



Incisions

The Newsletter of the Philippine College of Surgeons

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Beginnings

PCS Newsletter

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Life's Surges

by Dante V. Lerma



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About The Title

The precursor of the *PCS Newsletter* was born as a supplement to the *Philippine Journal of Surgical Specialties*, informing the fellows of the college activities which were non-scientific in nature. Initially distributed as type-written mimeographed pages, the forerunner of the newsletter contained announcements, a calendar of activities of the different chapters, deadlines and application forms.

In February of 1981, the first issue of the *PCS Newsletter* was published, a four-page tabloid with Dr. Willie N. Lagdameo as the Editor-in-Chief. As the years went by, more pages were added, including pictures, chapter and committee news. More feature articles have been included, some about the history of the PCS, passions and hobbies of fellows, among others.

Now on its 32nd Volume, the *PCS Newsletter* is renamed "*Incisions*", defined as "a cut or a gash; cutting for surgical purposes". It is akin to incisiveness, meaning keenness and precision. It is with this in mind that the *PCS Newsletter* is thus given its new title: to incise deeper into issues, to cut into matters which may not necessarily surgical in form but certainly of interest to us surgeons.

Incisions, the PCS newsletter, is a quarterly publication of the Philippine College of Surgeons, 992 EDSA, Quezon City 1005, Tel. No. 928-1083. Comments and feedback indicating the writer's full name, address, contact numbers and e-address are welcome. *Letters to the Editor* may be edited for reasons of clarity and space. E-mail to pcs_1936@yahoo.com.ph.

Vintage 1936



Ma. Concepcion C. Vesagas, MD, FPCS

Wine is a product of man and vine -- from the grapes that were picked by the workmen, to the vintners that chose the amount of grapes from which vineyard, to the barrels that sheltered the must, to the months that the wine was left to ferment and ripen. But earlier than that, beyond even the time that the grapevine has started to bud and bear fruit, a story has to be told. Winter, a dearth of life in parts of the world, is the start of the tale of all wines. Late January, when the frost has set in, grapevines are pruned and pruned till almost just a vertical stalk is left. An enormous amount of vegetation is taken off. If workers prune too early, before the sap has left the stalk, the vine is killed. And though the main bulk of pruning occurs in winter, tending a grapevine is year round. Workers must be skilled in pruning to let the vine catch the sunshine and bear the optimum number of fruits that will not dilute the juice from which the wine is made. And in the process from grape to wine, so much can happen. But the best of wines are not a product of sheer serendipity. Their grapes are prodded, tickled, tested and most of all, nurtured.

Why talk of beginnings when the Philippine College of Surgeons is entering its seventy-sixth year? Surely the dictum, "If it ain't broke, don't fix it" should apply. The PCS is kindred to a glass of wine: before the wine is ready, the grapes undergo a transformation that involves much thought and process. The same way, our college has gone through many changes to make it an organization that can best serve its fellows.

Seventy-five years ago, the group of 34 charter members sought to form a collegiate body to answer to the needs of Philippine surgery. As the years and decades went, the initial objectives that the PCS sought to achieve have been so: a forum for surgery, a collegiate to serve the needs of the Filipino surgeons, a means to impart knowledge and share expertise.

But the world is changing, and so are the times. The world has gone smaller than its physical realm and traveling and exchange of ideas can be had with a click of a (mouse) button. Borders, both physical and political have fallen between peoples, countries, regions. Thus there is a need to prune, to reposition ourselves to realign the objectives and vision that the Philippine

College of Surgeons had rooted itself on. So many events have taken place that though the original ideas are relevant, many more have supplanted them.

There is a need to realign the specialties in such a way that each is complimentary to and not detrimental to the development of surgical practice. Should the college address issues of general surgery as not just abdominal surgery but in the spirit that the word "general" connotes? Have we become a profession of subdivisions but need not necessarily be so? Our country has opened our medical borders through legislation to other nationalities and vice versa. Being a body that sees to the interests of the surgical profession shouldn't the college lead in the formation of regulations and guidelines in governing such?

Like the grapevine that needs to be pruned, so does the college need to do so. We must remember that the older vine produces the better fruit and thus the better wine. There is no doubt that with pruning, prodding, testing and most of all nurturing, after seventy-five years, the Philippine College of Surgeons will yield the best wine yet. ■

(Editor's note: Speech given by Dr. Maximo H. Simbulan, Jr during the induction of the 2012 Board of Regents of the PCS last December 6, 2011 at the EDSA Shangri-la Hotel.)



The President's Corner

Maximo H. Simbulan, Jr., MD, FPCS

Standing before you this evening is indeed a very great honor for me, my family, and to my friends.

Let me start with an atmosphere of optimism. This can be initiated by establishing a culture of gratitude. With that in the air, allow me then to acknowledge persons who are important and dear to me.

Greetings!

Sa pagbubukas liwayway ng bagong kabanata sa ating kasaysayan bilang samahan sa maninistis ng bayang ito, ako at sampu ng aking mga kasama sa lipi ng mga tagapagtaguyod ng Philippine College of Surgeons, ay nakakaaninaw ng isang mapag-anyaya at matatag na tulay patungo sa isang makabuluhang bukas na punong puno ng ligaya at tagumpay. Ang umagang ito ay hindi lamang para sa atin kundi sa lahat ng nananahan sa dakilang bansa na ito.

Ladies and Gentlemen, in behalf of the incoming leadership, thank you for gracing this occasion.

Your incoming president is short and simple. Short, because it is obvious. Simple, because I have nothing and no one to complicate my life with. Nonetheless, his commitment to the affairs of the college is hard to quantify. This provincial boy from the remote town of central Mindanao never dreamt of this noble responsibility. Not even in his wildest fantasies, perhaps recently. Again, my greetings from Bukidnon and Cagayan de Oro!

But tonight is not about this boy or anyone else in this hall. The essence of this evening's

affair is far greater than all of us collectively. We are here to renew our professional vows and fortify our resolve to the ideals of what this organization stands for. As I reviewed the history of surgery in our country, there were always four focal points that our past leaders meticulously and conscientiously addressed. They are the organization herself, membership, patients and the community including the international concerns. It was true then and still now. However, through the years only one or two of these avenues were emphasized more, depending on the thrust of the incumbent leadership. (Not to underscore of course the relevance of those projects during their time.) Next year and onwards the board of regents will try to address this equitably not because we are better but because we have learned from the legacy they have left behind.

