



THE PHYSICIAN

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MAY 2013

Special points of interest:

- PMA-PRC Accreditation
- PMA 2013 Elections
- PMA 106th Annual Convention
- PMA-Filinvest Building Development

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PMA GETS PRC NOD

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



Professional Regulations Commission-Board of Medicine Chairman Dr. Edgardo T. Fernando (seated fourth from left) with the other members of the Board, Drs. Florentino C. Doble, Mildred N. Pareja, Jose Y. Cueto Jr. and Restituto de Ocampo with the PMA National Officers Drs. Modesto O. Llamas, Mari-
anne O. Dobles and Albert C. Guevarra.

The Professional Regulations Commis-

sion (PRC) approved the renewal application of the Philippine Medical Association as PRC's Accredited Professional Organization (APO) of physicians as stated in its **Board Resolution 731 Series of 2013** dated **March 1, 2013** and signed by PRC Chairperson Atty. Teresita Manzala and Commissioner Jennifer Jardin-Manalili.

The PMA gained PRC accreditation as the nationally organized professional organization of physicians on September 18, 1975 and the accreditation has been renewed regularly since then. As the APO for doctors, the PMA repre-

sents in local government bodies such as the PHILHEALTH not only its member-physicians but all the physicians licensed to work in the country.

In the late 1990s the PMA received from PRC its first Most Outstanding APO Award. The Award is *the highest award that could be conferred upon an accredited professional organization by the PRC, the central agency of the government charged with the licensing and regulation of professionals, the professions as well as the APOs*. It is presented annually to recognize the achievements, services and commitment of the APO to the profession and the Filipino people. The Association again received the recognition in 2009 and 2010.



PMA ELECTS 2013 – 2014 EXECUTIVE OFFICERS AND BOARD OF GOVERNORS

By **Arthur Toloza Catli, M.D.**

*M*arch 10, 2013 goes down to PMA

history as a milestone for once again, the members chose its leaders for the incoming PMA year.

And the results are as follows:

President: Leo O. Olarte, M.D.

Vice President: Irineo C. Bernardo III, M.D.

Treasurer: Benito P. Atienza, M.D.

A new set of Board of Governors were also elected or filled up depending on the prevailing agreement within the region.

Northwestern Luzon: Mila P. Guerrero, M.D.

Central Luzon: Maria Cheryl P. Tuazon, M.D.

Manila: Maria Minerva P. Calimag, M.D.

Quezon City: Herminia G. Gozar, M.D.

Rizal: Francisco E. San Diego, M.D.

Central Tagalog: Melchor B. Toquero, M.D.

Bicol: Joselito D.C. Urgel, M.D.

Western Visayas: James E. Woo, M.D.

Central Visayas: Simplicio L. Yap, M.D.

Eastern Visayas: Adelaida A. Asperin, M.D.

Western Mindanao: Ma. Gay M. Gonzales, M.D.

Northern Mindanao: Filipina S. Villa, M.D.

Southeastern Mindanao: Noel B. Camique, M.D.

CARAGA: Angelo L. Dimaano, M.D.

They shall serve for one (1) year and based on the PMA by-laws are eligible to run for a second term. Each term begins on June following the elections on March and shall end by the end of May of the following year.

Noteworthy are the following PMA statistics:

As of April 11, 2013, there are 69,660 member physicians in the PMA roster. 35,475 or 51% are identified as "Active"; of these 16,039 are life members 1,985 are emeritus 15,922 are regular (paying) members and 1,529 are new (paying) members.

In the latest elections held March 10, 2013, an estimated 25,000 members or 70% of

the "Active" members were included in the official voters list. To be part of the voters list, one must be classified as a "member in good standing" the basis of which is (aside from CME units) for the "paying" members, one must be up to date with his membership dues by **September 30th** preceding the elections of 2013. Emeritus and Life members are automatically included in the voters list.

Of the estimated 25,000 registered voters, an average of 5,000 to 5,500 members actually cast their votes on Election Day, which represents only 20% of the members who were eligible to vote. This pitiful phenomenon of **low voter turnout** has been the observed trend for the past decade.

Of particular interest this year are the apparent inefficiencies in the electoral process. Appalling is the situation that no elections were held or **NO COMELEC** was assigned in the Component Societies of Aurora; Camiguin; Davao Oriental; Gingoog – Medina; Guimaras; Romblon; Valenzuela; Zamboanga Del Norte; Zamboanga Sibugay.

In these Component Societies, the results were **nullified** for one reason or another: Baguio – Benguet; Caloocan; Cebu; Negros Occidental; Cotabato City; Davao City; General Santos City.

What also comes as a surprise in this age of "real – time internet communications" and "Facebook" is the fact that some votes were not counted because of "**Late or Non - Submission**" of results to the PMA (within 48 hours from the election date) by the component societies of Eastern Rizal, Capiz, Davao Del Sur.

Based on the facts presented, our Association has practically been choosing its leaders out of mere "plurality". This is a call to each and every active member of the Association to participate and be involved in the affairs of the PMA, especially in the election of its leaders, be in the national or local level.

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# THE PRESIDENT SPEAKS

MODESTO O. LLAMAS, M.D.  
President

*My* Dear Colleagues,  
Warmest greetings !

This administration, **working as a team and moving as one**, has accomplished much. The credit goes to every component, specialty, subspecialty society, the **glory belongs to all of us** as members of the PMA.

We have put in place the finishing touches to all the programs that we have started. We do hope for the **continuation of the unfinished projects by the next administration** as what we have done to those that we inherited from the previous one.

I have always believed that every PMA Officer has definitely contributed positively to the continued progress of the PMA ! Sad to accept, I was wrong ! Building an organization cannot be accomplished overnight by publicity alone. Popularity and the actual state of the organization are two different things, but may be relevant to one another.

For an organization to be meaningful, it has to be **relevant to its members**. For it to be recognized, it has to be **relevant to the community and the country**. And that, precisely, is what this PMA administration is carrying out -- "To make PMA a respected and well loved organization that can symbolize the members of the medical profession as a whole."

