Supernormal or Subnormal?

Supernormal conduction is not actually better than normal conduction; it is only better than what is normally expected. Unexpected conduction could occur if an impulse stimulates the myocardium during the supernormal period of excitability. Towards the terminal phase of repolarization, the downstream fibers can easily be brought to the threshold potential since at that point enough sodium channels are already available for rapid conduction. Electrocardiographically, the supernormal period falls at the end of the T wave.

Sinus tachycardia with 2:1 AV conduction is clearly depicted in the latter half of the lead V1 ECG tracing shown in figure A. All of the ventricular complexes have identical narrow QRS configurations which indicate a supraventricular origin. The first and second as well as the fourth and fifth QRS complexes are closely coupled. Identical humps (marked by *) are found immediately after the first and the fourth QRS complexes which are, most likely, ectopic atrial complexes (P'). Both of the P' waves are followed by QRS complexes with identical P'R intervals of 0.30 sec. In the presence of second degree AV block, P' waves occurring after much shorter P-P' (0.380 sec) than P-P intervals (0.780 sec) are not expected to be conductible across the AV node, unless supernormal AV conduction is invoked.

From this perspective, the P's are viewed not as PAC's but as retrograde P waves conducted upwards from premature junctional complexes (PJC's marked by *). The P' waves precede the PJC's because retrograde atrial is faster than antegrade ventricular conduction from the junctional focus. Intact ventriculo-atrial conduction implies that the observed AV block is unidirectional. Conduction is “subnormal” only because it originates below the origin of the normal rhythm. What one sees depends on where one is looking from. Perception is a matter of perspective.

It was an exhilarating party at the scenic Beverly View.

Among the highlights were the 3-meter dash in best attire but barefoot. Drs. Celine Aquino and Delfa Zanoria won 3-meter dash feat minus their high heels. Dr. Elaine Gallardo won the Best Dressed Female for the Night title in her Igorot-inspired costume while Dr. Marlon Co who was convincing in his magsasaka costume was named Best Dressed Male for the Night.

STC, USJ-Recoletos top oratorical, painting tilt

CEBU City, Jan 23, 2010 — The PHA Cebu 3rd Oratorical and Painting Contests were conducted at the CMS Building, Banilad, Cebu City. The theme was: “Wellness in the Workplace”.

Five entries for the oratorical contest and six entries for the painting contest from high schools students were submitted.

The winners in the Oratorical Category were:
- 1st Place - Bea Claudine Alfaro Evardone (STC)
- 2nd Place - Jeanelle Marie Oral (USJ-R)
- 3rd Place - Hannah Joyce Pardo (UC)

For the On-the-Spot Painting Category
- 1st Place - Jyle Mariz Maraton (USJ-R)
- 2nd Place - Kara Belarmino (STC)
- 3rd Place - Philip John Pacaldo (UP)
**NorthWestern Mindanao twin medical missions in Butuan**

**UTUAN CITY, Dec. 16, 2009** — In the Handog Pamasko Medical Mission last Dec. 13, 2009, some 60 adults and 28 children were examined. Held at the Seng Tau Grand Temple, 9th St., Guingona Subdivision, Butuan City, the adult patients had to undergo BP, ECG, total cholesterol and blood sugar screenings. On Dec. 16, 2009, was the gift giving to the pediatrics and medical ward patients of Butuan Doctors’ Hospital and Manuel J. Santos Hospital. Both the kids and adults, received smiley pins and snacks.

The primemovers of the Dec. 13 and 16 activities were PHA Northwestern Mindanao chapter president Drs. Sylvia Banaay-Hangos, Delfin Dayan, Ma. Theresa Layese, Archimedes Brodith and Annalisa Gonzalez.

The organizers consider it as a fulfilling and memorable experience. The smiles and joys of the kids and patients gave us inner joy and strength to give love and care for our patients not only on the Yuletide season but everyday of our lives.

♥

**UTUAN CITY, January 23, 2010** – The chapter pushed through with the regional elimination round of the Oratorical and On-the-spot poster making contests.

The champion in the Oratorical Contest was William Dela Cruz from St. Joseph Institute of Technology High School, while the solo contestant and automatic champion of the poster making contest is Frederick Mayol from the Butuan City School of Arts and Trade High School. The event was sponsored by Therapharma. The judges were Drs. Annalisa Gonzalez, Banaay-Hangos and a Therapharma rep who is a graduate of journalism.

♥

**North Western Mindanao braces for Heart Month**

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♥

**PHA Southern Tagalog Chapter Christmas party**

Abola (2nd from r) administers the oathtaking of Dr. Marietta Ablang, PHA Central Luzon Chapter president, while PHA Board of Directors (l-r) Reyes, Iboleon-Dy & Abanilla (extreme r) look on.
Features

Christmas

ASIG CITY, Dec. 13, 2009 – The function room was minimally decorated but genuinely infused with Christmas spirit.

“The no-frills theme was influenced by the austere times” said Philippine Heart Association (PHA) director and Socials Committee chair Dr. Maria Adelaida Iboleon-Dy.

PHA President Dr. Maria Teresa Abola’s prayer was more of an expression of gratitude than a litany, venerating our Creator for performing small and big miracles during the last quarter of the year.

A party-cum-working dinner, the PHA Board introduced the new PHA Vice President for External Affairs, media executive Andre Kahn, to the guests from the pharmaceutical world and to the PHA staff.

Angelo Palmones, outgoing VP for External Affairs received his plaque of appreciation for his contributions to the PHA Advocacy programs’ media mileage. In case he makes it to the Agham seat in Congress, he committed to pursue the passage of more health-related bills.

“The presence of past presidents, council and committee chairs added an explicable magic to the celebration,” said Javier.

Javier and Iboleon-Dy were the emcees of the party. The hearty dinner was followed by parlor games, dancing and jamming with the band, courtesy of Therapharma.
By Don Robespierre C. Reyes, MD

ARANAEQUE CITY, Dec. 5, 2010 — For their well-choreographed and executed techno dance, the Philippine General Hospital Fellows got a 97.56% rating, and emerged as the grand prize winner in the talent competition of the annual Philippine Heart Association Christmas Party for Cardio Fellows.

The futuristic theme is Christmas 3000.