Having said that, allow me to present the activities for 2012:

THEME: UNITY, INTEGRITY AND EXCELLENCE, 20 PURVIEW 12

KEY RESULT AREAS PCS 2012

1. GOVERNANCE
2. MEMBERSHIP
3. EDUCATIONAL PROGRAMS
4. PATIENT SAFETY
5. SOCIAL ADVOCACY AND OUTREACH PROGRAMS
6. INTERNATIONAL RELATIONS
7. REVENUES

SPECIFIC OUTCOME BASED ACTIVITIES

1. GOVERNANCE

- CONSTITUTIONAL CONVENTION
- REVISIONING AND REMISSIONING
- CULMINATION OF PCS DIAMOND JUBILEE

2. ADMINISTRATION

- COMPREHENSIVE MIS
- SIS
- PAPERLESS TRANSACTIONS

3. MEMBERSHIP

- COMPREHENSIVE DATA BASE SYSTEM
- DIRECTORY (SOFT AND HARD EDITION)
- CONTINUING PROFESSIONAL DEVELOPMENT
- CURRICULUM ON SURGEONS CAREER PATH
- HANDBOOK ON GOOD SURGICAL PRACTICE, PHILIPPINE VERSION
- ACTUARIAL STUDIES ON FAP
- TARIFF GUIDE ON PROFESSIONAL FEES

4. SURGICAL EDUCATION

- DACUM PROCESS
 - ▶ DEVELOP NEEDS ASSESSMENT [DNA]
 - ▶ COMPETENCY MAPPING CHECKLIST
 - ▶ OUTCOME BASED SEMINARS AND WORKSHOPS

5. SURGICAL TRAINING

- GUIDELINES OF STANDARDS FOR SKILLS LABORATORY
- POSSIBILITY OF DEPUTIZING THE COLLEGE FOR EXPANDED TERTIARY EQUIVALENCY AND

ACCREDITATION

- GSLL PROJECT.....SURGICAL CHAIRS FORUM

6. SPECIAL PROGRAMS

- TRAUMA...ATLS
- INFECTION AND CANCER
 - ▶ COMMENCE NATIONAL DATA COLLECTION, REGISTRY
 - ▶ REGIONAL FORUM

7. RESEARCH

- UPGRADE EBCPG OF ALL SPECIALTIES
- FURTHER DEVELOPMENT AND PROMOTION OF INVENTION AND INNOVATION CONTEST
- ESTABLISH STUDY GROUPS

8. FINANCE

- PCS COOPERATIVE
- PCS CREDIT CARDS
- PARTNERSHIP WITH THE ACADEMY FOR ELECTRONIC MEDICAL RECORD SYSTEM

9. BUILDING

- MAXIMIZE SPACES FOR RENT
- RENOVATION AND UPGRADING OF MEETING ROOMS
- REVIVE THE IDEA OF ACQUIRING COMMERCIAL LOT

10. EXTERNAL AND INTERNATIONAL AFFAIRS

- PATIENT LIASON GROUP [PLG]
- SOLID IMPACT ADVOCACY PROJECTS
- EXPAND PARTICIPATION AND NETWORK WITH PMA, PHIC, PRC, NDRRC, DOH, AND BIR
- TAX RELIEF BILL
- TELEMEDICINE
- ASEAN SUMMIT ON BASIC COMPETENCIES OF ASEAN SURGEONS, MYC IN BACOLOD



When these are done, I could safely state my early ideals and dream for the college which goes: “THE PHILIPPINE COLLEGE OF SURGEONS, where the patients are safe and totally cared for by fully developed Filipino surgeons who are respected globally.”

I suppose this is going to be a busy and costly year ahead of us. We are doing this because this is the way to go. The practice of our profession is radically challenged by numerous moves from political and economic sectors. There are several policies in the pipeline that may be suppressive and detrimental to our quest to deliver total quality care to our patients. This is not only a domestic concern but also global. That is why aside from addressing thoroughly our local issues, we cannot ignore to be wary about the regional and international developments on health care. Let us always uphold this multi-millennial vocation while we still can! We are not only practioners of this profession but also its stewards. Let us stand on guard from within and outside of our realm!

In closing, let me borrow the words of a living Singaporean legend, Prime Minister Lee Kuan Yew as he said, “Any system needs to be

reviewed from time to time. No system lasts forever. Conditions change, some flaws are carried to excess and you’ve got to revise them. You cannot say that is a general principle that is good for eternity. Great governance sometimes takes difficult decisions.”

Everything has been said but still so many things are to be done. I hope and pray that everyone is already on board to this noble journey. After all, the essence of being a surgeon lies not in dubious compromises but in constantly threading the path to excellence thereby assuring our patients of unfading reverence.

And at the end of all these, nothing will matter anymore but the difference we will make to one another. In the end, we are just servants of the Almighty God. And these we can do by being fellows of the Philippine College of Surgeons! Nothing more, nothing less! Let us live in the culture of love throughout our lives as it is said in the Book of Corinthians, “Even if we have everything, speak different languages and preach with gifted tongues, if we do not love, we are nothing!” *Maayong gabii sa inyong tanan!* May the Good Lord bless and keep us. ■

1st Quarter 2012



Across the Board

Alejandro Dizon, MD, FPCS

Your Philippine College of Surgeons Board of Regents was off to a very busy start to prepare, plan, work and provide the service expected of them by the fellows of the college for the year 2012. The 2011 67th Annual Clinical Congress from December 4-7, 2011 at the EDSA Shangri La Hotel had a total of 1,779 registrants composed of 1009 fellows, 296 guest physicians, 461 residents and 13 foreign participants. A total of 13 foreign speakers graced the event and shared their knowledge on their areas of expertise, with no less than the current, sitting President of the American College of Surgeons, Prof. Patricia J. Numann, MD, FACS, joining the Congress. It was again a very successful meeting in terms of continuing surgical education, sharing of expertise, fellowship and camaraderie. The new PCS President of the PCS in person of Dr. Max Simbulan was elected and inducted during the Congress and in behalf of the 2011 BOR, we congratulate Dr. Josefina Almonte, the first woman and Diamond Jubilee President for a job well done.

Even before the year ended, the 2011 BOR together with the committee chairs met for a strategic planning meeting to lay-out the 2012 PCS directions, priorities and Key Result Areas which will be summarized as follows:

Governance, Membership & Administrative Concerns:

The work & discussions continues, that started during the Midyear Convention in Tagaytay last 2010, to carry out techno-structural interventions to re-configure the PCS into a more member-focused organization. This will review and revise the organizational leadership structure to address membership representation for full integration of all the cutting specialties and taking into consideration the current geographic limitations and issues. An Ad-hoc Subcommittee on By-laws Revision (Con-Con) under the Committee on By-laws & Amendments was created to take lead on this.

For those who haven't had the chance to do so, please find the opportunity to visit the PCS Building with the transfer of the PCS Office & Secretariat to the 4th Floor and a new, appropriately named, GT Singian Board Room

built in the space vacated by the previous office. The area was transformed to have a more functional and modern look for a better working environment as well as utilizing previously neglected spaces in the building. A team-building activity & retreat was also organized last March 2012 for the PCS Secretariat. The BOR is currently in talks to source a Management Information System to improve the information technical capability in terms of: membership data-based profiles, accounting and achieving of documents to help in the day-to-day and long-term management of the college and the development of an interactive website.

The Membership Committee was tasked to be more responsive to the current and emerging needs of the fellows through a Membership & Career Development Program that envisions to provide our fellows the necessary knowledge and guidance outside the science of surgery like: practice, business and financial management as well as other opportunities to enhance their personal and professional development designed to be applied in various stages of their careers.

Surgical Education, Training and Patient Care:

We are all looking forward to the 38th Midyear Convention to be held at the L'Fisher Hotel in Bacolod City on May 10-12, 2012 and this will be a particularly busy one as it will include the 1st ASEAN Trauma Conference and the 1st ASEAN Surgical Summit as well as a Workshop on the DOH Licensing of Ambulatory Surgical Clinics on top of the regular MYC program. We anticipate the participation of surgeons in the ASEAN region to be part of the trauma meeting and also the leadership of the ASEAN Surgical Societies to be part of the summit that will work on the organization of the ASEAN Federation of Surgery that will play a role in the implementation of the Memorandum of Reciprocal Agreement.

