Who will make it to the PHA top brass?

SPECIAL FEATURE:
HOME-GROWN OPTIONS AT PACIO’S PARES & GRILL
A CARDIOLOGIST’S BEST FRIEND

DEKADA 50
PHAN opens PHA history through the lives of cardiology icons who helped shape Philippine cardiology.

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Once again, the Philippine Heart Association (PHA) finds itself in the thick of activities as it nears the end of another fiscal year. The PHA Board, staff, members and volunteers all face the challenge that is associated with hectic preparations for the 44th PHA Annual Convention slated on 29-31 May 2013. “PHA@60: Strategies, Realities & Networks” is the theme for this year’s Convention. At 60, PHA has stepped up to the many challenges in cardiovascular (CV) care and prevention through innovative programs and vital linkages. Thus, PHA’s 44th confab will showcase many exciting scenarios. We particularly salute Directors Dr. Joel Abanilla and Dr. Alex Junia, Over-all Organizing and Scientific Committee Chairs, respectively, for ensuring that all the details have been addressed.

At the same time, this is also the time when PHA members have the opportunity to be heard as the PHA Board elections get underway—with incumbent officers and so-called “newbies” wooing their votes to lead PHA.

On the cover of this PHAN issue, we present the candidates vying for the PHA Board leadership. For the briefs of their competencies, you may refer to pages 20-23. In the words of Albert Einstein, “Not everything that can be counted counts; and not everything that counts can be counted.”

Meanwhile, we warmly welcome to the PHA Family the 59 new Diplomates who have hurdled the Philippine College of Cardiology written and oral examinations. As you wear the PHA badge, you are reminded of the privilege and responsibility to embody its seal of excellence. Your first challenge as Diplomates is to exercise your right of suffrage for the new PHA leaders, and commit yourselves to serve this organization.

In his inaugural address last year, PHA President, Dr. Saturnino Javier underscored the importance of establishing a lay arm for PHA to strengthen and widen its reach. Dr. Javier also stressed that forging more linkages is crucial to PHA’s growth. Indeed, the PHA President, together with his Board and Advisers, has made headway in paving new avenues toward realizing our mission as the champions of cardiovascular health.

The birth of the PHA Lay Arm is proof that a committed few can be the seed to make us a stronger and effective force—toward making a more proactive stand in CV care (see Page 8).

On Page 6, we feature the recent declaration of PHA as a Chapter of the American College of Cardiology, which will surely expand and empower the entire organization as it continues to grow in a borderless world.

PHA NewsBriefs opens another exciting issue for your reading pleasure. May you feel at home within a kaleidoscope of events, features and other noteworthy stories that would inspire you to keep PHA vibrant and relevant to the Filipino community.
Revisiting an alliance, renewing the link

The Philippine Heart Association (PHA) marks another milestone this year as it launches a Philippine chapter of the American College of Cardiology during its 44th Annual Convention and Scientific Meeting. Being honoured by no less than the immediate past president of the American College of Cardiology, William Zoghbi, MD, FACC, the launch has historical roots which draw more symbolic richness as the Association celebrates its 60th anniversary this year.

From its inception, the PHA immediately embraced the need to collaborate with international societies and personalities. When it was established on March 26, 1952 through the pioneering efforts of the first President, Dr. Mariano Alimurung, it was recognized internationally by the International Society of Cardiology through the enthusiastic endorsement of Dr. Paul White, then one of the world’s renowned cardiologists.

About ten years later in 1961, again through the untiring efforts and vision of Dr. Alimurung, the First International Circuit Course on Cardiovascular Diseases was held in Manila, Philippines. Five visiting fellows of the American College of Cardiology conducted the course – consisting of the College President Dr. E. Grey Dimond along with Dr. George E. Dimond, Dr. George E. Burch, Dr. Eliot Corday, Dr. Simon Dack and Dr. C. Elton Lillehei.

Fifty years later today, we revisit these initial collaborative roots between these two cardiac societies as we pave the way to seal another alliance with the American College of Cardiology through the formation of ACC Chapter – Philippines.

In 2009, the ACC officially approved the policy to allow the formation of ACC international chapters – but only in close collaboration with the national cardiology societies. Among the foremost goals of this international policy is for a chapter to be responsive to the needs of ACC members outside of the United States and to achieve the Association’s international mission.

Putting up a country chapter enables the College to better serve the needs of its members by providing them with an appropriate venue to recognize and discuss issues relevant to the practice of Cardiology. Similarly, this collaboration will offer leadership opportunities to ACC fellows in their home country, create mentoring and networking opportunities amongst FACCs not only in the Philippines but also in other countries, and thus strengthen both the College and the country chapter.

The Philippines officially joins its ASEAN neighbours Hong Kong, Thailand, Singapore and Malaysia in having its own ACC Chapter. As a new framework of alliance within the organizational structure of the Philippine cardiology society, the launch of the chapter will inevitably open doors to multidisciplinary collaborations in continuing medical education, research, academic pursuits, training, as well as patient care.

Clearly thus, the formation of the ACC Chapter is an idea that is long overdue. The PHA, while it has provided the necessary mandate towards its creation, should nurture its guidance without necessarily creating an intrusive influence, or much less, a stifling effect, on the Chapter’s activities. The key leaders of Philippine Cardiology must ensure that divisive politics and personal agenda will not get in the way of genuine efforts to rear this chapter to what it is envisioned to be.

For this young, expectedly vibrant and dynamic chapter, bright prospects await to be pursued. Let the process commence – swiftly and smoothly.
QUEZON CITY, March 21, 2013  SPJ to colleagues of the American College of Cardiology (ACC) and Philippine College of Cardiology: “We are sealing a landmark alliance with ACC”.

MANDALUYONG CITY, April 23, 2013 – Men’s Health Philippines asst. section editor Wayne Joseph Tulio’s further queries stem from the question: why does endothelial dysfunction largely goes undetected.

MAKATI CITY, April 13, 2013 – The PHA Lay Arm gets a good headstart.

from the president’s desk
QUEZON CITY, March 21, 2013 – The Washington DC-based American College of Cardiology (ACC) formally instituted the Philippine Heart Association (PHA) as ACC-Philippines Chapter on Nov. 8, 2012.

The Philippines now joins ASEAN members – Malaysia, Thailand, and Singapore, and Hong Kong which have organized an International chapter.

PHA President Dr. Saturnino P. Javier made the announcement before ACC fellows, composed of past presidents and PHA members, in an organizational meeting held at the Crowne Plaza Hotel, ADB Road in this city. In his presentation of the preliminary PHA-Board approved guidelines for membership, PHA Vice President Dr. Eugene Reyes also informed the group that the PHA Board nominated the incumbent PHA president Dr. Saturnino Javier to be ACC-Philippine Chapter governor for one year.

The ACC Chapter will be formally launched during the 44th PHA Annual Convention and Scientific Meeting. The launch is one of the highlights of the meeting. To add more prestige to the event, the immediate past president of the ACC, Dr. William Zoghbi, will grace the occasion.

Javier said, “We are sealing a landmark alliance with ACC. Your presence is a confirmation of your acceptance to be part of this milestone undertaking. PHA is proud to have all the Philippine-based ACC fellows as part of this collaboration.”

Javier also gave the history of visiting ACC Fellows thru an AVP while Reyes said that he and Dr. Javier met up with ACC president Dr. William Zoghbi during the Annual Congress of the National Heart Association of Malaysia in Kuala Lumpur in April 2012.

The organizational meeting paved the way for a healthy discussion of the many issues regarding membership in the chapter, the directions that the Philippine Chapter has to take, the benefits of membership, the mechanics of transfer of power, among others. Presiding the meeting, Javier acknowledged all the issues raised as “valid concerns that should be addressed.

In attendance were: Drs. John Anonuevo, Avenilo Aventura, Leandro Bongosia, Homobono Calleja, Ma. Belen Carisma, Adriano dela Paz, Rebeca Deduyo, Romeo Divinagracia, Francisco Dizon, Marcelito Durante, Loewe Go, Kurt Glenn Jacoba, Raul Jara, Danilo Kuizon, Eleanor Lopez, Wilberto Lopez, Dante Morales, Mary Ong-Go, Fabio Enrique Posas, Cesar Recto III, Romeo Saavedra, Antonio Sibulo Jr., Norbert Lingling Uy, and Vincent Valencia. From the PHA Board, aside from Javier and Reyes, present were Drs. Joel Abanilla, Raul Lapitan, Jorge Sison and Jonas del Rosario.

Javier cited a few of the provisions as approved by the incumbent PHA Board thru Resolution Nos. 2012-68 and 2012-69 during the Feb. 19, 2013 Regular Board Meeting. These include the following: The ACC Chapter will be considered a “special” chapter of the PHA (in coordination with the Committee of Chapters and Councils headed by the vice president) All ACC Fellows in
the Philippines, numbering 70 to date, are qualified to join. ACC Fellows who signify intent to join become Chapter members; the governor may choose a vice governor from the roster of members. Similar to guidelines governing the appointment of chapter president, the governor and his vice governor must be a fellow of both ACC and PCC.

In addition, the ACC Chapter Philippines will be the lead official unit in the Philippines on any collaborative activity with the American College of Cardiology. The chapter is tasked to collaborate with ACC on any matter related to the growth of knowledge and cascade of information from ACC to PHA. The same fees that apply to members of PHA will apply to members of the Chapter. Members are expected to attend regular meeting and activities as the governor provides. They are urged to participate in all activities initiated by the chapter.

All activities and programs of ACC Chapter Philippines should be in proper coordination with the PHA Board of Directors. They should be aligned with all the goals and thrusts of the association and must pursue the mission and vision of the association.

At the conclusion of the meeting, the group approved (ratified) the appointment of Javier as governor. His tenure will be at least for one year, or as decided upon by a three-member committee appointed by Javier to streamline the mechanics of the transfer of power, tenure of office, choice of vice governor, among others.

Thereafter, a few days after the organizational meeting, Javier has constituted the three-member committee by nominating Dr. Dante Morales, Dr. Antonio Sibulo and Dr. Raul Lapitan as its members.

### PhilHealth expands Z benefits

Having the best interest of the Filipino people at heart, and in the spirit of social solidarity, equity and access to quality healthcare, PhilHealth has designed an expanded catastrophic benefit package for expensive and life threatening cardiac conditions. These were chosen based on current evidence that effective medical treatment is locally available and that treatment would improve the survival rates and quality of life of patients.

Branded as the expanded Case Type Z benefit package, this package covers the cost of medical treatment including diagnostic and laboratory examinations, operating room expenses, medicines and other treatment modalities, hospital room and board, and doctors’ professional fees.

PhilHealth has announced on February 14, 2013, the coverage of Case Type Z to include coronary artery disease and certain congenital heart conditions. Through the expanded Case Type benefit package, PhilHealth has improved the benefit it provides for coronary artery bypass graft surgery (CABG) for severe coronary artery disease, surgery for the total correction of Tetralogy of Fallot (TOF), and surgery for the closure of ventricular septal defect (VSD).

Under the old payment scheme, PhilHealth used to pay an average of P47,000 for CABG. Now, the Z benefit package allows PhilHealth to pay up to P550,000 for the comprehensive management of coronary artery bypass surgery, P350,000 for the total correction of Tetralogy of Fallot, and P250,000 for the closure of ventricular septal defects.

The “No Balance Billing” policy permits sponsored PhilHealth members, who are the poorest of the poor identified by the National Household Targeting System of the DSWD, to avail this benefit at no added cost. With the help of experts in the field and our dedicated partners in health, access to affordable and quality health services to members and their dependents, without any out-of-pocket expenditures, became possible. A Fixed co-payment is the scheme for non-sponsored members of the National Health Insurance Program.

With the introduction of this expanded benefit package, PhilHealth hopes to extend relevant medical services to those who need them.

The Z benefit package for cardiac conditions can be availed at the Philippine Heart Center. It will be made available in other government hospitals that will be contracted by PhilHealth. From the day of its launch, three PhilHealth beneficiaries have already availed of the Z benefit for CABG, TOF and VSD.

“Parang pangalawang buhay na itong anak ko... Nung nakita ko na okay na siya, gumagalaw na siya sobrang masaya na ako,” (It’s as if it’s the second life of my child... I was very happy when I saw that he is okay, that he is already moving) says the mother of the child operated for TOF, an added cost. With the help of experts in the field and our dedicated partners in health, access to affordable and quality health services to members and their dependents, without any out-of-pocket expenditures, became possible. A Fixed co-payment is the scheme for non-sponsored members of the National Health Insurance Program.

With the introduction of this expanded benefit package, PhilHealth hopes to extend relevant medical services to those who need them.

Meanwhile, the Z patient who has undergone bypass surgery said, “Sana magtuluy-tuloy pa ang proyektong ito para mas marami pa silang matulungan,” (I hope this project continues so as to help more people).

This is a new paradigm that PhilHealth is embarking on with the intent to ensure quality of life, better access to care, better patient outcomes and patient safety. As PhilHealth synergizes its efforts towards Universal Health Care (UHC) or Kalusugang Pangkalahatan, it establishes strong partnerships between PhilHealth, the Department of Health and all other stakeholders towards achieving this goal.

Much work is yet to be done in order to improve the benefit for cardiac patients. The valuable contributions and the genuine dedication to quality healthcare of Dr. Manuel Chuachiaco, Dr. Gerardo Manzo, Dr. Ma. Theresa Abola, Dr. Jhuliet Balderas and the clinical pathways team of the Philippine Heart Center who are also experts.

See Page 37
The participating hospitals and their number of enrollees: Makati Medical Center (5), Philippine Heart Center (Adult Cardiology-5), Chinese General Hospital (5), UP-PGH (Pedia Cardio Section-6) and Adult Cardio Section (5), Cardinal Santos Medical Center (5), Jose Abad Santos Medical Center (3), San Juan Medical Center (2), Quezon City General Hospital (2), Diosdado Macapagal Memorial Medical Center (2), PNP Health Services-Camp Crame (2), and Intellicare (2).

PHA President Dr. Saturnino Javier took the new members to a virtual tour of the PHA through Introductory Lectures with the aid of an AVP, while PHA Secretary Dr. Joel Abanilla gave them a brief history of the association’s media ties thru its present and past vice presidents for external affairs.

Some details of the traditional and special projects were provided by Dr. Alex Junia and Jorge Sison. PHA Advocacy Committee chair Dr. Jonas del Rosario lectured on the “Perils of Second-hand Smoke” especially to the young.

Early on, they were geared up with the latest CPR techniques by Dr. Regidor Encabo who was lauded for his very interesting approach.

The lay members will be inducted on May 28 (1-5 pm) during the Pre-Congress Lay/Paramedical Symposium of the 44th Annual PHA Convention and Scientific Meeting at the Makati Medical Center.

**What are the benefits of being a member of the PHA?**

1. Membership in a prestigious 60-year-old organization
2. Opportunity for participation in health-related and diverse socio-civic activities that may impact on the community
3. Opportunity for involvement in defining PHA initiatives and policy directions
4. Opportunity for self-enrichment and enhancement

For this year, the board has agreed to open the membership by invitation since the Constitution provides that the number of non-physicians should not exceed more than 30% of the medical professionals’ group.

Recognizing the vital role of your organization in the promotion of healthcare and heart wellness, we wish to extend this invitation to your organization.

5. Opportunity for networking with PHA and other health entities.
6. Website access (public)
7. CPR classes (BLS and ACLS)
8. Subscription to PHA NewsBriefs
9. Issuance of a standard PHA ID
PHA NewsBriefs • March - April 2013

The partnership was formalized thru the MOA signing last March 20, 2013 at the PHA Heart House at the Philippine Stock Exchange Center, Exchange Road, Pasig City. The agreement took effect immediately and will be in full force for six months.