UP-PGH got a P10,000 cash prize. St. Luke’s Medical Center placed second for gaining a 95% mark, while The Medical City was named third for copping a grade of 92.3%. Both took home cash prizes worth P7,000 and P5,000, respectively.

They bested five other contestants from UST Hospital, Chinese General Hospital, Cardinal Santos Medical Center, Philippine Heart Center, Makati Medical Center and Perpetual Help Medical Center, which was a first time participant.

The theme required participants to depict a futuristic Christmas utilizing recycled materials sourced from the hospital as costume and props.

The judges for the competition included professional choreographers Nap Ching and Ruel Oda and performance arts connoisseur Joy Rago. The criteria were: choreography (45%), costume and creativity (45%) and overall impact (10%).

The competition was part of the yearly cardiology fellows’ Christmas party organized by the PHA CEPC Sub-committee on Cardiology Fellows-in-Training, headed by Dr. Joel Abanilla and sponsored by the Natrapharm-Patriot Group.

The PHA year-ender activity also included a raffle draw and performances from a local pop band that provided dance music till midnight.

PHA president Dr. Maria Teresa Abola, Drs. Isabelo Ongtengco, Saturnino Javier, Eugene Reyes, Joel Abanilla and Maria Adelaida Iboleon-Dy, Patriot AVP for Operations Zenda Duran and Natrapharm AVP for Operations Loida Dela Cruz graced the affair.

This is the third year that the traditional PHA CardioFellows Christmas party was sponsored by Natrapharm-Patriot and hosted by its product manager Vangie De Jesus and liaison officer Ric Ongtengco.
By and large, the Philippine Heart Association (PHA) had an eventful and very rewarding 2009 in spite of an impasse during the last quarter of the year.

On a greater scale, 2009 will leave most Filipinos with painful memories...of man-made and natural disasters...
The Cheaper Medicine Act was a big blow to multinational pharmaceutical companies. With dismal sales, they implemented a cost-cutting scheme, part of which is becoming selective of their sponsorship of PHA activities to only a few.

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Influential women – Sonia Roco, Angelina Lopez and Daphné Oseña Paez gave their insightful viewpoints about their physicians.

1st Summit on Supplements
The Science, the Hearsay, the Experience and the Evidence
From experts – A “natural” product is not necessarily safe. While some herbs are helpful, some are harmful.

JULY-AUGUST 2009
Local CPG unveiled… Draws rave reviews
After more than 3 years of meticulous conceptualization and development, the PHA Clinical Practice Guidelines for the Management of Coronary Artery Disease is off the press. According to PHA pillars, “the launching is a milestone. The important character of this guideline is it encourages the clinician to exercise maximum diligence to get a good history of the patients.”

Experts: Good governance is universal
Social Welfare Secretary Esperanza Cabral and UP National College of Public Administration Dean Alex Brillantes say that the characteristic of good governance are transparency, accountability, sustainability, responsive, consensus-oriented, equitable, effective and efficient.

Tes leads PHA with a heart full of singing
An attempt to delve deep into the recesses of the mind and find her heart for the PHA

December-January 2009
Cabral gets DOH portfolio
PHA hails the appointment of Dr. Esperanza Cabral as DOH head. A former Philippine Heart Center director and PHA past president, she is the first PHA member to get a Cabinet post.

PHA: CVD on the rise during the Holidays and cool months
Sideswiped by Ondoy, the World Heart Day 2009 Heart Fair was done in December. The PHA Board saw the wisdom of holding a Heart Fair in December to warn the public about the upsurge in cardiovascular episodes in December, the season to binge and be laid back.

SEPTEMBER-OCTOBER-NOVEMBER 2009
Unshakeable PHA
‘09 DOH PCPCNCD HL Visionary Leadership Awardee

PHA clinches Visionary Leadership Award
The Department of Health and the Philippine Coalition for the Prevention and Control of Non-Communicable Disease conferred the “Special Trailblazer Visionary Leadership Award” on the PHA. Drs. Maria Teresa Abola, Eleanor Lopez and Saturnino Javier received the citation.

CPR Council now a full RCA member
The PHA National Expanded Council on Cardiopulmonary Resuscitation has been accepted as a full member of the Resuscitation Council of Asia, the Asian representative society of the International Liaison Committee on Resuscitation.

PHA, a firstimer at the mammoth Advertising Congress
The PHA was the lone medical society in the prestigious congress that gathered 200 advertising industry heavyweights, sponsors, exhibitors and 3,000 delegates.

8th ICCA Oral Expo in Prague Lone RP entry done by UST Fellow
The research paper on “Rate-Pressure Product, RPP Change and Dike Treadmill Score in the Prediction of Significant Obstructive CAD in Patients with Positive Bruce Treadmill Exercise Test”, authored by Dr. Don Robespierre Reyes, was one of the eight scientific papers included in the oral exposition on diagnostic aspects.

Dr. Eugene Ramos: Up close and personal
A leader, follower, writer, father, brother and film writer/director wannabe, the incumbent president of the Philippine College of Physicians avers “nothing beats my roles as son, father and brother.”

Acts of heroism in the Face of Ondoy
In one day, Ondoy despoiled the Philippines, leaving some places like wasteland and ghost towns. A super howler, it pounded hard on the homes of the upper echelon, middleclass and low-income groups in Marikina, Cainta, Quezon City, Manila, Pasig and other parts of the country.

Tribute to Angelo Palmones: Mr. Advocacy
A Short & Sweet Stint
Multi-awarded broadcast journalist Angelo Palmones, the man who has imbibed Advocacy and breathes public service is exploring a new frontier… he passes on the reins of the VP for external affairs post to Andre Kahn.

Media mogul Kahn is new PHA VP for External Affairs
Advertising and broadcast executive André Kahn is the new PHA VP for external affairs. With a healed heart, he considers his PHA stint as “an opportunity to give back to the community.”
Sylvia B. Hangos, MD
Northwestern Mindanao Chapter
For cardiologist to walk the talk so that we will be effective in fulfilling our mission and vision. May we be more compassionate and empathetic with our patients... May we be vessels of healing, hope, honor and unconditional Love above all to our patients, our families, our community, our nation and the whole world!

Jane Galang, MD
Cebu Chapter
For the Philippines, to get what it deserves -- better leadership (lesser smart-ness, more sincerity, an iron hand), rules that don’t exempt, opportunities, that benefit the greater number of majority. For the PHA, further RELEVANCE and for the members a more profound acceptance of and greater involvement in PHA activities.

