



# THE PHYSICIAN

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*Dr. Maria Minerva P. Calimag, PMA President, welcomed the officers & members from the 18 National Medical Associations (NMAs).*



*Dr. Jose Asa Sabili inducted as CMAAO President for 2014-2015 by Dr. Margaret Mungherera, World Medical Association (WMA) President.*

## PMA Hosts CMAAO Confab

The Philippine Medical Association hosted the 29<sup>th</sup> General Assembly and 50<sup>th</sup> Council Meeting of the Confederation of Medical Associations in Asia and Oceania (CMAAO) last September 24-26 at the Marriot Hotel, New Port, Pasay City. The Assembly's theme was "Health Database in an Information Technology Society". Dr. Maria Minerva P. Calimag, PMA President, welcomed the officers and delegates from the 18 National Medical Association

During the Assembly's opening ceremonies Dr. Jose Asa Sabili, former PMA president, was inducted CMAAO President for 2014-2015 by Dr. Margaret Mungherera, World Medical Association (WMA) President.

CMAAO is composed of medical associations from eighteen countries, namely Australia, Bangladesh, Cambodia, Hongkong, India, Indonesia, Japan, Korea, Republic of China, Malaysia, Myanmar, Nepal, New Zealand, Philippines,

Singapore, Sri Lanka, Taiwan and Thailand.

The Confederation was proposed by Dr. Rodolfo P. Gonzales, PMA President for fiscal year 1950-1951, in order to promote academic exchange and cultivate ties of friendship between each member medical association. It was officially established in 1956 at the Third Meeting of the South-east Asian Medical Confederation with Dr. Gonzales as president and medical associations from eleven countries as members. The medical associations were from Australia, Burma (now Myanmar), the Republic of China, Iran, India, Indonesia, Korea, Japan, Pakistan, Philippines, and Thailand. Manila was made it's headquarters. The Confederation has since increased in membership to eighteen and its headquarters has been moved several times to different member countries. At present the CMAAO's headquarters is in Japan.

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November 30, 2014

Day 183

At the Leadership and Strategic Planning Workshop, several strategic imperatives emerged: 1. Institutionalize the mission, vision and values of the PMA; 2. Strengthen the PMA as an organization; 3. Enhance the relevance of the PMA among its members; 4. Build capacities and empower the physicians; 5. Promote quality Medical Education; 6. Improve physicians' access to Continuing Professional Development; 7. Play a pivotal role in crafting policies and laws for the country; and 8. elevate the status of the PMA in the local and international scene.

### **Strengthening the PMA as an Organization**

The medical profession is a magnet for controversy... why? Because the physicians that comprise it are revered and looked up to by society... eminence, empathy, erudition and expertise are values that are attributed to all physicians. The same values however can undermine the very core of our existence as an organization at the Philippine Medical Association... leading to territorialism, turfism, tribalism and turncoatism. Let this be a wake-up call for all of us Filipino physicians...especially those among us in leadership positions. Our common goal should be to make sure: that we **love our profession** because it has imbued us with God-given talents to heal physically and emotionally; that we all **love our fellow physicians** because that is what we have sworn to do when we took the Oath of

## **FROM THE PRESIDENT'S DESK**

**MARIA MINERVA PATAWARAN-CALIMAG, MD, MSc, PhD, FPBA**

*"All of us face hard choices in our lives. Life is about making such choices.*

*Our choices and how we handle them shape the people we become."*

*Hillary Rodham-Clinton in Hard Choices*

Hippocrates; that we should **love the Philippine Medical Association** because it has been the oldest medical organization of Filipino physicians built upon the age-old ideals of our predecessors. The Philippine Medical Association as envisioned by our forefathers is an association of all physicians that would look after each other's welfare. Our duties and responsibilities at the PMA should be to make sure that all physicians, regardless of specialization and affiliation are cared for, nurtured and empowered. We should thwart any attempt by any sector to disembowel the profession, to divide the physicians, and disintegrate the PMA in exchange for personal gains or political ambitions. All eyes are on us and I call upon all physicians for us to examine our conscience and ask ourselves about what we have done to uplift the lot of our fellow physicians... let us maintain the respect of all our peers...let us reflect on what we are doing, ...to ourselves, to our fellow physicians and to the Philippine Medical Association.

### **Advocating for the Filipino Physician through Organized Medicine**

As the 93<sup>rd</sup> PMA President and only the 7<sup>th</sup> female to assume the leadership of this 111 year-old prestigious organization of Filipino physicians, I have crisscrossed the Philippines from Tuguegarao in the north up to Tawi-Tawi in the south and have seen how our fellow physicians man the forts of health despite challenges of turbulent weather conditions, of terrain in mountainous areas and in island provinces, of terrorism and even of threats to life. Going to the provinces to preside over Induction Ceremonies may seem like performing just ministerial functions, but it is during these

times that I listen to our colleagues' stories and come to appreciate the diversity of ideas and approaches to healthcare challenges found in the different regions – and realize that each has its own merits. Everything has to be appreciated in context, only then can we truly make a difference in the lives of our colleagues. Hence, I am reminded again and again of the responsibility we have as physicians to provide the best care possible to our patients. Moreover, I believe we have a dual responsibility to provide the leadership to ensure that the environment in which healthcare is given, the structure of the healthcare system, is one that promotes good quality care. Now I also recognize the challenges and fears we physicians have to losing our autonomy – we fear that crucial healthcare decisions will be dictated by government, by the hospital administrators or even by health insurance companies. It is therefore from this perspective that we should realize the power of organized medicine and how it can be harnessed to protect the medical profession from all these external threats.

### **Enhancing the Image and the Relevance of the PMA**

At every Board Meeting ...there is healthy exchange of ideas among the PMA Board of Governors and we pushed for strategies to increase active membership at the PMA...strategies to increase the visibility of and awareness about the PMA through our website and through social media. To promote the PMA by wearing of the PMA symbols especially during Regional Assemblies... t-shirts and jackets with the PMA Logo, the PMA pin, the PMA ID, the singing of the PMA Hymn and the exposition of the PMA Flag in all conventions and conferences. These external symbol shall stand for

unity and solidarity, and as a symbol of excellence of ALL Filipino physicians... everything that PMA stands for... Proudly TATAK PMA! I also represented the PMA at the Oathtaking of the New Physicians by the Professional Regulations Commission Board of Medicine last October 4, 2014 at the PICC.

### **Greening the PMA**

We are also happy to announce that our "greening" of the PMA continues... we have changed all the lights at the PMA with LED that has resulted in 35% reduction of our electrical consumption. Next we are looking at how we can also reduce our water bills... exploring ways toward less paper consumption... to minimize clutter... and thinking of ways to streamline our processes: i.e., in the dissemination of our communications, in the collection of our membership dues, and in the timely reporting and auditing of our finances after each activity. We are improving our facilities at the Doctor's Inn... increasing the number of rooms and improving our facilities in the rooms and at the lobby area... so it will be a haven of comfort for our members from out of town.

### **Improving Access to Quality Continuing Professional Development**

The OWL@PMA, our Online Webbed Learning with PMA assuming a double meaning, i.e., the Philippine Medical Association in Partnerships for Medical Advancement. The partnerships shall be with multiple CME providers deploying content to give CME and CPD Credits online for our fellow physicians. The initial offerings shall be geared towards the needs of the primary care physicians. The PMA also sits at the CHED as a member of the Technical Committee on Medical Education on issues related to the shift to Outcomes-based Education in Undergraduate Medicine; in PRC to draft the revised framework for Continuing Professional Development among physicians and the Standards of Practice for the Medical Profession anchored on the PMA Code of Ethics; and the Philippine National

Qualifications Reference Framework in preparation for the ASEAN Harmonization. The presence of the PMA is also palpable in the Conventions and Congresses of the Philippine Council for Health Research and Development and the Department of Science and Technology (DOST), as well as the different Component, national and international Specialty Societies; in the Medical staff meetings and corridors of hospitals nationwide; and in the corridors and auditoria of Universities and Medical Colleges, while speaking our minds in the numerous press conferences and calling for transparency and accountability in all our transactions.

### **Promoting the PMA Policy and Legislative Agenda**

The PMA is represented in the Halls of Senate and Congress. We were at the Hearings of the Senate Committee on Health regarding the Physicians' Act where we pushed for the recognition of the PMA as the Integrated Professional Organization in Medicine since it is the oldest organization of Filipino medical professionals predating all other medical organizations, and it being the Accredited Professional Organization recognized by the Professional Regulation Commission for the longest time. We also pushed for the removal of the Penal provisions which Sen. Antonio "Sonny" Trillanes IV promised to do. On the other hand, we promised that the PMA will work on a harmonized Bill that will promote the welfare of all Filipino physicians. We also sat in the Committee on Budget and Finance chaired by Sen. Juan Edgardo "Sonny" Angara on the revision of our taxation scheme. At the Committee on Health with Sen. Teofisto "TG" Guingona III to discuss on issues related to the Ebola Crisis. At a chanced meeting with Sen. Paulo Benigno "Bam" Aquino IV at the Philippine Neurological Association Convention, I also had the opportunity to call his attention for the need to look at the full implementation of the Magna Carta for the Healthcare Workers and the release of their hazard pay. We also joined in the Senate hearings related to transparency and

accountability in the disbursements of the proceeds from the Sin Tax. In Congress, we represented the PMA at the Committee of Health on issues of drug safety and fake drugs, on rare diseases and other health-related issues with Rep. Eufranio Eriquel; with Rep. Catalina G. Leonen-Pizarro of the House Committee on Economic Reforms on issues related to the ASEAN Harmonization and with Rep. Ma. Rachel J. Arenas of the 3rd District of Pangasinan and the current Chairperson of the Special Committee on the Brunei-Indonesia-Malaysia-Philippines East ASEAN Growth Area (BIMP-EAGA) Affairs. We championed the Bill on the National Hospice and Palliative Care with Sen. Miriam D. Santiago, Rep. Leah S. Paquiz and Rep. Ann K. Hofer. On the other hand, we opposed the Marijuana Bill proposed by Representative Albano because there are other options for obtaining marijuana for compassionate use through the FDA and the DDB.

The PMA is also represented in the Halls of the Department of Health as Resource Persons in the Health Information Exchange Program (eHealth) on issues related to Data Standards and Privacy and Confidentiality; in the drafting of the Administrative Order for the implementation of the Mexico City Principles and the Kuala Lumpur Principles governing the self-regulation by biopharmaceutical and medical device industry; in the Formulary Executive Committee and the FDA Pharmacovigilance Committee; in the Board Rooms of the Dangerous Drugs Board on issues of drug regulations and the revision of Board Regulation No. 3, which is the IRR of the Dangerous Drugs Act of 2002; the Board Rooms of PHILHEALTH on issues of fees reimbursement.

### **Enhancing our International Presence**

I attended the APEC Business Ethics for SMEs Forum in Nanjing, China as one of 200 attendees from 80 organizations across 20 APEC economies to promote ethical environments in the biopharmaceutical and medical device sectors. Recognizing that facilitating



ethical environments cannot be achieved by one group alone, the Forum convened leaders from industry, government, healthcare professional associations, patient groups and other organizations. The PMA also hosted the 29<sup>th</sup> General Assembly and the 50<sup>th</sup> Council Meeting of the Confederation of Medical Associations in Asia and Oceania with the theme: “eHealth Database in an Information Technology Era” last September 24-26, 2014 where I essayed the Philippine initiative in Health Information Exchange. In my country report I likewise emphasized our leadership profile at the PMA, prompting Dr. Margaret Mungherera, President of the World Medical Association and an advocate in women physician empowerment, to commend the Philippine Medical Association for having a good gender balance in its leadership aside from having a women president at its helm. She also gave the same commendation to the PMA during her Valedictory Address at the World Medical Association Convention in Durban, South Africa last October 8-11, 2014. This was immediately tweeted by leaders of the South African Medical Students’ Association (SAMSA). At the recent Philippine Society of Anesthesiologists’ Convention last November 20-22, 2014, Prof. Dr. Adrian Gelb of the American Society of Anesthesiologists noted this matriarchal phenomenon in our medical associations and invited me to speak at a panel discussion on “Women at the Top: Leadership in Medical Associations” together with women physician leaders from Canada, USA and Australia at the 2015 ASA Convention in San Diego, California.

### **Changing Mindsets for Progress at the PMA**

The ground is definitely shifting beneath our feet and change is upon us. But even so, our foundation at the PMA is solid, built upon the age-old ideals of our predecessors. Because of this this solid foundation, our platform at the PMA has survived some 111 years. This platform yielded the first code of medical ethics and the first standards for Philippine medical education. So yes, right now we are

living through historic change. And some may lament that fact. But I say, we are lucky. Because the great thing about living through history, is we don’t have to just witness it. We can shape it.

Together we can combat the epidemic of chronic conditions plaguing the nation. Together we can foster innovation in medical education, so future physicians are better prepared for the realities of 21<sup>st</sup> century health care.

Together we can improve health care technology. Together we can achieve meaningful legislative and medical liability reforms. By standing together, united in vision and commitment, Filipino physicians can shape the health care system this country needs. To put it simply, I realized that the collective voice – the voice of the Filipino physicians – had the power to make a difference. ASAM-ASAM, ISIP-ISIP, USAP-USAP, SAMA-SAMA. I therefore call for unity and solidarity to reform the PMA and make it relevant to each and every Filipino Physician. “Magkapit-bisig para sa Pagbabago... para sa PMA at sa Bayan”. In return, the PMA tagline as an organization shall be: “PMA: Empowering the Filipino Physician for Nation Building.”

Dear colleagues, change can be scary. But we must never forget: change can also be good. Today we stand at a crossroads in the history of health care in this great nation. Behind us lies a century of failed attempts to improve the system. Ahead of us lie two distinct paths.

One is the path of inaction. Of glorifying the past, succumbing to partisan politics that muddle all our issues, and thwarting any attempt to move forward. The other is the path of action. Of collaborating, innovating, and leading the drive toward productive change.

Today, let us look back, thank and celebrate three groups of people who played an important role in the development of our organization.

First – to the group of early PMA pioneers who believed and acted upon

an idea that such an association would be useful to promote and serve the medical profession in our country;

Second – to the group of leaders and members who expanded the original vision of the organization by offering exciting new activities and events that continue to serve our constituency today.

Third – to the group of future leaders and members who will continue to nurture and develop our association into a vibrant future.

If the relevance and vitality of professional organizations is based on the services and support it provides to its members, as well as its ability to change and transform itself to reflect the changes in ‘our’ world, then we at the PMA, can truly call ourselves leaders and I am honored (and proud) to be among fellow leaders of PMA! Let us all think creatively, work collectively, and lead passionately! Let us all look forward to many more years of learning, sharing, mentorship and forming lasting friendships. Mahatma Gandhi said...If we want to find ourselves... we have to lose ourselves in the service of others.... Indeed, when leaders rise up to the occasion and think not of personal interests... PMA will be around for the next many more hundred years. Leaders may falter but the PMA as an institution endures! Let us celebrate Our Legacy: A Distinguished Past... A Vibrant Future!

*“PMA: Empowering the Filipino Physician for Nation Building”*

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***“Leadership  
is the capacity  
to translate vision  
into reality.”***

***- Warren Bennis***





**Hon. Florentino C. Doble, MD**

The Philippine Medical Association announces with pride the appointment of the **Honorable Florentino C. Doble, MD, FPCS** as **Chairman of the Professional Regulation Commission**, last November 5, 2014. He took his Oath of Office last November 19, 2014.

Dr. Doble was a member of the PRC Board of Medicine, from December 14, 2003 to December 3, 2007. He served as its Chairman from January 1, 2008 to December 31, 2008. And from January 1, 2009 to December 31, 2013, he served as a member.

He also served as an Examiner of the Board Certification for General Surgeons, Ministry of Health from 1978 to 1990.

Aside from being a Surgeon, Administrator, Professor, Philanthropist, and a Father, he served as Commissioner of the Commission on Continuing Medical Education of the Philippine Medical Education from 1997 to 2004.



*Meeting of the PMA National Officers with the Professional Regulations Commission Board of Medicine held at the PRC main building last November 6, 2014. On the picture are (left to right): Benito P. Atienza, MD, PMA National Treasurer; Irineo C. Bernardo III, MD, PMA Vice President; Marianne O. Dobles, MD, PMA Secretary General; Maria Minerva P. Calimag, MD, PMA President; Hon. Miguel L. Noche, MD, Chairman, PRC-BOM; Mildred N. Pareja, MD, BOM Commissioner; Edgardo T. Fernando, MD, BOM Commissioner and Jose Y. Cueto, MD, PRC-BOM Commissioner.*



*Professional Regulations Commission Board of Medicine Commissioners, PMA National Officers, and Board of Governors, Specialty Societies, with the new Chairman of the PRC Hon. Florentino C. Doble, MD, during the consultative meeting on Physician's Code of Ethics, held at the PRC Main Building last November 27, 2014*

# EDITORIAL



**MARIANNE L. ORDOÑEZ-DOBLES, M.D.**  
Editor-in-Chief



## DIAGNOSING THE PMA

### What ails the PMA?

This is a question that is hard to answer.

Perhaps if we were to imagine that the PMA was a human body, as doctors, we would be able to come up with our prognosis and treatment plan.

When a patient comes to us for treatment, we do our clinical review, take the history and do a physical diagnoses. In coming up with our diagnosis, we eliminate all the possible causes for the illness and then come up with the most likely one. That way, we treat the disease and not the symptoms. The patient has to follow the specified treatment plan.

It cannot get any more clinical and objective as that.

