services of volunteers.

**General objectives:** To build an effective and efficient system of collection and distribution of contribution from members and identification and listing of volunteers from each region to to assist in relief and recovery efforts during disaster.

**Specific Objectives:** To identify a sentinel area where members can send their donations.

To develop Human Resource competencies for emergency response.

### ON-GOING PROGRAMS AND ACTIVITIES CONDUCTED IN

### COMPLEMENTING DISASTER RELIEF EFFORTS IN AFFECTED AREAS BY THE TYPHOON PABLO ESTABLISHMENT OF AN EMERGENCY HEALTH STATION

#### Concept of Operations

The Emergency Health Station serves as a temporary health facility to provide care for people affected by mass casualty incidences and emergencies. It operates on a daily 24 hour period in a minimum of 15 days from its establishment.

It shall be run by qualified health personnel in coordination by the Philippine Red Cross with the World Health Organization, Department of Health and **Philippine Medical Association**. It does not function as a hospital but has a 25 overnight bed capacity for immediate care and observation and observation of cases, and can serve for basic curative, preventive and community based services.

A health tent which can be established with pneumatic pressure within minutes is used to house two sections of the health station. The first tent serves as the consultation and out-patient section. It also has provisions for treatment of emergency cases and injuries and an examination, electrocardiogram and sterilization of instruments. The second tent serves as the accommodation area where patients are observed overnight. Patients needing higher level of care shall be referred to hospitals by the ambulance team operating with the health station. Should influx of patients or need for isolation of cases arise, an additional tent can be set up.

Community Based Health interventions will be carried out to complement medical services and promote health and prevent spread of communicable diseases. A strategy reinforcing good hygiene and sanitation practices will be actively introduced to the communities benefiting from the health services along with breastfeeding promotion and other health sessions.

### Personnel

Two Administrative Staff – In-charge of site assessment and planning, set up of health camp with WatSan provisions  
Doctors – c/o DOH and **PMA**

Nurses – Local Staffs and Volunteers  
One Technical Staff – In-charge of organizing community based health interventions including health information sessions and hygiene promotion

One Health Coordinator – In-charge of field coordination with the local DOH and health sector representatives efforts and health reporting

One WatSan Specialist – In charge of WatSan assessment and set up

### Mission Duration

Minimum of 15 days to 1 month

### Site Set-up (Present Emergency Health Station set up at Baganga, Davao Oriental)

The site should be spacious area, free of hazards and can accommodate possible influx of patients.

It should include set up for establishing welfare desks and mother and child friendly areas.

As medical facilities require high supply of water for maintaining cleanliness and sanitation within the medical facility and in the performance of procedures, a water and sanitation unit should be set up and well considered during the site planning. Provisions for staff and patient hygiene and sanitation needs must be taken into consideration.

(Presently 2 portalet for staff use has been established)

An ambulance must be stationed 24/7 in the health station as there may be a need to refer emergency cases or those needing higher medical care to the nearest hospital.

Separate Staff Quarters shall be set up. Also, a separate tent for medicines, supplies, and equipment will be set up which shall also serve as the

## PMA POSITION PAPER ON STEM CELL THERAPY



**By Maria Minerva  
P. Calimag, MD, PhD, DPBA  
Chair, Committee on Opinion Bureau  
Chair, Committee on Food, Drugs and Cosmet-**

*T*he Philippine Medical Association (PMA), the mother organization of all physicians in the Philippines acknowledges the tremendous potential for the future use of stem cells. The PMA, however, commits itself to keep the patients' best interests above all and underscores the need to support evidence-based medicine and debunk unsubstantiated claims. To date, **the marketing and promotion of stem cell therapies and stem cell based procedures for various diseases are not adequately supported by clinical evidence.**

Only three sources of stem cells have a record of proven safety: bone marrow, peripheral blood and umbilical cord blood taken from autologous human sources. Cancer treatments using these hemato-

poietic stem cells for transplantation have proven benefit. Stem cell transplants intended to repair injured heart muscle or nerve cells are still experimental.