Globaltronics shall undertake to provide PHA with free ad exposures in landmark LED locations, at the Insular Life Building, Ayala Avenue, Makati City; at Lamoiyan’s Compound, West Service Road, Parañaque City; at PHG, Ermita, Malate, Manila; and Naga City LED Board.

Globaltronics and PHA will cooperate with each other to provide the public with adequate information about cardiovascular care in certain strategic areas.

As provided for in the Association’s By-Laws, the involvement of non-medical professionals is a move to involve more stakeholders and thus widen the society’s reach and thrusts. The Association views this move as a key strategy for the society to achieve its mission and vision.

PHA-Globaltronics, Inc. collaboration formalized

PASIG CITY, March 20, 2013 – The Philippine Heart Association (PHA) and Globaltronics, Inc. entered into a powerful collaboration to revitalize the PHA Advocacy Campaign and promote the PHA thrusts.

The partnership was formalized thru the MOA signing last March 20, 2013 at the PHA Heart House at the Philippine Stock Exchange Center, Exchange Road, Pasig City. The agreement took effect immediately and will be in full force for six months.

Globaltronics shall undertake to provide PHA with free ad exposures in landmark LED locations, at the Insular Life Building, Ayala Avenue, Makati City; at Lamoiyan’s Compound, West Service Road, Parañaque City; at PHG, Ermita, Malate, Manila; and Naga City LED Board.

Globaltronics and PHA will cooperate with each other to provide the public with adequate information about cardiovascular care in certain strategic areas.

A non-stock, non-profit scientific organization composed of cardiovascular specialists and lay members, one of the objectives of the PHA is to promote accessible and quality cardiovascular care in the Philippines.

The former is a provider of top quality electronic LED display system and high energy saving LED/EDL Lighting System.
Is the Department of Education (DepEd) an unsuspecting prey of the cardiovascular disease (CVD) menace?

The screening summary of the DepEd BP ng Teacher Ko, Alaga Ko on 1,276 DepEd employees at the Main Office in Pasig City, in Catanduanes (Bicol), General Santos City and Oroquieta City (Mindanao) suggests an impending CV threat.

The dynamic PHA Council on Hypertension chaired by Dr. Irma Yape is at the frontline of the BP ng Teacher Ko caravan that took place from March 11-13 at the DepEd Central Office; on March 23 in GenSan; April 5 in Oroquieta and April 9 in Catanduanes.

Making up the team were cardiologists, medical technologists and Therapharma people led by Joel Manasan from Manila, Catanduanes, GenSan and Oroquieta.

**The results:**

Total Cholesterol: While majority (51.96 or 663) showed an “optimal level” result, 25.86% or 330 are “borderline high” and 22.18% or 283 have high cholesterol.

Blood Pressure: Only 17.79% or 227 showed normal BP. Some 45.45% or 580 are pre-hypertensive, 19.98% or 255 are stage 1 hypertensive while 16.77% or 214 are stage 2 hypertensive.

Blood Sugar: One-third (33.86% or 432) have normal blood sugar level, 6.50% or 83 are prediabetic while 54.94% or 701 are diabetic.

Body Mass Index: More than one-third (36.68% or 468) showed normal result; or 221 are obese, 41.14% or 525 are overweight; only 4.86% or 62 are underweight.

The BP ng Teacher Ko project was conceived by Dr. Reynaldo Neri as chair of PHA Council on Hypertension, took root during the term of Dr. Maria Teresa Abola (PHA president 2009-2010) and was well nurtured by three PHA leaders -- Drs. Eleanor Lopez, Isabelo Ongtengco and Saturnino Javier. Current Council on Hypertension chair, Dr. Irma Yape brings the project to a wider reach. ♥
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PHASE DSM Community Outreach Program

200 px undergo free cholesterol, FBS tests

By Monina G. Pasumbal, MD

DAVAO CITY March 23, 2013 – At least 200 patients underwent free blood cholesterol and FBS screenings and attended the lay forum on cardiovascular disease prevention during the community outreach program held at Bgy. Matina Aplaya in this city.

Dr. Monina Pasumbal, PHA Davao Southern Mindanao Chapter president led her members— Drs. Marilou Maglana, Judy Fortinez, Jerome Blaya, Bermilion Faderan and Elfred Batalla who did the lay lecture. The cardiologists were joined by internal medicine residents from the Southern Philippines Medical Center. Assisting them were 10 nursing students from the San Pedro College of Nursing while 21 BHWs from Bgy. Matina Aplaya helped in the registration and assisted the doctors. After the blood tests, the patients were treated to free “lugaw” courtesy of Mayor Sara Duterte. Pharex provided free medicines and all the materials used, while Otsuka provided free Ankle Brachial Index tests for the patients. The activity was a success judging by the happy faces of the residents of Matina Aplaya as they left the venue.

One of the depressed areas, Bgy. Matina was chosen as the beneficiary of the project which is spearheaded by Dr. Jorge Sison. The national PHA Sub-Committee on Community Outreach Program has been going around the country’s nine PHA chapters.
Bukidnon lawyers get CV screening

MALAYBALAY CITY, Bukidnon, April 30, 2013 – Members of the Integrated Bar of the Philippines Bukidnon Chapter, headed by Atty. Marlowe Selecios, together with some members of their family had a cardiovascular screening.

Supported by Dr. Jorge Sison and friends from the Pharmaceutical Industry – Getz Pharma, Otsuka, Corbridge and Westmont, 46 lawyers availed of electrocardiogram, total cholesterol, fasting blood sugar, ankle brachial index and BP determination as well as spirometry for free. Interpretation of the results and recommendation thereafter was done by their colleague-cardiologist, Atty. Angie Yap. ♥
67% pass adult cardio diplomate exams

Fifty-nine or 67.82% out of 87 hurdled the written and practical exams administered by the Specialty Board for Adult Cardiology given last April 20, 2013 at the Philippine Heart Center, East Avenue, Quezon City. Mortality rate is 32.18 percent.

The announcement was made by Specialty Board of Adult Cardiology (SBAC) chair Dr. Norbert Lingling Uy. The other SBAC members are: Drs. Ma. Belen Carisma, Mariano Lopez, Cesar Recto III and Efren Vicaldo. The conferment ceremonies is scheduled on May 29, 2013, 7:30 a.m. at the Isla 2 Ballroom of Edsa Shangri-La Hotel, Mandaluyong City during the Opening Ceremonies of the 44th PHA Annual Convention and Scientific Meeting.

The new Diplomates in Adult Cardiology:

Adarna, Leilani G., MD
Adiong, Areefah A., MD
Amora, Jonah L., MD
Armada, Francis Martin N., MD
Aswat, Ray P., MD
Baluyot, Kazan Benigno S., MD
Bambico, Lala Ann F., MD
Barce, Jerusa G., MD
Borbe, Rene T., MD
Buendia, Ryan D., MD
Bulatao, Darlene P., MD
Cacatian, Ruby Rose S., MD
Castillo, Lennie V., MD
Caudor, Karen F., MD
Chua, Zalveen A., MD
Daet, Eleazar P., MD
De Jesus, Jeffrey M., MD
Degayo, AM Jun-Jun S., MD
Del Castillo, Jennifer D., MD
Del Rosario, Rachel Rose O., MD
Dispo, Sharon T., MD
Elcano, Janet W., MD
Fernandez, Dennis C., MD
Gonzon, Francis Cyril S., MD
Gutierrez, Maribel T., MD
Gutierrez III, Onofre P., MD
Halasan, Bernadette S., MD
Ibuan JR., Crispino M., MD
Ingente, Anne Marie Kathryn P., MD
Lapus, Noel A., MD
Lasco II, Jun Maximo F., MD
Lazo, Anderson L., MD
Lomarda, Aileen Mae B., MD
Lucas, Paul C., MD
Macapugay, Leora Flor P., MD
Matulac, Melgar O., MD
Mercadal, Gerard Ryan T., MD
Molano JR, Romeo G., MD
Montesclaros, Richard Myles, MD
Mortos, Samantha O., MD
Navarro, Mylene N., MD
Palafox, Charmaine Martha DJ., MD
The Philippine Heart Association Roster of Pediatric Cardiologists has three new members, said Philippine Specialty Board of Pediatric Cardiology chair Dr. Wilberto Lopez. He added that three of the four who took the written exams, passed and all the three made it to the practical exams.

The SBAC members are Drs. Della Pelaez, Maria Rhodora Garcia-De Leon, Teofilo Canstre and Olympia Malanyaon. The written and practical exams took place on March 22 and 23, 2013, respectively at the PHA Tektite Office, Ortigas Road, Pasig City. The new diplomates in cardiology:

- Alarcon, Ma. Estrellita A., MD
- Romotigue, Francisco Emilio C., MD
- Visaya, Jade Marie T., MD

Passing the board exam is not easy. We all have our own styles of studying. Notes in the toilet, cardiac x-ray as my phone wallpaper, and sample ECGs as my favorite bedtime story were just some examples of weirdness but I call this survival. In the midst of all my anxieties, being creepy and uncanny in the preparation for the PCC exam, nothing has kept me sane but my relationship with our Lord. This relationship has made this experience even more memorable. In life changing moments like this, there was no other way to go but to embrace Him more.

There were days that I cannot even open Braunwald because I was busy preparing for a conference, having a toxic duty, tired from radiation exposure and all the different distractions that I could imagine. I realized that I can never pass this alone, time was too short and I’m just extremely out of focus. I decided to devote more time in prayer, to read the bible more and to remember His promises. But despite of all His kindness and promises, I can’t stop being human. I worry a lot, I was doubtful and unfaithful. There comes a point when I was asking Him if I could make it and too afraid to take the exam, but He empowered me with His words “Hakmonite was chief of the officers; he raised his spear against three hundred men, whom he killed in one encounter”. I came to realize that we can never know our full potential until we step out in faith and take the risks.

Every board exam is memorable but nothing compares when we choose to undergo this trial under His watch. As He always reminds us that we should consider trials as a testing ground.

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PHA@60 pegged on Strategies, Realities & Networks

The Philippine Heart Association (PHA) 44th Annual Convention, May 29-31, 2013 is aptly themed “PHA@60: Strategies, Realities and Networks”, to equip the cardiologists and internists (IMs) with revolutionary and evidence-based techniques; and strengthen their links while dealing with the cardiovascular disease encumbrance, its complications and convolutions.

A very optimistic PHA Secretary Dr. Joel Abanilla, concurrent PHA 44th Annual Convention Organizing Committee chair said the Scientific Committee chaired by Dr. Alex Junia, tapped prominent cardiologists and scientists from the foreign and local CV circles as speakers, led by Nobel Prize laureate and American College of Cardiology President Dr. Luis Ignarro.

Hot topics like the PHA statement on the Stem Cell and Chelation Therapy will stir the senses.

Equally stimulating are the sessions on Landmark Trials, CAD Convergence, Reading ECG with the Experts, Initial results of the ACS Registry, Electrophysiology Issues.

This convention also marks the launching of the RF Abarquez Professorial Lecture on Applied Sciences.

Punctuating this annual Convention are the highly-anticipated Inter-Hospital Cardiology Quiz, Inter-Chapter CPR Challenge, Research Paper Contest, and the competitive Fellowship Night Inter-Chapter “Clash of the Icons”.

Invaluable wealth of wisdom and thrilling entertainment await every enthusiastic physician, the perpetual student.

Back to Edsa Shang

After weaning the entire membership from Edsa Shangri-La Hotel in May 2012, the PHA Board of Directors 2012-2013 opted to go back to its convention home for 19 years (from 1993 to 2011).

For practical reasons, the PHA 43rd Annual Convention was moved to nearby Crowne Plaza Hotel, a five-star hotel on ADB Ave. in Quezon City.

Popular clamor for a wider convention space from the general membership plus Edsa Shang’s irresistible special corporate rates, the PHA Board decided to go back to Edsa Shang.

Isla Ballroom 1, 2 and 3, venue of the Opening/Closing Rites and the Fellowship Night as well as the plenary lectures is fresh from a make-over.
Aside from being known as the founding president of the Philippine Heart Association (PHA), Dr. Mariano Alimurung earned a well-entrenched reputation for being a dedicated teacher and an avant-garde with unbridled passion notwithstanding some limitations.

Long before the rapid evolution of medicine and cardiology as a specialty and the advent of automation technology in the Philippines, he provided the road map for Philippine cardiology. Long before the coinage of the borderless world and knowledge-knows-no-frontiers tenets, he made sure that Filipino doctors had access to further medical and cardiovascular know-how which at that time (1952) was only available to the minority who had the means to pursue higher studies or specialty trainings abroad.

For him, medicine and every discipline is a lifetime process of learning to ensure the delivery of high quality of medical care.
**DR. RODOLFO C. SOTO**

PROFESSORIAL LECTURE

Dr. Rodolfo Soto is one of Philippine cardiology’s cream of the crop. A pacesetter, devout clinician and an academician, he and his peers ensconced the finest seed to ensure the robust growth of the Philippine Heart Center (PHC) and Philippine Cardiology.

Soto was the first head of the PHC Cardiovascular Hemodynamic Lab from 1975 to 1980. He did the first coronary angiography in the Philippines – at the Makati Medical Center, using an old cine angiogram in 1970. He taught his Fellows at the PHC “bedside cardiology”, made rounds with his residents and devoted one hour to each patient, a norm he introduced to his students in San Francisco City. Since 1980, Soto and his family have opted to relocate in the US where he and his OB-Gyne wife have been doing well as medical practitioners.

Because his passion is to make Philippine Cardiology at par with the world, he has been diligently bringing the US innovations to his native home.

**Bryan Yan, MD**

Associate Professor Bryan Yan is an interventional cardiologist at the Prince of Wales Hospital, the Chinese University of Hong Kong and an Adjunct Associate Professor at the Department of Epidemiology and Preventive Medicine, Monash University Melbourne, Australia.

After graduating from the University of Melbourne, Prof. Yan pursued advanced training in general and interventional cardiology at the Royal Melbourne Hospital, Australia. From there, he sub-specialized in vascular medicine and peripheral vascular interventions at the Massachusetts General Hospital, Harvard Medical School in Boston, USA.

An avid researcher whose interests lie in interventional cardiology, acute coronary syndromes, novel antiplatelet therapy and biomarkers, Prof. Yan has received multiple competitive grants for his works from local and international award-giving bodies. A prolific writer, he has authored over 100 peer reviewed publications, 7 book chapters and over 100 abstracts at national and international scientific meetings.

He professed that he is intensely committed in educating the next generation of young physician-scientist, including medical and post-graduate training students. The professor has been invited speaker to numerous interventional cardiology meetings in Hong Kong, China, Australia, Korea, Taiwan, Singapore and Malaysia and has performed live interventional cases for teaching purposes in international cardiology meetings.

Prof. Yan is considered a regional leader in the field of endovascular intervention for peripheral arterial disease. He launched the Combined Vascular Medicine & Intervention Services and the Multi-disciplinary Diabetic Foot Clinic in collaboration with vascular surgery, orthopaedic surgery, endocrinology and podiatry in his hospital.

In 2011, he was awarded over HK$1 million from the SK Yee Medical Foundation Grant to provide limb saving endovascular therapy for financially disadvantaged patients with critical limb ischemia in Hong Kong.

**DR. HOMOBONO B. CALLEJA**

PROFESSORIAL LECTURE

Mere mention of the name “Dr. Homobono B. Calleja” is worth a thousand rave reviews.

Known for his unswerving ardour for brilliance as a heart doctor with echocardiography as a specialty; author, champion for doctors’ and patients’ rights, mentor and as an honor student, his track record is worth emulating. Known as the Father of Philippine Echocardiography, he considers his life and body of work and approach as a healer as healthy blend of the classical and the contemporary.
An acknowledged outstanding clinician, researcher and mentor, yet a forever student who looks deeper into the maze of the echo profile of the heart, Dr. Tong Khim Leng is head and shoulders with her male colleagues in Singapore and elsewhere.

