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## Calimag inducted PMA President



*Dr. Maria Minerva P. Calimag inducted as the Philippine Medical Association President for the fiscal year 2014-2015 by Dr. Benito F. Arca, MPH (left). Standing as witnesses were the family of Dr. Calimag. (fr. left to right) her brother, Dr. Francisco Gerardo Patawaran, Childrens: Angela Pauline, Alfonso Pio, Adrian Patrick, Aaron Pierre, Agnes Phoebe and Athena Paloma.*

Dr. Maria Minerva P. Calimag was inducted as the Philippine Medical Association President for the fiscal year 2014-2015 by Dr. Benito F. Arca, MPH, Director III, Department of Health, during the 107<sup>th</sup> PMA Annual Convention Closing Ceremonies last May 23 at the Vigan Convention Center, Vigan City, Ilocos Sur.

Dr. Calimag is the 93<sup>rd</sup> PMA President and the 7<sup>th</sup> female to head the only Professional Regulation Commission (PRC)-accredited organization of physicians. Her contribution to the medical profession was acknowledged by the PRC in 2012 when she was awarded the Most Outstanding Professional in Medicine and First Eric Nubla Award for Excellence in the Professions, besting 39 other outstanding professionals vying for the award.

With her at the helm, the PMA would advocate for good governance, for professionalism and

for transparency in all transactions. This refocused advocacy agenda features seven priority issues: (1) Medical liability reform, (2) PHIC physician payment reform, (3) Expanded coverage for the uninsured and increased access to care, (4) Improved public health, particularly through promotion of healthy lifestyles and elimination of health disparities, (5) Regulatory reform, (6) Managed care reform, and (7) Clinical quality improvement and patient safety.

She called for unity and solidarity among the members of the PMA in order to reform the association and help in nation building. The 2014-2015 National Officers and Board of Governors under Dr. Calimag's leadership would encourage dialogue, not only among its members but with the government, regulatory agencies and all other stakeholders as well. It would also help restore the observance of professional ethics.

The induction ceremonies was witnessed by the family of Dr. Calimag.

## Ang Pambungad na Talumpati ni Maria Minerva Patawaran-Calimag, MD, PhD, FPBA bilang ika-93 Pangulo ng Kalipunan ng mga Filipinong Manggagamot



Sa lahat ng mga nagpipitaganang mga manggagamot na kasapi sa Philippine Medical Association, sa ating Pangulo Atty. Leo Olarte, MD; Dr. Benito F. Arca, Director III ng Kawanihan ng Kalusugan; Dr. Jose Asa Sabili, Pangulo ng Confederation of Medical Association of Asia and Oceania; Dr. Daisy Camitan, Punong Tagapamahala ng 107th Taunang Pagtitipon ng PMA; Dr. Esperanza Lahoz, Pangulo ng Ilocos Sur Medical Society at Katuwang na Tagapamahala ng pagtitipon na ito; Mr. Mario S. Gaerlan ng UNILAB; mga nakaraang Pangulo... Dr. Nenita Lee-Tan at Dr. Modesto Llamas, at sa lahat ng mga nagpipitaganang mga manggagamot na bumubuo ng PMA Board of Governors; mga Pangulo ng mga Component Societies, at mga binibini, ginang at ginoo, magandang gabi. Maraming salamat po sa pagkakataong ibinigay sa akin upang maglinkuran kayo bilang ika-93 at ika-7 babaeng pangulo ng PMA. Sadyang isang natatanging karangalan ang mabigyan ng pagkakataong magkapsagisala sa mga kapwa kapanalig sa propesyon. Hayaang, mabigyang layà ko na rin sa wakas ang aking dilà na makapagsagisala sa sariling wikà angkop na angkop para sa kasuotang Filipiniana ko ngayon.

Ano nga ba ang mga katagang dapat mamutawi sa labi ng pinaparangalan? Ano ba ang sinisigaw ng aking puso... pasasalamat... galak... tuwa? Subali't hindi lang yan ang

palagay... ang pinakamabuting gawin ay pukawin ang loob at hikayatin ang ibang tularan ang aking mga gawi, gawa at halimbawa.

Maaga akong namulat sa gawain na paglilingkod sa pamayanan. Nagtuturo na ako ng katekismo sa mga batang kalye sa Algeciras noong ako ay nasa Mataas na Paaralan ng Pamatasan ng Santo Tomas pa lamang. At noong nasa Kolehiyo ng

Agham at matapos ay naging gurò na sa Dalubhasaan ng Parmasiya, naaalala kong sumasakay ako ng dyip papuntang Valley Road sa Quezon City tuwing Sabado upang maglingkod bilang isang kasapi ng Red Cross. At ng ako ay maging manggagamot, gawi ko namang magtatag ng mga misyon at mga pagtitipung medical na layuning magpapalaganap ng kaalaman ukol sa pagpukso ng mga sakit, tamang paginom ng gamot at sa pagpapalaganap ng kaalaman ukol sa salot ng pekeng gamot. Sadyang hindi ko pinalampas ang lahat ng pagkakataong sumulat sa pahayagan at internet at magsalita sa radyo at telebisyon. Napagtanto ko sa kalaunan na ang paglilingkod sa pamayanan ay hindi lamang tungkol sa pagtulong sa mga abá at nangangailangan. Ang tunay na paglilingkod sa pamayanan ay tungkol sa pagkakaroon ng adbokasiya... ang pagtatanggol sa mga paniniwala.

Madaling mangarap at magkaroon ng adhikain, subali't ang paglilingkod sa pamayanan ay hindi tungkol sa kinabukasan...ngayon, ngayon na kailangang kumilos upang tugunan ang mga payak na mga isyu na kinakaharap ng bayan, ng abot sa ating makakaya. Lumabas tayo sa ating mga dating nakagawian, sumabak at makipagsapalaran, pagalawin ang mga salita, at unawain ang mga dimaipaliwanag na mga puwersang nagpapagalaw sa atin. Sadyang maraming mga isyu ang kinakahaarap natin bilang

manggagamot sa kasalukuyan: mga isyu sa BIR, sa PHILHEALTH, sa AH-MOPI, mga isyu ng mga di pangkaraniwang mga sakit, isyu ng lumalalang kawalan ng manggagamot sa kanayunan, ang napipintong pag-sapit ng ASEAN Harmonization, isyu ng integration ng propesyong medikal, isyu ng autonomiya ng mga kalinangan at marami pang iba.

Sadyang kailangan ng pagbabago, subalit kailangan na sa atin magsimula ang pagbabago. Kapag tinanong natin ang ibang tao kung bakit tila wala silang nagagawa o magagawa? Ang karaniwang sagot ay... wala silang oras, walang sapat na pera, walang kakayahan, walang teknolohiya o walang tamang kapit sa maykapan-gyarihan. Subali't ano nga ba talaga ang naghihiwalay ng butil sa ipà... ang butil na umuusbong at may kabuluhan samantalang ang ipà ay nililipad at tinatangay lamang ng hangin? Kung minsan ay naghahasik ako ng aking mga hangarin sa ibang tao...sabi ng ilan, hindi pa natin kaya yan... hindi pa ngayon... kailangang pag-isipan muna... para bang naglalagay na kaagad ng hangganan bago pa man magsimula. Kailan nga ba ang tamang panahon? Ang tamang panahon ay ngayon... hindi mamaya... hindi bukas. Ang kailangan ay maging malikhain. Nasa atin na ang lahat ng ating kailangan. Pinagkalooban tayo ng magagaling na utak, gamitin ito sa pag-iisip...huwag tayong tutulog-tulog. Palitan ang negatibong pag-iisip, lumikha ng mga stratehiya, makipag-usap sa mga taong may kakayahang palaguin ang ating mga wari at isipan.

Ang Medisina ay isang maselan na propesyong bigay-buhay at hindi hanapbuhay. Hawak natin sa ating mga kamay ang kakayahan manggagamot na nagbibigay-buhay sa ating mga pasyente at para sa atin na nabigyan ng pagkakataon na magturo sa ating kapwa, hawak natin ang paghubog sa pagiisip ng mga nakababata nating mga kasama sa propesyon. Paano na lang kung naging pabayà ang ating mga gurò noon, saan na kaya tayo ngayon.

Subali't hindi ito madaling gawin. Sumulong at magpunyagi ng higit sa dating nakagawian. Sundan ang alab ng ating puso, isakatuparan ang lahat ng nagbibigay sa atin ng kaligayahan, magbigay ng higit sa ating makakayanan, dagdagan pa kung kinakailangan at alalahanin na dapat kumilos ng may katapatan...ng may dunong at karanalan. Maging malikhain... palawigin ang kaalaman at malugod na tanggapin ang mga makabago... at ang pagbabago. Yakapin ang inyong mga inaasam at mga pangarap. Hikayatin ang iba na sundin din ang mga bagay na mahalaga sa kanila...maging katangi-tangi at may kabuluhan sa buhay ng iba. Nang magumpisa akong maging kasapi sa pamunuan ng Kalipunan ng mga Filipinong Manggagamot... marami akong mga pangarap. Nangarap akong sasamantalain at hindi sasayangin ang lahat ng pagkakataon. Tinandaan ko... na ang kabuuan ng pagkataong may dangal ay mas higit pa kaysa anumang yaman. Sanay ako sa maayos na pamamalakad ng mga kalipunan mula pa sa Manila Medical Society, sa Society for Obstetric Anesthesia of the Philippines at sa Philippine Society of Anesthesiologist. Napabilang din ako sa mga samahang banyaga gaya ng Confederation of ASEAN Societies of Anesthesiologists

kung saan ako ay naging kalihim at ingat yaman at sa Asian Oceanic Societies of Regional Anesthesia and Pain Medicine kung saan ako ang pangulong-halal sa 2015. Ano nga ba ang mga gawain na dapat pagtuunan ng pansin? Dapat nating palaganapin at pataasin ang antas ng kamalayán ukol sa propesyonismo. Tandaan natin na ang ugnayan ng doctor at ng pasyente ay isang ugnayang nag-uugat sa pagtitiwala. Dapat tayong maging mapagmasid, mapagmatyag at mapagbantay sa lahat ng mga bagay na maaaring makapagpahina sa pamantungan ng ating propesyonismo at bumuwag sa pagtitiwala ng mga pasyente sa ating propesyon. Tiyaking panatilihin ang mataas na uri at antas ng ating pakikipagtalastasan sa kapwa. Isaisip na sa bawat pagpapabayá, karapatan ng ating mga kapwa manggagamot at ang buhay at karapatan ng ating mga pasyente ang nasa panganib. Isuplong ang mga gumagawà ng hindi mabuti at bulabugin ng ating sabay-sabay na boses ang mga maykapangyarihang puksain ang mga salot sa ating lipunan. Ngayon higit sa kailanman ay dapat tayong maging mapagmatyag... nakasalalay ang magandang imahe ng ating propesyon sa mga kinasasangkutan gawain ng iilan sa atin. Nababasa ito sa pahayagan ng ating mga

pasyente at natatakot ako sa mga palaisipan na nabubuo sa kanilang mga isip. Sana ay nahikayat ko kayong makapagbalik-tanaw upang lahat tayo ay makapaglalakbay tungo sa karunungan may dangal bilang isang propesyonal. Tandaan natin na ang buhay na may dangal ay sadyang higit pa sa anong yaman.