As an example, say a patient comes in and complains about tight tense muscles, after physical exertion. So the treatment is to give him a muscle relaxant, to be taken for a number of days. It is pretty much the old days when doctors would tell the patient to take two aspirins and then call him in the morning. But most likely cases are different now with Emerging and Re-Emerging Diseases in our midst.

So, what if after a week, the patient comes back but now complains of a piercing shoulder pain aside from the tight muscles. We will probably give him a stronger muscle relaxant and a pain reliever. But then after a couple of days, the problem persists and this time, there is a feeling of numbness in the arm. We would most likely have him do a series of tests to see if it is a nerve problem, a blood flow issue to the arm, or a heart problem. It is then and only then that we would know what the cause is and treat the disease accordingly. Depending on the outcome of the tests results, we diagnose the case. We would know by then that the patient will be on his way to recovery. Our treatment plan complemented by the patient's desire to get well and strictly following our orders ensures this quick recovery.

The steps to treatment are clear and rational.

Thus, with the PMA as a human body, how then would we go about our diagnosis and treatment?

The PMA leadership, which acts as the brain, sends various signals to its members be they be information or instructions. The members in turn, take their cue and follow instructions. Otherwise, the members send signals or feedback. The PMA operates under this

presumption of a sound mind and body. It has various programs in place to ensure that its mind and body are working together in harmony. There are programs and projects, such as our Leadership and Strategic Planning programs, Continuing Medical Education, Community Outreach projects, Emergency and Disaster Preparedness programs, to name a few. These are all cascaded down to the component levels.

But sometimes, the mind and body are not in sync. Some of the programs do well. Some don't. The symptoms are poor participation and attendance, inadequate program material, and/or insufficient information on the project/event, etc. In the case, say of a project and there is an unresponsive limb or rather, an unresponsive member, the PMA leadership would continue sending signals for the "limb" to follow, perhaps even telling the heart to pump harder, diverting blood from other areas to the arm. It would ask other members to intercede for and in behalf of the leadership. But the problem may lie in the nerves or in the communication channels such that information does not flow properly. Or the issue may be the strength of the heart or our passion and commitment such that we don't do our best or at least



participate. Or perhaps as members, being part of a larger organization, we still choose to remain independent. After all, unlike a real human body, we are really separate and distinct from the PMA. We choose what to do.

Looking at the PMA, I am sure there are a lot that we see that ails it. Yet, the leadership and its members just try to cure some of the symptoms, stand by the sidelines and ride it out, without really finding the root cause. Communication lines may be intermittent. The unresponsive member might say that the artery might be clogged and he didn't get signals from the brain about the project. But it is a two-way street. **Be interested!** You know where and whom to call. Or one might not be getting the proper blood flow or the resources are not equitably distributed, let your leadership know! You may be unhappy with the leadership or the programs, let them know!

Much has been said on what must be done in order to rehabilitate the PMA. It would be good if it were as simple as taking two aspirins and then calling the doctor in the morning. Gone are those days. The world has changed, and the problems the PMA faces have compounded. There are no easy answers. But one

thing is for sure: as doctors, we know that the success of any treatment plan depends largely on the patient's **commitment and effort** to follow the treatment plan. He must provide feedback so that the doctor can make appropriate adjustments, if need be. Thus, all we need to do as members is to have that conscious effort- that desire to act, to take it upon ourselves to improve and get well. It all starts and ends with us.

Let's be better patients!

Nerves, blood flow or our hearts are weak. We need to strengthen it and exercise. Actively participate that is the cure!

So what ails the PMA. Is it nerve damage, high cholesterol or a weak heart? Maybe it is a combination of all the above and the cure isn't as simple as the common cold. One thing is for sure, the cure starts with having a strong heart, strong will and the right attitude!

Such is the case when the doctor and the patient are one and the same. It is a different story because as doctors, we know our capabilities and push ourselves even if we are sick. How many times have we taken a pill or two to temporarily treat the symptoms, disregarding our health even if we knew what

the treatment should really be. The PMA is composed of doctors who are also the patients.

So what ails the PMA? Is it because since we are the doctor and we are also the patient, we don't see that all it takes is to listen to our own diagnosis and to act on our treatment plan. **What ails us is US.**

Henry George once said, "Improvement becomes possible as men come together in peaceful association, and the wider and closer the association, the greater the possibilities of improvement".

Let us get involved, let us re-create the PMA, **let us love the PMA**, by seeking professional growth and excellence, by elevating the standards of practice, by promoting fraternal relationships, by observing proper decorum and conduct in consonance with our calling, by promoting leadership, and by community development and by choosing the right leaders!!



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# AS I SEE IT...

**By: Marianne L. Ordoñez-Dobles, M.D.**  
**PMA Secretary General**

September is a very busy month for the Philippine Medical Association, ALWAYS! Four organizing committees were at the forefront preparing for the success of these events!

Ushering in Medicine Week was the **10<sup>th</sup> Operation Bukol** last September 11, 2014, a program of the PMA. Minor surgery were done on indigent patients at the PMA Auditorium by a team of surgeons under the auspices of the Philippine College of Surgeons, Metro Manila Chapter. Quezon City Medical Society provided the day long food sustenance of the team of doctors, nurses, and pharmacists. A lay forum on "Bato Sa Apdo" was done before the start of surgery with guest speaker, Dr. Anthony R. Perez, explaining in lay man's terms the signs and symptoms as well as procedure in Laparoscopic Cholecystectomy.

Under the able chairmanship of Dr. Ma. Teresita Gabriel, past president of the Philippine Dermatological Society and Immediate Past President of Rizal Paranaque Medical Society, the organizing committee on the **111<sup>th</sup> Foundation Day of the Philippine Medical Association**, succeeded in having a very resplendent affair. Amidst a sea of beautiful, and radiant flowers, provided by the Makati Medical Society through its energetic president, Dr. Sixta Foronda, honors were accorded to PMA past presidents Drs. Nenita Lee Tan, Homobono Calleja, Nena Eng Tan, Primitivo Chua, Santiago A. del Rosario, Jose T. Sanchez, Modesto Llamas, Eduardo dela Cruz, Jose Asa Sabili, Rey Melchor Santos in a very fitting Wine and Cake Ceremony. Preceding the main event was a wreath Laying at the Jose Rizal Monument at the PMA grounds, beautifully organized by the Quezon City Medical Society under its president, Dr. Wilfredo Tagle. In charge of the Eucharistic Celebration was Dr. Evangeline Fabian, governor for the Rizal Region. Dr. Homobono Calleja

gave the response in behalf of the PMA past presidents. Graciously giving out charcoal paintings of the past presidents, was Dr. Tess Gabriel, as a token testimony to the selfless efforts they had accorded the PMA during their terms. Veteran PMA organizers, Drs. Agnes Calleja, Rebecca Sison, and Albert Guevarra were omnipresent to lend a helping hand. PMA is grateful to all component societies who came with delicacies from their respective areas. Presenters for the evening with song, dance, and saxophone numbers were Makati Medical Society, Valenzuela Medical Society, Bulacan Medical Society, Philippine Dermatological Society, and the STAMP. The Fellowship part of the Program was gamely handled by the Southern Tagalog region under Governor Dr. Ed Chua.

Dr. Alejandro Tan, President of the Manila Medical Society chaired the **57<sup>th</sup> Medicine Week** of the PMA. The solemn wreath laying at Rizal Park at the shrine of our national hero, in the early hours of September 21, 2014, Dr. Jose Rizal, was again successfully handled by Pasay-Paranaque Medical Society under its president, Dr. Rosario Marie Go. Representing DOH Secretary Enrique Ona was The Honorable Undersecretary Teodoro Herbosa, MD, who together with PMA President Dr. Minerva P. Calimag and Chair Dr. Alejandro Tan led the processional at the park, with 120 Marines in attendance. Opening ceremonies for the Medicine Week was at the Hyatt Hotel, chaired by the Quezon City Medical Society with Dr. Ted Herbosa giving the keynote speech. The weeklong activities included Earth Day, Child Advocacy, Cardiovascular Day, Women's Health, Cancer Awareness Day, Seniors' Day, and daily medical missions done simultaneously by all component medical societies throughout the country. The Outstanding Physicians in Community Service (TOPICS) were feted by the APMA at the PMA Auditorium.

The Philippine Medical Association hosted the **29<sup>th</sup> General Assembly and 50<sup>th</sup> Council Meeting of the Confederation of Medical**

**Associations in Asia and the Oceania (CMAAO)**, at Marriott Hotel, Pasay City, Metro Manila. The Organizing Committee of this event was chaired by Dr. Jose Asa Sabili who was installed as the President of this association, an honor for us Filipinos. In attendance were the World Medical Association President Dr. Margaret Mungherera, the American Medical Association President Dr. Robert Wah, and Presidents, officers and delegates of the 18 other medical associations in Asia and the Oceania. The PMA was gratefully commended and greatly appreciated by all the delegates for the warm hospitality, graciousness, and sincerity shown by the organizing committee, PMA National Officers, Board of Governors and the Secretariat of the Philippine Medical Association in their efforts to make the event a huge success. Prominent among the component medical societies were the Quezon City Medical Society for the Opening Ceremonies, Pasig City Medical Society for the Fellowship Night, Makati Medical Society, and Las Pinas Medical Society for the warm welcome they gave to arriving delegates at the NAIA. The PMA's utmost thanks also goes to the Department of Tourism, who warmly welcomed the incoming delegates with a lei as they emerged from the plane tube and carrying their luggages until they were endorsed to the welcoming doctors of the PMA at the Arrival area. The Department of Tourism also provided the PMA with a well applauded dance show by the Sienna College Cultural Dance group who were National Champions of Folk Dances. We are also grateful to the Bureau of Customs and NAIA officers who facilitated the processing of the translating equipment of Japan and hassle-free passage of the delegates through immigration. Dr. Jose Montoya was the 12<sup>th</sup> Taro Takemi Memorial Lecturer of the CMAAO who expertly talked on "Building and Sustaining a Regional Health Research and Innovation Network in SouthEast Asia". The PMA sincerely appreciates the efforts of Dr. Jose Asa Sabili through the years to finally lead the CMAAO as its president. We wish him well!

The first PMA-CME Regional Assembly was on October 5, 2014, at **Eastern Visayas**, under PMA Governor Dr. Ethel Lagria, at the Leyte Park Hotel. The host society was the Eastern Samar Medical Society under the presidency of Dr. Felix Nicart. It was a well attended affair with the topic on Emergency and Disaster discussed by Dr. Arnel Rivera, OIC of the Health and Emergency Management Staff of the DOH receiving many questions from the audience during the open forum. It was very lively, because the delegates were very interested, Tacloban being the hardest hit by Typhoon Yolanda.

The second PMA-CME Regional Assembly for **Northern Mindanao** was on October 19, 2014, at the Luxe Hotel in Cagayan de Oro. The 5<sup>th</sup> PMA Board Meeting was held the previous day in the same venue. Participants were at a record high of more than 300 delegates to the regional assembly. PMA Governor Dr. Ruben Go, ever the gracious host, who also owns the biggest and most modern medical center in Cagayan De Oro - the Cagayan De Oro Polymedic Medical Plaza, took care of a very tired group of PMA National Officers and Board of Governors, who were all stranded at the airport due to a cancelled PAL flight. Dr. Go immediately lodged us at Bermont hotel and were served a very sumptuous dinner. Our sincerest thanks to Dr. Go!

The third PMA-CME Regional Assembly for **South Eastern Mindanao** in Davao was at the Marco Polo Hotel last October 26, 2014 under the leadership of PMA Governor, Dr. Ma Lourdes Monteverde. The host society was the Davao Medical Society under the presidency of Dr. Helen Grace Te-Santos. This was a well attended affair.

The fourth PMA-CME Regional Assembly for the **Northwestern Luzon** Region under PMA Governor Dr. Francisco Ranada III and the 6<sup>th</sup> PMA Board of Governors Meeting was last November 8 to 9, 2014 at the Plaza Del Norte Hotel and Convention Center, Paoay, Ilocos Norte. Host society was the Ilocos

Norte Medical Society under the presidency Dr. Liza Marie R. Paz-Tan.

The fifth PMA-CME Regional Assembly for **Southern Tagalog** under PMA Governor Dr. Eduardo F. Chua was held at the Acacia Hotel, Alabang, Muntinlupa last November 23, 2014 attended by more than 200 delegates from all over the region. The business meeting was well moderated by Dr. Chua.

The PMA Board of Governors has resolved in its 4<sup>th</sup> Board Meeting last September 23, 2014 that all senior physicians will be given a 20% discount for the use of rooms at the Doctors' Inn. This privilege is exclusive to the doctor members only.

The Committee on Mutual Aid under Chair, Dr. Albert Guevarra, recommended to the board during its 5<sup>th</sup> Board meeting last October 18, 2014, an amendment to the Physician's Mutual Aid Code on the period of filing disability claims. One may file claims within 6 months from the start of disability. This will take effect January 1, 2015.

The PMA Board of Governors has resolved that the Chair of the National Comelec Dr. Zenaida Uy or any of its Commissioners be present in every regional assembly. They shall be included in the program of activities to discuss as well as to remind all local Comelec of its duties and responsibilities; to remind all PMA members of deadlines and their responsibilities too as the electorate.

The PMA National Execom led by Dr. Ma. Minerva P. Calimag, had a dialogue with the Professional Regulations Commission Board of Medicine, with Chair, the Honorable Dr. Miguel Noche, Commissioners Dr. Jose Cueto, Dr. Mildred Pareja, Dr. Restituto Ocampo, and Dr. Edgardo Fernando. Discussed were several issues as The Physician's Act, the Integrated Bill, concerns of specialties and affiliates, and individuals posing as doctors among others. As the APO, the PMA has to work harder with regards to the practice of medicine. The National Execom of the PMA is grateful to the PRC for the guidelines

and issues which should be immediately addressed. It was a very fruitful meeting and we believe if we were to have a harmonious relationship, these meetings should be done more often.

A seminar on **Emergency and Disaster Preparedness** was conducted by the PMA Committee on Emergency and Disaster under Chair, Dr. Hector Santos with the assistance of the Committee on Medical Missions, under Chair Dr. Ferdinand Cercenia, at the PMA Auditorium last November 12, 2014, for the NCR, Bicol, Southern Tagalog, and Central Luzon Regions. It was a very informative day long affair and God willing and logistics allow, the committee would exert all efforts to bring this seminar to Northern Luzon, the Visayas and the Mindanao regions. We were blessed with the following excellent speakers and their respective topics: Engineer Aida Barcelona of the DOH - "Water, Sanitation, and Hygiene", Dr. Arnel Z. Rivera, OIC of HEMS DOH - "Incident Command System"; Mr. Vicente Lagunday, EMT - Disaster Management Consultant for the private sector and NGO's - "How to prepare the doctor in the disaster field"; Dr. Teofredo T. Esguerra, Disaster Preparedness & Response Unit Lead of the Energy Development Corporation, the Expedition and Wilderness Emergency Medical Services of the Philippine Everest Team and the Voyage of the Balangay - "Search and Rescue and the Doctor's Role; New Paradigms of Advance Life Support Set Up in the Field"; Mr. Christopher P. Grajo, Information Communications Technology, Information Management, Founder of the Digital Information System and Technologies - "Coming up with an Emergency Operations Center"; Dr. Jose Fabian F. Cadiz, Vice Mayor, Marikina, Vice. Chairman Marikina City Local Disaster Risk Reduction Management Council, Past President, MVMS - "Coordination with Doctors and LGUS"; Dr. Lyndon Lee Suy, Director III, National Emerging and Re-Emerging Diseases Program DOH - "Emerging and Re-emerging Infectious Diseases, Ebola Epidemic Response".



## THE VICE PRESIDENT'S CORNER

IRINEO C. BERNARDO III, M.D.

### *"THE PMA AT 111 YEARS, TIME NOW FOR REFLECTION"*

There are, today, many other organization of physicians enjoying national coverage and prestige, but for our purpose in this article, only the Philippine Medical Association (PMA) shall be considered for discussion.

Since its establishment, initially, as the Philippine Islands Medical Association or PIMA in **1903**, the PMA has grown to become the largest, principal professional organization of physicians that is duly recognized and highly respected in the country. Through the years, it already earned to its credit many laudable contributions considered significant to the development of health services, facilities and institutions which, to this date, have become landmarks in the field of medical education, medical licensure and public health. All these facts are on record and properly documented, and so no further elaboration thereof is felt necessary to repeat them in this article. What is important is for us to answer the question: *"Have we maintained the same level of recognition and respect in society after 111 years?"*

Like any other service organizations, the PMA has rightfully defined as its main goals the promotion and the protection of the professional interest of its members, as well as those of their related material well being. If its aims and purposes, therefore, cannot be achieved, the continued existence of the PMA as a professional organization cannot be successfully rationalized. Clearly, the betterment of the PMA members assumes priority of the highest order about which their constituted leaders must address themselves directly. Their concern must center on the members' professional development, and incidentally on the enhancement of their fraternal ties and fellowships, mutual social contracts and relationships and other benefits. In organizing the PMA, physicians have realized and thus convinced that in acting individually and separately

they would be at the mercy of the powers that be. At one point in our history as an organization, we discovered that in numbers, when acting in unison toward a common goal, we, physicians, could generate a strength with a considerable bargaining capability. Whether or not this attribute is being utilized to the maximum advantage by the PMA, is heavily dependent upon the personal qualities and drives of its leaders and on the degree of dedication we collectively possess in the pursuit of the association's organizational objectives.