The Singapore-based cardiologist’s academic career and training years formed its roots at the National University of Singapore, Royal College of Physicians in the United Kingdom, and reputable institutions in the United States, one of which is the University of Virginia.

Currently, she holds prestigious positions in world-class hospitals and universities in the Lion City. An adjunct clinical assistant professor, she is Chief and senior consultant at the Department of Cardiology in Changi General Hospital, and the director of its coronary care unit.

Her special interest in contrast echocardiography is a given. She was a finalist in the Young Investigator Award, twice, in American Society of Echocardiography, and the Samuel A Levine Young Investigator Award in Clinical Cardiology at the American Heart Association for her clinical research in contrast echocardiography.

As a pioneering sports cardiologist in Singapore, she is part of several sports related national committees as an advisory member; these include the Health Promotion Board of Singapore, National Safety Committee on Sports, the Medical Advisory Committee to Sports Science Institute and as a visiting consultant to SAF Medical Corps.

With the academe close to her heart, she is active in undergraduate teaching as an adjunct clinical professor with Yong Loo Lin Medical School.

To her credit are several small grants for researches in areas of sports cardiology such as athlete’s heart, and has presented her findings in local and international cardiology meetings.

DR. RAMON F. ABARQUEZ, JR.  
PROFESSORIAL LECTURE

With a solid reputation that precedes him, Dr. Ramon Abarquez Jr. is by far the essence of a legendary clinician, researcher, teacher and writer.

Through the years, Abarquez continued to grow and bring honor to Philippine cardiology and to his alma mater, University of the Philippines-PGH. He pledged that research is his greatest love and strength, followed by teaching.

His students and colleagues always remember his message for all PHA members: Do not forget that you are a student for the rest of your life. You learn share and grope or else, you will not do justice to patients. To his credit is a long list of research studies that he has authored and awards.

Romeo A. Divinagracia, MD

One of the Philippine Heart Association’s strongest pillars, Dr. Romeo Divinagracia is a man of distinction and integrity.

A loving mentor, a prolific physician and researcher, the nobleness of teaching and research, rearing the Philippine Heart Association and raising the standards of Philippine cardiology has been embedded in his heart and mind.

His professional life and persona evoke admiration and motivate the younger generation of cardiologists to excel and notch a niche in the field. A “healer” to countless patients and “mentor” to numerous doctors and cardiologists, he lives by the virtues of commitment, responsibility and modesty.

He is the man behind the initiation, establishment and institutionalization of “firsts” – the Formal Training Program and Certification in Cardiopulmonary Resuscitation based on the American Heart Association standards; and the Formal Training Program in Cardiovascular Medicine, together with the late Dr. Ramiro de Guia at the Philippine Heart Center (PHC). The latter became the basic training program for Adult Cardiology, Cardiovascular Surgery and Pediatric Cardiology at PHC and eventually, the prototype of Cardiovascular Training programs in the Philippines.

Divinagracia has assumed several key positions in the medical, academe and hospital arenas. Currently, he is president and chief operation officer of the University of the East-Ramon Magsaysay Memorial Medical Center and Professor Emeritus at UERMMC.

Divinagracia founded the Heart Failure Society of the Philippines

See Page 24
ABANILLA, JOEL M., MD
• Member of the PHA Board of Directors and the Secretary
• Chair of the World Heart Day 2012 Celebration Committee
• Past Chair — PHA Research Committee, Scientific Committee for PHA 43rd Annual Convention (2011-2012), Task Force on Governance Manual, PHA Continuing Education Program Committee (2010-2011), Sub-Committee (2009-2010); PHA Task Force on Community Service (2010-2011)
  • Responsible for the launch of the PHA’s First Aid Guide for volunteer community health workers
• Former Member -- PHA Councils on Preventive Cardiology, Cardiomyopathy and Cor Pulmonale, and Echocardiography,
• Former Editorial Member — Philippine Journal of Cardiology, PHA NewsBriefs and PHA NewsBeats
• Past President -- Philippine Society of Echocardiography, Cardiac Rehabilitation Society of the Philippines and Philippine Heart Center Medical Alumni Society
• PHA Most Outstanding Resident Fellow in Cardiology in 1988

CHENG, CHRISTOPHER C., MD
• Member of the PHA Council on Cardiovascular Surgery
• Lecturer at the PHA Annual Refresher Course in Cardiology (since 2004)
• Division Chief of the Department of Surgery and Anesthesia: Cardiovascular Research of the Philippine Heart Center (PHC)
• Training Coordinator of Surgery: Department of Education, Training and Research (DETR)-PHC
• Member — Technical Research Committee DETR and Cardiovascular-PHC
• Training Committee- PHC
• Co-author of the 1st prize winner of the PHA-Servier Award for Research in 2002; 2nd Prize winner of the Young Investigator’s Award during the PHA 30th Annual Convention in 1999; finalist for the Young Investigators Award during the 12th ASEAN Congress of Cardiology in Manila in 1998
• Past President – Federation of Vascular Surgeons (formerly Philippine Asian Vascular Society, Inc.) and Philippine Association of Thoracic & CV Surgeons Inc.
• Chair of the Committee on Elections of the Philippine Association of Thoracic & Cardiovascular Surgeons Inc.
• Member of the Accreditation Committee for Thoracic and CV Surgery Training of PATACSI
• Past Governor of the Philippine College of Surgeons Board of Directors

DEL ROSARIO, JOSE JONAS D., MD
• Member of the PHA Board of Directors and Director III
• Chair, PHA Advocacy Committee
• Past Chair PHA Council on Congenital Heart Disease
• Member of the PHA Council on CHD since 2005
• For the past seven years, actively involved in the Council’s advocacy project Camp BraveHeart (aimed at improving the lives of children with cardiovascular diseases)
• PHA Distinguished Scientist in 2007
• Served as Faculty during the PHA annual conventions
• Head of the Center for Congenital Heart Disease of St. Luke’s Medical Center, Global City
• Head of the Pediatric Cardiac Catheterization Laboratory, UP-Philippine General Hospital
• Chief of the Section of Cardiology of the Philippine Children’s Medical Center
• Clinical Associate Professor at the UP College of Medicine
• Former Director of the Philippine Society of Pediatric Cardiology
• Ten Outstanding Young Men (TOYM) Awardee in the Field of Medicine in 2004
GARCIA, HELEN ONG, MD
- Chair of the PHA Council on Cardiac Rehabilitation
- Served as faculty during the PHA annual conventions
- Lecturer at the Annual Refresher Course and Real World Practice Workshop for Cardiology Fellows in Training
- Training Officer of St. Luke’s Medical Center Heart Institute in Quezon City
- Department Chair of St. Luke’s Medical Center Stress Laboratory at the Global City in Taguig
- President of the Cardiac Rehabilitation Society of the Philippines
- Former Chair of the Outpatient Services Division of the St. Luke’s Medical Center Quezon City

JUNIA, ALEX T., MD
- Member of the PHA Board of Directors and Treasurer
- Chair — PHA Research Committee, Scientific Committee of the PHA 44th Annual Convention
- Past Chair – PHA Advocacy Committee and PHA Task Force on Community Service
- Past President – PHA Cebu Chapter and Philippine College of Physicians Cebu Chapter
- Member of the Organizing Committee during the 18th ASEAN Congress of Cardiology in December 2010 held in Cebu City
- Clinical Training Program Director of the Cebu Institute of Medicine
- Finalist in the Outstanding Research in Cardiology during the PHA Annual Convention in 2004
- Organized for the PHA Cebu Chapter — post-graduate courses, BLS-ACLS trainings in different centers in Cebu, and World Heart Day and Heart Month activities
- Affiliated with Cebu Velez General Hospital, Chong Hua Hospital, Perpetual Succour Hospital, Sacred Heart Hospital and Visayas Community Medical Center

LAPITAN, RAUL L., MD
- Member of the PHA Board of Directors and Director I
- Chair of the PHA Continuing Education Program Committee
- Past Chair — PHA Sub-Committee on CEP, Socials Committee and Sessions Coordinator during the 2012 PHA Annual Convention
- Past Co-Chair – PHA
- Committees on Advocacy, World Heart Day 2011, Heart Month 2012
- Former Member — PHA Awards Committee and PHA Council on Hypertension
- Former Over-all Training Officer of the Makati Medical Center Section of Cardiology (2006-2011)
- Chief of the Section of Cardiology, Director of the Adult Intensive and Critical Care Unit, and Head of the Heart Station of the San Juan Medical Center
- Member of the Philippine Society of Echocardiography
- Member of the Makati Medical Society
- Affiliated with the Makati Medical Center and Asian Hospital and Medical Center

MARAVILLA, LILIBETH M., MD
- President of the PHA Southern Tagalog Chapter (STC)
- Member — PHA Council of Stroke and Peripheral Vascular Diseases
- Member — Board of Directors and Incoming Treasurer of the Philippine Society of Vascular Medicine, Philippine Society of Hypertension, and Philippine Lipid Society
- Served as Associate Professor, DLSU College of Medicine
- Served as Chief of Clinic, Daniel Mercado Medical Center
- Present Head, Section of Cardiology, Dept. of Medicine, Daniel Mercado Medical Center
- Member, Training Core, Department of Medicine, Daniel Mercado Medical Center
- Organized for the PHA STC — medical activities, including lectures, workshops and post-graduate course and non-medical activities for the yearly World Heart Day Fun Run of PHA-STC, and PHA-STC Showstopper’s concert as fundraising projects to support the chapter’s activities, charitable works, medical missions and lay fora
- Served as lecturer and moderator during PHA Annual Conventions and Asia Pacific Congress on Atherothrombosis.
- Served as committee head during The Philippine Society of Vascular Medicine Annual Conventions. Scientific Committee Head, 2013 Asia Pacific Congress on Atherothrombosis

MONTEMAYOR, JOSE JR. C., MD
- Consultant to the PHA Committee on Legislative Affairs
- Former member of the PHA Committee on Ethics
- Past President and Member of the Board of the Philippine Society of Cardiac Catheterization and Interventions
- Former Chair of the Philippine College
of Physicians Ethics Committee
• Member of the PCP Legislation Committee
• Member of the Philippine Society of Echocardiography
• Consultant in Legal Medicine at the St. Luke’s Medical Center
• Affiliated with the St. Luke’s Medical Center, Philippine Heart Center and the National Kidney Transplant Institute
• Professor of Law at the San Sebastian College
• Associate Editor of the Philippine Journal of Internal Medicine

REYES, EUGENIO B., MD
• Member of the PHA Board of Directors and the Vice President
• Director-in-Charge of the PHA ACS Registry
• Chair of the Heart Month 2013 Celebration
• Past Chair – PHA Research Committee and Scientific for the annual convention (2010-2011), Continuing Education Program Committee (2009-2010), CEP Sub-Committee (2008-2009) and PHA Council on Preventive Cardiology
• Member of the Steering Committee of the National Nutrition and Health Survey 2008 and Convener of the 1st ACS Summit (2011)
• Involved in the drafting of the Dyslipidemia Guidelines in the Philippines (as head of the technical committee), CAD Guidelines (adviser), and Echo Guidelines
• Member of the Organizing Committee and Scientific Committee Chair, 18th ASEAN Congress of Cardiology in 2010 in Cebu City
• 1995 PHA Most Outstanding Cardiology Fellow & Gatmaitan Awardee for Clinical Associate Professor of the UP College of Medicine, head of the Central ECG Excellence in Research 2005
• Clinical Associate Professor of the UP College of Medicine, head of the Central ECG of the UP-PGH and Vice Chair of the Department of Medicine of the Manila Doctors Hospital

SISON, JORGE A., MD
• Member of the PHA Board of Directors and Director II
• Chair — PHA Sub-Committee on Continuing Education Program and Task Force on Community Service
• Past Chair and Member of the PHA Council on Hypertension
• Research Coordinator

TANGCO, ROGELIO V., MD
• Former member of the PHA Council on Cardiac Catheterization and Interventions
• Faculty during the PHA Annual Conventions in 2012, 2010, 2002
• Lecturer at the PHA Annual Refresher Course in Cardiology
• Associate Professor (Cardiovascular Section), of the UP-Philippine General Hospital
• Head of the Cardiac Catheterization Laboratory at the UP-Philippine General Hospital, National Kidney & Transplant Institute, Manila Doctors Hospital
• Affiliated with the Manila Doctors Hospital, St. Luke’s Medical Center Quezon City and The Medical City
• Fellow of the Year Award from the Philippine College of Physicians in 2006
• Medical Director, Rotary Manila Pacemaker Bank affiliated with Heartbeat International.
• Board Member of the Sagip Buhay Medical Foundation, Pintig Puso Pilipinas Foundation, and Pusong Pinoy Foundation
• Former Editor, The Filipino Internist, Philippine College of Physicians
• Editorial Board, Journal of the Asean Federation of Endocrine Societies 

for Hypertension of the Council on Hypertension
• Former Editorial Board Member of the Philippine Journal of Cardiology
• PHA Most Distinguished Award for Science in 2002
• PHA Young Investigators Award 1984
• Highest PHA CME Award in 2009, 2012
• Chair of the Department of Medicine in Medical Center Manila
• Main author: Hypertension Prevalence (Presyon 1, 2, 3) and Target 7 Organ Surveys in Hypertension in the Philippines (Phyton 1-4)
• Composer of PHA Hymn
What it feels... from Page 15

of our faith and we will be in perfect peace.

God is not the God of confusion, and whenever He sees sincere seekers with confused hearts, He will do whatever it takes to help them see His will. From this day on I hope that I will continuously remember the wonders and miracle that He has done in my life. Passing the boards was impossible for me; I almost fainted when I received the blank practical exam questionnaire and heard the right minus wrong instruction from Dr. Lingling Uy. But God is true with His words that whatever is impossible with man is possible with God so I have nothing to boast but all praises and glory belongs to Him alone. If it is God’s will then He will pull us through.

Dr. Ramon ... from Page 19

and currently, the President of the Philippine Society of Hypertension.

The UERMMC was his fertile training ground for his internship and internal medicine residency. For his fellowship in cardiopulmonary diseases, he went to Scripps Clinic and Research Foundation in La Jolla, California, USA. Still in pursuit of wider appreciation of hospital management, he took his Masteral in Hospital Services Administration at the Ateneo de Manila University Graduate School of Business.
Sy heads RP LIFECARE Study

The LIFE course study in CARdiovascular disease Epidemiology (LifeCare), an international cohort study is now being conducted in four Southeast Asian countries - Thailand, Malaysia, Indonesia, and the Philippines.

The Lifecare Philippines Study Group is headed by UP-PGH Medicine Chair Dr. Rody Sy along with UP College of Medicine Professor Nina Carandang. The co-investigators are UP-PGH Section of Cardiology faculty Drs. Yobs Punzalan, Dr. Paul Reganit, and Dr. Elmer Llanes. The study is supported by the Department of Health (DOH), Department of Science and Technology (DOST), and various specialty organizations.

The objective is to examine the association between environmental (psychosocial factors using the SF-36, EQ5D and K-10 questionnaires, exercise, smoking, alcohol intake, dietary habits), and CVD risk factors (obesity, diabetes mellitus, hypertension and dyslipidemia) and its impact on health related quality of life and health care utilization.

The study includes apparently healthy 20-50 years old who are willing to answer the questionnaires and participate in all health screening procedures which include ECG, ABI measurement, anthropometric measurement, fasting blood glucose, lipid profile, and two hour post prandial glucose tolerance test.