Plans are on the way to involve the PCS fellows directly in the formation of the disaster teams in their respective provinces to respond in the event of calamities under the supervision of the local PCS chapters. And to compliment this, the Advanced Trauma Life Support (ATLS) Program for Doctors will be finally brought into the country with the site visit by the ACS/ATLS representative as the preliminary step into this. We remain one of two countries in the region that does not yet offer ATLS to their surgeons.

In line with the call of President Benigno Aquino's Universal Healthcare for All, DOH Secretary Enrique Ona called on the PCS to review the possibility of recognizing properly trained surgeons that are not PCS fellows to address the surgical needs in the underserved areas of the country. The Committee on Surgical Training was tasked to fast track an updated National Surgical Manpower Study to provide the college with the necessary information and data to venture into this public health mandate.

Patient Care is now highlighted amongst the various functional clusters of the PCS, as it should be rightfully so, as the patient are the true

beneficiary of the surgical services we provide and our activities should really center on the needs of the patient. This will cut across several committees with the goal of providing and improving delivery of safe, quality, professional and ethical patient care through standardized protocols, quality and safety programs, training and surgical & patient education. Plans include the creation of a Patient Liaison and Advocacy Groups.

Resources, External Relations, Community and Outreach Program:

The sustainability of the activities of the PCS can only be achieved through good financial management by looking into generating revenues outside the traditional sources and reviewing current and future investment / income generating opportunities. The PCS is also reviewing the possibility of expanding the benefits fellows can avail from the Fellows' Assistance Plan (FAP) through actuarial studies and expanding funding capabilities.

The Committee on External Relations will continue activities to project the relevance of PCS in the community and delivery of quality surgical care and to explore more venues for public exposure. The community and outreach programs will continue to cover the surgical needs in the underserved areas through our SURE programs and also the creation and development of more PCS Klinika ng Bayan. ■

(Editor's Note: Speech given by Fr. Jose Ramon T. Villarin, SJ during the induction of the PCS 2012 Board of Regents, EDSA Shangri-la Hotel, 6 December 2011.)



Jose Ramon T. Villarin, SJ
President, Ateneo de Manila University

Thank you for inviting me to speak to you on the occasion of your diamond anniversary. Congratulations to you all on this Jubilee. My message tonight is simple and it is my constant refrain to those who are in the medical profession. I first shared these with rheumatologists, then with our medical students and teachers. I now share with you.

Your medical work is not just a profession; it is a vocation. That's the long and short of it. If your work were merely a profession, perhaps you'll be good as good as a master technician or expert. But if your profession were also your vocation, then perhaps you will not only be good, but happy and fulfilled as well.

When I was a young priest, I was once called to do the holy anointing (we no longer call it extreme unction) at Quirino Labor Hospital. When they saw me, the family of the sick person broke into tears. Seeing me was like seeing a ghost. I must confess I do not relish the role. It was as if the doctors, the professionals had done their best; it was now the turn of the priest to throw some desperate Hail Mary shots.

I hope we can move away from that facile dichotomy of roles. I challenge you to be who you are: not mere technicians before specimens of pain, NOR ministerial priests with holy oil to administer; BUT wounded healers yourselves who must do battle with your own demons of doubt and weakness, invited by God to respond to human pain and longing, with all the unique talents and tools you have learned to sharpen and apply.

For you to do this, for you to be this, you only have to see that to heal the body is to heal the entire person. No dichotomy here, no flesh versus spirit, no separate body and soul compartments here. Just a patient with a human face, disfigured yes, by the wounds and

weaknesses of this world, but the very image nonetheless, the very likeness of God.

To heal the body is to heal the entire person. To repair the body is profession; to redeem the person for God is vocation. To open up the body and excise the tumor is profession; to open the person to the healing presence of God is vocation. To fix bodily functions with the tools of your trade, that's profession. To restore the person to rightness with himself, with others and our God, that is the grace of your vocation. Your profession and your vocation, your medicine/science and your faith are not mutually exclusive realities. Your medical expertise and execution are now a physical sacrament through which God acts and heals and makes Himself present to others.

This is not asking too much of you. This is not even asking you to improve bedside manners or to stock up on pastoral techniques and theologies for later use. This is only asking you to be who you are in the sight of heaven: wounded healers invited by God to respond to the brokenness, the woundedness that was never part of God's dream for us in Paradise.

Your expertise, your power is a wonderful thing. Wield it as you would a gift that you have received and sharpened all these years, never for yourself alone. Take this to heart, our shared vocation as co-healers with God in a broken but redeemed world. And we will be good at what we do; and happy and fulfilled as well. ■

Presenting a Clinical Study at Hua Hin, Thailand

Resident's Corner

Amabelle Q. Yuga, MD

January 11, 2012 marks the second time that De La Salle Health and Sciences Institute represented the Philippine Society of General Surgeons in presenting a study in the 7th congress of the Asia-Pacific Hernia Society in Hua Hin, Thailand where I, Amabelle Q. Yuga, MD a third year surgery resident presented a clinical study entitled, *Early Experience of Using a Self Fixating Lightweight Polyester Mesh in Open Inguinal Hernia Repair*. It is a prospective study which aims to assess the feasibility of using a self fixating lightweight polypropylene mesh to repair inguinal hernia under regional or local anesthesia in the Philippines in terms of recurrence rate, postoperative pain, post operative surgical complications, wound healing complications and operating factors (mesh deployment time, total operating time). The dissection in mesh hernioplasty is similar to the conventional Lichtenstein technique however, with this innovative mesh, we do away with sutures to secure it and with its self fixating properties operative time and post operative discomfort are reduced. The study is currently registered at Clinical Trial.gov and is nationally accepting participants.

The clinical study was critiqued by two panelists and well received by distinguished audience including Dr. Davide Lomanto, president of the Asia-Pacific Hernia Society and other experts on hernia surgery from various international institutions.

Attending an international convention was a good learning opportunity. It is an avenue to be

acquainted with the various surgical techniques performed in other institutions, and to be attuned to recent evidence based studies, modern surgical practices, and innovative equipments. It is likewise a means to gauge how our institution is fairing and subsequently encourage us to strive to be at par with other institutions in terms of knowledge, skills and technological advances. ■

Restating the Goals of the Philippine College of Surgeons

(Editor's note: A pre-convention workshop was held at the L'Fisher Hotel in Bacolod on May 9, 2012 to update the vision and mission of the Philippine College of Surgeons. Below are the results of the workshop.)

Vision of the Philippine College of Surgeons for 2012-2017

We envision the Philippine College of Surgeons as a globally-recognized organization of surgical specialists dedicated to ensuring the highest standard of care.

