



# THE PHYSICIAN

AN OFFICIAL PUBLICATION OF PHILIPPINE MEDICAL ASSOCIATION • VOLUME XXIX NO. 1



## Health Literacy for All Filipinos

Jose P. Santiago Jr. MD  
President

I am happy that we are gathered here at the SMX Convention Center in Davao City for the 112<sup>th</sup> PMA Annual Convention and Scientific Meetings with the theme: *"Health Literacy for All Filipinos."*

*Let me begin my message by defining Health Literacy.*

*Healthcare literacy means empowering people with medical knowledge.* This is essential in making healthcare inclusive which is the basic principle of Universal Healthcare. It is a revolutionary way to enable people to manage their personal health.

The importance of Health Literacy cannot be underestimated. What is the use of hospitals and clinics and an abundance of doctors, nurses and other medical personnel, if a great number of the population is not informed or literate enough to understand how to make use of them.

*The low level of health literacy among Filipinos, notably among the underprivileged, is one of the key drivers causing the alarming rise the number of unhealthy and sick Filipinos.* It has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services. Both of these outcomes are associated with higher healthcare costs, which is not good in the economy.

As healthcare professionals we play a vital role in the advancement of health literacy in the country. In collaboration with government and non - government initiatives, it is our task to take part in designing effective health information programs and communication channels and work together to ensure these information are well disseminated and presented in a language that can be understood by the public; and that health services are available, affordable and accessible to all our fellowmen.

*The approach to Health Literacy involves first, preventive and promotive and second curative and rehabilitative.* These are the important pieces of information that must be planted in the hearts and minds of people.

*The first approach involves the awareness about proper hygiene and sanitation and a healthy lifestyle.* Washing of hands, observing cleanliness, using clean water and eating the right foods are all meant to prevent getting ill in the first place. Immunization is part of the preventive aspect of care.

These topics have been part of school curricula and practiced for decades. These can be sustained and enhanced. Barangay assemblies can be convened to teach parents about good health hygiene and sanitation. Senior citizens have an important say in the family and they can be asked to help. Mass media like radio, television and print, and social media can be utilized for this purpose.

*The second approach has to do with getting professional medical advice and support once it becomes apparent that illness has set in.* Then how to get back to normal function through physical therapy and rehabilitation.

*As Health Literacy improves, the demand for skilled services will increase.* To prepare for this, it is recommended that our healthcare workers undergo further training to enhance their knowledge and skills so that they will be equipped with necessary proficiency to become the primary educators of the population or community they serve.

The government and private sectors have joined hands to enhance the quality of life of all Filipinos, a vital component of which is reliable and affordable health care. *The shortage of medical doctors and other health professionals in rural areas, coupled with the lack of health infrastructure in the countryside, intensify the impact of this low health literacy.*

*Infrastructure works and facility upgrades* of government hospitals and clinics, the plans to improve and upgrade the services and facilities of the municipal and barangay health centers, engaging the services of private institutions, are all part of the bigger picture that is, to cope with the demand for health services, as provided in the Universal Healthcare Act RA 11223.

To attain the fruition of the UHC we need to significantly increase the health literacy among Filipinos.

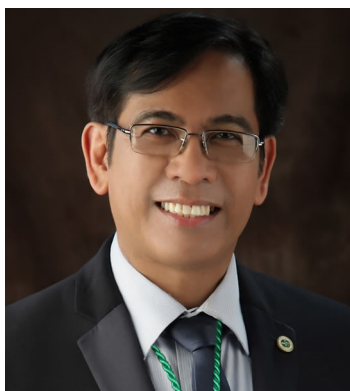
*Health Literacy for All Filipinos....  
from page 1*

*The Philippine Medical Association (PMA) has for its part formulated and is carrying out the Build, Build, Build Health Literacy Program as its contribution to this great national effort. Medical professionals and support staff are the most important elements in the Health Literacy Program.*

Let us join hands and work as a team as guardians of the health of our countrymen, to fulfill our higher purpose of building a healthy nation.

I have the honor and pleasure to formally open the 112<sup>th</sup> PMA Annual Convention and Scientific meetings with the theme "Health Literacy for all Filipinos".

*Isang maningning na hapon sa inyong lahat.*



## 34<sup>th</sup>CMAAO General Assembly and 55<sup>th</sup> Council Meeting Path to Wellness Benito P. Atienza, MD Vice President

As part of Health Literacy, we do not stop at the level of increasing awareness. It is our advocacy to unfold the countless benefits of wellness. Our path to wellness should be directed towards translating the awareness into actions.

Let's build a culture of wellness – starting with our own selves, our families, our workplace, then our communities.

On behalf of the PMA National officers and Board of Governors, I congratulate the organizers of the 34<sup>th</sup> CMAAO General Assembly and 55<sup>th</sup> Council Meeting.

'Wellness' is the state of being well. The inevitable desire to be in a state of wellness depends on the kind of influence any person takes.

Health care costs also continue to increase. But with the recently passed Universal Healthcare Law, each Filipino will have access to affordable healthcare.

One of significant findings of a research done by an insurance company in the Philippines, there is an increase in the percentage of health consciousness among Filipinos in terms of awareness of their health needs. However, based on the survey, the top three health problems remain to be excessive weight, obesity, and respiratory conditions.

Despite the repeated information dissemination and awareness activities that the different health advocacy groups and medical organizations have been doing, only very few make healthy food choices and opt to change their lifestyles.

Many companies and top management have realized the value of healthy workers. Research done by the Health Enhancement Research Organization, shows that employees who keep a healthy lifestyle had better job performance, proper time management, and lower absenteeism. Provision of wellness activities for workers helps them emanate a more positive attitude, pleasant personality, and exceptional performance.

These effects are also experienced by us, physicians. With optimal health and wellness, we are able to deliver a much higher quality care to our patients. It creates a positive image, not just for ourselves, but also for the many institutions and medical societies we are affiliated with.

People who work in a fast-paced industry or environment filled with so much stress and anxiety, give extreme importance to staying healthy and fit, as this helps in building immunity against major health risks.



**SPEAK** IN SUCH A WAY  
THAT OTHERS LOVE TO  
**LISTEN** TO YOU.

**LISTEN** IN SUCH A WAY  
THAT OTHERS LOVE  
TO **SPEAK** TO YOU.



# Opening Statement during the Foreign Correspondents Association of the Philippines Forum

**Benito P. Atienza, MD**  
Vice President

The Philippine Medical Association and the whole medical community were saddened by the news when the DOH confirmed that Polio is re emerging in the Philippines after the country was declared polio free in 2000.

