Baguio buoys up “Wellness in the Workplace”

BAGUIO CITY, February 13, 2010 – The grounds of the Pines City Doctors’ Hospital in this city was the perfect venue to advocate Heart Month 2010 theme “Ang Mahusay na Manggagawa, sa Katawan ay Di Pabaya” (Wellness in the Workplace) through the Hataw exercises, Lay Forum Lecture and medical mission.

The Hataw participants were the hospital’s patients and the audience who were encouraged to perform the same exercises in their respective offices.

Different cardiologists gave free consultation, free ECG, cholesterol determination, FBS and, ABI screening.

BAGUIO CITY, April 16, 2010 – Three-hundred fifty participants trooped to the 1st Post-Graduate Course which was held at the Notre Dame De Chartres Hospital in this city, that was jointly coordinated by the PHA and Philippine College of Physicians- Northern Luzon Chapters.

The theme was “Cardiovascular Essentials: Basics and Beyond” while the topics are:

“Pre-operative evaluation and management of patients for non-cardiac surgery, Do we still clear?” by Dr. Loewe Go; “Chronic Stable Angina: What’s old? What’s new?” by Dr. Erdie Fadreguilan; “Acute Coronary Syndrome: The window of Opportunity” by Dr. James Ho Khe Sui; “Interventionalist’s point of view” by Dr. Ronaldo H. Estacio; “ASC and PDA: Patching up the Holes: The Surgeon’s point of view” by Dr. Eligio Aleta Jr.; Mitral Regurgitation and Mitral Stenosis. Leaking and Tight valves’; Common Arrhythmias: Rhythm Gone Haywire” by Dr. Erdie Fadreguilan; “Cardiogenic Shock: The Failing Heart, is There Hope?” by Dr. Myra Dolor-Torres; “Aortic Aneurysm: Humps and Bumps” by Dr. Flori-mond Garcia and “PAD: Getting Cold Feet”.

BLS, ACLS are on Davao’s monthly sked

DAVAO City, April 30, 2010 – The Basic Life Support and Advanced Cardiac Life Support workshop is a regular monthly event on the PHA Davao Chapter calendar.

This program started during the time of PHA president Dr. Alisa Bernan in 2008, which her successors Dr. Marilous Maglana and Dr. Reagan Cabahug, keenly carried on.

Revenues from the CPR program were used in the acquisition of the BLS and ACLS equipment. The chapter has a core faculty composed of residents and nurses for its BLS and ACLS courses to act as facilitators in order to accommodate the increasing number of requests it has received for CPR courses.

STC includes tree-planting in Heart Month calendar

DASMARINAS, Cavite, February 6, 2010 – The PHA Southern Tagalog Chapter engaged in four activities – Heart Month 2010 Oratorical and On-the-Spot Elimination Round, environmental activity, and three lay fora.

The Heart Month 2010 Oratorical and On-the-Spot Elimination Round adjudged Khrishia Montoya (Munting Ilog National High School, Silang, Cavite) and Jovenel Montoya (Dasmarinas National High School, Dasmarinas, Cavite) as 1st prize winners in the Oratorical and On-the-Spot Painting Contests. Accompanied by chapter President Dr. Nannette Rey, Montoya and Tuballa competed in the Final Rounds on February 27, 2010 at the Bonaventure Plaza, Greenhills, San Juan City.

The chapter’s elimination round was held at BRTH Conference Hall last January 27, 2010 which was participated in by five different schools from Bicol. The 1st place winner for each category was sent to Manila to compete for the national level. Junico Bryan Anza, a 3rd year student from Pag-Asa National High School ranked 3rd in the On-the-Spot Painting Contest while Ortega also fared well when he represented the Bicol Region for the oratorical contest.

Meanwhile, last month, the Chapter, in cooperation with the Filipino College of Physicians-Bicol conducted a relief operation program in two barangays of Daraga town and distributed non-perishable goods like bath soaps, toothpaste, alcohol, bottled water, etc.

The recipients of this undertaking were the Mayon evacuees who returned to their villages after the Mayon eruption last December 2009.

Bicol joins oratorical, painting tilt for the 1st time

LEGAZPI City, February 27, 2010 – For the first time, PHA-Bicol participated in the Oratorical and On-the-Spot Painting contest. Now on its second year, the completion is one of the highlights of Heart Month.

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The three lay fora focused on “Hypertension in Children”, “Recognizing Heart Disease in Children”, and “Congestive Heart Failure” held at the South Luzon Hospital & Medical Center, Perpetual Help Medical Center, Las Pinas City and in Alabang.

Held on February 21, 2010, the roundtable discussion was held at the EDSA Shangri-La in Mandaluyong City.
Cebu bags top 2 prizes in final rounds

CEBU City, Feb. 12, 2010 — Even while experiencing an economic setback, Cebu managed to conduct its significant Heart Month activities, said PHA Cebu president Dr. Roy Entienza.

This year’s search for Oratorical and On-the-Spot Painting bets for the Manila Final rounds posted a significant increase in the number of respondents from the different high schools in the city.

“We never felt as triumphant as our representatives bagged first place in the National On-the-Spot Painting contest and second place in the Oratorical contest grand finals,” added Entienza.

A well-attended post grad course

Themed “Return to the Heart” on Feb. 10, 2010 at the Waterfront Hotel, the 2010 Postgraduate Course was well-attended both by members of the society as well as the general practitioners in the region. The theme was specifically chosen by its scientific chair committee, Dr. Walter Acusar.

The 11th Postgraduate Course was successfully held with the theme “Return to the Heart”. The Course Fellowship Night saw the final realization of the GO RED FOR WOMEN – Cebu version with no less than Dr. Lerma Noval at the helm of the preparations. The launching was attended by PHA Vice President, Dr. Eleanor Lopez who was the speaker of the night. “The Love Birds”, the Cebu Chapter’s husband-and-wife dancing teams debuted with a medley of ballroom dances. Special guests for the night were friends from the POGS who presented an all-red exciting mini fashion show. The “younger” group of members with Drs. Junia and Galang, Cardio Fellows and friends from GSK delighted the audience with a presentation of dance hits through the years. The affair was a fitting beginning to a hopefully year-long celebration.

February 11, 2010 was the date of the Research Paper Contest. Eleven papers (5 Case Reports and 6 Retro/Prospective Studies) were presented with the following winners:

Case Report Presentation – Dr. Richard Mylles Montesclaros (1st place), Dr. Karen Caudor (2nd place), and Dr. Cecile Jaca (3rd and 4th place);

Retro/Prospective Paper Presentation – Dr. Bernadette Halasan (1st place), Dr. Rhodette Arevalo (2nd place), and Dr. Honey Alcantara (3rd place). This was immediately followed by the 2nd Regional Interhospital Cardiology Quiz Bowl participated in by 12 teams from the hospitals of the Visayas Region (Cebu – Visayas Community Medical Center, Cebu City Medical Center, Perpetual Succour Hospital, Cebu Doctors’ University Hospital, Chong Hua Hospital, Cebu Velez General Hospital, Sacred Heart Hospital, Vicente Sotto Memorial Medical Center; Bacolod – The Doctors’ Hospital, Inc.; Iloilo – Western Visayas Medical Center, West Visayas State University Hospital; Tacloban – Eastern Visayas Regional Medical Center). And the winners were: Cebu Velez General Hospital (1st place), Chong Hua Hospital (2nd place), and West Visayas State University Hospital (3rd place).

