A cardiologist, internist, GP, HL advocate rolled into one

By Josephine Rose Saligan, MD  
President, NorthWestern Mindanao Chapter

OZAMIZ CITY, August 21, 2012 -- A practice base move from Manila to a small provincial city, is quite a change but fulfilling. Initially, I was Philippine Heart Center-based, right after completing my Fellowship in Adult Cardiology and Electrophysiology (EPS). Then in 2003, I flew to the US for further EPS fellowship training. Thus, I took a leave of absence.

Currently, I am practicing in Ozamiz City, my native home, which is located in Misamis Occ. province in Northwestern Mindanao. From 80% EPS-20% cardiology, my practice has shifted to 60% cardiology-30% Internal Medicine-10%EP/Arrhythmia. It was not an easy transition. From Cathlab doing EPS procedures – EPS Study, RF Ablation and devices (pacemakers and ICDs), I am now into 2D Echo Doppler Study, adjusting ventilator settings, NGT insertion and extubating post-cardiac arrest. The most invasive that I can perform are IV insertion of double lumen catheter for hemodialysis and assisting ultrasound guided pericardiocentesis and thoracentesis.

I am on my fourth year of practice here in Ozamiz. My first two years were spent building it up, adjusting from being invasive to non-invasive, brushing up my cardiology knowledge by reading guidelines on the Net about hypertension, dyslipidemia, heart failure, myocardial Infarction, CAD, valvular, congenital, cardiomyopathies and vascular.

Notwithstanding my hectic sked as a practitioner, I have been a fixture in all the Medical Society lectures and RTDs on common illnesses and non-cardiac drugs, to make my presence known to the other doctors. I applied for visiting staff in the three tertiary and one secondary hospital. I was readily accepted as medical specialist II in our DOH hospital and became its first cardiologist since its establishment in 1972. It was here in this DOH hospital (Mayor Hilarion A. Ramiro Sr. Regional Training and Teaching Hospital or MHARSRTTH) that I honed my clinical cardiology skills never saying no to difficult referrals be it cardiology and or pulmonary as we don’t have a pulmonologist. It was a humbling experience. Where before, I worked with cardiology fellows in taking care of patients, now, I am the intern, resident and fellow rolled into one – answering calls from nurses for IV to follow and writing discharge summary.

Since there was no Echo Doppler machine yet, my diagnosis was purely based on history, PE, ECG and Chest X-ray plus Troponin for ACS. When MHARSRTTH decided to buy a new Ultrasound machine with 2D Echo Doppler capability, I forced myself to learn how to handle the transducer. I called up Dr. Sol Maramara for help, another PHA member and my senior at the PHC who is

NL officers’ induction on Skype

VIGAN, July 21, 2012 – It was an induction done in style. Thanks to the advent of high technology. The tropical depression that brought heavy rains and inundated the major arteries, did not derail the PHA Northern Luzon’s oath as scheduled.

Thru a Net conference, PHA President Saturnino Javier administered the oath of PHA Northern Luzon officers -- President Dr. Annie Olarte-Urmaza; Vice President Dr. Stella Mabanag Secretary Dr. Alina Fatima Hojilla, Treasurer Dr. Karla Rhae Posadas, PRO Helenne Joie Brown and Liaison Officers: Baguio- Dr. Josephine Tindungan; La Union- Dr. Nathaniel Gomez; Pangasinan- Aristotle Go; Ilocos Sur-Dr. Max Butardo; Tuguegarao- Dr. Val Combante; Dagupan- Dr. Abegail Diaz-Vinluan; Baguio- Dr. Helenne Joie Brown; La Union- Dr. Leah Sanglay; Ilocos Norte -- Dr. Maureen Valentin Cagayan Valley- Dr. Michelle Mariano; who were at the Hotel Salcedo in Vigan while Javier was in his residence in Alabang, Muntinlupa City.
CEBU CITY, July 19, 2012 – Paparazzi with their flashing cameras greeted Cebu’s cardiologists and their spouses and guests on the red carpet as they held their induction of officers for the year 2012 at the plush Marriott Hotel.

The event was hosted by the gorgeous Dr. Carolyn Fermin and the dashing Dr. Abe Montejo. The heart doctors were in full force to celebrate this big night as they came looking their personal best, powerful and majestic, with the ladies wearing gorgeous cocktail dresses, with their hair, makeup and nails done, adorned with jewelries, and slipped on a pair of stilettos and the gentlemen with their killer suits and tux.

The Red Carpet was highlighted with the induction of the chapter’s new set of officers inducted by the National PHA Chapter president, Dr. Saturnino Javier: President- Dr. Pilberito Chin; Vice-President- Dr. Wilfredo Ypil; Secretary- Dr. Carolyn Fermin; Treasurer- Dr. Brett Batoctoy; Board members-Drs. Leah Villamor & Francisco Chio Jr.; Immediate Past President- Dr. Marlon Co.

The chapter also awarded the stunning, Dr. Jane Galang, this year’s Lifetime Achievement Award for her exceptional work and contributions to the Chapter.

In the “In Memoriam” segment, the chapter honored the late Dr. Felix Diaz and Dr. Ramon Solano who passed away last year.

The evening was filled with music and dances, courtesy of our ever-talented cardiology fellows and friends from Astra Zeneca. It was indeed a night of glitz, glam, pure fun and memories! Eat your heart out Hollywood! ♥

PHA Cebu goes Oscars

By Cecile C. Jaca, MD

CEBU CITY, June 23, 2012 – The country’s seasoned lecturers who tackled the most basic to the more specialized topics in the Foundation for Lay Education on Heart Diseases, Inc. (FLEHD) 10th Regional Assembly on Preventive Cardiology for Physicians, stirred interest among the 283 participants composed of general practitioners and family physicians, residents, medical students and nurses from the various institutions and hospitals in the Queen City of the South.

Held from June 22-23, 2012 at the Cebu Chinese Chamber of Commerce, the theme was “Basic Cardiology Courses for Better and Effective Preventive Cardiology Practices”.