I will quote the Message from CMAAO President Dr K K Aggarwal today, diseases do not recognize borders. Globalization has eased travel; it had also become more frequent .This facilitates rapid spread of infectious diseases within the country and around the globe.

The Confederation of Medical Association of Asia and Oceania wherein the PMA is a founding member issued a resolution last Sept. 5 during its council meeting with this statement in relation with vaccine Hesitancy: Given the potential for the hesitancy to rapidly undermine vaccination coverage in a specific setting, it is important that all member countries take steps to understand both the extent and nature of hesitancy at a local level, on a continuing basis. Accordingly, each member country should develop a strategy to increase acceptance and demand for vaccination, which should include ongoing community engagement and trust building, active hesitancy prevention, regular national assessment of concerns and crisis response planning.

PMA reiterates our full support to DOH as the country primary stewards and guardians of our people's health but it alone cannot fully achieve the enormous task of confronting the various challenges in the health sector.

PMA is now observing the 62nd National Medicine Week from Sept 22-28. Our Theme for today's activity" as part of our daily activities" Kaalaman Tungkol sa Bakuna" will tackle the importance of vaccination with emphasis on Polio vaccination in our community involving 119 Component Societies of PMA all over the country. This week is the best time of

the year to reach out to our community. PMA health literacy advocacy program is centered on the communities and families including grade school and high school students.

PMA joined the DOH campaign against Polio through a strengthened Synchronized Polio Vaccination Campaign or "Sabayang Patak Kontra Polio in order to disseminate timely and accurate information to specific target groups and encourage parents and caregivers to have their children immunized with Polio.

Philippine Medical association is making all its efforts in collaboration with the vaccine experts and medical association like PIDSP, PISMID and Philippine Foundation for vaccination to come up with different strategies to combat the vaccine hesitancy. This coming November 11-12 we will be having the 20th Philippine National Immunization Conference with the Theme "Addressing Vaccine Hesitancy and Increasing Vaccine Confidence". The convention will be attended by national lawmakers, health and vaccine advocates, teachers, barangay health workers, and government and non-government health workers.

Will reinforce and reiterate these unity statements issued by PMA 2 years ago.

PMA will continue its unwavering support to WHO, DOH, and other stakeholders to rebuild its public trust in our health institutions battered by crisis in its Immunization program.

Pledge to our people the strengthening of the collaborative efforts between private and public sectors by improving the referral system aimed to achieve a seamless health care delivery networks.

The lessons learned from our experiences should provide a better opportunity for all of us to translate into action all government, all society and all system approach in providing health for all our people.

Lastly, we appeal to your organization the Foreign Correspondents Association of the Philippines to consider and listen only to our vaccine experts and spread the true scenario of the vaccination status in the Philippines.



*Dr. Noemi Manzon-Sarabia, Governor of Central Tagalog Region, PMA Vice President Dr. Benito Atienza, Philippine Pediatric Society President Dr. Salvacion Gatchalian, and Pediatric Infectious Disease Society of the Philippines Secretary Dr. Fatima Gimenez with World Health Organization Country Representative Dr. Rabindra Abeyasinghe*



# Donations for Batanes

Christine S. Tinio, MD

National Treasurer

As of September 30, 2019

	Date	OR Number	Name	Amount
Donation from PMA				20,000.00
Component Societies				
	30/07/2019	B091047	Central Tagalog Region	12,000.00
	31/07/2019	B091275	Southern Tagalog Association of Medical Practitioners (STAMP)	43,000.00
	01/08/2019	B091345	Tarlac Medical Society	5,000.00
	01/08/2019	B091457	Pampanga Medical Society	5,000.00
	02/08/2019	B091502	Manila Medical Society	10,000.00
	05/08/2019	B091545	Leyte Medical Society	10,000.00
	05/08/2019	B091546	Pangasinan Medical Society	5,000.00
	05/08/2019	B091599	Philippine Dermatological Society	25,000.00
	06/08/2019	B091660	Ormoc City Medical Society	32,000.00
	06/08/2019	B091662	Lanao de Norte Medical Society	5,000.00
	06/08/2019	B091663	Southern Ilocos Sur Medical Society	10,000.00
	06/08/2019	B091714	Nebreja, Arlene Labatete	2,000.00
	06/08/2019	B091717	Quezon City Medical Society	10,000.00
	07/08/2019	B091863	Bulacan Medical Society	5,000.00
	07/08/2019	B091864	Bulacan Medical Society	5,000.00
	09/08/2019	B092024	Surigao Del Sur II Medical Society	2,000.00
	09/08/2019	B092047	Lanao del Sur Medical Society	21,500.00
	14/08/2019	B092461	Kalinga Medical Society	22,500.00
	14/08/2019	B092462	San Pablo City Medical Society	10,000.00
	14/08/2019	B092463	Dipolog City Medical Society	20,160.00
	14/08/2019	B092464	Camarines Sur Medical Society	5,000.00
	15/08/2019	B092533	Iligan Medical Society	60,000.00
	20/08/2019	B092829	Angeles City Medical Society	10,000.00
	22/08/2019	B092949	Olongapo City Medical Society	10,000.00
	23/08/2019	B092972	Jaring, Cristina V.	5,000.00
	27/08/2019	B093201	Davao del Norte Medical Practitioners Society	10,000.00
	27/08/2019	B093202	Canlaon Medical Society	10,000.00
	28/08/2019	B093210	Philippine College of Surgeons	10,000.00
	29/08/2019	B093378	Antipolo City Medical Society	5,000.00
	29/08/2019	B093443	Ilocos Norte Medical Society	25,000.00
	29/08/2019	B093444	Batangas Medical Society	37,500.00
	29/08/2019	B093445	Zamboanga del Sur Medical Society	10,000.00
	30/08/2019	B093496	Bataan Medical Society	68,400.00
	30/08/2019	B093497	Iligan Medical Society	10,000.00
	04/09/2019	B093824	Duque, Carolina A.	2,000.00
	04/09/2019	B093825	Bauan Medical Society	11,000.00
	06/09/2019	B094080	Iloilo Medical Society	10,000.00
	06/09/2019	B094082	Misamis Oriental Medical Society	10,000.00
	11/09/2019	B095031	Eastern Rizal Medical Society	10,000.00
	12/09/2019	B095041	Philippine Society of Newborn Medicine	20,000.00
	12/09/2019	B095049	Agusan del Norte Medical Society	32,000.00
	13/09/2019	B095413	Pediatric Infectious Disease Society	100,000.00
	13/09/2019	B095438	Iligan Medical Society	30,000.00
	14/09/2019	B095781	Aurora Medical Society	6,000.00
	30/09/2019	B098052	Philippine College of Chest Physician	30,000.00
	14/10/2019	B102651	Surigao del Norte Medical Society	10,000.00
<b>Total Donations</b>				<b>827,060.00</b>



# Of Laws and Position

**Ricardo A. Batac, MD**

**Secretary General**

The Philippine Medical Association was consulted and have given our opinions on the following laws .