Cell therapy using purportedly "purified" animal cells from sheep or cow organs, embryos, or fetuses that are injected into patients do not have a track record of efficacy or safety when it comes to treating human illnesses, promoting aesthetics or reversing the signs of aging. Serious side effects include bacterial and viral infections carried by the animal cells. Some life-threatening and even fatal allergic and serious immune system reactions can also result from cell therapy. Claims of therapeutic success take the form of testimonials by recipients and promotions issued by cell therapists.

None of these claims are documented through scientific testing nor published in peer-reviewed medical literature. Relying, therefore, on this treatment alone can delay appropriate conventional medical care for diseases that lead to deleterious health consequences.

**Therefore**, until further evidence is available, medical research on stem cell therapies and stem cell based procedures should be conducted within clinical studies under Institutional Review Board approval; must follow ethical guidelines to guarantee that the results will be for the public good; and comply with all FDA regulations.

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## PMA joins "Iwas PapuToxic" Campaign

**By Ma. Corazon S. Maglaya, M.D.  
Chair, Committee on Environmental Health and Ecology**

*T*he Philippine Medical Association joined the EcoWaste Coalition and the Our Lady of Remedies Parish Care for the Earth Ministry and Children's Ministry in a campaign for the public to shift to an emission-free welcome of the 2013 New Year during the Coalition's "Iwas PapuToxic" rally in front of the Malate Catholic Church held on December 30, 2012.

Dr. Mariecor Maglaya, Chair of the PMA Committee on Environmental Health and Ecology, said that it's about time the other ill effects of the fire crackers and other pyrotechnic products be considered in the safe New Year celebration.

According to Dr. Maricar Limpin, former President, Philippine College of Chest Physicians and a member of the PMA Committee on Environment Health and Ecology,

"The marked increase of particulate matter in the atmosphere can cause nose, throat, chest and eye problems and aggravate the conditions of people suffering from allergies, coughs and colds." This was also reiterated by Dr. Ferdinand E. Cercenia, PMA Governor for Quezon City and Dr. Rosario B. Cruz-Dalida, President of Quezon City Medical Society.

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**Continued from page 15....**

### Rise Mindanao...

administrative post of the health station.

A communications set up should be provided to enable the health team to report to the Operations Center at 6AM and 6PM daily for health census and related updates.

Local Health staffs must be recruited and involved to facilitate turn-over of operation when stand down is determined.

### Current Needs

**Volunteer Doctors and Nurses to go on 48 hours duty in the Emergency**

### Health Station in Baganga is needed.

We arrange transportation of volunteers from Davao City to Baganga, Davao Oriental where in the Philippine Chamber of Commerce and Industries finance our transportation cost. Please request members of your component society to volunteer and submit there names for scheduling of duties and land transport to the site. Orientation at Red Cross Davao Chapter Office will be conducted prior to deployment to the area with assignment of team leader for each batch to ensure security of volunteers. Text name of volunteers to me at 09155794313.

Medicines and Supplies to sustain operation are needed as well. For those who want to donate, channel all Donations to Davao Medical Society as our sentinel area for all donations in Brokenshire Heights, Madapo Hills, Davao City, Tel. Numbers: 09179747804.

**Above Operation Concept of Emergency Health Station was Established by the Philippine National Red Cross.**

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## Keynote Message of Secretary Enrique T. Ona: Stem Cell Medicine 1st National Convention

**Keynote Message of Secretary Enrique T. Ona  
Philippine Society for Stem Cell Medicine  
1st National Convention “The Truth and Fallacies about  
Stem Cell Therapy”  
January 16, 2013, Pandanggo Hall, Manila Hotel**

The establishment of the Philippine Society for Stem Cell Medicine composed of physicians with interest in stem cell therapy is opportune, with the increasing demand for the use of stem cells as therapy in oncology, end organ diseases and regenerative medicine, here now in the Philippines and worldwide. I congratulate the founding members, led by Dr. Jose Sabili, your Chairman and Dr. Rey Melchor Santos, your President for recognizing the need to organize and professionalize the practice of stem cell therapy in this country.