Sa susunod na taon... isakatuparan natin ang magiging direksyon ng PMA: KAPIT-BISIG PARA SA PAGBABAGO, SA PMA AT SA ATING BAYAN!

Sa pagtatapos, hayaan niyong bigyang pugay ko si Jun, ang aking yumaong kabiya na kasabay kung naglingkod sa PMA... sa aming walong mga anak na aking pinaghuugutan ng lakas at inspirasyon... sa kanila ko natutunan ang kahulugan ng tunay na pagpapahalaga.

Malugod na pagbati sa inyong lahat... at muli ay tanggapin po ninyo ang aking taos-pusong pasasalamat sa pagbibigay parangal na ito sa akin. Ang sa inyo ay nangangakong maglilingkod ng buong katapatan ng naaayon sa Saligang Batas ng PMA.... Maria Minerva P. Calimag... Pangulo ng PMA lubos na nagpupugay po... Mabuhay ang PMA.

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## Dates of the PMA/UNILAB Regional Assemblies

### Fiscal Year 2014-2015

DATE	REGION	DATE	REGION
September 7, 2014	Eastern Visayas	January 25, 2015	Western Mindanao
October 19, 2014	Northern Mindanao	February 8, 2015	Western Visayas
October 26, 2014	Southeastern Mindanao	February 22, 2015	Northeastern Luzon
November 9, 2014	Northwestern Luzon	March 8, 2015	Northcentral Mindanao
November 23, 2014	Southern Tagalog	March 22, 2015	Bicol
January 11, 2015	Central Luzon	April 12, 2015	Central Visayas
January 18, 2015	NCR: Manila, Quezon City, Central Tagalog & Rizal	April 26, 2015	Caraga



# EDITORIAL



**MARIANNE L. ORDOÑEZ-DOBLES, MD**  
Editor-in-Chief



The Philippine Medical Association was founded on September 15, 1903, and its history has been glorious in its existence ever since, due to the driving urge of our own forebears, together with the spirit of peace and understanding, love and loyalty to duty, and simple honesty! The truth is, we need their spirit and force now more than ever. We need to continue and complete the work, which they began. Ramon Magsaysay, in his Inaugural Address when he became the third President of the Republic of the Philippines, on December 30, 1953, once said, "We have a glorious past, now we must build the future on that past."

So we begin today with none other than Dr. Jose Rizal, a physician as the example of our glorious past that we speak of. He had the dedication

and the integrity, that is worthy of emulation. As we reacquaint ourselves with Rizal's life and work, we must remember his whole life was a testament to many of our hopes and aspirations; his search for personal excellence, and national pride; the advocacy of friends, peace, justice, and brotherhood among men. What would Rizal have done if he were here in the midst of us all, among the members of the PMA, with all our pressing problems? How would he have addressed the many challenges facing each and every physician?

We must be Rizal-like in our endeavors. We must remove indifference and apathy, and inspire each other to achieve the ultimate goal of an undivided PMA. Rizal is known for "fighting for the greatest good, for the greatest number of our people." This aspect of

Rizal should inspire the leaders of the PMA, from the National Officers to the Board of Governors to be responsive to the need of our day. We must break out of our prison of pride and greed. Now is the time for our leaders to act when the need for brotherhood is strong among our members, when the need to build a stronger future is urgent.

In the tradition of Dr. Jose Rizal and our leaders who went before us, let us now act with courage and persistence, with faith and hope. Let us not allow ourselves to be complacent, like passive spectators. Let us not allow the glorious past that they have bequeathed to us lay to waste by not building the future that they have sacrificed so much for.

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## The Physician

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# As I See It...

By: **Marianne L. Ordonez-Dobles, MD**  
*PMA Secretary General*

In the swirl of Inductions of the Component medical Societies, meetings with Specialty Divisions, Specialty Societies, Affiliate Societies as well as other important meetings, with the DOH, Philhealth, other government agencies, and occasions requesting the presence of the PMA President, Dr. Minerva P. Calimag, has undoubtedly fulfilled her obligations pertinent to her position. We are all amazed at her vigor and stamina in performing all her duties and responsibilities.

The Strategic Planning done during all the Leadership seminars for Luzon, Visayas, and Mindanao, will have a forceful influence on the course of action the PMA will take in the coming months. This will be the blueprint of this administration.

In the first Board meeting of the National Officers and the Board of Governors, last June 8, 2014, they recognized the problems in the Membership listing, of the Philippine Medical Association. The voters' list still contained the names of members who are deceased or in inactive status, and inadvertently, members in active status were not in the voters' lists. The Committee of Membership Development sent out last July 4, 2014, a template for membership listing. The complete form should be sent back to the PMA for verification, reconciliation with our files, updating, and encoding to our membership database. Deadline for submission is August 31, 2014.

encoding to our membership database. Deadline for submission is August 31, 2014.

Last July 8, 2014, a memorandum circular was sent out to all Component Society Presidents to remind all their members that the deadline for the payment of annual dues is on September 30, 2014. Payment must have reached the Philippine Medical Association on or before the said date to be qualified to vote and be voted upon on the next Election Day on March 2015.

Another memorandum circular was sent last July 10, 2014, reminding all Presidents of Component, Specialty Divisions, Specialty and Affiliate Societies, that the submission of quarterly reports, on September 30, 2014, December 30, 2014, and for the 3<sup>rd</sup> and 4<sup>th</sup> quarter on March 25, 2014. The criteria to be followed was also sent, including the criteria for the PMA Awards.

Upcoming are very important events for the PMA:

- Operation Bukol on September 11, 2014. Minor surgeries are done at the PMA Auditorium for Indigent patients. This event is sponsored by the PMA, the Philippine College of Surgeons, and the Quezon City Medical Society. The usual number of patients who avail of these services during the past years is between 150 to 250 patients.
- PMA Foundation Day is on September 15, 2014, chaired by Dr. Ma. Teresita G. Gabriel. All PMA Presidents will be feted in a very fitting ceremony at the PMA Auditorium.

- Medicine Week is on September 21, 2014, chaired by Manila Medical Society President, Dr. Alejandro Tan. Preparations are underway and final plans will be released to all component medical societies. This will center on Earth Day, Cardio-metabolic Day, Child Advocacy Day, Mother and Women's Health Day, and Seniors Day. Our senior physicians will be honored by the different component medical societies. Physician's Day will be on September 27, 2014 as decreed by President Ferdinand Marcos. On this day, we will have the TOPICS Award (*The Outstanding Physicians in Community Service*) officiated by the Auxillary to the Philippine Medical Association (APMA).

- The 29th Congress and 50th Council Meeting of CMAAO (*Confederation of Medical Associations of Asia and the Oceania*) will be hosted by the Philippine Medical Association which will be on September 24 to 26, 2014 at the Marriott Hotel, Pasay City. Our very own Past President, Dr. Jose Asa Sabili, will be inducted as President. There are seventeen member countries, namely, Australia, Bangladesh, Cambodia, Hongkong, India, Indonesia, Japan, Korea, Macau, Malaysia, Myanmar, Nepal, New Zealand, Singapore, Sri Lanka, Taiwan, and Thailand.



# VANTAGE POINT

Bayani B. Tecson, M.D.  
PMA Vice President

## ***"A perspective on the PMA, the Filipino Physician, and the Filipino Patient"***

**Strategic Planning:** This is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that members of our association and other stakeholders are working toward common goals, establish an agreement around intended outcomes/results, and assess and adjust the association's direction in response to a changing environment. An effective strategic plan articulates not only where an association is going and the actions needed to make progress, but also how it will know (Monitoring mechanism) if it is on track towards success.

When I met Dra. Calimag, Dr. Pajarillo for the first time as candidates for the national offices of PMA, we had a common mindset to initiate change in the system of PMA administrative processes and procedures. That is what the first letter of Calimag for president stood for: **C**reative leadership to bring about **C**hange in the PMA governance. Change is the primary motivator of progress. We had a resolute stand to change the status quo in the PMA. We also agreed then that the first order of the day will be a strategic planning from the national, regional, and component society level and have the leaders of PMA in all level set a clear vision, goals, and action plans for the PMA to pursue for this year and for the years to come.

Finally, with Dra. Minerva Calimag being given the mandate as president, the plan is being realized. One of the highlight of the PMA - UNILAB Regional Orientation and Leadership Seminar being conducted on a clustered regional scale is the strategic planning for the PMA, facilitated by a guru in organizational management, Mr. Gerry Plana. He is a Consultant, Country Manager for Philippines: Investors In People: IPP, Philippines. He introduced to us the Balanced Score Card Basics. The governors from the regions and the component society officers / representatives eagerly participated in this activity. The three clustered PMA - UNILAB Regional Orientation and Leadership Seminar with strategic planning were just recently concluded and definitely, a synopsis of the strategic planning done will be reported to us by no less than our president, Dra. Ma. Minerva P. Calimag. Let us eagerly wait for that.

**Communication Lines and Channels:** A fully informed member is an empowered member who can speak well of the association. He will be the face of the PMA in the community frontline. I have been actively participating in our associations activities for more than a decade now through our component medical society, in my capacity as a member of the board and officer, until I was elected to the PMA Board in 2012-2013 as the Representative Governor

for Northwestern Luzon Region. In those times, a centralized PMA governance has been the norm. The PMA Board does all the planning and execution of all the PMA activities at the national level. There is a routine list of activities that will be ushered to all PMA Component Societies for them to do at the local level. Many component societies will be able to execute those activities but a significant number will not. Some questions lingered in my mind for some time, "How effective were the communication lines and channels?" and "Did the information reach the members at all?" As we went around to different component societies and touch base with the members, it became obvious to me that indeed, there was communication failure most of the time. Many members were not fully informed of the affairs of the association. How can we expect these members to give full support to the activities and advocacies of the PMA. Sadly for many, the PMA membership is just a stamp pad for the much needed Certificate of Good Standing, a requirement for Philhealth Accreditation. This is probably the most important reason why we were not able to get 2/3 proxy votes to ratify the PMA development project and the amendments to the PMA Constitution and By-laws. This is also the reason why the PMA Amnesty Program was not able to attract as many members as expected to benefit from it. Similarly, the Balik-PMA Program even with its extended period did not significantly increase the membership of our association. These 2 programs failed miserably because of communication failure or because there was a breakdown in communication channels. We are now looking into this matter in the current board with the judicious use of information technology as a solution. My personal take on this issue, a full

time PMA administrator will most probably come in handy to streamline the systems, processes, and procedures of the PMA and have a secretariat working efficiently. Again, let us eagerly wait for the outcome.

### **The Leaders and Their Leadership**

**Abilities:** My very short exposure in the PMA Board gave me the opportunity to have some deeper insights and understanding of the PMA administrative systems, processes, and procedures. I have observed that PMA is being managed in a conservative and traditional way. The Board of Governors sets the activities to be done by everyone. I am very sure, there were goals set for the year, but I am not really certain if these goals were embraced by everyone or were clearly communicated to the members. Many members of the PMA were asked, "what are the goals set for the administrative year and in what direction is the PMA going?", a lot of members answered a resounding, "I don't know". Even among the past Board of Governors, some don't have a clear idea of what has been the thrusts of the PMA administrations in the past. The Board members were simply doing their best to perform the job assigned or required of them. Worse, some are just there to display their wit on parliamentary procedures in the conduct of the Board meetings. Another compounding factor is the fact that many of our leaders from the national to the local component societies are serving their offices by force of circumstances. Take note that for many years, some regions don't have a candidate for Governor during PMA elections. Do we have a shortfall of members with leadership qualities?, or simply indifference amongst our members. Consequently, these regions will be represented by Governors who will later be convinced by the respectable elders in the region (usually the past

governors) to fill in the vacancy. They don't have a choice. They are victims of an old time tradition called "The Point System", wherein the elders appoint the next officers of the association. These leaders by circumstance will then have a constant struggle in balancing their career, family, and the new leadership assignment. As a matter of fairness, they will be able to quickly pick up the pieces and perform their respective functions satisfactorily.