We also participated in the preparation and crafting of their implementing rules and regulations .

## 1. RA 11223 - Universal Health Care Act

AN ACT INSTITUTING UNIVERSAL HEALTH CARE FOR ALL FILIPINOS, PRESCRIBING REFORMS IN THE HEALTH CARE SYSTEM, AND APPROPRIATING FUNDS

Universal Health Care (UHC), also referred to as Kalusugan Pangkalahatan, is the provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public".

UHC automatically enrolls all Filipino citizens in the National Health Insurance Program and prescribes complementary reforms in the health system. This gives citizens access to the full continuum of health services they need, while protecting them from enduring financial hardship as a result.

## 2. Republic Act 11215 - National Integrated Cancer Control Program

AN ACT INSTITUTIONALIZING A NATIONAL INTEGRATED CANCER PROGRAM AND APPROPRIATING FUNDS

Recognizing that cancer is one of the leading causes of death in the Philippines, the State shall adopt an integrated and comprehensive approach to health development which includes the strengthening of integrative, multidisciplinary, patient and family centered cancer control policies, programs, systems, interventions and services at all levels of the existing health care delivery system.

It shall endeavour to prevent cancer and improve cancer survivorship by scaling up essential programs and increasing investments for robust prevention of cancer, better screening, prompt and accurate diagnosis, timely and optimal treatment, responsive palliative care and pain management, effective survivorship care and late effects management and rehabilitation. It shall likewise make cancer treatment and care more equitable and affordable for all, especially for the underprivileged, poor and marginalized Filipinos.

## 3. Republic Act 11148 Kalusugan at Nutrisyon ng Mag-Nanay Act

AN ACT SCALING UP THE NATIONAL AND LOCAL HEALTH AND NUTRITION PROGRAMS THROUGH A STRENGTHENED INTEGRATED STRATEGY FOR MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION IN THE FIRST ONE THOUSAND (1,000) DAYS OF LIFE, APPROPRIATING FUNDS

Republic Act (RA) No. 11148, or the Kalusugan at Nutrisyon ng Mag-Nanay Act ,aims to provide comprehensive, sustainable multi-sectoral strategies and approaches to address health and nutrition problems of newborns, infants and young children, pregnant and lactating women and adolescent females.

It also seeks to address multi-factoral issues that negatively affect the development of newborns, infants and young children, integrating the short, medium and long-term plans of the government to end hunger, improve health and nutrition, and reduce malnutrition.

Under the measure, the Department of Health (DOH), the National Nutrition Council (NNC), and other government agencies will take part in the program and formulate plans to ensure the recipients receive proper nutrition and health interventions in the first 1,000 days of life.

It also provides for health and nutrition services, as well as psychosocial interventions, in the aftermath of disasters and calamities.

## 4. REPUBLIC ACT No. 11166 Philippine HIV and AIDS Policy Act.

ACT STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY ON HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PREVENTION, TREATMENT, CARE, AND SUPPORT. AND RECONSTITUTING THE PHILIPPINE NATIONAL AIDS COUNCIL (PNAC), REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN AS THE "PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998", AND APPROPRIATING FUNDS



The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging social, political, and economic repercussions. Responding to the country's HIV and AIDS situation is therefore imbued with public interest and shall be anchored on the principles of human rights upholding human dignity.

Policies and practices that discriminate on the basis of perceived or actual HIV status, sex, gender, sexual orientation, gender identity and expression, age, economic status, disability, and ethnicity hamper the enjoyment of basic human rights and freedoms guaranteed in the Constitution and are deemed inimical to national interest.

To respect, protect, and promote human rights as the cornerstones of an effective response to the country's HIV and AIDS situation. Hence, HIV and AIDS education and information dissemination should form part the right to health.

The meaningful inclusion and participation of persons directly and indirectly affected by the HIV and AIDS situation, especially persons living with HIV, are crucial in eliminating the virus. Thus unless otherwise provided in this Act, the confidentiality and non-compulsory nature of HIV testing and HIV-related testing shall always be guaranteed and protected by the State.

To ensure the delivery of non-discriminatory HIV and AIDS services by government and private HIV and AIDS service providers, and develop redress mechanisms for persons living with HIV to ensure that their civil, political, economic, and social rights are protected.

## 5. Senate Bill No. 2233 Excise tax increase on tobacco products

AN ACT INCREASING THE EXCISE TAX ON TOBACCO PRODUCTS, THE PENALTIES FOR VIOLATIONS OF PROVISIONS ON ARTICLES SUBJECT TO EXCISE TAX, AND EARMARKING INCREMENTAL TOBACCO EXCISE TAX FOR HUMAN RESOURCE DEVELOPMENT PROGRAMS FOR HEALTH PROFESSIONALS, AMENDING FOR THIS PURPOSE SECTIONS 145, 164, 260, 262, 263, 265 AND 288(C) OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED BY REPUBLIC ACT NO. 10963, AND FOR OTHER PURPOSES

Other than its laudable health benefits, the measure is set to generate additional revenues that will fund the implementation of Republic Act No. 11223, otherwise known as the Universal Health Care Act of 2019. A revenue of P15 billion is expected the year following its implementation and P140 billion until 2023.

## 6. Resolution No. 1146 Series of 2019 - Transition period

Amending Relevant Provisions of Resolution No. 1032 (s. 2017) otherwise known as the Implementing Rules and Regulations (IRR) of Republic Act No. 10912 known as the Continuing Professional Development (CPD) Act of 2016

CPD is still a mandatory requirement for the renewal of the PRC ID of all registered and licensed professionals. Significant decrease in the number of required CPD units for the renewal of professional license, from 45 units, it's now down to 15 units every three years. In-house trainings and capacity-building activities of government agencies and corporations, including local government units and private employers shall be credited and considered as CPD compliance.