Physicians, more often than not, suffer from a strong personal bias concerning our view over the traditional concepts which separated a *"professional"* from a *"trade"*. This bias is re-enforced by the manner society associates with the former a higher social status than is ordinarily regarded for the latter. In health care economics, however, the two have the same basic ends, and that the only difference of a profession is that it is paid essentially for results, while a trade is usually compensated mainly on the basis of time worked or spent. In the interest of its members, the PMA should not be faulted if it chooses to act and behave like a *"trade union"* in order to negotiate for a better deal in behalf of the general membership. The deal could involve government to be given to the medical practitioners, or the grant of active participation in health care programming or the reversal of their waning influence over how health care delivery system is to be designed and the pattern of health service structure that should be organized. This last point cannot be over emphasized, because recent development shows that in the present health planning, organization and management the medical practitioners have been gradually losing their position of control. As things now appear, these areas are now under the effective control of the people who do not have any direct responsibility and accountability for the

results and consequences of the medical care services actually provided to the patients.

Many physicians do not know that they only now occupy a vantage point deceptively appearing important in the health care delivery system, but such a position actually no longer has a commanding role in the health service organization. Much of the functions involved are presently carried out almost exclusively by the bureaucrats, an organized minority of management elites whom society endowed the power of governance. This group invariably considers bureaucratic routines as paramount in confronting the socio-economic problems and issues of our time. It is evident that the functional bureaucracies we have are increasingly used in human affairs which is resulting in the enlargement and centralization of government control and is forcing the abandonment of the political liberty that should properly be reserved to the governed. Attempts to standardized every phase of governmental operation for efficiency sake, if for no other consideration, have only promoted bureaucratic domination over all spheres of our social, cultural, and economic life.

Fearful that this trend will finally become irreversible thereby leading to the physicians' total lose of their relevance in the health care field, attention to the urgent need for the active re-assertion of the medical practitioners' professional leadership and showing how well they can stimulate community awareness over the people's fundamental human right to health is important. We in the PMA, should encourage all physicians under its wing, to develop their own version of a health service organization that they believe would be functionally suitable to their professional requirements as it would also be within the financial capability of the general population to support and maintain continuously.

*continued on page 12...*





## NATIONAL TREASURER'S REPORT

BENITO P. ATIENZA, M.D., FPPS

### Mutual Aid Fund (As of October 31, 2014)

Our Mutual Fund Aid available fund rose to php 74, 146,423.55. Let us remember that for our 1,200 PMA annual dues Php 500.00 automatically goes to our Mutual aid fund.

BENEFICIARIES OF MUTUAL AID FUND (JUNE-OCT 2014)						
	DEATH		DISABILITY		LEGAL	
	NO.	AMOUNT	NO	AMOUNT	NO	AMOUNT
JUNE	3	130,000.00	3	65,000.00		
JULY	20	905,000.00	10	230,000.00	1	20,000.00
AUGUST	2	100,000.00	7	175,000.00		
SEPTEMBER	14	640,000.00	14	330,000.00		
OCTOBER	19	920,000.00	9	191,000.00	4	52,500.00
<b>TOTAL</b>	<b>58</b>	<b>2,695,000.00</b>	<b>43</b>	<b>991,000.00</b>	<b>5</b>	<b>72,500.00</b>
<b>GRAND TOTAL</b>		<b>3,758,500.00</b>				

### BALIK PMA (MEMORANDUM CIRCULAR NO: 2014-10-01-018)

The PMA Board in its regular meeting on September 23, 2014, passed a resolution granting a 50% discount to all members who will settle their arrears on Membership dues with the PMA covering the period 2013 and earlier.

This program shall be implemented for a period of 6 months from **October 1, 2014 to March 31, 2015**. The membership dues for the fiscal year June 1, 2014 to May 31, 2015 should be paid in full. In this regard, all component societies are enjoined to extend the same program to their members with respect to their local dues.

On the other hand, the privileges accorded to members of good standing, specifically the right to vote and be voted upon, shall be restored one (1) year after reinstatement as an active member.

The Mutual Aid Code provides that reinstated members shall receive mutual aid benefits (Death and Disability) as follows:

- Within the 1<sup>st</sup> year of reinstatement - 25%
- Within the 2<sup>nd</sup> year of reinstatement - 50%
- Within the 3<sup>rd</sup> year of reinstatement - 75%
- 4<sup>th</sup> year and beyond- 100%

The usual requirements in availing of the above benefits shall apply.

BALIK PMA UPDATES (As of November 12, 2014)		
REGION	COMPONENT SOCIETY	NO. OF DOCTORS WHO AVAILED THE BALIK PMA
Central Luzon	Bulacan	1
	Olongapo	1
	Pangasinan	1
Quezon City		14
Central Tagalog	Caloocan	8
	San Juan	1
	Marikina Valley	1
	Makati	4
Rizal	Las Pinas	3
	Pasig	2
	Muntinlupa	1
Southern Tagalog	Cavite	8
	Lipa City	1
Manila		9
<b>GRAND TOTAL</b>		<b>55</b>

### Bills Payment

This coming December new over the counter Bills payment facility will be provided by **Union Bank**. The MOA between PMA and Union Bank on bills payment free of charge was approved by the board in Laoag City (*Board Resolution no. 120 Series of 2014-2015*). We will wait for 22 days for its pro-cessing and full implementation. The faci-lity will include payment for a) PMA Annual dues, b) PMA Arrears, c) PMA National Convention d) Balik PMA

### Component Treasurer Monthly Report

The PMA National Internal Auditor developed a systematized tabulated template for component treasurers report as approved by the board during the last board meeting in Laoag City (*Board Resolution no. 121 Series of 2014-2015*). The template will be send to each component society.

The 3 pages report will include

- Cash flow
- Profit and loss statement
- Statement of advances to PMA National

### Doctors' Inn and Administrative Building On-going Repairs

#### DOCTORS' INN

##### Gutter Repair

Materials	-	Php 44, 595.00
Labor	-	Php 25, 000.00

##### Eaves Ceiling repair & repainting

Materials	-	Php 21, 325.00
Labor	-	Php 25, 000.00

**GRAND TOTAL: Php 69, 595.00**

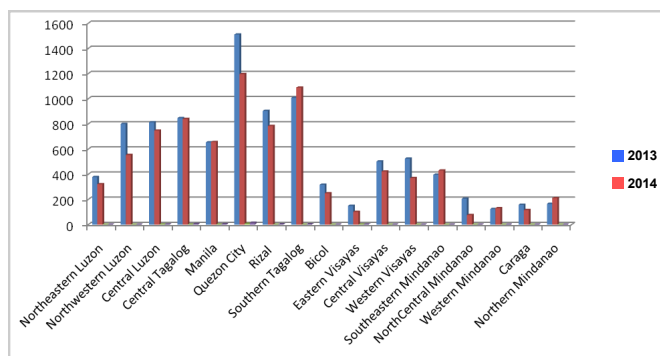
#### ADMINISTRATIVE BUILDING

##### Repair cemented gutter & eaves ceiling

Materials	-	Php 14, 180.00
Labor	-	Php 30, 000.00

**GRAND TOTAL: Php 44, 180.00**

### Comparison of Remittances of regular members per Region June - Oct 2013 and June-Oct 2014



## 4<sup>th</sup> Dr. Fe Del Mundo Annual Bulilit and Teen Health Workers Congress

Theme: "Healthy Kidneys for Filipino Kids"

By: Benito P. Atienza, MD

Vice Chairman, PMA Medicine Week 2014 Celebration

The PMA Child Advocacy Summit was held on September 26, 2014 at the PMA Auditorium in Partnership with Pediatric Nephrology Society of the Philippines, Inc., Child Bulilit Health Workers Foundation, Philippine Pediatric Society and Community Pediatrics Society of the Philippines. The 26 volunteer doctors from PNSP provided free urine screening, Blood Pressure, and BMI determination for more than 400 students of 17 schools from 14 provinces.

### Overall Champion Elementary Division

Taal-Lemery Medical Society

### Overall Champion High School Division

Zamboanga Del Sur Medical Society

### Quiz Bee Elementary Division

1<sup>st</sup> Place - Taal-Lemery Medical Society

2<sup>nd</sup> Place - Cavite Medical Society

3<sup>rd</sup> Place - Marikina Valley Medical Society

### Quiz Bee High School Division

1<sup>st</sup> Place - Pampanga Medical Society

2<sup>nd</sup> Place - Cavite Medical Society

3<sup>rd</sup> Place - Zamboanga Del Sur Medical Society

### Cheerdance Competition Elementary Division

1<sup>st</sup> Place - Makati Medical Society

2<sup>nd</sup> Place - Tanauan Medical Society

3<sup>rd</sup> Place - Quezon Medical Society

### Cheerdance Competition High School Division

1<sup>st</sup> Place - Malabon-Navotas Medical Society

2<sup>nd</sup> Place - Zamboanga Del Sur Medical Society

### Bulilit Poem Recitation

1<sup>st</sup> Place - Taal-Lemery Medical Society

2<sup>nd</sup> Place - Quezon City Medical Society

3<sup>rd</sup> Place - Tanauan Medical Society

Makati Medical Society

### On the Spot Poster Making Contest Elementary Division



1<sup>st</sup> Place  
Quezon MS



2<sup>nd</sup> Place  
Taal-Lemery MS



3<sup>rd</sup> Place  
Cavite MS

### Poster Making Contest (Send In)



1<sup>st</sup> Place  
Pasay-Paranaque MS



2<sup>nd</sup> Place  
San Juan MS



3<sup>rd</sup> Place  
Pasay-Paranaque MS

### Vice President's Corner, from page 10

It is with great trust and confidence that a timely involvement of the PMA, in this regard, could still turn things better for the medical practitioners. It has a large potential energy that may be tapped for the needed reforms or redesign in the present health system and set-up. I personally believe that the PMA has many members whose personal commitments to the medical profession can be utilized to effectively neutralize, if not reverse, the developing adverse situation. Indeed, the amount of talents and energies which exists in the PMA is vastly higher than what are being actually put into use.

(Dr. Irineo C. Bernardo III, was officially proclaimed and inducted as the duly elected Vice-president of the Philippine Medical Association for 2014-2015, on August 10, 2014)

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# REGIONAL NEWS

By: BAYANI B. TECSON, MD



**HARRY GUERRERO  
SOLLER, MD**  
*Governor, Northeastern  
Luzon Region*

Realizing the necessity of a dialogue with the Bureau of Internal Revenue, I initiated and hosted one between the BIR Regional District Office represented by Atty. Lasala together with the Western Isabela Medical Society Officers and members last September 12, 2014.

On September 13, 2014, the **Western Isabela Medical Society** headed by its President Dr. Tony Yumena had a feeding program for underweight pupils at Roxas Central Elementary School headed by its Principal Reffy Furuc to herald the Opening of Medicine Week.

On September 24-26, 2014, I attended the CMAAO Conference at the Marriott Hotel, which was hosted by the Philippine Medical Association, with PMA Past President, Dr. Jose Asa Sabili being installed as the President of the CMAAO.

Being the Governor-in-charge of the Committee on Disaster Preparedness and Emergency, I participated in the preparation of the program for the upcoming forum on November 12, 2014.

On October 24, 2014, a Regional Council Meeting was held at Bagabag, Nueva Vizcaya, for the Southern Cluster discussing among others the conduct of the forthcoming Regional Assembly to be held in Basco, Batanes on February 21-22, 2015.

On October 30, 2014, a Regional Council Meeting was held at Tugegarao City, hosted by the **Cagayan Medical Society** with the same agenda done for the Southern Cluster.



**FRANCISCO  
BUSTAMANTE  
RANADA III, MD**  
*Governor, Northwestern  
Luzon Region*

The start of this report starts with a storm. If there was previously a term called May showers, there is what we may call as September storm. The start of the Medicine Week for Northwestern Luzon saw the havoc created by storm Mario which caused the declaration of a state of calamity for the provinces of Ilocos Norte and Ilocos Sur. The rest of Northwestern Luzon was affected to a lesser extent but it became a driving force for the respective societies to come up with their respective action plans in assisting their constituents affected by the weather disturbance.

Northwestern Luzon was represented with the PMA hosting the Confederation of Medical Associations of Asia and Oceania held at Marriott Hotel also during the Medicine Week towards the end of September.

A highlighted activity for Northwestern Luzon is the recent holding of a successful Regional Assembly and Fellowship night last Nov. 8 and 9 at Plaza del Norte Paoay Ilocos Norte. Noted in this affair is the attendance of all 8 component societies of Northwestern Luzon and the presence of most members of the Board of Governors. This was preceded by 7th PMA board meeting followed by a very successful Fellowship night which proved that doctors had talents beyond the confines of their clinic practice. This successful affair could well be dubbed and aptly called the calm after the storm. Calmness is evident from the satisfaction seeing oneness of each member of the PMA Northwestern Luzon region.



**RAUL ENCINA  
ECHIPARE, MD**  
*Governor, Central Luzon  
Region*

I am happy to inform the PMA doctors that the Central Luzon Chapter officers and members of different components societies have implemented series of activities, projects and scientific symposia which are beneficial to our members and our profession. Aside from being invited as guest and inducting officer during the induction ceremonies of different component societies and attending the regular Board of Governor's meetings, the following are highlights of events in my region:

On September 1, 2014, I was invited in the province of Zambales during the launching of Measles Rubella Oral Polio mass immunization campaign at Zambales Sports Center Iba, Zambales and issued statement of support as Governor for the implementation of the DOH program which will benefit our young children.

On October 1, 2014, I attended PhilHealth seminar on issues and updates of different PhilHealth accredited health facilities and problems regarding claims of health facilities and hospitals were discussed. This was held at Widus Hotel in Clark, Pampanga.

As part of my one priority program to reach and bring back the other component society in Central Luzon I was able to talk with some members of **Aurora Medical Society** and discussed issues on how to reorganize their society and become active again. Because of that the PMA President and I will go there to formally re-organize the Aurora Medical Society and this will bring our members back to PMA.

Our Central Luzon council will meet this November 15, 2014 to discuss issues and concerns in our region and the preparations for the upcoming regional assembly on January 2015. All component presidents and secretaries will attend the council meeting.





## REGIONAL NEWS

By: MARIA CORAZON S. MAGLAYA, MD

***The regions of Manila, Quezon City, Central Tagalog, Rizal, Southern Tagalog and Bicol have been very busy these past months, especially during the 2014 Medicine Week Celebration. Through their respective governors, data for this write-up were gathered. The activities and events included were just some of the examples of what the various component societies in these regions have done.***



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

**Manila Medical Society (MMS)** actively participated in the PMA Foundation Celebration wherein several of its past presidents were present as honorees as well as in the 57<sup>th</sup> National Week Celebration which was chaired by MMS President Dr. Alejandro Tan. Free Cataract Extraction in coordination with Infant Jesus Hospital was conducted during the second quarter. MMS supported the Society of St. Vincent de Paul's ongoing Wellness Project for Typhoon Yolanda victims in Borbon, Bogo, and Bantayan Island in Cebu. Supplemental Feeding Project in coordination with the Colegio Medico Farmaceutica de Filipinas, Inc. was also undertaken.



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

The **Quezon City Medical Society (QCMS)** had several meetings of the Executive and different Committees. The first was the Executive Officers Meeting on September 11, 2014. This was followed by meeting of the QCMS Comelec, Electronic Media, Food & Music Testing at Cowboy Grill for fund raising purposes. The officers made a courtesy call on the City Health Officer of Quezon City. After this the President called an Organizing Committee Meeting for the Annual Convention, followed by CME Committee and Benefits and Assistance Committee Meetings.

For the requirements for Continuing Medical Education the QCMS held a number of symposia namely: "Pneumococcal Conjugate Vaccine (PCV)", "The Role of UDCA in the Management of Gallstone Dissolution and Cholestatic Liver Disease", "Tascit Kidney Stones Recurrence", "Turn 9 to 6: Go for Patient Satisfaction", "Role of Sulodexide and Alpha Lipoic Acid in Vasculopathies", "Get Ahead RTD" and "Treatment of Cardiovascular Disease Patients: Application of Treatment Guidelines" on October 29, 2014.

The Quezon City Medical Society participated in different Community Outreach activities. On September 11, 2014 the QCMS together with PMA and PCS conducted "OperationBukol" at the PMA Auditorium. On September QCMS went on Medical Mission at DENR, then at different areas of Quezon City for the 75<sup>th</sup> Jubilee Anniversary of Quezon City. On September 21 QCMS conducted Bato-Bato Pick at Cruz-Dalida Hospital and on November 6 Oral and Healthy Lifestyle for the Elderly in Project 6.

The QCMS likewise participated on September 15 for 111<sup>th</sup> PMA Foundation Day Anniversary in PMA Auditorium, we were in charge of the Wreath Laying Ceremonies at the Rizal Monument, PMA Compound; On September 21 Medicine Week QCMS also participated in Wreath Laying Ceremonies at Rizal Park, Luneta and was assigned to be in charge of the Opening Ceremonies at Hyatt Hotel, Manila.

Other QCMS activities on Medicine Week: Tree Planting at Brgy. Bahay Toro Park, Q.C.; On-the-Spot Drawing Contest, Screening Tests and Lay Fora at PMA Auditorium. September 24 CMAAO Opening Ceremonies, QCMS did a splendid and marvelous job in the Opening Ceremony; September 25 Breast Feeding activity (Mother's Day) On September

26 QCMS activities include: Gift giving to Senior Citizens, PMA Bulilit Congress, Poster Contest and Poem Contest. QCMS placed second in the Poem Contest. PMA Medicine Week and CMAAO Closing Ceremonies was held September 26.

On September 27 during Physicians Day and Topics Awarding Ceremony at the PMA Auditorium QCMS Officers attended the ceremony to extend moral support to Dr. Michael Angelo Marasigan, Past President QCMS for winning the 2014 TOPICS award.