The Chapter also went full swing into its advocacy thrust. Together with the PCP-CV Chapter, the members went to Cotcot, Liloan, Cebu to plant 100 mangrove trees last April 11, 2010.

Finally, ACLS training was held at the Cebu Doctors’ University Hospital last March 6-7, 2010. This was conducted for the Internal Medicine and Anesthesiology Residents of the institution.

Quizbowl 2010 a hit

The annual quiz bowl sponsored by Therapharma on February 11, 2010 at the SWU Auditorium, was participated in by the Doctors’ Hospital Inc. of Bacolod; Western Visayas Medical Center of Iloilo; West Visayas State University Medical Center of Iloilo; Eastern Visayas Regional Medical Center of Tacloban; Sacred Heart Hospital; Perpetual Succour Hospital; Cebu Doctors’ University Hospital; Chong Hua Hospital; Cebu City Medical Center; Visayas Community Medical Center; Cebu Velez General Hospital; and Vicente Sotto Memorial Medical Center. The winners were: First prize — Cebu Velez General Hospital; second — Chong Hua Hospital and third — West Visayas State University Medical Center.

Retro/Prospective Paper Presentation – Dr. Bernadette Halasan (1st place), Dr. Rhodette Arevalo (2nd place), and Dr. Honey Alcantara (3rd place).
**News**

**FDA to screen food supplement ads**

By Gynna P. Gagelonia

MANILA, February 26, 2010 – The popularity of food supplements in the country raises many issues, including questions on quality and ethics.

The trade's meteoric rise is record breaking. The market is flooded with supplements that is gaining overwhelming acceptance by the consumers even if labels indicate “No Approved Therapeutic Claims.”

In this country, there is so much liberal given to dietary supplements which are being marketed as wonder “drugs” with cure-all hype and who knows what potential harm it may cause the public especially those with medical conditions and maintenance drugs.

The unbelievable media influence and endorsement by celebrities has supported this multi-million industry for years now. A media forum called by the Philippine Heart Association on the “2nd Summit on Supplement” at the Bayview Hotel, Roxas Boulevard, City of Manila, presented the current trends and certain facts and fallacies on health supplements — in particular those supplements that claim to be beneficial to the heart.

The speakers and resource persons were Health Secretary Esperanza Cabral, Food and Drug Administration Director Nazarita Tacandong, and leading officers of the PHA — vice president for external affairs André Kahn (The Role of Media in the Promotion and Propagation of Food Supplements); treasurer Dr. Saturnino Javier (Synopsis of the 1st Summit on Supplements) held in May 2009; director Dr. Eugene Reyes (Food Supplements for the Heart: Are They Effective?) and Advocacy Committee chair Dr. Maria Adelaida Iboleon-Dy (Beginning of the Summit as an Undertaking of the PHA), the moderator of the forum.

According to Javier, the objectives of the summit are: “to provide a venue for discussion of pertinent issues concerning health supplements; to present and review available evidence; to determine sectoral responsibility and accountability among involved stakeholders; to define future directions in the processes related to these supplements.”

Cabal emphasized that “many of these food supplements are not only claimed to have beneficial effects on the cardiovascular system, but even more importantly the fact that there are hidden side effects of many food supplements on the cardiovascular system, many of which are in fact adverse.”

Reyes said that “natural” is not equivalent to “safe” because these supplements are not always backed up by actual evidence. He added that majority of food supplements have no evidence for their claims of efficacy; there are a few food supplements with good evidence of efficacy and should become prescription drugs; lack of data on safety and drug interactions; we need to make physicians aware of the potential herbal-drug interactions; and need to educate the general public on the real values of food supplements.

According to the Advertising Standards Council, “the use of testimonials or endorsements portraying the product as a cure of; or relief from, an ailment or medical condition that is not substantiated by clinically based studies shall not be allowed; and the “NO APPROVED THERAPEUTIC CLAIM” in all television advertisements should be shown/flushed in a separate frame with no other copy or visual at the end of a material, said Kahn, an eminent name in advertising and radio.

He also said, “one observation I find in most categories that most cases/complaints revolve around one competitor filing a case against another and questions the substantiations of their claims. In the case of the food supplement category, no one has filed a case against another competitor. It makes you wonder why.”

The Department of Health and the Food and Drug Administration are now going to replace the one-liner “no therapeutic claims” with a disclaimer in Filipino translation: “Mahalagang paalala: Ang (name of product) ay hindi gamot at hindi dapat gamitang panggagamot o sa anumang uri ng sakit. At “wastong nutrisyon at regular practice of some manufactures of making labels indicating “not a drug” should be shown/flashed in a separate frame with no other copy or visual at the end of a meal or diet or as a replacement for drugs and maintenance drugs.

**Chapters’ Track**

**Council on CPR’s Bugarin, Lavapie conduct ACLS in Balanga**

BALANGA, Bataan, February 28, 2010 – The PHA Central Luzon and the Bataan Medical Society, in cooperation with the PHA Council on Cardiopulmonary Resuscitation, conducted Advanced Cardiac Life Support from Feb. 26-28, 2010. The trainors were Drs. Orlando Bugarin and Francis Lavapie, two of the most dedicated and dynamic members of the council. The Balanga-based Bugarin and Cabanatuan-based Lavapie, are fixtures in almost all of the Council on CPR regional rounds.

A roundtable discussion took place last March 3, 2010 in Subic Bay, Zambales. It was a big success in terms of turnout and impact.

**Iloilo embarks on a series of BLS**

ILOILO CITY, March 2, 2010 – The PHA Western Visayas Chapter embarked on a series of Basic Life Support Workshop from March to May 2010. In attendance were doctors, nurses and volunteer health workers from district hospitals and health centers.

The residents and nurses of the Iloilo Doctors Hospital attended a three-day rigid training in Basic Life Support & Advanced Cardiac Life Support from April 2 to 4, 2010.

A follow-up Regular Basic Life Support and Advanced Cardiac Life Support which was attended by doctors and nurses from the Iloilo Mission Hospital, Western Visayas State University Hospital and the St. Paul’s Hospital, took place on April 9, 2010.

Meanwhile, the chapter, led by Dr. Glenn Manelay, hosted three roundtable discussions from January to February 2010.

**Hangos: We’re bringing home the bacon**

CAGAYAN DE ORO CITY, Feb. 21, 2010 – A euphoric PHA Northwestern Mindanao delegation, led by Dr. Sylvia Hangos, flew back to their hometown today. They were met by equally exhilarated Chapter members and teachers from the St. Joseph Institute of Technology and Butuan City School of Arts and Trade.

Together, with the parents of the winners, they savored the joy and pride of bringing home the bacon.

The chapter bagged the major prizes in the Heart Month 2010 National Oratorical and On-the-Spot-Painting Contest championship rounds in Manila.

William Christian Dela Cruz, 14, a student of St. Joseph Institute of Technology, won first prize. He got a plaque and P20,000.00 cash, while Frederick Mayol, 16, from Butuan City School of Arts and Trade, placed 2nd prize in the painting tilt. He got a plaque and P15,000 cash.

