Editorial

Courage, Bravery and Heroism in Shaky Times

When catastrophe strikes and we see concrete homes crumble like paper in the onrush of strong flood currents, when the bravest of men buckle down and succumb to physical weakness, when steel engines seem to melt into a sea of mud over what were once roads and highways, when human lives are brutally slaughtered and innocent blood stain the hands of the powerful, we stare into the realization that on this earth we can come and go like chaff. Like a beautiful picture on a puzzle board dismantled into pieces, any evidence of insurable material possessions can be banished in an instant. No worldly authority can assure our security of tenure on this earth.

About a week after Ondoy, reports came out that the damages amounted to PhP 8.3 billion. Direct as well as rising indirect costs are just impossible to quantify. Destruction to houses, household items and human lives affected both the rich and the poor. Damage to business establishments and transportation as well as loss of human resources affected domestic and national economics.

The PHA doctors were severely affected in various ways. Many would recount stories showing the basic human instinct to preserve lives and properties. Those who were on safer ground watched from a privileged distance. A depressing mood can easily pervade if we allow ourselves to dwell on the tragedy. Though many would want to forget the anguish, this PHA Newsbriefs issue is dedicated to the Ondoy victims who showed courage, bravery and heroism in the midst of a crisis situation. The Filipino “bayanihan spirit” and the outpouring of Christian love and generosity are worth remembering.

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Wounded healers, and the unscathed PHA members show courage in the midst of crisis. PHA president, Dr. Tes Abola, ordered the immediate release of funds to help the PHA staff affected by Ondoy. PHA Newsbriefs is open to advertisements. For rates and reservations, please call the PHA Secretariat at 9291161/66/73. For comments, suggestions or contributions send to eic_phan@yahoo.com.

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First 150 days
of DR. MARIA TERESA B. ABOLA

The dynamic 58th PHA president and 6th woman to be at the helm of the male-dominated organization, reports on the state of the PHA during her five months in office.

Announcement of new appointments and re-appointments of committee heads

Standing Committees

- Committee on Legislative Affairs: Dr. Saturnino Javier
- Committee on Advocacy: Dr. Ma. Adelaida Iboleon-Dy
- Committee on By-Laws: Dr. Norbert Lingling Uy
- Committee on Long-Range Planning: Dr. Rody Sy
- Committee on International Affairs: Dr. Rafael Castillo
- Committee on Ethics: Dr. Romeo Divinagracia
- Nominations/Elections: Dr. Ma. Belen Carisma
- AdHoc Committee on Protocol: Dr. Ma. Belen Carisma
- Committee on Research: Dr. Saturnino Javier
- CEPC: Dr. Eugene Reyes; Subcommittee on CEPC for Fellows: Dr. Joel Abanilla
- Committee on the Website: Dr. Eugene Reyes
- Committee on Socials: Dr. Ma. Adelaida Iboleon-Dy
- Committee on Awards: Dr. Romeo Santos
- Committee on Membership: Dr. Maria Teresa Abola
- Finance Committee: Mr. Romeo Cruz
- Budget Committee: Dr. Saturnino Javier
- Committee on Councils and Chapters: Dr. Eleanor Lopez
- Heart Month Committee: Dr. Eleanor Lopez
- World Heart Day Committee: Dr. Isabelo Ongtengco
- Annual Convention Committee: Dr. Isabelo Ongtengco
- Task Force on Governance: Dr. Joel Abanilla
- Heart House Committee: Dr. Eleanor Lopez
- Committee on External Affairs — Mr. Andre Kahn

Davao Chapter Induction

The Davao Chapter President, Dr. Reagan Cabahug, and his officers were inducted into office on July 10, 2009 by Dr. Isabelo Ongtengco, PHA Secretary, in behalf of the President.

Heart Line

The President’s first Heart Line column was published in the July 16, 2009 issue of the Philippine Star. The succeeding ones saw print on July 30, Aug. 13 and 27, Sept. 10 and 24, Oct. 8 and 22, Nov. 5 and 19, 2009. To be more “interactive” and likewise gain an insight as to its impact on the readers, it has a question about the article at the end. Readers who will submit correct entries have a chance to participate in a raffle for a prize.

Member Activation, Continuing Medical Education

In a meeting, the President and the members of the Membership Committee, Drs. Belen Carisma and Efren Vicaldo, discussed ways on how members can become more involved with PHA activities, the criteria on the active and inactive status of a member, and attendance of members during CME trainings and classification of the activities for CME credits.

The PMA CME Commission, said that the recommendation of the PMA was for PCP to coordinate with their sub-speciality societies on the attendance of CME activities for the renewal of the members’ Professional Regulation Commission license.

Outcomes Assessment Workshop (July 25, 2009)

Last year, we revisited our Mission and Vision 2012, reassessed our objectives, evaluated our accomplishments so far, and firm up our action plans. As 2012 is fast approaching, it is important to keep track of the plans and programs we have designed and created with our Mission and Vision 2012 in mind. Monitoring our strategic plan is essential to the realization of our goals. To assist us in this process of evaluation and monitoring, creating a system of evaluating performance and outcome measures is basic.

Moreover, to increase its internal efficiency, our organization needs to track its inputs and outputs. By showing objective measures of the results of our plans and programs, we may be able to improve our effectiveness in encouraging our members to participate, and assure potential stakeholders and donors that our programs produce results.

Qualitatively the workshop was a success with the good attendance of council chairs, chapter presidents and past presidents. Major projects in the past year were assessed. The participants advised the council chairs on their priority projects/programs which were aligned with the mission-vision.

Cebu Chapter induction

On July 31, 2009, she administered the induction of the PHA Cebu Chapter officers with Dr. Roy Entienza as the new chapter president. Dr. Lerma Noval got a special award in recognition of her participation in their activities.
APA CITY, Nov. 27, 2009—The Department of Health (DOH) and the Philippine Coalition for the Prevention and Control of Non-Communicable Diseases (PCPCNCD) conferred the “Special Trailblazer Visionary Leadership Award” on the Philippine Heart Association for being “the foremost and staunchest ally of the coalition in the promotion of Healthy Lifestyle”.

PHA president Dr. Maria Teresa, vice president Dr. Eleanor Lopez and treasurer Dr. Saturnino Javier, accepted the special recognition from Undersecretary of Health Mario Villaverde and DOH Director Yolanda Oliveros, concurrent chair of the PCPCNCD, and the symbolic check amounting to P100,000 as cash prize.

The PHA citation was the culminating part of the 2009 Most Outstanding Health Lifestyle Advocates Awards Night, held at The Heritage Hotel in Pasay City.

PCPCNCD was instrumental in the promulgation of the year 2005-2015 as the Decade of Healthy Lifestyle, said Oliveros.

PHA is a member of the PCPCNCD Steering Committee.

During the five-year implementation of the Healthy Lifestyle Advocacy, the PCPCNCD stakeholders relentlessly zeroed in on the non-communicable diseases (NCD) risk factors.

Villaverde quoted Health Secretary Francisco Duque as saying “chronic diseases are the leading cause of deaths but have been neglected issues in the global health agenda, but the DOH already added non-communicable diseases as among its ambitious targets in our Millennium Development Goals”.

CVD is a lifestyle disease in this millennium. The PHA is at the forefront in the massive HL battlecry to prevent cardiovascular disease (CVD), a non-communicable disease.

Upbeat on this significant feat, Abola said “we share this award with the men and women of PHA who continue to work for and teach the principles of our Healthy lifestyle Advocacy. We thank Dr. Edgardo Ortiz for...
Dr. Dayrit

TAYO

Mag-HL Tayo. since the Mag-HL Tayo started.