I clearly remember our president, Dr. Modesto O. Llamas in his speeches during inductions and regional assemblies calling for the abolition of this tradition of "Point System" but nothing happened. In the last PMA election, there were again a lot of regions without a candidate for PMA Governor. I believe this trend will change. There will come a time that the PMA will have true leaders with passion and political will to do what is necessary. Leaders with a clear vision of where they want the association to head on. They must be able to outline the goals to achieve their vision for the association. They must have a strategic plan to accomplish the goals and transform these plans from an attractive but passive document in the table to specific actions for every officer and member of the association to carry out. Finally, leaders who will be able to enjoin all PMA officers and members to execute the core strategies and line up their activities towards the realization of the PMA vision and goals. That time is now!

**The PMA membership:** Every member is the core strength of our association. Like a chain, the association is only as strong as its weakest link. The greatest asset of PMA is its members. Therefore, every member must be empowered and be our associations strongest link. The PMA as the umbrella organization of all physicians in the country, is very fortunate to have multitalented people in

its ranks. In the regional leadership seminar and strategic planning that I was able to attend, I have seen how vibrant and enthusiastic the doctors are in participating to the activity. On the table for definitive action are the integration bill, the ASEAN integration to be implemented next year, the Philhealth issues, the BIR issues, the PMA property development plan, the perceived great divide among members and our role in nation building. They have an unlimited spring of ideas on what realistic goals and core strategies must be in the pipeline to realize the PMA vision. Let us capitalize on our strength and take cognizance of the invaluable quality of our members. The physicians, being looked up to by the community as professionals with integrity are fully aware of their vital role in nation building. Therefore, I would like to have PMA leaders who will put a great value on the membership and harness their talents to advance our advocacies. Today, that wish will come true!

**Our Nemesis:** Progress in the PMA has its own enemy. The people with a close mindset and reject change are the primary agents of our downfall as an association. They are like rusts that destroy the metal that they are incorporated with. May kasabihan tayo sa tagalog, "walang sisira sa bakal kung hindi ang sariling kalawang". The time is ripe for unity in our ranks. Let us all set aside our own prejudices and personal biases. Everyone should start thinking of the common good. I would like to see the PMA Board towing the line on what are acts inimical to the PMA interest and acting decisively on those who do. It is my fervent prayer that no one member of the association should be our own rust that destroy the very institution we dearly love and belong, The Philippine Medical Association.





## NATIONAL TREASURER'S REPORT

Benito P. Atienza, M.D.

### Emergency Repair of Administrative Roof

History reveal that the one floor administrative bldg. was built in 1977 during the presidency of Dr. Lino Ed Lim. The roofing and improvement of the 2nd floor previously known as Continuing Education Center was done during the term of Dr. Arcadio Tamayo in 1989. The roofing was not spared by Typhoon Glenda last July 15, 2014. substantial amount was released for the immediate repair.

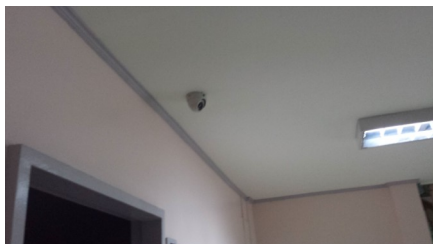


As of August 6, 2014 :

Labor cost with contract price	- P 75, 000.00
Material purchased by PMA	- P 84, 374.00
<b>Total</b>	<b>- P 159, 374.00</b>

### DOCTORS INN CCTV

Two additional CCTV were installed at Doctor's Inn Lobby as approved by the Board



One CCTV Camera installed in front of stair



One CCTV Camera installed in front of lobby and reception area

### REMITTANCE REPORT JUNE-JULY 2014 PER REGION

Northeastern Luzon	- 73, 525.00	Central Visayas	- 321, 350.00
Northwestern Luzon	- 262, 250.00	Western Visayas	- 143, 500.00
Central Luzon	- 372, 600.00	Eastern Visayas	- 14, 300.00
Central Tagalog	- 600, 800.00	Southeastern Mindanao	- 208, 950.00
Manila	- 257, 100.00	Northcentral Mindanao	- 26, 100.00
Quezon City	- 861, 450.00	Northern Mindanao	- 71, 300.00
Rizal	- 389, 675.00	Western Mindanao	- 72, 000.00
Southern Tagalog	- 579, 625.00	Caraga	- 31, 700.00
Bicol	- 12, 300.00	Walk-in	- 90, 800.00

## UCPB

### Bills Payment Facility

- 1 Go to nearest UCPB branch
- 2 Fill up UCPB Payment Slip
- 3 Secure the Acknowledgement receipt from teller as proof of payment

### How to fill up Bills Payment Slip

The diagram illustrates the steps to fill out a UCPB Payment Slip:

1. Member's Name
2. Write the INSTITUTION NAME: PMA NAT'L ANNUAL (0908) or PMA NAT'L ARREARS (0909)
3. PMA NAT'L ANNUAL (0908) or PMA NAT'L ARREARS (0909)
4. Indicate the Date of Payment
5. PRC Number
6. Amount

For more information, please inquire through:



**UCPB Customer Relations Center**  
Tel. No. : (02) 811-9100  
Toll-free : 1-800-1-888-9777  
E-mail : cr@ucpb.com

For those component societies wherein UCPB branch is accessible:

1. Go to the component society Treasurer.
2. For National Annual Dues or Arrears - fill up the UCPB Bills Payment slip. Local dues will be remitted directly to the component.
3. The PMA member will be given the official PMA temporary receipt for both the local and national dues/arrears.
4. The Treasurer will collect all the individual remittances for the national dues and will forward your payment to the nearest UCPB branch.
5. Representative/Treasurer will wait for the Machine Validated Bills Payment slip from the teller and will be treated as Proof of Payment.
6. The National PMA will acknowledge your payment by sending the PMA Official Receipt with PMA ID Card.

Note: For new members with no PMA nos., write your composite code and four zeroes.

Ex. A new member from Lipa City

Write F11 0000 on the "subscriber no. box"

Thank you.

*continued on page 9...*



## Know your Governor...

By: Bayani B. Tecson, MD



**HARRY GUERERRO SOLLER, MD**

*Governor, Northeastern Luzon Region*

DR. HARRY GUERERRO SOLLER is a PMA governor from Northeastern Luzon region. He is a member of Western Isabela Medical Society. The well accomplished 56 years old governor is a graduate of the University of Santo Tomas, batch 1982. He is a General Practitioner with political inclination. He started his political career as a Barangay Captain. He was well loved by his constituents for his exemplary performance in public service and was eventually elected as the Mayor of Roxas, Isabela in 2007 to 2010.

He is married to Dr. Eden Uy - Soller, an equally accomplished specialist in Obstetric & Gynecology. They were classmate sweethearts in UST. They were blessed with 5 kids who are already professionals in their chosen fields of interest. The eldest is Doctor of Medicine graduate and currently undergoing residency training in General Surgery at The Medical City. The 2nd child is also a Doctor of Medicine graduate and currently taking Dermatology training at the Makati Medical Center. The 3rd child is a Hotel and Restaurant Management graduate and now the Administrator of their family owned hospital. The 4th child just recently graduated in the Ateneo de Manila School of Law and now preparing for the Bar examination. The youngest is an Interior Designer, a graduate of UST. His only grandchild keeps him busy whenever he is in Manila for a visit.

Dr. SOLLER is passionate on transparency in governance and participative leadership. These are his advocacies in public service and now in the PMA as governor.

During his very limited free time, he tends to his rice field farm, fruit trees, and backyard garden. He is a very religious man and enjoys daily morning walk with the family while praying the rosary. His daily morning routine after the morning

walk includes consultation with his constituents over a cup of coffee in their residence. He enjoys the trust of his constituents as evidenced by the fact that he is being consulted for every socio-economic and political issue in their town.

☎ • ✉ • ☎ • ✉



**FRANCISCO BUSTAMANTE RANADA III, MD**

*Governor, Northwestern Luzon Region*

DR. FRANCISCO BUSTAMANTE RANADA III is a PMA Governor representing the Northwestern Luzon region. He is a member of the Ilocos Norte Medical Society. The soft-spoken, smart 44 years old is a family medicine practitioner who graduated from the University of the East. He is married to Dr. Gretchen Velasco-Ranada and are blessed with 3 wonderful kids, 2 great boys and a beautiful girl. They have successfully balanced their busy hospital-based family medicine practice and family oriented lifestyle.

Dr. Ranada is an avid advocate of environmental protection. He has actively supported the mangrove planting in coastal barangays of Ilocos Norte. He is a frequent guest in the Bombo Radyo Station, ABS-CBN to push for the various environmental and medical advisories he has embraced through the years.

Not known to many, he is a man of many talents that include singing. He admitted to be a bookworm in his past time and updates himself with the current events of the country by reading newspapers.

☎ • ✉ • ☎ • ✉



**RAUL ENCINA ECHIPARE, MD**

*Governor, Central Luzon Region*

DR. RAUL ENCINA ECHIPARE is a PMA Governor representing the Central Luzon region. He is a member of the Zambales Medical Society.

He is a graduate of Far Eastern University batch 1986 and currently a Family Medicine practitioner. He is married to Mrs. Leslie F. Echipare, a self-employed, business entrepreneur. They are blessed with 3 adorable kids, 2 boys and 1 girl.

The amiable and clever governor from central luzon has his heart in serving the less privileged people in his community. He is an assiduous advocate of equitable and just salaries to government physicians. He is equally vocal on the improvement of health education programs for mothers to elevate the standard of care on maternal health. He is currently the vice president of the League of Independent Leaders for the Advancement of Cabangan. He is deeply engaged in their socio-civic activities. Dr. Echipare equally active as a member of the National Formulary Executive Council with strong advocacy on essential, affordable, and effective medicines for the Filipino people.

Dr. Echipare has a green thumb and loves gardening and tending to his fruit trees in his modest farm. He spends most of his free time bonding with family members and friends.

☎ • ✉ • ☎ • ✉

### *National Treasurer's Report, from page 8...*

#### **MUTUAL AID BENEFITS**

Increase of Mutual Aid Benefits as approved during the 11th PMA Board of Governors' Meeting last April 5, 2014. (Memorandum Circular No.: 2014-04-07-009) Ref: Resolution No. 201 series 2013-2014) Effective April 7, 2014.

A. Death Benefits  
**40, 000 to 50, 000**

B. Disability Benefits  
**15, 000 to 25, 000**

C. Legal Aid Benefits  
For claims filed in quasi-judicial bodies.  
**15, 000 to 25, 000**  
(Fiscal's Office, PRC, Ombudsman, etc.)