On October 27, 2014 Officers and members of the QCMS had fun and entertainment at the Cowboy Grill, Timog Avenue as a fund raising activity, fellowship and camaraderie of the Society members.

QCMS partnered with QC Government in its Buntis Summit Program and Program for Decreasing Maternal & Infant Mortality & Morbidity. The QCMS conducted a lay fora on Breastfeeding & Iron Supplement at the SM North City Center on November 21, 2014.

In response to PMA call for Ebola Virus Awareness, All QCMS Districts conducted Lay For a on the Ebola Virus on their respective area.



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

I am very happy to be a Governor of Central Tagalog Region. This is my 3<sup>rd</sup> time and the component societies that makes up the region are very cooperative to this activities of the region as well as

the PMA. In the last Foundation day, celebration **Makati Medical Society** under the leadership of Dra. Sixta Foronda decorated the PMA auditorium and transformed it into a ballroom of flowers. **Pasay Parañaque Medical Society** and **Valenzuela Medical Society** led by Dr. Sandy Go and Dr. Janetth Serrano were in charge of the registration. The Valenzuela Medical Society contributed also to the entertainment of the audience. **Marikina Valley Medical Society** led by Dr. Claro Mundin. Dr. Rogelio Dazo is the President of **Caloocan City Medical Society** and Dr. Verilyn Antonette Vasquez of **San Juan Medical Society** were all present. All of them contributed food for the party during the foundation day. Medicine Week was a busy schedule for the region because it coincides with the CMAAO. Every day the region participates from the Wreath Laying in Luneta, opening ceremonies, Bulilit Contest, Singing Contest and finally the closing ceremonies chaired by Marikina Valley Medical Society.

At present we are meeting to prepare for the Regional Assembly on January 18, 2015. Our region is again assigned to be in charge. In our last regional council meeting held at Alex III Restaurant we reviewed the CPD verification, completed the data sheet and plan for the program.

The Marikina Valley Medical Society (MVMS) celebrated its 75<sup>th</sup> Founding Anniversary last October 8 at the UNILAB Bayanihan Center. PMA President Dr. Maria Minerva P. Calimag gave an inspirational message during the event. Drs. Marianne O. Dobles, Secretary General, Albert Guevarra, former National Treasurer, and Leo Olarte, Immediate Past PMA President also graced the occasion. The history of the MVMS was presented via a power point presentation with background songs by Drs. Jesus Chanyungco, Vincent Santos (both MVMS Past Presidents) and Eula Martha Santos.

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

The **Eastern Rizal Medical Society**

(**ERMS**) celebrated its 51<sup>st</sup> Anniversary and Induction and Turnover Ceremonies on September 12, 2014. The event took place at Mackenzie's Hall at Brgy. Calahan, Cardona, Rizal. Dr. Ian Natividad Francisco was inducted as the 34<sup>th</sup> ERMS President by Dr. Minerva P. Calimag (PMA President). As part of the Society's continuing information drive for its members, lectures were conducted last November 14 about PhilHealth and BIR Guidelines, Policies and Updates and other matters that will enable its members to better understand and abide by the guidelines set by PhilHealth and BIR.

During the Medicine Week Celebration The **Las Pinas Medical Society (LPMS)** conducted a Lay Forum on "Sampung Sintomas ng Sakit sa Bato" by Dr. Maria Teresa Reyes (LPMS, President - Elect) to the students of the Brgy. BF International - CAA Elementary School. Lay fora on Diabetes mellitus awareness, Violence against women and Nutrition in pregnancy were also conducted. LPMS also collaborated with other sectors of the City in a quest to control Tuberculosis by 2017 in an activity facilitated by Dr. Sonia Timbang - Madjus and Mr. Mario Articono of IMPACT (Innovations and Multi-sectoral Partnerships to Achieve Control of TB).

The **Malabon-Navotas Medical Society (MNMS)** led by Dr. Russell Villanueva (President) and Dr. Teresa Toreja (Secretary), participated in the Annual Congress of Teen and Bulilit Health Workers as part of PMA activities during the Medicine Week Celebration last September 26, 2014. MNMS "adopted school" - Kaunlaran High School in Navotas City sent more than 25 students who joined the different competitions. The group won First Place in the Cheer Dance Competition, while for the On-site Poster Making Contest, Mary Grace Estoya got the Second Place Award. The group was accompanied by their teacher-trainers, Mr. Rodantes C. Rivera and Mr. Amado Banawa, Jr.

The **Mandaluyong City Medical Society (MCMS)**, led by its President, Dr. Hermoine S. Enriquez continues to be active in the medical activities of the city including the National Tuberculosis Control Program. In its last meeting held in New Horizon Hotel, Mandaluyong, the members had an update about

the TB program in order to strengthen the referral system in the different Health Centers of the City. As early as November, the MCMS has begun building the spirit of Christmas among its members thru the planning of Christmas activities that would promote unity and brotherhood among doctors and instill the spirit of genuine charity with the less fortunate.

**Muntinlupa City Medical Society (MCMS)** led by its president Dr. Manuel Villegas Jr. held an "Otologic Screening and Intervention" and "Audiometric Testing" for Persons with Disabilities in cooperation with the Department of Social Welfare and Development and the Ospital ng Muntinlupa last November 14, 15 and 18 for the Deaf Awareness Week. The program has benefitted 80 Muntinlupa residents including 20 deaf students.

The **Pasig City Medical Society (PCMS)** was assigned to host the Welcome Reception for the delegates of CMAAO held at Marriott hotel last September 23. It was a successful fulfilled event hosted by the PCMS president Dr. Arnold Tabun with PCMS officers as ushers/usherette. Entertainment was provided by the Sienna college cultural dancers and Dr. Dacanay, who is a PMA singing physician champion, x-factor finalist and proud board member of PCMS.

The **Rizal-Paranaque Medical Society (RPMS)** joined the Department of Surgery of the San Juan de Dios Hospital and the San Juan de Dios College in a Blood Letting Activity last Sept 3. The effort collected 67 bags of donated blood for the use of the indigent surgery program of the San Juan de Dios Hospital. Last October 5-11, the Society also sponsored a week long Painting Exhibit at the ground floor lobby of the San Juan de Dios Hospital. On display were paintings of local artists of the FARM (Filipino Artist Realists' Movement). The proceeds of the exhibit was for the benefit of the Redemptorist (Baclaran) Church Bell Tower project. The RPMS headed by its President, Dr. Jose Ronald Galang, together with the Christ Commission Fellowship Golden Ladies Ministry also conducted a medical-dental mission last October 11.

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

The **Cavite Medical Society (CMS)** headed by its president, Dr. Ruth S. Punzalan conducted several medical missions in San Agustin, Trece Martires City, Cavite provincial jail, Tahanan ni Maria (a home for the aged) at Carmona, Cavite and St. Teresa Espineli Novitiate House, Bgy. Iruhin, Tagaytay City as part of its Medicine Week Celebration. The Society also sent participants to the Bulilit Congress last September 26 at PMA Auditorium and they won second place for the Bulilit Quiz Bee and Poster making contests for elementary and high school categories. Scientific lectures and a Senior Physicians' Night were also held.

In line with the **Laguna Medical Society (LMS)** child advocacy of giving love, care, concern and addressing the need of this group of individual, LMS through its President, Dr. Antonio S. Chua joined the launching of Ligtas sa Tigdas at Polio 2014 campaign last September 1 at the Municipal Covered Court of Santa Cruz, Laguna.

**Lipa City Medical Society (LCMS)** held the FUNtasticRUN 2014 at the City Hall Grounds of Lipa. Dr. Myla Napiza, LCMS President, along with the other LCMS officers worked hand in hand to get the message thru: "A healthy mind and body is key to ones healthy future." More than 250 participants sweat it out on the race track. Events were 10Km, 5Km, and 3 Km with kids joining the 1Km event course around the City Hall Grounds. Friends from the NGO, Rotary Club of Lipa South, nurses, Running enthusiasts, co-parents, patients and families helped increase the health awareness. This project also helped raise funds for the society's projects especially that for the community.

The **Mindoro Occidental Medical Society (MOMS)** held a tree planting activity at Sitio Alitaytayan, Murtha, one of the desolated areas in Mindoro Occidental. The Society also had a dengue conference when the town had a dengue outbreak with 4 mortalities.

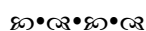
As an opening salvo for the

Medicine Week Celebration, the **Oriental Mindoro Medical Society (OMMS)** went to a home for the aged in Calapan City to render free medical, diagnostic and wellness activities to its 22 residents. The residents were treated and pampered for the whole day by the OMMS members headed by its president Dr. Marilyn V. Delicana. Flu vaccines were administered. Some were given massage, haircut, manicure and pedicure. The doctors serenaded them, presented dance numbers and gifted each with blankets, toiletries and grocery items. A sumptuous meal was shared by everyone. The facility is being managed by a group headed by Father Cris, a Catholic Priest who gathers support for the daily needs of the residents from generous groups or individuals.

To celebrate the 20<sup>th</sup> National Correctional Consciousness Week (NACOCOW) with the theme "Bawat Isa'y Mahalaga sa Maayos na Pamamalakad ng Piitan at Pagtahak sa Tuwid na Daan" as well as the Elderly month and Children's week, the **San Pablo City Medical Society (SPCMS)** conducted several activities in San Pablo City District Jail such as medical mission, gift-giving and several competitions like singing contest, poster-making contest, dance battles and games for children who visited the residents of the facility.

Last November 25 the **Taal-Lemery Medical Society (TLMS)** in cooperation with Our Lady of Caysasay Medical Center, Batangas Regional Hospital, Rotary Club of Taal Lemery and the Municipal Government of Lemery conducted a Blood Letting Drive at the Our Lady of Caysasay Medical Center conference room. A total of 40 bags were collected during this event.

In celebration of PMA Medicine Week, the **Tanauan Medical Society (TMS)** launched the first leg of its Sight Preservation Program "Antipara ni Lolo at Lola" last Sept. 22, 2014. Leg 2 is scheduled to take place on Dec. 13 during the TMS Christmas Day celebration



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

Aside from Medical Missions, members of the **Albay Medical Society (AMS)** served as resource persons for the Health Issues on Radio at DZGB Legazpi. In addition, the Society had tree planting in Guinobatan, Albay and Senior Physicians' Night during the Medicine Week Celebration.

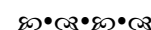
500 members of **Camarines Sur Medical Society (CSMS)** attended the Society's Annual Convention with the theme Top 10 Causes of Mortality in the Philippines. In order to refurbish the Society's Indigency Building and to fund the various outreach program of the Society, CSMS decided to conduct a car raffle. As part of the Medicine Week Celebration, lectures on Breast and Ovarian Cancer, Neonatal, Obesity and Diabetes were conducted at the Bicol Medical Center OPD.

On September 30, 2014, the **Camarines Norte Medical Society (CNMS)** participated in the Multisector Dialogue on Infra Devt. & Local Governance. In order to assist its members, the CNMS conducted symposium on BIR & Philhealth concern at Santissima Trinidad Hospital Daet, Camarines Norte last October 17.

For the **Catanduanes Medical Society (CMS)**, the highlight of the 2014 Medicine Week celebration was a Scientific Symposium wherein there was a Case Paper Presentation from the Different Hospitals in Virac. A Research paper entitled "Newborn Screening: a 5 year review at Eastern Bicol Medical Center (2009-2013)" was also presented.

The **Masbate Medical Society (MMS)** participated in the citywide clean-up to celebrate World Coastal Clean-Up Day sponsored by Masbate City government last Sept. 20. The Society conducted the usual activities during the Medicine Week, like Tree Planting, Lay For a, and Free Clinics.

Last September 16 the new set of officers of the **Sorsogon Medical Society (SMS)** were inducted. A lecture on "BIR... The Doctor Sharing Responsibility" was also conducted by the Society.







# REGIONAL NEWS

By: ERLINDA G. DE LOS REYES, MD



**ETHEL AURELIA  
LAGRIA, MD**

*Governor, Eastern Visayas  
Region*

The month of October was a blessing to all physicians from the region badly devastated by typhoon Yolanda. Well, despite to what happened to our Region, every physicians united together as one and help our kababayans in our own little or big way. Again, despite of what happened to us we moved on. Hence, last October 5, 2014 the PMA-Unilab Continuing Medical Education Regional Assembly was held. It was the **Eastern Samar Medical Society** who hosted the Assembly led by the President Dr. Felix Nicart. The different officers of the Northern Samar Medical Society, Samar Medical Society, Southern Leyte Medical Society, Biliran Medical Society, Ormoc City Medical Society and Leyte Medical Society really supported Eastern Samar Medical Society. Drs. Elvie Casal, Loreta Rama, Rhodette Arevalo and Gloria Fabregas really went far beyond. Thanks to some who are always available and ready to share their time, vehicle and cash. Worth mentioning are Drs. Elizabeth Tiu-Gorgonia, Nelsie Loste-Labro, Patricia Apita, Jessica Sabalbareno, Melwida Amago, Mercia Moscosa, Belen Umil and Emily Rose Chicano.

The National Officers were also in full force during the Eastern Visayas Regional Assembly. Our National President, Dr. Ma. Minerva P. Calimag, Secretary General Dr. Marianne Dobles, Dr. Albert Guevarra and our National Treasurer Dr. Benito Atienza were all around to grace the affair. The Regional Assembly was a great success having 311 attendees which was beyond our expectation.

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**VICTOR ALAN A.  
TORREFRANCA, MD**

*Governor, Central Visayas  
Region*

The 78<sup>th</sup> Induction & Awarding Ceremonies of the **Bohol Medical Society** was held at Metro Center Hotel Tagbilaran City last June 18, 2014. Dr. Jose Teofilo Arcay the President was inducted by Provincial Governor Hon. Atty. Edgar Chatto. The outgoing President Dr. Maria Grace Araneta gave her Valedictory Address. Special Award was given to Dr. Ria Maslog as the BMS Most Outstanding Physician 2014. I was invited as Inducting Officer of the Vice President down to the BOD and delivered the message of the PMA President, Dr. Ma. Minerva P. Calimag.

Last June 20, 2014 was the Induction Ceremony of the **Cebu Medical Society** at Grand Convention Center, Cebu City. I was the Inducting Officer of The President Dr. Marlon T. Co. The other elected officers of the CMS was inducted by President Marlon Co. I delivered the Message of the PMA President, Dr. Ma. Minerva P. Calimag. July 1-3 was a Training on Revised MOP of TB Program at Anda de Boracay Resort.

**AMHOP-Cebu** an organization of public health physician, is gearing towards uplifting the standards of primary health care of Cebu. The first RHU visited was DUERO RHU/LYING-IN CENTER which yours truly is the Municipal Health Officer. Also visited was Purok 5 of San Pedro, Duero, as one of the town's pride in the coastal area, the Purok Power, showcase "Bahay Kubo" with **FAITH-Food Always In The House**; **HOPE-Herbal Organic Plant Enhancement**; **CHARITY-Chicken Always Ready In The Yard**.

September 25, 2014 was the culmination and awarding ceremony of TB Lung Month celebration. This governor, the MHO of Duero received an award as Champion of all Champion in Advocacy

on TB Program and also an Award as Best Performing RHU in Bohol.

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**MA. CRISTINA C. DANAC-  
DELFIN, MD**

*Governor, Western Visayas  
Region*

For the past 20 years of its existence, **Canlaon Medical Society**, Province of Negros Occidental has been reaching out to communities through delivery of various healthcare services. For this year, the society will focus on education, environmental sanitation and disaster preparedness aside from the usual free medical services that are being offered to the people.

Since the induction of newly elected officers last July 27, 2014 at Business Inn by the National President Dr. Ma. Minerva P. Calimag; there has been a lot activities that was conducted and many more are in the pipe line. The society, in cooperation with Amity Health Volunteers had conducted workshops in Disaster Preparedness, First Aid, and Basic Life Support in 3 schools, a hospital and 3 barangays in the City. This activity is being led by the secretary, Dr. Ma. Teresa Dy-Villanueva, who is a Certified Advance Life Support Instructor.

To celebrate the breast feeding lectures were conducted in Barangay ABES last August by Dr. Salve Regina Jesena-President. For the month of September, aside from the activities for the Medicine Week, the society conducted a bloodletting, free medical mission and blood screening (RBS, Cholesterol, Hep b), bone screening, ECG, memory and dementia screening to priest in the whole Negros Island and Siquijor. Last October, Canlaon Medical Society was a part of the weeklong MASSKARA Celebration of the City. And it sponsored the MASSKARA Baby Contest held at Robinsons Place last October 18, 2014.

The society further reaches out to people by embarking on a new project ADAPT-A-SCHOOL PROGRAM. The society has chosen Don Alfredo Montelibano Elementary School as its adoptive school. Monthly activities will be conducted with the help of the

*continued on page 19...*



# REGIONAL NEWS

By: SOL VERONICA E. BAGAIPO, MD

***A flurry of activities has marked the second quarter of this year. Many of which were centered on induction of officers by President Minerva Calimag herself. One remarkable experience is the one reported by Dr. Gay Gonzales, the PMA governor for Western Mindanao.***



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

On September 28, the Tawi Tawi Medical Society had its induction of officers. Dr. Calimag was there to minister the affair. After a couple of plane trips, Dr. Calimag arrived in Tawi Tawi and was met with a very warm welcome by **Tawi-tawi Medical Society** officers and members headed by President Dra. Maureen Tidal and IPP Dr. Sangkula Laja. The induction took place in a beach resort owned by Dr. Ibbo, an anesthesiologist himself like Dr. Calimag. It was a memorable

evening with members clad in native apparel, sumptuous food was shared, and more importantly, the thoughts and hopes of the members of the Tawi Tawi Medical society were heard and acknowledged by Dr. Calimag. Tawi tawi may be at the tip of this beautiful archipelago, but its members are never far from the heart and mind of this present administration. Dr. Calimag was the third president of PMA to visit this beautiful place and beautiful people.