A total of 3,078 participants were recruited from various regions in Luzon and the data is currently being analyzed. The baseline demographic and clinical profile is planned to be published in Acta Medica.

Elmer Llanes, MD; Paul Reganit, MD

2013 UP-PGH Heart Week zeroes in on VTE

MANILA, February 18, 2013 -- The UP-PGH Section of Cardiology celebrated the 2013 Heart Week Feb.18 to 22, 2013 with the theme “Venous Thromboembolism (VTE) Awareness: Our First Step Towards a VTE Free PGH.”

Opening Ceremonies were held at the UP-PGH Atrium attended by PHA President Dr. Saturnino Javier, PHA Secretary Dr. Joel Abanilla, along with UP-PGH Director Dr. Jose Gonzales, Medicine Chair Dr. Rody Sy, Cardiology chief Dr. Raul Jara, as well as UP Manila College of Medicine faculty.

In line with the theme, VTE prevention flip charts and handy notes were distributed to every ward and a grand rounds and workshop was held by Dr. Maria Teresa Abola. A book on echocardiography entitled “My First Echo Book” by Dr. Jara was unveiled, and the UP-PGH Section of Cardiology Alumni Association was launched by the UP-PGH CVS Alumni Coordinator - Dr. Paul Ferdinand Reganit.

The Annual Heart Week Celebration was initiated for patients, employees, and hospital staff to be aware of common cardiovascular diseases, and be provided basic information on how to prevent these diseases. Patients were also treated to free cholesterol, random blood sugar, ECG, and blood pressure screening throughout the week.

Jodette Laviente, MD; Paul Reganit, MD
The UP-PGH Cardiogenomics Study Group

The UP-PGH Section of Cardiology and the UP Manila National Institutes of Health (NIH) has spearheaded the pioneering study titled “The “Genomic Research on Hypertension, Coronary Artery Disease, Dyslipidemia, and Treatment Response to Cardiovascular Pharmacological Agents Among Adult Filipinos Towards the Development of Individualized Therapeutic Strategies.”

The main objective of the project is to determine the molecular basis for hypertension, coronary heart disease, and dyslipidemia among Filipinos and apply that knowledge to the clinical setting for individualized treatment and enhanced care. Specifically, the aim is to determine the role of genetic polymorphisms underlying the risk for the development of these diseases, and to identify variations in genes involved in drug metabolism and their effect on response to various medications for hypertension, coronary artery disease, and dyslipidemia in the Filipino population.

The program is divided into two parts: case-control and genotyping experiments. Genotyping is done by obtaining DNA samples and processing by amplification through polymerase chain reaction, and hybridizing to a 384 SNP microarray chip.

It has become clear that novel highly penetrant genetic differences, both rare and common variants, exist in the population, predisposing individuals to coronary heart disease, hypertension and dyslipidemia. The identification of these genetic factors is expected to provide a better understanding of novel pathways and lead to new diagnostic tests and treatment strategies such as individualized treatment (pharmacogenomics). The primary output of the project would include gene markers for the common cardiovascular diseases (hypertension, coronary artery disease, and dyslipidemia) and certain gene markers in pharmacogenomics (ie. aspirin resistance, ACEi-induced cough, statin-induced myopathy, etc).

UP-PGH Medicine Chair Dr. Rody Sy is the primary investigator along with UPM- NIH Genetics Director Eva Cutiongco. Co-investigators include UP-PGH Cardiology faculty Dr. Yobs Punzalan, Dr. Paul Reganit (CAD studies), Dr. Elmer Llanes (Hypertension studies), and Dr. Louella Santos (Dyslipidemia studies). Other members include Drs. Ricky Tiongco, Donny Magno, Pichy Alan, and Jaime Aherrera.

Jaime Aherrera, MD; Paul Reganit, MD

Doctors’ two-day get away

SAN MATEO, Rizal, April 6, 2013 -- The Cardinal Santos Medical Center Cardio Vascular Institute (CSMC CVI) organized its annual team-building event on April 6 and 7, 2013 at the Timberland Resort in this eastern town.

Various games and activities were conducted to ensure an improved working environment among doctors of CSMC VCI, making them comfortable around one another, and further develop communication, coordination, cooperation and team spirit.

Moreover, the activities are meant to help ensure a feeling of togetherness and unity among doctors.

The event was supported by the CSMC management and well participated by its doctors, consultants, fellows and their respective families.

Among the activities that made the event unforgettable, memorable and exciting are Zumba Dance, Amazing Race and parlor games.

By Marikit Padilla, MD
However, the conventional ECG and Holter monitor sometimes have a low diagnostic yield, especially for patients who present with intermittent arrhythmias. Until recently, intermittent heart rhythm disorders have been difficult to capture, because they rarely happen while at the doctor’s office or hospital. A significant number may not be “caught” on the ECG when the patient is in the hospital or clinic, and the ECG is often entirely normal except when the arrhythmia is actively occurring. Even a 24-hour Holter monitoring may miss a significant number of arrhythmias, especially those that do not occur daily. For patients who suffer from intermittent cardiac arrhythmias, the development of the new, small, cardiac event recording devices called transtelephonic or event monitors have facilitated diagnosis of these conditions and increased the diagnostic yield.

Two different types of cardiac event monitors are available. Pre-symptom (looping memory) event monitors have electrodes attached to the chest, and are able to capture ECG rhythms before the cardiac event monitor is triggered (pre-symptom recording). This feature is useful for people who develop syncope when arrhythmias occur. Post-symptom event monitors do not have chest electrodes attached at all times. Instead, the recording is triggered by the patient once he/she feels the symptoms. The ECG tracing recorded, called a transtelephonic ECG, is then sent or transmitted to the hospital over the phone.

With the use of these portable transtelephonic ECG or event monitors, it is now possible for a patient to record the ECG at the time the symptoms are actually happening. These new devices are small and easy to use, with relatively clear quality of the ECG tracings making the diagnosis of an arrhythmia much more reliable.

When a physician suspects the presence of a cardiac arrhythmia, he/she may request for a cardiac event transtelephonic ECG recording in order to document the ECG at the time symptoms are occurring. Early this year, the Medical City Cardiovascular Center launched a modified version of the transtelephonic ECG called the Care Now Healthy Heart System, otherwise known as the TMC E Phone or ECG Phone. It is basically a cellular phone (with all the basic features such as calling, texting, and storing data) that can be carried in the purse or pocket until the onset of symptoms, and capable of recording the owner’s/patient’s ECG and transmit the tracing immediately to a center for interpretation and appropriate actions. It is a post-event type of monitor.

The system allows for continuous monitoring 24 hours a day, 7 days a week since the transmission is done through the hospital’s Telemetry Unit. ECGs can be sent over the phone to the unit any time, and a designated team is tasked to solely receive transmissions of ECG tracings, give an initial interpretation/
hospital observer

Technology... from Page 27

impression, refer abnormal tracings accordingly to the physician/cardiologist in charge, and transmit the necessary actions. The ECG will be received by the Telemetry nurse who will review the tracing with a Cardiologist. If there is evidence of an abnormal heart rhythm, the patient will be notified at the time the tracing is sent and instructed on the necessary course of action. If no problems are found, the patient will be notified but still instructed to consult or follow up with his/her cardiologist should symptoms recur. Certain ECG tracings/abnormalities will be designated as “Alert ECGs” wherein the patient is instructed to report immediately to the hospital. One of the valuable features of the monitoring system is that it allows the center to warn the patient of any potentially dangerous conditions, advises them to immediately go to the hospital, alerts the emergency department and the critical care unit of an upcoming case, and hence facilitates patient care. It also allows the requesting physician to be able to view the transmitted tracings immediately online.

The TMC E Phone is useful patients with intermittent palpitations or arrhythmia, which include runs of supraventricular tachycardia and nonsustained ventricular tachycardia, where documenting the arrhythmia during the symptoms are of diagnostic value; patients with transient symptoms, such as those that come and go suddenly, and those with inconclusive findings on ECG and Holter. Patients undergoing treatment for certain arrhythmias, such as atrial fibrillation, will also benefit from the device as it allows the physician to monitor response to treatment: to document the benefit after initiating drug therapy for an arrhythmia, and document the recurrence of an arrhythmia. Patients with suspected disorders of the electrical system of the heart but with inconclusive or negative findings from ECG and Holter are also candidates.

The current model of CareNowTMC Ephoneis dual-band GSM900/1800 which is fully functional in the presence of a GSM900/1800 network with GPRS. This is used in most parts of the world: Europe, Middle East, Africa, Australia, Oceania (and most of Asia). In South and Central America, it is only applicable for Peru, Costa Rica, Brazil, Guatemala, and El Salvador. The only exceptions are North America, Japan and South Korea, where GSM 900/1800 is unavailable. This feature makes it an attractive option for patients living in other countries who have undergone intervention such as coronary bypass, angioplasty, and implantation of pacemakers and defibrillators in the center. It is in fact, useful for foreign patients especially from Palau and other parts of the world, who have undergone cardiac device implantation and do not have access to regular device follow up in their region.

For patients undergoing cardiac rehabilitation at the Medical City Cardiac Rehabilitation Service, one of the premier rehabilitation centers in the metro, the system allows for home monitoring of patient’s heart rates and heart rate responses to home based exercises.

Each transmitted ECG is printed and kept in individual patients’ files. Once an ECG recording has been made, it remains in the monitor’s memory. Each individual file also contains other pertinent data including previous laboratory works, data on previous admissions and interventions, hence greatly expediting patient evaluation and assessment.

More than the technology and innovation offered, the Care Now system provides patients a 24/7 connection to their healthcare provider and cardiovascular team, allowing constant access of patients with heart conditions to their heart doctors, whenever and wherever they are, and ultimately providing peace of mind for both patient and physician.

100% No Less!...

By Cecile Cabias-Jaca, MD

CEBU CITY-- Training core and mentors of Cebu’s Cardiology Fellowship Training Institutions, Chong Hua Hospital Heart Institute and Perpetual Succour Hospital Heart Institute have all the reasons to be upbeat and it’s etched on their faces.

Graduates of both institutions got a 100% passing rate during the Specialty Board Examination in Adult Cardiology given last April 20, 2013 at the Philippine Heart Center wherein the national passing rate was 67%.

The six Cebu trained new diplomates are Drs. Karen Caudor, Bernadette Halasan and Aileen Mae Lamorda of Chong Hua Hospital Heart Institute, and Drs. Jennifer Del Castillo, Sharon Dispo and Richard Myles Montesclaros of Perpetual Succour Heart Institute. Congratulations to all of you! We are truly local, vocal and proud of you guys! ♥

PHN News Briefs

Camp, Marawi City: 8th I. P. Daruva Memorial Wing Phlebotomy Course...

March - April 2013 • PHA NewsBriefs
To lead, to educate, to make a difference in the lives of the fellows and to leave a legacy to their training institutions—these are the aspirations of five conventional fellows with exceptional traits. The handhelps of the Philippine Heart Center training officers and administration in molding the fellows-in-training, in implementing rules and regulations and in leading its Department of Adult Cardiology—PHAN salutes the unsung heroes, the chief fellows.

**Jun Maximo Lasco, MD**
*Chief Fellow (April 1 – July 31, 2012)*

He is currently undergoing his invasive cardiology training at PHC. A self-actualizing person, he likes challenging himself to do things he thought were impossible and to excel. When asked how he defines triumph, he said: “When I say success, I don’t measure it in terms of money, cars or what you have. Instead, I define success as a peace of mind in knowing that I have achieved the best I could ever hope to be.” The model house staff of PHC Center in 2012 won several research competitions because he maximized his potentials. Most importantly, he left a mark at the Adult Cardiology department and to the lives of his fellows.

He is passionate in helping other people. He wanted to make a difference in the lives of his fellows within the context of their training no matter how small it was. As for frustrations during his term as chief fellow, he had none. It was indeed a very fulfilling experience having been able to influence meaningful change to his co-fellows, consultants and patients.

Equilibrium is very important to Lasco. He balances work and fun. At the day end of the day, he runs, plays badminton and hangs out with friends. When he is home, he reads books.

The Cebu City Chong Hua Hospital-IM graduate sees himself practicing in Cebu and Bohol after his clinical research fellowship in invasive cardiology.

His message to the present chief fellows: “like Nike, just do it!” To the adult cardiology fellows-in-training: “Your Cardiology fellowship training is just a fleeting moment. But the things you can do to your patients will have a lasting effect. Make them remember you with fondness.”

**Consuelo Tan, MD**
*Chief Fellow (August 1 – November 30, 2013)*

She is one of the current clinical research fellows of the PHC Non-invasive Division.

What started as a dream became a passion. “At first, I wanted to be a doctor, a general practitioner, then I just found myself wanting to be a cardiologist. I can’t imagine myself in any other profession”, she said.

Precious times were sacrificed to master the medicine and cardiology, she relishes every moment of it.

When she was offered to head her co-trainees as chief fellow, she was overwhelmed. To lead a group of 50 adult cardiology fellows is quite a load on her shoulders. To lighten the pressure, Tan made it a point to know the strengths and weaknesses of each of her fellows to help them maximize their potentials. A very organized person, she would be frustrated when things happened not according to the set plan especially when unexpected things got in the way. In situations such as these, she maintained her composure and managed the mayhem. Tan added, “I learned to embrace the truth in life. No matter how much we plan, some events will just surprise us in any way. Thus, we should always be prepared.”

Guided by her motto: Always choose a work that you love doing, and you will not be working for the rest of your life, and she did it.

For her, nothing can be more gratifying than seeing her juniors grow in knowledge, become more mature in their decision-making and more dedicated and disciplined in their training. She wants to be remembered by her patients and esteemed by her colleagues because she imparted a good legacy to her students and to her Mother institution.

Love and work can coincide, according to Tan. Her family keeps her going. Aside from good food, a hearty laugh with her loved ones “de-stress” her. A Chong Hua Hospital
a day in the life of a cardio fellow

(Cebu City)-trained internist, Tan is still weighing her options whether to go back to Cebu or stay in Manila for her practice.

A message from the Cebuana-heart specialist: “I always tell people that I am just an ordinary woman who is trying to get the full benefit of her capabilities and talents. To my juniors, whatever field you choose, don’t just train, train well. Do everything that you plan doing. Strive for excellence, don’t settle for mediocrity.”

Leilani Adarna, MD
(Chief Fellow: December 1 – March 31, 2013)

A Manila Doctors Hospital-trained internist, Leilani Adarna is a full-fledged cardiologist who belong to the March 2013 batch of successful examinees. Aspiring to become an echocardiographer, Adarna is presently one of the clinical research fellows of the PHC Non-Invasive Division. A daughter of a renowned cardiologist, she plans to practice in her hometown, General Santos City.

Driven by a commitment to serve her place of origin, she will institute the things that she learned from her training. According to Adarna, “It is indeed true that there is a growing population of cardiologists in the Philippines. The irony of it is there is a shortage of specialists, particularly cardiologists in certain areas of our country. There are hospitals that are manned mainly by midwives. This is disheartening. This is my motivation, to educate and equip health care personnel in my hometown.” Adarna had laid down the path she is headed to. She is guided by her belief that: If you work hard and know where you are going, you’ll get there.

This patriotic lady cardiologist recounts her moments as chief fellow. It was just like yesterday when she joined the Lakad Puso during the PHC anniversary. Away from her home, she felt the warmth and security of having a family in her training institution. She also contributed to the implementation of the Z-benefit among patients who will undergo CABG. Heart failure clinic were one of the several projects of the department. Through combined efforts, it became a reality. The position also gave her an opportunity to interact with different pharmaceutical companies as head of the ways and means committee during post-graduate courses. If there is something she wanted to contribute to the training program and to the fellows it is better access to international journals, scientific and medical internet sites.