PHA. They have been the PHA’s steadfast allies said, “this is another milestone marked by the Nutritionists-Dietitians of the Philippines, both and Felicidad Velandria, vice president of rewards in heaven”.

lifetime, but definitely, we will attain priceless vision. We may not reap earthly rewards in this lives. Thank you for sharing your wisdom and this mission. “May you flourish to touch more finalists and the HL Advocates to take to heart their agenda.

The almost two-year stint of noted broadcaster Angelo Palmones as PHA VP for External Affairs from 2007 to 2009 broadened the network of HL allies and widened the door of opportunities for the PHA. The Advocacy Committee found the most influential and hardworking media partner in Palmones. Deals with old and new partners from multi-sectors were sealed. Partnerships with the academe, local government, student writers and media have never been as strong. GPG ♥

The National Healthy Lifestyle (HL) Advocacy Campaign is a brainchild of Dr. Edgardo Ortiz, PHA president from 2002 to 2003.

Both the DOH, then under the baton of Health Secretary Manuel Dayrit and the PHA, led by Ortiz, cultivated the HL seed, prompting the integration of two teams from the DOH and PHA to be collectively known as the Task Force on HL, headed by Ortiz.

One of the accomplishments of the group was the project’s assumed name “Mag-Healthy Lifestyle Tayo”, upon Ramy Diez’ suggestion. Diez was the PHA VP for external affairs from 1999 to 2005. Aside from Ortiz, the members of the Task Force on HL were: Diez, the late Dr. Cristina Dablo, Dr. Jane Cabulisan, Cuevas and Rose Holandes. Velandria joined the group in the first “Mag-HL Tayo sa Resto” joint undertaking in Pasig City.

The Campaign integrated the DOH-PHA anti-smoking program, regular physical activity and weight control, healthy diet and nutrition, stress management and regular check up.

All the way through, the PHA vibrant presidents who succeeded Ortiz, kept the HL Advocacy the center of

2003-2009 PHA HL Advocacy Projects

1. Mag-HL Tayo sa Resto
2. RF-RHD Convention
3. Healthy Heart Cookfest for Moms
   (UP Diliman Home Economics)
4. Healthy Heart Cookfest
   (Partnership with Robinson’s Supermarket)
5. Deadma? Deadkal Campaign
   (Partnership with Novartis Healthcare)
   (Partnership with Robinson’s Cinema)
6. PHA Diet Guide
   (Partnership Abbott Nutrition)
7. Ely Buendia AVP
   (Partnership with Quaker)
8. A4A Assembly for Advocacy
   (Partnership with Therapharma)
9. PHA Hour on Magandang Gabi, Dok
   Partnership with DZMM- Teleradyo
10. Women’s Health AVP
11. Summit on Supplements

PHA NEWSBRIEFS

Dr. Ortiz

Dr. Dayrit

Diez

Cuevas

The men, women behind
Mag-HL Tayo

Prescy Cuevas, chief of DOH health program and Felicidad Velandria, vice president of Nutritionists-Dietitians’of the Philippines, both said, “this is another milestone marked by the PHA. They have been the PHA’s steadfast allies since the Mag-HL Tayo started.

The PCPNCD HL Advocacy is an offshoot of the Mag-HL Tayo. ♥
MANDALUYONG CITY, Nov. 7, 2009 -- Forty-seven health professionals, most of whom are cardiologists from private and government institutions, internists, anesthesiologists, and GPs; as well as emergency medical technicians, attended the 3rd Philippine Heart Association National Basic Life Support & Advanced Cardiac Life Support Training the Trainors Course from Nov. 5-7, 2009 at the Legend Villas in Mandaluyong City.

PHA CPR Council chair Dr. Marcellus Francis Ramirez along with council members, Drs. Orlando Bugarin and Francis Lavapie led in staging a highly successful three-day rigid training. They were joined by 34 more council members as facilitators for this Training the Trainors’ course. Immediate past CPR Council chair Dr. Raul Ramboyong initiated this course. This is the third straight year that the PHA Council on Cardiopulmonary Resuscitation is holding this trainors’ course, in collaboration with TheraPharma.

In keeping with the American Heart Association standards and guidelines which the PHA adheres to, CPR trainors are required to renew their CPR training certificate every two years. “CPR specialists have to know the latest CPR techniques. Trainors have to be well-versed with the new guidelines,” said Ramirez, adding that one of the ground rules in recognizing irregular heart rhythm (arrhythmia) is not to panic because this is the greatest blunder.

In the past two years, requests for the PHA and its accredited trainors to administer such courses in their institutions and/or organizations have increased. The goal of these courses is to propagate basic CPR knowledge to health professionals, as well as to update doctors who are CPR training providers on the latest updates on CPR techniques and guidelines, both Basic Life Support (BLS) and Advanced Life Support (ACLS).

PHA President Dr. Maria Teresa Abola said, “heart disease is the number one cause of death in the Philippines. Teaching BLS is one important legacy to bestow on our fellow Filipinos. I am confident that the three days will be life changing for you and for those you train. Basic CPR should be universal knowledge. It is about ABC – Airway, Breathing and Circulation.”

“Only a few sudden cardiac arrest patients survive because generally, family members or their housemates are not aware of CPR. Time is of the essence. CPR should begin within four to six minutes to prevent brain death,” said Lavapie.

Bugarin advised the doctors “you remind the nurses that they are not allowed to prescribe or administer cardiac drugs during ACLS. It is their duty to assure availability of these in the e-kit for quick and appropriate dispensing when the doctor or team leader of the CPR calls for it.”

Only participants who complete the three-day Basic Life Support (BLS) and Advanced Life Support (ACLS) Training the Trainors Course and passed both written and practical exams (megacode) will be issued new certificates. Cut-off for passing the written exam is 75%.

Dr. Angelo Medina of Pampanga topped the written exams, while the team of Dr. Jesus Jorge was adjudged as the most active group among the nine groups. Jorge ranked top two in the written exam.

PHA Vice President Dr. Eleanor Lopez said “in CV emergency, this is a step we want you to do in your respective hospitals and organizations. You should not keep to yourself what you have learned today but lead to save a life because it might be in your home or workplace”.

In attendance were 47 physicians representing the PHA NCR and Chapters (Central Luzon, Southern Tagalog, Bicol, Northwestern Mindanao, Western Visayas, Cebu, Northern Luzon) and hospitals; government and private institutions as well as multinational companies.

The hospitals are – Manila Doctors Hospital, Veterans Memorial Medical Center, Medical Center Muntinlupa, Amang Rodriguez Medical Center, World Citi Medical Center, Siliman University Medical...
CPR Council now a full RCA member

The Philippine Heart Association National Expanded Council on Cardiopulmonary Resuscitation has been accepted as a full member of the Resuscitation Council of Asia (RCA), the Asian representative society of the International Liaison Committee on Resuscitation (ILCOR).

The author was informed through direct communication with RCA chair Dr. Kazuo Okada and Honorary Secretary Prof. Lim Swee Han. The Council was welcomed as associate member last year, and completed efforts to gain full recognition by the prestigious society.

ILCOR is composed of the American Heart Association, the European Resuscitation Council, the Heart and Stroke Foundation of Canada, the Australian and New Zealand Committee on Resuscitation, the Resuscitation Councils of Southern Africa, the Resuscitation Councils of Asia (RCA) and the Inter American Heart Foundation. Its objectives include provision of a forum for liaison between principal resuscitation organisations worldwide, fostering of scientific research in areas of resuscitation, and dissemination of information on training and education in resuscitation. It is the accredited leader in establishing international guidelines on resuscitation, and produced the first International CPR Guidelines in 2000, and revised protocols in 2005. The next updated guidelines is set to be published in 2010.