Dr. Alberto Atilano talked about the clinical use and pitfalls of the sphygmomanometer and handling patients complaining of palpitations while Dr. Efren Vicaldo gave a very comprehensive talk on the utilization of cardiac

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July is important for the cardiology community. It is also the start of another calendar year for the Philippine Heart Association. Under the new president, Dr. Saturnino Javier, multiple projects are in line and are ready for implementation. Different chapters and councils are busy formulating their strategic plans for the year. The council chairs, under the leadership of Dr. Eugene Reyes, shared their general plan for this year. Here are some of the activities and projects of the councils:

**Of visions, of plans of the PHA Councils**

*First of a two-part series*

By Ana Beatriz R. Medrano, MD

**COUNCIL on CARDIO-PULMONARY RESUSCITATION**

The team of cardio-pulmonary resuscitation under the supervision of Dr. Orlando Bugarin will continue its regular Basic Life Support-Advanced Cardiac Life Support (BLS-ACLS) training seminars. They will reach the farthest corners of our country to impart the latest information and techniques on BLS and ACLS. The training that they provide is both internationally and locally accepted. This is in accordance to the American College of Cardiology/American Heart Association Guidelines released in 2011. With the effort and dedication of the council’s hardworking members, our fellow Filipinos are well educated and trained. Medical practitioners who cannot come to Manila for training and seminar will still have the chance to be trained anew and accredited as ACC/AHA BLS-ACLS providers. On September 21-23, the council will hold the Training of Trainors Seminar. This is an opportunity for those willing to sacrifice some of their time to serve the medical community and other healthcare providers from other regions of the country.

**COUNCIL on CARDIOMYOPATHY and COR PULMONALE**

One of the projects of the Council on Cardiomyopathy and Cor Pulmonale is an education campaign. Headed by Dr. Alvin Lim, the council’s vision is to educate and inform medical practitioners and lay regarding this condition. The council plans to distribute information booklets as part of their project. A website and a helpline will be made. This will include the basics about cardiomyopathy and cor pulmonale as well as management. Aside from medical management, the council also realizes the importance of non-medical management. With this, they plan to create a local support group for individuals as well as the families who are affected by these conditions. Together with them, the group will also be composed of volunteers, particularly doctors, nurses and lay, who will provide information and support for the people affected. The vision of this group is to help patients understand their condition and help reduce their anxiety and promote independence. Through this group also, people affected can identify with each other. This can strengthen them emotionally and psychologically knowing that they are not the only ones affected by the condition.

**COUNCIL on CARDIOVASCULAR SURGERY**

The Council on Cardiovascular Surgery comprises a small fraction of the general membership in the Philippine Heart Association. Headed by Dr. Aquileo Rico, the prime advocacy of the council is accessibility of cardiovascular surgical care. Presently, there are 24 Cardiac Surgical Centers in the country. Cardiac surgeons are encouraged to actively participate in the prevention and all-out war to reduce the burden of cardiovascular disease in the country. The council reviewed the membership of cardiac surgeons and made a geographical mapping of the cardiac centers. They reviewed the distribution of cardiac surgeons in relation to existing cardiac centers in the country. Surgeons who are active Philippine Heart Association (PHA) members were identified as point surgeons. They are the ones collaborating with the different councils and chapters of the PHA.

The council is also collaborating with the Council of Coronary Artery Disease (CAD) headed by Dr. Liberty Yaneza. Through the CAD council’s Acute Coronary Syndrome (ACS) registry, the needed surgical services can be identified. Barriers in the surgical service delivery can be identified and improved. This will also help the point surgeons implement the surgical protocols and processes needed.
COUNCIL on HYPERTENSION

The most recent five-year survey of the Food and Nutrition Research Institute (FNRI) in 2008 reported that Hypertension is present in 25%, or 1 in every 4 Filipinos. The hypertensive population in the Philippines is growing. This means a bigger burden in our economy and increase in healthcare delivery cost. As cardiologists’ early identification of hypertension is vital to prevent further complications. The Council on Hypertension headed by Dr. Irma Marie Yape recognizes this. The program “BP (Blood Pressure) ng Teacher Ko, Alaga Ko,” which kicked off on Oct. 23, 2010 at the Malinta Elementary School in Valenzuela City. The memorandum of agreement signing among the contracting parties (PHA, Department of Education and Bayer Phils.) of the BP ng Teacher Ko... project took place in April 2010 during the term of Drs. Maria Teresa Abola and Reynaldo Neri as PHA president and chair of the PHA Council on Hypertension.

The project aims to identify hypertensive teachers both in public and private schools. Along with the identification are treatment and prevention of complications. Risk factors are also identified and basic laboratory examinations are taken such as fasting blood sugar (FBS) and lipid profile. Hypertensive patients are also educated regarding their condition. Plans for BP ng Teacher Ko II is being finalized. The council is also inviting companies to support the program and is working on sponsorship for its further implementation.

Another concern of the council is the phasing-out of mercurial blood pressure (BP) apparatus. Consultation with Toxicology under the DOH is currently being done regarding the proper disposal of these apparatus. The council is also developing a website. This is part of information dissemination providing an easy access for Filipinos who wanted to know facts and information about hypertension. Must-know things will be included in this website.

COUNCIL on ELECTROPHYSIOLOGY and CARDIAC PACING

The major activity of the Electrophysiology and Cardiac Pacing Council, aside from its regular monthly meetings, is the Electrophysiology Summit. This was started in 2010 in collaboration with RG Medtron (Medtrons). The annual Summits were all held at the Edsa Shangri-La Hotel, Mandaluyong City. This year, the Council on Electrophysiology and Cardiac Pacing headed by Dr. Gladys Ruth David plans to take the next summit in Davao. Two summits are scheduled for this year, August and October. Specialists and EPS experts will discuss the latest trends and up-to-date information. Specialized topics on cardiac pacing and electrophysiology are simplified in the lectures. May it be in Davao or Manila, surely the summit will be well-attended.

COUNCIL on CORONARY ARTERY DISEASE

One of the great achievements of the council of Coronary Artery Disease is the Acute Coronary Syndrome (ACS) National Registry which technically started on November 23, 2011. Conceptualization of data forms and gearing-up took two years prior 2011.

This is the first ACS registry in our country. Twelve hospitals from the Philippines with Cardiac Catheterization Laboratory participated in the registry. The preliminary result of the registry was presented at the Crowne Plaza during the PHA 43rd Annual Convention last May, 2012. Presently, 400 patients are enrolled in the registry. Dr. Liberty Yaneza, the council head, plans to continue the registry and encourages cardiologists and other medical practitioners to participate by enrolling their patients and working with the council in the implementation of the registry.