Mission Statements for 2012-2017

1. Provide opportunities for training, continuing surgical education and research
2. Implement value innovative strategies geared towards membership development and benefits
3. Establish and maintain strategic local and international alliances
4. Ascertain the availability and adequacy of surgical manpower throughout the country

Functional Strategies

(Courses of Actions to the Mission Statements)

1. Intensifying development of surgical expertise
2. Setting a premium on membership
3. Developing & nurturing partnerships
4. Offering niches in new frontiers



Jose Rhoel C. de Leon, MD, FPCS

The 16th day of December 2011 has permanently changed the cities of Cagayan de Oro and Iligan as well as other towns in Northern Mindanao. Except for the hoisting of a typhoon signal I heard over a local radio station – there was no other sign of what was to happen in the coming hours. In fact, the malls were packed and the traffic had been quite heavy due to the Christmas rush, the air was festive even if there was gloom in the sky. I guess, not too many gave any second look at the storm warning because the city has never been a typhoon area; many have actually no idea what a typhoon signal number 2 meant. Topographically, Cagayan de Oro is shielded by the mountains of Bukidnon and Lanao provinces from the effects of a typhoon that may occasionally hover in the area – but that itself is a rare occurrence. Although there has been flooding a few years back, it only affected properties and crops – not much in terms of peoples' lives. Besides, afternoon rains had been common here and all these factors just made people more relaxed.

But as the hours to the night passed, when the Christmas parties were at their peak, the rain just kept on pouring heavily. I even jokingly told friends that there might be flooding again in downtown so we might have to take other routes going home. When I picked up my son together with his basketball teammates, some streets had water already. Still there was nothing to really panic about, because with the kind of drainage we had, it usually flooded during heavy downpours. But the rain never stopped and unknown to many in the city, it had been raining heavily in the

mountains way much earlier in the day. We had all the ingredients to a surprising disaster – an unaware population, Christmas merrymaking and an angry nature.

Late in the night, the electricity went off and the wind started to blow hard – something I had never experienced yet in my years in the city. It was difficult to sleep with the noise of the heavy downpour on my roof and the whooshing wind outside. I remembered that a drug company had given out a flashlight with a transistor radio in it

during the recent annual clinical congress. I retrieved it and tuned in to a local radio station. By this time a few minutes past midnight – there were already calls for help from people in low lying areas, many were already on their roofs. People were calling and telling about the raging waters that look like it was being poured with all the debris that went with it. There were calls for rescue and reports of missing people at this time. By the minute, reports were getting worse but still, the ongoing devastation could not be comprehended yet by just the reports on the radio. Partly intrigued and prodded by the call for added manpower, I went out and went to the newly built bridge in the city where a big mall and hotel by the river was being constructed as well.

I was awed by what unfolded in my very eyes. Although there was total darkness, the light from the vehicles and the flashlights of military

men trying to flush out people from a community under the bridge was depressing to say the least. You could hear people's cries, and the rescuers were helpless with the raging water that had already made the whole area like a sea. The heavy equipments in the construction site floated like plastic toys and whole houses, logs, mud and debris were shaking even the heavily built new bridge. Right then, I knew there will be deaths – but I never thought it would be that much.

I went home to change and to pick up my kids for them to help in whatever way they could. I called on other fellow surgeons and we started to mobilize ourselves. Going around early that morning with a beautiful sunrise was very ironic with the devastation. We saw dead bodies all over with our own eyes, communities completely washed out, people covered with mud walking the streets aimlessly. Rescue workers with a few



rubber boats were trying to do what they could. We, the local fellows immediately went to work, gathered any supplies we could and went to the temporary evacuation centers where a lot of victims were injured. Many actually didn't care much about their injuries at that time; their minds were occupied by their desire to find their family and relatives.

There were lots of stories of death and amazing survivals. We worked the whole day, without any banner nor any identification. The people just knew we were doctors. We were the first responders in many centers. We were witness to the chaos and how ill-prepared the city was. I guess this was really something hard to be prepared about, but how we react to it and how fast we moved was what mattered at that time. That's where many government agencies failed – and they failed miserably. We worked till night and by this time, the other specialties had joined and started giving out food, clothes, and sleeping mats (Philippine Society of Anesthesiologists – Northern Mindanao) to the survivors who were now cramped in schools and basketball courts.

The next few days, we continued with our work, silently – but I am sure, effectively. Still, the situation in many areas were chaotic, relief operations were mostly on a “DIY” thing. Banners and names of politicians and those probably hoping to be one started to sprout out. National agencies started to come and the social media sites like Facebook and Twitter became avenues for organizations (including us) to ask for donations. Seeing the situation from day one, we were the first to call the attention of authorities through our posts about the maldistribution of relief goods, the need for a centralized coordinating agency and the need for staging areas or “tent cities” to decongest and finally move out the survivors from the temporary

evacuation centers where the threat of disease was already imminent.

By the end of the week, the local chapter officers decided to “hold its horses” as far as relief distribution was concerned. We decided to do this after seeing the evacuation centers “inundated”

with relief goods from all over. We just continued with our wound care clinics. By the 3rd week after the disaster, order seemed to have finally come. International agencies started to help put up the tent cities and permanent relocation sites.

People have started rebuilding their lives, and this is where we, the surgeons of the land - will again step in.

There are many things we learned and discovered with the disaster, as individuals, as members of the community and as an organization like the PCS. The first lesson is that there is no way to be adequately prepared with a disaster. Each disaster will always have its own characteristics. But that should not discourage us from being “generically prepared”. Organizing people and communities, grouping them and making them familiar with a “local disaster protocol” will be of big help. The protocol should and must involve all agencies, both national and local government, NGOs, religious organizations, and all those that can be involved – including us, surgeons. At the first sign of disasters, the pathway must be activated, people should know who to call, where to go and how to get to designated evacuation centers for every area. The whole community must be involved. Indeed, we have learned a lot of lessons out of this disaster, and as a chapter – what we experienced will only be more meaningful if we will be able to really learn from it and SHARE it with the other chapters of the college. If we accomplish this, somehow, the disaster may have served some purpose. ■





Rhoderick M. Casis, MD, FPCS

Initial Mission on Adopt a District Hospital Coron, Palawan

January 4-6, 2012



It was an early Wednesday morning when a group of surgeons, anesthesiologists and nurses departed for Coron, Palawan for the First Focused Surgical Mission. Dr. Beda R. Espineda initiated the adoption of Coron District Hospital by the Philippine College of Surgeons as a venue to help our countrymen with no or limited access to surgical specialists.



The surgeons, Doctors Beda R. Espineda, Jose A. Solomon, Fernando A. Melendres, Roberto O. Domingo, Dennis H. Littaua, Leonardo O. Ona III, Robert Suntay and Rhoderick M. Casis flew to Busuanga in different flights because of scarcity of seats to the region. The Philippine Society of Anesthesiologists was represented by Doctors Rolando Deluna, Jr., Alex Cruz and Kathleen Garcia. The Operating Room Nurses Association of the Philippines (ORNAP) sent Ms. Lydia de Castro, Ms. Mayo Santiago and Mr. Rony Fajilagutan. Biomedis donated medicines for the surgical mission.