For claims filed in Judicial bodies  
**30, 000 to 40, 000**  
(Court of Appeals, RTC, MTC)



## Know your Governor...

By: Maria Corazon S. Maglaya, MD



**SALVADOR G. SILVERIO, MD**  
Governor, Manila Region

Dr. Salvador G. Silverio, governor for Manila, or Buddy as he is fondly called by friends and colleagues, is a Family Medicine and Geriatrics specialist and a member of the Manila Medical Society. He is married to Celerina P. Silverio, also a doctor. They are blessed with two children, one decided to become a doctor just like the parents and the other decided to venture into a different field and become an IT practitioner.

As a member of the Society of St. Vincent de Paul (SSVP), Dr. Buddy's advocacy is to shape a more just and compassionate society, which promotes the rights, responsibilities and development of all people, a culture of life, and a civilization of love reflecting the Kingdom of God. He is SSVP Director for International Relations, Coordinator for East Asia Zone 1, and a former SSVP National President.

Dr. Buddy enjoys Traveling and dancing but his top favorite is APOStolate (i.e. babysitting the grandchildren).

~



**MA. REALIZA G. HENSON, MD**  
Governor, Quezon City Region

Dr. Ma. Realiza G. Henson, governor for Quezon City, or Liza as she is fondly called by friends and colleagues, is a pediatrician, a Fellow of PPS and a member and former President of the Quezon City Medical Society.

She is a pediatric consultant at the Capitol Medical Center and the chair of the Department of Pediatrics. She is also a Board Member of the CMC Diagnostics, Member of the Credentials Committee and member of Committee on Ethics. Dr. Liza is the co-chair of the Philippine

Pediatric Society Committee on Child Advocacy. IMCI, co-chair of the Committee on Ways and Means, PPS Annual Convention and a Board Member of the Pediatric Associates Inc.

Dr. Henson is active in the different civic organizations: Head of the Liturgical Ministry Spirit of Love Covenanted Catholic Community and President of Familia Batch 67 doing medical, surgical and dental missions in Sta. Rita, Pampanga. She is also a member of the USTMAA.

She is married to Oscar Henson, also a doctor. They are blessed with three children: Ma. Lissa Angela, a Diplomate of the Philippine Board of Surgery; Paulo Jonathan, BS Communication Arts at the DLSU, and Marie Rose, BS Psychology MS in Clinical Psychology.

Dra. Liza's advocacies: decrease in maternal and child morbidity and mortality by improving nutrition of maternally at-risk mothers: improve nutrition of school children thru milk feedings and zinc supplementation: and improvement of quality of lives of the residents of QCMS adopted Barangay thru sustainable livelihood projects.

Dra Liza enjoys food (although one will not notice it considering her slim figure), travel and fashion.

~



**EVANGELINE F. FABIAN, MD**  
Governor, Rizal Region

Dr. Evangeline Franco-Fabian, governor for Rizal, or Gel as she is fondly called by friends and colleagues, is a diabetologist, a Fellow of PCP and a member of Malabon Navotas Medical Society. She is married to Nestor Fabian, a Civil Engineer. They are blessed with three children, one decided to follow the career path of the mother, the other decided to become a Civil Engineer just like the father and the third decided to venture into a different field and become a Physical Therapist.

Healthy lifestyle is the main advocacy of Dra Gel, which is not surprising considering her field of practice. Clean environment is also another advocacy. She is a

member of the Inner Wheel club of Rotary Club Navotas as well as Diabetes Clubs of CAMANAVA.

Dra. Gel enjoys listening to classical songs and her favorite food are sinigang, pochero and ginataan. She also prefers bright colors.

~



**REBECCA W. DEDUYO, MD**  
Governor, Central Tagalog Region

Dr. Rebecca W. Deduyo, governor for Central Tagalog, fondly called Becks by friends and colleagues, is a cardiologist, a Fellow of PCP and American College of Cardiology, Associate Fellow of PHA, and a member of Valenzuela Medical Society. She is married to Rolando O. Deduyo, a Family Medicine Practitioner. They are blessed with two children, the eldest decided to become a Cardiologist and academician (just like the mother!) while the youngest decided to become a Physical Therapist.

Dra. Becks, advocates patient empowerment especially when it comes to cardiovascular diseases. Thus, she is active in doing lay fora on Cardiovascular diseases and prevention of these diseases. She also does regular medical missions.

Dra. Becks enjoys traveling because according to her, these are the only times when she could relax. She also enjoys cooking especially for her family (her specialty is Kare kare).

~



**EDUARDO F. CHUA, MD**  
Governor, Southern Tagalog Region

Dr. Eduardo F. Chua, governor of Southern Tagalog Region, is an internist and a member of the Tanauan Medical Society. He married Dra. Divina Gracia Paz Chua an OB – Gyn practitioner, whom he met on their first day as medical students. They are blessed with two children, both of whom decided to follow the career path of their parents and became doctors.

Doc Ed, as he is called by friends and colleagues, wants to improve health care of our patients in government hospital by



giving them means to avail of specialist care, better medicines and good nursing care. In order to achieve this goal, he does volunteer work in Laurel Municipal Hospital in Tanauan Batangas and gives lectures to nurses in the same hospital.

Doc. Ed enjoys outdoor activities, specifically riding a mountain bike, swimming, scuba diving, and hiking.

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**RUFINO A. BARTOLABAC, MD**  
*Governor, Bicol Region*

Dr. Rufino A. Bartolabac, governor of Bicol Region, is an Anesthesiologist, a fellow of PAMS and a member of the Masbate Medical Society. Although as an ECFMG passer he could have practiced in the United States, Doc Nonong as he is called by his friends and colleagues, decided to stay in the Philippines and practice in the rural areas. He is happily married to Evangeline Tolentino Franco, a nurse and a hairdresser, whom he met in Dr. Jose Reyes Memorial Medical Center during his internship. They are blessed with two children, both of whom decided to follow the career path of their father and became doctors.

Currently, he is affiliated with Masbate Doctors Hospital, which is operated and managed by Masbate Medical Mission Group Hospital Services Cooperative of which he is the initiator/organizer/one of the Founders, as well as Masbate Provincial Hospital as Chair of the Anesthesiology Department.

Aside from being a doctor, he manages a small family ranch. (he was among the founders of Rodeo Masbateño Incorporated), a board director of Cattle Raisers Association of Masbate, Inc., and a board director of Masbate Electric Cooperative. He and his wife are also active in the Catholic Church, being among the active couples of a Marriage Encounter Community.

Hoping to stop political violence which Masbate is notoriously known for, he and some men in uniform convened a group which is now known as Masbate Advocates for Peace (MAP). Their efforts paid off during the last national and local elections. There was not a single recorded report of violence on the said day of elections in Masbate contrary to past experiences that election day in Masbate was always marred with violence. Doc Nonong is the life of any party. He enjoys singing and dancing.

☎ • ✉ • ☎ • ✉



## Know your Governor...

*By: Erlinda G. De Los Reyes, MD*



**MA. CRISTINA C. DANAC-DELFIN, MD**  
*Governor, Western Visayas Region*

Our lady governor from Roxas City, Capiz is a practicing Anesthesiologist connected with Capiz Doctors Hospital where she is the Medical Director, Chair of the Quality Improvement and Patient Society Committee and Chair of the Therapeutics Committee. She is also connected with the Capiz Emmanuel Hospital, the Health Centrum and St. Anthony College Hospital. Dr. Cristina is also the PSA Regional Director for Visayas for the year 2013-2014.

She is married to an Obstetrician-Gynecologist. Dr. Lucino D. Delfin Jr., and blessed with three (3) children, Wiliam Benedict (18), Emmanuel John (17), and Marie Angeli Camille (15). Dr. Delfin is a busy lady supporting a lot of advocacies: Smoke Free Philippines, Stop Bullying Projects, Diabetes Education, Prevention and Care, and Quality and Affordable Health Care of the Filipina aside from being an active member of the Brotherhood of Christian Business and Professional of Roxas City Chapter.

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**VICTOR ALAN A. TORREFRANCA, MD**  
*Governor, Central Visayas Region*

A third term governor of the Central Visayas region, Doc Alan as he is fondly called by colleagues and friends, hail from Bohol. He is a past president of the Bohol Medical Society and presently a member of the Board of Directors of the Philippine Academy of Family Physicians, Bohol. A practicing Family Physician, Doc Alan is connected with the Local Government Unit-Duero as a Municipal Health and Nutrition Officer, Municipal Population Officer and a DOH-Certified Master HIV Counselor. He conducts lectures on Awareness/Updates on HIV/AIDS to nurses of Government and Private Hospitals, Schools

his area aside from conducting lectures on Population to barangays, high schools, and youth organizations. Doc Alan is also active in the promotion of Responsible Parenthood Movement, Safe Motherhood, Teenage Pregnancy lectures and deadly habits to teenagers.

Among the other advocacies of Doc Alan is the Fit for School Children and Exclusive Breast Feeding where he won for two consecutive years the National Award for Pabasasa Nutrition.

Our governor is not new in government service since his father Luis Torrefranca is a former mayor of Carmen, Bohol, while his mother Elisa Regis Abellaneda is a Pharmacist from Cebu. A brother, Ramoncito is also a politician / businessman.

Doc Alan is a compassionate humanitarian known in serving his constituents notably during and the aftermath of earthquake in Bohol and typhoon Yolanda. Doc Alan is married to Ms. Verde Sol Torrefranca with four children and loves singing and dancing.

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**ETHEL AURELIA LAGRIA, MD**  
*Governor, Eastern Visayas Region*

A "Pro-Life Advocate" protecting the Family as the basic link of society, this lady Governor serves the far flung areas of her region as the City Health Officer and City Population Officer of Borongan City, Eastern Samar. She finished Bachelor of Science in Medical Technology at Philippine Women's University and her medical Degree at Cebu Doctors University. She is married to an engineer, Engr. Teofrido Lagria with two children, Raymond Freth, an instructor at UP Diliman, and Timothy Freth working in a Fast Distribution Corporation as a Supply Chain Head.

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## Know your Governor...

By: Sol Veronica E. Bagaipo, MD



**MA. GAY M. GONZALES, MD**  
Governor, Western  
Mindanao Region

Our lady governor from Zamboanga City is an accomplished physician who actually hails from Surigao City, Surigao del Norte.

Dr. Gay had her preparatory medicine at Mindanao State University, Marawi City and completed her degree in medicine from University of the Philippines - Manila. She then went to UP PGH for her fellowship in obstetrics & gynecology where she also completed her subspecialty in Gyn oncology. Since 1984, she had her practice established in Zamboanga City. She is affiliated with Zamboanga City Medical Center and Brent Hospital. She is also an associate professor in Ateneo de Zamboanga School of Medicine. She is married to Dr. Eldigario Gonzales, a doctor of Philosophy in Public Administration. They are blessed with five children, two are into aeronautics (Lloyd Oliver, 34 & Patrick Ray, 27), Voltaire Jay, 29, is into his post graduate internship in medicine, Grace Eleanor, 24, is an IT graduate. The youngest, Charrize, 7, is in gradeschool. She is a very active member of the Zamboanga City Medical Society where she became its president from 2004 to 2006. During her term, ZCMS received 1st place Icasiano Award in 2005 & 2006. Being in the field of women's reproductive health, she is very passionate in her advocacy in promoting early cancer detection in women.

This is her second year as governor and may her experience in her first term impart wisdom to the new board. After all, she aspires to emulate the virtues of our national hero.

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**RUBEN O. GO, MD, FPAFP, PCOM**  
Governor, Northern  
Mindanao Region

Dr. Ruben Go is not a newbie in the PMA board of governors having served as a governor several years back. And he remained a very active member even if he no longer sat in the board by contributing what he can in the pursuit of righteousness.