This two-day national convention, with the theme “The Truth and Fallacies about Stem Cell Therapy” is very timely as we in the Department of Health and the medical profession try to clear the air of misinformation and half-truths regarding this popular mode of treatment. We owe it to our patients and the general public to ensure that proper information and guidance regarding this novel medical approach is available. To protect themselves and their loved ones, the public must know the most current and accurate information about stem cells and its various applications, including some of which are purely experimental. We must ensure that only safe and ethical uses of stem cells are being used in the Philippines.

Today, we see the proliferation of “centers” offering stem cell treatments for medical and aesthetic purposes. Some stem cell programs here have expert personnel and clinical facilities and advanced laboratory equipment and technologies, reputed to be more advanced than other institutions abroad. We are concerned, however, that other facilities might not have the minimum capabilities especially trained personnel staff and equipment needed to perform stem cell therapies safely and effectively..

Although this technology holds promise, **stem cell therapy is not yet part of standard of care and is considered an investigative procedure for compassionate use.** Applications of stem cells for the treatment of malignancies, blood disorders, degenerative diseases (e.g., Alzheimer’s Disease), metabolic diseases (e.g., diabetes), and immune cell therapy are still under clinical evaluation and study.

We know today that the safest and most effective cellular preparations are those that use the patients’ own cells – called **autologous human cells**. Thousands of patients worldwide have been treated over several decades with

autologous human cells and their safety and efficacy is well established especially those derived from the bone marrow and peripheral blood. Umbilical cord stem cells also have a long track record of safety and efficacy.

However, there are other stem cell preparations that still need strict regulatory assessment and will be allowed for human use in the Philippines purely on an experimental basis. Our patients must be made aware of this status. In the meantime, **the public must avoid receiving cell preparations that are being offered in the Philippines and elsewhere, such as embryonic, aborted fetal, genetically altered and animal stem cells.**

The Department of Health has the responsibility and authority to regulate these cell treatments for human use and to provide information and guidance to the general public. After consulting with various stakeholders, including academics, stem cell practitioners and researchers, we will be soon releasing the **Rules and Regulations Governing the Accreditation of Health Facilities Utilizing Human Stem Cell Preparations and Cell-Based or Cellular Therapies in the Philippines**. These guidelines seek to, among others, ensure a minimum quality of service and staff qualification rendered by hospitals and other health facilities capable of utilizing human stem cell preparations and cell-based therapies; and guarantee that human stem cell preparations and cell-based therapies in the Philippines are safe and effective for their intended use.

These guidelines will classify which stem cell preparations and therapies will be registered and allowed, restricted and prohibited. Health facilities utilizing stem cell preparations and cell-based or cellular therapies will be mandated to comply with the guidelines set by the **Bioethics Advisory Board** to be established by the DOH. This Board will ensure that ethical and professional standards are upheld and that contentious scientific, ethical and legal issues are addressed. Meanwhile, an Institutional Review Board will review and approve stem cell therapies, based on the guidelines set by the Bioethics Advisory Board. There are minimum standards for personnel qualifications, physical facilities, equipment and supplies and work environment which will be prescribed by the guidelines. Proper record keeping in each facility that will provide readily available information on each donor, patient, procedures on stem cell and cell-based therapies will be mandated as well.

Our efforts at regulating the practice of stem cell therapy in this country is aimed at safeguarding the welfare of our patients and the general public by making safe, effective and ethical stem cell modalities and practices are within emerging international and global standards considering the very complex nature of this therapy.



# UNLAD KARUNUNGAN

## Format Proposals for CME Scientific Topics for 2013

By RAMON F. ABARQUEZ, JR., M.D.