**Building an organization starts from within**, otherwise it will just be an empty shell. An organization without members is untenable and has no purpose for existence. The leaders that direct the path of PMA should be selfless, committed, dedicated, sincere, honest, honorable,

respectable, moral, ethical and professional.

Accomplishing the plans that we set out to follow did not happen without much struggle. **Forces from within and from outside of the Board delayed and made things difficult to accomplish !** What we perceived as beneficial to the members and to the community was not accepted as so, for whatever reasons.

Much time has been spent in trying to help our fully trained but **not certified colleagues**, and the few who had none or with incomplete training who are practicing the specialization as good as the rest; and also on the **Physicians' Act of 2012** with **criminalization** that PMA lobbied and opposed -- until it was **archived and declared "dead"**. These are just two concern that we pursued vigorously and yet we were even maligned.

Sometimes one wonders whether it's worth serving as Officers of the PMA. With all the **sacrifices in time, practice and family, and yet one is still left maligned and looked at with suspicion**. At the PMA, fund is not scattered all over the places for anyone to pick. Funds are well protected, unless one is willing to risk his name and honor.

**PMA has to be financially stable**. Our predecessors had realized this, and following their footsteps we are pursuing this through our New Building Plan.

Much time has also been spent in negotiating for the New PMA Building Plan with Filinvest, This is a different plan but still with Filinvest because it was the approved developer by the 2011 General Assembly and that we have to honor. This is a long



term plan that will encompass several administrations. We have taken the initial step of approving the terms of agreement with Filinvest. We do pray that our members will approve it. We hope that succeeding administrations will respect and follow this up to completion. This will provide the much needed income for PMA to be able to provide more benefits to the members. **All members must see to it that it is being implemented.**

A new ambulance from PCSO has also been approved. Just wait for their new units to arrive, hopefully within the next three months.

There must be a **continuity of beneficial PMA programs** even when there's a change of leaders. Progress is a continuous process that must not be interrupted. PMA will soon be 110 years old. It should have been more progressive than what it is today, if only there was continuity of programs. Interpersonal differences should not be a factor. **Leaders shall rise above everyone else** and maintain respectability as the role model of all physicians.

The PMA that we have served and tried so hard to build together must not be allowed to go in vain. "To build may have to be the slow and laborious task of years. To destroy can be thoughtless act of a single day." - **Sir Winston Churchill.**

## PMA Election - Not PMA DIRTY Politicking

By: MODESTO O. LLAMAS, M.D.

It is true that PMA Election is a political exercise. However, it is a **professional selection of ethical and competent leaders** and must not be confused with the real political exercise where dirty politicking seems to have been accepted as common. It is so disgusting, frustrating and disappointing to hear a colleague saying that dirty politics is already a part of PMA Election !

This early, we should **condemn and ban dirty politicking** with disinformation and maligning of candidates. The advent of text messaging and e-mailing with their wide, fast and cheap distribution cost has somehow secured the anonymity of senders in perpetrating the malicious, vicious and evil acts !

Physicians, being intelligent, learned and sworn to by the Hippocratic Oath, **should not believe anonymous messages** and should not do harm to our colleagues in whatever ways.

Unfortunately, widespread disinformation and maligning of colleagues happened during the last election

which will have long lasting effect on the candidates even long after the election! Our Comelec seemed to be helpless in the absence of documented source of the mischievous and evil acts. But, must the Comelec be purely dependent on legal grounds in its action? How about the moral, ethical and professional grounds? Should it give way to the legal grounds for fear of law suits? How about the **prevailing manner, the conduct, the atmosphere created by the conducts of the campaigning?**

Then what kind of an electoral process in the selection of leaders are we advocating and looking forward to? Even the Specialty Societies under our umbrella look down on us for the way our last election was conducted, very degrading, just like in the real politics? **PMA is expected to play the role model to the other organizations under it !** The last election changes all these !

With the unexpected, undesirable and horrible experience learned from the last election, Comelec should now rebound, be more authoritative, assertive and play a more active role, be

more aware and better informed of the conduct of campaigning being carried out by candidates. They should be empowered as they are actually currently empowered already to **implement drastic, stronger decisive actions and impose discipline** and sanctions on erring candidates, even to the extent of disqualifying candidates, or recommending suspension or termination of membership. Comelec should even be able to declare a FAILURE of ELECTION with the concurrence of 2/3 of its members and approved by 2/3 of the members of the Board of Governors. If need be, the Election Code should be amended. The Board of Governors will surely support it.

This, we must do to avoid a repetition of the complete breakdown of discipline, ethics and professionalism as in the last PMA Election a dark moment in PMA's history, truly lamentable and very embarrassing ! **Dirty politicking should have no place in PMA !**

**Candidates must win or lose with honor** and dignity. After all, only the best candidates for the positions should serve as leaders of all members of the Medical Profession.



# EDITORIAL

## The Philippine Medical Association: Blazing trails towards a new journey

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



**Weather Forecast:** Bright blue skies and a cool, sunny weather.

**L**and 'Ho!

We made it and we're finally at port!

After being battered by strong winds and heavy waves in the year that was, we've finally made it to shore. Yes, after months away at sea, sleepless nights, countless grinding hours in meetings and dialogues, leadership seminars, inductions, regional assemblies, business meetings with specialty and component societies, putting out fires on deck, and anxiety over deadlines, we've hit land.

Our heartfelt thanks to the PMA National Officers and the PMA Board of Governors of 2012-2013 who have shuffled a flurry of activities across uncharted waters! Repairs and expansion on the ship have been made. Projects such as the set

up of the Information Technology Department, Distribution of the Card Readers and Permanent ID's, 2nd phase of the PMA Computerization, Quarterly issues of the The Physician, Passage of the SinTax Bill and RH Bill, PMA-Philhealth Reachout Forum, PMA-DOH Disaster Preparedness Program, Accreditation of the PMA as the Accredited Professional Organization for the APO, have been completed.