Dr. Ruben hails from Jimalulud, Negros Oriental. He had his college in Silliman University and graduated as a physician from Cebu Institute of Medicine. He further specialized in family medicine, passing the PAFP specialty board in 1992 and has a subspecialty in industrial medicine. He is also a very active member of the Philippine Hospital Association with Cagayan de Oro's largest private tertiary hospital, the Polymedic General Hospital and the Polymedic Medical Plaza, under his care. His practice ran a span of 35 years and counting.

He is married to a physician, Dr. Josephine Goking-Go. They have three children who are also active physicians in Cagayan de Oro - Dr. Judee Ann Go-See, Dr. Rubee Ann Go-Gotil and Dr. Joseph Reuben Go. He is already a grandfather to six grandchildren.

Aside from watching movies, Dr. Ruben loves to travel and Italy was the last that he visited.

He is one doctor in Cagayan de Oro many look up to, not only in his practice, but also in his desire to guide people into the right path.

He is an active member of his component society, the Misamis Oriental Medical Society (MOMS). So for the members of PMA in Northern Mindanao, you can sit well knowing that your voices will be heard and represented in the present board.

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**MARIA LOURDES G. MONTEVERDE, MD**  
Governor, South  
Eastern Mindanao Region

A Lady Doctor in action, Doc Malou, our Governor of Southeastern Mindanao is from Davao City, serving as two-term president of Davao City Medical Society (2010-2012) and at the same time President of Davao City Chamber of Commerce and Industries (2011 & 2012). On her first term as president of DMS, Doc Malou co-chaired the 104<sup>th</sup> PMA Annual Convention held in Davao City, May 2011.

Dr. Monteverde had her pre-med studies at UP Baguio and finished her degree in Medicine at Davao Medical School Foundation. She had her specialty in Obstetrics and Gynecology at the Southern Philippines Medical Center. Fellow of the Philippine Obstetrical and Gynecological Society, she practices in Davao City in his following institutions: Brokenshire Hospital, Davao Medical School Foundation Hospital, San Pedro Hospital, and Davao Doctors Hospital, aside from teaching at Davao Medical School Foundation (DMSF).

Our Lady Doctor is married to a surgeon, Dr. Tomas J. Monteverde III, with 4 children of which the eldest, Elizabeth Tomasine, a Clinical Pharmacist, is on her First year in Medical School. Doc Malou is very active in socio-civic and business organizations, she is an Honorary Consul of Mexico to the Philippines (Davao based), a member and secretary of the Consular Corps of the Philippines, a member of CREBA (Chamber of Real Estate and Builders Association) member of National Association of Realtors and a certified International Property Specialist.

She is the Founding President of the Philippine Integrated Real Estate Service - Davao Chapter and Vice President of Verdemonte Realty Corporation.

Among her advocacies, Doc Malou aspires for Property Development to help alleviate the status of the Filipinos and supports/protects the disadvantaged women and children. In her own words, Doc Malou says "The Filipino Physician should be global, competitive, of international standard, not only locally based but should have a broader perspective in terms of practice, service, and standards."

She further explained that the Filipino doctor must excel and be able to work with the different institutions, private and government. In ending, she said that PMA is challenged to explore all possibilities so that we can be attuned to the needs of the times whether locally or internationally. ~



**KAREN Y. CONOL-SALOMON, MD**  
Governor, Northcentral  
Mindanao Region

This lady governor from Oroquieta City, Misamis Occidental has a lot of heart to offer in the new board of governors.

Although from the far south, Dr. Karen Conol-Salomon, had her preparatory medicine course in the University of the East and went on to finish medicine in the University of the East Ramon Magsaysay Memorial Medical Center. She further went into specialty in General Ophthalmology at the Manila Medical Center and has been practicing hence as an ophthalmologist for twenty years at the St. Therese Hospital in Oroquieta.

Dr. Karen is married to Mr. Jose Salomon Jr and they are blessed with two children, Justine Chiarra, 15 years old and Josi Caitrina, 13 years old. We can tell that she has postponed a bit her motherhood but she has fully made up for lost time. She is very much into the lives of her growing up teens and even went to see the movie Maleficent with them lately. She can be a kitchen diva too, whipping up a Durian flavoured Brazo de Mercedes or creamy baked spaghetti if schedule allows.

Aside from being a hands on mom, she is also very much into community activities and has taken into her cause the Save the Acacia Trees movement in her parish, a vibrant display of her passion in taking up worthy endeavours.

The PMA members of the Misamis Occidental (Oroquieta) Medical Society will be happy to know that their board of trustee is speaking up not only for them but for the whole PMA membership as well.

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**ANGELO L. DIMAANO, MD**  
Governor, Caraga  
Region

The governor from the Caraga region is the genteel Dr. Angelo Dimaano. Born in Manila but has settled in Bislig City, Surigao del Sur for more than two decades now.

He had his college completed at the Far Eastern University and became a doctor also in the same institution at the FEU-Nicanor Reyes Medical Foundation. He then studied further to become a general surgeon and has practiced as such for the past twenty one years in Bislig City at the Andres Soriano Memorial Hospital Cooperative.

Dr. Angelo is married to Ms. Maria Rowenda Dimaano. They have three children the eldest of them is Dean Angelo who is now a paediatrician in a fellowship for neonatology at the University of Santo Tomas Hospital. The second child, Miguel Angelo, is also into medicine and is a 4<sup>th</sup> year student at the University of Santo Tomas. The youngest, however, has chosen another path and is pursuing a degree in Computer Science also at the same institution.

Aside from the PMA, Dr. Angelo is an active member of the Rotary Club of Bislig and is also an ardent member of the Couples for Christ and Loving Presence Foundation, Inc. Either playing or watching it, basketball is the sport he is into if he finds the time.

This beautiful eastern part of the Philippines has a passionate and kind representation in the board of governors this year. And so does the whole membership of PMA.

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## AUXILIARY TO THE PMA

**INDUCTION** - PMA President Dr. Minerva P. Calimag inducted Ms. Elvira N. Estuita as President of Auxiliary to the Philippine Medical Association (APMA) during the 78th APMA Annual Convention on May 17, 2014 at the Hyatt Regency Hotel. Ms. Estuita is serving her second term as National President



**FOUNDATION DAY** - 68th APMA Foundation Day celebration with PMA President Dr. Minerva P. Calimag Guest of Honor and Speaker stressing closer ties and full support to APMA. It was held on July 9, 2014 at PMA Bldg. other guests included PMA Past Presidents Drs. Primitivo Chua, Modesto O. Llamas and Dr. Arturo Estuita.



## Search FOR TOPICS Awards

President Elvira N. Estuita of the Auxiliary to the Philippine Medical Association (APMA) announces the search for Nominees to The Outstanding Physicians in Community Service Award. The Award is being given in recognition of physicians who have rendered outstanding service to community over and above their regular duties. Deadline for submission of albums is 4:00 PM of August 22, 2014. Awarding will be held in the evening of the Physicians' Day on September 27, 2014. PMA President Dr. Minerva P. Calimag is the Chairman of the Board of Judges; Dr. Maria Luisa Alvarado, Chair of The Physicians' Day Celebration while Mrs. Elnora Duran is Chair of the TOPICS Search Committee





## Leadership from the Heart

# Dr. Maria Minerva P. Calimag

by Arnel M. Asino, MD, FPBA

Ervie as she is fondly called, is an amiable well refined woman with intelligence, unshakable foundation, humility, and charisma as her fundamental weapon. Because of her insatiable appetite for excellence, learning and teaching is her greatest passion. As the latin saying goes, "Ex nihilo nihil fit", work is required to succeed and nothing comes from nothing! In her younger years, her noble feat made her through difficulties to greatness. It is true that "Honors are the rewards of virtue" and hardwork is required to succeed. It was from her I realized that "humility conquers pride". As a leader, she performs her duties with kindness setting aside fame and personal gains.

In reality, a good leader should always be within the sphere of pertinent issues, inspire people respecting their basic rights, understand their common needs, and provides appropriate but moral solutions. In so many instances have we heard that a person is a born leader. Leadership by example or "Ductus Exemplo" is what I learned from Minerva in the past. It is not surprising Minerva embodied the qualities of a true leader.

Let me share to you the **"Seven Personal Qualities of a Good Leader"** by **Miss Barbara White**. She said that these seven personal characteristics are foundational to good leadership. (1) A good leader has an exemplary character. It is of utmost importance that a leader is trustworthy to lead others. True authority is born from respect for the good character and trustworthiness of the person who leads. (2) A good leader is enthusiastic about their work or cause and also about their role as leader. People will respond more openly to a person of passion and dedication (3) A good leader is confident. Such a person inspires confidence in others and draws out the trust and best efforts of the team to complete the task well. (4) A leader also needs to function in an orderly and purposeful manner in situations of

uncertainty. (5) Good leaders are tolerant of ambiguity and remain calm, composed and steadfast to the main purpose. (6) A good leader as well as keeping the main goal in focus is able to think analytically. (7) A good leader is committed to excellence. The good leader not only maintains high standards, but also is proactive in raising the bar in order to achieve excellence in all areas.

**Dr. Minerva Patawaran Calimag** embodies the seven qualities of a good leader being a good time manager despite her busy schedule. She found time to be a devoted spouse to the **late Dr. Placido P. Calimag, Jr.**, a Plastic and Reconstructive specialist with whom she blazed a similar career path, and to be a loving and caring MOTHER to their brood of eight children who inspires them both to excel in their chosen fields of specialization. For their part, all their children are themselves on their way to becoming accomplished professionals in the field of Medicine.

Armed with the charm of a princess but equipped with the fiery passion of a warrior, this lady anesthesiologist is undoubtedly more than just the usual healthcare professional. She has many outstanding contributions to Medicine and Education through her various advocacy campaigns and community service; her basic science researches in Pharmacology, clinical science researches in Anesthesiology, health-policy generating researches and medical education researches; her influence and contributions in her fields of specializations as Anesthesiologist, Pharmacologist, clinical epidemiologist, medical anthropologist, medical educator and technology innovations educator; her involvement in organized medicine both local and international, as she engages in interprofessional education and collaborative education and collaborative practice. Moreover, other than being an effective transformational leader and humble servant, Dr. Calimag is also into Health Policy Research, Medical Education Research,

Community-based Research, Research Mentoring, Editorial and Peer Review Activities.

She is a full professor of Pharmacology, Anesthesiology and Clinical Epidemiology at the UST Faculty of Medicine and Surgery and professorial lecturer, Epidemiology and Medical Informatics at the UST Graduate School; two-term governor of the Philippine Medical Association; two-term president, Manila Medical Society; two-term president, Society for Obstetric Anesthesia of the Philippines (SOAP); two-term president, International College of Surgeons Alliance (ICSA); fellow and vice-chair, former Board of Examiners, Philippine Board of Anesthesiology (PBA); former commissioner, Commission on Accreditation, Philippine Board of Anesthesiology (PBA); two-term president, Philippine Society of Anesthesiologists, Inc. (PSA); former secretary of the Confederation of the ASEAN Societies of Anesthesiologists; and former president-elect of the Asian and Oceanic Society for Regional Anesthesia and Pain Medicine.