A well-rounded person, Adarna devotes time to other things aside from cardiology. She is into sports and rewards herself with her favorite food once in a while. She never misses a good movie whether be it on television or in cinemas. Her best form of relaxation is travel.

To the present chief fellow, this is her message: “The post entails a lot of responsibilities. It can be frustrating but also rewarding. Be patient.” To her juniors: “Work hard, but don’t forget to enjoy life. Training is just a small part of your life. The real world is harder.”

Raymund Darius Liberato, MD
(Chief Fellow: April 1 – September 30, 2013)

The current chief fellow of PHC hails from Davao City. He finished his internal medicine training at the Southern Philippines Medical Center (formerly Davao Medical Center). One of Liberato’s biggest aspirations in life is to be a cardiologist. Along with this came the responsibility of chief fellowship. For him, it is a commitment and an opportunity that will challenge him as a person and a privilege. The challenges that come with the task made him a stronger person. For guidance and blessings, he always asks God to lead him to the right direction.

A dedicated family man and doctor, Liberato is driven by four Fs – family, fulfillment, failure and fun. Family is the main reason he chose cardiology as a sub-specialty. Fulfillment fuels his targets. Failure motivates him to try again and make it. Fun is adding excitement to everything you pursue.

He is constantly guided by his dictum: “The simpler, the better. Trabaho lang, walang personalan.” Despite the whelming emotional and psychological pressure the colossal task entails, he devotes time for his family and allocates me-time for himself. He appreciates and does simple but precious things in life such as playing with his children and watching movies with his entire brood in the comforts of their home.

Leisure in the form of computer games, reading pocket books and reading/watching historical documentaries, as well as playing basketball are indispensable in his calendar. As soon as he becomes an invasive cardiologist, Liberato will go home to Davao and establish his practice there.

For the younger cardiology fellows, he wants to impart this message: “Always expect the unexpected.” You cannot please everybody because somehow, everybody’s going to think that everything is going against them because of you.” He shares a quote from Bernard Branson, “Rejection is an opportunity for your selection.”

Melissa Cundangan, MD
(Chief Fellow: October 1, 2013 – April 30, 2014)

Melissa Cundangan, a graduate of FEU-NRMF Medical Center, is the future chief fellow of the Philippine Heart Center. Cundangan’s motto is, “Do everything that is right and, the rest will follow.” Her goals are: To help her subordinates in every aspect that she can especially in sharing knowledge; to make a difference that will influence the training of adult cardiology fellows; to serve and care for her patients to the fullest of her ability. The position will surely test her patience and her dedication. Her greatest aspiration is to be the best cardiologist she
can be. “I see headaches and problems as part and parcel of the major task that I will undertake. I will confront them,” she said.

Outside the hospital premises, Cundangan is a gourmand and a sleepy head, her way of energizing herself. She also allocates time to play with her niece and nephew.

Bulacan is her place of practice after she finishes her sub-specialty training. She is still undecided whether to pursue the echocardiography or invasive cardiology training path.

A message to the present chief fellow: “Bong, keep it up! I will always be here to help you.” To the juniors: “Always be responsible and dedicated to the field that you have chosen. It may be difficult at first but in the end, it’s all worth it.” A message to the readers: “In everything you do, just give your best without expecting anything in return. He will grant you what He thinks you deserve and what is best for you. Libre lang ang mangarap. Pero ikaw ang gagawa ng paraan para maabot and pangarap mo.”

University of Sto. Tomas Hospital
By Ritchie Go, MD

In a fitting ceremony, the UST Section of Cardiology gave rousing tribute to its graduating fellows and a moving welcome to its incoming new fellows and new chief fellow, during the “Thomasian Hail and Farewell” program organized by the Fellowship Training Committee after the Annual Fellows’ Research Forum last February 22, 2013 at the Luxent Hotel in Quezon City.

In attendance were Section Chief Dr. Milagros Yamamoto, Fellowship Training Officer Dr. Marcellus Francis Ramirez, and other consultant staff of the section led by Thomasian Trailblazer in Cardiology Dr. Francisco Dizon. The graduating fellows-Drs. John Paul Tiopianco (chief fellow), Darlene Bulatao and Brian Redoblado, were bidded the “Farewell” and given recognition for successfully completing the three-year fellowship training. They were officially inducted as members of the Thomasian Heart Specialists Alumni Association (THESAA) by THESAA President Dr. Cindy Llarena. The Section likewise welcomed the new Chief Fellow Dr. Anina Domalanta, the incoming first year fellows-Drs. Nadia Muljadi, Bianca De Guzman, Franco Rubrico and Sherry Simon, during the “Hail” portion of the ceremonies.

John Paul Tiopianco, MD
Outgoing Chief Fellow

“A man of action,” is perhaps how we can describe Dr. John Paul Tiopianco or JP to his friends. Dr. JP the previous chief fellow in UST section of Cardiology, graduated from the University of the East Ramon Magsaysay (UERM) and finished Residency in Internal Medicine at the Chinese General Hospital.

He hails from Bulacan where he will probably start his career as a Cardiologist after a hard-earned fruitful three years in training.

In Dr. JP’s term as chief fellow in UST, he was known to be a silent worker well respected by his co-fellows, trusted by the consultants, and loved by hospital staff. He co-organized with the training committee the different curriculum lectures, examinations, and other activities that not only to make his co-fellows academically ready but mold them to be well-rounded Thomasian cardiologists as well. He tirelessly helped his co-fellows with everything in his capacity, but more importantly, he led and taught by example - something his co-fellows would always try to duplicate. Whatever path he will take, he will surely be recognized by his work ethic and attitude that is expected of him as a Thomasian.

Anina Theresa Domalanta, MD
Incoming Chief Fellow

Dr. Anina is the new chief fellow of the UST Section of Cardiology. A move that she didn’t expect and wanted at first, but later on embraced it with optimistic views and with the other fellows behind her. She graduated Medicine from De LaSalle University Dasmarinas, and finished Residency in Internal Medicine in Chinese General Hospital.

The soft spoken and always well-dressed Domalanta suddenly turned into a driven and passionate leader who wants to have a good head start- and embark on another year of challenges in Fellowship training and stepping-up for the whole section. This year, with the backing of the whole core of consultants, Domalanta is set to continue the tradition of molding new competent and caring cardiologists with Christian values that the UST Section of Cardiology has been known for.

Cardinal Santos Medical Center

Charmaine Palafox, MD
Outgoing Chief Fellow

I was appointed as Chief Fellow last March 2012 and served the Cardiovascular Institute for 1 year. It is an honor and a privilege to be appointed as Chief Fellow but with this honor comes the responsibilities. Although, in CSMC there are only 9 fellows, the Chief Fellow also has to work with the medical residents and other staff of the hospital.

Part of my job also is to do administrative work not only for the Institute but also for CSMC. For me, this is the more difficult part as being the Chief Fellow. As doctors, we are not trained to do administrative work but I learned to the job as time passes.

As the previous Chief Fellow, my advise to Marikit would be to always be patient and be understanding to
a day in the life of a cardio fellow

by Bernadette Santiago-Halasen, MD

As a famous saying from Roman Philosopher Seneca goes, and I quote, “Every new beginning comes from some other beginning’s end,” the journey of a new Chief Fellow takes place as the former Chief Fellow finishes his term. And, as one journey ends, another regime begins.

First, we give pride and we salute our former Chief Fellow of the Chong Hua Hospital Heart Institute, Dr. Aileen Mae Lomarda, who just finished her term last September of 2012. For a year, Dr. Lomarda has brought Chong Hua Hospital to greater heights with all its accomplishments during her time. Not to mention, she has ruled during her time with an iron fist, but with a gentle heart. An achiever herself, Aileen, as she is fondly called, finished her medical degree with honors, at the Xavier University in Cagayan de Oro City. She further trained in Internal Medicine in Chong Hua Hospital and not content with her IM training, further pursued her love for Cardiology. During her fellowship, she has garnered several awards, the most prominent of which included winning 1st Place in the Debate Contest during the Philippine Heart Association 41st Annual Convention and 1st Place in the PHA quizbowl of that same year. She has also been a quizbowl contestant for 3 years straight. She also won 2nd place in the Interhospital Competition on Critical Appraisal “SUPERCATS” 2011 and 3rd Place in the Echo Jeopardy of 2012. She has also presented papers in both local and international conventions.

She was also sent by the institution for Observership during the last few months of training at Cleveland Clinic in Ohio where she gained further insights in non-invasive imaging.

At present, Dr. Lomarda currently holds clinic in Cebu City and wishes to further pursue her training in Multimodality Imaging.

With the end of Dr. Lomarda’s term is the beginning of new regime last October 2012. This guy’s “winning streak” not only brought pride to Chong Hua Hospital but to the Cebu community as well. Not to mention his dancing, singing and hosting skills which are at par with local talents, Dr. Abe Montejo or Abe, as he is fondly called, is no less than an achiever himself, like his predecessor.

Dr. Montejo finished his medical degree at the Cebu Institute of Medicine and had his Internal Medicine Residency at Chong Hua Hospital. He then proceeded with his Cardiology Fellowship training at the Chong Hua Hospital-Heart Institute. During his training, he has won awards which included being the champion in the Interhospital Cardiology Fellows’ Debate of the 43rd Philippine Heart Association Annual Convention and Champion for Treatment Category for Interhospital Competition on Critical Appraisal “SUPERCATS” 2012. He has also presented posters in the annual convention.

At present, the CHH-HI is sending Dr. Montejo for observership to Mayo Clinic in Rochester, Minnesota. Abe will be graduating on March this year and wishes to further pursue his subspecialty training in Interventional Cardiology.

With all these accomplishments in training, Aileen and Abe continue to be the pride of CHH-HI and will always be considered the institution’s icons in fellowship training with training program’s goal of continuous learning and excellence.

by Frankie Ligas, MD

Maricor Pino-Lamoste, MD

Maricor is a driven and vibrant young cardiologist, rattling off hemodynamic principles and cardiology physiology concepts with ease. She handles the stress of the profession ably with her dimpled smile and infectious laughter while managing to juggle reading, managing her patients and duties as well as her “peeps,” and co-
Matthew 10:28 Come unto me, all ye that labour and are heavy laden, and I will give you rest.

As we set off on another much prayed for and “God provided” journey, the Lord brought me across this verse during my devotions:

Mark 6:31 “Come ye yourselves apart into a desert place, and rest a while”

What a fast year 2012 had been, so full and so busy. We thank the Lord for the Israel Interlude where the Lord “called” for Dan and I to come apart into a not quite so desert nor solitary place, yet one that is so full of significance politically, geographically and especially scripturally. It was a time that was more of a mental rather than physical rest as we walked and hiked the places where many of our Bible characters, the most prominent of which is our Lord and Savior Jesus Christ, walked.

Dan and I were more than willing to put to the side secular work in favor of exploring Bible places we have been reading about since we started a personal relationship with the Lord. I am at a loss for words to describe the feeling of being in the “land of milk and honey” (where water and gasoline costs a lot) except to say that it is INDESCRIBABLE and truly INCREDIBLE.

From the landing in Tel Aviv, going up the areas along the Mediterranean Sea, heading north of the Sea of Galilee all the way down the deepest part of the earth: the Dead Sea; one can see and experience for oneself the different sceneries dotting the coastal areas, the mountain ranges, the two major bodies of water and the river Jordan that connects them both. We drove through the lowest fast food chain on earth as well, Mc Donald’s ;-) We explored the brown and stony and dry ruins of Hazor and Chorazin and many others; a stark contrast to the luscious greens and musical streams of Dan. We basked at the grand beauty of Caesarea Maritima and playfully enacted scenes of races at the hippodrome like we did “David and Goliath” at the Ha-Ela Valley. Seeing, driving through, walking, exploring these areas was truly exhilarating yet one’s heart cannot help from skipping a beat (or two as I literally had PACs) as our bus started climbing the street leading to Jerusalem.

“Joy Unspeakable and Full of Glory” according to one hymn and that is exactly how I felt as we got off the bus and as a group “marched into Zion.” Though not in its original form, part of the wall and its restored areas and the old city exuded a quintessential Jewish beauty.

In recent news coverage, Israel’s Jewish population was reported to have marked for the first time – equivalent to the number of Jews killed in the Holocaust. According to the Israeli CBS, this is an increase of almost tenfold since Israel was declared a state in May 1948, when there were just about 660,000 Jewish citizens.

Only 2% of these profess to be Christians. I found it quite interesting since most of the tourists flock to this country to see and walk the places where our Savior once walked and to buy Christian related merchandise.

In my mind I seem to hear the Lord saying “O Jerusalem, Jerusalem, which killest the prophets, and stonest them that are sent unto thee; how often would I have gathered thy children together, as a hen doth gather her brood under her wings, and ye would not!” Luke 13:34

Christ indeed (John 1:11) “came unto his own, and his
LAD + LBBB

Left axis deviation (LAD) reveals the path, not the origin, of wide QRS complexes with left bundle branch (LBBB) morphology. Right axis deviation (RAD), on the other hand, points to a ventricular rather than a supraventricular origin of LBBB-type ectopies.

In the presence of LBBB, either of a functional or organic nature, left ventricular activation is accomplished via the transeptal transmission of impulses from the right bundle branch. If the impulse reaches both terminals of the left bundle branch simultaneously, as is usually the case, the QRS axis remains normal. If the impulse arrives first at the terminals of the posterior division which has a postero-medial location in the LV, the delayed excitation of the anterior and lateral ventricular walls results in LAD similar to the effects of left anterior hemiblock. If the activation front reaches first the antero-laterally located anterior division, the main ventricular impulse is shifted postero-medially to the right producing RAD. The delayed arrival of the impulse at the posterior division simulates the effects of left posterior hemiblock.

Tracing A and B are exercise ECG’s recorded from a 66-year old female being evaluated for chest pains. Tracing A obtained toward the end of stage 3 modified Bruce protocol treadmill stress test shows sinus tachycardia (ST) at 130 bpm that is interrupted by wide QRS complexes (QRS width = 0.14 sec) and LAD (axis = -75°) occurring every other beat. Could these LBBB-type QRS complexes with LAD be PVCs in bigeminy? The presence of P waves before such QRS complexes raises the probability of a functional LBBB with 2:1 aberrant conduction of supraventricular impulses. However, the possibility of the wide QRS complexes being of ventricular origin cannot be entirely discounted. It can be presumed that such ventricular complexes could actually be PVCs that coincide with alternating beats of the underlying ST. Their isorhythmicity with every other sinus conducted beat could account for the bigeminal rhythm as well as the presence of P waves and constant PR intervals.

Tracing B recorded at the start of stage 4 shows acceleration of ST to 138 bpm with persistence of the LBBB morphology. Ventricular tachycardia (VT) that is isorhythmic with the ongoing ST is possible. However, isorhythmicity of VT with different rates of ST is extremely fortuitous and highly improbable. Sinus tachycardia with aberrant intraventricular conduction secondary to an acceleration-dependent functional LBBB at rapid heart rates is a more logical explanation for the persistence of LBBB.

LAD is almost always attributed to left anterior hemiblock which is seemingly a redundancy in the presence of complete LBBB. However, the term “complete” as it refers to bundle branch block denotes a QRS duration of ≥0.12 sec and not total blockade of impulse conduction. In this case, the LAD is not a manifestation of left anterior hemiblock but of the earlier activation of the left posterior division by impulses that traverse the septum from the right bundle branch. Unusual directions of QRS axis do not change the nature of LBBB. By the same token, a bird flying away from a flock is not necessarily a bird of a different feather.
I want to end this topic on labor laws with relevant cases that I hope will summarize and concretize how our labor laws operate and make you see how flexible the Supreme Court decisions are, not only in politically related cases but even in socially-impact cases—correcting itself—when it must and changing decisions to keep pace with the changing times and the social impact of their previous decisions. These cases revolved around dismissal of an employee (thus, there must be an existing employer-employee relationship) for a just or authorized cause and the non-observance of due process as mandated by the Labor Code. Prior to 1989, the rule was that dismissing or terminating an employee for whatever cause, without prior notice is illegal and therefore is entitled to reinstatement without loss of seniority rights, backwages and other legal benefits as well as reinstatement.