Ramon Abarquez, MD
Past president
For the PHA to come up with some performance measures.
Eurene Reyes, MD
PHA director
I wish that 2010 will be a different year. I want to see a crisis-free country and a pharmaceutical world unshackled from economic crunch.

Eleanor A. Lopez, MD
PHA vice president
I hope that 2010 will give us new leaders with integrity who can bring the country through the global economic crisis. I wish for the success of the international events that PHA will host in 2010. With its dedicated and committed members, I am confident that it will be possible. For PHAN, a venue to acknowledge people who helped the councils and a venue to share their vision.

Milagros Yamamoto, MD
Council chair
For all our PHA officers and members to have big hearts to contain all the praises and blessings that God will provide. To be compassionate and passionate so that they will easily share their blessings to the least, and the lost. For RP, for the new prexy to be able to address the issues of poverty, corruption and comprehensive health program.

Faye Chua, MD
Davao Chapter
For our country, I pray and hope for true peace, less corrupt new leaders, a new president who’s not selfish have compassion for the poor! For PHA, less, intrigues, simpler celebration and more financial aid for Davao Chapter!

Marcelito Durante, MD
Past president
I want to see PHA officers with pioneering works.

Raul Jara, MD
Past president
We hope that the forthcoming WCE in Manila will be another success story.

Eucene Reyes, MD
PHA director
I wish that 2010 will be a different year. I want to see a crisis-free country and a pharmaceutical world unshackled from economic crunch.

Ma. Belen Carisma, MD
Past PHA president
Differences in views or irreconcilable differences should be put aside. Let’s work and soar towards greater hearts.

André Kahn
VP for External Affairs
Let’s go on spicing up life with more love, laughter and big hearts.

Joel Abanilla, MD
PHA director
A cheery year for all sectors. A year that sees pharmaceutical companies being active supporters of PHA CME and Advocacy programs. For the PHA Board to acknowledge the wisdom of continuity and tenacity so that we will see projects through the end.
try. The source of pharmacologic agents of industry and became the basic tool of pharmaceutical industry, became predominantly magic that led to the search for elixirs and “philosopher’s stones” that would turn lesser metals into gold. By 1700, the practice of medicine in the real world is a responsibility of the physician in his clinical practice. The practice of medicine in the real world is a profession and scientifically intellectual interaction between the physician and pharmaceutical industry pertinent to efficacy, safety and adverse effects of drugs. The latter evolved from modern chemistry. In the beginning there was alchemy that flourished from 300 AD to 1700 AD. Alchemy combined a little of science, religion and philosophy with lots of magic. Alchemists searched for the “philosopher’s stone” that would turn lesser metals into gold in trying to produce the “elixir of life” that would cure diseases and prolong life. By 1700, alchemy became predominantly magic that led to programmed death.

Scientific modern chemistry took its ascendance and became the basic tool of pharmaceutical industry. The source of pharmacologic agents of industry are organic compounds from soil, plants and venoms of animals. The odyssey in the innovation of new drugs is familiar to medical chemists. Drugs are organic compounds with carbon as the principal element. Carbon therefore is the chemistry of life. From among 10,000 organic compounds that a medical chemist may start with only one may show promise of a new drug. Research and development of a new drug takes 10 to 12 years undergoing through intense search and research for the active compounds, creativity, expertise, toxicology, animal and clinical studies. Pre-clinical and clinical studies go through Phase I, II, and III before they reach regulatory agencies for new drugs. The Food and Drug Administration (FDA) in the United States requires 2 independent randomized double-blind studies before a drug is made available to hospitals and physicians. These clinical trials can take several years aside from high cost to provide the necessary evidence to insure the safety and efficacy of the new drug. Obviously, the search and discovery of compounds for new drugs are funded by the drugs of today.

Clearly dedicated research for new drugs has no fixed time. Take the case of aspirin. Greek physician Hippocrates in 400 BC used juice from the willow bark to relieve pain without knowing its active compound. The active compound (acetylsalicylic acid) was first discovered salicylic acid and produced as anti-inflammatory and antipyretic in 1874. This preparation had an appalling taste and caustic effect on the stomach. In 1897 a 29 year old Bayer chemist, Felix Hoffman, acetylated the salicylic acid of willow tree bark to produce acetylsalicylic acid which improved the taste of the original product. Bayer patented the new compound with brand name “Aspirin” in 1899. Today aspirin is used not only as analgesic but also as anti-inflammatory, antipyretic, and to prevent heart attack. For these new applications of aspirin Bayer did not apply for a new patent.

Our country does not have the infrastructure and funding either from government and/or private sources to innovate drugs and produce synthetic pharmaceuticals. Countries in Europe, United States and Japan with advance biotechnology are investigating the universe of the cell by molecular and cell biology for use in clinical medicine. Biotechnology science on a molecular level has broken the secrets of cell membranes and entered the province of gene therapy. Innovative pharmaceuticals are produced today not anymore from the original plants, soil and venom of animals but through modern chemistry and genetic engineering. Ironically Congress legislated into law the pseudosciences of traditional and alternative medicine through the efforts of Senator Flavier at the expense of the physician and pharmaceutical industry. Our legislators crafted the Generics Law of 1988 and the implementing guidelines in 1989 by the Department of Health that impaired seriously and unfairly clinical practice of civic minded physicians. Is it safe? Effective? And will it keep? Are questions asked by regulatory agencies in Europe, United States and Japan. These 3 regions are the major producers of drugs but their regulatory agencies have different requirements for pre-clinical and clinical studies necessary for securing the safety, efficacy and quality of new drugs. In comparing drug preparations they follow rigidly 3 requirements: 1. Chemical equivalence; 2. Therapeutic equivalence. A generic drug that satisfies only chemical equivalence even with the same dose is not equivalent to the original innovated drug. The Generics Act of 1988 crafted by Secretary of
Health Alfredo Bengzon and sponsored by Senator Orlando Mercado based on the hypothesis that drugs with the same generic active ingredient and the same dose are equivalent (Manila Chronicle, September 1, 1988) has no scientific basis. They unwittingly fooled the entire patient population. Obviously these requirements are extremely important for protection of patient, physician and pharmaceutical industry but the downside of this system of registration of new drugs are the unnecessary delay and increase in cost of drugs. Under the initiative of WHO representatives of regulatory agencies met in Brussels (1991) for the 1st International Conference on Harmonization (ICH). They drafted 45 harmonization guidelines on all aspects of the technical requirements for registering new drugs in the 3 regions. Meeting biennially since 1991, ICH drafted a common technical document (CTD) in 1998 that will serve the 3 regions of Europe, United States and Japan. In sum, the ultimate beneficiaries will be physicians, pharmaceutical industry and patients. New drugs will reach physicians and patients faster with less cost to pharmaceutical industry.