The delegation was warmly welcomed in Coron. The honorable Mayor Mario T. Reyes together with the Municipal Health Officer Dr. Alan Guintapan welcomed the group at the airport. After a short lunch, the mission started with the cases being assessed and scheduled. Most of the superficial masses were done under local anesthesia. The Medical Director of Coron District Hospital, Dr. Edgar P. Flores, was always present to help in anyway during the 2-day mission. The last surgery of the day finished after 9:00 PM and a sumptuous dinner was prepared for the group by with the Governor of Palawan, Gov. Abraham Mitra and Mayor Reyes in attendance. They made sure that the need of the group was satisfied. Dr. Ivy Sta. Maria with Dr. Guintapan were always available for any concern during the

mission and ensured that everything was in order from food to medical supplies. The staff of the hospital, the nurses, orderlies and others, was very gracious and efficient which made the work easier and stress-free.

The following day, after a restful night, work started early for the doctors and nurses. Dr. Flores was already in the hospital looking after the patients operated on the previous day and preparing the patients still to be operated on. The scheduled surgeries to be done under spinal and general anesthesia were checked but a significant number of minor cases arrived and asked if they can be operated on too. Perhaps the sudden appearance of more patients was brought about by the spread of news by word of mouth that specialists were in the hospital giving free service. By the end of the days, the group was able to do 74 excision of cysts and superficial masses, 4 pediatric hernias, 2 submandibular masses and 1 deep neurofibroma of the thigh. A total of 12 patients were operated on under anesthesia. The day ended around 4 pm and the group had time to go to Maquinit hot springs to relax and a buffet dinner prepared by the local government.

On the last day, the group went on R and R with the itinerary planned by the Coron tourism and using the boat of the municipal government. Where the group went and what experiences they

had, is another story. After the brief R and R, the group prepared to leave with fond memories of the idyllic Coron and their “lamayo pasalubong.” Before going to the airport, the surgeons dropped by the hospital to check on the patients operated on the previous day. The entire mission was

indeed a success from the experience of the participants, both from Manila and from Coron and is a program worth continuing and improving by the Philippine College of Surgeons. ■





Marwin Emerson V. Matic, MD, FPCS



Scenes from the PCS Annual Convention 2011

Celebrating the 75th anniversary of the Philippine College of Surgeons, last year’s Annual Convention proved to be truly amazing and inspiring. Attendees numbered to almost 2000, comprising of delegates, fellows and residents, both local and international.

The Philippine College of Surgeons had its 7th photo contest. Having the theme “Motions”, 36 photos from 16 PCS fellows were submitted. Entrees were all promising but a calendar can only accommodate the 12 most captivating photos, one for each calendar month. The winners were as follows:

- | | |
|-----------------------------|--------------------------|
| Antonio G. Vasquez, MD | <i>Splash</i> |
| Elmer S. Jabagat, MD | <i>Flying Trapeze</i> |
| Renato Cirilo A. Ocampo, MD | <i>Triumph</i> |
| Antonio G. Vasquez, MD | <i>Tricycle Ride</i> |
| Antonio G. Vasquez, MD | <i>Dragon Dance</i> |
| Rhoderick M. Casis, MD | <i>Fun under the sun</i> |

Rhoderick M. Casis, MD

Beauty is in the eyes of the beholder

Rhoderick M. Casis, MD
Gerardo G. Gonzales, MD

*Naglalaro ng Apoy
Star Trails and the Milky Way*

Rolando M. Reyes, MD
Vivencio Jose P. Villafior, MD
Mario Rogelio C. Magnaye, MD

*Jump!
Back Flip
From work, cycling towards home*

The Fellows’ choice was Dr. Antonio Vasquez’s “Splash” which also was awarded the Best Photo. Watch out for these photos in the 2014 PCS calendar.

Ten research papers were included in Committee of Surgical Research’s research contest entitled, “Champion of Champions.” Among the judges were Dr. Alvin B. Caballes, Dr. Rhoderick M. Casis, and Dr. Aldrin Joseph R. Gamboa. The first prize was awarded to Dr. Aimee Rose A. Icasiano-Ramirez of CSMC who did a Prospective Study Comparing the Visual outcomes and higher order aberrations of Wavefront vs. Combined Wavefront Aspheric Myopic LASIK. Dr. Chauncey Kester L. Lim of SLMC and Dr. Roderick P. Arcinas of UST won the second and third prizes, respectively

The Committee on Surgical Inventions and Innovations held their 1st Annual Inventors’ Competition. This competition was designed to recognize Filipino physicians with innovations, inventions and creative designs that contribute to surgical practice. The awards had three different categories: Innovation, Invention and Creative Design. Board of judges for the competition included Dr. Avenilo Aventura, who is a past president of the Philippine College of Surgeons and former director of the Philippine Heart Center, Professor Homer Co of Manufacturing Engineering and Management of De La Salle University and Engineer Eustaquio Gonzales, Jr., who is the vice-president for Mindanao of the the Filipino Inventors’ Society of the Philippines, Inc.

Dr. Romarico Azores won in the Invention Category with the entry of MAKKO: Mechanical Aspirating Kit to Klip On. He invented a device that can facilitate a needle aspiration biopsy with

only the use of a hand. Dr. Frederik Tumaneng, a Plastic Surgery Resident won the award for Creative Design. He designed a Vermac-Coco Cellulose Wound Dressing that is essentially non-adherent and atraumatic to regenerating tissue as it absorbs pus and exudate from the wound. Drs. Mariano Caparas and Alzhes Buelva captured the award for Innovation for developing a cheaper alternative to the expensive otoscope available in the market today.

The highlight of the Convention was the Fellowship Night led by Dr. Elvis Llarena and Ms. Cheska San Diego of DZRH. Attendees had the opportunity to witness showcased performances from different Chapters. It was a fun-filled night. Panay Chapter donned colorful cultural costumes from the region. Metro Manila Chapter showed their dancing skills as the past presidents and senior fellows had little difficulty getting jiggly and shuffling on the convention floor, which got the whole room cheering. Drs. Avenilo P.



Aventura, Cresencio R. Abes, Augusto P. Sarmiento, Sergio P. Brillantes and Antonio B. Sison proved to everybody that a person is only as old as he feels.

However, it was the Southern Tagalog chapter that bested other chapters as it bagged the Chapter of the Night award. Under the leadership



of Dr. Marcus Brillantes, fellows of the Southern Tagalog staged a short musical skit of sort. Drs. Ramon Inso, Domingo Amistad and Ramonsito Magnaye sang with passion lines from “The Impossible Dream”. Dr. Brillantes responded with lines from “This is the Moment”, signifying to us that the impossible dream of fulfilling the PCS mission-vision is now “coming into play, is here and now, today!” Wearing green, black and white PCS-STC sportshirts, Southern Tagalog fellows demonstrated to us what camaraderie was all about. The act concluded with the newly composed Chapter Hymn that the Southern Tagalog chapter fellows, with utterly passion, sang “We are surgeons... united we are One”. The Southern Tagalog chapter was awarded 50,000 pesos, from which more than half was donated to the victims of Sendong in Northern Mindanao.

During the PCS Induction Ceremonies, the Southern Tagalog, again, was awarded the coveted Most Outstanding Chapter of the 2011.





Panay Chapter with their colorful costumes



Quoting from a blog of Dr. Karl Lanocha, a neuropsychiatrist in Boston, “If you continue to believe as you have always believed, you will continue to act as you have always acted. If you continue to act as you have always acted, you will continue to get what you have always received.” Let us continue what the *First 34* started until we are 34-hundred-thousand-strong providing service to our fellow countrymen.