Let’s take a look at the first case. In the 1989 case of Wenphil Corporation vs. NLRC, an employee had an altercation with a fellow employee. He refused to be pacified, initially refused to see his superior when ordered to do so to explain his side, and when forcefully brought by the security guard to the former, uttered invectives and maligned his superior, clearly a case of gross misconduct and insubordination. He was immediately suspended from work, and thereafter, summarily terminated, the notice of termination served 4 days later—a lapse in the two-notice rule requirement of due process mandated by the Labor Code. The Supreme Court decided that the termination was legal because the reason thereof is for a just cause and therefore the employee is not entitled to reinstatement and backwages. But for not complying with two-notice requirement, the employer was made to pay for an indemnity of 1000, a flexible amount decided by the court depending on the prevailing circumstances. Truly it would be unfair for the employer to be forced to hire an employee who is grossly misbehaving and insubordinate.

This second case was decided in 2000 (Serrano vs. NLRC) and is about a regular security checker of Isetann who was served a notice of termination on the same day that he was supposed to be terminated. The reason for termination is redundancy in as much as the management hired an independent security force to do his department’s job, an authorized cause for termination. But again the notice requirement was not complied with. For authorized causes, the employee and the DOLE should be given a notice 30 days before the termination to give time for the former to find a job. In ruling this case, the Supreme Court took note of the cases involving employees termination without notice, the employer just paying the indemnity after. In essence, the Wenphil ruling did not deter the employers from dismissing there employees without notice, the indemnity being very minimal. Thus, It ruled in this case that the dismissed employee will not be reinstated but rather paid his backwages until the court’s determination that his termination is indeed for an authorized or just cause. For example, if an employee is caught stealing and is dismissed and he files a case for illegal dismissal, the court has to rule on the legality of dismissal, which will take years. Meantime, you will be paying for the wages of the erring, dismissed employee. An absurd situation.

Finally, in the 2004 case of Agabon vs. NLRC, a company, selling and installing ornamental and construction supplies dismissed its 2 gypsum board and cornice installers because of abandonment of work. They were found, for the 3rd time that they were not able to return to work because they have subcontracted to other companies. The Supreme Court ruled that the dismissal was for a just cause, but the two-notice rule was not complied with. But it refused to follow the Serrano Doctrine.

By Atty. Angie A. Yap, MD
Past President, PHA NW Mindanao
Bachelor of Laws (LLB)

Paying the backwages of employees dismissed for a just cause until the legality of dismissal is upheld by the court (which will take years) is truly unfair for the employers. This would encourage frivolous suits where even the most notorious of violators will be awarded by invoking the process. Thus, it went back to the Wenphil Doctrine that the dismissal for a just or authorized cause is legal thus the violator is not entitled to reinstatement, backwages and other benefits. But the employer, for not complying with notice requirement is ordered a stiffer penalty of P30,000.00. This is now the prevailing rule.

Lastly, I wish to end this article with a few reminders for us doctors as employers. First, unless there are evidence to the contrary, our staff are regular employees and are therefore covered and entitled to the benefits of the Labor Code, no more, no less. Not a few of our colleagues had this problem, that while dismissing their staff for a just or authorized, the two-notice rule was not observed. Thus they were made liable to pay the P30,000 as ruled in the Agabon case, at the least. Further, the dismissed employees can claim for all other benefits that we might have inadvertently forgotten - x100% for a holiday, the overtime...
JOKE TIME!

FUNNY SHORT STORIES... WORTH A READ!

One day my housework-challenged husband decided to wash his sweatshirt. Seconds after he stepped into the laundry room, he shouted to me, “What setting do I use on the washing machine?”

“IT depends,” I replied. “What does it say on your shirt?”

He yelled back, “University of Oklahoma “

“It’s just too hot to wear clothes today,” Jack says as he stepped out of the shower, “honey, what do you think the washing machine?”

As he stepped into the laundry room, he shouted to me, “What setting do I use on the washing machine?”

“I don’t know, honey,” I replied. “What does it say on your shirt?”

He yelled back, “University of Oklahoma “

A man and his wife, now in their 60’s, were celebrating their 40th wedding anniversary.

On their special day, a good fairy came to them and said that because of them could have one wish.

The wife wished for a trip around the world with her husband.

The man wished for a female companion 30 years younger...

Whooosh...immediately she had the wish for...her trip...around the world.

The man wished for a female companion 30 years younger...

Whooosh...immediately he turned ninety!!!

Gotta love that fairy!

Word Search With A Twist

Fill in the blanks on these common idioms and encircle the answer in the word search box below.

1. A Blessing In _______ (Refers to something good that isn’t recognized at first)
2. A _______ A Dozen (Anything that is common and easy to get)
3. A Leopard Can’t Change His _______ (Means You cannot change who you are)
4. Taste Of Your Own _______ (When you are mistreated the same way you mistreat others)
5. Add _______ To The Fire (making a situation worse)
6. An ______ And A Leg (Very expensive)
7. _______ Of My Eye (Someone who is cherished above all others)
8. Barking Up The Wrong _______ (A mistake made in something you are trying to achieve)
9. _______ against the Wall (no other option left)
10. Between A _______ And A Hard Place (Stuck between two very bad options)
11. Bite Off More Than You Can _______ (To take on a task that is way to big)
12. _______ on his Shoulder (Angry today about something that occurred in the past)
13. Come Hell Or High _______ (Any difficult situation or obstacle)
14. Don’t Cry Over Spilt _______ (When you complain about a loss from the past)
15. _______ Killed The Cat (Being Inquisitive can lead you into a dangerous situation)
16. Dead _______ (100% identical)
17. Don’t Put All Your Eggs In One _______ (Do not put all your resources in one possibility)
18. _______ has left the building (The show has come to an end)
19. Get Up On The _______ Side Of The Bed (Someone who is having a horrible day)
20. _______ Makes Waste (Quickly doing things results in a poor ending)

Word Search with a twist.

Find the 10 differences in the 2 pictures below.

Answers on the last issue:
1. Ma. Teresa B. Abola, MD
2. Ariel A. Miranda, MD

Please submit your baby photos to eicphan@yahoo.com

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Israel... from Page 33

own received him not.”

Upon returning from the trip, my dad asked me if I have found the answer to the question why God chose Israel... I really had no definite answer. I saw and imagined what it may have been like, a land beset all around with enemies yet blest of the Lord and promised to His people most of whom, reject Him until now.

Every journey soon comes to an end and as we headed down from Jerusalem to other interesting places on our final day of our “Pilgrim Tour” the Lord impressed upon my heart... I go back to my life REVIVED, REFRESHEd from a time of REST, ready to face the REALITY of Ina’s life anew: a Christian first of all who happens to be a wife, a daughter, a sister, a doctor, a friend and the list goes on. In time the memories of the Israel trip will, hopefully not fade, but perhaps diminish along with the novelty of the experience yet far more important than the feat of “seeing and walking” the places where Christ once walked is “walking the spiritual steps” He left for us to follow. “If ye love me, keep my commandments” (John 14:15)

Mark 12:30-31 “And thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and with all thy strength: this is the first commandment.

And the second is like, namely this, Thou shalt love thy neighbour as thyself. There is none other commandment greater than these.”

Do people know and see CHRIST through our lives? I can follow traffic rules (most of the time ;-), directions from maps, clinical pathways and guidelines and yet how am I in following His Steps? By this shall all men know that ye are my disciples, if ye have love one to another.” (John 13:35)

Philhealth ... from Page 7

of their Specialty Societies and likewise consultants from other government and private hospitals, helped PhilHealth design the Z benefits for the said cardiac conditions.

“Bawat Pilipino, Miyembro. Bawat Miyembro, Protektado. Kalusugan Natin, Segurado.” This is the vision of PhilHealth and this would only be achieved with everyone working together for stronger and healthier hearts.

For additional information, readers may log on to www.philhealth.gov.ph.

Labor ... from Page 35

pay, etc. Second, a manual of code of conduct expected of them or any written equivalent, should be given at the start of their employment as it will be the legal basis for their violation in the future. Third, always make a written record or memorandum for any violation. That's your only hard evidence in court. Fourth, give your employees their due- salary and respect. In simple words, don’t give them a single reason to sue. And finally, litigation, for any reason, is a great hassle. It is not worth our time.
PHAN opens an academic section to serve as a quick resource for the busy cardiologist as well as the discerning lay reader. PHAN’s Academic Section tackled acute coronary syndrome and lipids in last issue and now brings two electrophysiologists Dr. Clara Tolentino and Dr. Edmund Ang to share their expertise pertaining to sudden cardiac death and implantable devices.

Synchronizing Data on Resynchronization Therapy

There were recent focused updates of the 2008 Guidelines for Device-Based Therapy for Cardiac Abnormalities, particularly in the area of cardiac resynchronization therapy (CRT). Much of the 2008 Guideline remains unchanged, since the data in support of the recommendations remains solid and have not been refuted. Likewise, areas such as genetic arrhythmia syndromes and congenital heart disease, no changes were recommended due to the relative dearth of data.

In contrast, there have been several major studies over the past few years that provided insight related to treatment of ventricular electromechanical delay with multi-site ventricular pacing (“bi-ventricular pacing” or CRT). As a result of these large randomized studies and other analyses, re-examination of the 2008 recommendations was warranted.

The most significant updates to the guidelines clinical recommendations1 include:

1. limitation of the Class I recommendation to patients with left bundle-branch block (LBBB) pattern

2. limitation of the Class I recommendation to patients with QRS duration greater than or equal to 150 milliseconds (ms)

3. expansion of Class I indication to New York Heart Association (NYHA) class II patients with LBBB and QRS duration greater than or equal to 150 ms

The updated patient selection criteria refined the Class I indications by confining it only to patients with LBBB pattern with QRS duration of >150 ms. Subgroup analysis from several studies suggest that QRS duration of less than 150 ms is a risk factor for failure to respond to CRT, although patients with LBBB pattern and QRS duration between 120 ms and 149 ms as well as those with non-LBBB pattern with QRS duration of >150 ms can still reasonably benefit from CRT as they are new Class IIa recommendation (Fig 1 & 2).

While QRS duration (signifying ventricular electromechanical delay) may take precedence over heart failure symptoms in CRT evaluation, functional capacity nevertheless still plays a role in the final decision to recommend CRT. Previously, the only Class I recommendation for CRT was in patients with relatively severe symptoms (NYHA Functional Class III or IV heart failure) accompanied by sinus rhythm, left ventricular ejection fraction (LVEF) ≤ 35%, a QRS duration ≥0.12 second. For the 2012 update, this Class I indication is expanded to patients with NYHA Class II, extending the clear message that CRT “is indicated” for a population with

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*NYHA Class I patients is only appropriate for EF of <30%. It may be appropriate for EF between 31 to 35%.

**Adapted from ACCF/HRS/AHA 2013 Appropriate Use Criteria for Implantable Cardioverter-Defibrillator and Cardiac Resynchronization Therapy. Heart Rhythm, Vol 10, No 4, April 2013

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By Edmund O. Ang, MD
Head, Cardiac Arrhythmia Service
St. Luke’s Medical Center, Global
Cardiovascular disease remains to be the leading killer worldwide. It accounts for a significant number of hospitalizations and disabilities involving not only the elderly but also the younger, apparently healthy, individuals. Traditionally, regular exercise has been recommended to decrease the risk of cardiovascular events. On the other hand, vigorous physical activities have also been shown to trigger acute coronary episodes and even sudden death in predisposed persons. Unfortunately, these vulnerable individuals are often asymptomatic and their first presentation may be unexpected cardiac arrest.

Atherosclerotic coronary artery disease is the primary etiology of sudden cardiac death (SCD) in adult athletes aged 35 years and above (Maron et al, 2007, Corrado et al, 2011). In younger individuals, congenital cardiovascular pathologies account for most of the mortalities. The incidence of SCD in young athletes varies depending on the population examined, but is estimated to be around 1 to 3 per 100,000 persons per year.

A registry of young US athletes, aged 19 + 6 years, from 1980 to 2006 showed that out of 1049 cardiovascular deaths, majority (36%) were due to...
Sudden... from Page 39

to hypertrophic cardiomyopathy (Maron et al, 2009). HCM is a genetic condition characterized by excessive and disorderly thickening of the left ventricular muscle, sometimes involving the other chambers, interfering with the normal diastolic and systolic function of the heart. The second most common pathology was coronary artery anomalies, such as abnormal sinus origin, causing 17% of deaths. Third was myocarditis, which is an inflammation of the heart muscles secondary to infections, toxins, etc. Arrhythmogenic right ventricular dysplasia (ARVD) and genetic channelopathies were each responsible for 4% of SCD cases. ARVD is a hereditary disease described as fibrofatty infiltration of the right ventricle, producing arrhythmias and heart failure. Genetic channelopathies, on the other hand, are due to aberrant ion channel activity. These include the Brugada syndrome, long QT and short QT syndromes, catecholaminergic polymorphic VT, idiopathic ventricular tachycardia (VT) and ventricular fibrillation (VF), which produce lethal ventricular arrhythmias during sleep, rest, or light to heavy exertion. Less common conditions include valvular diseases and congenital structural heart disorders such as Marfan syndrome which can predispose to aortic rupture. Rarely, Wolff-Parkinson-White syndrome, a type of supraventricular tachycardia, can degenerate into VT or VF which can lead to sudden death.

Unless highly suspected, SCD pathologies may remain undiagnosed. To identify individuals at risk of SCD, the American Heart Association and the European Society of Cardiology proposed a system of pre-participation evaluation for athletes. The AHA advocates screening for 12 elements in the personal and family history and the physical examination (Maron et al, 2007). Personal history assesses for the presence of exertional chest pain or discomfort, unexplained syncope or near-syncpe, excessive exertional and unexplained dyspnea or fatigue during exercise, prior finding of a heart murmur, and elevated blood pressure. Family history evaluates for premature death before age 50 years due to heart disease in 1 or more relative, disability from heart disease in a close relative less than 50 years of age, diagnosis of cardiac conditions in family members such as HCM or dilated cardiomyopathy, long QT syndrome or other ion channelopathies, Marfan syndrome, or significant arrhythmias. Physical examination looks for heart murmur, abnormal femoral pulses to exclude aortic coarctation, physical signs of Marfan syndrome, and abnormal brachial artery blood pressure. While the AHA does not recommend the routine use of diagnostic tools, the ESC includes 12-lead electrocardiogram in the initial screening (Corrado et al, 2011). Other tests may be performed depending on the situation, including 2-dimensional echocardiography, treadmill exercise test, 24-hour Holter, cardiac magnetic resonance imaging, electrophysiology study, endomyocardial biopsy and angiography. In some cases, particularly the channelopathies, genetic studies may be helpful.

Considering the absence of national registries for unexplained death, most physicians’ and pathologists’ inexperience in SCD, and the misdiagnosed cases of sudden death in structurally normal hearts, the apparent trivial incidence of SCD in the young is most likely an underestimate. But regardless of statistics, social or economic issues, the unexpected demise of a young individual will always be a tragic event to those he leaves behind. Advocacies on adopting healthier lifestyle and innovations on pharmacological and non-pharmacological management of cardiovascular diseases are all well and good, but screening them young is a step further that will go a long way. As the old adage goes, an ounce of prevention is better than a pound of cure.

Maricor... from Page 32

fellows. A newly minted mother, she has added this dimension of her life flawlessly as well.