Currently, the Council joins as the 5th official member of RCA, which is composed of the resuscitation bodies of Japan, Taiwan, Korea and Singapore. With full membership and recognition by the ILCOR, the PHA Council on CPR is now in level with the Resuscitation Councils of the American Heart Association and the European Society of Cardiology.

Kahn is VP for external affairs

ASIG CITY, Nov. 13, 2009 – Advertising and broadcast executive André Kahn is the new vice president for External Affairs of the Philippine Heart Association.

An intimate welcome dinner feted for Kahn was followed by his induction as member of the PHA Board of Directors 2009-2010 by PHA President Dr. Maria Teresa Abola, with the other board members: Drs. Eleanor Lopez, vice president; Isabelo Ongtengco, secretary; Saturnino Javier, treasurer; Eugene Reyes, Joel Abanilla and Ma. Adelaida Iboleon-Dy, directors; and Romeo Cruz, vice president for finance as witnesses. Venue was at the Oakwood Joy-Nostalg Center Manila in this city.

Abola said “with your expertise and experience in the challenging field of advertising, we are confident you will be able to help us in the decision of creating more impact with our programs and events, and driving our heart health information campaign mainstream.”

The advertising guru will be working closely with Iboleon-Dy, concurrent Advocacy Committee chair who did the honors of introducing Kahn.

Since 1971 up to present, Kahn has had a remarkable stint with advertising firms and radio networks. Among them are 99.5RT; TransRadio Broadcasting Corp.; Media Technology Consultants, Inc.; Market Broadcasting Network and J. Romero & Associates. In recent years, he ventured into realty and farming, but he considers himself a media person, first and foremost.

After earning a diploma in bachelor of science in business administration from the De La Salle University in 1971, Kahn landed top posts in advertising and radio. Notwithstanding a busy schedule in the fast-paced related fields, he pursued foreign studies in broadcast development, advertising code, radio network management in Asia and in the United States.

The PHA is an appropriate association for him. His first cardio event happened when he was 47. At 46, his father succumbed to heart attack. And most of his brothers had myocardial event before they turned 50.

“I would not be here today, at the age of 60, had it not for a great bunch of cardiologists who took care of me. This is an opportunity to give back to the community.”

Kahn revealed that his acceptance of the invitation to join the PHA was an afterthought. “When I first got the call, I thought it was out of my realm. I realized that not everyday one is given a chance to serve, give something to the people,” said Kahn.

He replaced Angelo Palmones, a colleague, who is seeking a seat as Agham party-list representative.
Are you obsessive-compulsive or oc-oc, the controlling type who love to stress yourself? You love the fast lane? A heavy smoker? A fastfood patron? A techie who has no more time for physical activity? Do you acknowledge that you have to battle the bulge? Are there changes in your body?

Profile yourself. Consult your doctor. These questions and advice came from a group of PHA officers -- Drs. Eleanor Lopez, vice president and chair of Chapters/Councils; Ma. Adelaida Iboleon-Dy, director and Advocacy Committee chair; Vincent Valencia, Council on Cardiac Rehabilitation chair; Ramon Ribu, Council on CV Anesthesia chair; and Glenda Tubianosa, Council on Rheumatic Fever/Rheumatic Heart Disease member -- when they guested on two major and one emerging networks in September.

Dy was the resource person in the Kapuso segment of GMA 7 24-Oras Kapuso on Sept. 21, 2009 and ABS-CBN Rated K (Sept. 26, 2009), and guest on UNTV Doc on TV (Sept. 20, 2009).

Anchored by Mel Tiangco, GMA 7 24-Oras tackled the profile of Filipinos with heart disease. Dy said “nowadays, there is no cut-off age for Filipino heart patients or who are at risk of heart disease. Heart patients are getting younger due to their unhealthy lifestyle.” Mel Tiangco anchors the show.

ABS-CBN’s Rated K, which is anchored by Korina Sanchez, focused on two story lines: the CVD gender bias, with partiality to women and “all-in-the family” slant to dramatize the clustering of CVD in one family.

On DZMM Tele-Radyo’s Todo-todo Walang Preno hosted by Ariel Ureta and Winnie Cordero (Sept. 22, 2009); and UNTV Doc on TV (Sept. 13, 2009), Valencia stressed the benefits of cardiac rehabilitation to fast-track the recovery of heart attack and stroke patients, to add quality to life after MI.

Lopez talked about Valvular Heart Disease on UNTV Good Morning Kuya’s Usapang Pangkalusugan.

Ondoy aborts WHD ‘09 Manila

The Philippine Heart Association was all geared up for another high-impact World Heart Day 2009 (WHD) in Manila on September 26, 2009, 9am to 3 pm at Eastwood City, Libis, Quezon City until “Ondoy” bolted from the blue. PHA is in the thick of preparations for the Heart Fair on Dec. 13, 9 am to 3 pm in the same venue.

On September 25, 2009, super typhoon Ondoy sideswiped what could have been another exciting PHA-led event, simultaneously conducted with at least 100 nations around the world. Since 2003, the Philippines’s way of observing WHD has never ceased to impress the World Heart Federation.

PHA Secretary Dr. Isabelo Ongtengco, concurrent WHD 2009 chair, said, “this is a nation in grief over the death of at least 800 people, loss of thousands of
PHA-Destiny deal forged

ASIG City, October 19, 2009 – the Philippine Heart Association and the Destiny Medical Fund, Inc. entered into a collaboration to further the Deadma?, Dead Ka! Advocacy Program with media networks – TV, movie houses, billboards in strategic areas, posters and flyers that will be circulated in schools, government offices, hospitals and medical clinics, etc.

Destiny committed to give extensive mileage to Deadma?,… in the Visayas and Mindanao by tapping mass media outlets. So far, the first vehicle of Deadma?,… in Cebu is Skycable Channel 60’s Cancer show.

The PHA-Destiny contract partly stipulates that every

News

Deadma?, Dead Ka!... story on www.escardio.org

Dr. Marlon Co’s Deadma?, Dead Ka! newsstory entitled “What are you Doing about Prevention in Heart Disease?” was uploaded on www.escardio.org/esc-congress and saw print in the European Society of Cardiology (ESC) Congress News, the official website of the ESC and newsheet of the ESC Congress from Aug. 29 to Sept. 2, 2009.

Co vividly depicted Deadma?, the first TV infomercial of the Philippine Heart Association (PHA), as a “hard-hitting TV campaign.” He further wrote “the TV campaign is called Deadma?, Dead Ka!, meaning if you don’t pay attention to prevention, you’ll die. The first scene shows someone being fitted for trousers with the sales lady saying 33, 34, 35… and then the words ‘danger zone’ flashes across the screen. The second shows a thin person entering the elevator which makes the sound of being overloaded, strongly suggesting that cholesterol levels don’t correspond with weight. We have a balloon popping when the gauge reaches 140/90 to show this is the start of stage 1 hypertension. These are stark reminders about everyday life.”

PHA NEWSBRIEFS

Downloaded from www.escardio.org/esc-congress on Sept. 21, 2009. Hosted by Daniel Razon, she advises parent to “invest in your children’s health and future from day 1. Children, while you are young be physically active and should know that. a sore throat, specially a recurring tonsillitis should be a cause for alarm.”

Tubianosa, Good Morning Kuya’s guest pediatric cardiologist on Sept. 24, 2009, urged parents to train their children to eat wisely, devote more time to physical activities than computer games. Urban children are more into computer or on-line games, PS2, game boy, i-pod, etc.