Though breathless and still on their feet, we cannot help but to have an immense feeling of deep satisfaction for which we will cherish all our lives. As we ventured across the deep, blue sea, helping our members the best we can, we have found that it truly was a gratifying experience to serve. We have found our calling! Mahatma Gandhi puts it well, "The best way to find yourself is to lose yourself in the service of others."

But rest not. There are still projects that have been started but still need to be completed such as the PMA Development Program with Filinvest, and the final phase of the computerization project of the PMA, and the proposed amendments to the PMA By laws.

Yes, we still have much to do as we now travel in land. This time, however, our destination will be charted by a new leader. Though the drums of the PMA still beat passionately in our hearts, we pass on the torch to a new set of leaders who shall take our members through the next leg of the journey.

We pray for the continued success of the PMA, its members, and the completion of its various projects. This wish is a fervent one-- as we borrow a quote from Alfred Tennyson-- "Hope smiles from the threshold

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## As I See It...

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

*T*he PMA-DOH Disaster Preparedness Program finally pushed through last March 6, 2012. Considering 2 disasters occurring August and December of 2012, our component component medical societies were looking forward to this. Organized by the Chair of the PMA Committee on Emergency and Disaster, Dr. Hector Santos, in coordination with the Department of Health, we had 250 participants coming from the NCR, Central Luzon, and Southern Tagalog regions. The resource persons from the Department of Health and the World Health associations were deluged with questions on what to do, where to go, who to notify and how to organize. It was a very fruitful event.

For the past year, the PMA AdHOC Committee on the Building chaired by Dr. Lakandula Elayda, was one of the busiest committee. Meetings held with Filinvest to get the most favorable MOA for the PMA were innumerable. It seemed that no stone would be left unturned. This building project is a most tedious and long process and all of those in the committee and the PMA Board of Governors who worked for this would want that someday the building would be built on the terms agreed upon.

The accreditation of the PMA as the Accredited Professional Organization which expired on March of 2012, was finally granted on March 1, 2013. Unfortunately, this was used as a political issue in the last PMA National Elections of March 10, 2013, with insinuations that the accreditation would not be granted until a new PMA President would be elected. For the information of all, the criteria for the APO were already met as early as the accreditation expired on March 3, 2012. However, other conditions were imposed by the PRC one after the other, and the

PMA National Officers and the Board of Governors were hard pressed to comply. Gathering the data needed from the Specialty and Subspecialty societies was not an easy task and this took time. But as they say, all is well that ends well!

Another event that took place in the March Board Meeting of the PMA, is the presentation done by Dr. Robert So of the Philhealth concerning the implementation of the new case rates. He discussed the increase in the professional fees of doctors treating complicated cases. He also discussed the Universal Health Coverage of all Filipinos by the Philhealth. Forthcoming will be the details of coverage of the poorest of the poor and the next poor (this covers our teachers).

The National Officers under the leadership of Dr. Modesto Llamas had several meetings and dialogues with the Department of Health Secretary, the Honorable Dr. Enrique Ona. Frequently discussed was the categorization of Physicians. Cognizant of the fact that most of the government doctors who are also PMA members, would not fall into the category of diplomates and specialists by the Specialty Boards, the creation of a New Physicians Act of 2013, without criminalization has become a priority.

On April 29, 2013, the PMA Secretary General, PMA Governor for Quezon City, Dr. Ferdinand Cerceña, and the Chair of the Commission of Professional Specialization, Dr. Zorayda Leopando, attended the 2nd National Workshop on the Competitiveness Roadmap and the Philippine Roadmap on the Implementation of the ASEAN MRA upon invitation of the Philippine Association of Professional Regulatory Board Members (PAPRB) and the Professional Regulatory Board of Medicine (PRCBOM). It was conducted at the Philippine Trade and Training Center. This will be endorsed by this administration to the next.

The PMA Organizing Committee for the Annual Convention, excellently chaired by Dr. Carlito Pajarillo with Co Chair, Dr. Realiza Henson,

is also one of the busiest committee. The Annual Convention showcases the PMA to the world hence the programs are meticulously done. With problems with sponsorship, chairing this event is not a bed of roses! The PMA CME Commission chaired by Dr. Ramon Abarquez Jr. has embarked on a different kind of module in the presentations. We are amazed at the work done by the Committee on Ways and Means chaired by Dr. Nenita Lee Tan. Dr. Margarito Hernandez has proved to be very much an excellent leader in handling the Jose Rizal Memorial Lecture and Awards. Manila Medical Society will again handle the Welcome Reception. Dr. Felicisima Bacon has ably prepared a good program. A veteran in handling the Opening Ceremonies, the Quezon City Medical Society under Dr. Cheryl Cruz-Dalida, will again prove its worth. Also a veteran in making the Souvenir Program is Dr. Martini Ventura, with co chair, Dr. Nympha Mundin of the Marikina Valley Medical Society. Not to be out done is Laguna Medical Society handling again the Fellowship Night chaired by Dr. Hector Alvarez. The presentation of this year's awardees for the PMA Awards will take a new twist under the Chair, Dr. Jose Asa Sabili, a former PMA President. He brings with him years of experience with the PMA. Dr. Julio Javier chairs the Closing Ceremonies handled by the Rizal Region. A prime mover in the day to day affairs is the chair of the Physical Arrangement, Dr. Arnulfo Zenarosa of the Cavite Medical Society. As always, after a successful activity the Auxiliary to the Philippine Medical Association (APMA) tenders a Thanksgiving Mass. Dr. Agnes Calleja, Program Chair, attends to all details of the program. And always in assistance is Dr. Rebecca Sison. And handling the financial affairs of the Annual Convention is the National Treasurer, Dr. Albert Guevarra. As I see it, ALL committees have worked towards the success of this affair.





# KAPE-KAPERAHAN



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

## Income and Expenses for the FY 2012-2013

For the ten (10) months period (June 2012-March 2013), the Philippine Medical Association has a Gross Income (Earnings) of Php 20,660,802.00. Against the Operating Expenses of Php 12, 274,891.06, we have a NET INCOME of Php 8,385,911.44. Two months to go and we will surpass the approved budget/ earnings of Php 23,057,300.00 and with judicious spending we have saved a lot and will not reach the approved expenses of Php 22,353,480.00.