A transition period will be implemented while the PRC is working with CPD councils to fulfil the pre-conditions required from them.

The following will be observed during the transition period:

Professionals working abroad shall not be covered by the CPD requirement during the period of their employment abroad.

Newly licensed professionals shall be exempted from CPD requirements for their first renewal.

CPD councils shall reduce the required CPD units to a minimum which shall not be more than 15 CPD units .

All seminars attended by licensed professionals should be recognized as CPD units and shall be accepted as valid for the renewal of their licenses

Professionals who renewed their PRC ID's by signing an Undertaking shall only comply the required 15 CPD units, in pursuant to the Resolution.

#youiwearePMA

**WORK HARD AND  
BECOME A LEADER;  
BE LAZY AND NEVER  
SUCCEED.  
(PROVERBS 12:24).**



## EDITORIAL

**Maria Christina H. Ventura, MD, FPPS**

And we celebrate the life and works of Dr. Fe Del Mundo in 2019. This issue remembers her life and works.

The Philippine Medical Association is very busy as well in the Philippine Medical Act Summit and other relevant national issues. This issue also features an update on our tobacco control advocacy. And for those who are passionate or would want to be passionate about research, we are featuring an article on this as part of a series. We need to create more research driven activities. Our country has so much potential for this.

And the new byword is inter professional education. We need to go beyond just our physician world and create avenues for collaboration with all those involved health care.

Celebration of being a physician just around the corner will be the National Medicine Week in September. A glimpse of what is planned is seen in this issue.

Celebration of being there to serve the country and its people is the advent of the Universal Health Care Act which will well be on its way. We hope that this will pave the way for the escalation of our health care system. Let us support and give it a chance to set the new norm in health delivery. After having had the opportunity to meet other doctors from the MASEAN, one realizes that universal health care coverage is something that has been instituted in our neighbouring countries for much longer than I have been in practice. Let's be involved in whatever way we can for nation building.

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Emails: philmedas@yahoo.com;  
philmedas@gmail.com



# Dr. Fe Villanueva del Mundo

Filipino Scientist and Pediatrician

Petty D. Dio, MD

She was born on November 27, 1911 in Intramuros Manila. She was the sixth of eight children of Atty. Bernardo del Mundo and Paz Villanueva of Marinduque. An older sister who desired to become a doctor died at age 11. This inspired the young del Mundo to take up medicine and her subjection to diverse diseases of children in Marinduque prompted her to specialize in pediatrics.

She enrolled at the University of the Philippines College of Medicine in 1926. She graduated as class valedictorian in 1933 and passed the medical board exam that same year. She placed third among the board examinees.

In 1936, President Manuel Quezon offered her scholarship in the United States. She was the first Asian woman enrolled and completed graduate work from Harvard Medical School. She became an Assistant Physician at Boston Children's Hospital and a Research Fellow in Pediatrics in 1940. She also trained at Columbia University, Billings Hospital in Chicago and Boston University.

In 1941, she returned home, before the Japanese occupancy of Manila. She always had in mind the welfare of children especially of her people. Taken from her coffee table book "Dr. Fe del Mundo: A Beautiful Life Devoted To The Filipino Children" she said, "I told the Americans who wanted me to stay that I prefer to go home and help the children in my own country. I know that with my training, I can do much."

In 1942, with the help of the local Red Cross, she was allowed by the Japanese military officials to take care of children of 500 Allied nationals, held captive in the internment camp at the



*Google doodle in honor of Dr. Fe del Mundo's 107th birth anniversary*

"Angel of Santo Tomas." She was honored by the US government for her compassion and unselfish dedication to her profession and mission.

In 1943, she became director of the Manila Children's Hospital which later became North General Hospital (now the Jose R. Reyes Memorial Hospital). She was the first woman to head a government general hospital in the Philippines.

She was determined to take care of the children and their mothers especially the underserved. And she quoted, "I always feel that my patients will get well. I tell the parents to just pray, be hopeful and I will do the caring." (Coffee table Book). She was so involved in her noble work ignored a lot of suitors and had never been a cause of regret. After all, she had ten of thousands of children to care for in her career.

In 1957, she sold her home and embarked on her dream to set up the Children's Memorial Hospital (later renamed Dr. Fe del Mundo Medical Center). In 1966, she created the Institute of Maternal and Child Health (IMCH). Their mission was the early treatment of common life threatening child diseases and the promotion of community health programs, primary health care delivery, hygiene, family planning, proper nutrition and education. The hard work of Dr. del Mundo and her teams resulted

in a marked decline in child mortality throughout the country.

In 1973, she invented an open native incubator for the rural communities, for the low birth newborns and weak ones, vital in their early care. Dr. Fe del Mundo's hard work and dedication continued on until the next decade.

**Dr. Fe del Mundo was a Filipina of many firsts...**

1935-1940 First Filipina and first Asian at the Harvard University

1943 First woman to head a government general hospital in the Philippines

1947 First Filipino diplomate of the American Board of Pediatrics (became Emeritus Fellow American Academy of Pediatrics)

1949-1954 Founder and first President of Philippine Medical Women's Association

1952-1955 Founder and first woman President of the Philippine Pediatric Society

Founder of First pediatric hospital in the Philippines (1957)

1962-1966 First Filipina and first Asian President of the Medical Women's International Association



1972 First woman President Philippine Medical Association (was chair of the Philippine Medical Association Centennial Commission 1993-2003)

1980 First woman to be named National Scientist

1980-1985 First director of Lungsod ng Kabataan Children's Hospital (now called Philippine Children's Medical Center)

### **Honors and Awards bestowed on Dr. Fe del Mundo:**

1966 Elizabeth Blackwell Award to Women Doctors of World Renown

1977 Citation as Outstanding Pediatrician and Humanitarian by the International Pediatric Association

1977 Ramon Magsaysay Award for Public Service

2008 Blessed Teresa of Calcutta Award of the AY Foundation

2010 Order of Lakandula Award with rank of Bayani at the Malacañan Palace, awarded by President Gloria Macapagal-Arroyo

Posthumously conferred the Grand Collar of the Order of the Golden Heart Award by President Benigno Aquino. (2011)