Buoyed by their victory, the NW Mindanaoons vowed to prepare this early for next year’s competition.
The rampant bahala na attitude of most Filipino women to give priority to the males is a health threat that gravely complicates effective management and prevention of heart disease in women.

Health Advocacy. Rising as an icon of national heart health, the PHA led by Dr. Mariano Lopez in 2005 revisited its Mission and Vision dubbed MV 2012. With map and compass in hand, Dr. Cesar Recto marked his term as 53rd PHA president with focused priorities on achieving PHA’s vision 2012, coinciding with what remains of the National Decade of Cardiology. Successor Dr. Efren Vicaldo intensified PHA campaigns especially Healthy Lifestyle with the revival of Doc Fit.

We have come to the age of lady presidents, starting with Dr. Ma. Belen Carisma in 2008, who made a stand to fully raise the flag of women’s heart health. Dr. Maria Teresa Abola took up the baton with undaunted courage despite the large-scale drawbacks on existing and newly conceived projects of the PHA on account of crisis after crisis besetting the country. With the concerted efforts of the new generation cardiacists of the PHA, GMA declared in 2009 (Proclamation No. 1675) that March of every year is Women’s Heart Health Month.

Cardiovascular disease ranks CVD first among all disease categories in hospital discharges for women. Nearly 37 percent of all female deaths in America occur from CVD, which includes coronary heart disease (CHD), stroke and other cardiovascular diseases. As soon as a woman reaches the age of 40, 23% will die within one year of a heart attack. Women under the age of 65 years are more than twice as likely as men to die from myocardial infarction (heart attack) Thirty eight percent of those who survive die in the first year compared to 25% in men. Within six years, 35% of women have a recurrent infarction compared to 18% of men. Despite grim statistics, misperceptions still exist that CVD is not a real problem for women.

PHA Council on Women’s Health chair Dr. Milagros Yamamoto, along with its members is passionate in addressing the problem of misconceptions about CVD in women. On March 24, 2010, the Women’s Heart Health Manual entitled Assessment and Management of Cardiovascular Risks in Women was launched to serve as a short guide for health care practitioners. Massive dissemination of knowledge is needed to close the gap that exists between the perceived and actual risk of CVD in women. The rampant bahala na attitude of most Filipino women to give priority to the males is a health threat that gravely complicates effective management and prevention of heart disease in women.

Despite knowing that the risk of heart disease and stroke increases with age, a good percentage of people are unaware of values for their blood pressure, total cholesterol and blood glucose. Data from PHA’s project EVA (Evaluation of knowledge, attitudes and Practices of Filipino Women on CVD and risk factors in Metro Manila) showed that 80% of women perceived CVD as the second most common cause of morbidity and mortality and cancer as the number one perceived killer and hence most feared. Poor dietary habits came out as the most important risk factor for heart disease (78%). Stress ranked second (38%) while hypertension ranked fifth (14%). When forced to rank risk factors, Metro Manila women regarded high cholesterol, hypertension, and smoking as the top three risk factors to heart disease and stroke. Only 13% believed that menopause has an impact on the heart and blood pressure.6

First time cardiovascular events are often fatal in women so the emphasis should be placed on management of risk factors before clinical presentation. The first guidelines for women for preventive cardiology came out in 1999. Nearly two-thirds of women who die from CHD have had no previous symptoms. Almost half of women over the age of 45 have hypertension and about 40% have hyperlipidemia. Low levels of HDL may be a stronger risk factor for women over the age of 65 than men in the same age group. Recognizing these high risk individuals is important so that they can be targeted for aggressive risk factor management even if they have not had an event. Most research over the last two decades or so has involved predominantly men with women mostly being excluded. And treatment prescribed for women has often been based on studies done on men. As an offshoot, CVD deaths in men are apparently declining while that of women remain the same or may even be increasing.7

The PHA emphasizes that the management of risk factors is cost effective. Educating women during clinic visits is essential to identify risk factors and to implement earlier and more aggressive control of identifiable risk factors like smoking, obesity, high blood pressure, cholesterol and sugar and even home and work stress. Smoking increases the risk of a heart attack up to six times in heavy smokers. Smoking cessation can drop the risk by 50% within the first year. After the fifth year of cessation, the risk for CHD can level off to that of a non-smoker but passive smoking also increases the risk of CVD.8 Obesity is on the rise especially in the youth. A goal to shed off five to 10% of obese body weight can positively affect cholesterol, blood pressure and sugar. Cutting on calories by 500 per day coupled with 30 minutes of moderate activity, or a pedometer goal of 10,000 steps per day can potentially bring weight loss of one to two pounds per week. Physical activity does not need to be structured exercise and can involve creative ways to move like walking office floors and stairs during coffee breaks. Not many know that stress at home or work can increase CVD risk by an alarming 75%. Mental and emotional depression has also been linked to increased risk of CVD in women; hence early professional help should be sought to.9 Women with high-marital stress also are less likely to remain free from recurrent cardiac events than women with low-marital stress.10

Though the call to address CVD awareness, prevention and management is an all-year-round voyage for the PHA, this merged February–March–April issue of PHAN displays various activities of the PHA and its chapters during two stand out months to attest that the PHA is not only an icon of national heart health but an effective warrior against CVD. As we see the dawning of a new set of leaders for our country as well as anticipate the turnover of a new set of officers for the PHA, may the mission of the PHA to reduce the ravages of heart disease in the country ring strong and clear in every member. As PHA intensifies efforts in promoting cardiovascular health in the coming years, may there be continuity in programs even as leaders change so that PHA will shine brighter and rise higher as we steadfastly and intently finish the race set for us as an organization. Looking forward, may we, in genuine unity sincerely work together towards our vision to make the Philippines a leading center of cardiology in the region.

2 American Heart Association. Downloaded April 2006. www.americanheart.org
4 American Heart Association. Downloaded April 2006. www.americanheart.org
5 Project EVA: Evaluation of knowledge, attitudes and Practices of Filipino Women on CVD and risk factors in Metro Manila
10 Johnson, P and Manson, J. How to Make sure the Beat Goes On. Protecting a Woman’s Heart. Circulation. 2005;111:e28-e33
Pearls from Dr. Nanda

By Erlyn C. Demerre, MD

The room was packed. Delegates were keen to catch pearls on the evolving trends in echocardiography, specifically, 3 and 4 dimensional echocardiography, from Dr. Navin Nanda, international president of the World Congress of Echocardiography and president of the International Society of Cardiovascular Ultrasound.

As 3D echocardiography emerges in the horizon of cardiac imaging, its routine use in everyday clinical practice is starting to be appreciated by mentors and students of cardiovascular ultrasound.

Side by side with Dr. Homobono Calleja, president of this year’s World Congress of Echocardiography, Vascular Ultrasound and Allied Techniques, Nanda, created the right mood for broad-based learning on day 1 of the congress.

Calleja stressed the importance of defining the evolution of previous approaches in cardiac imaging in order to appreciate the currently marketed techniques while Nanda showed the cutting advantage of the newer applications of echocardiography.