***The end of the second quarter of this year also marks the beginning of Regional Assemblies. Two have been in Cagayan de Oro and in Davao.***



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

Dr. Malou Monteverde, the governor of Southeastern Mindanao reports that the **Davao Medical Society**, led by its President, Dr. Helen Te Santos and the full support of the DMS Officers held the PMA Southeastern Mindanao Regional Assembly last October 26, 2014 at the Marco Polo Hotel, Davao City. It was attended by the PMA President, Dr. Minerva Calimag, the Secretary, Dr. Marianne Dobles and the Treasurer, Dr. Benny Atienza. Topics included: Understanding Risky Behaviors and How to Deal with it, The Burden of Allergy and the Merits of Levocetirizine, Updates on the Management of Menopause and Steps to Financial Freedom."

Aside from the lectures, what was more inspiring is the time spent by the PMA SEM Regional Council of Presidents with the national officers. It was during this time that exchange of ideas happened and a lot of issues were addressed. The issues included the membership database, community disaster risk management, new Component Society Formation of the Davao Occidental Medical Society, the Component Society office and building for the Cotabato Medical Society, the collegial medical practice in their localities, the upcoming ASEAN integration, the Mexico Principle and the Bangsamoro peace negotiations which undoubtedly will affect the medical practice in this region.

***Closer to home, in Northern Mindanao, Dr. Ruben Go, our governor, also highlighted the Regional Assembly as one of the well-attended activity in the region. His details on the event are as follows:***



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

The PMA Northern Mindanao Region, composed of four (4) medical societies namely Misamis Oriental Medical Society (MOMS), Bukidnon Medical Society (BMS), Gingoog Medina Medical Society (GMMS) and Camiguin Medical Society (CMS), conducted a PMA Regional Assembly on October 19, 2014 at Luxe Hotel, Limketkai Center, Cagayan de Oro City. The host of this event is the **Misamis Oriental Medical Society** led by its President Joanna Michelle Sabal,

MD. Since it was a Sunday, a mass preceded the formal programme. After the processional and speeches, the four (4) continuing medical education (CME) activities followed and during lunch break, a consultative meeting of component societies' officers with PMA National was done to thresh out problems surrounding the component societies. There were 325 participants to this assembly and considered as one of the well-attended for the Misamis Oriental Medical Society as host. It is also noteworthy that the board of governors were also there to listen and exchange ideas with the council presidents since the board had their meeting the day before.

***It is hoped that a fruitful assembly was achieved.***

***This quarter will not pass without us celebrating our week. September is Medicine Week. Various activities were held simultaneously nationwide. But there are those activities that were done out of schedule but for the same reason. And out of these comes one worth emulating. Dr. Karen Conol-Salomon of North Central Mindanao shared this report.***



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

Dra. Jamina Macabanding and “Addictive Components of Cigarette” by Dr. Mohammad Al-Moqtader Abedin. The lectures were all comprehensive and very enlightening.

The topic on Islamic Point of view on Reproductive Health and Sex Education was included since there is no concrete stand of the local government on how to implement this law with no prejudice to the Muslim religion. Unlike the Catholic church that openly opposes the law, the Ulama locally have no stand on this law which gives an impression that the law has no contradictions with the teachings of Islam. Aleem Abu Salahi mentioned in his lecture that Islam does not prohibit gaining any knowledge concerning Reproductive Health. “In Islam, any knowledge concerning health is most welcome. Sex Education awareness at a very young age of seven is a practice in Islam, as shown by the teaching that children at age seven should have separate rooms from their parents.”

The sheer number of participants and the interest in the topics as evidenced by questions and sharing of opinion was a huge indicator of the success of the activity. It is indeed an inspiration to the members of the Lanao del sur Medical Society, twenty of them who attended, to make sure this activity will be sustained. Generosity was overflowing too. Not only by the active participation of the members of the society but also by the spontaneous bigheartedness of Dra. Jamelah Abculcarim who provided snacks for the unexpected 100 students!!



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

Dr. Angelo L. Dimaano reports that significant events from the Caraga region happened during the medicine week 2014 at the **Surigao Del Norte Medical Society** under its president Dr. Manolito Go. The Opening Day on September 21, 2014 was highlighted by a jogging/walking exercise at Sitio Looc, Bgy. Mabua, Surigao City. Succeeding days of the Medicine Week had the following events: An OB Conference on Monday, September 22, 2014; Free Cholesterol and Sugar Screening and a RTD on Stroke in evening on Tuesday, September

23, 2014; Annual 13<sup>th</sup> PMA Health/Medical Inter High School Quiz Bowl on Wednesday, September 24, 2014; Surgery Conference on Thursday, September 25, 2014; Media Conference on Friday, September 26, 2014; Family Day at the Beach on Sunday, September 28, 2014.

### ***Congratulations are in order for such a wonderful activity!***

*Our activities reflect the state of our component societies. How we innovate and respond to the needs of our community is an indicator that we are not only independent from the national PMA, but more importantly, we are empowered.*

*Oftentimes, we look at PMA as the power that would ensure the security and dignity of the medical profession. We take into heart that our local component societies would also ensure camaraderie and fellowship, thus we have our structured activities and the required fora and symposia that benefit us. But sometimes, the moment we go out of our comfort zone and reach out truly to the community and bring them more than just medical services but honest to goodness service that would hopefully touch lives especially those of the young and the vulnerable, we become much more than just a society of physicians. We become humane. We become relevant.*

### ***So, until the next round of activities... Salaam!***

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**Ma. Cristina C. Danac-Delfin, MD, from page 17 ...**

schools administration. This school located at Barangay Villamonte has 700 students and 21 teachers, and 90% of the students belong to the lowest socio economic level. The monthly project using recycled materials aimed to promote long term behavioral change and an understanding of the issues related to plastic waste disposal. The objective of the contest is to educate Elementary school children regarding the environment, proper plastic waste disposal and health and sanitation issues. It will also enhance the creativity of the student and encourage and motivate them, to share responsibilities addressing the waste menace.

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### **Our Code of Ethics states:**

**“Colleagues, legitimate children who are minors, or even those who are not minors but mentally incapacitated and dependent upon our colleague for support, should be given the courtesy. However, this shall not apply to plastic or cosmetic procedures unless the cosmetic service is for Reconstructive”**





## PHILIPPINE MEDICAL ASSOCIATION

Officers and Board of Governors June 2014 - May 2015

SEATED (FIRST ROW L-R): BENITO P. ATIENZA, M.D. - National Treasurer; MARIANNE C. DOBLES, M.D. - Secretary General; MARIA MINERVA P. CALIMAG, M.D. - President;  
IRINEO C. BERNARDO III, M.D. - Vice President; ATTY. JOSE C. MONTEMAJOR JR., M.D. - Assistant Secretary General

STANDING (SECOND ROW L-R): MA. CRISTINA C. DANAC-DELEIN, M.D. - Governor, Western Visayas; MARIA LOURDES G. MONTEVERDE, M.D. - Governor, Southern Mindanao; MA. GAY M. GONZALES, M.D. - Governor, Western Mindanao; EVANGELINE F. FABIAN, M.D. - Governor, Rizal; REBECCA W. DEDUYO, M.D. - Governor, Central Tagalog;  
MA. REALIZA G. HENSON, M.D. - Governor, Quezon City; ETHEL A. LAGRIA, M.D. - Governor, Eastern Visayas; KAREN CONOL-SALOMON, M.D. - Governor, Northcentral Mindanao

STANDING (THIRD ROW L-R): ANGELO L. DIMAANO, M.D. - Governor, Cagayan; SALVADOR G. SILVERIO, M.D. - Governor, Manila; RUBEN O. GO, M.D. - Governor, Northern Mindanao; RUFINO A. BARTOLABAC, M.D. - Governor, Bicol; RAUL E. ECHIPARE, M.D. - Governor, Central Luzon; FRANCISCO B. RAMADA III, M.D. - Governor, Northwestern Luzon;  
EDUARDO F. CHUA, M.D. - Governor, Southern Tagalog; VICTOR ALAN A. TORREFRANCA, M.D. - Governor, Central Visayas; HARRY G. SOLLER, M.D. - Governor, Northeastern Luzon



## 2014 - 2015 PMA Officers and Board of Governors



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President



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



**Benito P. Atienza, M.D.**  
National Treasurer



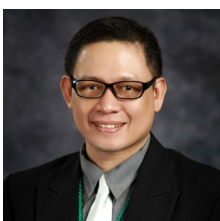
**Marianne L. Ordoñez-Dobles, M.D.**  
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**Atty. Jose C. Montemayor Jr., M.D.**  
Asst. Secretary General



**Harry G. Soller, M.D.**  
Governor, Northeastern Luzon



**Francisco B. Ranada III, M.D.**  
Governor, Northwestern Luzon



**Raul E. Echipare, M.D.**  
Governor, Central Luzon



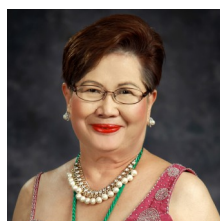
**Salvador G. Silverio, M.D.**  
Governor, Manila



**Ma. Realiza G. Henson, M.D.**  
Governor, Quezon City



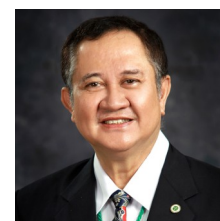
**Evangeline F. Fabian, M.D.**  
Governor, Rizal



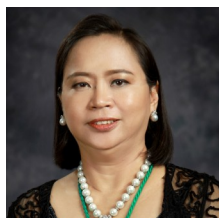
**Rebecca W. Deduyo, M.D.**  
Governor, Central Tagalog



**Eduardo F. Chua, M.D.**  
Governor, Southern Tagalog



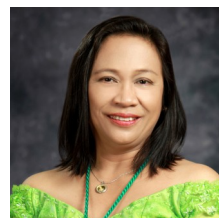
**Rufino A. Bartolabac, M.D.**  
Governor, Bicol



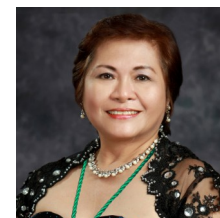
**Ma. Cristina C. Danac-Delfin, M.D.**  
Governor, Western Visayas



**Victor Alan A. Torrefranca, M.D.**  
Governor, Central Visayas



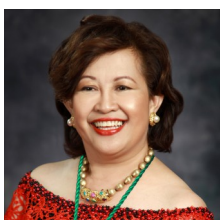
**Ethel A. Lagria, M.D.**  
Governor, Eastern Visayas



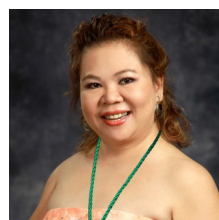
**Ma. Gay M. Gonzales, M.D.**  
Governor, Western Mindanao



**Ruben O. Go, M.D.**  
Governor, Northern Mindanao



**Maria Lourdes G. Monteverde, M.D.**  
Governor, Southeastern Mindanao



**Karen Conol-Salomon, M.D.**  
Governor, Northcentral Mindanao



**Angelo L. Dimaano, M.D.**  
Governor, Caraga



## 111<sup>th</sup> PMA FOUNDATION DAY

at the PMA Grounds & Auditorium  
September 15, 2014



*Wreath Laying Ceremonies at the Rizal Monument at the PMA Grounds headed by the PMA President Dr. Maria Minerva P. Calimag and the Overall Chair of the 111<sup>th</sup> PMA Foundation Anniversary Dr. Maria Teresita G. Gabriel.*



*Candle, Cake, and Wine Ceremonies during the celebration of the PMA 111<sup>th</sup> Foundation Anniversary; honoring the Former Presidents of the PMA.*





## 57<sup>th</sup> PMA NATIONAL MEDICINE WEEK

Wreath Laying & Opening Ceremonies at Luneta Park & Hyatt Regency Hotel  
September 21, 2014



*Wreath Laying Ceremonies at the Rizal Monument, Luneta, Manila to kick off the celebration of the 57<sup>th</sup> National Medicine Week held September 21, 2014. Leading the event is the PMA President Dr. Maria Minerva P. Calimag; DOH Usec. Dr. Teodoro Herbosa, Overall Chairman Dr. Alejandro Y. Tan and Wreath Laying Ceremonies Chair Dr. Rosario Marie S. Go. The event was also attended by PMA National Officers and Board of Governors of NCR, Central Luzon, and Southern Tagalog Regions as well as the different Component Societies and the Auxiliary to the PMA.*



*PMA President Dr. Maria Minerva P. Calimag (left) ringing the bell signifying the start of the 57<sup>th</sup> National Medicine Week, assisted by Dr. Alejandro Y. Tan, Overall Chairman of the Organizing Committee; while the honorable Usec. Dr. Teodoro Herbosa of the DOH (right) delivering his keynote address during the Opening Ceremonies of the 57<sup>th</sup> National Medicine Week held September 21, 2014 at the Hyatt Regency Hotel, Manila.*



## PMA REGIONAL ASSEMBLIES 2014-2015



Eastern Visayas Region  
October 05, 2014  
Leyte Park Hotel, Tacloban City  
with the former PMA Governors of EV



Northern Mindanao Region  
October 19, 2014  
Luxe Hotel, Cagayan De Oro City  
with the PMA BOG



Southeastern Mindanao Region  
October 26, 2014  
Marco Polo Hotel, Davao City  
with Davao MS (Host Society)



Northwestern Luzon Region  
November 09, 2014  
Plaza Del Norte Hotel, Paoay, Ilocos Norte  
with the Ilocos Norte MS (Host Society)



Southern Tagalog Region  
November 23, 2014  
Acacia Hotel, Alabang  
with the STAMP Component Society Presidents



## CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA AND OCEANIA (CMAAO)

29<sup>th</sup> General Assembly and 50<sup>th</sup> Council Meeting  
at Marriott Hotel, Pasay City, September 24-26, 2014



*Dr. Jose Montoya, the 12<sup>th</sup> Taro Takemi Memorial Lecturer*



*Officers and Delegates of the NMAs (National Medical Associations) of member countries with the Officers of the Confederation of Medical Associations in Asia and Oceania (CMAAO), AMA President and WMA President.*





**JOSE ASA SABILI, M.D.**  
**President, Confederation of Medical**  
**Associations in Asia and Oceania**  
**2014-2015**

**Inaugural Address**

It gives me immense pride to take the leadership of all National Medical Associations of Asia and Oceania. It is a huge and challenging task to take the road of fulfilling the dreams of our past leaders to attain the highest possible practice of medicine in respective countries by sharing information and expertise.

CMAAO has become an integral part of the WMA. It has produced several WMA Presidents and served as venue of general assemblies and meetings. Though, faced with many challenges, CMAAO, through its Scientific Meetings, has tackled several issues like health care insurance and reform system, infectious and social related diseases, traditional medicine, longevity, suicide prevention, child abuse, and health database and information technology. Through the Takemi Memorial Oration, the best speakers and themes from each country were presented and highlighted giving importance to topics which is attuned to prevailing situations. The Committee on Resolution, collated all the proposals

and presented to the body. At the end of the discussions and deliberations during plenary session, resolutions were formulated pertaining to issues vital to existing conditions and problems within the region. The resolution serves as a guide for all NMA's on how to deal with the government and the medical practitioners in different countries.

CMAAO has played a tremendous role on the life of every medical practitioners in Asia and Oceania, realizing its mission and vision to promote cooperation and support in terms of knowledge, information technology, principle, cultural exchange and fellowship, and provide essential materials and moral support during calamities and disasters.

During my term, I will continue to promote camaraderie and professional partnership among physicians in member countries and to further strengthen linkages and collaboration within the National Medical Associations. There's a lot to be done and shared upon with

and presented to the body. At the end of the discussions and deliberations during plenary session, resolutions were formulated pertaining to issues vital to existing conditions and problems within the region. The resolution serves as a guide for all NMA's on how to deal with the government and the medical practitioners in different countries.

Allow me to thank our Secretary General, Dr. Masami Ishii and the leadership of Japan Medical Association for efficiently hosting our Secretariat, Council Chair Prof. Dr. Dong Chun Shin, Treasurer Dr. Alvin Chan, my predecessor Dr. Vinay Aggarwal, Advisors Dr. Yung Tung Wu, Dr. Wonchat Subhachaturas, Dr. Tai Jai Moon, and Mr. Shinichi Murata for providing support on my leadership. Lastly, I would like to thank the leadership of the Philippine Medical Association through President Dr. Maria Minerva Calimag for giving me full trust and confidence, to my family, PMA staff and friends for the assistance and support.

Thank you very much and my warmest regards to everybody. I love you all!

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***“Acta Non Verba – Deeds not words”***  
***“Alis Volat Propriis - She flies with her own wings”***

***By: ARNEL M. ASINO, MD, FPBA, FPSQua***

Ray Kroc once said that, ***“The quality of a leader is reflected in the standards they set for themselves.”***

In the first issue of “The Physician”, I mentioned about the seven qualities of a good leader by Miss Barbara White; ***with exemplary character, enthusiastic about her work, confident, function in an orderly and purposeful manner, tolerant and remain calm, keeps the main goal in focus and committed to excellence.***

During the opening ceremony of the **Philippine Society of Anesthesiologists 46th Annual Convention** held at Sofitel Philippine Plaza Hotel, last November 20, 2014, our dear PMA president, **Dr. Minerva Calimag** received the most coveted **Dr. Quintin J. Gomez (QJG) award**, the highest award an anesthesiologist may get.