She has been honored with so many awards and distinctions but she remained humble. She has educated and inspired her medical students and even lay health workers by her zealous devotion to the care of Filipino children. Her patients would forever be grateful for her unconditional love and care. This God fearing pediatrician was truly an extension of God's healing hand. Hers was truly a beautiful life, well accomplished to the fullest. And to quote her famous belief:

***"I believe that if you give to the world the best that you can, the best will always come back to you. I have done what is mine to do. Now it is your turn to do yours."***



*She is the immediate Past President of the Community Pediatrics Society of the Philippines.*



# What's Up In Tobacco Control?

2019 Breaking News and Developing News

Rizalina RH Gonzalez, MD, FPPS

In July 25, 2019, President Duterte signed **Republic Act 11346**, an act increasing the excise tax on tobacco products or more popularly known as the Sin Tax Law of 2019, after more than 3 years of lobbying, participation through public hearings, radio, TV and social media clamor by the different medical societies at the Senate and Congress together with the other non-medical health advocates i.e. Sin Tax Coalition Group.

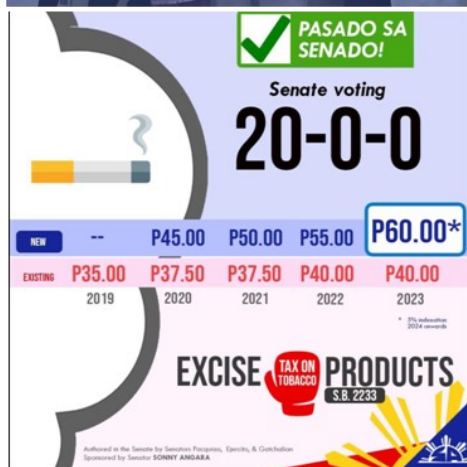
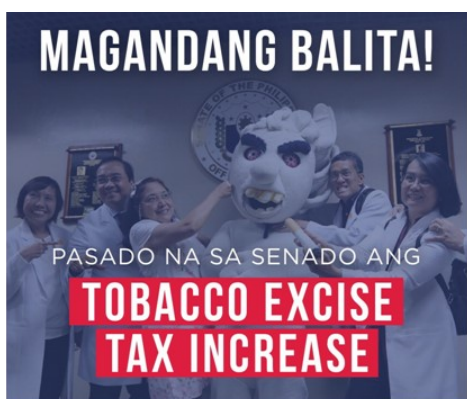
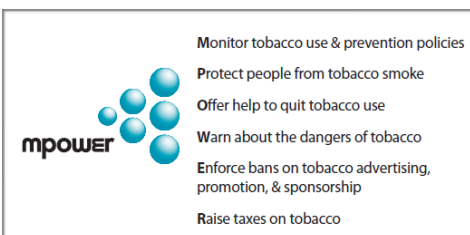
A photo finish triumph when the 17th Congress was about to close when 20 senators passed Senate Bill No. 2233 on June 3, 2019 and majority of the House of Representatives passed House Bill No. 8677 in June 4, 2019.

This law hopes to decrease at least 500,000 smokers per year. This may not be the desired tobacco excise tax projected by sin tax coalition (the preferred tobacco excise tax of p70 would decrease at least 1 Million smokers in a year), but nevertheless, the revenues that will be collected from this tobacco excise tax will augment the funds needed for the implementation of the **Republic Act 112233**, The Universal Health Care Act of 2019.

The Sin Tax Reform Law of 2012, was successful in decreasing Filipino smokers to 22% in 2015 from 28% in 2009 based on 2015 GATS. Raising tobacco excise tax is the most effective strategy to decrease smokers and consumption of tobacco products.

The World Health Organization's FCTC (Framework Convention on Tobacco Control) has the MPOWER strategy where R is raising tobacco excise tax.

With the 2019 Sin Tax Law, we hope to have further decrease smokers in the Philippines. (2020 GATS is ongoing) and hoping that a significant reduction for replacement smokers, too from our teens.



Last June 4, 2019, DOH together with the different medical societies and health advocates launched in time for No Smoking Month, "Yosi Break Up Goals" at Dusit Thani Hotel and emphasized the availability of the DOH Quitline to help smokers break the habit. (DOH quitline, dial 165-364, free for Metro Manila callers, or text 0917-627-7539 (Globe), 0921-203-9534(Smart).



On the contrary, excise tax on heated tobacco products and electronic cigarettes were lower.

These new products-Heated Tobacco Products (HTPs) i.e. IQOS, and e-cigarettes (Vape, E-cigars and the newest form JUUL) pose a threat for nicotine addiction in the young. Their form, marketing and numerous flavors are attractive to our minors. In the United States, there is a vaping epidemic among their youth since 2018 and has risen to nearly 80% this 2019.

DOH and FDA are quick to address this threat and health hazards from electronic cigarettes by passing the Administrative Order 2019 -0007, "Ban on the use of Electronic Cigarettes in Public Places" published on June 25,2019 and would be effective 2 months upon publicity in two separate newspapers.



Cascading of A.O.2019-0007 rules regulation was held last August 7,2019 at the DOH Convention Hall outlining how these e-cigarettes should be registered to FDA.

Salient points to follow is restriction of sale to 21years old and above, restriction of volume to 10ml, nicotine content not more than 20mg, childproof, proper labeling of e-liquid contents and advertising only to point of sale.

The Philippine Pediatric Society's Chair on Tobacco Control, Dr. Rizalina Gonzalez was called in as an expert resource person to talk in front of the e-cigarette industry giants and retailers to defend and explain why these rules and regulations should be in place.



The children first and foremost has to be protected and restricted on using these products primarily because their brain is still developing and brain maturity is reached by 25 years old. Nicotine when regularly used has a detrimental effect on the young brain's prefrontal cortex, the seat of behavior, impulse and learning. Nicotine use and repeated exposure predispose the young brain to nicotine addiction .