Ervie speaks, "At a young age, I wanted to be a doctor...I did not want to be a teacher. I cannot understand why my parents had to stay up late checking papers and making lesson plans. I never realized then that doctors have to stay up even later to take care of patients. Even more ironically, I was to realize later that I cannot practice in UST if I will not teach. That is the wonder of time, time is never experienced backwards... the future is never known until it becomes the present...my destiny is to become a teacher...a good teacher just like my parents, hence my decision to take up Graduate Studies in Education. Returning to school became a timely opportunity to join an elite group of people who have a passion for learning that is so great they are willing to forgo five-figure jobs to follow their dreams of academic glory. It likewise gave me the opportunity to close the loop left by my parents, teachers and mentors par excellence, who both made sure that I and my siblings were imbued with all the Thomasian ideals necessary for us to be able to fulfill our duties. Through all my schooling days, they

never tire in saying, "Make good my child, you are in UST" to which I promised to do my best in everything I do." – Calimag, MMP, 2011 "Time, Timeliness and Timelessness" Address of Petition delivered during the Quadricentennial Graduation of the UST Graduate School, Intramuros, Manila, April 2, 2011.

Born and reared in Manila, Dr. Calimag graduated with honors during her primary education from the Dominican School (1969) and her secondary education from the UST High School (1973); the UST College of Science with a B.S. (Pre-Med) Magna Cum Laude (1977); the UST Faculty of Medicine and Surgery Benemeritus (1981); the University of the Philippines College of Medicine with a Masters of Science in Clinical Epidemiology (2003) under a scholarship grant from the Philippine Council for Health Research and Development. A **firm believer in life-long learning** and as further testimony of her passion for her craft, she successfully defended her dissertation (Meritissimus) toward a Doctorate of Philosophy in Education major in Educational Management degree **Summa Cum Laude** (2011) at the UST Graduate School.

She reminisces the time when the noble occupation of a servant was made known to her, "I was trying to pull into focus the importance of the years past, thinking about the nature of the word "mission," which, of course, can mean an "assigned task" or a "calling." I have learned community organizing and developing even as a student in high school even before I knew the meaning of the word "mission", when I would head our school's Catechetical Club teaching catechetics to the children along the railroad tracks in Algeciras St., Sampaloc. Through the years, the word "mission" has gathered on new meanings: "a medico-surgical sojourn", "an advocacy", "a yearning to keep on moving towards a goal", "a passion". For me community service is all these...it does not look at who, what, where or when... it simply drives one to go and serve." - Calimag, MMP 2006 "Leading with a Passion: My Passion for Leading"

As President of the Philippine Society of Anesthesiologists in 2010, she was lead convenor of the 1<sup>st</sup> National Summit on Medication Safety. She reiterated the need for establishing a forum for inter-sectoral communication on Medication Safety and strengthening the Culture of Safety in the medical professions. On September 15, 2013, she duplicated this fete with a "Summit on Medication Safety

in the OR", a Collaborative Practice Initiative of the Philippine Society of Anesthesiologists, Inc. along side with signing the "Manila Declaration on Medication Safety", which she crafted.

Together with her late husband, Jun and their children, the family serves with the Couples For Christ Community and their various family and social ministries since 1986. She was Chapter Head for the Handmaids of the Lord meeting with members weekly for 20 years until the sudden demise of her husband in 2009.

Dr. Calimag has numerous advocacies; She has launched advocacies for the four P's which stands for Planet, Profession, Physician-Peers and Patients. She is a Physician Peer Advocate to promote the welfare of her colleagues. For her profession in Anesthesiology, she continues to lobby with PHILHEALTH and AHMOPI. She lobbied with the Philippine Board of Anesthesiology to allow graduates of their Distance Education Program in Anesthesiology to take the Certifying Board Examinations. She is best known as a staunch Advocate for Women's Health. Also an advocate of Pharmacovigilance, she is the Committee Chair of the Food, Drugs and Cosmetics Committee of the Philippine Medical Association. As PSA President, she established a Malignant Hyperthermia Committee in 2009 with the goal to promote early recognition and prompt treatment of patients. In October, 2011 she spoke on the topic: "MH Alert: Tragedies and Strategies in the Philippines" at an international conference in Bali Indonesia. She co-authored an article entitled: "Medical Economics of MH in Southeast Asia" published in the 2013 Winter Issue (V31N1) of The Communicator, the official publication of the Malignant Hyperthermia Association of the United States (MHAUS).

Teaching is an active part of Ervie's professional life, both for courses at national and international meetings and for lectures at home. In the field of Medical Education she is a known advocate for Humanism at one end and Technology Integration at the other end in the spectrum of possibilities in Medical Education.

She is a member of various international organizations particularly, the New York Academy of Science (US), the International Society for Anaesthetic Pharmacology (US), the Society for Educators in

Anesthesia (US), the Obstetric Anesthesia Society for Asia and Oceania (Hong Kong), the International Clinical Epidemiology Network (INCLEN) and the Obstetric Anesthetist Association (England). She was Secretary-Treasurer of the Confederation of ASEAN Societies of Anaesthesiologists (CASA) 2008-2010; and is presently the President-Elect of the Asian and Oceanic Society for Regional Anesthesia and Pain Medicine (AOSRA-PM) 2013-2015.

The researches that she authored and co-authored have garnered for her and her research mentees numerous awards and recognition thereby paving the way for the UST Department of Anesthesia to win the much-coveted PSA Quintin Gomez Award for Excellence in Research. To mention a few of her awards; First Prize in the PMA-Abbott Research Contest, USTMAA Tri-State Research Award, the Colegio Medico-Farmacaceutico de Filipinas, Inc Research Award, UST Silver Series Award, Gold Series Awards for Excellence in Research, UST Dangal Award, Gawad Santo Tomas For Outstanding Faculty in Science and Technology Research, PMA Most Outstanding Physician Award, Ica-siano Award first Prize, PMA Leadership Award, TOPICS Award, USTMAA Thomasian Outstanding Medical Alumni for Leadership, Award For Leadership in Public Health and Health-Related Issues, UST Dangal Award, Gawad Santo Domingo for Outstanding Faculty in Community/Extension Service, St. Cosmas and Damian Most Outstanding Faculty in Medicine, and the UST Dangal Award Gawad San Lorenzo in recognition of her being awarded as the **Professional Regulation Commission's (PRC) MOST OUTSTANDING PROFESSIONAL in the Field of Medicine 2012** and the **PRC's First ERIC NUBLA AWARDEE as MOST OUTSTANDING PROFESSIONAL among 39 other Outstanding Professionals for 2012.**

When others choose to migrate and seek greener pastures, Ervie choose to stay and serve her Alma Mater and her peers and fellow countrymen. Truly, a proud and accomplished **FILIPINO PHYSICIAN H.E.R.O.** (**H**-ealthcare Advocate; **E**- Educational Innovator and Environmental Champion; **R**-esearcher and Research Mentor and **O**-utstanding Community Organizer and Social Mobilizer) in word and in deed!



## PMA REGIONAL ORIENTATION AND LEADERSHIP SEMINAR FOR NCR, SOUTHERN TAGALOG AND BICOL REGIONS

HELD ON JUNE 15, 2014 AT UNILAB BAYANIHAN CENTER, PASIG CITY



The PMA National Officers and Governors of NCR, Southern Tagalog and Bicol Regions with Delegates from Manila and Rizal ...



... Delegates from Quezon City



... Delegates from Central Tagalog



... Delegates from Southern Tagalog



... Delegates from Bicol



## **PMA REGIONAL ORIENTATION AND LEADERSHIP SEMINAR FOR CENTRAL AND NORTHERN LUZON REGIONS**

HELD ON JUNE 29, 2014 AT FOREST LODGE, BAGUIO CITY



The PMA President Ma. Minerva P. Calimag, MD welcoming the delegates.



... Delegates from Central Luzon...



... Delegates North Eastern Luzon



... Delegates from North Western Luzon

## **PMA REGIONAL ORIENTATION AND LEADERSHIP SEMINAR FOR VISAYAS AND MINDANAO REGIONS**

HELD ON JULY 12, 2014 AT WATERFRONT HOTEL, CEBU CITY



... Delegates from Western Visayas



... Delegates from Central Visayas



## **PMA REGIONAL ORIENTATION AND LEADERSHIP SEMINAR FOR VISAYAS AND MINDANAO REGIONS**

HELD ON JULY 12, 2014 AT WATERFRONT HOTEL, CEBU CITY



... Delegates from Eastern Visayas



... Delegates Western Mindanao



... Delegates from Northern Mindanao



... Delegates from South Eastern Mindanao



... Delegates from North Central Mindanao



... Delegates from Caraga



## ***LET'S MOVE ON.....By : Modesto O. Llamas, M.D.***

### **FINANCIAL STABILITY AND INDEPENDENCE**

The need for PMA to be financially stable was emphasized repeatedly during the various Leadership Seminars. With the great number of Life and Emeritus Members who are exempted from payment of dues, the number of paying members left is not that big !

The need becomes even more urgent in view of the diminishing assistance from our partners in the Pharmaceutical Industry and the impending implementation of the Mexico Principle Policy by the PRC and DOH which may restrict the promotional activities of Pharmaceutical companies including CME sponsorship !

The desire to maximize the economic potentials of the PMA property with a high rise building to generate additional funds dates back to the time of Dr. H.B. Calleja as PMA President in 1995, with yours truly as Vice President and Dr. Lakandula Elayda as Secretary General (Current Chairman of the Ad hoc Committee on Building).

The initiative was revived in 2010 - 2012, and again in 2012-2013 when the Board worked relentlessly for almost 11 months on the PMA Building Plan which was finally approved by the Board and ratified by the General Assembly in May 2013.

Our building plan will require the continuous patronage of several PMA administrations and this may even bring us to 2019 and possibly even beyond for the whole plan to be completed. The Board and the Ad hoc Committee are looking further into all the requirements of the plan. We will appreciate everyone's suggestions to further improve it. Once ready, it will be presented to the General Membership.

This is one undertaking that merits everyone's full support for the best interest of our organization and of our members who will benefit most.

The potential benefits that can be provided once PMA becomes financially stable are:

1. Enhanced Continuing Medical Education Programs,
2. Increased Mutual Aid, Disability, Death Benefits and Legal Assistance,
3. Reduced membership dues,
4. Calamity Assistance,
5. Subsidy to Component Societies,
6. Subsidy to children of members taking up Medicine,
7. Assistance to members seeking further training abroad or elsewhere in the country
8. Subsidy to research work,
9. Retirement Benefits or Insurance
10. Better facilities in the Indigent Clinic to provide free Laboratory Tests, X-ray, Ultrasound to members.

**Let us all unite on this one, for us and for the future generations of Physicians.**

### **INTEGRATION / RELEVANT BILLS**

In line with the goals of the PMA President, the Commission on Legislations is working on the Bill on Integration of the Medical Profession with the main objective of unifying all Members, Specialists and the Non Specialists, in Government Service or in Private Practice.

We will be working closely with the Municipal & the Provincial Health Officers' Associations for the Amendment of the Magna Carta of Public Health Workers and the Salary Standardization of Government Physicians.

Bills on Tax credits for Charitable Works like in Medical Missions, Pro Bono outpatient Care, and the Tax requirements of Physicians in Training are also being studied.

The bill on compassionate use of Medical Marijuana stands an even chance of being approved. It is a law in several states in the US. Our main concern is on the control of the supply, the source, the distribution if and when local cultivation will be allowed.