In the words of Kipling, the poet and Nobel Laureate in Literature in 1907, “a physician is amongst the most important people in the world.” Truly, over the centuries from Imhotep of Egyptian medicine of the ancients who was elevated to the status of “God” after his death through Hippocrates of Greek medicine to modern times the profession has been accepted by generations of humanity not by edicts and legislations but by the gold track record of service the profession has gifted mankind. Often that service is given free in clinics, hospitals, and civic projects: in peace, war, calamities and disasters. In fact Hippocrates did caution the physician to be prepared to give his services without pay.

The science of medicine must be served by science policy and science funding not by politics nor by gullible publicity. Politics is the science or art of government. Politics cannot innovate new drugs; neither can cheap politics provide cheap medicine. The dirty fingers of Congress cannot legislate impairing the therapeutic decision-making of the physician. The intellectual process in making correct diagnosis and treatment by the physician shall remain beyond the province of legislation and any form of politics. Preservation of life with the best quality and quantity is the essence of medical science and any medical process and effort towards this noble end shall not be violated by laws of men. Truly, a physician in the act of healing is an instrument of the Great Physician and no government however powerful can stay the healing hand. Indeed, the primary object of the services of the profession and physician is man — the sick patient. Corollary to this ethic is the right of the patient to choose freely his physician to make clinical decisions in the best interest of his patient. These freedom are the ramparts of the profession. The inroads of Health Maintenance Organizations (HMOs) and Managed Care Organizations (MCOs) into the profession have abused and destroyed the fiduciary contract based on faith and trust that cements the patient-physician relationship. This unwritten fiduciary contract between patient and physician is reduced to a money making business deal in the marketplace of HMOs, MCOs and government policies on health. The physician therefore, must insist on his full autonomy to make clinical decisions in the best interest of his patient as his advocate for best health care. Likewise the physician with his sense of justice and fairness must allocate scarce medical resources in an equitable way and contain cost of care in the exercise of his expertise to resolve the diagnosis, treatment and management of his illness at the least cost without prejudice to the life of the patient through inferior health care.

The following options are open to those who plan health care programs:

1. Optimal care to all equally includes all useful diagnostic and therapeutic tools. With limitless resources, this is the ideal world for best health care.
2. Limited packaged care for all choosing equality over liberty. With constraint on certain freedom this situation will become intolerable.
3. Basic packaged care for all, with a second tier of health care for those who can afford to buy additional services. This is attainable and will benefit the majority.

Presently, House of Congress bills abolished “brand” prescriptions of physicians and mandated “ generics” prescription. In the Senate the bills amended intellectual property rights and laws on patents, trademarks and tradenames. All these bills in the House and Senate were intended to lower cost of drugs. While the objective of these bills to provide cheaper medicines is good and desirable I doubt that this is the proper solution. Congress allocates less than 1 percent for science and research in the national budget. Our national budget has too much pork and too little science!

Simply stated Congress has no respect for scientific medicine, I firmly believe that scientific medicine has no equal in health care delivery. Other modes of healing like traditional and alternative medicine have no science. Hippocrates in his Aphorisms reminds us that “where the science of medicine is respected there is also respect for humanity." In addition the hyperbolic paradigm in recent time of the Department of Tourism to develop medical tourism is not in consonance with the noble and altruistic call of the profession. A physician who has special skill in his specialty must not sell his expertise in the name of tourism. Definitely I abhor my connection to tourism in any medical practice. Such as practice demeans the profession.

In closing I address all fellow physicians and Good Samaritans of healthcare with 2 poems I wrote in defense of the physician during my presidency of the Philippine Medical Association 1990-1992; 1995-1997. Almighty Great Physician thank you for making us your instrument.

**The Healing Hand**

I am a physician
Conscious of my healing rights
Rare gift from the Great Physician.

When I touch the sick
I know it is Thy will that heals
Not the laws of men.

To cure and care the sick
Serve my colleagues and community
With Hippocratic tradition at its best.

This is my covenant
When laws of men threaten
To stay the healing hand
Fight I shall with Great Physician at my side

**Hippocratic Oath 1997**

Hippocrates be my light
Service not profit is my hand
Healing a gift from Great Physician
Knows no barriers to my care.

My ballpark is not for sale
My expertise not for auction
I shall keep the trust of the sick
Cure, care and comfort my signature.

I am the trustee of the sick
By schooling, training and profession
No broker shall stay my healing hand
No profit becloud my noble call.
SILANG, Cavite, January 10, 2010—The road from Vigan to Cavite may not sound so distant but this legend of a man, Dr. Romeo Pilotin Ariniego travelled far and wide from his birthplace in Vigan before settling down in flourishing Dasmariñas, which to date, has the biggest population among the municipalities and cities of Cavite.

At a tender age of 10, God planted in his heart and mind the desire to be a doctor through a tense situation, where a doctor made a house call on a very sick Uncle. The calming presence of the doctor that commanded respect and obedience from everyone in their home made a lasting imprint in the young Ariniego’s mind.

Born into a family of seven in Beddeng, Vigan, Ilocos Sur, the young Ariniego knew he had to travel far to seek his God-given purpose in life. Notwithstanding that his family had less in life, Meong as he fondly called, proved through hard work and perseverance, that poverty is not a barrier to a good education.