COUNCIL on PREVENTIVE CARDIOLOGY

The Council of Preventive Cardiology is headed by Dr. Noel Rosas, with Drs. Teresa Torres, Melissa Bernardo, Frances Marie Purino and Rodney Jimenez, as members. This year, the council intends to continue implementing its collaboration with the Metro Manila Development Authority (MMDA) to support the project “Smoke-free Metro Manila which started last year. Several modules were also crafted to be used and to be cascaded to all stakeholders and agencies. During the last Philippine Medical Association (PMA) Annual Convention, the council had actively participated and handled the lecture on Dyslipidemia Guidelines and Management. Prevention is still the cornerstone of any disease management. Proper education and information dissemination are important components of preventive cardiology. Through the undying efforts of the council, Filipinos can have a healthier future.

To be continued
The PHA was founded on March 26, 1952. Other milestones on...

**1827**: Composer Ludwig van Beethoven died at age 56 in Vienna, Austria.

**1945**: The battle of Iwo Jima ended; about 22,000 Japanese troops were killed or captured in the fighting and more than 4,500 U.S. troops were killed.

**1971**: East Pakistan proclaimed its independence, taking the name Bangladesh.

**1979**: In a ceremony at the White House, President Sadat of Egypt and Prime Minister Begin of Israel signed a peace treaty ending 30 years of war between the two countries.

**2000**: Vladimir Putin was elected president of Russia.

As the PHA celebrates its 60th anniversary, here are some fun facts about the number 60...

- 60 is the age to be considered a senior citizen in the Philippines.
- 60 is the 30th even number.
- 60 is the smallest number with 12 different divisors.
- A snowflake has six main arms that are 60 degrees apart.
- A honeycomb is a hexagon with outer angles of 60 degrees.
- A sextile in an astrology chart occurs when two planets are 60 degrees apart.
- Diamond wedding anniversary celebrates 60 years of marriage.
- Plutarch claims that crocodiles lay 60 eggs and incubate them for 60 days.
- Base 60 was the number system used by the Mesopotamians and is the reason we have 60 seconds in a minute, 60 minutes in an hour and 360 degrees in a circle.
- 29 February (the leap day) is the 60th day of the year.
- 60 is the international telephone dialing code for Malaysia.
- 60 is the atomic number of Neodymium (Nd) = 60 (60 protons and 60 electrons).
- The cycle of 60 in the Chinese zodiac is formed by the 5 Elements and 12 terrestrial Branches (Animals).
- In our Millenium occur 60 palindromic dates in the dd-mm-yyyy format. Palindromic dates are the same when read backward and forward.

**Word Search:**

Find the Pioneers, Attributes and Values of the PHA

1. Barcelona 12. Care
2. Dayrit 13. Cardiology
4. Herrera 15. Puso
5. Heart 16. Tapat
7. Research 18. PHA
8. Philippine 19. Mahal
9. Association 20. Leader
11. Teaching 22. Filipino

**Will I be PHA prexy...?**

Guess who...?

text

0917 5771299

Answer: Next issue of PHAN
Near our bathtub, an army of ants was carrying a hefty dead moth to somewhere. Among human beings, that is equated to carrying a big load on our bare backs without cranes, forklifts or any machinery. In terms of sheer strength, that is already a feat. The absolute cooperation that makes it possible is truly unfathomable.

It set me wondering: Do they all know where they are going? Is the goal clear in each of their minds and how to accomplish it? Or do they have a leader who is orchestrating this project? Their activity appears so synchronized. Do they have ranks and roles that they strictly follow? Are the ants in the periphery waiting for their turn to carry the load? Are there lazy ants unwilling to do their share? Or is the culture of cooperation so ingrained in them that they understand that 100% obedience is essential to their very survival?

With our superior intelligence, modern inventions, advanced telecommunications — there are still the poor, the hungry, the homeless... a large chunk of marginalized society. Why are there so many poor people? Why can’t the rich take care of the poor? Should they? Or will that create a cycle of endless dependency?

Are there indigent because they are born into it? How many of them are able to get out of destitution? Does our society and our way of life condemn them to a lifetime of poverty? Or are there enough chances given to them but they don’t take it, probably because they don’t know how to go about it.

Manny Villarreal supposedly swam in a river of trash in his younger years before he became the real estate magnate that he is now. Jejomar Binay used to feed hogs, and look at him now. He is the Little President. Are they simply lucky? Or did they dare dream and then worked hard to get out of their original lot? But how many Villars and Binays are there who are able to cross classes in a lifetime?

Can a single ant carry a moth? Can a single citizen change a society? While it is true that a small action can be a seed of change, it takes a majority, a tipping point, to change the course of a society. If we want a better department, a better society, a better country -- we need to get involved and be the change that we want to be.

Then for the last time, I checked the insects-- the bunch of ants and the moth, were gone. Most probably they have reached their lair and were devouring their meaty prey.

Indeed they were enjoying the fruits of their labor. What many lessons we can learn from them!
Antibiotics are supposed to kill bacteria without putting the life of the host that harbors them in jeopardy. An unexpected and unintended consequence of antibiotic treatment is a potentially fatal event mediated by a not-so-commonly recognized etiology.

A 52-year old non-diabetic female with chronic stage II HPN and ESRD had a transient syncopal episode occurring for the first time during hemodialysis for which she was admitted for observation and work-up. She was found to have normal levels of serum K⁺, Na⁺, Ca²⁺, troponin T; insignificant cranial CT scan; normal EEG; and non-specific STTWC on the ECG. When she had another syncopal attack, her cardiac rhythm was monitored to be non-sustained polymorphic ventricular tachycardia. An intravenous loading dose followed by a drip of amiodarone was given. Thereafter, she had more frequent and longer runs of VT consistent with torsade-de-pointes (T-de-P) which necessitated electrical cardioversion. Her relatives then decided to transfer her to another hospital. There, it was learned that she was treated with oral clarithromycin 500 mg BID for H. pylori-positive gastritis. Two days after taking clarithromycin, she experienced the first syncopal episode occurred.

Tracing A is a lead II rhythm strip recorded before hospital transfer. It shows sinus rhythm with PVCs in bigeminy falling on the terminal portions of the inverted T-waves, followed by salvos of polymorphic PVCs. The PVC, marked by an arrow, which occurs after a long-short cycle triggers a self terminating T – de – P.