First-aid tips and medications for both cardio and non-cardio cases during a typhoon were generously shared by Ribu on Sept. 29 and Oct. 6, 2009 on “Magandang Gabi, Dok” hosted by Elchico. The Oct. 6 guesting was a sequel to accommodate a long list of questions that were sent through text or phoned in.

Born in the late ’50s, ’60s and ’70s, these cardiologists have had enough of outdoor games like patintero, tumbang preso, sipa, arnis, polo sebo, Chinese garter, monkey-monkey, etc. during weekends or after school. These games and walking were their form of exercise. To stimulate their brains, we played scrabble, sungka, etc.

Heart patients are getting younger. Since kids consume convenience foods and are more into tinkering with their handy push-button gadgets, they have less physical activity which is not good for the heart.

Even smokers are getting younger. It has been noted that a big chunk of call center agents who are cigarette and coffee addicts, patronize fast foods or comfort foods because they are on the fast lane.

Women are fast catching up with men due to the following factors: a burgeoning breed of women smoke; the growing number of career women have increased stressed levels; and their well-being is not a major concern because men have always been on the heart health watch. GPG
The biggest iliac artery aneurysm?  

By Don Robespierre C. Reyes

The biggest reported isolated internal iliac artery aneurysm could be from the Philippines. This was one of the highlights of the Philippine Heart Association’s Vascular Voyage presented by Dr. Leah Sanglay, a fellow-in-training from the UST Hospital on Sept. 27, 2009 at the PHA Heart House.

Presented was the case of a 65-year-old male who complained of low back pain for two weeks. Consultation was done with a physiatrist who prescribed pain medications and physical therapy that did not alleviate the symptoms. Worsening back pains to excruciating levels prompted an emergency room visit. Abdominal CT and limited MRI studies inconclusively delineated a large-left iliac artery aneurysm for which an emergency aortogram showed a very large left iliac artery system aneurysm and a much smaller aneurysm on the right internal iliac artery. An emergency open abdominal laparotomy revealed a 20-cm isolated left internal iliac artery aneurysm with a point of rupture at its posterior wall. Repair using Dacron grafts was carried out.

Sanglay pointed out that isolated internal iliac artery aneurysms are rare with an incidence of 0.4% in the general population, with mostly elderly males affected. She further elucidated that the usual presentation of these aneurysms is more of compressive symptoms because of its location in the pelvic cavity.

However, such usual presentation was not observed in the case she reported. The clinical presentation was short and such size of 20 cm surprisingly did not cause the usual compressive symptoms. Moreover, Sanglay said in her discourse that the largest internal iliac artery aneurysm measured 18 cm reported from Michigan, USA in 2003. Her case had a 20 cm aneurysm in its widest diameter perhaps the largest ever reported of its kind.

Isolated iliac aneurysms may have two or more aneurysms in the iliac artery system without a comitant abdominal aortic aneurysms.

Present during the conference were thoracovascular surgeons Drs. Pio Purino and Alexander Lat who served as reactors. Also present were PHA officers Drs. Maria Teresa Abola, president; Joel Abanilla and Eugene Reyes, directors as well as Dr. Floydcelies Tuason.

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Research:

8th ICCAD Oral Expo
Lone RP entry done by UST fellow

By Dr. Jansen Mancera

P rague, Oct. 12, 2009 -- The research paper titled “Rate-Pressure Product, RPP Change and Duke Treadmill Score in the Prediction of Significant Obstructive CAD in Patients with Positive Bruce Treadmill Exercise Test”, authored by Dr. Don Robespierre Reyes, was one of the eight scientific papers included in the oral exposition on diagnostic aspects conducted on the second day of the four-day 8th International Congress on Coronary Artery Disease (ICCAD) held in this city of the Czech Republic Oct. 11-14, 2009. It was the only oral presentation entry from the Philippines in the international congress.

Reyes, a UST Hospital adult cardiology fellow-in-training and writer of the Philippine Heart Association News, presented his research on improving the diagnostic accuracy of treadmill exercise stress tests in the prediction of coronary artery disease.

His retrospective research elaborated on how values of Rate-Pressure Product (RPP), RPP change and Duke Treadmill Scores can improve the specificity and sensitivity and other predictive values of the treadmill exercise stress test in the prediction of significant obstructive coronary artery disease.
The PSCM is looking at PHA as the right partner in a Lay Information Advocacy on the big role of hormonal replacement therapy (HRT) in averting cardiovascular diseases (CVD).

At a forum on “Securing the Cardiovascular Health of Women at Menopause” during the two-day PSCM Midyear Convention at the Diamond Hotel, Roxas Blvd., Manila, authorities in the fields of climacteric medicine and cardiology, presented studies and data, on CVD prevalence in women, and the crucial role of HRT in menopausal women.

The group agreed on the PSCM-PHA objective: “To disseminate lay information on CVD prevention in menopausal women.”

In attendance were OB-Gyne/endocrinologists and cardiologists led by PSCM President Dr. Joan Tan-Garcia and PHA President Dr. Maria Teresa Abola.

Both groups presented similar alarming CVD prevalence in pre and menopausal women:

Women in their 50s and beyond increase their susceptibility to CVD by two to three times more if they have the risk factors especially smoking, high lipid profile and hypertension.

The 6th National Nutrition and Health Survey (NNHES) showed that CV risk factors like hypertension and diabetes are higher in women compared to men. The manifestation of atherosclerotic CV disease in the form of angina, PAD and stroke, was likewise higher among females.

This prompted the PHA Council on Women’s Health and the Department of Social Welfare and Development to conduct the collaborative pilot study survey, aptly code named EVA, by PHA Director Dr. Eugene Reyes. Its goals are to assess the knowledge, attitudes, and practices of 300 Filipino women in Metro Manila, as regards lifestyles.

The findings: Some 17 percent believe that CVD is the second leading cause of morbidity and the causes are: poor dietary habits, stress, vices, genetics, hypertension and obesity. Majority of these Filipino women believe that cancer is the leading cause of morbidity.

One in every two die of CVD, while one in 26 die of breast cancer. Proportionally it is increasing in many parts of the world, yet women are so afraid of breast cancer.

Post menopausal women’s risk of developing heart disease than their pre menopausal counterparts has increased to two to three folds.

An independent risk factor, be it natural or surgical menopause, can increase CVD mortality. Women have very specific risk factors. Women who developed eclampsia while giving birth are more at risk in the future. Estrogen therapy for early menopausal women is more effective.

Dr. Antonio Sibulo Jr., a past PHA president and director of the St. Luke’s Heart Institute said “gender difference and gender bias is a reality. My advice is treat both men and women aggressively”.

“Because of our culture, women have been trained to give way to their husbands. . . . So when they come to our clinics, they are at their worst,” said Dr. Milagros Yamamoto, chair of the PHA Council on Women’s Health.

Dr. Ma. Belen Carisma, who divulged the EVA results, said, “It is hoped that the data gathered will be useful to put a spotlight on women’s health. The 300 Metro Manila respondents, 18 years old and above, were unaided in their responses to the structured questionnaire.”

In her lecture titled “Menopause’s Effects on the Cardiovascular System”, Dr. Eileen Manalo, immediate past president of PCSM stressed that “HRT must be initiated early to ensure cardiovascular protection.”