## QuickBooks Accounting System

For more efficiency in the handling of the finances as well as easier monitoring, the Board of Governors approved the installa-

tion of a QuickBooks Accounting System. Thus, as we endorse to the next PMA set of Officers work in the Accounting Department will be easier.

## Investments

All our trust placements/ investments are put in Bangko Sentral ng Pilipinas. Special Deposit Account (BSP-SDA). As of March 31, 2013, 10 months period of the fiscal year 201-2013, the Total Investment amount is Php 95,503,245.71. When we started our term the investment endorsed to us ending May 31, 2012 is Php 83,896,390.78. Thus for the ten-month period, the PMA has earned an interest of Php 11,606,854.93 on all its trust placements in banks.

## Benefits and Assistance

From June 2012 to March 2013, covering a period of ten (10) months, the Commission on Mutual Aid has approved a total of one hundred ninety one (191) applications for Aid and we have granted a total of Php

5,050,700.00 to members and beneficiaries. For the Death Benefits one hundred ten (110) beneficiaries received a total of Php 4,002,800.00, for the Disability Benefits, sixty four (64) members received a total of Php 753,600.00 and for the Legal Aid, seventeen (17) members received a total of Php 294,300.00.

## Update on Closed Export and Industry Bank (EIB)

As was reported at the Manila Bulletin last April 17, 2013 and confirmed to us by the Philippine Deposit Insurance Corporation (PDIC), the Monetary Board (MB) of the Bangko Sentral ng Pilipinas (BSP) has directed the PDIC to proceed with the liquidation of the closed EIB. The order was issued pursuant to Section 30 of RA 7653 (The New Central Bank Act) after the MB received the report of the PDIC on the non-satisfaction to the conditions for the rehabilitation of closed EIB.

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Continued from page 5 Editorial: *The Philippine Medical Association: Blazing trails...*

of the year to come, whispering it will be happier." We hope that all will be well with the PMA that we love in the years to come!

In ending, we leave everyone with two thoughts. the first by Michel de Montaigne-- "There is indeed a certain sense of gratification when we do a good deed that gives us inward satisfaction, and a generous pride that accompanies a good conscience... These testimonies of a good

conscience are pleasant; and such a natural pleasure is very beneficial to us; it is the only payment that can never fail."

And the second by...

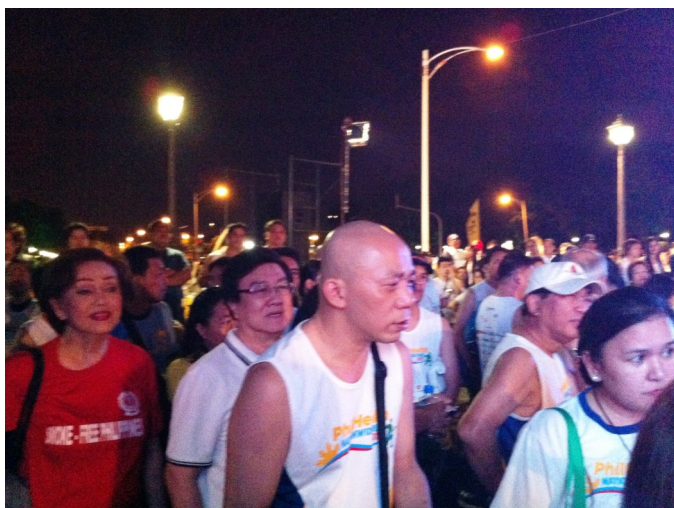
William Jennings Bryan-- "Service is the measure of greatness; it always has been true; it is true today, and it always will be true, that he is greatest who does the most of good. Nearly

all of our controversies and combats grow out of the fact that we are trying to get something from each other--there will be peace when our aim is to do something for each other. The human measure of a human life is its income; the divine measure of a life is its outgo, its overflow--its contribution to the welfare of all."

This is where it all starts. Right here! Now!

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## NEWS IN ACTION



PMA participated in the DOH-Philhealth Run 2013 which was held at Roxas Blvd., Manila. Seen in the photo are the PMA Pres. Dr. Modesto Llamas and the Sec. Gen. Dr. Marianne O. Dobles. On the far right is the DOH Sec Hon. Enrique T. Ona. This activity was held nationwide with our local Component Societies participating and beneficiary of which is the Cancer Center of the Philippine Children's Medical Center.



Regional Assembly and CME of the Northeastern Luzon held last February 24, 2013 at the University of La Sallette, Santiago City. Posing with the Nat'l Officers is the Host PMA Gov. Dr. Thelma G. Gaerlan and delegates from the Host Component Society, Santiago City Medical Society lead by its Pres. Dr. Glenn R. Butuyan.



PMA Nat'l Officers with the Host Gov. Dr. Victor Alan A. Torrefranca and Host Component Society, Cebu Medical Society lead by its Pres. Dr. Ruben L. Escar-da, during the Regional Assembly and CME of Central Visayas Region held last March 03, 2013 at Waterfront Hotel, Lahug, Cebu City.



Disaster Preparedness Forum held at the PMA Auditorium last March 06, 2013. The event was spearheaded by the PMA Committee on Emergency and Disaster under its Chairman Dr. Hector M. Santos, Jr. and joined by the DOH-HEMS, NDRRMC and MMDA. Specialty and Component Societies from the NCR Region, Central Luzon Region and Southern Tagalog Region, as well as Officers of NCR Hospitals attended the said forum.





March 19, 2013, the PMA Sec. Gen. Dr. Marianne O. Dobles and the Nat'l Treas. Dr. Albert C. Guevarra with the PRC-BOM Drs. Edgardo T. Fernando and Miguel L. Noche, Jr. are the guests in the PRC-Professional Hour at DZRJ 810 AM Band, discussed issues regarding the practice of medicine.



Regional Assembly and CME of Bicol Region held last April 07, 2013 at Avenue Hotel, Naga City. Hosting the event is the PMA Gov. Dr. Liduvina F. Dorion and the Camarines Sur Medical Society headed by its Pres. Dr. Minene P. Elgar.