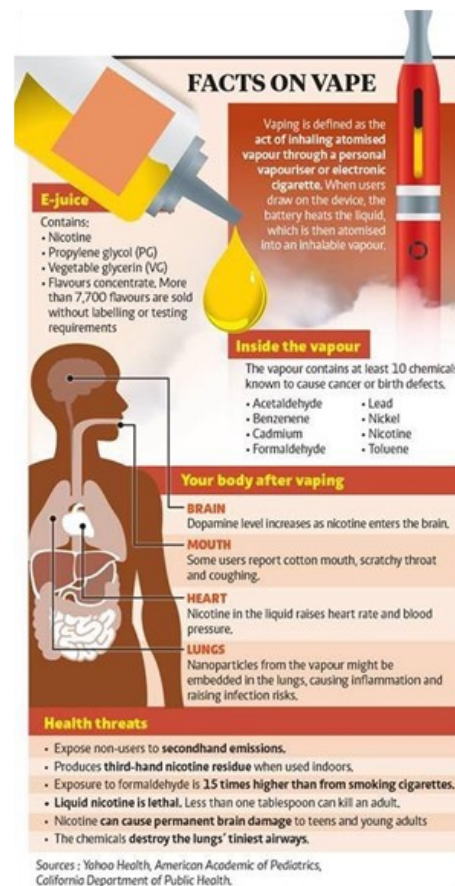
In the US, the 2018 PATH (Population Assessment of Tobacco and Health) study showed that youths who use of electronic cigarettes, has 50% chance to smoke tobacco in a year, or become dual users. Worst, e-liquids can be mixed with restricted substances like liquid marijuana and cocaine leading to substance abuse.

Knowledge gap specifically to the parents and the young has to be addressed to keep our minors away from this potentially dangerous nicotine addiction through e-cigarettes.

The 2020 Global Youth Tobacco Survey have included survey on e-cigarettes and hopefully, the PPS-Tobacco Control Advocacy Group can do a parallel survey on determinants of e-cigarette use among Filipino High School students per PPS Chapter within this year

The Senate public hearing last August 13,2019 on excise tax on alcohol, has included discussion on further raising excise tax on e-cigarettes believing that e-cigarettes is not entirely safe and our young population has to be protected by making the cost higher and inaccessible to them.

Tobacco and all its forms i.e. HTPs and electronic cigarettes are all health hazards and as medical practitioners we should educate our patients and join forces to curb this all time slow but sure killer to our population.



#### References:

2015 GATS ( Global Adult Tobacco Survey)  
[www.doh.gov.ph](http://www.doh.gov.ph)

The PATH study 2013-2015, Watkins et.al.  
JAMA Pediatrics online, January 2,2018

DOH Administrative Order 2019-0007 ,  
Ban on use of e-cigarettes in public places,  
[www2.fda.gov.ph/issuances-2](http://www2.fda.gov.ph/issuances-2)



# How to Write A Good Research Proposal

## Part One: The Research Question

Venus Oliva Cloma-Rosales, MD MPH

Let's begin with a universal truth: Research is Challenging.

On the researcher's level, it is challenging because the proper design, conduct, and analysis of health research requires methodological rigor, writing skills, content expertise, ample time to reflect deeply on a subject matter, and humility to be subjected to multiple peer reviews.

On an organizational level, it is challenging because to conduct good research requires plenty of resources. First, we need supportive leadership and active governance for research and innovation. In medicine, our priority is quality patient care, and research tends to be viewed as separate, rather than integrated, in clinical work. As such, research requires strong political support for its activities to be prioritized in any organization. Second, the organization must have competent human resources to implement and evaluate research: investigators to design research, research teams to implement, conduct, and analyze data, in-house ethics and technical review boards, and adequate number of research participants. Third, the organization must have good data infrastructure and research systems, balancing transparency, efficiency, and data privacy. To begin with, hospital records should be complete, accurate, and accessible for both audit and research purposes.

We speak of research as a general body of activities that lead ultimately to the generation of knowledge which we hope is useful to improve decision making in healthcare, or as a good basis for future research. These activities involve:

- ii. Establishing leadership and governance in research, such as defining research agenda and strategic goals for the organization.
- iii. Initiatives to build research capacity such as conducting workshops and creation of manuals.
- iv. Initiatives to increase research quality and ensure integrity such as establishment and accreditation of ethics boards, and data privacy teams
- v. Building data infrastructure, such as registries and health information systems

For this first in a series of articles, we will focus on writing the research protocol, which is the first step in the research process itself. How do we begin?

### Step 1. Start with Developing the Research Question (not "Retrospective/ Prospective," and not the "Title"!)

For a research project to be focused, the research question must be very clear to its investigators. I know this sounds elementary, but in my past five years of full-time research consulting, the research question is often generically written by its physician-researchers. At this stage, what we may have is a research *interest* and not yet the research question. A critical step for researchers is to be able to delineate the specific research question/s from the broad research interest.

In research, the question comes first, before the methods! We select the methods to answer the question. We shouldn't retro-fit a question to suit a method. Also, what we think about is the Research Question, and not the "Title" of the research project.

I will draw from my own experience as an example.

When I was a first-year pediatrics resident, we were tasked to present what our research interests were. At this time, I was very interested in developmental pediatrics and neonatology, and had little clinical research experience. My preliminary question was: *What are the developmental outcomes of premature babies born in our hospital?*

As you probably expect, this proposed topic was met with a lot of (constructive) criticism. First, our research committee asked about the outcomes: *What do you mean by developmental outcomes? Specify the outcomes. How are you going to determine their outcomes? How are you going to follow up the families? How will you get their information?* Second, they asked about the records review: *What exactly in the prenatal, antenatal, neonatal history are you going to look for in the chart? How do we ensure that the information you need is accurately captured in the old hospital records?* Lastly, they asked: *What is your specific research question? What exactly is your research hypothesis?*

In research parlance, they were asking: *Who is your Population? What exactly are the Exposures of interest? What exactly are the Outcomes of interest? How will you minimize bias, confounding, and effect modification? How feasible is this study?*

After that presentation, I ran a literature search on screening for neuro-developmental disabilities in babies. I was particularly interested in speech delay and wondered if it can be "prevented" or "treated." The year was 2010, and I began to read about the Universal Neonatal Hearing Screening programs and the Philippine law RA 9709 that passed very recently at that time. After my search, my research interest developed into the implementation of the UNHS Program in our hospital. *How compliant is our hospital with this law? Are we detecting true positives or false positives in screening for hearing? What are maternal and neonatal factors associated with hearing screening-positive results?*

## Step 2. Determine the Research Question Framework

Once a research interest is developed into more specific research questions, I have found it very necessary to think of the question in terms of a question framework. Simply put, a framework is a structured and organized way of thinking. There are two types of question frameworks: static frameworks and dynamic frameworks. For this article, we will focus only on common static question frameworks: PEO, PECO, PICO, PIRT, SPICE. There is no “better” or “absolutely” correct or wrong frameworks. These should serve as a starting point for you to clarify your question. Please see Table 1 for examples and applications of research question frameworks.