Tracing B recorded in leads V₁ to V₆ upon arrival at the receiving hospital shows sinus bradycardia, slightly elevated ST segments, symmetrically inverted T-waves and prolonged QTc intervals (520 msec.). Clarithromycin and amiodarone were ordered discontinued. A loading dose of 2g magnesium sulfate was given intravenously followed by drip of 2 mg/min. Subsequently, the ventricular arrhythmias subsided and disappeared within 24 hours. The echocardiogram, at this point, showed LVEDD of 5.0 cm, EF of 48%, dilated LA; concentric LVH; hypokinesia of the IVS, anterior and inferolateral LV free wall from mid to apex; and systolic and diastolic dysfunction. Her coronary angiogram was normal. The precordial leads of the predischarge 12-lead ECG (Tracing C) showed no evidence of QT interval prolongation in the previous out-patient tracings.

Certain antibiotics such as some of the macrolides, fluoroquinolones, anti-malarials, and anti-fungals can cause QT interval prolongation by delaying ventricular repolarization which, in See Page 24

Actually, I started feeling better when I ran out of the medicines you prescribed.
In its bid to exact strict compliance with its rules and to protect both the government and the taxpayers from unscrupulous stakeholders, the Bureau of Internal Revenue has imposed stiff penalties for every violation imaginable. The penalties however, especially the fines, are fixed and a compromise may be negotiated, except when the violation is of a criminal nature like those involving fraud. Knowing the same would keep practitioners away from committing them and knowing the fixed penalty would definitely protect practitioners from becoming victims of harassment should a violation is committed. I have listed below violations, among the so many, commonly committed by medical practitioners and their corresponding penalties.

To avoid penalties, which actually include interest, surcharge and compromise, Victorino Abrugar, founder and chief writer of Business Tips Ph., listed down some tips. These are easily complied with, not necessarily by you but by your staff and trusted bookkeeper and/or accountant.

1. Register your practice before starting the same. Obtain proper registration whether as a VAT registered or a non-VAT registered taxpayer.

2. Pay and display your Annual Registration return (BIR Form 0605).
3. Display your Certificate of Registration (BIR Form 2302).
4. Display the poster (Ask for BIR Receipt) or “Notice to the Public to demand receipts/invoice.”
5. Present application form (BIR Form 1900 and 1905) to use registered sales books/permit to use loose sales books.
6. Do not attempt to evade or defeat any imposed tax by the National Internal Revenue Code.
7. Pay your tax and file your tax return on time.
8. File your tax returns with the complete and correct documentary requirements or attachments.
9. Keep and preserve the records required by law or regulations (books, journal, etc).
10. Do not misrepresent as to actual filing of return or statement or withdrawal of return or statement already filed.
11. Do not commit any acts of omission.
12. Make correct and faithful entry in the books of accounts.
13. Do not keep two or more sets of records or books of accounts.
14. Keep books of accounts or records in a native language, English or Spanish or make a true and complete translation.
15. Do not use fake or falsified Revenue Official Receipts, Letters of Authority, Certificates Authorizing Registration, Tax Credit Certificates, Tax Debit Memoranda and other Accountable Forms.
16. Have your books of accounts audited and have the financial statements attached to the income tax return certified by an independent CPA duly accredited by the BIR.
17. Do not refuse to issue receipts or sales or commercial invoices; do not issue receipts or invoices not truly reflecting and/or containing all information required therein or use multiple or double receipts or invoices. It is worth noting that we medical practitioners do not waste our precious time attending to the intricacies of taxation, because we are physicians, not accountants. But it is also worth remembering that we are the taxpayers, and any misdeed of our representatives could give us additional financial and emotional troubles.

### Violations, penalties and compromise

<table>
<thead>
<tr>
<th>NATURE OF VIOLATION</th>
<th>CRIMINAL PENALTY IMPOSED</th>
<th>AMOUNT OF COMPROMISE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to Register</td>
<td>Fine of not more than P5,000 but not more than P20,000 and imprisonment of not less than 6 months but not more than 2 years</td>
<td>P1,000.00</td>
</tr>
<tr>
<td>Failure to Pay &amp; Display the Registration Fee: (BIR Form 0605)</td>
<td>Fine of not more than 1,000 or imprisonment of not more than 6 months</td>
<td>P1,000.00</td>
</tr>
<tr>
<td>Failure to display the poster “Ask for BIR Receipt” or “Notice to the Public to demand receipts/invoice”</td>
<td>Fine of not more than 1,000 or imprisonment of not more than 6 months</td>
<td>P1,000.00</td>
</tr>
<tr>
<td>Failure to present application form (BIR Form 1900 and 1905) to use registered sales books/permit to use loose leaf sales books</td>
<td>Fine of not more than 1,000 or imprisonment of not more than 6 months</td>
<td>P1,000.00</td>
</tr>
<tr>
<td>Willful attempt to evade or defeat any tax imposed by the National Internal Revenue Code or the payment thereof</td>
<td>Fine of not less than P30,000 but not more than P100,000 and imprisonment of not less than two (2) years but not more than four (4) years</td>
<td>P1,000.00</td>
</tr>
<tr>
<td>Failure to file and/or pay any internal revenue tax at the time or times required by law or regulation</td>
<td>Fine of not less than P10,000 and imprisonment of not less than one (1) year but not more than ten years</td>
<td>P1,000.00</td>
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</tbody>
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By Angeles A. Yap, MD
Past President, PHA NW Mindanao
Bachelor of Laws (LLB)
New York City Mayor Michael Bloomberg proposed a ban on large-sized sugary sodas recently after results of healthcare analysis have traced the ballooning hospital admissions in the hospital to diabetes and obesity particularly the young and the poor segment population in New York.

Bloomberg proposed a far-reaching ban on sugary sodas larger than 16 ounces (about half a liter) in most restaurants, theaters, delis and vending carts throughout the city. The move against soft drinks is the latest in a string of public health initiatives promoted by the feisty NYC mayor. During his three terms in office the city has banned smoking in bars, restaurants and public places, banned artificial trans fats in restaurant food, and required calorie counts to be posted at fast-food outlets. Bloomberg also leads a campaign to cut salt in restaurant meals and packaged foods.

The soda measure was introduced on June 12 at a New York City Board of Health meeting. The board is expected to pass the mayor’s measure, following a three-month public comment period.

Big soda/ firms

Bloomberg said that the proposal was aimed towards the city’s poorer residents who may not have a sophisticated understanding of nutrition. He insisted that the measure is not targeted towards big soda companies but is targeted towards the unsuspecting consumers.