**HEART & HORMONE SPECIALISTS: Drs. Delfin Tan, Abola, Peter Collins, Tan-Garcia, Yamamoto & Sibulo**
PHA joins Ad Congress

SUBIC BAY FREEPORT ZONE, OLONGAPO CITY, Nov. 20, 2009 – Two hundred advertising industry heavyweights, sponsors, exhibitors and 3,000 delegates trooped to the successful 21st Philippine Advertising Congress (PAC) that is mounted on a digital and aesthetic landscape at the Subic Bay Exhibition and Convention Center.

The Ad Congress’ entrepreneurial and advocacy spirit is well and alive. Margot Torres, 21st PAC chair, announced that over P3 million worth of ticket sales generated from over 3,000 delegates is “guaranteed to go to Baguio” the original venue of the PAC and one of the typhoon-hit areas in Cordillera.

Sponsors and media companies supporting the 21st PAC would donate the cost and space ads to fund the construction of houses for typhoon victims.

A first timer and the lone medical society exhibitor, Philippine Heart Association took part in the four-day (Nov. 18-21) Ad Congress, by showcasing its Mission/Vision and Advocacy thrusts and activities in its humble way. Pamphlets on cardiopulmonary resuscitation, heart disease risk factors, PHA NewsBriefs, the Mabuhay Ka Pusong Pinay primer, pins and baller bands were given away, while a looped PHA AVP was simultaneously played.

The PAC served as a venue for the industry to assemble, look at things at a broader horizon, and learn to survive in these tough times. It also had a newfound perspective – to be of service to the public in times of most need, as the theme, “Perspectives: Ano Sa Tingin Mo?” suggests.

What made this Ad Congress doubly successful and significant was its capability to adapt to change. With the devastation wrought by the recent typhoons, organizers had to cast their sights on another strategic venue from Baguio City to Subic.

The Ad Congress’ entrepreneurial and advocacy spirit is well and alive. Margot Torres, 21st PAC chair, announced that over P3 million worth of ticket sales generated from over 3,000 delegates is “guaranteed to go to Baguio” the original venue of the PAC and one of the typhoon-hit areas in Cordillera.

Sponsors and media companies supporting the 21st PAC would donate the cost and space ads to fund the construction of houses for typhoon victims.

PHA VP for External Affairs Andre Kahn, a member of the PAC Organizing Committee, said that the 22nd Philippine Advertising Congress in 2011 will be hosted by tri-media. As early as 2010, the PAC Committee will start gearing-up for the next congress. Preparations for PAC takes one year.

PANA was at the helm of this year’s Ad Congress. PAC was a school of thought, a celebration of big ideas that will help each and every one of us in the years ahead. GPGagelonia ♥
Surgeons, cardios link up for ETC

By Marcellus Francis L. Ramirez, MD

MANDALUYONG CITY, Nov. 28, 2009 -- The Philippine College of Surgeons (PCS) has formed a collaboration with the Philippine Heart Association, through the Council on Cardiopulmonary Resuscitation, in the conduct of its skills course for emergency trauma management, dubbed BETTER - Basic Evaluation and Training in Trauma and Emergency Response.

The course, which is a local version of the Advanced Trauma Life Support course given internationally, was spearheaded by the PCS, headed by its president Dr. Alex Erasmo, through its Committee on Trauma, led by its president Dr. Alex Erasmo, through its Committee on Trauma, and in coordination with the Philippine Academy of Family Physicians, with the objective of providing a standard course for education and training for primary care physicians in the initial assessment and management of injured patients, and enhance the basic skills of the emergency care provider in the management of trauma patients. The first instructors’ workshop was held at the Unilab Bayanihan Hall for the officers of the PAFP. Drs. Elmer Linao and Rosette Samson of the CPR Council attended as representatives. It is expected that these emergency trauma courses will be coordinated with the other training modules in resuscitation given by the CPR Council.

Fellows get life insurance

The Philippine Heart Association has entered into a renewable one-year insurance contract with Philam-Life to offer PHA fellows in good standing a form of group insurance even for members aged 65 to 69 years old. PhilamLife was chosen among three insurance firms that submitted proposals by virtue of its lowest premium offer. It offered the most reasonable rate with a wider coverage for the members. Health statement is a prerequisite.

PHA President Dr. Maria Teresa Abola said that this group insurance will supersede the previous support of the PHA which is P20,000 in death and/or disability.

Pinoy HPN web coming soon

The Philippine Heart Association Council on Hypertension will soon launch PinoyHighBlood.com - the “Pinoy Hypertension” website - an internet portal of information about hypertension for the local community.

This unique Filipino-based website, which is made possible through an educational grant from PHAREX Health Corp., will serve as a center of information, educational tools and resources for Filipino patients to help them get facts on hypertension, manage their high blood pressure as well as get ideas on how to live a heart-healthier life. However, unlike available international sites which are American or European-based, the Pinoy Hypertension website will be very Filipino centric, since diets and lifestyles of Filipinos differ from other countries.

“This project will make use of the growing Net technology that will allow us to effectively spread the gospel to the lay people about good health, and increase awareness, prevention and management of hypertension”, said Dr. Reynaldo Neri, PHA Council on Hypertension chair. “The goal is to provide a lay-friendly and consumer-centric website which can easily communicate to the ordinary Filipino and be relevant to the hypertensive Filipino patient”.

The website, which will also be linked to the PHA website, will contain basic information such as signs and symptoms, risk factors complications, prevention, management, and lifestyle modification. Regular fora which include common question and answers about this disease will also be created. Marcellus Francis L. Ramirez, MD
Features

“I am very hungry for the chance to simplify my life. If not for my children, I'd like to give up a lot of the things that I have realized I really don’t need”.

Nothing beats my roles as son, father and brother

By Erlyn C. Demerre, MD

Dr. Eugenio Jose F. Ramos is a name that needs no introduction to the PHA membership. His long playing column in the PHA Newsbriefs, Excess Baggage is a treasure trove of ideas that reflect the kind of person that he is, dynamic and prolific as a writer with a passion for anything that allows him to create and express himself. Now into digital photography, his first love is still writing with the dream of publishing his own book.

The third child and the eldest son in a family of seven, Ramos describes himself as a good son. “Nothing beats my roles as father and brother”, he remarks. “I am best in those roles. They give me the best chance to be mentor, lecturer and friend” he added. Being the only doctor in the family, he is very protective of his family. “I am very passionate about certain things. I hope it rubs on people that I lead. Many times it doesn’t. What a shame!” he exclains.

At age 7, Ramos was sure he would be a doctor. It took a Filipino physician from the US who he describes as “awesome, skillful, kind and attentive” to affirm his desire to become one. Though initially, being a surgeon was his dream, his experiences with surgeons changed his outlook. His close relationship with a senior cardiologist during residency sealed his decision to pursue cardiology. “He died of cancer when I was in 2nd year. It was close to my deathbed in the months leading to his death that I learned most of the values of being a good physician”. Indeed he has lived by what he learned which has polished his personality as an effective leader and compassionate physician. Life has been kind to Ramos, endowed and equipped with every perfect gift, tangible or otherwise. “I am very hungry for the chance to simplify my life. If not for my children, I'd like to give up a lot of the things that I have realized I really don’t need”, he confides.

Now, Ramos holds the top post of the Philippine College of Physicians (PCP) aside from being the Flagship Program head of The Medical City. Busy as he is, he is still able to fulfill his role as editorial consultant to the PHAN. He has contributed much to PHA in his younger years as chair of the Council on CAD and has been writing for the PHAN since 2000. “I love to write. I enjoy being irreverent and provocative. One is most effective in those things he loves doing”.

A casual afternoon with Ramos at the Heat, Edsa Shangri-La, leads the PHAN to capture an interesting exchange of questions and answers that reveals the brilliance that is the EUGENIO JOSE FUENTES RAMOS brand.