***Please allow me to share to you the QJG Award citation:***

The 2014 Quintin J. Gomez Awards bestowed on MARIA MINERVA PATAWARAN-CALIMAG, MD, MSc, PhD, FPBA, FPSECP. Dr. Calimag has shown absolute commitment to the ideals of the medical profession, and is tireless in her promotion and support of the Philippine Society of Anesthesiologists and its work, through her various advocacy campaigns and community service; her researches in Pharmacology, in Anesthesiology, her health policy-generating researches and medical education researches; her influence and contributions in her fields of specializations as anesthesiologist, pharmacologist, clinical epidemiologist, medical educator and technology innovations educator; and interprofessionally as she engages in interprofessional education and collaborative practice. She has played a major role in helping to support the continued success of members and inspired leadership among them through her involvement in organized medicine as two-term GOVERNOR FOR MANILA of the Philippine Medical Association (2004 and 2013); two-term PRESIDENT, Manila Medical Society (MMS) 2002-2004; two-term SECRETARY-GENERAL of the

Philippine Medical Association (PMA) General Assembly 2010-2011; two-term PRESIDENT, Society for Obstetric Anesthesia of the Philippines (SOAP) 2000-2002; FELLOW and VICE-CHAIR, Board of Examiners, Philippine Board of Anesthesiology (PBA) 2002-2007; COMMISSIONER, Commission on Accreditation, Philippine Board of Anesthesiology (PBA) 2014-2016; two-term PRESIDENT, Philippine Society of Anesthesiologists, Inc. (PSA), 2010-2011; SECRETARY of the Confederation of the ASEAN Societies of Anesthesiologists 2008-2010; and PRESIDENT-ELECT of the Asian and Oceanic Society for Regional Anesthesia and Pain Medicine 2013-2015. She has performed extensive and consistent duties on behalf of the Society and at a level that significantly exceeds expectations and thus, she brought honor and distinction to the Specialty when she was awarded the 2012 MOST OUTSTANDING PROFESSIONAL IN THE FIELD OF MEDICINE and the FIRST ERIC NUBLA AWARD FOR EXCELLENCE IN THE PROFESSIONS by the Professional Regulation Commission besting 39 other Outstanding Professionals in various fields.

As the incumbent PRESIDENT of the Philippine Medical Association, the umbrella organization of all Component, Specialty, Subspecialty and Affiliate Societies in the Philippines, she is only the second anesthesiologist out of 93 past presidents to lead this prestigious Accredited Professional Organization of Filipino Physicians since 1903. With this 2014 QJG Award, the Philippine Society of Anesthesiologists recognizes Dr. Calimag's many contributions to the Specialty, as her proactive approach has helped Philippine Anesthesiology grow in both scope and recognition.

This recognition is only one of the accolades that prove her competence as a good leader. Truly an admirable lady, Ervie deserves it and even more. Her sincere determination to lead made me believe with John C. Maxwell when he said that “A leader is one who knows the way, goes the way, and shows the way.”

Congratulations and may the Lord God bless you and your family always!!!

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## SPECIALTY DIVISIONS & SPECIALTY SOCIETIES

### News and Events

2<sup>nd</sup> Quarter, Fiscal Year 2014 – 2015

By: ARNEL M. ASINO, MD, FPBA, FPSQua

#### Philippine Obstetrical and Gynecological Society (POGS)

by Ma. Socorro M. Solis, MD, PRO

A Constitutional Assembly was convened by the Philippine Obstetrical and Gynecological Society for the purpose of revising the POGS Constitution and By Laws. The assembly was composed of Past Presidents, the Board of Trustees, Regional Directors, Subspecialty Society Presidents, PBOG and CREED Chairs, representatives from the Academic, Private and Government Sectors. The last Constitutional Convention of POGS was in 1991 when POGS had only 990 members. Now the society has 3362 members and times and needs have changed over the years hence the move to revisit and revise the constitution. Part of the proposed changes in the constitution is increasing the board members from eleven to fifteen in order to have more regional representation.

The ratification of the proposed constitution is scheduled to be voted upon during the POGS Annual Business Meeting this November 12, 2014 of the 68<sup>th</sup> Annual Convention. Together with this, the POGS corporate life is expiring by 2016 and the members will also have to vote to renew its corporate life.

The POGS Annual Convention is from November 12-14, 2014 to be held at the PICC with the theme "Women's Health : What's Best? Current Trends and Recommendations. There are six invited foreign speakers to cover topics on reproductive endocrinology, infertility, perinatology, infection and oncology. The best in local speakers complete the scientific program and we invite everyone to join us in working together to improve women's health.



#### Philippine Society of Pathologists (PSP)

September of this year, in response to the PMA's request, the Philippine Society of Pathologists created a **Committee on Disaster Preparedness and Management**. Currently, the committee is busy preparing guidelines, policies, and protocols. Meetings with the society's regional chapters were made to discuss pertinent concerns of its members outside metro Manila.

Last October, they established and recognized its **first subspecialty training program**. The Board of Pathology reviewed the Clinical Microbiology program and recommended its approval. Formal training will hopefully start by January 2015.

Other activities for the month of October were the following: PSP Interhospital Conference, the Anatomic and Clinical Pathology Lecture Series for Bone/Soft Tissue, Breast Pathology, Immunohematology and Parasitology and Microbiology, Lung Immunology and Lymphoma. All lectures were held in the PSP Building in Quezon City. The Committee on Accreditation and Residency Training (CART) also embarked on several training center visits: Governor Gallares Medical Center in Bohol, Chong Hua Hospital in Cebu City, Dr. Paulino Garcia Medical Center in Cabañatuan City, Eastern Visayas Regional Medical Center in Tacloban City and FEU-NRMF Medical Center in Quezon City.

The society's activities for the month of November include the Annual In-service Examinations in Anatomic and Clinical Pathology on November 15-16, 2014 at the FEU-NRMF Institute of Medicine, Midyear Convention in Cebu

on November 27-28, 2014, Jpark Island Resort which is a joint activity of the PSP and the Asia Pacific Society for Molecular Immunology (APSMI). Its main focus is on diagnostic molecular pathology. CART will visit other institutions for accreditation including: Rizal Medical Center, Pasig and Western Visayas Medical Center in Iloilo City.

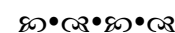
In addition, the society would like to take this opportunity to announce the **deadline for submission** of application for the **2015 Specialty Board Examination in Anatomic and Clinical Pathology** on December 5, 2014. Interested applicants must submit their application and requirements at the PSP Office, 114 Malakas Street, Diliman, Quezon City.



#### Philippine Society Hematology and Blood Transfusion (PSHBT)

During their annual meeting held at CROWNE Plaza last September 2014, officers for 2014 - 2016 were elected; President - Dr. Jose Antonio S. Quitevis, Vice President - Dr. Marilou Concepcion, Secretary - Dr. Malou Abiera, Treasurer - Dr. Florida Hernandez, Board of Regents - Dr. Reynaldo de Castro, Dr. Edwin Rodriguez, Dr. Enrico Tuy, Dr. Minerva Ramos, and Immediate Past President - Dr. Angelina Mirasol.

**Dr. Quitevis** was elected **President** of the **ASEAN Federation of Hematology** 2014 - 2016 during the 3rd ASEAN Federation of Hematology Congress in Bangkok, Thailand on October 22, 2014 and our country was tasked to be the next host for the ASEAN congress in 2016.





## Philippine College of Radiology (PCR)

by Imarzen V. Elepano MD, FPCR

The **Computed Tomography-Magnetic Resonance Imaging Society of the Philippines (CTMRISP)** and the **Ultrasound Society of the Philippines (USP)** held its 2014 annual convention last October 9 to 11, 2014, at the Fiesta Pavilion, Manila Hotel with the theme "Practical Insights in Urogenital and Pelvic Imaging" attended by 673 delegates from all over the country.

Local and foreign speakers who took part in the convention were competent specialists in urogenital and pelvic imaging. Local speakers were Dr. Celeste Baldonado, Dr. Rene Bautista, Dr. Cesar Co, Dr. Rosanna Fragante, Dr. Joyce Komia, Dr. Lolita Largado-Reyes, Dr. Maricar Paguia, Dr. Bryan Paner, Dr. Vicente Romano, Dr. Ana Maria Saulog, Dr. Gerardo Silva and Dr. Florence Villoriente - Los Banos. Foreign speakers were Dr. Steven James Knox, Dr. Sally Mara Reed, Dr. Yan Cher Heng, and Dr. Annalyn Egwolf.

The opening ceremony of the annual convention was presided over by Dr. Francis Villanueva and Dr. Julio Dumo, presidents of the CTMRISP and USP, respectively. Convention chairs were Dr. Mateo Ilano and Dr. Alfredo Villarosa. The moderators for the three (3) day affair were Dr. Primo Laforteza, Dr. Mercedes Onagan, Dr. Eugene Dy, Dr. Kristine Grace Pulido-Brillo and Dr. Myrna Borromeo. The convention was also the **CTMRISP 25th anniversary** celebration. All past presidents and the past board of examiners were recognized during the fellowship night.

The **CTMRISP** and **USP** are **specialty societies** of the Philippine College of Radiology (PCR). The PCR is a specialty division of the Philippine Medical Association (PMA).



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## Philippine Academy of Family Physicians (PAFP)

They just recently had their **20<sup>th</sup> mid-year convention** last August 28-30, 2014 at the Avenue Plaza Hotel, Naga City through the efforts of the overall convention chair, Dr. Gilda Gonzales and co-chair, Dr. Tirzo delos Reyes. with the theme "**Family Physicians: Embracing New Concepts in Health Care**" hosted by Camarines Sur chapter and Albay - Sorsogon chapter welcoming 922 delegates with their own brand of hospitality and warmth.



The Opening ceremony was graced by two prominent personalities; Congresswoman Maria Leonor Gerona Robredo and Mayor John G. Bongat who spoke on and emphasized the importance of family physicians and the Naga SMILES; "S- See Naga", "M- Meet in Naga and "E- Experience Naga" respectively.

They have conducted **Regional Assemblies**: Visayas on May 31 – June 1, 2014 at Quest Hotel, Cebu City with 26 participants and NCR, Luzon & Mindanao on July 26 – 27, 2014 at Hyatt Regency Hotel & Casino, Pedro Gil, Malate, Manila with 94 participants and three **Board Meetings** held on June 14, July 11, and August 28, 2014.

**PAFP celebrated the World Hepatitis Day** in partnership with Hi-Eisai Pharmaceuticals, Love Yourself Foundation, Yellow Warriors Society of the Philippines and the City of Mandaluyong "B Positive Campaign" which was launched last July 30, 2014. They also did Hepatitis B screening, counseling, lay fora and a press conference attended by the PAFP Executive Secretary, Dr. Eva Irene Maglonzo, and Chair of the PAFP Committee on External Advocacy Dr. Romualdo Cabalona, and Hepatologist Dr. Ira Yu. The activity was graced by the Honorable Mandaluyong City Councilor Charisse Abalos, the President of Love Yourself Foundation, Mr. Ronnievin Pagtakhan, and Atty. Eric Ueda, from Yellow Warriors Society of the Philippines.

For the month of June, they already have conducted 12 lectures in

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### Philippine Neurological Association (PNA)

About 60 neurologists and **epileptologists** from the **Philippine Neurological Association, Child Neurology Society Philippines Inc,** and the **Philippine League Against Epilepsy** met last September 1, 2014 to draft a consensus statement on the **use of medical marijuana in epilepsy.** To prepare for this the group first heard presentations from Dr. Bernardo Conde of Santo Tomas University Hospital, and Dr. Rhea Salonga-Quimpo from the Philippine General Hospital. Dr. Conde discussed the pharmacology and mechanism of action of cannabidiol and other derivatives of medical marijuana, while Dr. Salonga-Quimpo presented the current evidence on the effect of medical marijuana in epilepsy. While there are dramatic reports of improvement and cure, there is just not enough evidence from clinical trials, which are the gold standard for therapeutic effect, to show that medical marijuana does show benefit in epilepsy. Therefore the three groups currently do not recommend the use of medical marijuana for the treatment of epilepsy, due to lack of efficacy data and concerns about its detrimental effects. Further research is needed to assess its efficacy and safety. Also, persons with epilepsy should consult with their physicians before starting any new or experimental treatments. In subsequent meetings representatives from the groups have met to plan their strategy of disseminating their stand to all concerned stakeholders in this vital issue of public interest.



### Philippine Society of Endocrinology, Diabetes and Metabolism (PSEDMD)

*by Dr. Cecilia A. Jimeno, President*

The **Philippine Society of Endocrinology, Diabetes and Metabolism (PSEDMD)** recently hosted the **15<sup>th</sup> Asia Oceania Congress of Endocrinology** last October 9-11, 2014 at the Radisson

Blu Hotel in Cebu City. It was attended by a total of 727 delegates and speakers coming from 20 different countries in the region. The theme of this well attended conference is **AOCE LEADER: Linking Endocrine And Diabetes Endeavors in the Region** emphasizing the need for greater cooperation and collaboration among the member countries beyond the conference. The faculty of the congress included not only experts in the Asia Oceania region but also from Belgium and the United States. The research activities during the congress also boasted a good participation with a total of 94 papers being submitted- 17 of which were presented during the oral sessions and the other 77 as posters. The delegates as well enjoyed the social program that included songs and dances from local talents showcasing the culture of Cebu and the Visayas, as well as of the entire Philippines that were presented during the opening night and the fellowship/cultural night. The speakers and selected guests were also treated to the best of Filipino hospitality during the museum night tour that was jointly coordinated by the PSEDMD members in Cebu City as well the Department of Tourism.

Just recently, the society's 16<sup>th</sup> conferment ceremonies and 12<sup>th</sup> solemn investiture for 33 new diplomats and 24 fellows was held at the EDSA Shangri-La Hotel, Mandaluyong City. Dr. Elizabeth Paz-Pacheco, Past President of the PSEDMD delivered a very inspiring message followed by Dr. Sandra Navarra an awardee of the Philippine College of Physicians as exemplar for healthcare advocacy as keynote speaker.



### Philippine Academy of Ophthalmology (PAO)

*by Kristine Corpus, MD*

The **Fight to Prevent a Lifetime Disease: Retinopathy of prematurity (ROP)** is an eye disease that affects the immature retina of preterm infants <sup>1</sup>. It remains to be one of the major

causes of preventable childhood blindness, leading to lifelong visual impairment and disability when unrecognized and not promptly treated<sup>2</sup>. At present, there are 480,00 total blind children in developing countries, with 60% of these due to ROP <sup>3</sup>. We belong to countries with high risk for blindness due to ROP, with 9-60 blind infants per 1,000 births <sup>4</sup>.

In response to this, the **Retinopathy of Prematurity Working Group (ROPWG)** was created last November 2012. It is the initiative of the **Philippine Academy of Ophthalmology (PAO)** to decrease the prevalence of visual impairment secondary to ROP. It is composed of 18 retina specialists and pediatric ophthalmologists, from various institutions in and outside Metro Manila, who are experienced, active and passionate in the screening and treatment of ROP. Headed by **Dr. Pearl Tamesis-Villalon**, it is comprised of Drs. Jose Melvin Jimenez IV, Fay Cruz, Joanne Bolinao, Milagros Arroyo, Emilio Macias, Pauline Santiago, Darby Santiago, Ricardo Ventura, Junn Pajarillo, Andrea Kristina Pajarillo, Joan Loy, Carlos Chua, Jubaida Aquino, Rachele Anzures, Cecilia Arenal and Rena Ivy Bascuna. The ROPWG aims: (1) to increase awareness of ROP among health care providers and the lay community, (2) to review and modify existing guidelines on ROP screening and treatment, (3) to develop a national registry on ROP, (4) to develop a referral network system for screening and management of ROP and (5) to push for legislation for national ROP screening.

ROP Workshops for general ophthalmologists and non-ROP screeners were conducted last November 18, 2013 and May 3, 2014 and this year on November 14, 8am-12nn in the SMX Convention Center, Pasay. Local ROP experts have lectured on ROP screening, treatment and complications as well as hands-on ROP screening. These series of workshops, aim to inform, empower and encourage ophthalmologists, especially in the rural areas, to screen and refer ROP.

Handbooks on ROP, screening forms and posters on the stages of ROP have been provided. Members of the ROPWG have made many local TV and radio guestings to promote ROP awareness.

Last June 7, the ROPWG participated in the Buntis Congress in Megamall, wherein approximately 300 pregnant women, future concerned-parents, attended. Multiple lay forums and ROP lectures for the lay in different hospitals, in and outside Metro Manila, have been started, many of these during the Sight Saving Month (August) and the World Prematurity Day (November 17).

In celebration of this year's World Prematurity Day, the 1<sup>st</sup> Philippine ROP Symposium will be held on November 15, 8am-5pm at the SMX Convention Center, Pasay. In collaboration with PAO, ORBIS and Fred Hollows Foundation, it is a free conference for NICU nurses, neonatologists and pediatricians – other stakeholders in ROP care. Local and foreign speakers such as Dr. RV Paul Chan (Weill Cornell University, New York) and Dr. Rita Sitorus, Dr. Rinawati Rohsis Watmo and Siti Maryani RN (University of Indonesia) will discuss the role of the NICU nurses and pediatricians in ROP management, ROP screening basics and ROP interdepartmental network system. Also, official ROP advocacy posters and videos will be disseminated to various hospitals on November 17, World Prematurity Day proper.