Caraga Region held its Regional Assembly and CME for the first time at Villa Maria Luisa Hotel, Tandag City, Surigao del Sur. Hosted by its Gov. Dr. Renato Jose C. Villanueva and Surigao del Sur II Component Society lead by its Pres. Dr. Ruby Christina M. Pama. They also hosted the 11th Regular Board of Governors Meeting.



Hon. Gov. Johnny T. Pimentel of Surigao del Sur (middle) as the Guest speaker during the Regional Assembly of Caraga.



## HIGHLIGHTS

### The PMA 106th Annual Convention and Scientific Meetings

CARLITO P. PAJARILLO, M.D.  
Overall Chairman

The Philippine Medical Association will hold its **106<sup>th</sup> Annual Convention and Scientific Meetings** from May 14-17, 2013 at the historic Manila Hotel. The theme for this year's convention "**PMA: Nagkakaisang Manggagamot Tungo sa Kalusugang Pangkalahatan**". The convention will start with a Welcome Reception on May 14, 2013. By invitation the attendees are the PMA executive officers, board of governors, specialty and component societies presidents and the organizing committee. Manila Medical Society is in charge of this event. The formal opening of the convention starts on May 15, 2013. Hon. **Senator Franklin M. Drilon** will be the Keynote Speaker and will also be attended by the Department of Health Secretary **Dr. Enrique T. Ona**. Quezon City Medical Society is in charge of the Opening Ceremonies. The night will be capped with a Fellowship. Various regions will showcase their talents in singing and dancing. Laguna Medical Society heads the preparation of the event. The theme for the fellowship night is "**PMA through the years**".

May 16, 2013 is devoted for the **18th General Assembly**. Vital issues confronting the association will be discussed and resolved. Delegates from the different component societies, specialty divisions and PMA governors are in attendance. Also on that same day resident physicians will be competing in the **19<sup>th</sup> PMA- GSK Resident Case Presentation Contest**. On this day, the PMA is also spon-

soring a **Golf Tournament** which will be held at the Intramuros Golf Course. Dr. Andres R. Reyes, the Assistant Secretary General, chairs the Sports Committee. **Alumni Night** will also be celebrated and this is headed by Dr. Lucita P. Aguilar, a former PMA Governor.

Both the **49<sup>th</sup> Dr. Jose Rizal Memorial Lecture** and **23<sup>rd</sup> Dr. Jose Rizal Awarding Ceremonies** will be held on May 17, 2013, the last day of the convention. **Dr. Michael L. Tan, PhD** is the memorial lecturer. Five physicians will receive the distinguished award for Academic, Clinical Practice, Research, Community Leadership and Government Service. The event is organized through the STAMP (Southern Tagalog Association of Medical Practitioners). The **PMA Awarding Ceremonies** will be held in the afternoon. Various component societies will be awarded the **Most Outstanding Component Societies—Dr. Icasiano Award** and other related awards. The Most Outstanding Physician award will be conferred to outstanding physicians as per recommended by the different component societies. Before the convention ends there will be a Thanksgiving Mass and Religious Rites organized by the **APMA (Auxiliary to the Philippine Medical Association)**. The convention will end the Closing Ceremonies wherein a new set of PMA executive officers and board of governors headed by Dr. Leo O. Olarte and component society new presidents and APMA new officers will be inducted into office. His Excellen-

cy **Benigno S. Aquino III**, President, Republic of the Philippines will be the Guest of Honor and Inducting Officer. The Region of Rizal through its Governor, Dr. Julio Javier II, is in charge of the Closing Ceremonies.

From day one to day three of the convention there will be plenary sessions, simultaneous lunch symposia and scientific lectures. The theme for the scientific sessions will be "**We learn, we share, we grow**". Interesting topics will be discussed by well-known speakers. They will share their knowledge and expertise with us regarding the patho-physiology and treatment of the diseases. The PMA CME commission headed by its chairman Dr. Ramon F. Abarquez Jr. has done a wonderful job with regard to the scientific meetings.

I am deeply honored for the trust and confidence given to me by the PMA National Officers and Board of Governors in organizing this Annual Convention.

Lastly, I would like to thank the members of the Organizing Committee, the Component, Specialty, Sub-specialty and Affiliate Societies as well as the Pharmaceutical Companies and sponsors, the PMA Secretariat and those who in one way or another helped and supported me and my co-chair for supporting me and my co-chair Dr. Realiza G. Henson for making the 106<sup>th</sup> Annual Convention and Scientific Meetings of the Philippine Medical Association a success and a meaningful one.

~\*~\*~\*~\*~





# UNLAD KARUNUNGAN

## CME AND SCIENTIFIC SESSIONS CIRCA 2013

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

Chairman, Commission on Continuing Medical Education

The PMA is still the Specialty Regulatory Authority for the Philippines in the ASEAN region and still is the PRC Approved Professional Organization for the medical profession. Your CME Commission, with a PMA By-Laws mandate, will ensure and certify the CME credits you earned as a requirement for PMA "good standing" status prior to your PRC endorsement for licensure renewal. In pursuit of these mandates, your individual PMA ID card, properly and maximally utilized, can be centrally updated and collated to document all your CME credits earned. However, CME is not merely attending CME activities, because of a required need, in addition to a serious and honest-to-goodness commitment to LEARN updated information, skills and researches. Furthermore, CME learned must be SHARED with patients and colleagues. More importantly, CME learned and shared must be translated into PROFESSIONAL GROWTH as a performance measure. Thus, this year's Scientific Session theme is: WE LEARN, WE SHARE, WE GROW.

### ORGANIZATIONAL STATUS-

Apropos our theme, your CME Commission will review, collate and update current CME status attained by the Specialty Divisions, Sub-specialty and Affiliate Societies in order to arrive at a minimum standard in assessing membership professional growth. Organizational stature, clout, prestige and reputation is

basically and predominantly CME oriented. Thus, all organizations under the PMA umbrella are requested to submit the CME data sheet on or before April 31, 2013. Such data updates will be analyzed by the CME Commission, Specialty Commission and Ethics Commission prior to presentation during the Annual Meeting in May for general discussion. At meetings' end, derived recommendations will be transmitted to the Board of Governors as additional 'Generalist' and 'Specialist' criteria.