Nanda illustrated the principle behind 3D echocardiography and its advantage over 2D echocardiography, supported by clear real-time images of the utility and clinical edge of 3D echocardiography. “3D echo gives direct visualization of cardiac structures and can help in the assessment of the severity of valvar stenosis without the use of Doppler technology,” he remarked. He also emphasized that pressure gradients especially of the aortic valve can be overestimated because of localized increase in pressure gradients, which can be picked up by the very sensitive Doppler. Of the several advantages that 3D has over 2D echocardiography, particularly for volume measurements, visualization of septal defects and evaluation of valves, Nanda stressed its growing importance in clinical practice for the quantitative assessment of valve stenosis and regurgitation.

Beautiful images of the vena contracta of regurgitation through the tricuspid and mitral valves as visualized on 3D flashed on the screen as Nanda went on to say, “It obviates the need to make mostly incorrect assumptions that the valve is circular or elliptical in shape. 2D assumptions may be wrong.”

The presence or absence of prolapsed atrioventricular valves and its characterization have always posed a challenge to the novice, and the expert echocardiographer. Now with 3D echo, exact identification of the prolapsing scallop or segment is feasible, as well as the identification of ruptured chordate. Making 3D sound so easy, he went on to describe the ability of 3D to discriminate between left atrial appendage thrombus and pectinate muscles. In many centers, this could have led to inappropriate anticoagulation of patients evaluated by transthoracic 2D (TTE) and even transesophageal echo (TEE). He ended his talk by presenting a case of a 27-year-old female with a left ventricular thrombus given chronic warfarin therapy which seemingly had no effect on serial 2D echo evaluation. However on 3D, dissolution of the thrombus was clearly seen.

Nanda, succinctly and successfully showed the important role of 3D echo in clinical practice... 3D echo is here to stay and soon, will be inevitably part of routine echocardiographic examinations.
In her inspirational message, Cabral cited that the previous stagings of this major medical congress have drawn over 18,000 participants, and have been instrumental in the rapid advancements in the science of echocardiography and cardiovascular ultrasound.

She added “I am quite sure that the interaction and sharing of knowledge and ideas that will transpire over the past few days will indeed be very fruitful. I hope that the gains made in this congress will be utilized to further advance the frontiers of medical knowledge, and help to improve the lives of millions of people, not just here in the Philippines but all over the world.” She added “now that it has come to our country, a country that is proud of its tradition as a haven of medical innovation and excellence, we are hoping that it will equal, if not surpass the successes of the past Congresses”.

In his topic “The Coral Triangle”, Oposa said that “Men should be the guardian of God’s creations. ..We have compromised our resources. We are on the brink of ecosystem collapse. Each of us has to do his share in saving the environment from degradation. How many doctors do we need to save our seas? I am just a storyteller, law is the medium.”

Nanda, president of the International Society of Cardiovascular Ultrasound and concurrent XIVth WCEVUAT president hailed the efforts and enthusiasm of all the people involved in putting up this enormous undertaking. He was later presented the Maharlika Award in recognition of his pioneering works in various aspects of utilization of echocardiography.

For his part, Jara emphasized that “the meeting is a collaboration among cardiologists in this part of the world. He elaborated how he has witnessed the involvement and dedication of all the committee chairs to ensure the success of the scientific congress.”

Cabral, the guest speaker; Drs. Homobono Calleja and Navin Nanda, presidents of the XIVth WCEVUAT; one of Asia’s leading voices in the global arena of Environmental Law, lawyer Antonio Oposa Jr., the keynote speaker; Dr. Raul Jara, over-all chair of the XIVth WCEVUAT.

They were joined by the chairs of the various sub-committees of the Organizing Committee --Drs. Maria Adelaida Iboleon-Dy (Publicity); Ma. Belen Carisma (Socials), Aurora Gamponia (Registration), Saturnino Javier (Publication), Eleanor Lopez (Finance), Roberto Raymundo (Physical Arrangement), Peter San Diego (IT & Documentation), Edwin Tucay (Exhibits), Milagros Yamamoto (Hospitality & Hotel Accommodations); Drs. Diana Jean Roxas (co-chair, Scientific), Mary Ong-Go (chair, Scientific), Joel Abanilla (deputy secretary general), Norbert Lingling Uy (secretary general); presidents of sponsoring associations -- Drs. Marie Simonette Ganzon (Philippine Society of Vascular Medicine), Mariano Lopez (Philippine Society of Echocardiography) and Maria Teresa Abola (Philippine Heart Association).

In his opening remarks, Calleja enthused “I hope that aside from learning from this convention, you will enjoy the hospitality and beauty of the Philippines.”
The Convention was also a showcase of the other side of cardiology. Pieces of paintings done by renowned cardiologist Dr. William Chua and photos by Nilo Buhayan, a medical technologist at the Philippine Heart Center, were showcased during the three-day WCEVUAT congress.

The works of the very talented Dr. Chua have been exhibited in art venues here and abroad: COLORS FROM THE HEART and IMPRESSIONS FROM THE HEART (Edsa Shangri-La Hotel), HEART ON 5TH AVENUE (Philippine Center, New York) and HEART: SKETCHES IN EDEN (Philippine Embassy, Washington, DC).

The versatile artist has also joined Group Art Shows at the Glorietta Art Gallery, Metropolitan Museum and Ayala Museum. His paintings are also featured in books, and graced the cover of the 2010 WCEVUAT souvenir program.

Buhayan cultivated his knack for photography to escape from the stark realities of the hemodialysis unit, where he has been posted for the past 10 years. He wanted to bring the beauty of the outdoors by capturing God’s creations on film, and inspire hope among the patients. His works started getting noticed in 1988, when he won the National Human Rights Photography Contest for his snapshot entitled “The Right to Live” and was featured in a local magazine.

His exhibits in 2007 and 2008 at the PHC Art Gallery earned him the Top Grosser Awards consecutively. Best known for his picturesque shots of land- and sea-scapes, he was commissioned by the WCEVUAT organizers to display his works.

Dr. Raul D. Jara, head of the Non-invasive Diagnostic Cardiology Division of the Philippine Heart Center cited sobering figures of the prevalence of Rheumatic Heart Disease (RHD) in the Asia-Pacific Region, reminding the audience that RHD remains a significant cardiovascular problem among developing countries such as ours. Balloon valvuloplasty (PTMC) has risen in prominence mainly because mitral stenosis is RHD’s most common presentation. Wilkin’s scoring system has been widely used since 1988 to determine the suitability of patients sent for PTMC and predict its outcome. However, there are contrasting views regarding to what should be considered an optimal score.

There is also an overlap in the descriptive definition of say, a grade 1 lesion, versus that of the next grade level, lending a lot of subjectivity to how an echocardiographer may interpret such lesion. Modification of the scoring system to include the commissural morphology, has led to better outcomes, in the Philippine Heart Center’s experience. Significant calcification of the commissures, and subvalvar apparatus together with leaflet mobility were the most important morphologic criteria for a successful PTMC, with presence of atrial fibrillation inversely affecting outcomes.

Dr. Jara ended his talk with a challenge. “We in the Asia-Pacific Region, as well as in the developing world, in comparison to the Western World (as we see more of these cases, in greater complexity) may be in the best position to study these cases, and offer the best solution.”
Gerhard-Herman

PISA was based were mostly erroneous and pro-ceeding to point B. "size … it is like going to point A then point C before getting to point B."