After finishing with honors at the Ilocos Sur High School, the courageous young man bid his reluctant parents goodbye to pursue his dream. With sheer determination to enter college, he had to settle for a night curriculum in Business Administration (Accounting) at the University of the East, Recto Ave., to allow him to work during the day as janitor and messenger boy of La Suerte Cigar and Cigarette factory to pay his tuition fees. After two semesters, while learning the values of sacrifice, diligence, courage, perseverance and time management, he saw a bulletin of Silliman University lying around with sections on study work grants. To Ariniego this was a clear sign to pack his bags and move to this mission school in Negros Oriental, built by American missionaries through the generosity of philanthropist Dr. Horace B. Silliman. An invigorated Ariniego wasted no time in setting out for Dumaguete City, holding firmly to his faith in God as his source of hope and provision for a brighter future.

With a persistent and humble heart and a focused mind, he worked tables, mopped floors, and cultivated gardens to support the beginning of his medical career, the start of the fulfillment of his boyhood dream to be a Doctor of Medicine. To assure a roof over his head, he worked as a dorm assistant and later, as senior counsellor to new students at the Doltz hall. His leadership potential was recognized early as he took on the challenge as president of the Ilocano Sillimanians aside from many extra-curricular activities, including the International Order of Demolay.

In just three years, he graduated with esteemed College Honors from Silliman University’s College of Arts and Sciences. Seeing the promise in the man who made his garden blossom, Dr. Hubert Raynolds who taught religious studies and anthropology, disregarded his personal desire to encourage Ariniego to follow on his footsteps. He then became the vital link to a study grant at the UP College of Medicine.

Eager to continue on to medical school, he returned to Vigan to show his parents his college diploma and a medical school study grant. His parents were astonished but beamed with pride at their son’s accomplishment. The UP-PGH saw to the formative years of Ariniego’s medical mind to match his generous and kind heart for people, shaped during his years at Silliman. After completing his Internal Medicine training as chief resident, challenge after challenge came as he saw opportunities opening before him without much effort to seek them out. Though gastroenterology served his passion, Dr. Ramon Abarquez, the late Dr. Yolando Sulit and Dr. Andres Reyes drew a path for him in Cardiology. After basic cardiology, he continued on to post graduate fellowship at the Sahlgrenska Hospital at the University of Gothenburg, Sweden, followed by a fellowship in Non-invasive and Geriatric Cardiology at Lidcombe Hospital, Sydney, Australia.

As soon as he finished circling the world to master cardiology, Ariniego returned to UP-PGH, eager and ready to start his private practice. But soon he had to make a choice whether to pursue a high-potential practice in Manila or accept the invitation from the late Dr. Paulo Campos, 15th PHA president, to join the Emilio Aguinaldo College of Medicine and University Medical Center, which he founded. Responding to the call, Ariniego began his academic tasks in 1982. Serving as chief of clinics for five years, he along with other faculty members improved the College stature among medical schools in the country earning the name De La Salle University College of Medicine and De La Salle University Medical Center. As hospital training coordinator, he spurred the start of the
residency training program in Internal Medicine, handling most of the topics while serving as chairman of the department from 1982–1998. Because of his selfless leadership, many were encouraged to join the faculty and the Institution just grew and grew into what is known today as the De La Salle Health Sciences Institute (DLSHSI). While Dean of the College of Medicine of the De La Salle Health Sciences Institute from 1999–2002 and 2005–2007, he also filled top positions as VP for Academic Services, VP for Medical Services and Medical Director of the DLSHSC-UMC (De la Salle Health Sciences Campus–University Medical Center from 1993–1999 and member of the Philippine Specialty Board of Internal Medicine and Trustee of the Association of Philippine Medical Colleges from 1999–2002.

In 1987, Ariniego spearheaded the putting up of a cardiovascular section at DLSHSI, serving as section chief up to the present. Two years later, he became president of the PHA Southern Tagalog Chapter (STC). Within his two-year term, Basic Life Support was actively taught across Southern Luzon, bringing recognition to PHA STC as the best PHA chapter during the term of national PHA president Dr. Rody Sy. In 2007, PHA conferred on Ariniego the Distinguished Service Award. Such an outstanding man could not be left unnoticed, awards and recognition just followed as a natural consequence of his hard work. He was recognized in the Marquis Who's Who in Medicine and Healthcare 2001-2005 (Biographical Sketch) and the International Health Professional of 2007 (Biographical Sketch) from Cambridge, England. In 2006, he was the Outstanding Awardee in Medical Education (Phi Kappa Mu, UP Medicine). In 2008, he received the distinguished National Lorenzo M. Tañada CHIMES Award for the Administrator Category from De La Salle Philippines given in recognition of work done for the common good, honesty, integrity, meritocracy, excellence and service. In 2009, his Alma Mater Silliman University bestowed upon him the Order of Horace Brinsmade Silliman for his generous support to the University. And in August 2010, Ariniego will receive the highest honor of the University, the Most Outstanding Sillimanian Awardee. This prestigious award is recognized, nominated, and processed by the Alumni Association looking into the totality of one’s life, service and accomplishments that would emulate the University’s motto and guiding principle, VIA VERITAS VITA (The way, The truth, The life).

Through it all, Ariniego has remained humble at heart. When asked his life’s secret he says, “I learned it in my three years at Silliman. We were taught genuine concern for people, open-minded attitude towards religion and love for God, self-management, work ethics and humility of service even for odd jobs. The emphasis on reading good books and not being teacher-centered has inspired my teaching style.” Indeed VIA VERITAS VITA is his guiding star as he selflessly gives of his time and resources to aspiring medical students who could not continue medical education because of poverty. He calls them his adopted children, as he offers not only tuition fee, but free board and lodging in his house with spacious and airy halls nestled in a 1,000-meter ala paradise garden. Not forgetting where he started, he declares that “Life is about sharing; we should generously give because all these things come from God.” Indeed, his generosity has extended far and wide, as he pays forward for the good things that happened to him, benefiting many students and loyal patients. In June 2003, he put up the Dr. Romeo P. Ariniego Scholarship Endowment Fund for the less-financially able young men and women who carry the dreams he once had. To quote, “Again, I do these things as these things were done to me at Silliman University.”

Though his humble heart desires to keep his donations anonymous, the benefactors themselves shout and sing of God’s goodness through Ariniego’s life. His imprints are seen through the building of the Two Hearts of Jesus and Mary Chapel of the De La Salle Health Sciences Institute, the “Dr. Romeo P. Ariniego Library” and the Udarbe Chapel in Silliman University. On January 16, 2008, in recognition of his pioneering works in Cardiology at DLSHSI, the non-invasive cardiovascular laboratory of the De La Salle University Medical Center was named the Dr. Romeo P. Ariniego Cardiovascular Laboratory.