How do you perceive PHA and if you were to lead the organization, what would you do?

The PHA is more than 50 years old; it has achieved its present stature because of what its past leaders had done. I'm sure they did the best of what could be done under the circumstances of their time. Of course, we cannot apply the success formula then to the needs of the present. The past doesn’t predict the future, but stability is a good ground to start new things.

I won’t be leading the association as president, ever, so it is best that I answer your question at the hypothetical level. I think the PHA can move faster and achieve more if its objectives are not pegged on the personal plans of the president. The president stays for a year and is replaced by another president the following year. The flavor changes every year. While there may be continuity, the yearly spike or change in flavor can distract or derail momentum. There are clear objective directions that need to be followed to accomplish the association’s mission and vision, the challenge is in getting things done. We have had a lot of unnecessary delays in the past because we had to put up with personality-driven agenda and the occasional clashes. I’m glad this has significantly diminished in the past several years. The members of the board these past years have definitely given their best under the circumstances. Their accomplishments are a source of pride for the members. I like observing the presidents as they take up the mantle of leadership; they give management disciples like myself ample material for case studies.

You are a very dynamic and charismatic leader, why have you gravitated to PCP and have apparently chosen not to climb the PHA’s political ladder of responsibility.

Thank you, you flatter me. The PCP has given me the staging area for a wider reach; the challenges both in the medical profession and in health extend far beyond cardiology and cardiovascular diseases. But I never forget that the PHA plays a fundamental role in my endeavors as PCP president. Cardiovascular disease ranks first in the country’s mortality burden and cardiologists are quite simply an amazing group to work with!

I’m fine where I am as an occasional columnist for the PHAN where I can disturb the leaders and the members for case studies. Apparently I lost; I didn’t have enough co-alumni to back me up. I think that is as far as I should go; there are so many young members with leadership skills who can do a better job now. As we get older, we learn to redefine the trajectory of our energy. We can serve in so many ways; not everyone can be president. Not everyone deserves to be president.
When did you first feel you were called to serve the PCP? What were the circumstances that led to your active participation in the PCP?

I was a member of the various PCP committees for several years before I was elected to the board in 2000. My exposure to corporate life came handy; it has made me see things that the average doctor always seems to overlook or take for granted. Simple problem-solving and decision-making endeavors actually - but without the emotional hang-ups so typical among doctors when they interact. Doctors who want to lead must acquire discipline in management. And they must manage their egos, too!

I accumulated quite a number of presidential awards from the PCP presidents because of my involvement in the committees. Their way of saying thank-you, I guess, for work I actually enjoyed doing. I think they liked the way I critized their work agenda. Once I became a member of the Board of Regents, I just stayed in character, making the usually staid board meetings more fun and interactive. I love it when people take themselves too seriously, they become my open target! My dictum has always been to maintain a healthy disrespect for authority, especially those who think they’re such bigshots.

How many years have you been serving the PCP and in what capacity? What has been your best role ever?

I’m on my ninth year. Those years I have spent well imbibing a lot of things, gaining perspectives, understanding successful initiatives as well as failures, observing people’s strengths as well as weaknesses. By the time I was secretary, I knew exactly what must be done — not necessarily by me as president, but by the PCP regardless of who would be president. As a board member moves up, he usually is given varying roles to play. My role in the board all these years - I guess my role in the organizations that I have been a part of – has always been to challenge current thinking and the status quo. My joy in the workplace! Asking the tough questions has helped me go through my career with clarity and confidence. But there are drawbacks; some people don’t like being challenged. Some people actually don’t like me!

Having been working in the PCP for many years now, can you describe the PCP culture?

I think I can speak of both the PCP and the PHA, and perhaps all the other medical societies. For so many years, we have been too focused on ourselves — our conventions, the activities that we like to report on in the presidential reports, the press releases that signify that somebody has done something good, etc. We run our organizations by listing the activities that we can schedule during a presidency. We measure performance by the number of these activities conducted. Quite frankly, it sometimes begins to look like a year-long ego-trip for the leaders. But there are many other parties — stakeholders — involved (or are not involved): the members out there in the provinces and towns doing great work for their communities under less comfortable conditions, our patients and the public who suffer the inequity of a healthcare system that is partial to the rich, etc. We are supposed to be gifted professionals, with strong minds and big hearts. And yet we are never quite there where leadership in health is called for. We recognize that now, so we better do something about it.

Do you think a one year presidency is enough for you? What are your dreams for PCP during your term and beyond?

No, the PCP being where it is and the problems that still need to be addressed, one year is not enough. But then again, for as long as the annual agenda lays down the framework that ensure that things would move, the medium-term and long-term agenda are spelled out, and consistency and continuity are assured, the next president should do just as well. Besides, I have a book to write and a movie to produce. Seriously, I think my presidency has positively and sufficiently disturbed the board and has laid down the fundamentals of an effective organization to keep the PCP in the right direction. To think of staying longer is a real ego-trip with dangerous implications. We should know how it is when presidents want to extend themselves, we must know how it is dangerous implications. We should know how it is when presidents want to extend themselves, we are experts in this aspect of politics.

What are your priority plans? Your thrusts and timelines — for the organization as a whole, for the membership in particular and for the Filipinos in general.

First things first. We need focus. A medical society is not just about lining up CME activities or conducting medical missions. It is not just about acquiring and maintaining knowledge; it is also about creating impact and acquiring relevance – to both the community and the members.

With the Board of Regents’ support, work has been defined along “the four pillars” that PCP should prop up, viz., People & Culture, Structures & Processes, External Engagement and Alliances, and Membership Development. We need an enabling structure so that our strategies and plans can take
Health is no longer just about medicine that we were taught in school. Health is affected by everything, by the climate change, by the ease of travel, by our prescription habits, by the lifestyles that people choose, by the ignorance and corruption of our political leaders. We are in an enviable position to exercise influence over our patients in our respective communities.

How do you think we are perceived by the Filipino Society? Do you think we still have influence?

Society still looks up to us, but perhaps no longer in the same way as before. We have the capacity to exercise more influence, we just have to know ourselves first. We have been distracted. The changing norms require us to confront ourselves frontally. We are no longer the exclusive guardians of medical information; the public has access to what we know. Our patients are more knowledgeable, inquisitive, and demanding. We, therefore, need to transform the doctor-patient relationship into one of real partnership. I think it is about time that doctors educate themselves on what is happening in the same way as before. We have the capacity to influence our political leaders. We are in an enviable position to exercise influence over our patients in our respective communities. Are we up to it? Or are we just good for our own small world of private practice, exceptional in our understanding of the latest landmark drug trial, and preoccupied with medical conventions here and abroad? I am being provocative, of course.

How closely is PCP working with PHA to help in reducing CVD and stroke mortality in the Philippines?

The PCP need not intervene with what the PHA is doing in the latter’s quest for improvement in the country’s cardiovascular health. Each member component society for that matter has its own leadership mandate to follow. The college provides the support needed when sought for, particularly because if you really analyze the structure and processes of our organizations — both the PCP’s and the component societies – the actual implementation of the programs can only happen at the level of the PCP chapter. Each chapter is actually a congregation of sub-specialists working together, referring to one another, and making things work for both the members and the public.

So, Dr. Tess Abola, the PHA president, should know that if she wants the cardiovascular morbidity and mortality rates in Cagayan de Oro to go down, she has to tap on the leadership of the northern Mindanao society. How is PCP dealing with smoking as a risk factor knowing that 7 of the top 10 causes of cardiovascular deaths are smoking related?