Apart from awareness, much of diagnosis and prompt treatment rest on adequate screening protocols that can identify babies at risk for developing ROP. The current Philippine ROP screening guidelines recommend screening of preterm infants  $\leq 32$  weeks gestational age (GA), and/or  $\leq 1500$  grams birth weight (BW) or with unstable clinical course assessed as high risk by the attending pediatrician<sup>5</sup>. This is the 2005 screening recommendation jointly endorsed by the PAO, Philippine Pediatric Society (PPS), Philippine Society of Pediatric Ophthalmology and Vitreo-Retina Society of the

Philippines. It was patterned after then existing ROP screening guidelines in the United States. However, a plethora of published international studies have reported infants with sight-threatening ROP that were missed with the  $\leq 32$  weeks and  $\leq 1500$  grams criteria. Many developing countries have modified their national screening criteria to include infants  $> 32$  weeks and  $> 1500$  grams. In 2012, investigators from EAMC, through a prospective observational study, reported a missed out rate of 5% out of 246 babies. They recommend increasing screening to 34 weeks GA<sup>6</sup>. A retrospective multicenter cohort study in 2013 by Corpus, Jimenez et al found a missed out rate of 16% out of 762 babies following the existing screening criteria, including 2 with ROP even in the absence of risk factors. When the criteria was increased to  $< 35$  weeks and/or  $< 2000$  grams, the missed out rate was reduced to 2% and further reduced to nil when risk factors were included<sup>7</sup>.

In the light of the evidence showing heavier and older babies developing ROP, to promote ROP screening and to prevent missing babies with sight-threatening ROP, the "PAO-ROPWG Recommended Guidelines for ROP Screening and Referral" was launched last World Prematurity Day November 17, 2013. The guidelines recommend ROP screening for all preterm infants  $< 35$  weeks GA and/or  $< 2000$  grams BW or those below these criteria but with unstable clinical course. Representatives from different groups such as PMA, WHO, PPS, Philippine Society of Newborn Medicine, Philippine Society of Pediatric Critical Care Medicine, Perinatal Association of the Philippines, Community Pediatric Society of the Philippines, Critical Care Nurses Association of the Philippines, Resources for the Blind and Parents Advocate for Visually Impaired Children graced the event and pledged their commitment to the ROP advocacy.

Still realizing the need to modify the existing screening guidelines, a multicenter prospective cohort study under the ROPWG, is currently ongoing to

investigate necessary screening criteria. Its objectives include determining if the existing local ROP screening criteria is sufficient in detecting premature infants with sight-threatening ROP; determining the incidence of ROP among preterm infants  $< 37$  weeks GA and  $< 2000$  grams BW; to determine the proportion of babies with ROP missed using the existing ROP screening criteria and to determine maternal and perinatal risk factors/events associated with ROP.

ROP screening is not yet included in the current newborn screening program. ROPWG has been dialoguing with various stakeholders, including **DOH** and **Philhealth**, for the future incorporation of ROP screening in the newborn screening program. In this light, babies at risk must be referred to ophthalmologists by the attending neonatologist/pediatrician or the parents can consult an ophthalmologist or ask to be referred. A national list of ROP screeners, retina specialists and pediatric ophthalmologists who are active and committed in the treatment of ROP, complete with their contact information per region, have been made available. The ROPWG can be reached through

[paoropwg@gmail.com](mailto:paoropwg@gmail.com); @ROPworkgrp\_PH (twitter) and [www.facebook.com/pages/Philippine-ROP-Working-Group](https://www.facebook.com/pages/Philippine-ROP-Working-Group).

Ophthalmologists, pediatricians, parents can contact the ROP Hotline (0928-4399393 and 0977-2186084) for inquiries on the nearby ROP screeners in their area.

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*"You don't lead by pointing and telling people some place to go. You lead by going to that place and making a case."*

– Ken Kesey





## 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**

#### **PARADIGM SHIFT IN STRATEGIC – FOCUS OUTCOME MEASURES:**

Will healthcare professionals modify their practices if given feedback informations? Following a Cochrane systematic analysis of 82 comparisons from 49/70 (70%) studies, the multivariable meta-regression shows that feedback can be effective if: with low outcome performance; from supervisor or colleague source; with repeated reviews; in verbal and written formats; targets and action plan explicitly given; and specific clinical behavior effect is the basis. (Ivers, Cochrane Database Syst Rev 2012 Jun 13;6:CD00025). The clinical behavior is not only how many activities were done, nor merely what is the quality of the activity, but, most importantly, did anyone benefited from the activity?

More relevant, in the current healthcare environment, patients and providers seek meaningful data to guide clinical decisions. Policy makers need a rigorous patient-centered, comparative effectiveness outcome data to inform national level decision-making. (Winters, Ann Surg; 2010 Dec;252(6):929-42) Adopting some of the EBM based systematic Cochrane review proposals, may be very pertinent to address our national if not global issues regarding still highest mortality cause (ischemic heart disease) in a country with maldistribution of healthcare and inequity of CPD opportunities. The following proven strategic recommendations are changes management, joint planning – ventures, shared clinical priorities, macro-population focus, patient community engagement, CPD support-

professional recognition, innovations awards and quality performance goals. (Nicholson, BMC Health Serv Res, 2013 Dec 20;13(1):528) Anent the feedback data and systematically proposed strategies, the focus to national issues on health and resources is a paradigm shift in CPD.

FIRST, during the May 2014 annual Scientific Meeting in Vigan City, of the 1412 registrants, 28.9% and 22.2% submitted to be evaluated on the first and second scientific session days respectively. Before participating in the scientific session, pretest answers were collected. At the sessions' end post-test answers to questions were submitted. Participants were classified as PROACTIVE (72%) for perfect Pretest = Post test; ACTIVE (22.5%) if Pretest improved in the Post test and PASSIVE or ULTRAIST (5.5%) if the Post test is worse than the Pretest or less than 100% but equal to the Pretest. This first time study to our knowledge, suggests that total registrants do not predict scientific session attendance or participations. The sample data analysis is revealing that despite a mere 30% willingness to be evaluated, 70% are updated or the topics discussed are "generic." Are the selected topics easily accessed in the internet or are frequently debated issues or are not necessarily locally pertinent and adoptable? More revealing is the fact that only one out of three practicing physicians can have outcome based assessments despite being registered for the convention.

SECOND, in order to see the real world outcome to problem oriented issues beyond our parochial cells: what is the percentage of the organization's 'Vision-Mission' attained; 'Morbidity-

Mortality' reduction and 'Cost-Efficient Generalist-Specialist data extending beyond borders, with national Impact based on alliances or joint ventures? Prevalence data sampling, event in a randomized manner and periodically obtained may not necessarily reflect intervention outcome. More importantly, who will benefit from the prevalence data? The screening group may be proud. But who should be the direct target of the prevalence data, the researcher or the end-user? In a prevalence study where is the outcome that benefits the patients? One baseline data is a sufficient 'me-too' observation.

On the other hand, if an organization is adopted by monitoring health and sanitation issues, incidences of relevant data can be tracked periodically providing trending statistics. Who will benefit and who will be happy? The companies' employees and employers, the baranggay or family groups wherein programs of health and sanitation outcomes will be obvious. A case-in-point is an industrial company whose NCD related mortality drop to zero after 9 years of monitored intervention. (Abarquez, Phil J Int Med 1974;12:55-68)

THIRD, the different societies under the umbrella of the PMA comprise 'Horizontal' Structured Societies, usually with heterogeneous clinical practice among 40 Affiliate Societies; 'Vertical' Structured Societies with dominantly homogeneous focus clinical practice among 8 Specialty Divisions with 52 Subspecialty Societies' and a mixed 'HV' Structured Societies among 118 Component Societies. 'H' societies usually depend on 'routine' diagnostics and management options.

'V' societies, on the other hand, predominantly utilize cost-dependent and maldistributed sophisticated diagnostics and management options. More importantly 'HV' societies have the opportunity to be the lead 'Generalist-Specialist' integrated healthcare providers for cost-efficient pretest selectivity to avoidable elective, 'nice-to-know' more than 'must-know' and 'must-have' options.

#### **COST-EFFICIENT PRETEST RISK FOR SELECTIVE OPTIONS**

**Primary Prevention:** Subclinical to symptomatic atherosclerosis pathway entails non-invasive and invasive diagnostic procedures. The non-invasive diagnostic to document and prognosticate subclinical atherosclerosis is the computerized tomography coronary artery calcium scoring (CAC) with limited availability costing P5,500. (Erbel, Eur Heart J 2012;33;1201-12170) High CAC predicts complex CAD among South Asians versus Caucasians, (41% vs 28%,  $p < 0.008$ ). (Roos, Am J Card 2014;113 (11):1782-7) And, 12 years cumulative survival is reduced among  $\geq 300$  CAC score cases. (Budoff, Vascular Health and Risk Management 2008;4(2) 315-324) Furthermore, CAC ( $\geq 400$ ) predicts stenosed CAD (49.8%) using coronary CT angiography (CCTA at P18,000). (Mallah, Eur Heart CV Imag 2014;15(3):267-74) However, CT CAC (P5,500) score would be LESS with high levels of Total Bilirubin ( $> 5\text{mmol}$  or  $0.3\text{mg/dL}$ ) cost at P620 and is an anti-oxidant marker. (Sung, Am J Cardiol 2013;112(12):1873-9)

**Secondary to Tertiary Prevention:** Based on routine CBC, neutrophil-lymphocyte ratio (NLR at P320)  $\geq 4.5$  predicts severe occluded CAD based on ANGIOGRAPHY that cost P48,200. (Erkol, Am J Med Sci 2013 Oct 290). And at  $\text{NLR} > 3$ , major adverse clinical events can occur in 3 years. (Arbel, Athero 2012;225(2):456) Locally, Dr. Ahrehrra won the PHA Young Investigator Award by showing that the odds ratio risk, of  $\text{NLR} > 6.5$  among ACS cases, for Death (9.1), HF (4.7) or Shock (5.0). Recently, WBC ( $> 9.6$ ), PMN ( $> 14.9$ ), NLR ( $> 8.6$ ) among STEMI case predict worse OUTCOME RISKS. (Ghaffari, J Cardiovasc Thorac Res 2014;6(1):35-41)

During routine ECG recording (P550) fragmented QRS (fQRS) among CAD cases can predict kinetic abnormalities

based on MRI (P26,000) and areas of hypo-perfusion based on PET scan at P68,000. (Take, Indian Pacing Electrophysiol J 2012;12(5):213-225) Furthermore, fQRS can predict poor posterior TIMI flow based on coronary angiography (P48,200) (Erdem, Ann Noninvas EKG 2013;18(1):69-74)

Another ECG clue is P-wave remodelling index in  $V_1$  with negative deflection  $> 47 \mu\text{V}$  and/or duration  $> 114 \text{ msec}$ . ECG (P550) P wave pattern predicts Elective Cardiac MRI (P26,000) finding of severe MR, high PAP and risk to develop AF. (Weinsaft, PLoS ONE 2014; 9(6): e99178).

ECG derived left ventricular ejection fraction (EF) is computed as:  $(\text{aVR QRS amplitude} \times 2.264) + (\text{age} \times 0.645) = \text{EF}$ . (Krake JACC'05;45 Suppl A:118A (1137-248) ECG (P550) EF is comparable to the 2D Echo (P5,000) EF showing in CAD cases (Specific 100% but sensitivity 53%) and in LVH cases (Sensitive 100% and Specific 100%) based on a PGH study. (Poloyapol et al) A similar observation was noted in a PHC study among NSTEMI cases wherein EF ECG derived is similar to 2 D echo derived EF with concomitant 6-minute walk test improvement parallel to EF improvement. (Esteban et al)

The above cited 'routine diagnostics' in Cardiology may have similar equivalents in other disciplines or specialties. The point is, Generalist and Specialist oriented practices should have an interactive consensus-sharing venue wherein any preferred diagnostic or management options can be subjected to cost, availability, urgency, elective or can be avoided options based on pretest risk stratification analyses rather than a 'must-do-or-else' order. The PHA ACS Summit comparative effectiveness experience is a case in point showing alternative management options to be as effective to CPG's class 1-A recommendations.

#### **THE CHALLENGE:**

NCDs are largely attributable to a few preventable risk factors, all of which are highly prevalent in the region, i.e. tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol. The prevention and control of NCDs include (i) reducing exposure to risk factors through health promotion

and primary prevention, (ii) early diagnosis and management of people with NCDs, and (iii) surveillance to monitor trends in risk factors and diseases. 'High levels of commitment and multispectral actions are needed to reverse the growing burden of NCDs in the South-East Asia region'. (Narain, Natl Med J India. 2011 Sep-Oct;24(5):280-7)

The challenge then, from the CME Commission is in line with a very recent paper. Delayed and prevented deaths (31M) in low-income and middle-income countries, 2010 till 2025, can be due to reduced global premature NCD mortality among 30 yrs to 70 yrs old adults with "IF Targets" namely, tobacco and alcohol use, salt-intake, obesity, hypertension and DM reduction. For example, with a 50% tobacco use reduction translate into  $> 24\%$  reduction in probability of death. (Kontis, Lancet 2014 May 2. pii: S0140-6736(14)60616-) However, in our culture, how will lifestyle modifications work if other family or household members will do otherwise. Another PGH study shows that about 46% of family members also have the metabolic syndrome for any patient consulting for hypertension. Thus, the CHALLENGE is:

# 1: Bring along a family member for every consulting patient.

# 2 Do the 6-minutes walk test for quality of life outcome changes

# 3: Generalist – Specialist consensus regarding cost-efficient pretest risk stratification regarding elective, add-on, sparsely available, maldistributed, cost-dependent affordability and possible avoidable options.

# 4: 'Must-do' pretest-post test as CPD outcome validation

The 'take-home' research to evaluate effort-effect mindset by initiating a Generalist-Specialist joint venture to conceptualize and accept outcome based performance measure wherein the 'least important' effort is "how many was done" and the important effort is "how well done" but the most important performance measure is the effect showing "is anyone any better now". Thus, outcome impact should be "QUALITY OF QUANTIFIED LIFE".





## DISASTER PREPAREDNESS SEMINAR HELD

**HECTOR M. SANTOS JR., M.D., FPCS, FPAPRAS**  
**Chair, Committee on Emergency & Disaster**

The PMA Committee on Emergency and Disaster held a Seminar on Emergency Disaster Preparedness last November 12, 2014 at the PMA Auditorium. The Theme of the whole day Seminar was "Transforming Medical Operations from the Hospital to the Disaster Zones." The seminar was convened by the Committee Chairman Dr. Hector Santos, Jr. with the current Chairman of the PMA Medical Mission Committee Dr. Ferdinand Cercenia. The course director was Dr. Ted Esguerra and it aimed to teach the participants how to set up and run Hospital operations in the disaster site.

The seminar was opened by PMA President Dr. Minerva Calimag with PMA Sec. Gen. Dr. Marianne Ordóñez-Dobles as Master of Ceremony. It was attended by 134 participants composed of Presidents of the component societies from Central Luzon, NCR, Southern Tagalog, and Bicol. They came with the Team leaders of their respective Disaster response teams. Also in attendance were officers and disaster team representatives of several Medical Specialty Societies of the PMA.

The seminar started with a lecture on "Water, Sanitation and Hygiene" by Engr. Aida Barcelona of the Health Emergency Management Bureau of the Dept of Health. She expounded on the need to prepare the disaster staging and evacuation areas with adequate water supply and apply necessary hygienic and sanitation protocols to prevent/minimize disease outbreaks.

When a disaster causes collapse of most infrastructures and offices, the initial response is to activate an Incident Command System (ICS) with a functional operations center. Once activated, this will manage the meager resources, available personnel and equipment to restore order. It also establishes a functional chain of command for decision making

and responder accountability and coordination. This important topic was tackled by Dr. Arnel Z. Rivera the current OIC Director III of the Health Emergency Management Bureau of the DOH. It generated the most interest as it needed more than 45 minutes of Open forum discussion with numerous questions asked by the participants.

The Third speaker was Mr. Vicente Lagunday, an Emergency Medicine Technologist who talked on "How to Prepare the Doctor in the Disaster Field" while the fourth speaker was Dr. Ted Esguerra who discussed the "Role of the Doctor in Search and Rescue and the New Paradigm of Advance Life Support Set up in the Field". With their extensive experience as responders in many disasters in the country and abroad they were able to show how important it is to be both prepared for the unexpected in the field. Dr. Esguerra brought and displayed in the front row several implements which would be useful to the responders in time of disaster. It became clear that technology has also advanced so we are now able to transfer the hospital set up to a field tent-hospital or even a cave. Flexibility and firm resolve to survive should be the dominant work attitude in the field.

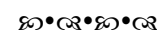
Dr. Jose Fabian Cadiz who is also a member of the PMA Committee on Emergency and Disaster spoke on "Coordination of Doctors with the Local Government Unit". His current position as Vice Mayor of Marikina City allowed him to give a firsthand account on how close cooperation of the doctors with the LGU emergency response led to successful disaster sorties in Marikina. Volunteering to be part of the local Disaster Risk Reduction committee allowed the Marikina Medical Society and its members to work in synchronicity with the LGU efforts to serve its citizenry.

The sixth speaker was Mr. Christopher Grajo who talked about putting up

an emergency operations center. He first informed the audience of the Metro Manila Earthquake Impact Reduction Study (MMEIRS) which showed possible destruction of 40 % of infrastructure, collapse of 170,000 residential houses and estimated close to 40,000 deaths if a magnitude 7.2 earth quake hits West Valley fault. This study which came out in 2004 has also been called the Metro Manila Doomsday Protocol. It only emphasizes the need to be prepared for eventuality and that summed up the goals of this seminar. The operations center will oversee disaster response even in remote and distant areas. It is important to have a template for putting up the operations center so that even if parts of the country are segregated order may be restored with proper coordination.