Romeo Pilotin Ariniego from Vigan, Ilocos Sur is called by many names— Romy, Meong, RA, Sir, Doctor, consultant, teacher, father to his “adopted” students, mentor, philanthropist, counsellor, adopted son, friend, hero. Some heroes come valiantly, a sword in hand shouting a battle cry. Some heroes come quietly, armed with a stethoscope, a softly-spoken word and a gentle hand- healing many and inspiring others to rise above their station in life, in order to make even a small difference in a big troublesome world. Such is Dr. Romeo Pilotin Ariniego, an unlikely hero in a land of heroes, Cavite. ♥
Thirty kilometers south of Manila, it is bounded by Laguna on the east, Metro Manila to the north, Batangas to the south and the South China Sea to the west. It is the cradle of Philippine Revolution and the birthplace of Philippine Independence and is aptly called the “Historical Capital of the Philippines.” When the Filipinos revolted against Spain in 1872, three Filipino priests—Jose Burgos, Mariano Gomez and Jacinto Zamora—were implicated in the Cavite mutiny when 200 Filipinos staged a rebellion within Spanish garrisons. The three priests eventually died by the garrotte. Cavite became a bloody arena when the revolution against Spain broke out on August 28, 1896. Led by, probably the best known Caviteño, Emilio Aguinaldo, the people of Cavite soon liberated the whole province. The same Caviteño, Aguinaldo, commanded the successful end of the Revolution wherein was born the Republic of the Philippines on June 12, 1898 in Kawit, the first constitutional republic in Asia. Trece Martires City is the present provincial capital.

The land area of Cavite is 1,512.4 kms. with a total population of 2,856,756 which makes it the most populated province in the country. This was brought about by the industrialization of Cavite which started in 1990 and the concomitant sprouting up of housing subdivisions. The main languages spoken are Tagalog, Chabacano and English. Chabacano or ‘Chavacano’ is a Spanish-based creole or blending of Tagalog and Spanish originally spoken by a majority of Caviteños that lived in Cavite City and Ternate after the Spaniards arrived some three centuries ago.

Today, the language is no longer spoken by many in Cavite. The immigration of Filipinos from farther provinces has resulted in the usage of Bicolano, Cebuano and Ilocano. As of 2003, there were 31 industrial estates in Cavite and there are currently four SM supermalls (SM City Bacoor, SM City Dasma, SM Supercenter Molino and SM City Rosario) and three Robinsons malls (Robinsons Place Imus, Robinsons Place Dasma and Robinsons Summit Ridge Tagaytay) in Cavite.

Breathtaking Taal Volcano

Cavite is a picturesque and scenic province with Tagaytay as its main

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**Historical Cavite & its Cardiologists**

By Ardith Dominguez-Tan, MD

The province of Cavite is rife with tales of heroism, patriotism and a glorious past.
tourist attraction, mainly due to the grand view of Taal Volcano and Taal Lake seen along the Tagaytay Ridge. Other natural attractions are the Macabag Cave in Maragondon, Balite Falls in Amadeo, Malibiclibic Falls in the General Aguinaldo-Magallanes border, Mt. Palay-Palay and Mataas Na Gulod National Park in Ternate and Maragondon and Sitio Buhay Unclassified Forest in Magallanes. It is worthwhile to visit the places in Cavite that have played significant roles in Philippine history such as Fort San Felipe and Sangley Point in Cavite City; Corregidor Island; General Trias; Calero Bridge in Noveleta; the Battle of Alapan Marker and Flag in Imus; Zapote Bridge in Bacoor; the Battle of Binakayan Monument in Kawit; Tejeros Convention Site in Rosario; and the Aguinaldo Shrine (pictured above) which is the site of Philippine Independence. The Aguinaldo Shrine and Museum in Kawit is the site of the proclamation of Philippine Independence on June 12, 1898 by General Aguinaldo, the first Philippine president. The Andres Bonifacio House in General Trias was formerly the home of the revolutionary leader. One can also see the site of his court martial in Maragondon.

Corregidor, which is famously known as the last bastion of Philippine-American defense forces is part of Cavite City. An island fortress, it was where Filipino-American forces fought against the Japanese in 1942. To date, it has become a tourist allure, with tunnels, cannons and other war structures still well-preserved.

The main churches to see are the Imus Cathedral, Silang, General Trias, and Maragondon Parish churches. Pilgrims are also attracted by the Shrines of Our Lady of La Salette in Silang and St. Anne of Tagaytay.

The city of Dasmarinas has the biggest population with 556,330 people while the municipality of General Emilio Aguinaldo or “Bailen” registered the smallest with 17,818 population. There are 25 colleges and universities in Cavite. Cavite’s 54 hospitals are classified into primary, secondary and tertiary centers.

To date, the PHA Southern Tagalog Chapter members practicing in Cavite are: Drs. Romeo Ariniego, Victor Mendoza, Jaime Pacifico, Sister Arlinda Pacina, SPC, Renato Ramirez, Jose Maria Sembrano, Regente Lapak, Jose Tirona, Hannette Rey (present PHA-STC president). Jose Armand Gurango (present PHA-STC secretary), David Salvador, Rodrigo Torres, Maria Vilinda Villanueva, Jason See, Roehl Cabujat, Michael Perez and yours truly. Though there are other cardiologists practicing in the area, not all of them are members of the PHA-Southern Tagalog Chapter. As diverse as the health of its people.

It is interesting to note that not all the cardiologists who decided to set up practice here are native to the province. Ariniego who hails from Vigan, Ilocos Sur came in 1982 on the invitation of Dr. Paulo Campos to teach at the then, Emilio Aguinaldo College of Medicine and practice at the University Medical Center. He was followed by Dr. Victor Mendoza, a UP PGH Medical Center graduate, who came in as a full-time faculty to the De La Salle University Medical Center and eventually, became the chair of the Department of Physiology. Dr. Mendoza, a native of Marinduque, decided to practice in Dasmarinas and as a professor, Mendoza is deeply involved in the College of Medicine. His main interests lie in computers and he was the first to computerize his medical records in his clinical practice at the De La Salle University Medical Center.