PISA is not a direct measurement of and how 3-dimensional echo has mostly supplanted Area (PISA) as a method for quantifying regurgitation, 
tackled the various mo-
dalities of assessing mitral regurgitation, focusing on the strengths and limita-
tions of Proximal Isovelocity Surface Convergence Area (PISA) as a method for quantifying regurgitation, and how 3-dimensional echo has mostly supplanted 
these modalities. "PISA is not a direct measurement of the regurgitant lesion; it does not tell us its shape or size … it is like going to point A then point C before getting to point B."

Pandian noted that the assumptions on which PISA was based were mostly erroneous and pro-
ceed to show the audience that the regurgitant orifice is neither elliptical nor circular in most cases. Many factors affect regurgitant volume. Among the cases presented was the increase in severity of MR in a patient with chest pain versus his echo when he was without angina. "Though current practices in quantifying regurgitation may leave a lot to be desired, I believe they still have a place in the assessment and treatment of regurgitation lesions."

Echo of Prosthetic Valves

Dr. Lidiette Esquivel, director of the Echocardiography Laboratory of Hospital Mexico in San Jose, Costa Rica, shared her expertise on the echocardiographic interrogation of prosthetic valves and the hemodynamic characteristics inherent to each valve type. Interspersed within the lecture are many graphic examples of various types of valves (biologic as well as metal prostheses) including a Starr-Edwards valve implanted some 45 years ago and still currently functioning, normally and abnormally functioning valvular prostheses, the varied reasons for failures such as pannus formation, and dehiscence to name a few, while correlating the echo images with that of the explanted specimen.

Problem of Prosthetic Valve Mismatch

As medical director of the Echosonographer Program of the Mayo School of Health Services, Dr. Daniel Borgeson has seen quite a number of patient-prosthetic valve mismatch (PPVM). The last lecture for this session, his dissertation was replete with illustrative cases, defining the various indices that made up a mismatch. Despite the grueling two-hour marathon session, the ballroom remained full packed, standing-room-only till the very end, a testament perhaps that valvular heart disease would always remain a challenge for the echocardiographer. There was no time left for the audience to ask questions in an open forum but the faculty was kind enough to clarify issues privately after the session ended.

Plenary Sessions Key Messages

The echocardiographer’s role in interventional closure cases; Assessment of Sub-clinical atherosclerosis

Dr. Ernerio T. Alboliras (USA)

- Closure of congenital defects using occluder is now a common interventional pediatric procedure
- With ASD, it is only the secundum type that is amenable to ASD closure and not to be recommended with other types of ASD such as ostium primum, sinus venosus, or coronary sinus ASD
- With VSD, only the paramembranous and muscular VSD are amenable for Amplatzer occluder device but not in patients with associated AV canal defects
- Hybrid procedure (surgery with interventional procedure) is being done in ASD and VSD known as PerAttrial closure of ASD and Perventricular closure of VSD respectively
- Per atrial closure of ASD is recommended particularly for small infants that are at risk for vascular injury and with no possible vascular access
- Perventricular closure of muscular VSD requires direct vision of the muscular VSD through surgical approach then application of closure device; another attractive alternative

Evaluation of Subclinical atherosclerosis: EFT, IMT, CAC and ABI

Dr. Marie Gerhard-Herman (USA)

- There are at least 12 available tests to detect sub-clinical atherosclerosis; four are commonly requested laboratory tests namely Endothelial function test (EFT), Intima Media Thickness (IMT), Coronary Artery Calcification (CAC) and Ankle brachial Index (ABI)
- The importance of early detection of sub-clinical atherosclerosis is encouraged to hopefully prevent or decrease cardiovascular events for patients with risk factors for CAD
- The reason for the limitation of coronary angiogram to detect sub-clinical atherosclerosis is that the lumen maintains an almost normal lumen even though with significant plaque due to what we call Glagov phenomenon (the vessel exerts compensatory outward enlargement to accommodate the expanding plaque hence maintaining an almost normal lumen on angiogram)
- EFT through evaluation of brachial mediated flow is an important test to detect endothelial dysfunction which is the harbinger of atherosclerosis; healthy endothelium not only induces vasodilatation but exerts other positive pleiotropic effects such as inhibition of platelet aggregation and smooth muscle
- IMT abnormal result is likewise proven to be proportional to CV events. Normal and abnormal IMT result should be less than <0.5 and more than 0.8 respectively. The presence of significant plaque would probably give a value of >1.5
- ABI determination is important to detect presence of peripheral arterial disease. ABI of 0.90 is considered normal, while 0.71-0.90, 0.41 to 0.70, <0.4 are for mild, moderate, and severe PAD respectively.
So Cabral will go to hell?

By Saturnino P. Javier, MD

If Lipa Archbishop Ramon Arguelles, vice chairman of the Catholic Bishops’ Conference of the Philippines- Episcopal Commission on Family and Life (CBP-ECFL) is to be believed, Dr. Esperanza I. Cabral, Health and a colleague in the Cardiology profession, has already one foot firmly entrenched in hell.

What has Cabral done to deserve this castigation from an eminent Catholic prelate?

Cabral took over the reins of the Department of Health (DOH) from Dr. Francisco Duque after her stint at the Department of Social Welfare and Development. She quietly assumed the health post early this year. However, her first few weeks at the DOH were far from quiet. In fact, they were controversial and stormy.

Alarmed by the rising incidence of HIV in the country, registering one of the highest growth rates in Asia, Cabral took on the challenge by embarking on new strategies to invigorate the campaign against the dreaded AIDS. On Valentine’s Day this year, she allowed the distribution of condoms by DOH personnel along with flowers in public places in Sampaloc, Manila such as the Dangwa Terminal as part of the campaign against HIV.

Naturally, the religious sector did not take the strategy too well. Aside from the initial pronouncements of Bishop Arguelles, Marbel Bishop Dinaldo Gutierrez questioned Cabral’s Catholic orientation for resorting to a strategy that does not embody the teachings of God. Sorsogon Bishop Arturo Bastes similarly lambasted Cabral and the program. Both bishops called for her resignation. She was called immoral — or at least her actions as DOH secretary were. Her Catholic orientation was doubted, even her parenting and rearing skills were challenged.

By their orientation and vocation, the Catholic bishops expectedly had to denounce the strategy of Cabral and the DOH. However, in asking for the resignation of someone whose approach did not jibe with their own agenda and by resorting to name-calling of a public servant who had employed means within the province of her office and budget to counteract a health menace, the bishops triggered the ruckus that did not sit well with, or may in fact alienated, many Catholics themselves.

Bishop Gutierrez argued that the campaign does not respect the big number of Catholics in the country who oppose the distribution of condoms. This is clearly debatable, as there are many practicing Catholics who use condoms, as well as oral contraceptives and other artificial means of contraception for that matter. The statement thus may seem like a hasty generalization of the pervasive sentiment amongst the Catholics vis-à-vis their stand on the condom issue.