Chairman, Commission on Continuing Medical Education

During a press conference called by PMA President Llamas, the PMA position paper regarding 'stem cell therapy' as still an experimental form of treatment and physicians doing such procedures should be certified practitioners as defined by PRC and DOH. Stem cell therapy is considered experimental in the absence of hard clinical endpoint benefits of survival as reported in a PHA recent meta-analysis review for heart attacks (ACS). Evidence based publications in peer reviewed journals of the documented evidences should be shown to potential patients. More importantly the patient should be informed that he is being included as a study subject meeting the qualifying patient criteria specified in the experiment protocol that has been approved by the Ethics and Review Boards in the Study-based Institution.. Patients need to comply by indicating their signed approval to participate in the study after being duly informed of the possible risks, uncertain benefits, if any, and the cost of the involvement. Is it not unusual that a patient has to pay an enormous amount wherein he can be in the "placebo arm" if the study is a randomize protocol or a "guinea pig" if a cohort protocol is used? Anecdotal evidence or mere patients' declaration of improvement can still be a 'placebo effect'. Are "patient's rights being violated? An informed public is a doctor's ethical duty and professional responsibility, "do no harm".

More importantly, in a recent meeting this year initiated by the PMA CME, Specialty and Ethics Commissions, with the participation of the leaderships or representatives of all the 8 Specialty Divisions, most of the Subspecialty and Affiliate Societies, Association of Private Medical colleges (APMC), Department of Health (DOH), Hospital Association of the Philippines, PMA National leadership, Ethics Committee and some members of the PMA Board of

Governors, the 2013 Updates regarding the Annual Scientific Meeting and the scheduled workshop was discussed.

The first issue- is the clarification by the PMA regarding the legal mandate to define and re-organize the classification of Doctors of Medicine (MD) into specific categories, i.e. Generalist, Specialist or Sub-specialist. Issues to re-visit and amend:

1-The PMA vision in article II of the PMA Constitution focused on acquiring the highest level of knowledge and skills thru CME and research as a requisite to the promotion of the "healing ministry" and the "delivery of health care". CME is the focus.

2- The 1959 Medical Act 5946, amended in 1965 as Republic Act 4664 and enacted into law (June 21, 1969) created the Board of Medical Education (Section 3) wherein the PMA is one of the Board Member. Section 6 authorizes the Board to modify and add subjects "as the needs and demands of progress in the medical profession may require." CME is the focus.

3- The Republic Act 8991, known as the Professional Regulatory Commission (PRC) 2000, intended to promote and sustain competent professionals as determined by licensure examinations and "whose standards of professional service and practice are internationally recognized as world class, brought about by regulatory measures, programs and activities that foster professional growth and advancement. Last Nov 28, 2012, Dr. Jose Cueto, Chairman of PRC Board of Medicine has recommended to PRC the renewal of PMA as the Accredited Professional Organization (APO) in the Medical profession. CME is the focus.

4- The PRC Resolution 2008 – 466 implemented the Continuing Professional Education (CPE) Council, wherein in Article II Section 6, the APO represented by the PMA President is the chairperson. In Section 8, CPE Council accepts, evaluates and approves CPE providers and monitors,

assess, upgrade and implements CPE programs, credits and exemptions. CME is the focus

5- The PhilHealth Resolution 1628, April 12, 2012, appoints PMA to endorse physicians as health care providers based on the PMA 'Generalist' or 'Specialist' listing. CME is the focus

6- The ASEAN government to government mutual agreement arrangement on medical practitioners, 2009-02-25, listed PRC and PMA as the Professional Medical Regulatory Authority in the Philippines in order to promote best practices on standards and qualifications as registered and licensed "medical practitioners" and "specialist" in the country of origin. CME is the focus.

7- The Commission on Higher Education (CHED), Republic Act No. 7722, or the Higher Education Act of 1994 for tertiary and graduate education has a mandate to "guarantee and protect academic freedom for continuing intellectual growth, advancement of learning and research, development of responsible and effective leadership, education of high level professionals."

The workshop output scheduled to be presented during the May annual Scientific Meeting for 2013 will be participated by APMC, CHED, PRC Regulatory Board of Medicine, DOH, Phil Insurance Corp., Phil Hospital Assoc., Phil Private Hosp. Assoc. and Congress Committee on Higher Education, on Health and on Regulation.