**Table 1. Common research question frameworks and examples in medicine and public health**

	Stands for	Typical use	Examples*
PEO	Population, Exposure, Outcome	Descriptive studies; quasi-experimental studies may be PEO or PIO	<i>In Antique (Population), what is the quality of care (Outcome) of annual medical missions (Exposure)?</i>
PECO	Population, Exposure, Comparison, Outcome	Observational and analytical epidemiological study designs	<i>Among neonates (Population), is the prevalence of positive OAE test (Outcome) higher in preterm (Exposure) than term (Comparison) babies?</i>
PICO	Population, Intervention, Comparison, Outcome	Experimental study types	<i>In grade school students (Population), is the control of pediculosis capitis (Outcome) more effective in school-based (Intervention) or home-based interventions (Comparison) with permethrin?</i>
PIRT	Population, Index Test, Reference Test, and Target Disease	Diagnostic studies	<i>Among high risk groups (Population), what is the validity of a rapid screening kit (Index Test) compared to gold standard (Reference Test) in detecting HIV (Target disease)?</i>
SPICE	Setting, Perspective, Phenomenon of Interest, Comparison or Context, Evaluation	Qualitative or more complex health research questions	<i>Is there a difference in the knowledge, attitudes, and practices (Evaluation) of physicians (Perspective) in rural and urban settings (Comparison) towards ethical interactions with the pharmaceutical sector (phenomenon of interest) in the Philippines (Setting)?</i>

\*The examples are largely based on my own previous research projects. Please email me if you have questions.

## Step 3. Evaluate the research question via the FINER criteria

Once you have a research question framework, you must appraise the research question whether it is a *good* research question. You must understand that what could be a good question in one setting may not be as good for another. Questions are not ‘inflexibly’ good or bad. Context must be considered to determine whether a question is good.

A common way to evaluate the research question is the FINER criteria, which I read from a nice textbook called *Designing Clinical Research* by Hulley et al. This stands for Feasible, Interesting, Novel, Ethical, and Relevant. Is it *feasible*? Feasibility may refer to whether you have access to an adequate number of potential participants (hence sample size calculations are crucial), adequate expertise for the proposed research area, time to do the research, financial and logistical resources required for the research methods. Therefore, it is not only feasibility in terms of funding, but of the entire research project. FINER begins with “F” and personally I think it is the most important of the five criteria. If the project is not feasible to

begin with, it is not a good research question for you. In my example earlier I had wanted to follow-up neonates born in the hospital from several years ago. This is not feasible for a novice resident researcher. What can be good in one setting may not be good in another. For example, I think medical device, quality improvement, or diagnostic studies are appropriate for private hospitals, while epidemiologic studies are appropriate for government hospitals with large patient volumes and communities.

If we are to evaluate my UNHS research question, I would say it was quite feasible because of the patient volume and availability of the hearing test in the hospital. It was incredibly interesting to me and yes! As a resident I really loved collecting data for this paper. In a sense it was novel because it dealt with a new law. Ethics, no major issues there. And relevant? Yes, both clinically and socially.

After clearly defining your research question, and evaluating it via the FINER criteria, you will need to conduct a thorough literature search, if you haven’t yet. The research process is typically non-linear, and you should be conducting a

literature search simultaneously while defining your research question. How to conduct a literature search? We can save this for another article in these series.

In summary: We begin the research process by clearly defining the research question by using a question framework, and then evaluating whether the question is good via the FINER criteria.

I hope you find this pilot article useful. If you have specific questions or requests on what you would like for me write about, please email me at [vcrosales@101healthresearch.com](mailto:vcrosales@101healthresearch.com).

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*About the author: Dr. Cloma-Rosales is the Founder and Managing Director of 101 Health Research, a private consulting firm specializing in health research methods, clinical biostatistics, and data science. She is an active member of the Philippine Association of Medical Journal Editors. She has been a member of the Makati Medical Society since the day she took her Oath as a licensed physician.*





# 2019 PMA Leadership Conference

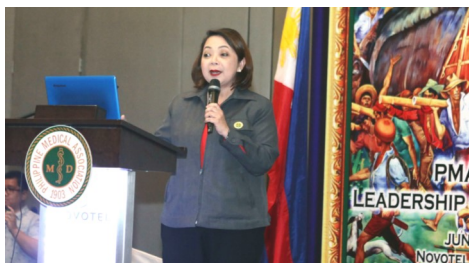
Jesus Eugenio G. De Jesus, MD

Last June 8 to 9, 2019, the Philippine Medical Association held its annual Leadership Conference at the Novotel, Cubao, Quezon City.

Over 200 delegates from the various component societies, specialty divisions, and affiliate societies across the country joined the National Officers and Board of Governors in this event.

The main objective of the conference was to gain greater understanding of a leader's responsibility in the PMA. It is also sought to create and maintain efficient and effective strategies in the achievement of the PMA Development Plan.

During the two-day conference, former PMA Northern Mindanao governor Dr. Dures Fe E. Tagayuna presented the proposed new PMA building among the delegates. Along with PMA President Dr. Jose P. Santiago Jr., she exhorted the delegates to sign the proxy vote forms as well as encourage fellow members to do likewise so that the construction of the new PMA building can push through. Delegates then affixed their signatures on a commitment wall signifying their support for the PMA Development Plan.



Dr. Ian N. Francisco of the PMA Committee on Membership Services and Development next spoke on the roles, responsibilities and benefits of PMA members.



PMA National Treasurer Dr. Christine Serrano-Tinio presented the financial portfolio to the delegates. The presentation helped make the delegates understand the financial status of the PMA better.



PMA President Dr. Jose P. Santiago Jr., gave a pep talk to the delegates in the afternoon. He candidly spoke of his plans for the PMA on his sophomore year.



PMA Executive Director and Data Protection Officer Jehan Angeles-Mangahis spoke about the Data Privacy Act and what the PMA has done to secure and protect the classified information of PMA members.



Atty Bu. Castro gave a talk on medical ethics during the Bohemian-themed fellowship night dinner.



Marc Castrodos of Areté Leadership Development Consultancy and his team proficiently led the group dynamics activities. They stimulated the delegates to whole-heartedly participate in the program.



The objectives of this year's leadership conference were achieved as camaraderie was fostered among the delegates. Unions were forged among regions. The delegates endeavoured to effectively lead their component societies and advocate the PMA's goals for years to come.