Dr. Renato Ramirez, a Philippine Heart Center cardiology graduate, practices actively at the Our Lady of the Pillar Medical Center, St. Dominique Medical Center and Divine Grace Medical Center.

Sister Arlinda Pacina, SPC is the sole Paulinian sister in the province of Cavite (and probably in the country) who is a cardiologist. She completed her training in Cardiology at the UP PGH Medical Center and is affiliated with the St. Paul Hospital Cavite. According to Sister, “I start and end my day in prayer. I have non-negotiable monthly recollections and annual...
Dr. Arniego (r) with Southern Tagalog-based colleagues

Dr. Jose Tirona, a native of Dasmarinas is an Electrophysiologist by subspecialty who completed his training in Cardiology and EPS at the Philippine Heart Center. He sees patients at the De La Salle University Medical Center and Our Lady of the Pillar Medical Center. He carries the title of assistant Professor at the La Salle College of Medicine and heads the Intensive Care Unit. He currently chairs the Cath Lab Committee which De La Salle University Medical Center hopes to be able to put up within the second quarter of the coming year. He maintains balance in his life by spending his weekends mountain biking with his four boys and bowling with a team in Cavite. His love for bowling has enabled him to compete at the national level with his team.

Dr. Armand Gurango decided to practice at De La Salle University Medical after he completed training in Cardiology at the UP PGH Medical Center and Echocardiography at the St. Luke’s Medical Center. His main passions are teaching which helps him maintain his enthusiasm as Residency Training Officer of the Internal Medicine Dept. at De La Salle UMC which he balances by playing basketball and badminton regularly. He carries the title of assistant professor at the College of Medicine. Dr. Gurango also practices at the St. Paul Hospital Cavite, a secondary medical facility in Dasmarinas. He is currently the secretary of the PHA-STC.

Dr. David Salvador, also an assistant professor at the La Salle College of Medicine, completed training in Cardiology at the UP PGH Medical Center and did further training in Vascular Medicine at the St. Luke’s Medical Center. He is the Research Coordinator of the Dept. of Medicine of the De La Salle UMC and he practices at the De La Salle UMC, Asian Hospital and Medical Center, Molino Doctors Hospital and is a visiting consultant at the University of Perpetual Help- Rizal and Las Piñas Doctors Hospital. Although Dr. Salvador is not a native of Cavite (he hails from Parañaque). He decided to set up practice here for the reason that “he enjoys Cavite because the people are warm, sincere and trusting.” In order to balance his career and personal life, he has taken to running retreats. I make time to interact pray and re-create with my community. I see patients by appointment except emergent or urgent cases.” My motto in life is “Be kind to oneself. Take care not to overeat. Fast on food and bad habits. Walk or yoga for exercise.” She also carries the position of assistant professor at the La Salle College of Medicine.

Dr. Jaime Pacifico, also a graduate of the UP PGH was the first to sub-specialize in Echocardiography under the tutelage of no less than Dr. Liv Hatley abroad.. He maintains his practice at De La Salle University Medical Center and Our Lady of the Pillar Medical Center, another tertiary hospital in Imus, Cavite. He currently holds the position of professor at the De La Salle University College of Medicine and is actively involved in the Undergraduate Medical Training. He balance his life “making sure that within a week’s work he has tried to attend Sunday worship, relax by playing golf and makes time to dine out with his family.”

Dr. Jose Mari Sembrano completed his training in Cardiology at the Philippine Heart Center and maintains an active practice at the Emilio Aguinaldo College Medical Center of Cavite or EACMCC (secondary care facility in Dasmarinas), Medical Center Imus (a tertiary care facility) and also admits patients at the Divine Grace Medical Center and MetroSouth Medical Center (a secondary care facility in Molino, Bacoor).

Dr. Ardith Dominguez-Tan, a native of Silang, Cavite completed her training in both Cardiology and Echocardiography at the Philippine Heart Center. She currently heads the non-invasive laboratory of the De La Salle University Medical Center known as the Dr. Romeo P. Ariniego Cardiovascular Laboratory. As assistant professor at the La Salle College of Medicine she is also involved in the teaching programs of the College. She balances her life by making sure she has protected time to spend with her family, especially her three-year-old daughter. She also exercises on a regular basis and her passion is walking.

Dr. Regente Lapak, the first pediatric cardiologist in Cavite, completed training at the Philippine Heart Center. Although he is from Laguna he also practices at the De La Salle University Medical Center, and teaches actively at the Dept. of Pediatrics as an assistant professor. When asked what keeps him going in his practice he says, “the increasing incidence of heart diseases in children, the availability of echocardiography and the opportunity to impart to medical students and training residents inspires me to practice at De La Salle UMC, however, he also states that “quality time with my family is always a priority.”

Dr. Jose Tirona, a native of Dasmarinas is an Electrophysiologist by subspecialty who completed his training in Cardiology and EPS at the Philippine Heart Center. He sees patients at the De La Salle University Medical Center and Our Lady of the Pillar Medical Center. He carries the title of assistant Professor at the La Salle College of Medicine and heads the Intensive Care Unit. He currently chairs the Cath Lab Committee which De La Salle University Medical Center hopes to be able to put up within the second quarter of the coming year. He maintains balance in his life by spending his weekends mountain biking with his four boys and bowling with a team in Cavite. His love for bowling has enabled him to compete at the national level with his team.

Dr. Armand Gurango decided to practice at De La Salle University Medical after he completed training in Cardiology at the UP PGH Medical Center and Echocardiography at the St. Luke’s Medical Center. His main passions are teaching which helps him maintain his enthusiasm as Residency Training Officer of the Internal Medicine Dept. at De La Salle UMC which he balances by playing basketball and badminton regularly. He carries the title of assistant professor at the College of Medicine. Dr. Gurango also practices at the St. Paul Hospital Cavite, a secondary medical facility in Dasmarinas. He is currently the secretary of the PHA-STC.

Dr. Nannette Rey, also a native of Silang, Cavite completed her training in Cardiology at the UP PGH Medical Center and further training in Electrophysiology at the Philippine Heart Center. She currently admits patients both at the De la Salle University Medical Center and the Tagaytay Hospital and Medical Center, both tertiary facilities. Ninety percent of the patients she sees in Tagaytay are cardiac. Dra. Rey is currently the president of the PHA Southern Tagalog Chapter and is on her second term as president. Under her dynamic leadership, the chapter has remained active. She is also an assistant professor at La Salle College of Medicine.
and was able to join two five-kilometer fun runs last September and December 2009. He has also taken up photography as a hobby.