A well-rounded mix of academic prowess and professionalism, Maricor has garnered the respect of colleagues and consultants alike. As she continues to grow as a doctor and as an individual, the sky is the limit for this new cardiologist, as she graduates and goes into the world to practice her craft and touch more people's lives with medicine.
Second part of Chapter 1

YOUR HEART & HOW IT WORKS

By Homobono B. Calleja, MD

There are two hearts—not only one!
The heart is commonly referred to as being divided into two parts, namely: the right heart and the left heart. This division is mainly on a functional basis, although certain diseases of the heart are pertinent only to the right heart and others to the left. Normally, the right chambers (right atrium and right ventricle) contain only blue or unoxygenated blood; while the left heart (left atrium and left ventricle) carries only red or oxygenated blood. The right heart is separated from the left by an intact wall or septum. Thus normally, the blue blood from the right side does not mix with the red blood in the left heart. With this arrangement, blood from the right heart can reach the left only via a rigidity maintained one-way traffic through the lungs. This assures complete oxygenation of the blood, provided the lungs are normal. Thus a person looks pink because the blood that reaches his skin is red and well oxygenated.

The heart is protected!
Surrounding the heart is a sac called the pericardium. This double-layered sac contains a small amount of lubricant fluid. The fluid provides a cushion to the constant beating of the heart. However, this fluid may increase in amount with infection or blood may actually replace it. Excessive amounts of fluid may compress the heart and inconvenience the efficiency of the heart as a pump.
In another instance, the pericardium may become calcified producing a rigid shell around the heart. In the same manner, this calcified shell may compress the heart.

The heart beat is automatic.
The heart is an automatic pumping organ. It can beat alone! It maintains its own rate and rhythm. Of course, a host of factors can influence its rate and rhythm like drugs, exercise, temperature, etc. The heart can continue to beat when perfused with an electrolyte solution even when completely severed from the body of organism. A combination of certain electrolytes in the blood, namely sodium (Na), potassium (K), and calcium (Ca) may influence the strength, rate, and rhythm of its beats. The heart contains an excellent network of neuromuscular bridges and pacemakers. The electrical impulse that starts a contraction or a heart beat is generated in the pacemaker. The pacemaker called the “sino-auricular node” located at the entrance of the superior vena cava into the right atrium dominates the rate and rhythm of the heart. In an adult, the heart beats around 70 to 80 beats per minute. The normal rhythm is nice and regular. Under abnormal conditions, other pacemakers may take the command and a grossly chaotic heart rhythm may supervene.

The heart also needs nourishment
It is interesting to note that even if the heart is the central pumping station of the circulation to the distant parts of the body, the heart itself has to take nourishment not from the large volume of blood contained from its chambers but through a system of smaller blood vessels that encircle its surface like a crown. These vessels that are responsible for nourishing the heart are called the coronary arteries. The disease, called arteriosclerosis, dangerously affects these vessels. Here in these vessels may we say is the Achilles’ heel of the modern civilized man. ♥

To be continued
Firebird 2™
Rapamycin-Eluting Coronary CoCr Stent System

- L605 Cobalt-Chromium super alloy laser-cut stent
- Crossing profile 0.039"

Feel Strength
Feel Flexibility
SAN JUAN CITY, March 6, 2013 – The women’s group of Greenhills Christian Fellowship recently tapped St. Luke’s Heart Institute Alumni Association to discuss women’s wellness to some 60 women of varied age groups.

Dr. Malou Bunyi, immediate past president of SLHIAAI represented the group in a forum dubbed “Heart Talks.” Bunyi talked about the risk factors for cardiovascular disease and how they can be modified.

She also discussed the gender differences in presentation of heart disease and the body’s response to treatment and other interventions. The very attentive audience showed their enthusiasm during the question and answer portion. They were particularly interested in achieving and maintaining wellness.

The recap given by Bunyi elicited positive reactions from the audience. Lifting from Greg Anderson’s book “The 22 Non-negotiable Laws of Wellness” Bunyi reiterated that wellness is not simply the absence of disease but a positive outlook in life.

She emphasized that life cannot always be “a constant battle against weight gain, a herculean effort to keep fit, a career filled with struggle, a toxic marriage…” which is what the law of esprit says. She ends by quoting Anderson that “wellness is the complete integration of body mind and spirit—the realization that everything we do, think, feel and believe has an effect on our state of well-being.”

SLHIAAI brings wellness caravan to women’s group

♥
Tourist photography with a zing!

Cardiologists travel far and wide to attend international conventions. A by-product of our trip, we take home snapshots of places, people and culture. I call this “Tourist Photography”.

On the other hand, in “Travel Photography”, photographers are given guidelines of what to shoot such as promotion of a destination, hotel or even an airline. Effective photographs are based on careful research and planning before taking breathtaking pictures.

In this series, we shall learn some techniques to boost our tourist photographs and maybe surprise our colleagues by pulling a “rabbit out of a hat” trick whether we are armed with an SLR, a “bridge” camera or a simple compact digital camera. We shall aim to distinguish ourselves from a casual photographer by improving our ability to find the gem in a place photographed a million times before.

Sample photographs would include suggested camera settings that any photographer can easily duplicate and master. In the succeeding issues, we shall put the pictures into different topics and discussing them in detail.

**Figure 1 SETTINGS:** DSLR (ISO 100, Aperture F9, Aperture priority, Focal length 21mm using a 16-35mm lens). For compact camera – turn dial to “landscape mode”

**Figure 2 SETTINGS:** For DSLR (ISO 400, Aperture priority, F4 opening at a focal length of 180mm using a 70-200 zoom lens). For compact camera – use “Macro or Portrait mode”

**Figure 3 SETTING:** For DSLR (ISO 100, Aperture priority, F16 at 17mm focal length using a 17-40 wide zoom lens). For compact camera – “landscape mode”

**Figure 4 SETTINGS:** For DSLR (ISO 100, Aperture priority, F18 at a focal length of 54mm using a 24-70 mm zoom lens). For compact camera – “landscape mode”

By Adriel E. Guerrero, MD
Training Officer, Adult Cardiology
The Medical City
My best buddy, Bobby!

It was summer. School year had ended. Everybody was on vacation. Me, I stayed home as always with mama and papa, being the youngest in a brood of seven. My sister and brothers were busy with their own professions. You would see me infront of the TV or in the kitchen baking my favorite cakes and cookies. When I am finally tired, I would sleep until the next morning. On Sundays, the entire family goes to church. More summers came. Each day was just a repetition of yesterday. It only varied with the colors and flavors of the cakes and cookies that I baked and in the title of a new TV program that kept me glued on to my chair.

You were so proud of me. I even let you wear the bronze medal I earned around your neck. You looked funny while you ran around the house with it. But Mama took and kept it. “It’s not a toy”, she said.

One night, I told you: “Yes, I am already a nightingale but I want to be a doctor so next year, I will be in medical school. Again, you will be prouder of me.” With every step, you were there to inspire me.

Medical school was tough and became more taxing each day. I started to come home late, and you were elated to see me. Too enervated, it was not reciprocated. I started to renege on my duties -- I forgot to buy your snacks, I rarely spent time to play or run.

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Canine anime!  
– Helen Ong-Garcia, MD

Dog lovers of PHA

A cardiologist’s best friend

Pilberito Chin, MD

With his Australian blue heeler/cattle dogs Buddy and Snoopy

With his collies Jean and Big girl

Dogs are part of family. They need love, affection and most especially, HEALTH CARE.  
– Pilberito Chin, MD

With Booger, Techie and family

Helen Ong-Garcia, MD

With her siberian huskies Riku Squall and Cloud

How can you not care for fiercely loyal, ever-present, unconditionally caring creatures? And they do not have ‘mean’ bones (pun intended).  
– Saturnino P. Javier, MD

“ A dog is the only thing on earth that loves you more than he loves himself.”  
— Josh Billings

With his labrador Hercules

With daughter Sofia and Juno

With dachshund Toby

Saturnino Javier, MD

With daughter Sofia and Juno

With dachshund Toby
Dogs are my best friends... they give me unconditional love, peace of mind and loyalty – Cecile Jaca-Cabias, MD

“The only creatures that convey pure love are infants and dogs.” —Johnny Depp

There is no psychiatrist in the world like a puppy licking your face. —Ben Williams

My future heirs! – Mary Lou Cera Garcia, MD

There is no psychiatrist in the world like a puppy licking your face. —Ben Williams

— Johnny Depp

There is no psychiatrist in the world like a puppy licking your face. —Ben Williams

— Mary Lou Cera Garcia, MD

— Cecile Jaca-Cabias, MD

With her dapple Daschund Tobby

With her chihuahua Tweetles and yorkie Roxie

With her labrador Andrea, Keitaro, an akita and Elvis, our pitbulls

Misty and I - the perfect duo! Awesome and loyal – Ofelia Najos-Valencia, MD

With her shitzhu Zoren, Pacholo the pug and Mini daschund Zanjo

Kristine Bantala, MD

Ana Beatriz Medrano, MD

Erlyn Cabanag-Demerre, MD

Claire Garduce, MD

Erlyn Cabanag-Demerre, MD

Cecile Jaca-Cabias, MD

Ofelia Najos-Valencia, MD

Dr. Mary Lou Cera Garcia, MD

Ofelia Najos-Valencia, MD

Cecile Jaca-Cabias, MD

Kristine Bantala, MD

With her labrador Apple

With her dapled Daschund Tobby

With her chihuahua Tweetles and yorkie Roxie

With her labrador Andrea, Keitaro, an akita and Elvis, our pitbulls

With her shitzhu Zoren, Pacholo the pug and Mini daschund Zanjo

With her terrier

With her dapple Daschund Tobby

With her dapled Daschund Tobby

With her dapled Daschund Tobby

With her dapled Daschund Tobby
Once in a while, doctors have the itch to explore a diverse field far from the cloistered hospital pathway and end up pursuing a passion outside of cardiology.

“All I wanted was to put up a small business to showcase my family’s traditional recipes — simple, easy to prepare, nutritious and delicious”, says the unassuming owner of Pacio’s Pares and Grill, Dr. Jonas del Rosario, PHA director and concurrent Advocacy chair.

“Pacio’s is a small unpretentious restaurant that serves good native food with a videoke or KTV on the side” Del Rosario, the singing gourmand exclaims. Each KTV room and the Function Room can accommodate 20 people. The Dining Area is good for 44 guests while the Grill Area can sit 48 pax. Friday and Saturday evenings are Acoustics Nights.

Exactly six years ago, Del Rosario had the gut feel that the right time had come for him to pursue his dream of building an establishment like Pacio’s and create employment, when the old lady caretaker of the property he used to frequent, had to vacate the lot very soon because it was up for sale.

Fast forward to 2013, on this parcel of land, stands Pacio’s Pares & Grill which is a stone’s throw away from the Del Rosarios’ ancestral home. Pacio Del Rosario is Dr. Jonas’ father. So this multi-tasking expert has two good reasons to dash to the area: to check out Pacio’s and his folks.

You can’t escape Pacio’s. Located at 179 Mindanao Ave., an access road to NLEX, you can’t miss its protruding signage. You can’t resist the wafting white smoke from the grill. In a jiffy, you find yourself scanning the menu.

Minus the signage, the two-storey, bluish gray edifice that leans on the right margin of the lot, beckons. The atmosphere is homey and friendly.
Chill out at the open-air Dining and outdoor Grill areas which are frequented by a mix crowd -- couples, families and friends, who occasionally extend their stay and end up at the 2 KTV Bars.

Store hours is from 12noon to 11pm. Five p.m. onwards is peak time. From dusk to midnight, customers continue pouring in to dine in or to take-out the popular Pacio’s specialty of their choice.

Some foodies highly recommend the “scrumptious beef Pares, Kilawin Tuna, grilled seafood, roasted Liempo and Tenga”.

The daytime market prefers the budget combo meals -- Pares, Bangsilog, Tapsilog, Chopsuey and Pansit, the Sizzlers and the Hot off the Grill dishes, etc. Their version of sago-gulaman is also tops on the order list.

Our order list and review: Kilawin Tuna (bite-sized raw tuna drizzled with white vinegar, sprinkled with sea salt, chopped, onions, red bell pepper, ginger strips, and Julienne-cut sili, with sliced cucumber on the side); “Mouth-watering!”; Pares (cubed Beef drenched in sweet brown sauce served with garlic fried rice, showered with chili bits); “Winner, quality and quantity wise”.

The roasted Tenga and Liempo (pork belly), which is on the meaty side, have cucumber and tomatoes for garnishing; “Seared to perfection.”

Fried Cream Dory Fillet topped with white onion, leeks and tokwa. “Yummy. The crunchy tokwa adds texture to the smooth white fish.”

Kinulob na Plapla (a big Batangas tilapia, flavoured with light soy sauce, stuffed with thin slices of onions, tomatoes, ginger and leeks, and wrapped in foil, is cooked on a sizzling plate on stove top. “In my book, this is the best fish recipe of Pacio’s.”

“It is the trapped heat that cooks the fresh fish. Waiting time is 20 minutes but it’s worth the wait”, Tirso Onias, the kusinero, tells PHAN team who dropped in for a treat.

Cucumber soaked in well-blended coco vinegar, sea salt, sugar and ground black pepper, and topped with chopped onions is indeed “appetizing.”

Onias says good food starts with fresh ingredients. We don’t rely on suppliers, we have a staff, “Manang” who does wet marketing as early as 4 a.m., on a daily basis. She only buys quality seafoods from the Navotas port; as well as live tilapia, quality meat and garden-fresh greens from Cloverleaf.

Now, the place has a growing market who doesn’t mind driving to Mindanao Ave., cruise on the long stretch to get to Pacio’s to satisfy their cravings.

Looking for a place that dishes out “lutong bahay” with a slight tweak and light-on-the-pocket deals, try Pacio’s Pares & Grill. ♥
The Medical City Cardiovascular Center

Section of Adult Cardiology, Department of Medicine is now accepting applicants for

CLINICAL RESEARCH FELLOWSHIP TRAINING IN
CARCIC REHABILITATION
VASCULAR MEDICINE

Training starts on June 1, 2013 to May 31, 2014
Application forms are available at 7F Nursing Tower 2,
Cardiovascular Center Office, The Medical City, Pasig City, Philippines, 1600

For Inquiries call (02) 988-1000 local 6314 or Dr. John Henderson Go (09178366810)
or email us at cvc@medicalcityph.com

Back-to-Basics Course in Pediatric Cardiology
September 4 to 6, 2013
Philippine Heart Center, DAPA Hall
Contact Dr. Jing Ballelos 9252401 loc. 2363

SLHIAAI
Life is beautiful.
For St. Luke’s Heart Institute Alumni, we look at life with our hearts. We recognize the gift of training, talent, and resources to help others, and these will not be put to waste.

Stewardship.
In this we believe.
We feel blessed. We choose to bless others with what we are blessed with.
We are cardiologists. We share our way with hearts. Mending broken hearts is our business.
We want to help. We see a lot of people with broken hearts but have no capacity to have them fixed.
We cannot do it alone. We look a bigger than us. We look for people to help us carry this burden.

Open Heart! is a Fellowship Night and a Benefit Show in one. It will happen on August 10, 2013 at 6:30 in the afternoon. The venue is Crossroad 77, where the road Mother Ignacia and Scout Reyes cross each other.
It will be a night when we open our hearts to patients in need of cardiac surgery but have limited resources. It will be a night when we open our hearts to each other in accomplishing one purpose. It will be a night that could mend broken hearts.
A prominent name in IM-Cardiology-EPS. A great teacher and lecturer. A terpsichorean par excellence, she always puts her best foot forward.