*Dr. De Jesus is the President of the Iloilo Medical Society*





# PMA Foundation Day and Medicine Week Updates

Ma. Lilybeth P. Naguit, MD & Maria Elena Z. Basco-Tiamzon, MD

It seemed like just a few winks ago when our Foundation Day and Medicine Week were celebrated. Now in few days, it will be again commemorated. These are the main highlights of the Committees' Preparatory activities.

**July 03, 2019** First encounter of the Chair of the Committee on 62<sup>nd</sup> PMA Medicine Week, Dr. Ma. Lilybeth Pascual-Naguit; Co-Chair Dr. Maria Elena Basco-Tiamson and Chair of the 116<sup>th</sup> PMA Foundation Day, Dr. Ma. Elenita Fernando. They were later joined by Dr. Jose Santiago Jr. and Dr. Ricardo Batac. The PMA President suggested that the theme will revolve on Universal Health Care. He likewise gave suggestions as to the Keynote and Guest Speakers. Dr. Santiago suggested that the theme for each day of the Medicine Week be aligned with the current Health Programs of the Department of Health and the government.



L-R: Drs. Ma. Lilybeth P. Naguit, Ma. Elenita Fernando, Maria Elena B. Tiamson

**July 9, 2019** Second meeting of the two Committees



Seated L-R: Drs. Ricardo Batac, Ma. Lilybeth P. Naguit, Jose Santiago Jr., Maria Elenita Fernando, Ma. Leny Alda Jusayan

Standing L-R: Drs. Rebecca Sison, Ma. Julieta Agnes Calleja, Orpha Abrigo, Lorna Dideles, Maria Elena Tiamson, Marie Lucille Aniciete, Jan Hermin Cataluna

The 116<sup>th</sup> PMA Foundation Day was set to be held on September 14, 2019 with the theme: **MATATAG NA KAPISANAN, PAMANA SA SAMBAYANAN**. The 62<sup>nd</sup> Medicine Week theme was also finalized as **IPAGDIWANG: PANGKALAHATANG KALUSUGAN** and its schedule set on September 22-28, 2019.

Letters were drafted for the Keynote and Guest Speakers as well as the Sponsors for the respective celebrations. The plan of activities was subjected for approval by the PMA Board of Governors.

**July 13, 2019** The Medicine Week Committee Chair Dr. Ma. Lilybeth P. Naguit reported to the Second PMA Board of Governors meeting for the final approval of the Medicine Week Celebration activities.

**July 22, 2019** First Organizing Committee meeting with all the Component, Specialties, Sub-Specialties and Affiliate Societies' representatives present. The different assignments were distributed to the group. While suggestions and comments were entertained.

**August 1, 2019** Second Organizing Committee meeting was held at the PMA Auditorium. Budget Proposals were submitted by the Medical Societies concerned. Topics and Speakers for each day's activity were submitted for CPD Application



**August 15, 2019** All the entries for the Logo Making Contest were submitted. The final judging was held at the PMA Library on August 20, 2019, with the following Board of Judges present: **Mr. Demosthenes T. Campos** (Artist), **Dr. Jose P. Santiago, Jr.** (PMA President), **Dr. Ma. Lorena Lorenzo**, (PMA Committee on Food and Drugs)

## The Winning Logo



**IPAGDIWANG:  
PANGKALAHATANG  
KALUSUGAN**

Congratulations to the Winner  
**Dr. Conrado Segismundo** of the  
**Lipa City Medical Society.**

# PHILIPPINE MEDICAL ASSOCIATION



## 62<sup>nd</sup> NATIONAL MEDICINE WEEK CELEBRATION IPAGDIWANG: PANGKALAHATANG KALUSUGAN

**September 22-28, 2019**

### PROGRAMME

**SEPTEMBER 22, 2019  
(SUNDAY)**

**Wreath Laying Ceremonies**

Time : 7:00 AM

Venue: Rizal Park Monument

**Mass**

Time: 9:00 AM

Venue: Century Park Hotel

**Opening Ceremonies**

Time 10:00 AM

Venue: Century Park Hotel

**SEPTEMBER 23, 2019  
(MONDAY)**

Theme: **"Epekto ng Pagbabago ng  
Panahon sa Kalusugan at sa  
Mangagawang Pilipino"**

(Climate Change/Occupational  
Medicine)

Time: 8:00AM-12NN

(Medical Missions and Layfora)

Venue: PMA – Auditorium

**Singing Physicians Contest**

**Elimination Round**

Time: 2:00pm-5:00pm

Venue: PMA Auditorium

**SEPTEMBER 24, 2019  
TUESDAY)**

Theme: **"Kalusugan Pangkaisipan  
at Pagkahumaling sa  
Pinagbabawal  
na Gamot"**

(Mental Health and Drug Addiction)

Time: 8:00 AM-12NN

Medical Missions and Lay fora)

Venue: PMA – Auditorium

**16<sup>th</sup> Singing Physicians Contest**

Time: 6:00pm

Venue: PMA Auditorium

**SEPTEMBER 25, 2019  
(WEDNESDAY)**

Theme: **"Kaalaman sa HIV, TB,  
BAKUNA at NUTRISYON"**

(HIV, TB, IMMUNIZATIONS AND  
NUTRITION)

Time: 8:00AM-12NN

(Medical Missions and Lay fora)

Venue: PMA – Auditorium

Nationwide Celebration of Blood  
Donation Day by all Component/  
Specialties/Sub-Specialties/  
Affiliates Societies

**SEPTEMBER 26, 2019  
(THURSDAY)**

Theme: **"Pangangalaga ng Ka-  
lusugan ng Matatanda at Kaala-  
man tungkol  
sa Kapansanan"**

(Disability and Healthcare of Elder-  
ly)

Time: 8:00AM-12NN

(Medical Missions and Lay fora)

Venue: PMA Auditorium

**SEPTEMBER 27, 2019  
(FRIDAY)**

Theme: **"Kaalaman tungkol sa  
Cancer"  
(CANCER)**

Time: 8:00AM-12NN

(Medical Missions and Lay fora)

Venue: PMA Auditorium

**SEPTEMBER 28, 2019  
(SATURDAY)**

**ZUMBA**

Theme : **"Sayaw at Galaw para sa  
Kalusugan"**

Time: 7:00 AM

Venue: PMA Auditorium