Our output expectations are:

If a 'Generalist' failed the specialty examination but completed his training and educational requirements and graduated from his specialty training program, what is the 'Generalist' limitation?

Medical practitioners' definition, requirements and "core competencies" as 'Specialist', 'Sub-specialist' compared to 'Generalist' will be clarified.

In addition to being Board Certified as Specialist / Subspecialist, information regarding 'can-do', 'optional-do', 'must-not-do', 'must know', 'nice to

know' and expectations or clout are considerations to be discussed.

If there is a different category for a specialty, subspecialty or affiliate society, what is the 'in-house core criteria' for classifying each society?

Specialist past/current academic appointments to total Specialty members density ratio?

Specialty research output to involvement in Specialty CME activities ratio? Peer review board composition with review-audit-validation mechanisms?

Number of Trainee per year in each Accredited training program ratio?

Number of PMA Specialty units to in-house support or generalist departmental rotation ratio?

Accredited training institution Service to private beds ratio?

Accredited training institution to Medical school training ratio?

Board of Examiners to academe + teacher ratio?

Advocacy programs to published researches?

If specialty board eligible MDs are located in Specialty depressed areas, what are the options?

Grand-father clause criteria?

Preceptor rotations to accredited institutions?

Consortium or group practice?

Others?

Aside from complying with CME credit requirements, what self-imposed mode of conduct can be self-impose to be a 'complete physician' as a measure of professional growth?

Self assessment regarding what improvement can I make?

Knowledge / skills update regarding what to know and do?

Shared practice performance measure regarding what progress can be monitored as a society?

#### NOVEL CME FORMAT

There is increasing evidence that adult ailments can be predicted if risk during pregnancy, birth, infancy, childhood, adolescence, adulthood till senescence can be determined as developmental predictors.

The proposed format for the scientific topic presentation is premised on developmental risk stratification strategies.

What is the issue based on highest morality, morbidity, economic, or epidemic concerns.

Are there developmental staged risk stratification issues?

What prognostic markers can increase the at risk cases to be prone to target organ damage?

Can the presentation format be converted into "real life concerns" and reactions?

How are specialist technical jargons converted into generalist lay terms?

Can medical advisories or recommendation be translated into patient friendly self-management empowering simplistic quotes?

#### WORTH CONSIDERING IN RISK STRATIFICATION ISSUES

1. In a review from the U.S. Preventive Services Task Force Evidence Syntheses, (Rockville (MD): Agency for Healthcare Research and Quality (US); 2012 Dec. Report No.: 12-05175-EF-1) of 24 articles, none of the studies examined childhood or longer-term health outcomes.
2. Positive parental MI history is independently associated with obesity, abdominal obesity, insulin resistance and premature MI in the offspring. ((Magnusson, J Hypertens. 2012 May;30(5):948)
3. Odds ratio for sudden infant deaths is (OR 4.36) for mothers smoking > 10 cigarettes/day. (McDonnell-Naughton, Ir Med J. 2012;105(4):105)
4. Mothers with peri-conceptional passive smoke exposure have infants with aV nodal blocks. (Patel, Am J Med Genet A. 2012 Oct;158A(10):2447)
5. Within 18 months, implementation of the smoke-free restaurant ordinance, MI incidence declined by 33% (P < 0.001), (Hurt, Arch Intern Med. 2012 Oct 29;1)
6. Parental pre-conception smoking, maternal low socioeconomic status, higher maternal age ( $\geq 35$  y) at the child's birth is a acute leukemia risk. (Castro-Jimenez, Prev Chronic Dis. 2011 Sep;8(5):A106.)
7. Smoke exposure during oogenesis (3 generation of maternal grandmother smokers)- (OR = 2.2) and during the mother' pregnancies (OR = 1.8)--are significantly associated with an increase childhood cancer risk. (Ortigas-Garcia, J Pediatric Child Health. 2010 Jun;46(6):291)
8. At the population level, maternal

hypertension predicted adolescent alcohol use (HR = 1.33) and narcotics-related conviction (HR = 2.97) (D'Onofrio, Arch Gen Psychiatry. 2012;69(11):1140)