Cabral and the DOH are armed with statistics to support the measures they have taken. Data from the DOH showed a total of 4,424 HIV/AIDS cases from 1984 to December 2009. The DOH secretary explained in several interviews that the Philippines is in a state of an HIV/AIDS epidemic, citing that at the rate we are going, there will be 30,000 people with HIV in the Philippines in three years. Most importantly, Cabral explained that the “doubling time” for HIV/AIDS cases has accelerated from 10 years to one year. Edsel Salvana, a consultant at the Sagip HIV/AIDS clinic at the Philippine General Hospital, maintained that 90 percent of all HIV cases were sexually transmitted.

What the bishops must contend with is that according to Salvana, HIV cases worldwide declined by 17 percent from 2001 to 2010, but the number of cases in the Philippines rose 334 percent in the same period and by 400 percent in 2009, when 835 cases were recorded.

What will a health secretary do to confront this alarming situation? Should she now distribute rosaries and prayer books to couples on Valentine’s Day to remind them of their Catholic values?

Sexual promiscuity and multiple partners are fertile substrates for the spread of HIV — whether Catholic or non-Catholic, Asian or Caucasian, heterosexual or homosexual. To be fair, the DOH is pushing for a three-pronged approach to the HIV problem — abstinence, monogamy and protection during sexual intercourse. Since obviously and practically one cannot stop people from having sex, the DOH zeroed in on measures for protection.

By their strong pronouncements, the Catholic bishops maintain in no uncertain terms that religious tenets should dictate the direction and nature of government programs and campaigns. How shall we now invoke separation of the Church and the state?

The selective name-calling of an official carrying out her sworn mandate as a health official over and above plunders, murderers, rapists, kidnappers and cheaters is a misplaced and inappropriate tirade. For the millions of Catholics who listen to their religious leaders in times of crisis and difficulties, what was the message — that Cabral has committed a crime far worse compared to many others that Philippine society has become immune to?

Yet, as the Philippine Daily Inquirer (March 5, 2010) editorial clearly stated, the bishops’ voice that loudly lambasted and denounced a public servant who was carrying out a mandate to address urgent health needs, was the voice of moral righteousness and guidance that was distinctly muffled, if not squelched, on those occasions that such was most needed. Where was this voice when the Ampatuans were mass-murdering civilians and journalists in Maguindanao? Or when corruption assumes unimaginable scales and depths, when numerous journalists are being silenced and slain, when politicians flaunt adultery and infidelity? Who should be in hell when publicist Dacer and his driver Corbito were slain and buried in Cavite? Who should go to hell when the casino worker Edgar Bentain was slain and put inside a barrel and concrete poured over him?

If name-calling is the game, one who pushes for measures to arrest the rising incidence of HIV in the country should be called the Arrestor. For one who nurtures and pushes for a campaign in order to control the spread of AIDS in the country, a better name should probably be a Protector. One who does her job by confronting a problem head-on in the midst of a HIV epidemic should be called a Banger. And for providing people with means to protect themselves from a fatal disease and thus possibly saving lives, one may just be called a Savior.

Before I am called names, no blasphemy is intended on the last one. ♥
Perioperative Use of Betablockers: From the Anesthesiologist

WHAT is anesthesia work like?
The practice of anesthesia is basically “facilitatory.” Our professional services are not to render cure; anesthesia is necessary to make possible a treatment, i.e. a definitive surgical plan, or such service is needed for a diagnostic procedure to be done with ease, and/or be acceptable and safe for the patient. The need for our expertise arise in the control of acute postoperative pains, in patient resuscitation, in the acute critical care of patients, in airway evaluation and protection; and for the anesthesiologist who sub-specialized in pain medicine, his tasks include the management of cancer and non-cancer chronic pain.

The clinical practice of anesthesia requires not only the general knowledge of diseases, but also requires an understanding of the complexities of the surgical interventions involved in every case. Furthermore, it requires the good clinical assessment, sustained vigilant patient monitoring, on top of the skills needed to secure a vascular access, ensure an adequate airway, and the capacity to provide sound clinical judgment quickly and decisively during critical times.

Can you comment on the interaction of anesthetics and betablockers?
In the usual course of events, anesthetic agents would affect the circulatory function, respiratory function and autonomic nervous system. As a rule, with deepening depths of anesthesia, there is a reduction in blood pressure, similar to what happens during physiologic sleep. The observed tachycardia could be due to a sympathetic response to laryngoscopy and endotracheal stimulation or a more intense stimulation, or such observations have been drug-induced. Whereas bradycardia may be due to a vagal response to surgical stimulation, or due to very deep anesthesia, we must always rule out hypoxemia as a precursor to the bradycardia.

Do you follow the clinical practice guidelines prescribed by the American Heart Association and American College of Cardiology?
By and large, anesthesiologists follow published set of guidelines as embodied in the ACC/AHA 2007 Perioperative Guidelines, which state the following recommendations for beta blocker medical therapy:

Class I (useful)
1. Beta blockers should be continued in patients undergoing surgery who are receiving betablockers to treat angina, symptomatic arrhythmias, hypertension or other ACC/AHA class 1 guideline indications (level of Evidence C).
2. Beta blockers should be given to patients undergoing vascular surgery who are at high cardiac risk owing to the finding of ischemia on preoperative testing (level of Evidence B).

What is our attitude to perioperative beta blockade?
It is clear that there are two groups that require beta blockade: (1) vascular patients with recent positive provocative cardiac testing (based on the Poldermans data), and (2) patients already taking beta blockers. However, we need to clarify if the “vascular surgery” mentioned in guidelines exclude carotid surgery. Peri-operative beta blockade has never been shown to be beneficial in patients for carotid surgery. This remains to be disputed.

Several “Class Ila” recommendations are also important to consider. The word “recommendations” even deserves more clarification. The exact phrasing of the ACC/AHA document is: “the recommendation in favor of treatment being useful/effective; some conflicting evidence from single randomized trial or non-randomized studies; additional studies with focused objectives needed; it is reasonable to administer treatment; benefit > risk.”

The ACC/AHA paper does not have a sophisticated reference for the risk of surgery. For instance, intra-peritoneal surgery is classified as intermediate risk -- this could include any laparoscopic surgeries, or the variety of colectomies. Orthopedic surgery is characterized as intermediate risk, this would put total knee replacement and other major spine surgery in the same category. Prostate surgeries using laparoscopic approach with robotic assistance do not entail the same risk as with the open radical prostatectomy.

In the light of the POISE trial, we need to have better assessment of patients who are at high risks of developing perioperative stroke, and also identify those patients who would have severe responses to beta blockade leading to severe bradycardias and severe hypotension. The latter brings forth the dimension of pharmacogenomics in affecting outcome of treatment regimens using betablockers.

Results of numerous studies now suggest that genetic polymorphisms may contribute to variability in responses to beta blockers. Response to these drugs is highly variable, where 30–60% of patients with hypertension treated with beta blocker monotherapy will fail to achieve adequate blood pressure control. This variability may be accounted for, in part, by genetic polymorphisms.