More power to the Philippine College of Surgeons! ■



Metro Manila Chapter with their Senior fellows' dance number



Marita V.T. Reyes, MD, FPCS

Challenges to Professionalism in Surgical Practice

*Gregorio T. Singian Memorial Lecture
67th Annual Clinical Congress, Philippine College of Surgeons
Isla Ballroom, Edsa Shangri-La Hotel, Mandaluyong City
Sunday, 4 Dec 2011*

Thank you, Dr. Armand Crisostomo, for that very generous introduction.

Dr. Teodoro Herbosa, Undersecretary of Health

Dr. Bernardo, Secretary of the PMA Board of Trustees

Dr. Josefina R. Almonte, President, Philippine College of Surgeons

Visiting Presidents and Officials of Colleges of Surgeons Former Presidents of the PCS

Members of the Board of Regents of the Philippine College of Surgeons

Fellows of the Philippine College of Surgeons

New Fellows of the Philippine College of Surgeons, their families and friends,

Good morning.

It was explained in the letter of invitation that the assignment of the Gregorio T. Singian Memorial Lecture “is reserved for persons who have dignified themselves in their profession, excelled in their position and exemplified dedication to a worthy cause and love of country”. How can a retired Biochemistry teacher resist such an invitation? I felt deeply honored and promptly accepted the invitation with much gratitude. This time, I thank you again, publicly.

I have always been in awe of surgeons – my first close encounter with one was with Dr. Pedro

Nery, a surgeon married to the older sister of my father. And, there was Dr. Adolfo Flores, a pioneering surgeon who built a general hospital in Santiago, Isabela where I grew up. He and Dr. Nery saved my mother's life from a ruptured ectopic pregnancy. They were my early heroes.

I will meet and work with many more surgeons as a medical student and later as a faculty member and now I even have a couple of surgeons in the family. Surgeons have always impressed me as “in-charge” persons, and as very decisive and confident professionals. Recently, when I

learned about the election of Dr. Josefina Almonte as President, I have to add two more adjectives – that of being gender fair and promotive of gender equality. Congratulations!

In 2008, I was invited as resource person in a PCS Workshop on Professionalism (as mentioned by Dr. Crisostomo in his introduction) and in that activity, we identified the virtues of a professional: honesty, reliability, beneficence, a sense of personal responsibility, integrity and independence. The PCS Vision-Mission and core values of PCS members : social responsibility, quality, team work and integrity – echoed these virtues.

These same virtues and values were modeled by Dr. Gregorio T. Singian, in whose honor this lecture is being given today. Dr. Singian, the Father of Modern Surgery in the Philippines, demonstrated these virtues and values in his “zealous promotion of high standards in medicine”, in seeing to it that

“surgery is given due recognition and winning the faith and confidence of the people in surgical intervention as a positive means for the treatment and cure of human ailment hitherto thought to be beyond remedial measures” and that “new methods and techniques were applied for the relief of human suffering”, and in always “exemplifying a humanitarian attitude” while “showing faith and loyalty to his government and his people”. These, I gathered from the 1937 testimonial speech of Dr. Juan C. Nañagas and 1972 lecture of Dr. Domingo Antonio, Jr.

In a 2006 Lancet article, Peter McCulloch described the development of surgery in the past 50 years as the time when techniques and results in surgery have advanced enormously. He mentioned that heart and lung surgery has become routine and is becoming less invasive. Stapling devices have improved the speed and reliability of gastrointestinal surgery, and minimally invasive techniques are routinely used in procedures ranging from adrenalectomy, through gastric





bypass for obesity, to difficult hernia repairs. Popular media have described robotic surgery, telesurgery, and surgery augmented by simultaneous optical and MRI examination of the tissues. A local medical center has announced some of these as offerings.

This explosion of new surgical technologies and innovations has generated other developments. For example, they have revived interest on patients' rights pointing to the seeming lack of a patient protection system. There is a concomitant increase in economic pressures and a growing preoccupation on commercialized medicine which create conflict of interest situations. These developments can put the doctor-patient relationship in jeopardy.

It is a good time to be reminded that whereas belonging to a profession (Davies, 2011) gives individuals (1) an exclusive right to practice in a defined area of endeavour, and a right to professional autonomy; being a professional also imposes (3) a duty, individually and collectively, to put the interests of patients (clients) ahead of their own, of their profession and of other bodies. Ancillary to that duty is a wider duty to existing and future patients as public service. This is what is meant when Dr. Gregorio Singian was described as “showing faith and loyalty to his government and his people.”

I would like to itemize these concerns into four challenges.

Challenge #1: Surgeons (Physicians) as patient advocates and promotive of their rights.

A few years ago, a bill was introduced in Congress that sought to institutionalize Patients' rights. This bill failed to pass because of the very vigorous lobbying and objections of several medical organizations including the Philippine Medical Association. I do not know the extent of participation of the Philippine College of Surgeons. It seems to me that after everything was said and done, what remained in the public mind was the impression that the medical community is not promotive of patients' rights! There is a need to re-affirm physicians' advocacy for patients' and their rights and to fulfill them. After all, the primary reason for being of the profession is the patient and professionalism is about behaving in a manner that promotes the patient's safety and well-being, a human right.

Challenge #2: A regulatory framework for surgical innovations

Today, surgical practice involves more complex technology-dependent procedures. But, whereas new drugs need to comply with very stringent regulatory requirements before they can be introduced in the market, introduction of new surgical techniques has no similar regulations. There is concern that surgeons are almost completely free to innovate in the operating room as they wish. This could be detrimental to the patient who is put in a very risky situation.

It is probably because of the difficulty of standardization of surgical maneuvers that surgical innovations and researches have not been mainstreamed in the research ethics review system that emphasizes the protection of human research subjects and that promotes integrity of research data.

In the Philippines, the organizational framework for human protection in research has three levels of oversight. The first level is that between the patient and the researcher where the

patient decides to participate in the research based on his or her perception of benefits and risks. The second includes the triumvirate of the researcher, the ethics review committee and the funder or sponsor where the committee evaluates the research activity on the basis of ethical principles. The third level consists of the regulatory agencies: the Food and Drug Administration, the Philippine Health Research Ethics Board and the research institution that ensure the ethical conduct of research according to international and national guidelines. Procedurally, the Philippine National Health Research System has instituted an ethics review system supervised by the Philippine Health Research Ethics Board through the Regional Health Research Ethics Board, Cluster Ethics committees and Institutional Ethics Review Committees.

These organizations ensure that the elements of the clinical research regulatory ethics paradigm are followed, i.e. :

1. Patient is informed about the experimental nature of the treatment and his/her consent to participate is sought.
2. Risks are discussed adequately and comprehensively in order to assist in decision-making.
3. Patient has freedom to choose standard care instead of the experimental care.
4. The protocol is reviewed and approved by an ethics review committee that is independent and that includes a representative from the community.
5. The proponents must report the outcomes, including adverse events, to the ethics review committee in compliance with its monitoring function.

In my more than 20 years of involvement in research ethics, I have yet to encounter a surgical research protocol submitted for review. It will probably be difficult to differentiate surgical research activities from regular surgical procedures. Is the new procedure just an evolutionary variation on a standard procedure or

is it a unique departure from accepted standards?