### **UNIFICATION**

PMA was organized some 111 years ago by our forebears with the primary objectives of bringing together and uniting the entire medical profession, to elevate the standards of medical education and practice to serve better the health needs of our people.

Through the years, PMA has succeeded in most of its objectives except for unification. It has remained one of the elusive dreams, the other being the PMA Building Plan. Integration Bill may bring everyone under one organization, but may be meaningless if for compliance only of the law.

We have realized for so long the necessity to strengthen PMA to give it the much needed Clout. The current PMA Leadership is determined to achieve that through a meaningful unification of all physicians, Specialists and the Non-Specialists alike, in Government Service or in Private Practice.

We need to be united, not only in name but in deed. Our organization should rise above any other groups of men, worthy and in fairness to its 111 years of existence. We must do justice to our Forebears who organized the medical profession to be the Guardian of the Nation's Health.

PMA must be relevant to our members, the society and to the country. That is the greatest challenge confronting us today !

PMA President Dr. Minerva P. Calimag has mentioned often-times that "UNIFICATION IS ONE BANNER PROGRAM OF THIS ADMINISTRATION." Everyone's effort is indispensable to its attainment.

**We welcome Comments and suggestions.**



**57<sup>th</sup> NATIONAL MEDICINE WEEK CELEBRATION**  
**4<sup>th</sup> Dr. Fe Del Mundo Annual Bulilit and Teen Health Workers Congress**  
 September 26, 2014

The Philippine Medical Association in partnership with Child (Bulilit) Health Workers Foundation Inc., Community Pediatric Society of the Philippines, Philippine Pediatric Society Section Community Pediatrics and Pediatric Nephrology Society of the Philippines cordially invite your component society to join our celebration of the Child Advocacy Day as part of the PMA National Medicine Week 2014. This will coincide with 4<sup>th</sup> Dr. Fe Del Mundo Annual Bulilit and Teen Health Workers Congress on September 26, 2014 (Friday) 7:00 am in Metro Manila.

Please be guided of the following simultaneous activities;

**1. Poster Making Contest**

Open to all grade 4-6 students/High School Students

**Theme: "Healthy Kidneys for Filipino Kids [Malusog Na Bato Para sa Batang Pinoy]"**

Criteria	Points	ONSITE		SEND IN POSTER	
		Elementary	High School	Elementary	High School
Uniqueness/Originality	20 %	<b>PLACE</b>	<b>CASH PRIZES</b>		
Impact	20 %		1st	1,000.00	1,000.00
Quality of Work	20 %		2nd	800.00	800.00
Adherence to Theme	20 %		3rd	600.00	600.00
Clarity	20 %				
<b>Total</b>	<b>100%</b>				

*Each participant will be provided with crayons, pencils and illustration boards.*

**Note:**

*For the component societies that could not come they can proceed with the slogan and on-the-spot drawing contest on their locality and send their entry to PMA for national judging.*

*Please send your entries on or before September 15, 2014.*

**2. Cheer Dance Competition**

Each group will consist of 15-20 elementary/ high school students and will perform for 6-8 minutes.

**Theme: "Healthy Kidneys for Filipino Kids [Malusog Na Bato Para sa Batang Pinoy]"**

Criteria	Points	Elementary	High School
		<b>CASH PRIZES</b>	
Adherence to Theme	25 %	1st	4,000.00
Rhythm/Lyrics	25 %	2nd	3,500.00
Execution	25 %	3rd	2,500.00
Overall Impact	15 %		
Costume	10 %		
<b>Total</b>	<b>100%</b>		

**3. Bulilit Group Poem Recitation**

Each Group will be represented by 10 certified Bulilit Health Workers. The Foundation will provide the Bulilit Health Workers' Poem as common contest piece at least one month before the competition.

Criteria	Points	PLACE	PRIZES
Interpretation	30 %	1st	3,500.00
Clarity	30 %	2nd	2,700.00
Projection	20 %	3rd	2,000.00
Over all impact	20 %		
<b>Total</b>	<b>100%</b>		

#### 4. 4th Fe Del Mundo Annual Bulilit Quiz Bee

Each component society will send 5 certified Bulilit Health Workers to take the written bulilit examination as part of the elimination round in the morning. During the final oral contest only 3 representatives per school will be allowed to join, the other 2 will remain as alternate.

	ONSITE	
	Grade School	High School
PLACE	CASH PRIZES	
1st	3,000.00	3,000.00
2nd	2,500.00	2,500.00
3rd	2,000.00	2,000.00

*Please send the name of the contestants including, name of school and component society before Sept. 15, 2014.*

*All participants will be provided with free snacks and lunch.*

*All participants will receive certificate of appreciation from the organizing committee.*

*For more details and inquires please call or text*

*Dr. Benito P. Atienza- 0917-504-9895*

*Ms. Baby Pingol – 0917 822 1357*

#### **Benito. P. Atienza, M.D.**

Vice Chair PMA Medicine Week 2014-2015

Founder/President Child (Bulilit) Health Workers Foundation

PMA National Treasurer 2014-2015



*Tanauan Medical Society Bulilit Health Workers Launching at Tanauan South Elementary School, Tanauan City, Batangas, August 2, 2014*



*General Santos Medical Society Bulilit Health Workers, Disaster Preparedness, Dengue and Nutrition Lecture held last August 5, 2014*



## UNLAD KARUNUNGAN

**Ramon F. Abarquez, Jr., MD, EFACC, FAsCC, FPCP, FPCC, CSPSH**  
**Member, PRC – BOM – APO - CPD Council**  
**Chair, PMA CME Commission**

### **'EFFORT - EFFECT' EVALUATION MINDSET: AN OUTCOME-BASED COST- EFFICIENT PRETEST RISK STRATIFIED SELECTIVE OPTIONS**

Problem solving has been inculcated as patients' chief complaints that is expanded to involve a dysfunctional organ system or a desynchronized coordinating functional polysystem in an otherwise subclinical state (primary prevention) to a symptom or organ damaged documentation presenting as a mild to moderate malfunction manifestation (secondary prevention) or as a critically ill often complicated with multi-organ comorbidities (tertiary prevention requiring often 'heroic' if not 'salvaging' procedures to delay if not avoid demise. Such scenario is, 'what' is, the thrust or focus of individual or organization 'effort - effect' evaluation mindset.

#### **THE PROBLEM:**

WHO estimates, in 2008, CVD deaths, cancer, chronic respiratory disease and DM global mortality at 63%. The NCD burden is projected to increase: by 2030, NCDs will be the greatest killer in all (Low-Middle Income Countries), particularly in SE Asian countries wherein mortality is expected to increase by 21% till the next decade. (Robinson, Pac Health Dialog. 2012 Apr;18(1):179-90) One-third of the 7.9 million deaths (34%) occurred in those <60 years of age (compared to 23% in the rest of the world). Of the total deaths (14.5 million), cardiovascular diseases accounted for 25%, chronic respiratory diseases 9.6%, cancer 7.8% and diabetes 2.1%.

In the Philippines, CVD mortality increased by 20.6% per 100,000 population from 69.8% in 1997 to

90.4% in 2005. (Romualdez, Health Syst in Transition WHO 2011;1(2) Admittedly, prevalence data, being observational, although derived from randomized selection, do not necessarily reflect any intervention influence. Nonetheless, CVD remains the number one killer in our country for several years now.

Another major concern is 'healthcare mal-distribution' state, that can translate into CPD (continuing professional development) inequity. DOH data shows that 40% of practicing physicians are in NCR, III and IV-A regions. The PHAP 2006 hospital Association data indicate that 68% of 45,555 registered doctors are specialist. More importantly, 63% specialists practice in Metro-Manila. Even the "Doctor-to-Barrio" Program indicated that only 10% will be 'Rural Doctors'. (Mendoza, The Filipino Internist Jan.-Apr. 2014:9). Thus, the Board of Medicine, the PMA with the Specialty Divisions, APMC and DOH just concluded a CPD oriented workshop on consonant with the WHO and the world Medical Association intentions to stimulate medical organizations- 1) formulate plans for quality improvement; 2) establish a system for national evaluation and recognition of institutions or programs to assure quality standards; and, 3) safeguard medical practice and manpower with well defined international standards.

#### **CPD PLANNING -EVALUATION:**

Outcome - based planning involves specified stakeholders' problem or needs that include expected results

as PROGRAM FOUNDATION. How will the program or plans make a "DIFFERENCE"? Outcome - based evaluation involves a systematic program analysis with RESULTS ASSESSMENT regarding BENEFITS or HARM. How do stakeholders get better as a result of program OUTCOME is the impact goal?

Outcome is "so what"? OUTCOMES need to be MEASURABLE, ATTAINABLE with CLEAR RESPONSIBILITY and designed to IMPROVE ORGANIZATION PERFORMANCE. In answer to a problem, 'Outcome' algorithm shows Implementation as to input (funds & human - organic resources); activities (plans, process, programs); outputs (performance assessment) and results as to outcomes (specific mission to goal attained); goal impact (quality of life vision).

#### **HEALTH ISSUES EVALUATION:**

Clinical practice guidelines (CPG) advisories and recommendations appear to be the "gold standard" in the day-to-day doctors' activities. However, for example, a systematic review of 16 chronic HF guidelines shows consistent (71.4%) and inconsistent (25.7%) advisories based on consensus (56%) and EBM (28%) power of evidences. (Muth BMC Health Service Research 2009;9:74-89.) Recently, the ACC/AHA CPGs (1984 - 2008) consisting of 53 guidelines, 22 topics and 7196 recommendations indicated that the Level of evidence "I -A" (19%) is significantly less than consensus-based evidence "C" (48%). (Granger, Eur Heart J, 2010;31:520-21)



What seems to be the explanations? Based on 28 CPGs (2002-2012), multiple co-morbidities (71%), socio-personal context (61%), patient preferences (43%) are factors that can influence the AGREE mean score of 3.8 out of 7 (54.2%). (Wyatt, *Med Care* 2014 Mar;52 Suppl 3:S92-S100.) The other bias is the persistently high financial conflicts of interest. But, expert clinical problem solving values involve WHAT (clinical experience), HOW (mechanistic reasoning) and WHERE (RCTs' & Observational Studies' Outcome). (Sniderman, *Mayo Clin Proc* 2013 Oct;88(10):1108-14)

Furthermore, EBM translated into practice is impeded by efficiency outcome measures such as: 1) Quality cost per case, utility reduction? 2) Quantity of man day lost (MDL) or life years expressed in relative or absolute mortality or morbidity rates changes? 3) Efficiency measures of net benefit in clinical practices? And 4) Appropriate analysis of support links and risk adjustment data especially with co-morbidities? (Eckermann, *Soc Sci Med*; 2013 Jan;76(1):159-68)

Although, EBM reduces clinical practice variations, uncertainties, procrastinations despite the important role of clinical experiences (Sanchez Lopez, *Aten Primaria* 2010 Oct;42(10):507-13.) yet, 'Micro-EBM (proof beyond placebo, with foreign inclusion-exclusion criteria) outcome is still extrapolated to reflect as the LOCAL 'MACRO - General Population' in OUR 'Real World' of Clinical Practice. Thus, stroke in 27 CPGs showed, very poor adherence. (Donnallan, *Health Policy* 2013 Aug;111(3):245-63) And in a Cochrane review of (2006-2011) BP CPGs, the 'Advocacy Clarity' is only 44.4%. (Al-Ansary, *PLoS ONE* 2013;6(1):e53744)

An alternative option to augment EBM concerns is CER (comparative Effectiveness Research) Local data observational 'real world' studies plus foreign EBM studies is a CER that

address: "what works best? For whom? and in whose hands?" Furthermore, well-designed and analyzed observational studies provide longer-term outcomes with balance comparison groups. RCTs and Observational Studies can show similar benefits or harms in important subgroups, account for variations in quality of care and can be useful CPG recommendations. (Greenfield, *J Comp Effect Research* 2012;1(3):263-270)

### COMPARATIVE EFFECTIVENESS RESEARCH IN TERTIARY CARE

Hospital - based outcome measures predict small differences in hospital risk-adjusted mortality rates. Hence, efforts that are tightly linked to 'IN - OUT' patient outcome data is encouraged. (Werner, *JAMA* 2006 Dec 13;296(22):2694-2702) The case-in-point is the acute coronary syndrome (ACS) summit presented by Dr. Petite Llana, Coronary Committee Chair, PHA presented during the May 2014 annual meeting. Of the STEMI (36.2%) in the 2326 ACS registry, merely 28% had PCI intervention given during a mean 6 hours time till 93 hours resulting in a 8% mortality. Is the PHA cardiology practice at-par with international standards? WHY NOT '1 - A' PHA CARDIO - PRACTICE? The latest AHA/ACC CPG emphasized that STEMI is an emergency case requiring a  $\leq 90$  minutes reperfusion intervention. (Tamis-Holland, *Clin Cardiol*. 2014 Feb 12.)