**BURNING CONCERNS-** Apropos our theme, we will learn that non-communicable diseases (NCD) are morbidity-mortality global and national problems. In a critical review, incipient and undetected subclinical cardiovascular (CV) pathology is the major NCD concern. And atherosclerosis is the cause, a vascular endothelial wall with chronic inflammatory reaction related to dyslipidemia, leukocytes recruitments and other vascular cells activation. Multifocal plaque development follows, that maybe mostly asymptomatic (subclinical disease), or occasionally obstructive (stable angina) or sometimes thrombosis-prone (vulnerable) lesions that can progress to acute coronary syndrome (ACS), stroke and lower limb ischemia. CVD, then and now, is the leading cause of death, disability, man-day-loss and hospitalization. Although mortality has declined, prolonged chronic disease survival may explain the high economic burden and disease prevalence. (Heidenreich, *Circulation* 2011; 123: 933-944). So, attend the

following sessions on 'Engima of Chest Pains'. 'Diabetes, Fetal to Fatal', 'Burps or Aches Eaters'.

**WHAT-THEN CONCERNS-** In recent years, advanced imaging technologies gave insights into atherosclerotic plaque development, progression, vulnerability to rupture or to heal as a stable lesion. An alternative option is assessing subclinical (asymptomatic) atherosclerosis or detection of mostly undiagnosed "vulnerable" and hidden lesions before it is too late. (Sautz, *Nature* 2008; 451: 953-957) Furthermore, it is now well-established that the risk of thrombosis depends more on plaque composition than on the degree of luminal obstruction, as seen by angiography. (Motoyama, *JACC* 2009; 54: 49-57). However, whether it will be possible to detect prospectively plaques, at risk of thrombosis, remain to be proven. Molecular MRI information transfer is important to clinical practice. (Riccionni, *Journal of Geriatric Cardiology* (2012) 9: 305-317) Such concerns will be discussed in 'Engima of Chest Pains'.

### OUR BREAD AND BUTTER CONCERN-

For decades coronary heart disease (CHD) rates have declined except among women, the stronger sex, due to the obesity epidemic, with 65% being out-of-control. Aggressive LDL-C targets were achieved in 34% and only < 10% had controlled multiple risk factors. However, despite treatment, about 70% of cardiac events remain unaddressed. Thus, undertreatment is also common among 2/3 high risk primary care patients. Poor patient adherence

is about 50%. Primordial prevention, via healthful lifestyle habits, also remains uncertain. But, "without risk prediction, merely addressing high-risk individuals for aggressive therapy may not necessarily succeed alone". (Kones, Drug Des Devel Ther. 2011;5:325-80.) Furthermore, merely 15% of adults or children exercise sufficiently. Among adults, 11%-13%, 34%, 36%, 36%, 36%, 12% and 15% have diabetes, hypertension, pre-hypertension, pre-diabetes, both pre-diabetes and prehypertension, and with either diabetes, hypertension, or dyslipidemia are undiagnosed respectively. Thus, half of adults have at least one CV risk factor and on < 1% had attained CV health. These are dismal or embarrassing current statistics. Are non-CVD issues similarly placed? Quo vadis? Let us talk and share during the sessions on 'Advocacies, Whose Concern', 'Mists, Myths or Missed', 'Facts or Fallacy'.

#### EXPERIMENTAL CONCERNS:

**BONES-** Highlighted is a controversial topic regarding stem cells. For example, the use of scaffold combined with mesenchymal stem cells may enhance osteogenesis in bone defects. Yet, "there is limited clinical evidence at this early stage that scaffolds can be used safely and effectively in tissue engineered grafts to repair bone defects with no RCTs as yet having been conducted". (Curr Stem Cell Res Ther. 2013 May 1;8 (3):243-52.) Also, attend session on 'Capture the Fracture, all about Osteoporosis.

**TUMORS-** Epithelial- mesenchymal transition is recognized to generate Cancer Stem Cells (CSC) in solid malignant tumors as a new hope for eliminating these tumors" (Liu, Cell Oncol (Dordr). 2012 Dec;35(6):397-409) Tandem autologous stem cell transplantation (ASCT) as first-line leading indication for

symptomatic multiple myeloma (MM) is worldwide. However, the quality of future studies, should consider the potentially steep decrease in compliance, without specific reported type and number of transplantation-related mortality (Naumann-Winter, Cochrane Database Syst Rev. 2012 Oct 17;10:CD004626) Primary cutaneous T-cell lymphomas (CTCL) is a non-Hodgkin lymphoma with an indolent course that can still progress to leukemic stages with reported ASCT responses. However, randomized controlled trials are needed. (Schlaack, Cochrane Database Syst Rev. 2012 Jan 18;1:CD008908) Also, attend session on 'Cancer- Mortal Sin of Omission or Commission' and 'Socialized or Hooked'.

**CARDIAC-** Ten RCTs, with 6 months follow-up, showed bone marrow BMCs transplantation improved left ventricular ejection fraction (LVEF) by 4.02% and reduced LV end-systolic and end-diastolic volumes. Selected-BMCs transplantation through myocardial injection, after surgical revascularization, may benefit patients with chronic IHD and severely impaired LV function. "RCTs with larger sample size and long follow-up are still required for future research" (Zhoa, Expert Opin Biol Ther. 2011 Dec;11 (12):1569-79) Sessions on 'Live or Let Die' and 'Blow Hard till Contented' may be relevant to this cardiac issue.