In my opinion, an evolutionary variation on a standard procedure does not need an ethics clearance prior to implementation but should at least be reported in a surgical audit conference, recorded and its benefits/harms disseminated accordingly. On the other hand, a unique departure from accepted standards needs both a technical and an ethical review to protect the patient/subject from harm or unnecessary risks.

Mckneally and Daar (2003) defines a surgical innovation as an intervention that is not yet viewed by the institution, community, or profession as meeting the accepted standards of safety, reliability, and familiarity (on the part of the patients and the health care team) with effects, side effects, and complications. In the light of the need for an oversight system, they proposed doing a feasibility study prior to the introduction of a surgical innovation. The feasibility study must be designed to ensure patient safety, the proper dissemination of lessons learned, timely assessment of side effects and complications and the management of benefits and risks. A feasibility study should also include cost and the impact of the innovation on institutional program and personnel.

Thus, Mckneally and Daar recommend that the surgical innovation ethics paradigm should include the following elements:



1. Feasibility testing that includes the identification of patients who might benefit most from the innovation, standardization of the procedures to be used and the resolution of the technical problems.

2. The feasibility study must be endorsed by two informed surgeons who are members of the surgery service.

3. The feasibility study must be submitted to and approved by the Head or Chief Surgeon.

4. The patient consent form must be submitted and reviewed by the ethics review committee.

5. The Committee on Innovation is informed by the chief surgeon of the progress of the study.

6. Conversion to a formal research protocol and submission to the ERC for approval and oversight when initial conditions have been satisfactorily defined.

The institutionalization of ethics review in surgical innovation development shall positively impact on ethical awareness and professionalism amongst the surgical staff and trainees. It shall also build and maintain patients' and society's trust in surgeons - the be all of professional conduct.

Challenge #3 Introduction of new surgical devices

Another area that requires professional ethics evaluation is in the introduction of new surgical devices. The main purpose of these devices must be to benefit patients – being more effective, safer and less costly than the established procedures. Many times, the new procedures with medical devices are appealing because they are less invasive, and with shorter operative times. It is therefore not surprising that this ease of use can lead to quick adoption by less skilled surgeons. Occasionally, the desire to learn new techniques, the aspiration to be leaders in their fields, or to maintain a “market share” of patients or even the fear of being left behind by peers may be the motivations behind the adoption of procedures with medical devices. This last set of reasons is dominated by self-interest and is, therefore,

questionable professionally.

Aware of these many reasons surgeons have in the use of new devices, Ross, et al (2008) reminded surgeons of their moral and ethical responsibility to assess (independent of marketing claims or industry training) the evidence on effectiveness and safety of treatment and their own competence in its use, and that, they should be scrupulously honest in providing full information on the effectiveness, safety, and rates of complications of the proposed intervention.

Challenge #4: Management of Conflict of Interest

Another issue that I would like to bring to your attention is that of managing conflicts of interest. This is important especially in the light of an increasing emphasis on commercialization of health care. Examples of such efforts are the repeated reminders during staff meetings on institutional policies on cost-effectiveness, widespread multimedia advertising of health facilities and services, promotion of medical tourism, institutional policies on retention of consultants and affiliates, and proliferation of referral agents among hospital personnel.

A conflict of interest situation exists when financial or other personal considerations have the potential to compromise or bias an individual's professional judgment and objectivity. The most common is the use of a person's authority for personal and/or financial gain. One realizes that a conflict of interest has reached a high level of concern when “a reasonable observer might wonder if the individual's behavior or judgment was motivated by his/her competing interests”. By itself, conflict of interest is not considered a misconduct in research but it can bring about harm to patients as surgical judgment may be clouded if it is left unmanaged.

Conflict of interest may be at the level of the individual or at the institutional level as personified by the chief executive officer or board of directors. For example, when the surgeon goes



into a commission arrangement with a supplier of a device, a conflict of interest would exist because the secondary financial interest may preclude protection of the patient's interest which should be the primary interest. On the other hand, it could be the institution that has a financial interest (pharmacy) that it promotes through a policy ("all drugs must be sourced through the hospital pharmacy") that may be detrimental to the health interests of the patient.

Ordinarily, conflicts of interest may be managed by disclosure and recusal from the decision-making process (Mckneally & Daar, 2003). Some suggest that external monitoring committees be set up (with a community representative) in determining the propriety of medical devices. Greg Koski, former director of the US Office of Human Research Protection, however, suggests that putting up a system of self-evaluation and collegial constructive consultations may be more acceptable and effective in many cases. In the aforementioned article by Peter McCulloch, he emphasized that it is essential for all surgeons to engage in credible, validated cooperative audit with proper use of risk-stratification techniques to allow reasonably fair comparisons between surgeons and departments. This should already be considered a professional obligation by all surgeons.

In conclusion, professional organizations like the Philippine College of Surgeons play an

important role in meeting the challenges to professionalism in surgical practice. I congratulate the PCS for initiating many activities in this direction like providing guidance to their members, developing training standards for surgical techniques and devices, providing training that does not rely on industry, developing specific guidelines on ethics and innovative practice, identifying ethical issues surrounding the introduction of new technologies and above all – encouraging all members to undertake relevant ethics education.

Thank you. ■

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Committee Membership for 2012

I. CLUSTER A: SCIENTIFIC PROGRAM AND SURGICAL EDUCATION CONCERNS

Head: Alfred H. Belmonte, MD

1. Committee on Conventions

Chairman: Alfred H. Belmonte, MD

Members: Alejandro C. Dizon, MD

Jesus V. Valencia, MD

Napoleon B. Alcedo Jr., MD (CSE)

Hermogenes J. Monroy, III, MD (MYC 2012)

Jorge M. Concepcion, MD (ACC, 2012)

Mary Geraldine B. Remucal, MD (MYC 2013)

Ida Marie T. Lim, MD (ACC 2013)

Alfred Philip O. de Dios, MD

(Physical Arrangements)

Alfred Q. Lasala II, MD

(Socials & Sports/Documentation)

Ma. Concepcion C. Vesagas, MD (Publications)

Function:

The Committee shall organize and prepare a program for the Midyear and Annual Conventions in coordination with the respective standing committees.

Tasks:

- 1) To oversee the overall planning and implementation of the PCS Midyear and Annual Conventions
- 2) To market the PCS conventions to surgery societies, surgeons in the ASEAN region and the other international surgery organizations
- 3) To devise strategies to improve the attendance of Fellows and residents in the PCS Convention
- 4) To analyze the evaluation of the midyear and annual conventions and submit recommendations to the BOR

2. Committee on Continuing Surgical Education

Chairman: Napoleon B. Alcedo, Jr., MD

Members: Hermogenes J. Monroy III, MD

(2012 MYC)

Jorge M. Concepcion, MD

(2012 ACC and PATOS)

Mary Geraldine B. Remucal, MD (2013 MYC)

Ida Marie T. Lim, MD

(2013 ACC, PSGS and SOSP)

Roberto O. Domingo, MD (Primary Care)

Renato R. Montenegro, MD

(Postgraduate Course)

Domingo S. Bongala Jr., MD

Jeffrey Jeronimo P. Domino, MD

Telesforo E. Gana Jr., MD

Specialty Society representatives:

Mary Dionne P. Sacdalan, MD (PSCRS)

Esther A. Saguil, MD (PSPS and PSST)

Genevieve P. Evangelista, MD (AWSP)

Ibeth Marie Y. Sih, MD (AFN)

Joselito F. David, MD (PAHNSI)

Julyn A. Aguilar, MD (POA)

Karlos Noel Aleta, MD (PSVS)

Ma. Vanessa H. de Villa, MD (PSTS)

Dante G. Ang, MD (PSUS)

Dale Raymond A. Abraham, MD (PAPRAS)

Leandro C. Dimayuga, MD (PATACSI)

Vivencio Jose P. Villaflor III, MD (PALES)

Regent-in-Charge: George G. Lim, MD

Function:

The Committee shall prepare, arrange or coordinate all scientific meetings and postgraduate courses of the College. It shall also collaborate with Chapters and affiliate societies in the preparation of their scientific meetings.