Well, up to the extent that every component society attends to the PCP’s 3rd pillar, namely, external engagement and partnership, by pursuing an advocacy, many good things will come out. Every component society should take up an activist role to reduce the disease burden in the country. The PCCP is quite gung-ho about its anti-tobacco advocacy, and the PCP has been supportive. Patient education, influencing school curricula, the appropriate use of media, the ability to partner with corporations in relevant CSR endeavors, the audacity to challenge our political leaders to support a relevant legislative agenda in health, and indeed, formulating our own health agenda are just some of the many things that we can do individually as component societies, or collectively as PCP or even as PMA members. That’s pillar number three.

Being a cardiologist yourself, how can you encourage your colleagues be proactive advocates of healthcare reforms?

We are not short of well-meaning and socially committed physicians. What is needed is for medical societies to provide them with the staging ground from which to express their views and to pursue...
their social advocacies. Admittedly, there are quite a number of doctors who limit themselves – by choice or by inclination – to just their private practice. What a tragedy, if you ask me! They still have to discover the connection of their patients' living conditions to the effectiveness – or ineffectiveness – of the medical care that they provide. Somehow, it is almost like they believe that they can prescribe a pill for every ill. Embracing an advocacy, i.e., feeling strongly about an issue and doing something about it, sometimes starts by feeling pain. Perhaps doctors have to experience pain or a loss before they can see that they have an important role to play other than diagnosing and treating disease.

**What do you think of our current health care system in the country?**

There is so much inequity in access to good health care, our health infrastructure is grossly underfunded, we are too focused on treatment, and treatment is centered on the use of pharmaceuticals. Filipinos have to be more conscious of and accountable for their own health, and both physicians and patients have to behave more responsibly. It is appalling that 60% of Filipinos go through life without being seen by a doctor. Our health care manpower is mal-distributed and preferential distribution is directed overseas. Our healthcare infrastructure encourages our health care providers to leave the country; our government doesn’t mind at all because their dollar remittances support the economy that in turn support the rich.

Short-term goals are focused on activating and refreshing our membership. It's about building, rebuilding, and renovating. A lot of housekeeping needs to be done. They include the current restructuring, the setting up of our external engagement infrastructure by establishing partnerships with media entities, schools and business establishments down to the chapter level. There is a dire need to reengage our members who have started to drift away en masse right under our noses. We will get them back by redirecting the focus of chapter leadership and management.

We are making progress in achieving alignment among the Residency Training Program Committee, the Accreditation Committee, the Residency In-Training Exams Committee, the PSBIM, as well as the CME Committee. It makes good sense that they are all moving toward the same objectives and creating coherence in the way we engage our members in the education front.

Initiatives to increase awareness of good governance and professionalism and to formulate the college’s health legislative agenda are under way.

**How can medical societies play a bigger role in the scheme of things?**

Why are they there in the first place? Are they purely for academic advancement, for the improvement of medical education? Or is there a more profound reason for being in existence as a medical organization? These questions have to be confronted by the leaders. The answers to these questions change over time. Quite frankly, an organization cannot survive in isolation; it has to find its niche in society. That is why we need to elect the most qualified leaders to positions where they can deliver the best results. We need to identify and develop colleagues in our profession who can lead with clarity and conviction. The presidency is not for everyone; it should not be given to those who intend to ‘just pass through’ the 12-month term. It is not even for those who simply mean well and want to serve. It requires some spunk!

**Can you break down your plans into short term, medium term, long term? Any plans linked with PHA?**

The plans are there for the component societies to link with. I have talked about the PCP chapter as the staging area for the execution plans of the component societies. PHA should think about that and discover how its plans can move faster by tapping into the PCP chapters’ four-pillar organizational framework.
We are involving the component societies here and finding ways to integrate their advocacies into the health agenda. We are also refocusing on Internal Medicine as a career, rather than just as a stepping stone to sub-specialization. Hopefully, the creation of the Philippine Society of General Internal Medicine will push through in 2010. It is going to address and correct the gap in the way the PCP has been treating its general IM members.

Medium-term goals focus on harnessing 21st century technology and expanding our reach more efficiently and effectively. They include finally going paperless and getting everyone to use the PCP website for CMEs and other organizational endeavors. We have started the process of weaning ourselves from the pharmaceutical companies. We have started to redefine our relationship with them in a manner that doesn’t compromise our position. We are growing and we better grow in the right direction. By May 2010, we will be on our own. We have approved a big budget for this because in the long run, the college will benefit from efficient use of modern technology.

Long-term goals, following the operationalization of the short-term and medium-term goals, include the alignment of the distribution of our health care workers — our members — with the health profiles and health care needs of our people across the country. We aim to rationalize the accreditation of training hospitals according to the needs of a chapter. By providing opportunities for training in their own provinces, our members will likely become the next pool of health leaders there rather than end up in urban areas where the accredited training hospitals currently are. Our goal is to reshape the way both doctors and the public view health, to make everyone assume responsibility and accountability over his own health, and to put back the magic in the physician-patient relationship, where both parties treat each other as partners. All these call for an overhaul of our health care system.

**What similarities and differences do you see between PHA and PCP?**

The difference is in the scale of work that has to be done, but the similarities abound. The requirements to lead either organization are the same. I only have the highest respect for the people in the PHA board; I have inside information about the hard work they do and the frustrations that they have to deal with. Two of your recent past presidents are now in the PCP board. Their experience certainly has been helpful to the college. I hope their experience with me as their president gives them something new and fresh to think about. It is a delight challenging the mindsets that they bring to the table.

**When did you start thinking like a president? Did you start your programs even before your presidency or did you hold them off until after you finally took over?**

The output of any presidency may be driven by the president, but the board has a lot to do with it as well. The president has to sell an idea or a program to the board before the latter approves it. So, starting in my first year in the board nine years ago, I have always been in support of good ideas. Oh, there were slow presidents and timid presidents, as there were aggressive ones and decisive ones. But all of them were good people who meant well. I learned from their experiences.

Board decisions can actually be strongly influenced by leaders who can make the board see what is not obvious. But that requires doing one’s homework. I did mine when I was just a member of the board, when I became an officer, and finally when I was at the threshold of the presidency. I actually conducted the annual strategic planning session twice — when I was just the secretary, and when I was the president. No such thing as "for me"...
program that all participants found very enlightening and very helpful. (EBM on p. 30)

Ethics Committee
The President met up with Dr. Romeo Divinagracia, chair of the Committee on Ethics, on August 2009. The committee of Dr. Divinagracia will pursue the creation of a Code of Conduct and reiterated that the PHA will adhere to the Code of Ethics of the Philippine Medical Association and the Philippine College of Physicians.

Employment Compensation Commission
The President received an invitation from the ECC to attend a meeting on Aug. 25, 2009. Drs. S. Javier and A. Iboleon-Dy had been designated to attend the meeting and participate in the plans of the ECC to tackle revisions on the compensation for employees during illness, specifically cardiovascular disorders. There had been several meetings and a workshop held for this project.

PHA-Philippine Society of Climacteric Medicine tie-up
With Drs. B. Carisma, A. Iboleon-Dy, Milagros Yamamoto and other members of the PHA Council on Women's Cardiovascular Health, the President met with Dr. Joan Tan-Garcia, president of the Philippine Society of Climacteric Medicine (PSCM) on the proposed collaboration between the PSCM and the PHA Council on Women's Cardiovascular Health on cardiovascular diseases among women in relation to post- and peri-menopausal healthcare. On PSCM’s agenda is to come up with similar multidisciplinary guidelines with cardiologists, endocrinologists and gynecologists. On Sept. 19, 2009, Drs. Garcia and Abola presided over at the “Securing the Cardiovascular Health of Women at Menopause” forum at the Diamond Hotel. In attendance were OB-gyne/ endocrinologist members of the PSCM and PHA officers. (Story on p. 11).