9. Among mothers with ECG AV or BBB conduction abnormalities, the estimated heritability for isolated conduction disturbances is 91%, 80%-100%). (Baruteau, Circulation. 2012;126(12):1469)
10. Pre- and peri-natal folic acid supplementation, completed rubella vaccination before pregnancy and maintained adequate glycemic control in DM mothers may reduce the risk of congenital heart disease in infants. (Blue, Med J Aust. 2012 Aug 6;197(3):155)
11. Early coital debut before 15 years is associated with currently smoking, truancy, lower education, ever drunk, having no close friends and poor parental connectedness. (Peltzer, Acta Paediatr. 2010;99(8):1242)
12. Independently, parental rules on smoking predicted a lower cannabis use, and on alcohol use also predicted a lower early sexual intercourse. (de Looze, Prev Sci. 2012 Sep 8)

#### TAKE HOME MESSAGES

*For minor aches and pains complaints*  
 "Ageing signals lang po"  
 "Kaunting kalawang lang po"  
 "Salamat lang, kalawang lang pala.  
 Walang pang anay"

*Heart failure case:*  
 "Dok, ihe nang ihe ako sa gamot na binigay mo, bakit po?"  
 "Lumulutang po ang baga nyo sa baha"  
 "Ay salamat po, marunong akong lumangoy"  
 "Kahit kayo gumamit nang salbabida, kailangan po ang gamot"  
 "Tama po kayo, dahil kulang nang hangin ang salbabida ko"

*Diabetes case:*  
 "Dok, bakit po nilalanggam ang ihe ko?"  
 "Sobrang tamis po ang ihe niyo dahil sa diabetes"  
 "Hindi ho ba, pag may langgam walang anay?"  
 "Tama po kayo, pero baka masira nang langgam ang bato niyo"

## PHILIPPINE MEDICAL ASSOCIATION

### Candidates for 2013-2014 NATIONAL ELECTIONS

March 10, 2013, 8:00am – 5:00pm

#### Candidates for Contested Positions

##### For PRESIDENT

##### **MODESTO O. LLAMAS, M.D.**



Born on January 24, 1941; MD from University of Santo Tomas in 1965; 1994 President of Philippine College of Surgeons, Chairman for two terms of Philippine Board of Surgeons; 2012-2013, 2005-2006, 1997-1999 PMA President, 1995-1997 PMA

Vice-Pres., 1988 PMA Governor for Manila; 1988-1989 President, Manila Medical Society, UST Associate Professor, UST Faculty Council Member; Chinese General Hospital Associate Medical Director, Chinese General Hospital Medical Education Director; Straight Surgical Internship Rochester General Hospital, Surgical Residency Training in Boston Medical Center, Internship at Veterans Memorial Hospital; and married to Caroline S. Sumner with three children

##### For PRESIDENT

##### **LEO O. OLARTE, M.D., LLB**

*Manila Medical Society*



Born on February 27, 1954; MD from Southwestern University in 1978; finished trauma and orthopedic residency training at National Orthopedics Hospital, underwent postgraduate fellowships at New England Baptist Hospital, Boston in USA and St.

Joseph Medical Center Orange County in California USA, Active orthopedics consultant of St. Luke's Medical Center, FEU-NRMF Med. Center, Chinese Gen. Hosp., Metropolitan Medical Center and Manila Adventist Center; law graduate from FEU Institute of Law passing the Bar in 1998; 2012-2013 PMA Vice President, 2011-2012 PMA Governor for Manila region, 2012, 2011 PMA Gen. Assembly Chairman, 2007-2009 PMA Commission on Ethics Vice-Chairman, 2011-2013 PMA Legal Affairs Committee Chairman, former Manila Medical Society (MMS) President; 2007 MMS Most Outstanding Physician, 1999 FEU Most Outstanding Basic Science Professor, 1999 Most Outstanding Rotarian; plays the violin, plays golf, loves to sing, read, travel to USA and Europe; and married to Susan Olarte with three children.