Ser49Gly and Arg389Gly, two common single nucleotide polymorphisms (SNPs) in the β1-adrenergic receptor gene (ADRB1), have been most extensively studied. In vitro studies showed that the serine-toglycine change at codon 49 increased agonist-promoted receptor down-regulation and that receptors containing Ser49 and/or Arg389 have higher activity, one might expect that patients carrying Ser49 and/or Arg389 would have a better response to β-blocker therapy. Data from several studies suggest that blood pressure responses to β-blocker therapy may differ by ADRB1 genotypes.

Data on the association between ADRB1 polymorphism and blood pressure response to a beta blocker may also help explain the underlying variability.
The doctrine of Res Ipsi Loquitur

In cases involving medical negligence, the doctrine of res ipsa loquitur allows the mere existence of an injury to justify a presumption of negligence on the part of the person who controls the instrument causing the injury. 1 Literally known as “the thing speaks for itself”, the Doctrine of Res Ipsa Loquitur casts upon the defendant the duty to come forward with an exculpatory explanation to rebut the presumption or inference of negligence on his or her part and relieves the plaintiff of the necessity of proving the defendant’s actual negligent act 2, which is the reverse in ordinary cases. The doctrine however does not allow the jury to make judgment of negligence by the mere fact of the injury alone but the plaintiff must show proof that the requisites for the doctrine to apply must be present, namely: (1) the occurrence of an injury; (2) the thing which caused the injury was under the control and management of the defendant; (3) the occurrence was such that in the ordinary course of things, would not have happened if those who had control or management used proper care; (4) the absence of explanation by the defendant; and (5) the injury-causing occurrence was not due to any contribution on the part of the plaintiff. 3 Of the foregoing requisites, the most instrumental is the “control and management of the thing which caused the injury. This requisite is satisfied by showing that the plaintiff’s injuries were caused by an agency or instrumentality within the exclusive control of the defendant. Usually the plaintiff must also demonstrate that he or she was in a position of corresponding lack of control to avoid the injury.4 This element is easily met in medical negligence cases in which the plaintiff’s injuries occurred during surgical operations while the plaintiff was unconscious. The third requisite is often the weakest point of a medical negligence res ipsa loquitur case from the point of the plaintiff, but the strongest defense as far as the respondent is concerned, because the determination is generally made on the basis of “common knowledge,” and medical facts are often too complex to fall within that category. Furthermore, jurisprudence ruled that expert testimony maybe used and specific acts of negligence may be introduced. This is even more difficult considering that expert witnesses, more often than not, are doctors who don’t want to entangle themselves in law suits. Because of the difficulty, US courts, have recognized three situations when the third requisite of res ipsa loquitur is satisfied: (1) when the act causing the injury is so palpably negligent that it may be inferred as a matter of law, i.e., leaving foreign objects, sponges, scissors, and so forth, in the body, or amputation of a wrong member; (2) when the general experience and observation of mankind teaches that the result would not be expected without negligence; and (3) when proof by experts in an esoteric field creates an inference that negligence caused the injuries. 5 The last requisite is satisfied by showing that the injury causing the accident or occurrence was not due to any voluntary action or contribution on the part of the defendant. Here again, this element is easily met when the injury-causing accident occurs during surgery while the patient is unconscious. Once these requisites are satisfied, the jury is permitted to infer negligence on the part of the defendant in the absence of a satisfactory explanation in the circumstances of the case and the defendant is made liable for damages.

2. Res Ipsi Loquitur in Medical Negligence Case. Greenstreet, Patricia, K.
3. Ranos v. Court of Appeals, citing St. John’s Hospital and School of Nursing v. Chapman, 434, P2d 160 (1967).

PHI NEWSBRIEFS
Travel Photography

With an endless list of international cardiology conferences that are up for grabs, it is a standing joke among physicians that the surest way to get to see the world is to become a cardiologist.

Thus, a Filipino cardiologist, usually takes pride in his/her collection of photographs of interesting places both here and abroad. The featured pictures are documentation or proof of being there, but more importantly, how a particular scene was captured.

Travel photography includes a variety of subjects. The main objective is for the photograph to express a “sense of place” so that the viewer would feel being present in that particular location at that particular time. A good travel photograph, of course, still has to possess the basic elements of proper lighting, composition, and dynamic design. Such a photograph should tell a story in the most interesting way possible.

Teenagers Outside the Vatican Museum
I saw this group of teenagers just outside the Vatican Museum, seemingly bored and tired of waiting either for their instructor or friends. Although the background is not sharp at all, the viewer could actually not mistake it for a modern structure like a mall or a park.

Hercules in Bronze by Dr. Nick Cruz
Not all pictures have to be taken in full. Sometimes a photograph may even create more impact if only a part is captured, or as in this case, may even be more interesting if taken from an unusual perspective. I shot this picture of Hercules inside the Vatican Museum from what can be considered a worm’s eye view.

Giza Pyramids by Dr. Edgar Tan
A familiar scene, the Giza Pyramids give a different perspective of the subject. The photograph presents 3 interesting elements: the foreground shows tourists in different positions and directions and different colors of outfit. This gives dynamism to an otherwise predictable subject. The picture establishes the setting and weather.

Boracay Sunset by Dr. Rodney Jimenez
The use of backlighting forming the amazing silhouettes of sailboats with people, plus the intelligent use of the rule of thirds in dividing the sky, occupying two-thirds of the frame and the sea and occupying the lower third, make this photograph a visual delight.

PHA NEWSBRIEFS
Delightful Dumaguete

By Erlyn C. Demerre, MD

Dumaguete is a wellspring of talented, gentle people who are the City’s richest resource and tourist attraction. If you stay long enough or even decide to retire in Dumaguete you will find it a pleasurable experience and a wise decision.

DUMAGUETE CITY, popularly known as the “City of Gentle People” is the capital city and main port of Negros Oriental, the province that occupies the southeastern half of Negros Island, in the Central Visayas region of the Philippines.

Every Dumagueteño knows the legend of this once-coastal town known for its lovely maidens and their power to attract visitors and usually keeping them for good. Stories tell of the adventures of Muslim pirates from nearby Mindanao who came to the shores of Negros Island to “snatch/swoop” or in the vernacular to “daggit” the ladies of the island. In the early years of the Spanish rule, Diego Lopez Povedano designated the place as “Dananguet” because of its reputation of always being threatened by pirates in search of slaves. Murillo Velarde in 1734, popularized its present name Dumaguete. In 1811, a church and a bell tower were built off the coastline (now called Rizal Boulevard). The belfry served as a watch tower where men would take turns scanning the horizon for any sign of another marauding attack. Today, this imposing moss-stained stone landmark, right next to the magnificent St. Catherine of Alexandria Cathedral, stands as the oldest bell tower in the Visayas.

Aside from earning the reputation of maidens’ fair and tourists’ lair, Dumaguete has earned for herself the high distinction of being the acclaimed “center of learning in the south.” To this day, Dumaguete City is referred to as a university town due to the presence of four universities namely Silliman, Foundation, St Paul and Negros Oriental State University (NORSU) and a number of other colleges where students, professionals and artists, scholars and the literati from all over the country and abroad converge.

Silliman University is the dominant center of higher learning in Dumaguete, providing the city with a unique university town atmosphere throughout its sprawling 35-hectare green campus dotted with century-old acacia trees adjacent to and within the city’s business hub. Silliman is the first Protestant university in the country and the first American private university in Asia founded in 1901. According to the Commission on Higher Education, Silliman ranks 2nd if the University of the Philippines system is taken as one. Overall, it is the 4th top performing school in the Philippines, and hence is a favorite educational destination for approximately 30,000 students from surrounding provinces and cities in the Visayas and Mindanao.