Western-Visayas-Panay Chapter Induction

The President inducted Dr. Glen Mana-ay as president of the PHA Western Visayas-Panay Chapter and his officers in Iloilo on Sept. 25, 2009. Abola noted that it was a very organized event and the members were supportive and enthusiastic about their plans and programs.

Long-range Planning Committee
On Sept. 29, 2009, Drs. Abola and Sy discussed that the Committee on Long-Range Planning would serve as a program manager that will keep track of the programs of the PHA to check if these were aligned with the timelines and the objectives of the mission-vision. The current status of the 2012 Mission & Vision medium-term plans was reviewed. She asked also Dr. Sy to oversee the implementation of the medium-term plans. The President circulated among the Board members a summary of the plans and their current status. They are expected to give their comments and suggestions in the next Board meeting.

World Heart Federation

The President with Drs. Lopez and Iboleon-Dy, attended the World Heart Federation meeting during the European Society of Cardiology Congress in Spain. Thirty members were represented out of the 198 member organizations. The President said that the WHF discussed their Mission and Vision and future plans and projects.

Support Program for Typhoon Victims
The President reported that the Philippine College of Physicians president had called an emergency meeting among the member societies on those interested to help out in the relief operations. She said that one of the suggestions was to identify the hospitals in affected areas, and support the hospitals serving the flooded communities. She mentioned Amando Rodriguez Hospital being one of the badly hit by the floods. The President said that PCP also pledged P100,000 for the typhoon victims (P50,000 for bottled water and P50,000 for items like soap). The President asked the Board the amount it would donate to the typhoon victims. She cited the case of the donation of P50,000 to Iloilo during last year’s calamity in their area. The President said the PHA decided to donate to the DSWD P100,000 in kind, specifically blankets as suggested by DSWD personnel.

Virtual Meetings through the Net
The President got the support of MSD for the series of Virtual Meetings with the PHA chapters, the first of which was the dissemination of the Coronary Artery Disease Guidelines to all the chapters via the Internet on Sept. 27, 2009, with the PHA Heart House as the control center.

Low-Salt Recipe Book Project
Along with Dr. Abdias Aquino, Philippine Society of Hypertension president, Dr. Lyn Gomez (PHS board member), the President met up with Novartis regarding the latter’s own Low-Salt Diet Recipe Contest. The goal of this project was to come up with palatable but healthy daily menu recipes specifically for the hypertensive patients. Of the 80 entries, the 10 winning entries will be compiled into a book, along with some heart health reminders. For this low-salt diet contest and book project, Novartis also consulted a clinical nutritionist, who is a medical doctor and a professional chef, Dr. Monet Acosta. The publication of the Recipe Book is underway. In line with the PHA policy of ensuring evaluation of projects, the President proposed to do a pre-intervention Knowledge, Attitude and Practice (KAP) survey with or without baseline blood tests and BP measurements, prior to implementing a low-salt dietary intervention, and then again, to repeat the survey along with blood tests and BP measurements on the subjects.
Acts of heroism in the face of Ondoy

By Gynna P. Gagelonia

In one day, Ondoy despoiled the Philippines, leaving some places like wasteland and ghost towns. A supper howler, it pounded hard on the homes of the uppy, middle- and low-income society in Marikina, Cainta, Quezon City, Manila, Pasig, and other parts of the country.

Priceless lives were put to a halt: Damage to property reached billions. Some devastation are irreversible, a few are reversible.

Members and staff of the Philippine Heart Association were among the thousands of Ondoy victims.

They have different horrible experiences in the cruel hands of Ondoy which put their survival instincts to a test. In the course of the struggle, these wounded healers, did acts of courage and heroism, not just to save their loved ones, but to aid other victims.

After the storm was an avalanche of finger pointing. There were escape goats. There was passing the buck, again!

Who should take the blame?

We got Mother Nature’s harsh punishment for tampering and tinkering with nature.

Restoration of properties will take years. Mending and healing of broken hearts will take a lifetime.

In the process, somewhere, somehow, people reeling from pain have to get back on their feet and move on.

While some refused to look back and talk about their harrowing nightmare, a few are willing to share their saga.

Dr. Rodney Jimenez

“I was on the 5th floor of the UERMMM, giving exams to incoming IM residents. I witnessed how floodwaters gushed fast.

“We had to race with the pace at which water was flowing towards the hospital and before it reaches the 2nd level, to save the patients.

“Immediately, with the help of residents, we took the patients to the 3rd and 4th floors. I countered the depressing mood that prevailed. I cracked jokes and told the residents, patients and watchers: ‘Hey, let’s count our blessings. We are safe and better off than the other victims. God is with us. I made them laugh. I did food hunting in the offices, prepared instant food, like oatmeal, for the staff on duty and the patients. The whole night, I did regular headcount of the medical staff and patients. Lessons learned: Hahaha, mababaw. Don’t convert your car into a mobile house. I lost all my stuff in my car. Don’t panic.”

Dr. Edwin Tucay

“I was at the Heart Center for my usual Saturday routine, clinic and hospital rounds. My wife and my two older kids, 10 and seven years old, left early to attend a school activity in Vista Verde Executive Village Cainta, Rizal.

“A resident in a village in Bocaue, Tibigar, said after having househelps who had the presence of mind. Despite the ordeal they have had, he and his wife, an ophthalmologist, were thankful that their family was intact. The Tucay brood conducted a medical mission in a depressed Quezon City community. Some 200 typhoon victims received donated food, clothing as well as medicine after consultation by the husband-wife medical team.

Tucay said that life-threatening experience made him realize that “life is too short so be good. You can go anytime. Human power can not match the superpower of a natural disaster but its pays to be prepared for emergency situations.”

Dr. Melvin Hacutina

Dr. Melvin Hacutina wasn’t home when Ondoy struck their house in San Roque, Marikina. Having been stranded at St. Luke’s Medical Center during the height of the typhoon, Melvin was cushioned from the calamity that was crushing their community. Grief came over him on his first view of the destruction. But on knowing that everyone in his family was safe and well, relief swelled. Rebuilding was not as difficult as Melvin had expected as the help of family members, co-fellows and consultants were extended effortlessly. “Nobody is indispensable when nature shows its wrath,” Melvin said, “but what’s important is we’re all alive and well.”

Tabs Vivar, Therapharma

“Ondoy was a nightmare. In our 25 years in Marikina water level was at its highest at knee-length. Our house was ceiling high so my septuagenarian father and I had to rush to a nearby two-storey house.

“Lesson learned is to be prepared for everything. It will not hurt to do measures such as preparing extra food, clothing, flashlights and radios to brace ourselves for any catastrophe.

“Let’s put a conscious effort in preserving the environment.”

Cathy Tibigar, Pascual Laboratories

Right in the “comforts” of her home, she came into close contact, with Ondoy. In a matter of minutes, she witnessed how the strong current swelled six feet high making their stuff look like floating devices. She panicked, and she had to take tips from her husband through the phone… She was thankful for having househelps who had the presence of mind.

A resident in a village in Bocaue, Tibigar, said after that encounter with Ondoy, she equipped herself with survival savvy.

Jennilyn Faye Ymasa, PHA staff

Built with the Ymasas’ four-year-old bungalow, has given the family a sense of pride and security. Jenny and her husband took on the duty of furnishing it with cool and hot applic-