Bloomberg went on to compare controversy over the proposal to his 2002 ban on smoking in bars and restaurants. With the smoking ban, “everybody was opposed to it. today, virtually every major city in America does it ... whole countries!” Bloomberg, called obesity “the single biggest public health issue in the country, “ and the whole world. With the globalization and urbanization , unhealthy diet is basically unstoppable.

Why do healthcare systems fail?

Patients are basically ignorant or defiant about behavioral risk factors and about healthy lifestyle and if they have knowledge about healthy lifestyle , people will not apply the principles correctly. Lifestyle is not a choice. It is a decision that we must all embrace.

“It’s the first disease that’s gone from being a rich person’s disease to a poor person’s disease,” Mayor Bloomberg continued. “Look at the pictures of the old robber barons with their big stomachs out in the ’20s. They were proud that they were fat. They all died young, but they were proud until that. Today it is poor people who are dying much more. And the numbers are just off the charts. “

In the Philippines, Noncommunicable or lifestyle diseases comprise 60 % of all deaths in the country. We are seeing more and more obese patients than the last few years through determination of high body mass index (BMI) and high waist to hip ratio. Coupled with this glaring finding is the raised blood sugar and abnormal serum lipid values. This trend is evidently seen in Southeast Asian countries due to globalization and urbanization. If we will not act urgently about this phenomenon through strong government policy recommendations, the Noncommunicable diseases will further hurt the disadvantaged sector specifically the young and poor segment of the population.

By Anthony C. Leachon, MD
Treasurer, PCP
Regent Coordinator for Media Affairs and for the Hero Advocacy

Dysrhythmic... from Page 22

turn, predisposes to T-de-P. Although macrolide-associated T-de-P is uncommon, its mechanism is well elucidated in the few cases reported. Macrolides inhibit the gene that encodes for the regulatory proteins responsible for the outward movement of K+ that brings the membrane potential to its resting state. The resulting depression of K+ outflow delays myocardial repolarization resulting in early after-depolarizations which are believed to be the initiating events for T-de-P.

Erythromycin is the prototype macrolide with the most profound electrophysiological effects. The first reported cases of erythromycin-related QT-interval prolongation and T-de-P were observed during its intravenous use. Since the chemical structure of clarithromycin is similar to that of erythromycin, these two drugs share the same arrhythmogenic profile. In a 2001 post-marketing analysis, the US Food and Drug Administration reported that clarithromycin ranked second among the macrolides on the incidence of T-de-P.

Regarding the present case, clarithromycin probably caused QT-interval prolongation and possibly unmasked a latent form of long QT syndrome. It is known that the torsadogenic potential of clarithromycin is dependent to a large extent on its serum concentration. In this patient with renal failure, the likelihood of QT prolongation may have been magnified by the decreased renal excretion of clarithromycin. Moreover, amiodarone may have potentiated the effects of clarithromycin in prolonging repolarization and increasing susceptibility to T-de-P.

Intravenous magnesium sulfate is the drug of choice in the treatment of drug-induced T-de-P even in the presence of normal serum Mg++ levels. Magnesium works by blocking the phasic movement of Ca++ during electrical diastole that is responsible for delayed after depolarizations. But the first and most important step in the management of this case is stopping clarithromycin. Discontinuing amiodarone is equally important.

Sometimes the best treatment is no treatment.
**cardio viewpoints**

**STEMI Care in the Philippines: Quo Vadis?**

*First of a two-part series*

During the recently concluded PHA Annual Convention, the Session of the Council on Coronary Artery Disease focused on acute coronary syndromes (ACS) and during that forum STEMI reperfusion strategies and preliminary data on the first ACS Registry were presented.

**A. Standard of care in STEMI reperfusion**

It is the consensus that primary PCI (PPCI) is the standard of care in STEMI reperfusion because it leads to better outcomes. This strategy is associated with a 2% absolute reduction in mortality, 4% reduction in re-infarction, and lower risk of stroke. Overall, 6-7 events are prevented for every 100 patients treated. However, the benefit of PPCI could be lost by delays as short as 40 min. Mortality rates increase from 6% for a 90 min. delay to 12% for a 3 hour delay. The survival advantage of PPCI was lost more rapidly—with as short a delay of 40 min.—if the patient was young, had an anterior MI, or presented early (within 2 hours of pain). For PPCI strategy to succeed therefore, immediate access to a PCI facility is paramount.

**B. Is PPCI a viable strategy in our country?**

The main hindrance to the widespread adoption of PPCI is the limited availability of cath labs outside of Manila. There are only 31 labs in the country and 17 of them are in Manila. There are 4 labs in Metro Cebu (Cebu Doctors Medical Center, Chong Hua Medical Center, Perpetual Succour Medical Center, Vicente Sotto Memorial Medical Center), 2 in Metro Davao (Davao Doctors Medical Center, Davao Medical Center), 1 each in Metro Lipa Batangas (Mary Mediatrix Medical Center), Dasmarias Cavite (de La Salle University Medical Center), Angeles Pampanga (Angeles University Medical Center), Baguio City (Notre Dame de Chartres Medical Center), Cabanatuan Nueva Ecija (Wesleyan University Medical Center), Legazpi Albay (Bicol Regional Training and Teaching Hospital), Cagayan de Oro City (Capitol University Medical City, and Ilo-Ilo City (The Medical City-Ilo-Ilo). A strategy of PPCI may be realistic in Metro Manila and Cebu and communities who live in close proximity to cath labs. The new labs outside of Manila provide an important service to their community. It used to take 3-4 hours before a patient in Lipa Batangas could be brought to a PCI facility in Metro Manila. Now, the Mary Mediatrix Medical Center Heart Institute’s time to reperfusion is consistently <90 minutes. Regions without ready access to a PCI facility must fall back on a “pharmaco-invasive strategy” in managing STEMI patients.