##### For VICE PRESIDENT

##### **IRINEO C. BERNARDO III, M.D.**

*Eastern Rizal Medical Society*



Born on November 23, 1948; MD from University of Santo Tomas in 1973; 2004-2005 PMA Secretary General; 2002-2003 President, Rizal Medical Society; 2008-2012, 2004-2005 Chair, PMA Committee on Publications; 2008-2012 Chair, PMA Committee on

Protocol, 1975- present Medical Director, Tanay Community Hospital; 1994-99, 2001-2007, 2012 Executive Officer, Philippine Hospital Association, 2011-2012 Corporate Secretary, Private Hospital Association of the Philippines, 2010-Present, Regional Technological

Education & Skills Development Council of TESDA CALABARZON; 2012 President, Healthcare Training Council; plays table tennis, loves reading and writing; and married to Milagros B. Correa-Bernardo with five children.

##### For VICE PRESIDENT

##### **MARIANNE O. DOBLES, M.D.**



*Quezon City Medical Society*

Born on May 8, 1944; MD from University of Santo Tomas in 1968; Diplomate and Fellow of Philippine Academy of Family Physician; 2012-2013 PMA Secretary General, 2010-2012 PMA National Treasurer, 2009-2010

PMA Governor for Quezon City Region, 2006-2007 Quezon City Medical Society (QCMS) President; 2010-2011 PMWA National Executive Council Treasurer, 2011-2012 National Treasurer of Council of Health Organizations of the Philippines; 2010 PMA Annual Convention Overall Chairperson, 2009 PMA and MASEAN Annual Convention; conceptualized combined PMA Power Card and ID Card; won First Prize PMA Leadership Award Category I in 2006-2007, QCMS received First Prize ICASIANO AWARD and Best in Special Project "ADOPT A BARANGAY" as President; TOPICS Awardee; CHAPS National Treasurer; Soroptimist International member; plays badminton, loves to read books and married to Allied Bank EVP Christopher Dobles with 4 children.

##### For NATIONAL TREASURER

##### **BENITO P. ATIENZA, M.D.**



*Lipa City Medical Society*

Born on April 16, 1962, M.D. from De La Salle University College of Medicine in 1990, finished residency training in Pediatrics at Fe Del Mundo Medical Center Foundation, member Training Committee, Dept. of Pediatrics – Mary Mediatrix Medical Center; founder/President (Child) Bulilit Health Workers Foundation, Education Chair, HASIK (Halina't Ating Sagipin ang Inang Kalikasan), 2010-2012 PMA Governor for Southern Tagalog; 2001-2002 President, Lipa City Medical Society; 2008-2010 President, Community Pediatric Society of the Phils., Member, PPS Southern Tagalog Dance Group; 2009 The Outstanding Filipino Physicians, 2005 World Medical Association, Caring Physicians of the World, 2004 JP Rizal Memorial Awards of Distinction for Community Leadership; loves bowling, watching movies/tv, travelling to different places; Single.

**“Leaders instill in their people a hope for success and a belief in themselves. Positive leaders empower people to accomplish their goals.”**

##### For NATIONAL TREASURER

##### **ALBERT C. GUEVARRA, M.D.**

*Quezon City Medical Society*

Born on July 12, 1958; MD from Far Eastern University in 1982; finished residency training in OB-GYN at



Quezon City (QC) General Hospital; medical staff, St. Agnes Gen. Hospital; Chief of Operations, QC Rescue under the QC Mayor; 2012-2013 PMA National Treasurer, 2011-2012 PMA Governor for QC Region; Over-all Chairman, 2012, 2011 PMA

Annual Convention; 2008-2009 QC Medical Society President; 2009 PMA Most Outstanding Physician from QCMS; 2009 PMA Leadership Awardee; 2007 PMA Most Outstanding Treasurer Awardee for QCMS; excels in bowling; loves reading books, watching movies, travelling and cooking; and married to late Dr. Damiana M. de Guzman-Guevarra with one child.