Among the famous landmarks of its campus are the Silliman Hall (built in 1903) which houses the Anthropology Museum; the Luce Auditorium (considered as the CCP of the South) and its Marine Laboratory Museum which houses the 2nd largest whale bone collection in the world.

The City has a land area of 34.26 km² that to the naïve is found somewhere in Silliman because of the saying that without Silliman there is no Dumaguete City. But now, true to its legend of having the power to attract people, Dumaguete is known the world over especially to Europeans who love the richness of the natural resource of the Island, as well as the simplicity and hospitality of the people.

From an estimated male dominant population of 116,392 (2007 census) comprising 9.05% of the population of Oriental Negros, the City swells to a daylight population of approximately four times the original number on account of tourists, students and residents from nearby towns who regularly visit the city for what it could offer.

The medical needs of the locals and the growing number of tourists and retirees are met by one
government and two private hospitals namely, the Negros Oriental Provincial Hospital, the 100-bed Holy Child Hospital and the 150-bed Silliman University Medical Center Foundation Inc. (SUMCFI). The latter signed a memorandum of agreement with St. Luke’s Medical Center (SLMC) on March 19, 2010 with SUMCFI president/administrator Roberto Montebon and Dr. Joven Cuanang, SLMC senior VP and chief medical officer, as signatories. SUMCFI VP/medical director Dr. Verna Reyes stood as witness. The MOA will institutionalize referral system between the two hospitals, support continuing medical education for the staff and develop collaborative research.

SUMCFI has achieved and sustained accredited residency training programs in Internal Medicine, Pediatrics and Family Medicine headed by Dr. Junabeth Caballes-Credo, Dr. Elminda Oracion and Dr. Erlinda Lim-Juan respectively, while the Department of Surgery is in the process of accreditation.

With the growth of the hospital and its staff and through the efforts of Montebon and the supportive leadership of Silliman University’s president, Dr. Ben Malayang, an impressive 4-storey medical arts building now stands as an icon of progress within the hospital campus. The massive infrastructure houses doctors’ clinics and new private rooms on the first two floors while the top floors will be dedicated to specialty centers like cancer and renal units. According to Montebon, a new fully-computerized, centralized queuing system is now operational at the doctors’ offices that have efficiently streamlined outpatient traffic. Large computer monitors are strategically placed in spacious waiting areas for patients to view their numbers, queued on a first-come, first-served order as well as doctors currently serving patients.

As proof of Silliman’s commitment to education, the medical staff of SUMCFI bonded together to form a medical school. With just 9 students 5 years ago, presently, about 71 students have benefited from the school’s hybrid problem based learning. The school’s litmus test will be the first batch’s medical licensure boards come August this year. Dr. Jonathan Amante is the current Dean of Silliman University Medical School (SUMS).

Dumaguete has raised many doctors, among whom are Drs. Johnny Magbanua, Susan Michaela Ozoa-Denura, Silahis Oliver-Rosario, Karen May Arboleda-Sayson and Erlyn Cabanag-Demerre, all practicing adult cardiologists in Dumaguete except Demerre who is based in Manila.

The most senior of the pack, Dr. Johnny Magbanua is a product of the UP-PGH. Well-loved by the community and respected by his colleagues, his opinion is valued both in the clinical arena and the academe. Magbanua finds the smiles and thanks you’s from his loyal patients as the most rewarding part of his career. Known to be very caring to his patients, he finds it most frustrating when there is nothing more that he can do to alleviate their pain and suffering. Now on his 35th year of private practice, he has seen the tremendous rise of cardiovascular disease in Dumaguete claiming top ranks in morbidity and mortality. “Sadly, the efforts of medical societies remain inadequate in addressing the
 Though she places in highest priority her role as a bedside monitoring and spending nights in the ICU with toxic patients, Dr. Denura keeps her sanity by reminding herself “ours is a calling of service”. When asked about her private practice, “I rely on my clinical assessment and have learned not to be so much dependent on high-technology diagnostic procedures, considering its cost. The loyalty of my patients is amazing”.

Dr. Susan Michaela Ozoa-Denura, a true blue Sillimanian, born and bred in Dumaguete, is at her best after starting private practice 9 years ago. “We don’t have a complete cardiac diagnostic laboratory and that is a big limitation as well as a challenge. We need to send patients to Cebu or Manila for work-up”. When asked what she finds most rewarding in her practice she says, “same as urban practice, it’s rewarding in the sense that we offer hope and try to make a difference in the lives of cardiac patients as we apply the skills our mentors taught us”. Despite the shortage of residents over the years, when human strength is stretched many times and consultants take on the responsibilities of a fellow or resident doing bedside monitoring and spending nights in the ICU with toxic patients, Dr. Denura keeps her sanity by reminding herself “ours is a calling of service”. Though she places in highest priority her role as a mother, Denura has devoted her time to further the expertise of the staff at the Holy Child Hospital. Two years ago, she requested the Council on CPR under Dr. Raul Ramboyong to train residents, ICU and ER staff on BLS/ACLS.

Both Rosario and Denura are products of St. Luke’s Heart Institute.

The youngest in practice is Dr. Karen May Arboleda-Sayson. A graduate of Perpetual Succour Hospital-Cebu Heart Institute 18 months ago, she finds her young practice so challenging. “You have no choice but to do optimal medical management for patients who cannot afford invasive tests and procedures like angioplasty or open heart surgery”. When asked about the awareness of women’s heart health in Dumaguete, “Most are not aware that women are equally at risk as men” she remarked.

Dr. Julia B. Maape is Dumaguete’s lone pediatric cardiologist who shuttles from Bohol and Dumaguete to dispense of her duties.

Recently, the Oriental Negros Emergency Rescue Foundation, Inc. (ONE Rescue) with office base at the Foundation University was organized to provide free rescue and out of hospital emergency medical services including trauma cases and to offer community education on disaster preparedness and the prevention and handling of emergencies. Dr. Kenneth T. Coo, Dr. Rosalind F. Yu, and Dr. Karen A. Sayson attended the Philippine Heart Association’s Trainers Course for ACLS and BLS in November 2009 and are now actively cascading the knowledge to resident physicians, health workers, and interested lay groups. Classroom training is regularly held at the Lee Plaza.

The once quaint coastal town with a university atmosphere has creatively developed a competitive business environment well assimilated into the responsibilities of a fellow or resident doing bedside monitoring and spending nights in the ICU with toxic patients, Dr. Denura keeps her sanity by reminding herself “ours is a calling of service”. Though she places in highest priority her role as a mother, Denura has devoted her time to further the expertise of the staff at the Holy Child Hospital. Two years ago, she requested the Council on CPR under Dr. Raul Ramboyong to train residents, ICU and ER staff on BLS/ACLS.

Despite the current flow of human traffic and the steep slope of business and industrial developments in Dumaguete, it has one of the lowest crime rates among Philippine Cities its size, making it an ideal place to raise a family and earn a living on the side.