**Dr. Maria Vilinda Villanueva** or “Marivi” as she is fondly called completed her training in Cardiology and Echocardiography at the Philippine Heart Center. She maintains her practice at Asia Medic Family Hospital and Medical Center (secondary care facility), Cavite Medical Center and Our Lady of the Pillar Medical Center (tertiary care facilities). To keep her feet on solid ground she lives by these Biblical principles—“Be strong and courageous. Do not tremble or be dismayed for the Lord your God is with you wherever you go.”

**Dr. Jason See**, who hails from Binondo, Manila and is a full-blooded Chinese completed his training in Cardiology at the UP PGH Medical Center and completed another year of Echocardiography at the Philippine Heart Center. He also holds the position of assistant professor at the De La Salle College of Medicine. His busy practice brings him to the De La Salle University Medical Center, the Philippine Heart Center, Manila Doctors Hospital and Divine Grace Medical Center (a tertiary care facility at General Trias, Cavite). Asked how he balances his busy practice and personal life he says, “I give myself time off to travel and unwind. I exercise early in the morning between echo readings.”

**Dr. Roehl Cabujat** completed his training and General and Invasive Cardiology at the UP PGH Medical Center. He practices at the St. Dominic Medical Center (a tertiary care facility in Bacoor), Medical Center Imus and the Divine Grace Medical Center aside from his practice at the UP PGH.

**Dr. Rodrigo Torres** completed his training in Cardiology at the University of Santo Tomas and practices actively at the M.V. Santiago Medical Center, Cavite Medical Center and Tanza Family Hospital.

**Dr. Michael Perez**, being the newest member of the chapter, is a visiting consultant at the De La Salle University Medical Center and also practices actively at St. Paul’s Hospital Cavite, Tagaytay Hospital and Medical Center and the Korea-Philippines Friendship Hospital in Trece Martires City. When asked what his passion in life is and what keeps him going, he said, “I aim to live life to its fullest. I would like to have the passion to heal not just the wounds our eyes can see but the deeper wounds only the heart can feel.”

The chapter has been relatively active for the past 10 years working in conjunction with other chapter members in the other provinces. Several post-graduate courses have been held and regular Basic Life Support/Advanced Cardiac Life Support Courses have been given always in partnership with the mother organization. The cardiologists in Cavite, especially those based at the De La Salle University Medical Center, have made a tradition to hold an annual talent or singing competition in celebration of Heart Month for about 12 years now. Since the De La Salle University Medical Center is the biggest tertiary healthcare facility in the province, it is with the hope that with so many diverse subspecialties already present, a cardiology fellowship training program can take off in the next two to three years at the De La Salle Health Sciences Institute. The establishment of a Catheterization Lab at the said facility in the coming year will help to facilitate this. Hopefully, this dream will soon become a reality and, this too, will make its own mark in historical Cavite.

**Editorial—From page 2**

Romeo Ariniego’s life is awe inspiring (see page 30). This lad from Vigan though born to a laundry woman and market helper, followed his heart to seek his purpose. His courageous spirit brought him to Silliman University in Dumaguete City where he worked his way through his premedical education, cleaning floors and manning dorms and gardening and shining shoes. Now a successful cardiologist, he prides himself not with his undeniable material wealth and career status but with every needy medical student he has helped whom he calls his adopted sons. The concept of doing good for others as a form of payment for the good that has also happened to us is truthfully expressed in Dr. Ariniego’s life to this very day. These are acts of Amazing Grace, the practice of willingly and cheerfully giving to others unmerited favor without expecting recognition, reward or anything in return.

As medical professionals, we have countless daily opportunities to pay forward and when exercised, it achieves a high form of giving. It encourages us to be socially aware and to take the lead in making the world of the sick and the healthy a more pleasant place to be in.

The PHA gives us various settings for service that makes the gift of fulfillment and success go on and on as we pay it forward. PHA has given us the personality of quality to better equip us in our careers. Paying forward then is both a matter of the mind and heart that will make us serve the PHA without expecting rewards. True distinction comes not from what material gain or stature we have achieved in life but from how much of us we have given in service for others. Working for the PHA is one great opportunity to pay it forward. A gift that will go on and on as we serve the PHA, and hence the Filipino people whom we want to give the gift of cardiovascular health and education as we aim to be protectors against cardiovascular disease. And that becomes the PHA brand and legacy.

What began from God above when the Father gave us His Son is the greatest gift known to mankind. We can never repay the giver backward. The premise is that somehow the human spirit can create goodness and meaning that is passed on and on in gratitude to the One who created us. The Father gave the Son. The Son gave the Spirit. The Spirit gives us Life. It’s a gift that keeps on going. Just like ripples in the water, the circles of our love extend. What was started in the Father is a gift that has no end.

Those who believe in The Son and accepts The Spirit will have life in its full measure of abundance that paying forward comes but naturally, not simply returning favor for favor. We do not have to wait for seasons of giving like Christmas, Valentines or birthdays to give. Every day is a gift of grace from God and hence every day the gift must go on. May our paying forward not be thwarted by personal ambition to bring glory to ourselves or immortalize our names but simply and sincerely to honor the Divine Planner of our lives who cares for our own well being. Because we have received MERCY, because we have been SERVED, and because we are LOVED, we are in the best and most logical position to extend the same to those we meet in our daily walk.

The Bible tells of a rich man who focused his whole life accumulating wealth for his retirement years. He is known as the rich fool who did things out of greed and worry for his financial stability and future. Paying forward was a strange idea to him and hence he missed on storing up treasures with eternal value. Evaluate if this could be the case in your life.

The best well thought of financial plans, whether corporate or personal will fail if we lack the wisdom that comes from knowing The Source of all things, the God of the Universe who saved us by His special favor when we believed. And no one can take credit from this. At the end of the day, we will whither and fade like chaff and what goes on is the gift that was begun on the first Christmas day.

“Paying forward is both a matter of the mind and heart that will make us serve the PHA without expecting rewards.”

By Ron Harris and Claire Cloninger (c) 1983 Ron Harris Music/ASCAP.

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