**C. Pharmaco-invasive strategy**

Its principle is the broad use of early thrombolysis and full anti-platelet coverage combined with routine invasive strategy within the next 2-24 hours, even if fibrinolysis is successful. This is in contrast to the old practice where patients are managed conservatively and intervention only becomes an option if there is recurrence of symptoms or deterioration in hemodynamic status. This strategy, de facto, incorporates rescue PCI after failed fibrinolysis. The greatest benefit of a pharmaco-invasive strategy is seen in high-risk patients (anterior MI, or non-anterior MI with systolic blood pressure <100 mm Hg, heart rate >100/min, Killips Class II or III, ST-segment depression >2 mm in the anterior leads, or right ventricular involvement). This strategy results in a 35% relative risk reduction in 30-day MACE and a reduction in long-term mortality from 45% to 20% at 11 years, without an increase in the risk of major or intracranial bleeding. Why is a pharmaco-invasive approach superior to lysis alone? Lytic therapy reperfuses 50-60% of occluded arteries but this advantage is lost over time because of re-occlusion. Overall, only 1 out 4 arteries (25%) can be expected to have sustained and durable reperfusion following thrombolysis. However, lysis, when routinely combined with an invasive strategy, results in sustained vessel patency which translates to favorable clinical outcomes.

**D. Is it possible to further reduce mortality from STEMI?**

In advanced countries, median door to balloon times have decreased from 115 min. in 2003 to 75 min. in 2008 and the proportion of patients revascularized within 90 min. increased from 28% in 2003 to 67% in 2008.

However, despite these improvements, in-hospital mortality has remained flat at 4% in 2003 and 3.62% in 2008. Why is this so? Door to treatment time (door to needle and door to balloon) actually accounts for only a third of the total delay known as total ischemic time (TIT). TIT represents the total duration of ischemia and begins from symptom onset. TIT correlates better with mortality than door to needle and door to balloon times. Beyond 90-120 min. from onset of ischemia there is very little salvageable myocardium left. Worldwide less than 10% of patients are actually treated within 2 hours of pain onset. Since most patients present to the hospital on the 3rd to 4th hour of pain onset they are beyond this “golden period” and any intervention gains little salvage of myocardium and survival probably relates more to the “open artery hypothesis”. On the other hand, restoration of flow within the first 30 min. after coronary occlusion can actually abort an infarction. Data from large trials have shown that fibrinolytic therapy performed within 2 hours after symptom onset can result in as much as 8 lives saved per hundred compared to only 1-2 lives saved for patients treated beyond 2 hours. Therefore, saving more lives does not really require sophisticated technology. What we just need to do is treat patients earlier. ♥ To be continued
PASIG CITY, July 14, 2012 -- The Medical City (TMC) Cardiovascular Center (CVC) gathered anew its Adult and Pediatric Cardiology Section, Thoraco-Cardiovascular Surgery Section, Nursing, Special Services, Cardiovascular and Peripheral Laboratory, Cardiac Catheterization Laboratory, Cardiac Rehabilitation and all its strategic services (Information Technology, Marketing, Administration) for a one-day productive planning.

It was held in this city at the Oakwood Premier Joy Nostalg Center. Under the stewardship of the Center’s director, Dr. Eugene Ramos and the head of Adult Cardiology Program, Dr. Gary Martinez, all the services and staff were harnessed to re-align their vision/mission in shaping the Cardiology in the hospital and in the country. The Center is committed to promote the development of all its staff (from physicians to nursing personnel) and upgrading of services that will redound to a higher level of care, further contributing to the health care system of the Philippines.

The brainstorming workshops focused on the following areas: Structure and Processes, External Engagement, Membership Development, People and Culture. Highlighting the area of Structure and Processes, the group focused on the importance of Information Technology and bringing in state-of the art technology in the field of Cardiology and Research.

The group vowed to make TMC a “patient centered institution”, reputed for its unique brand of personalized and excellent service; continuing constant communication among the members and put an end to the traditional vertical hierarchy – all staff should be treated equally and each patient should be given the same level of importance.

Indeed, the TMC CVC is one of the most dynamic and growing groups in Cardiology. It has demonstrated that one of its strengths is being united in shaping the future of cardiovascular care in the country.

TMC CV Center’s Strategic Planning: Changing the Cardiology Landscape

The Heart Institute of the Chinese General Hospital and Medical Center celebrated its 16th year anniversary with a BANG! Spearheaded by the director Dr. Bun Yok Dy, it opened the CGH Cardiac Rehab Section (CGH-CARES) headed by Dr. Helen Ong-Garcia.

It was a historic event for the Philippines as it marked the launch of the first Aortic Endovascular Unit in the country, headed by Dr. Timothy Dy. This event was graced by Dr. Frank Criado, a well-renowned pioneer in endovascular therapy and aortic stent-graft technology. He is the chief of Vascular Surgery and director of Vascular Intervention at the Union Memorial Hospital-MedStar Health in Baltimore, Maryland.

This puts CGHMC-HI on the map of international cardiology for the years to come.

TMC adds 2 sub-specialty training programs

The Medical City’s Cardiovascular Center (CVC) is one of the most dynamic and rapidly growing institutions in the field of Cardiology here in our country. Its Adult Cardiology Fellowship Training Program is a decade old. In pursuit of providing excellent and global Cardiovascular care for the Filipinos, the Center has added two training programs this year --- Clinical Research Fellowship in Echocardiography and Cardiac Rehabilitation, in addition to Vascular Medicine (headed by former PHA president Dr. Maria Teresa Abola and Dr. Rodrigo Santos).

Maria Rhodora Penequito and Ana Beatriz Medrano. With Dr. Irwin Bundalian as the first research fellow, the CVC is hopeful and looking forward to expand its services in their institution and satellite clinics around the country.

On the other hand, the Research Program in Cardiac Rehabilitation and Secondary Prevention is being headed by Dr. Carlos Esguerra with Drs. Achilles Esguerra and Marissa Joston as training officers; and Dr. Marcelo Esguerra as one of their consultants. They are very fortunate to have Dr. Rachel Rose Orteza, another product of TMC training program, as their pioneer fellow who will help them establish The Medical City as a complete package in Cardiac Care from prevention to intervention to rehabilitation.

Also, it launched the Aortic Endovascular Unit, the first of its kind in the country, headed by Dr. Timothy Dy.

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Allen Andrew Sy, MD ♥

Irwin Bundalian, MD ♥
QUEZON CITY, Aug. 23, 2012 – It’s another breakthrough for the Philippine Heart Center Clinical Cardiology Division. Some 283 interns, residents, cardiologists and nurses from the farthest corners of the island attended, the whole day 4th Super CATs at the Philippine Heart Center Dr. Avenilo Aventura Hall.

It was an opportunity that is seldom offered to trainees. Lectures on epidemiology, research and statistics are not for free. Noted resource persons from different institutions in the country discussed the must-know information on research.