##### For Governor, Rizal Region

##### **FRANCISCO E. SAN DIEGO, M.D.**

*Eastern Rizal Medical Society*

Born on May 19, 1960; MD from Perpetual Help College of Medicine 1983; 1983-84 Post-graduate Internship, Batangas Regional Hospital; 1985-1990 Residency



Training in Internal Medicine; 1985-1990 Resident Physician, Internal Medicine, Rizal Medical Center; 2001-2002, 2007-2008 President, Taytay-Angono-Cainta Medical Society; Fellow, Philippine College of Physicians; Owner, San Diego Medical and

Diagnostic Clinic; Single

##### For Governor, Rizal Region

##### **ANDRES R. REYES, M.D.**

*Mandaluyong City Medical Society*

Born October 17, 1936, MD from Far Eastern University in 1960, Associate in Arts UST 1953-1955, Residency training Rizal Medical Center 1961-1964, University Eye



Clinic Munich West Germany 1971, 1971-1972 President Rizal Medical Society, 1974-1975 President Mandaluyong Medical Society, 2012-2013, 2006-2008 PMA Asst. Secretary General, 2008-2010 PMA National Treasurer, 2003-

2005 PMA Governor for Rizal Region, 2012-2013, 2005-2008 PMA Chairman Committee on External Affairs, PMA 2005-2008 Co-Chair Special Projects Committee; 2004-2006 Sgt. At Arms PMA General Assembly; 1999 Director and Treasurer Aerospace Medical Association of the Philippines, 1981 Pres. Phil. Association of Military Surgeons, 1992-1994 Medical Director Phil. Air Force Gen. Hospital, 1973 –present Consultant Polymedic General Hospital, Chairman AFP Eye Foundation 1997-present, Phil. College of Surgeon-Ophthalmology, Voted Most Outstanding Military Surgeon 1984, Most Outstanding Citizen of Mandaluyong in 1989. Married to Remedios Dizon Reyes. With 2 children.

**PHILIPPINE MEDICAL ASSOCIATION**  
 Candidates for 2013-2014 NATIONAL ELECTIONS  
 March 10, 2013, 8:00am – 5:00pm

**Candidates for Uncontested Position**



**MILA P. GUERRERO, M.D.**

For Governor,  
North Western Luzon  
Region

Southern Ilocos Sur  
Medical Society



**JOSELITO D.C. URGEL, M.D.**

For Governor,  
Bicol Region

Catanduanes Medical Society



**NOEL B. CAMIQUE, M.D.**

For Governor, South  
Eastern Mindanao Region

North Cotabato  
Medical Society



**MARIA CHERYL P.  
TUAZON, M.D.**

For Governor,  
Central Luzon Region

Angeles City  
Medical Society



**JAMES E. WOO, M.D.**

For Governor,  
Western Visayas Region

Iloilo Medical Society



**MA. GAY M.  
GONZALES, M.D.**

For Governor, Western  
Mindanao Region

Zamboanga City Medical  
Society



**MARIA MINERVA  
P. CALIMAG, M.D.**

For Governor,  
Manila Region

Manila Medical Society



**SIMPLICIO L. YAP, M.D.**

For Governor,  
Central Visayas Region

Bohol Medical Society



**ANGELO I.  
DIMAANO, M.D.**

For Governor,  
Caraga Region

Surigao Del Sur Medical  
Society



**HERMINIA G. GOZAR, M.D.**

For Governor,  
Quezon City Region

Quezon City  
Medical Society



**ADELAIDA  
A. ASPERIN, M.D.**

For Governor,  
Eastern Visayas Region

Southern Leyte  
Medical Society



**MELCHOR B.  
TOQUERO, M.D.**

For Governor,  
Central Tagalog Region

Makati Medical Society



**FLUPINA S. VILLA, M.D.**

For Governor,  
Northern Mindanao  
Region

Bukidnon Medical Society

"The vote is the most  
powerful instrument ever  
devised by man for  
breaking down injustice  
and destroying the terri-  
ble walls which imprison  
men because they are  
different from other  
men."

— **Lyndon B. Johnson**



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