A scholarly student, Dr. Ma. Belen Carisma replicated her feat. A consistent dean’s lister, she is graduating with honors from her Master in Business Administration in Health at the Ateneo de Manila University at Rockwell Center, Makati in August 2013.

Indeed, she is a stellar performer all her life.

The triumphs scored by her four-point agenda -- Advocacy, Research, Membership and Finance, particularly Advocacy -- have put the association a notch higher.

Advocacy reached a pitch higher especially with the PHA-DZMM tie-up that paved the way for the regular twice-a-month radio board work on Magandang Gabi, Dok and the constant media coverage of PHA activities.

A bi-weekly “Heart Line” column initially in the Philippine Daily Inquirer, then in Philippine Star; new alliances with student writers, with the help of Angelo Palmones, DZMM station manager and Advocacy Committee chair Dr. Saturnino Javier; printing/dissemination of the first PHA Diet Guide; launching of the Filipiniana Red Dress to make women CV health a major concern.

The Research front was invigorated with fresh PHA funds for the clinical epidemiology scholars. PHA earmarked P1million for the NNHeS II Research Funds.

Under Proclamation No. 1675, March every year was proclaimed as National Women’s Heart Health Month. Women leaders and celebrities and women advocates graced the media forum announcing the PN 1675 and the P500,000.00 research fund from DSWD thru Social Welfare Secretary Esperanza Cabral, for the completion of a Metro Manila survey on women’s knowledge perception and attitudes on their heart health.

Despite technical limitations, the PHA website made sure it offers an e-library, a number of webcast lectures, a members’ forum. The website is a work in progress.

The Carisma-led PHA Board was more liberal and open handed in helping finance worthwhile trials to give significant statistics that could guide future direction in patient management and the nation’s health in general.
Maria Teresa B. Abola, MD

Philippine Heart Association
President 2009 - 2010

By Gynna P. Gagelonia

One of cardiovascular sphere’s geniuses, Dr. Maria Teresa Abola’s leadership trademark is inimitable. An acclaimed clinician, teacher, researcher and student, she remains an embodiment of humility.

Born with a flair for blazing a path of distinction, the PHA under her administration and during her directorial years, ventured into revolutionary projects but her foremost contributions to the PHA as president from 2009 to 2010 were the PHA Governance Manual and the Renovation of the PHA Tektite Office to the tune of P3-million. In January 2010, the PHA Office moved back to its spruced-up Tektite office. The PHA Quezon City office at the President Tower on Timog Ave., Quezon City is on lease.

The entirety of her term associates 2009 and 2010 with the most prolific events— the Virtual Meetings to disseminate the Coronary Artery Disease Guidelines to the PHA Chapters thru the Net, with the PHA Heart House as the control center; PHA’s application as RCA active member was approved; Philippine Society of Hypertension (Low-salt recipe contest) tie-up; Support program for typhoon victims; the Project Eva, CVD Risks in Women Manual was turned over to DSWD; and major media entities played up the PHA events.

A brainchild of then PHA Council on Hypertension Chair Dr. Reynaldo Neri, the BP ng Teacher Ko, Alaga Ko got Abola’s nod was put in the PHA pipeline midway her term. (BP ng Teacher Ko….is aimed to educate teachers on the condition of and the effects of hypertension; to identify the teachers who are hypertensive, assess any target organ damage and help them receive proper treatment and to identify/quantify incidence of hypertension among teachers in our country and serve as data base for future research; intensified support for the National Nutrition and Health Survey 2008); in Nov. 2009, the DOH bestowed on the PHA the 2009 Most Outstanding Healthy Lifestyle Advocate Special Trailblazer Visionary Leadership Award;

the PHA joined 200 advertising heavyweights at the 21st Philippine Advertising Congress in Subic Bay Freeport, Olongapo City, which was a “first” for the association; the 14th World Congress of Echocardiography, Vascular Ultrasound & Allie Techniques in Manila in Feb. 2010 got massive support from PHA—from the officers down to the PHA Secretariat. Unfortunately, super typhoon Ondoy struck in September 2009, heavily damaging P8.3 billion worth of property and claiming thousands of lives. Many PHA members and six PHA staff were severely affected in various ways. Abola ordered the stat release of funds to help its PHA family members displaced by Ondoy.

Eleanor A. Lopez, MD

Philippine Heart Association
President 2010 - 2011

By Gynna P. Gagelonia

Avid as she is dynamic, Dr. Eleanor “Noh” Lopez took the PHA into higher grounds as she set the impetus for new projects and stepped-up the existing programs.

With her hands-on management style, meticulousness, ingenuity and resilience, Lopez’ term is synonymous to a string of major achievements. Of note was organizing the highly successful 18th ASEAN Congress of Cardiology that was held from Dec. 1-3, 2010 in Cebu City, in partnership with the PHA Cebu Chapter headed by then Chapter President Dr. Alex Junia. On this occasion, the ASEAN Women’s Alliance Towards Cardiovascular Health or A-WATCH was launched. Lopez was also named president of the ASEAN Federation of Cardiology from 2010 to
2012. Other significant projects were the implementation of an intensified Awareness Campaign on Healthy Lifestyle & Women’s Health Research; PHA Membership Activation, International Recognition and Financial Viability; publication of the Supplement for Women’s Wellness that came with each of the six bi-monthly PHA NewsBriefs; take-off of the “BP ng Teacher Ko, Alaga Ko”, a heart screening project for public school teachers; implementation of the International CPR Guidelines Easier (Hands only) and Simpler (changed from ABC to CAB); launching of the Mga Pang-Unang Lunas (First Aid Guide), a manual for GKare health workers; and massive quad media support all-year round.

Dr. “Noh” never fails to give credit to the influential people in her life – her grandmother who challenged her to pursue medicine; Dr. Corazon de Jesus, who led her on to the cardiology path; and Dr. HB Calleja who did not merely inspire her to sub-specialize in echocardiography but honed her echo skills and infused her with the dedication and discipline she needed in her multi-tasks.

“I want to make a difference. As the cliché goes-‘you only pass this way but once’. When I face my Creator, I’d like to say that I did not waste any of His gifts,” said Dr. Eleanor Lopez.

The famous Oprah Winfrey once stated, and I quote: “I’ve come to believe that each of us has a personal calling that is as unique as a fingerprint and that the best way to succeed is to discover what you love and then find a way to offer it to others in the form of service, hard work, and allowing the energy of the universe to lead you.”

No different is the guiding principle in life of one of the icons of modern day cardiology not only in the Visayas, but in the entire country as well. As a dynamic figure, this iron lady has paved the way for the birth of the Chong Hua Hospital Heart Institute as well as the Cardiology Fellowship Training with a vision of cardiovascular advancement way ahead of her. In spite of all these achievements, Dr. Lerma Noval has always kept her feet to the ground, and getting to know her views and the other aspects she considers outside of Cardiology gives us a glimpse of the woman behind the iconic figure.

Passion is what propels us into what we do with what we eventually become. When asked about her passion in life and in her profession, she states that it is to deliver quality medical care to patients, to alleviate their pain and suffering, and to educate them on their diseases, emphasizing the fact that all healing comes from the Great Physician, us being just His instruments.

As a cardiologist, she loves interacting with patients, especially after they get well from their diseases, knowing that she has touched their lives, in one way or another. She also enjoys the camaraderie of her colleagues. Over and above all these, she loves teaching the Cardio Fellows, moulding them in their quest to become true blue cardiologists. She also loves attending cardiology conferences since aside from learning new things, she says that there are always new insights and perspectives which come to mind, whether an improvement in the Cardio training, a new topic for research or a new style of management.

But the essence of success lies in the balance of joggling work with play. Weekends with family, scuba diving with friends, local and international sojourns with fellow doctors, fulfilling the Great Commission of sharing Christ to others in her weekly Bible Studies & the monthly visits to the “Gasa sa Gugma” (home for the aged) is her life outside of cardiology that keeps this balancing act intact.

When asked about her thoughts on the Philippine Heart Association through the years, views were in constant evolution, a growth at each step, at each journey. As a young cardiologist and a cardio fellow in training then, for her, PHA is where one learns the recent trends in cardiology when attending the conferences. When one is done with training, PHA is an organization where one tries hard to be a diplomate/fellow. When already a member, it is like one’s “other family”, where one interacts with the other family members, grows and matures as a cardiologist, formally meeting up with them annually, catching up on each other’s lives and practice, and checking on the achievements of one’s older role models or idols in Cardiology.

“I’m one person who takes each day as it comes, no
future aspirations, no grand dreams, a laid back person, so to speak. If ever a task is given, I fulfill it to the utmost of my ability. If somebody sets a goal, I work hard with the group in fulfilling that goal.”

When asked about her aspirations in life, she speaks, “I’m one person who takes each day as it comes, no future aspirations, no grand dreams, a laid back person, so to speak. If ever a task is given, I fulfill it to the utmost of my ability. If somebody sets a goal, I work hard with the group in fulfilling that goal. Sometimes, I think I’m a victim of good fortune, at times of bad...In other words, it’s like I’m letting Someone up there direct my life and I just follow everything that He tells me to do. In a diver’s lingo, it’s flowing with the tide.”

Being a multi-awarded cardiologist, she humbly thanks the Lord for all the awards received from PHA Cebu and Manila. And asking her how she did it, she humbly says, “I just did the work that I was supposed to do and I thank my colleagues for recognizing that.”

Other than her genuine effort in her work, she recognizes the guidance of a role model whom she has looked up to and followed suit in her career, none other than one of the greatest icons in Philippine Cardiology, Dr. Homobono B. Calleja. Moreover, her constant inspiration, God, now and forever, has also been there as the great moving force in her professional life.

When asked about retirement, she simply states, “Refer to my Great Director.” And as for a piece of advice to us, young cardiologists and neophytes in the field, she inspiringly says, “Just do what you’re supposed to do with your utmost ability and integrity always intact, thinking always of your Boss up there.”

Norbert Lingling D. Uy, MD

*Philippine Heart Association
President 2004 - 2005*

By Gynna P. Gagelonia

Dr. Norbert Lingling Uy has secured his niche in the pages of PHA history and in the medical-cardiovascular realm as a medical practitioner and a teacher with a compelling character.

The Uy administration passed on a cache of milestones. He made a wise decision in pursuing the Healthy Lifestyle Promotion Campaign. His term saw the signing of health manifestos with the cities of Quezon, Makati and Mandaluyong; development of the Mag-Healthy Lifestyle Tayo sa Resto Project that included healthy menus; a heightened public information campaign bolstered by wide media exposure. (Quantified, it grossed a P17-million media value); start of strict compliance with governmental regulations including prompt payment of taxes and filing of financial statements with the BIR and SEC; new accounting system with the commissioning of the Lao Benedictos Marquez Co., Inc. as PHA official internal auditor; completion of the Guidelines on Sub-specialty Training in Adult Invasive and Interventional Cardiovascular Medicine and the Guidelines on Setting-up of Cardiac Rehabilitation Program; creation and launching of the Council on Women’s Health with Dr. Esperanza Cabral as its pioneering chair; and beefing up of the PHA Secretariat with the hiring of an organic executive director and IT officer.

Despite, the many programs, the Uy leadership turned over an additional P1 million to the PHA coffers. An incident involving two PHA pillars remains unforgettable. “I am indebted to Drs. Ramon Abarquez and Esperanza Cabral for their magnanimity and forbearance in listening to reasons as they tackled the very touchy Hypertension Specialist Program during the Convention business meeting. They respected the opposition of some PHA members. I had to declare recess twice to let the tense situation cool off. We succeeded in maintaining harmony among our members, for this, I am very grateful,” he said.

According to him, there has been a dramatic change in the PHA from 2005 to 2013, taking notice of the emergence of active members. Rapid societal transformations require dynamic leaders and followers who appreciate and evangelize modern medical education, health policy-making and health economics on top of keeping the members of the association abreast with advancements in Cardiology.

In the delivery of our services, we must innovate as far as the pace of technology will allow us. Our relevance should go beyond the PHA membership. In the certifying examination, we must see to it that the questions are appropriate and so must every policy that the PHA Board will promulgate.

Direction wise, I expect the PHA to evolve farther -- painstakingly working hand in hand with the institutions in training more cardiologists; relentlessly educating the public on the benefits of healthy lifestyle in the
prevention of heart diseases; actively networking with organizations that share the PHA mission; resolutely crafting laws that will promote health.

Uy also underscored that “the PHA must tenaciously promote and uphold public safety, ensuring that every member practice our “trade” with utmost professionalism and respect for the individual person, an aspect was not given emphasis in the programs that we have been accrediting.

The upcoming implementation of the ASEAN Mutual Recognition Agreement will offer us an opportunity to review our training programs to make them not only locally relevant but internationally “equivalent”. His words of inspiration for the modern-day heart doctors: Philippine cardiology has gone a long way. The training programs widened the patients’ access to better services from competent cardiologists. With the advancements in cardiology procedures that used to be complex interventions are now considered ordinary and the gold standard. We are in a better position to prevent, cure or alleviate the sufferings of the patient from the dreaded cardiovascular diseases.

I hope they are all expressed in our individual daily practice of our profession— that every Fellow of the Philippine College of Cardiology is an effective and genuine advocate of healthy hearts. He/she is a passionate and compassionate heart doctor of every Filipino.

My best ... from Page 45

around with you. I had mood swings. There were tons of assignments and quizzes. There were more quickie dinners and lengthier study period. At least, I managed to carry you to my bedroom when it was time to sleep. There were times I forgot to clean you up.

One day, you were not as lively. You did not even bark when I got home. You also weighed lighter when I carried you. Just then, I discovered that you haven’t eaten for three days. It alarmed me. Mama took you to the vet. When I got home, you were not there. You had to be admitted because you were very ill and needed IV antibiotics. For one week, I visited you daily at the clinic. But everyday, you became weaker. “Bobby has abnormally low red blood cell count. His kidneys and liver are failing”, the vet told me and you were staring at me while he updated me about your condition. I knew you were hoping I would bring you home, so I did, hoping I can bridge the time that was lost between us and it would lead to your recovery.

I whispered to you: “Hey, hang in there, tomorrow will be the last day of examination. After then, I will never leave your side.”

Right after my last exams, I scooted home, along the way, I grabbed your your favorite snack from the grocery store. As I entered the gate, you started to bark but it was a faint bark of someone in pain and excited at the same time. So happy to see me. I offered you your favorite snack but you were too weak to eat. I carried you in my arms while your soft brown eyes looked deeply through mine. Your eyes mirrored a lot of questions that I couldn’t answer. I knew you were saying goodbye. You were holding on so you can see me, one last time. You had to wait for me. It was time to take your rest. As I let go, you drew your last breath and your body became limp in my arms. Your lifeless brown eyes were still looking through mine. The calmest brown eyes ever, I can remember. As I closed them, I knew that I lost my best friend.

We buried you in the garden, your favorite place where we used to run and play. I saw your tennis ball, already covered with dirt and mold. I cannot even remember the last time I cleaned it. I took it, washed it and kept it. It is a remembrance of your undying loyalty and unconditional love. I was full of regret and bitterness. I took for granted the creature that loved me the most, until his last breath. I paid a very big price for such a small reward.

Alone, at times, I would sit at the garden and reminisce our times together. I can still hear myself laughing while I pitched your tennis ball. I miss you, my playmate and my bestfriend. For some people, you are just a dog. But it is only us who can really fathom the mystery of our friendship. We shared a connection that other people can never have in their entire lifetime. You taught me how to love unconditionally. You made me see clearly the value of friendship. I will forever be grateful to you. You continue to live in my heart. You still inspire me with your love, constancy and friendship. Until now, I can still hear silent bark my heart hears and appreciates.
Unilab ‘yan!

Consult your doctor regarding the use, benefits and risk of these drugs for your condition.

Full product information is available upon request.