Dr. Imee Caole-Ang lectured on the Introduction to Evidence-Based Medicine and on Different Research Designs. Utilization of Available Medical Databases was discussed by Dr. Mantaring. Introduction to Public Health Surveys and Epidemiologic Studies was the topic of Dr. Chito Permejo. How to Critically Appraise Trials for Therapy and Prognosis, for Diagnosis/Harm and for Systematic Review/Meta-analysis were thoroughly explained by Drs. Florido Atibagos, Charissa Mia Salud-Gnillo and Liberty Yaneza. All the lectures were informative, concise and clear.

At the culmination part, the different institutions sent their representatives to compete and appraise the different articles. All the representatives were proficient and were able to appraise the trials clearly. However, the best must be chosen. The winners for the different categories were: for articles on therapy – Dr. Abe Montejo of Chong Hua Hospital; for articles on diagnosis/harm – Dr. Mark Vicente of Philippine General Hospital; for articles on prognosis – Dr. Joshua Camomot of Perpetual Succor Hospital and for meta-analysis– Dr. April Ann Bermudez of Manila Doctor’s Hospital.

The event was a success. Behind the success of this activity were the hardworking PHC led by the chief fellows, Drs. Jun Maximo Lasco, Consuelo Tan, and Leilani Adarna. Despite the heavy load in their training and the countless errands and responsibilities they have, they were able to plan, organize and execute this symposium. Of course, with the guidance of their mentors especially Yaneza, the current section head of the Translational Basic Science. Evidence-based medicine is vital in research and in clinical practice. It is the basis of disease management. Super CATs is a vehicle to promote, encourage and educate people on breakthroughs. With this, the institution is looking forward to another major accomplishment next year, the 5th Super CATs. Ana Beatriz R. Medrano, MD

Perpetual Succor Hospital and for
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Philippine Heart Center

PHC 4th Super Cats: Another breakthrough

Ana Beatriz R. Medrano, MD

Yaneza, Leahdette Padua, and Ramon Abarquez, Jr.

Abarquez (center) with PHC staff

PHC 4th Super Cats: Another breakthrough

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Yaneza, Leahdette Padua, and Ramon Abarquez, Jr.
St. Luke's Heart Institute

26 years on rough, buoyant seas

We make a living by what we get, but we make a life by what we give.
– Winston Churchill

By Malou Bunyi, MD

For the St. Luke’s Heart Institute, there is always a sense of anticipation for the month of August.

Such is the month when Director Emeritus Dr. Homobono Calleja was pregnant with the idea of a state-of-the-art cardiac facility, and gave birth to the St. Luke’s Heart Institute 26 years ago.

Typically, August is typhoon season. The torrents of flood waters did not sink the HI spirit though. Life went on for this Heart Institute.

Aug. 5, 2012 was a bit cloudy but the cool weather was perfect for the Family Day, the opening salvo of the HI anniversary celebration. The entire HI brood - consultants, fellows, nursing and technical staff, and maintenance crew, and their families-without regard for age, position, or fitness level, gathered under the roof of nearby St. Joseph’s covered court to have fun. Spearheaded by Dr. Freman Cerezo, the fiesta atmosphere prevailed throughout the day with song and dance contests, photo booth, and lots of bazaar items on sale. A basketball challenge among the fellows, consultants, and staff followed after. The biggest hit for the day was the fishball treat for everyone!

The heavy rains poured when everyone was already home.

On Aug. 6, the skies cleared and gave way for the formal Opening Ceremony. HI Director Dr. Danilo Kuizon, Frederick Dy, incumbent chairman of the St. Luke's Medical Center Board of Trustees with Dr. Calleja, and Anniversary over-all chair Dr. Eryln Demerre led the ceremonial ribbon cutting. For her opening message, Demerre gave a preview of the entire celebration enjoining everyone to celebrate as one HI. Named as HB Calleja Awardee 20012, Frederick Dy, in his kind and confident stance, assured the people of his capacity to deliver as he takes the call of his new assignment. The keynote speaker, Jose Ledesma, former president and CEO of SLMC, was aptly introduced by Dr. Leni Iboleon-Dy with a rundown of his achievements. Ledesma's address completed an inspiring Opening Ceremony.

The Director's Report immediately followed over a sumptuous breakfast as Kuizon efficiently gave his version of the state of the Heart Institute in an in-depth manner.

While the rains continued to fall, the Lay Fora in the afternoon proved to be a smash hit among patients. A lively discussion filled the CHBC auditorium with Dr. Edgar Ongjoco at the helm.

For two days, the sun still refused to shine and the rains were unstoppable, submerging most of Metro Manila in water. Braving the weather on the night of Aug. 8, the St. Luke’s Heart Institute Alumni Association (SLHIAA) for its part, went on with a blocked screening of the movie “The Bourne Legacy”. Seeing each other on that rainy night warmed the hearts of many.

In the morning of Aug. 9, it was as if the heavens declared its favor on this Heart Institute. The morning calm...
ushered in the main event of the HI anniversary – the 6th St. Luke’s Heart Institute Cardiovascular Symposium (Multispecialty Concerns in the Management and Prevention of Cardiovascular Diseases), held at the Garden Ballroom of the EDSA Shangri-La Hotel. Chaired by Dr. Malou Bunyi, the symposium gathered cardiologists and specialists from other fields in a discussion of curative and preventive aspects of cardiovascular care. The symposium was a collaborative effort for a creative and holistic patient care. Among the highlights of the symposium were the tandem lectures providing multispecialty perspectives, a fitness trainer’s practical exercise prescriptions, and a live demonstration of PTMC and PCI direct from the cathlab of SLMC-QC.

Towards the night, some rains still poured but the celebration continued to the Fellowship Night, masterminded by Dr. Helen Ong-Garcia, the socials committee head. A display of talent, creativity, sportsmanship, and camaraderie filled the Excess Bar at Timog Ave. Ong-Garcia’s contagious unique style complemented by the suave co-emcee Dr. Rodney Jimenez sent the most unlikely dancers to the dance floor!

The traditional HB Golf Cup remained part of the HI anniversary. Dr. Richard Torres led his team in organizing the event at Tagaytay Midlands. SLHIAA officers and members of the organizing committee with some fellows travelled through foggy Tagaytay. It was a drizzly Wednesday morning but the tee off went on.