**EDTA AS ADD-ON-** Another controversial topic is chelation therapy. From 2003 to 2010, investigators enrolled 1,708 adults, aged  $\geq 50$  years old, from 134 sites in the United States and Canada who had already suffered a heart attack. Patients received 40 infusions of EDTA (ethylene diamine tetraacetic acid) containing up to 3 grams disodium EDTA; 7 grams of Vitamin C, ascorbic acid; 2 grams of magnesium chloride;

100 mg of procaine hydrochloride; 2500 U of unfractionated heparin; 2 mEq potassium chloride; 840 mg sodium bicarbonate B vitamins, 250 mg pantothenic acid, 100 mg thiamine, 100 mg pyridoxine; and sterile water to make up 500 mL of solution as add-on to aspirin, beta blockers, and statins. Within a 5 years follow-up, chelation infusion binds and removes metals and minerals. Thus, supplemental vitamins and minerals are required. The session on 'A Night Intruder' maybe pertinent to this issue..

#### SPONSORS' STATEMENTS-

Gary H. Gibbons, M.D., Director of the NIH's National Heart, Lung, and Blood Institute (NHLBI) stated: ***"We now know more about the safety and efficacy of this therapy than we did before the study. Further research is needed to fully understand these results before this treatment can be applied to the routine clinical care of heart attack patients. We do not yet know whether this therapy can be applied to most people with heart disease, which patients may potentially benefit from it, or how it may work."*** Relevant to this concern is the session on 'Engima of Chest Pain'.

#### CHIEF INVESTIGATOR'S COMMENTS-

Chelation therapy, an unproven alternative medicine in the treatment for heart disease, till the TACT study, for adults aged 50 and older who had suffered a prior heart attack. Despite reduced CV events by 18% compared to a placebo treatment, ***"more research is needed before considering routine use of chelation therapy for all heart attack patients"*** The TACT investigators reported a clinically modest, but statistically significant benefit. The chelation group (222, or 26 percent) experienced CV events versus the placebo group (261, or 30 percent). ***"There was no statistically significant effect on***



**mortality”**. due to inadequate study number. **Lamas noted that subgroup analyses among diabetics cannot be considered conclusive.**

(Lamas, Trial to Assess Chelation Therapy (TACT), JAMA; March 27, 2013) Pertinent to this concern is the session on ‘Diabetes, Facts or Fallacy’ and ‘Advocacies, Whose Concerns’.

**EDTA RISK FACTOR-** Side effects include, though rarely, serious and potentially fatal **heart failure, a sudden drop in blood pressure, abnormally low calcium levels in the blood, permanent kidney damage, and bone marrow depression. Hypocalcemia and death may occur** (6.2% chelation patients and 3.5% placebo patients). particularly if disodium EDTA is infused too rapidly (2 in the chelation group (one death), and 2 in the placebo group (one death). Reversible injury to the kidneys, although infrequent, has been reported, if EDTA is administered by an untrained health professional. Overall, 38 people (16 %) receiving chelation and 41 people (15 %) received placebo had adverse events. “First, do no harm”. Pertinent to this concern is the session on ‘A Night Intruder’.

**MY COMMENTS-** If EDTA patients had 26% CV events, then 74% had event-free outcomes. Placebo group had 30% CV events or 70% event-free outcomes. Thus, EDTA event free outcome is merely 4% as add-on to 70% placebo event-free outcome. A mere 4% as add-on EDTA benefit in 5 years is equivalent to 0.066% advantage per month. **Is 0.06% or 6 per 10,000 benefited cases clinically relevant?** The first 30 weekly infusions was followed an every 2-8 weeks last 10 infusions, a 40 total infusion sessions given within 28 months. What did TACT study cost? Approximately \$31.6 million costing

during a 10-year study duration. Wow! That is \$3.16 million per year or \$263.3 thousand for a 0.06% monthly add-on advantage cost. Finally, what is the local peso costing of add-on 40 sessions plus professional fees?

**THE SUPERIOR STUDY DESIGN-** Evaluation of behavioral, clinical, and financial values of chronic care management studies can reduce bias, protocol violations, compliance inefficiency, depressive-economic states and “drop-outs”. Randomized control trials (RCT) ensure equal study and placebo arms’ risk-distribution that require sufficient power to determine mortality rates. TACT study did not attain this sample size power. More importantly, CV event reduction is dependent on equal risk intensity distribution per compared individual. A propensity score matching (PSM), not determined in the TACT study, compares groups with equal risk density for a balance comparison of morbidity and mortality rates. Finally, randomized financial status of those exposed to intervention, a Coarsened Exact Matching (CEM), should be comparable or balanced prior to data analysis. Unlike PSM, CEM yields lowest variance and bias estimated effects for any given sample size. (Wells, Popul Health Manag. 2013 Feb;16 (1):35-45) Even among private cases, economic viability and consistency is not a “simple arithmetic”.

**Remember, the TACT authors emphasized absence of mortality benefits. Post-MI cases needed standard therapy. Is a complete 40 EDTA infusion sessions cost - efficient or a cost - gamble? Is ethics in EDTA infusion with ‘megavitamins-minerals’ another issue?**

**Remember, Stem cell option is still experimental and hypothesis generating procedure in**

**the absence of placebo controlled RCT with long-term mortality data. And without Propensity Score Matching or Coarsened Exact Matching, is acceptance of stem cell advocacy another cost-efficient or a cost- gamble gambit?**

Your CME Commission rests its case. **YOU BE THE JUDGE.** ‘What will be, will be, because, We Learn, We Share, We Grow.

☺☺☺☺☺☺

### 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.”**

**My Dear Colleagues in the PMA,**  
Warmest Greetings !



Based on property appraisal, the PMA compound has become a "prime lot" -- it being located in a booming highly commercial area. Our predecessors had realized this and in the past had taken initiatives and actions seizing the opportunity to enable PMA to "maximize" the value of the location, with a goal in mind of making PMA financially stable.

Former PMA president Dr. Homobono B. Calleja started it all. During his term, he submitted a building plan which was approved by the Board. The plan, however, did not materialize because the developer at that time could not secure a bank loan due to the existing Asian financial crisis .

I pursued the same in my previous terms after Dr. Calleja. The same was also pursued by former PMA president Dr. Oscar Tinio last year (2010-2012 term) with a different plan but it was not approved by the Board.