The seventh speaker with an equally important topic was Dr. Lyndon Lee Suy of the Dept of Health. He talked about emerging and reemerging infectious diseases. These include the HIV, Bird Flu influenza (H1N1), Leptospirosis and the recently emerging EBOLA virus epidemic. He cautioned the attendees on proper identification through symptoms and proper avoidance of the disease and its spread. Most importantly is proper complete medication to eradicate it completely.

The seminar ended on a happy note that at this point they are now more informed on disaster preparedness. It was decided that the participants would now echo their gained knowledge to the members of their disaster response team. Dr. Calimag and Dr. Dobles signified intention to bring this informative lecture to the PMA Regional meetings in the next few months.



The 10<sup>th</sup> edition of the PMA-PCS Metro Manila Chapter, in partnership with the Quezon City Medical Society successfully held its Operation Bukol last September 11, 2014 at the PMA Auditorium, North Avenue, EDSA, Quezon City. This traditional tripartite activity of the PMA/PCS/QCMS extended outpatient surgical procedures to 200 patients, of which 99 were operated for various non-malignant masses (unclassified 37, sebaceous cyst 28, lipoma 17, ganglion cyst 4, epidermal inclusion cyst 3, skin tag 3, breast fibroadenoma 2 and other masses). Seven (7) were referred for definitive evaluation and management to tertiary hospitals. A simultaneous lay forum on "Bato sa Apdo" with guest speaker Dr. Anthony R. Perez, was done for patients while waiting for their turns to be evaluated by the volunteer surgeons. Surgeons from OMMC, QCGH, JRRMMC, AFPMC, UERMMM, CMC, Protacio Hospital, RMC, DSLMC, SLMC-QC, UST, PGH ARMMC, VMMC & CGHMC took

## 10<sup>th</sup> PMA/PCS/QCMS OPERATION BUKOL

By: MECHAEAL ANGELO MARASIGAN, MD

part in this outreach program which kicked off the celebration of the 57<sup>th</sup> National Medicine Week of the Philippine Medical Association.

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## APMA LEADS MEANINGFUL PHYSICIAN'S DAY CELEBRATION

The Auxiliary to the Philippine Medical Association had a meaningful Physician's Day celebration last September 27 by visiting hospitals and hanging welcome streamers and acknowledging the important contributions of doctors in society by presenting them with a cake and praying over them for physical, emotional and spiritual strength. Hospitals visited were the Manila Adventist Medical Center, Philippine General Hospital, and Manila Doctors Hospital. Physician's Day celebrations chair Dr. Ma. Luisa Alvarado, APMA Vice President for Luzon, made the arrangements for the hospital visits and warmly feted the doctors who were pleasantly surprised by the warm reception.

Later in the evening, APMA National President Ms. Elvira Estuita led the **The Outstanding Physicians In Community Service (TOPICS)**

Awards Night held the Philippine Medical Association Auditorium with Hon. Roberto "Obet" Pagdanganan, former governor of Bulacan province and DGE of Rotary International District 3810, as keynote speaker. TOPICS Chair Elnora Duran, APMA National Treasurer, said that the extensive search has come up with well-deserving awardees. In fitting ceremonies, four doctors were honored with the prestigious Abueva trophy, namely, Dr. Mechael Angelo G. Marasigan of the Quezon City Medical Society; Dr. Ramon H. Rabago Jr. of the Cotabato Medical Society; Dr. Erlinda Cruz-Rabe of the Taguig Medical Society and Dr. Consolacion O. Obmerga of the

Pasig Medical Society. The talented Enriquez Brothers serenaded the awardees with Broadway excerpts that wowed the audience. Capping the affair was ballroom dancing and raffle prizes to the participants.

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**May 19-22, 2015**

**MARRIOTT GRAND BALLROOM**

**#10 New Port Boulevard, Newport City Complex  
Pasay City**

**Scientific Program Theme:  
One PMA... One Health... One Life...**

**Pre-Registration Fee: Php 1,800.00 (*up to March 31, 2015*)**

**On-Site Registration: Php 2,000.00 (*from April 1, 2015 to On-site Registration*)**

## Greetings!!!

The National COMELEC of the Philippine Medical Association in its desire to come up with a clean, honest and fair national election in March 2015 will introduce the candidates for the 2015 national office.

We want the general membership to get to know the people who will lead PMA to greater heights of Professionalism and Integrity. We encourage the general membership to get to know these candidates and, to please vote wisely in our forthcoming national election. We can only grow as an organization if we put aside differences and work together towards a common goal for our dear PMA.

In behalf of the National COMELEC, I appeal to everyone to vote in March 2015.

For the Commission,



Zenaida Javier-Uy, M.D.  
Chairman



# THE PHILIPPINE MEDICAL ASSOCIATION NATIONAL COMELEC

announces

## THE OFFICIAL CANDIDATES for NATIONAL OFFICE 2015-2016

### CANDIDATES FOR CONTESTED POSITION

#### FOR PRESIDENT



**BENITO P. ATIENZA, M.D.**  
Lipa City Medical Society



**MA. MINERVA P. CALIMAG, M.D.**  
Manila Medical Society



**NOEL B. CAMIQUE, M.D.**  
North Cotabato Medical Society



**KAREN Y. CONOL-SALOMON, M.D.**  
Misamis Occidental (Oroquieta) Medical Society

#### FOR NATIONAL TREASURER



**ORCART T. CABAUG, M.D.**  
San Juan Medical Society



**CARLITO P. PAJARILLO, M.D.**  
Pasig City Medical Society



**QUEZON U. ISMAEL, M.D.**  
Sulu Medical Society



**EDGARA A. LEGASPI, M.D.**  
Zamboanga del Sur Medical Society

#### FOR GOVERNOR (Western Mindanao)

### UNCONTESTED CANDIDATES



For Governor  
NorthWestern Luzon Region  
**JEISELA C. BALDERAS-  
GAERLAN, M.D.**  
La Union Medical Society



For Governor  
Quezon City Region  
**ROSARIO B. CRUZ-DALIDA, M.D.**  
Quezon City Medical Society



For Governor  
Central Tagalog Region  
**VINCENT C. SANTOS, M.D.**  
Marikina Valley Medical Society



For Governor  
Southern Tagalog Region  
**ANNETTE M. MACAYAON, M.D.**  
Marinduque Medical Society



For Governor  
Bicol Region  
**RAMON C. ECHANO JR., M.D.**  
Camarines Norte Medical Society



For Governor  
Central Visayas Region  
**FLORENCIA T. MIEL, M.D.**  
Cebu Medical Society



For Governor  
Northern Mindanao Region  
**RUBEN O. GO, M.D.**  
Misamis Oriental Medical Society



For Governor  
NorthCentral Mindanao Region  
**OSOP MP. ABBAS, M.D.**  
Lanao del Sur Medical Society

### REGIONS WITH NO CANDIDATES

Central Luzon  
Western Visayas

NorthEastern Luzon  
Eastern Visayas

Manila  
SouthEastern Mindanao

Rizal  
Caraga

**NATIONAL AND LOCAL ELECTIONS**  
**March 15, 2015 (Sunday), 8:00 am - 5:00 pm**





# KNOW YOUR CANDIDATES

## CANDIDATES FOR PRESIDENT

### BENITO P. ATIENZA, MD

*Lipa City Medical Society*

- Doctor of Medicine, De La Salle College of Medicine 1990
- Bachelor of Science in Medical Technology, University of Santo Tomas 1983
- Pediatric Residency, Children's Medical Center (Dr. Fe Del Mundo Medical Center) 1994
- Fellow, Philippine Pediatric Society

### MARIA MINERVA P. CALIMAG, MD

*Manila Medical Society*

- Doctor of Medicine, University of Santo Tomas 1981
- Diplomate / Fellow in Anesthesiology 1988
- Masters of Science in Clinical Epidemiology, UP College of Medicine 1999-2003
- Doctor of Philosophy in Education, Major in Educational Management, UST Graduate School 2003-2011

## CANDIDATES FOR VICE-PRESIDENT

### NOEL B. CAMIQUE, MD

*North Cotabato Medical Society*

- Doctor of Medicine, West Visayas State University 1994
- Residency in Internal Medicine 1996-2000
- Fellowship in Nephrology 2000-2004

### KAREN Y. CONOL-SALOMON, MD

*Misamis Occidental (Oroquieta City) Medical Society*

- Doctor of Medicine, UERMMMC 1988
- Bachelor of Science in Zoology, University of the East-Recto 1979-1983
- Residency in Ophthalmology, Medical Center Manila 1992-1994

## CANDIDATES FOR NATIONAL TREASURER

### OSCAR T. CABAUG, MD

*San Juan Medical Society*

- Doctor of Medicine, UERMMMC 1983
- Internal Medicine Residency, UERMMMC 1985-1987
- Gastroenterology Fellowship, UERMM Medical Center 1987-1988
- UERM Graduate School - Masters in Public Health 2012 - present

### CARLITO P. PAJARILLO, MD

*Pasig City Medical Society*

- Doctor of Medicine, Manila Central University 1976
- Post-Graduate Internship, QMH 1977
- Tropical Medicine Residency Training, San Lazaro Hospital 1979-1983
- In Training Service, La Union Regional Hospital 1982

## FOR GOVERNOR - WESTERN MINDANAO REGION

### QUEZON U. ISMAEL, MD

*Sulu Medical Society*

- Doctor of Medicine, Manila Central University 1966
- Master in Hospital Administration, Institute of Public Health UP System
- EENT, Jose Reyes Memorial Medical Center

### EDGAR A. LEGASPI, MD

*Zamboanga Del Sur Medical Society*

- Doctor of Medicine, University of Sto. Tomas 1983
- Residency in EENT, Rizal Medical Center 1989-1990
- Diplomate of Ophthalmology 1990

## UNCONTESTED POSITION

### JEISELA C. BALDERAS-GAERLAN, MD

*For Governor - Northwestern Luzon Region*

- Doctor of Medicine, UST 1983
- Residency in Pediatrics, AFP 1986-1989
- Diploma, Tropical Medicine & Hygiene, Mahindol University Bangkok, Thailand 1993

### ROSARIO CRUZ-DALIDA, MD

*For Governor - Quezon City Region*

- Doctor of Medicine, FEU-NRMF 1980
- Master in Hospital Administration, Ateneo de Manila University, Makati 1994-1998
- Post-Graduate, UP College of Public Health 1993

### VINCENT C. SANTOS, MD

*For Governor - Central Tagalog Region*

- Doctor of Medicine, UST 1981
- Residency in Internal Medicine 1983-1987
- Fellowship in Endocrinology 1987-1989 JRMCMC

### ANNETTE M. MACAYAON, MD

*For Governor - Southern Tagalog Region*

- Doctor of Medicine, Pamantasan ng Lungsod ng Maynila, 1994
- Internship Training 1994-1995, OB-GYN Residency Training 1999-2000, Ospital ng Maynila MC
- Fellowship Training in OB-GYNE Ultrasound, 2006-2007

### RAMON C. ECHANO JR., MD

*For Governor - Bicol Region*

- Doctor of Medicine, FEU-NRMF 1986
- Postgraduate Internship, Batangas Regional Hospital 1987
- Internal Medicine Residency Training Program 2002, Mary Mediatrix Medical Center

### FLORENCIA T. MIEL, MD

*For Governor - Central Visayas Region*

- Doctor of Medicine, Cebu Institute of Medicine, 1972
- Fellow, Philippine OB-GYNE Society
- Fellow, Philippine College of Surgeons

### RUBEN O. GO, MD

*For Governor - Northern Mindanao Region*

- Doctor of Medicine, Cebu Institute of Medicine, 1976
- Fellow, Philippine Academy of Family Physicians
- Fellow, Philippine Academy of Occupational Medicine

### OSOP MP. ABBAS, MD

*For Governor - NorthCentral Mindanao Region*

- Doctor of Medicine, SouthWestern Mindanao, 1975
- Bachelor of Laws (LLB), Mindanao State University, 2003
- Masters in Public Administration, 1995



# EBOLA:

## MAGNITUDE, MYSTERY, MYTHS

By: **MECHAEL ANGELO G. MARASIGAN, M.D.**

Not since the SARS epidemic in Asia in 1995 which affected about 8000 people and killed about 10% of its victims, the medical world of modern times has never been challenged by this disease called EVD (Ebola Virus Disease), EHF (Ebola Hemorrhagic Fever) or simply Ebola. Ebola was coined by either Karl Johnson of the American CDC team or Belgian researchers after the outbreak that occurred in 1976 near the Ebola River. The case that led to its isolation and study was a village schoolmaster from Zaire (now the Democratic Republic of Congo) who contracted the disease, initially thought to be Malaria, and succumbed to hypotension due to external and internal bleeding. To date (November 2014), Ebola has affected 14,413 and killed 5,504 people across Western Africa (Guinea, Sierra Leone, and Liberia). Dr Margaret Chan World Health Organization (WHO) Director General has declared this deadly disease as an international health emergency. The Centers for Disease Control and Prevention (CDC) has further labeled it as biosafety level 4 agent and Category A bioterrorism agent with its potential to be used for biological warfare.

The Ebola virus (EBOV) is a virus that belongs to the filovirus, owing to its filamentous appearance, and has 5 strains, 4 of which may affect humans. The incubation period is from 2 - 21 days after exposure to an index case. According to DOH/NEC, the reporting of EVD can be reported under Person Under Investigation (PUI), Suspect Case, Probable Case, Laboratory Confirmed Case, or Discarded Case. PUIs is a person arriving in the Philippines with history of travel within the past 21 days or residence in EVD outbreak affected countries, or contacts of confirmed cases. Suspect case is a PUI who

develops signs and symptoms during the 21 day quarantine period or any person with acute onset of fever with at least any 3 of these (headache, vomiting, anorexia, bloody diarrhea, lethargy, stomach pain, joint/muscle pain, difficulty of swallowing, difficulty of swallowing, dyspnea, bleeding from gums, or bleeding from skin, eyes and urine) AND epidemiological risk factors. Probable case is any suspect case evaluated by a clinician/ epidemiologist having an epidemiological link with a confirmed case or any deceased suspected case having an epidemiological link with a confirmed case. Laboratory confirmed cases are suspect or probable cases with a positive laboratory result (RT-PCR or IgM antibodies). A discarded case is self explanatory.

As well illustrated by photographs and pictures, the disease is heralded by flu like symptoms of fever, sore throat, body malaise and headache, followed by vomiting, diarrhea abdominal pain and a maculopapular rash in half of cases. External bleeding precedes massive internal bleeding, seizures and loss of consciousness leading to hypotension and death. The mortality rate is between 25 to 90%, and is due to fluid losses. Even among survivors, they suffer from liver and kidney complications, blindness and deafness.

In 1995, an American film "Outbreak" depicted how an Ebola-like virus Motaba carried by a white monkey spread the disease in the United States through human contact. The natural reservoir of Ebola remains unknown but in literature, fruit bats are known to be carriers. It was hypothesized that primates contracted EVD by eating fruits laden with virus-infected saliva. Among people, virus is spread by direct contact with blood or body fluids like mucus, saliva, tears,

sweat, feces, and vomitus from those who have developed symptoms of the disease. According to WHO, Ebola can only be transmitted by saliva from a person who is very sick from the disease. In most cases, it is mostly transmitted via blood, vomitus and feces. Portal of entry is by nose, mouth, eyes, abrasions and open wounds. In Guinea, 60% of cases were attributed to burial rituals of tribes with unprotected or unsuitably protected contact with the dead. Health care workers are at risk of exposure when inadequately protected as in the case of Teresa Romero, a Spanish nurse who cared for the priest who returned from Guinea after acquiring Ebola. The story of a doctor from Doctors Without Borders who returned from Liberia and also contracted disease both exemplifies risk and heroism amidst the scenario.

Controlling Ebola is a race against time, as in the words of the WHO chief, it challenges the capabilities of the medical systems that are facing the dreaded disease. In poverty stricken countries where health care is not in its priority agenda, the consequences are carried by the community and families who are the outright victims of this emergency. Apart from dispelling myths and misconceptions about its true nature, communication and education is of utmost importance. It never failed to remind Filipinos that an ounce of prevention is a pound of cure, and reteaching infection control (handwashing, cough etiquette, no spitting policy, healthy lifestyle) especially among the poor not only prepares them for the worse, but also for the unforeseen. For us in public health, key messages should be addressed and delivered. Rather than emphasizing it is free and limitless, let us begin with simple yet true messages of its transmission, symptomatology and treatment.





# WHY BECOME A MEMBER OF THE PHILIPPINE MEDICAL ASSOCIATION?

- ***It promotes professional growth and extends medical knowledge to all its members through its continuing education programs.***
- ***It elevates the standards of medical education and practice.***
- ***It ensures the enactment of just medical laws.***
- ***It brings together and unites the entire medical profession of the Philippines.***
- ***It protects the legitimate rights and privileges of the physicians.***
- ***It promotes fraternal relations among physicians and between physicians and allied professionals.***
- ***It is an authoritative source of information regarding health disease and medical practice.***
- ***It ensures that the Code of Ethics among Physicians is complied with.***
- ***It governs the activities of all members who have undergone specialized training in the different fields of Medicine; organize the professional societies in specialized disciplines; standardize the composition and function of the certifying Board of each specialty.***
- ***It promotes the observance of proper conduct and decorum that befits the physician's calling through its implementation of protocol and correct procedures.***
- ***It promotes leadership, professional development, academic excellence, community development, and research through its different PMA awards.***
- ***It gives mutual aid benefits through its legal benefits, disability and death benefits.***