Completing the Organizing Committee were Drs. Iboleon-Dy (ways and means), Jenny Beltran (publicity), Irma Yape (documentation) and John David Tan (physical arrangement).

What a celebration! While missing the warmth of the sun, it was a time that made the indomitable HI spirit surface. The monsoon and the floods did not daunt the St. Luke’s Heart Institute that has weathered a good 26 years.

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8 PSCCI pillars defined

By Nick Cruz, MD

QUEZON CITY, August 5, 2012 – The Board of Directors of the Philippine Society of Cardiovascular Catheterization and Interventions, Inc. (PSCI) had its team building and strategic planning program, in preparation for its forthcoming 20th anniversary in 2013, at the New Manila residence of PSCI vice president Dr. Nick Cruz.

PSCI president Dr. Aurelia Leus said the mission is in adherence to the highest standards of cardiovascular intervention resulting in excellent patient care. Leus is a pediatric cardiologist and interventionalist.

The eight PSCCI pillars are: standardization, training and accreditation, technology, safety, CME and research, competencies, information and dissemination, teamwork and camaraderie.

Also tackled were current issues—the increasing number of cardiac catheterization laboratories in the country, particularly within Metro Manila, that may need regulation and certification in cooperation with the Philippine Heart Association’s Council on Cardiac Catheterization. Acute Coronary Syndrome (ACS) and Cardiac Catheterization Registry was also identified as priority.

Previous PSCI president and incumbent PHA President, Dr. Saturnino Javier, who joined the meeting, vowed full support for these endeavors.

Also in attendance were immediate-past PHA president and former PSCI president Dr. Isabelo Ongtengco, former PSCI President Dr. Fil Cantre, PSCI Board members – Drs. Richard Torres, Jun Baysa, Rhandy Panganiban, and Eduardo Tinhay. Dr. John Tan from the PHA Council on Cardiac Catheterization was also present together with PSCI members – Drs. Regie Encabo and Albert Geronimo. The activity was facilitated by Mr. Manolo Silayan of Mindbroker Corporation.

The PSCI planned to conduct regular activities in line with its 8 pillars and hopes to achieve its vision of being the premiere medical society that sets the policies and defines the standards of excellence in cardiovascular intervention in the country.

Editor’s note… from Page 3

has been designed to be an easy reference for the busy clinician on what there is to know about the law since “ignorance of the Law excuses no one”. You can also send questions or topics that you wish to be tackled by Yap.

This year’s Travelogue Section will have a different twist as we get a peek of Dr. Ramboyong’s travels around the globe. The PHAN staff visited his travel museum home in Cainta for this feature.

Through the Fellows’ Corner, “a day in the Life of a Cardio fellow”, PHAN hopes that fellows in training will find a place to be heard. You are the hope of PHA’s future. We encourage you to contribute to this section of the PHAN.

The Chapters’ and Councils’ Tracks are mainstays to serve the 9 PHA chapters and 16 councils.

Even as this issue holds the record of being a bursting 44 page magazine for your reading pleasure, many stories generated by the PHA board, chapters and councils are not captured in print.

The PHAN is a valuable mouthpiece for a healthy exchange of ideas and experiences that make the news. This official newsmagazine has widened and hence the PHAN has also evolved to continue to serve the PHA.

The PHAN staff wishes to encourage every member to contribute to this publication so as to maximize its potential as the heart and soul of the PHA. Mabuhay ang PHA!

Serving together, Erlyn
Fundraiser for Chong Hua charity px  

By Karen F. Cuador, MD

CEBU CITY, February 11, 2012--We’ve all heard the saying, “one man’s trash, is another’s treasure.” Rummage sales are really win-win move for everyone.

Cardio fellows at the Chong Hua Hospital organized a successful one-day fund-raising event, a unique anniversary celebration at the Atrium of Chong Hua Hospital. The proceeds of the project were donated to the Hearts of Gold Foundation which financially supports cardiac charity patients, especially those undergoing open heart surgery. CHH-HI director Dr. Lerma Noval hailed the idea of having a charity sale.

Valuables from the medical and surgical staff of the Heart Institute were just about anything! The shoes, bags, clothes, sporting goods and electronic devices were cheap finds that were sold to CHH employees only. Everyone actively participated. In one day, we were salesgirls, demoboy, traffickers, cashiers and baggers.

At the end of the day, the cardio fellows were genuinely happy with the big money generated and were extremely gratified for being able to give financially aid the patients.

SLHI aids floodway Habagat victims

PASIG CITY, Aug. 18, 2012 – In the odd mix of the joy of the St. Luke’s Heart Institute 26th Anniversary Fellowship Night and the sorrow for their Habagat-hit fellowmen, the cardiology fellows nudged their co-participant/consultants to channel the cash prizes won that night to help the calamity victims. A total of P60,000 cash prize served as initial fund of the Help Brigade.

The instant Help Brigade was organized/ manned by cardiology fellows, in cooperation with members of St. Luke’s Heart Institute Alumni Association, Inc. (SLHIAAI)—its president Dr. Freman Cerezo; Vice-President Dr. Malou De Jesus and Cardiology fellow Dr. Noel Lapus who worked hand in hand with the NGO Operation Blessing, Barangay officials, and local community church.

The cheery climate on August 18 signaled that Habagat was gone, so the Bigay-Puso Help Brigade of St. Luke’s Heart Institute (SLHI) rushed to destination Floodway in Brgy. Maybunga, Pasig City.

The Floodway is lined by thousands of shanties. A small banca navigating the width of the river that looked still, quiet, and peaceful, hid the horrors that recently visited this place.

The Bigay-Puso Brigade, with one container van of goods worth P160,000.00 proved to be a small army in the vastness of this Floodway republic. Armed with that dogged desire to help, the brigade went on to accomplish its mission. Each of the 250 families received a basic package of pail, “tabo”, utensils, canned foods, packs of rice, noodles and biscuits, bread and spread, and a gallon of water. In one corner, the children were seen drawing what they recalled from the recent calamity as part of their counseling session from Operation Blessing and the church volunteers. Adults, too, had their counseling session. It was a day that eased difficult lives even for a bit, a nourishing of the body and the spirit.

The real solution to the Floodway problem is beyond the Bigay-Puso help brigade. The help extended was small and temporary but the real story lies in the fact that the Filipino bayanihan spirit is still very much alive.

Lunch courtesy of SLHIAAI was made more hearty by the feeling of satisfaction over a mission accomplished.