Pursuing the same, the current PMA Board (2012-2013) early in its term, through the Ad Hoc Committee on Building, started working on a New Building Plan. After more than ten (10) months of relentless negotiations with Filinvest Corporation (the approved developer by the Board (2010-2011) and the General Assembly in 2011), the current PMA Board has finally approved the agreement on the New PMA-Filinvest Building Plan in its Special Board Meeting on March 25, 2013.

The New Building Plan is definitely very advantageous to the PMA in every aspect. With the completion of the plan, PMA will certainly be in a better financial position to implement its various programs, functions and social responsibilities including providing more benefits to our members like higher mutual aid and legal assistance, lower membership dues, members' retirement benefits, assistance to component, specialty societies if needed, and that we will be able to sustain our own CME activities.

To realize our dream of financial stability for the PMA through the New Building Plan, we need your approval of the agreement with Filinvest. A copy of the agreement is available at your component society for your perusal.

**Thank you for your support !**

**Together, we can make things happen and make a big difference for PMA members.**

**Respectfully yours,**

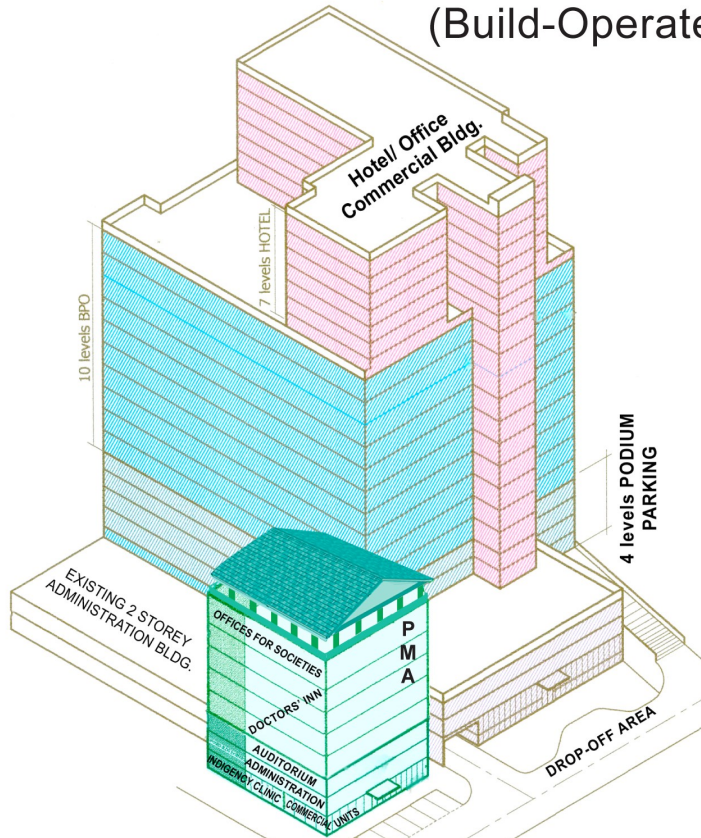
A handwritten signature in black ink, appearing to read "Modesto O. Llamas".

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



# PMA - FILINVEST BUILDING COMPLEX

## (Build-Operate-Transfer)



**Developer**– Filinvest (as approved by the General assembly of 2011).

**Term** – 25 years, renewable for another 25 years

**Area** – PMA Building - at least 430 Sq.M.  
– Hotel/Office/commercial Building 3,159 Sq.M.

### Construction Period

PMA Bldg. – not longer than 18 months

Hotel/Office/Commercial Bldg – not longer than 3 years

**8 storey PMA Building** with a roof deck strong enough to load 125 persons, with two brand new elevators.

- 1st floor – front – commercial units for rent  
– back – Indigency clinic
- 2nd floor – Administration Extension
- 3rd floor – Auditorium (Dr. Fe del Mundo Memorial Hall)
- 4th – 7th floor – Doctors' Inn (60 rooms)
- 8th floor – office spaces for societies
- 9th floor – Roof deck
- PMA Building to be constructed first (in front of administration Building facing the street).
- When construction of PMA building is completed, and ownership turned over to PMA, all facilities including the auditorium will be transferred to the new PMA Building.
- Then, they start constructing the 25-30 storey 4-5 star hotel/office/commercial building on the sites of the Doctors' Inn, Indigency clinic and auditorium.

### Advantages for PMA:

- 1.) No cost to PMA
- 2.) No loss of PMA property
- 3.) 40 million peso contractor's all risks insurance policy callable on demand.
- 4.) No moving out of facilities
- 5.) No disruption of functions and services
- 6.) Developer to pay for all forms of taxes, fees.
- 7.) Property tax to be advanced by Developer for first three years deductible from subsequent PMA share from lease rentals of commercial Building.
- 8.) No interruption of Income from Doctors' Inn, Auditorium and Indigency clinic
- 9.) PMA will receive P500,000 or 5% of the net lease rentals monthly from the office/commercial buildings whichever is higher, for the first 25 years.
- 10.) After 2 years of hotel operation, PMA can negotiate for a share of the hotel profit.
- 11.) Discount for PMA members for hotel rooms and function rooms.
- 12.) 35 free parking slots in the building parking area near the PMA Bldg. for the exclusive use of PMA.
- 13.) After the contract period, ownership of the hotel/office/commercial building will all be turned over to PMA.

### Endorsed by former PMA Presidents:

- **Antonio C. Oposa, M.D.** (1975-1976)
- **Eduardo R. Dela Cruz, M.D.** (1979-1980)
- **Francisco G. Dizon, M.D.** (1984-1985)
- **Jose M. Pujalte, M.D.** (1985-1986)
- **Fe Canlas Dizon, M.D.** (1986-1987)
- **Nena Eng Tan, M.D.** (1987-1988)
- **Santiago Del Rosario, M.D.** (1988-1989)
- **Primitivo D. Chua, M.D.** (1992-1994)
- **Nenita C. Lee Tan, M.D.** (1999-2001)
- **Jose T. Sanchez, M.D.** (2003-2004)
- **Jose Asa Sabili, M.D.** (2006-2008)
- **Rey Melchor F. Santos, M.D.** (2008-2010)



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