However, in Jakarta study of 1505 STEMI (2008-2011), patients seen  $<$  or  $>$  12 hours after angina (53% vs 51%,  $p = \text{NS}$ ) or patients with PCI  $<$  or  $>$  90 minutes (49.1% vs 51.3%,  $p = \text{NS}$ ) had similar in-hospital mortality rate - outcomes (8.3% vs 6.9%,  $p = \text{NS}$ ). (Dharma, *PLoS One* 2014 Feb 10;9(2):e86665) Likewise, the GRACE registry on STEMI patients receiving oral anti-clot therapy, only 52% had PCI  $<$  24 hours. (Alonso, *Eur Heart J: Acute*

*CV Care*, 2013;2(3) 280-291) Furthermore, in the Helsinki study (448 STEMI patients in 1 year), the composite CV death, stroke, re-infarction and new revascularization per intervention outcomes, MACE were statistically not significantly different ( $p = \text{NS}$ ) regarding PCI (20.1%), fibrinolysis (18.2%) or optimal medical treatment- OMT (26.9%). (Viikila, *Eur Heart J Acute CV Care* 2013 Dec;2(4):371-8)

Any ACS registries in the Asian Pacific (AP) region? The number of Centers or hospitals contributing to the ACS patient population include: PHA, (13 in 2326), Thailand (39 in 2007), Malaysia (11 in 3422). Indonesia (1 in 2103) and Japan (96 in 3597) respectively. STEMI was more in all AP registries while NSTEMI was predominant in the PHA registry. STEMI management was OMT twice more than PCI (PHA), 6 times more OMT than PCI (Indonesia) but 95% PCI in Japan. STEMI mortality were almost the same, i.e. Indonesia (9.1%), PHA (8%), Japan (7.1%), Thailand (5.2%) compared to GRACE registry (8%). Likewise, ACS mortality was comparable in the region, i.e. Indonesia (8.9%), PHA (7.4%), Malaysia (6.8%), Japan (6.5%) and in Thailand (3.8%).

The CER format comparing STEMI PHA data with OASIS- 6, a European RCT study of 12,096 STEMI, 64% had no intervention, yet, only 4% had rescue PCI or CABG. Expectedly, only 32% had PCI (32%) and 64% had OMT. (Yusuf, *JAMA* 2006;295:1519). Not so surprisingly or unexpectedly, PHA data showed similar outcomes, i.e., wherein also 64.4% had no intervention and PCI (28%) and OMT (58%) were the management options that were similar to European OASIS 6 RCT study and the AP Registries. Apparently, our local 'effort and effect' experiences are similar if not comparable to other AP registries as well foreign RCT data.

Below is the decision from the Presiding Judge on the TRO/Writ of Injunction filed against the PMA President Maria Minerva P. Calimag, M.D.

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REPUBLIC OF THE PHILIPPINES  
NATIONAL CAPITAL JUDICIAL REGION  
REGIONAL TRIAL COURT  
BRANCH 90, QUEZON CITY

**DR. LEO O. OLARTE,**  
**Plaintiff,**

**-versus-**

**Civil Case No. R-QZN-14-05676-CV**

**DR. MINERVA CALIMAG,**  
**Defendant.**

X-----X

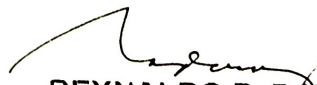
**ORDER**

This refers to the plaintiff's prayer or application for the issuance of a Temporary Restraining Order (TRO) as embodied in the verified Complaint vis-à-vis the defendant's opposition thereto as embodied in her "Verified Answer with Opposition [to the Issuance of a Temporary Restraining Order and/or Writ of Preliminary Injunction] and With Motion to Declare The Instant Case A Harrasment And/Or Nuisance Suit" which was filed on July 7, 2014. (*see also* Order dated July 7, 2014)

After carefully considering the arguments/submissions of the parties in the afore-cited pleadings and those made during the summary hearing on the afore-cited prayer or application on July 7, 2014, this Court is of the considered and humble view that the plaintiff has not been able to show her entitlement to the afore-cited prayer or application for the issuance of a TRO even as this Court finds merit in the relevant arguments raised by the defendant in her afore-cited opposition which will no longer be quoted herein. (*see also* Sections 4 and 5, Rule 58 of the 1997 Rules of Civil Procedure, as amended and Section 1, Rule 10 of the Interim Rules of Procedure Governing Intra-Corporate Controversies Under R.A. No. 8799)

IN VIEW OF THE FOREGOING, the afore-cited prayer or application for the issuance of a TRO is **DENIED**.

SO ORDERED.  
Quezon City, July 9, 2014

  
**REYNALDO B. DAWAY**  
Presiding Judge

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## ***2014-2015***

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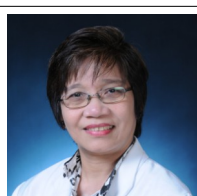
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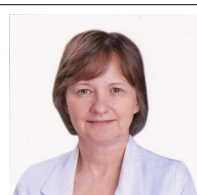
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**BY:  
ARNEL M. ASINO,  
MD, FPBA**

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Philippine College of Emergency Medicine  
Philippine College of Occupational  
Medicine

### PHILIPPINE COLLEGE OF PHYSICIANS

Diabetes Philippines  
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Philippine College of Chest Physicians  
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Philippine Dermatological Society  
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Philippine Society of Gastroenterology  
Philippine Society of General Internal  
Medicine  
Philippine Society of Nuclear Medicine  
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Blood Transfusion  
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Infectious Disease  
Philippine Society of Nephrology

### PHILIPPINE COLLEGE OF RADIOLOGY

Computed Tomography Magnetic  
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 Philippine Society of Ultrasound in Surgeons  
 Philippine Society for the Surgery of Trauma  
 Philippine Society for Transplant Surgeons  
 Philippine Society for Vascular Surgery

Philippine Spine Society  
 Philippine Urological Association  
 Surgical Oncology Society of the Philippines

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 Philippine Society for Cervical Pathology & Coloscopy  
 Philippine Society for Gynecologic Endoscopy  
 Philippine Society for Study of Throphoplastic Disease  
 Philippine Society of Climacteric Medicine  
 Philippine Society of Maternal and Fetal Medicine  
 Philippine Society of Reproductive Endocrinology and Infertility, Inc.  
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 Society of Gynecologic Oncology of the Philippines

## PHILIPPINE SOCIETY OF PATHOLOGISTS

## PHILIPPINE PEDIATRIC SOCIETY

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 Pediatric Infectious Disease Society of the Philippines, Inc.

Pediatric Nephrology Society of the Philippines  
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 Philippine Society of Pediatric Gastroenterology and Nutrition  
 Philippine Society of Pediatric Metabolism and Endocrinology  
 Philippine Society of Pediatric Hematology  
 Philippine Society of Pediatric Oncology  
 Philippine Society of Pediatric Surgeons  
 Section of Ambulatory Pediatrics  
 Section of Genetics  
 Section on Allergy & Immunology  
 Section on Developmental Pediatrics  
 Society of Pediatric Critical Care Medicine

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 Philippine Society of Pediatric Anesthesiologists  
 Society for Neuroanesthesiologist of the Philippines  
 Society of Obstetric Anesthesia of the Philippines

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 Community Pediatrics Society of the Philippines  
 Department of Education & Culture Physicians Association  
 Fetus as Patient Institute of the Philippines  
 Maternal and Child Health Association of the Philippines  
 Molecular Oncology Society of the Philippines  
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 Philippine Society of Oncologists  
 Philippine Society of Sleep Medicine  
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 Philippine Society of Venereologists, Inc.  
 Philippine Thyroid Association  
 Sports Medicine Association of the Philippines

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# SUMPA NI HIPPOKRATES

*Isinalin sa wikang Pilipino ni Manggagamot Nicolas J. De Jesus*

Sa ngalan ni Apollo na manggagamot, ni Asclepsius, ni panacea at lahat ng mga Dios at Diosa na ginagawa kong saksi, gagawin ko ayon sa aking kakayahan at paghatol ang sumpang ito:

Na ituring kong parang magulang ang aking mga guro sa sining na ito, at kasama sa lahat ng aking gawain.

Na kung sila ay nangangailangan ay bahaginan ko ng ano mang akin:  
kanilang naisin, ituro at ibahagi ang kadalubhasang ito ng walang kabayaran;

Na ibahagi ang talino, pananalita o ano mang aral sa aking mga anak, sa anak ng aking mga guro, sa lahat ng nanumpa at wala ng iba;

Na gagamitin ko ang paggagamot upang bigyan lunas ang mga sakit, ayon sa aking mga kakayahan ngunit hindi upang makasakit o gumawa ng masama;

Hindi rin ako magbibigay ng ano pa man upang kitilin ang nasa sinapupunan;

At sisikapin kong maging malinis at banal ang aking buhay at gawain;

Hindi ako magpipilit tumingin sa kanino mang may karamdaman kung ito ay wala sa aking kakayahan, ngunit ibibigay ko sa dalubhasa sa ganitong gawain;

At sa kanino mang tahanan na aking puntahan ako ay papasok upang tumulong sa may sakit at di ako gagawa ng masama, pananakit, o di kaya paglapastangan sa katawan ng isang nilalang, mayaman man o mahirap;

At kung ano pa man ang aking Makita sa larangan ng aking paggamot o pakikisama ko sa ibang tao, kung ito ay hindi dapat isiwalat, ituturing ko itong banal na lihim;

At ngayon, kung matupad ko ang sumpa ito, at nawa'y di ako magkasala,

Maganap ko sana ang isang walang katapusan pagdakila mula sa lahat ng tao,

Ngunit kung ito ay sirain, kabaligtaran ang sumaakin.

*Isinatula ni Manggagamot Alberto J. de Leon noong ika-Siyam ng Hulyo, taon Dalawang Libo at Labing Apat, sa pagdiriwang ng ika-isang daan at labingdalawang taon pagkakatatag ng Manila Medical Society.*