Tasks:

- 1) To prepare the scientific program for both the Midyear Convention and Annual Clinical Congress for the next three (3) years
- 2) Conduct primary care sessions in several identified areas
- 3) Coordinate the postgraduate activities of the different institutions that conduct postgraduate courses.
- 4) To determine CSE units for each scientific sessions/postgraduate/workshop conducted
- 5) Create proceedings of selected lectures during the convention for uploading to the PCS website.
- 6) Submit updated speakers' bureau
- 7) Finalize the rules and guidelines regarding conduct of postgraduate courses during conventions
- 8) Finalize the Primary Care Manual
- 9) To include topics during the conventions that will strengthen ethics and values formation education in the training and continuing surgical education activities of the College
- 10) To ensure the proper evaluation of the different sessions and the convention as a whole

a) Sub-committee on Midyear Convention, 2012

Chairman: Hermogenes J. Monroy III, MD

Co-Chair: Domingo S. Bongala Jr., MD

Members: Alberto P. Paulino Jr., MD
 Renato R. Montenegro, MD
 Jose Modesto B. Abellera III, MD
 Vincent Paul C. Olalia, MD
 Ma. Cheryl L. Cucueco, MD
 (representing PSST)
 Julian Rizaldy C. Raca Jr., MD
 (representative from NOC)

b) Sub-committee on Annual Clinical Congress, 2012

Chairman: Jorge M. Concepcion, MD
 Members: Marco Jose Fulvio C. Abad, MD
 Marilou B. Fuentes, MD
 Pierette Y. Kaw, MD
 Miguel C. Mendoza, MD
 Nolan E. Pecho, MD
 Emmanuel C. San Pedro, MD

c) Sub-committee on Midyear Convention, 2013

Chairman: Mary Geraldine B. Remucal, MD
 Co-Chair: Domingo S. Bongala Jr., MD
 Members: Joan S. Tagorda, MD
 Alfred Q. Lasala II, MD
 Hermogenes R. Regal Jr., MD
 Genevieve P. Evangelista, MD
 Marilou N. Agno, MD
 Andrei Cesar S. Abella, MD
 Joseph Dominic M. Bichara, MD
 (representative from Bicol Chapter)

d) Sub-committee on Annual Clinical Congress, 2013

Chairman: Ida Marie T. Lim, MD
 Members: Malen M. Gellido, MD
 Carlo Angelo C. Cajucom, MD
 Enrique Hilario O. Esguerra, MD
 Gerald T. Alcid, MD
 Aldine Astrid B. Ocampo, MD
 Alfred Philip O. de Dios, MD
 Vivian P. Enriquez, MD
 Eduardo C. Ayuste Jr., MD
 Joan S. Tagorda, MD
 Dante G. Ang, MD
 John Richard P. Nuñez, MD
 Jesus Fernando B. Inciong, MD

e) Sub-committee on Primary Care Surgery for Family Physicians

Chairman: Roberto O. Domingo, MD
 Members: Abdel Jeffrey A. Abdullah, MD
 Andrei Cesar S. Abella, MD
 Alfred Philip O. de Dios, MD
 Joseph T. Juico, MD
 Stanley U. Kho, MD
 Mary Geraldine B. Remucal, MD

f) Sub-committee on Postgraduate Courses & Scientific Meetings

Chairman: Renato R. Montenegro, MD
 Member: Karl T. Morales, MD

3. Committee on Awards

Chairman: Arturo S. de la Pena, MD
 Members: Ramon L. de Vera, MD
 Vedasto B. Lim, MD
 Vicente R. Porciuncula, MD
 Asuncion Morido, MD

Regent-in-charge: Maximo B. Nadala, MD

4. Committee on Socials & Sports

Chairman: Alfred Q. Lasala II, MD
 Members: Marc Brillantes, MD
 Eduardo Esequie, MD
 Paul Vincent Olalia, MD
 Alvin Jorge, MD

Regent-in-charge: Dures Fe E. Tagayuna, MD

5. Committee on Trauma

Chairman: Joseph T. Juico, MD
 Members: Jorge M. Concepción, MD
 Marcelo M. Pacheco, MD
 Adrien R. Quidlat, MD
 Raymundo F. Resurreccion, MD
 Allan M. Concejero, MD (by invitation)
 Antonio Yap, MD (by invitation)
 Ma. Cheryl L. Cucueco, MD (PSST)
 Kenneth Chan, MD (AEROP)

Regent-in-Charge: Jose S. Pujalte, Jr., MD

Functions:

The Committee shall initiate, coordinate and implement all activities of the College related to trauma. It shall establish a National Trauma Program for the teaching, research and practice of the surgery of trauma. It shall encourage the establishment of trauma centers nationwide for the management of all types of injuries including burns.

Tasks:

- 1) To pursue the establishment of ATLS program in our country
- 2) To continue the BEST program
- 3) To conduct trainers' workshop for BETTER as needed
- 4) To coordinate with government and NGOs in terms of trauma injury prevention and control to include surveillance, lobbying for appropriate legislation
- 5) To coordinate and support the PCS chapters regarding their trauma programs especially on disaster preparedness

- 6) To coordinate with PSST on holding the 1st Trauma Congress on May (during MYC in Bacolod City)
- 7) To establish a network of communication to connect PCS and Chapters in cases of disaster and mass casualty events

6. Committee on Critical Care & Nutrition

Chairman: Raymundo F. Resurreccion, MD
 Members: Jesus Fernando B. Inciong, MD
 Leoncio L. Kaw Jr., MD
 Luisito O. Llido, M.D.

Regent-in-Charge: Rodolfo C. Ursua, MD

Tasks:

- 1) To ensure compliance to IONS forms and implementation
- 2) To involve multiple disciplines in formulating policies on surgical nutrition
- 3) To promote EBCPG on Critical Care and Nutritional Support for surgical patients.
- 4) To develop relevant educational programs for conventions and dissemination through Chapters.

7. Committee on Cancer

Chairman: Jose Rhoel de Leon, MD
 Members: Ida Marie T. Lim, MD
 Dale C. Avellanosa, MD
 Joan S. Tagorda, MD
 Sherry L. Lee, MD
 Richard S. Rotor, MD
 Vivian P. Enriquez, MD

Regent-in-Charge: Enrico P. Ragaza, MD

Function:

The Committee shall initiate, coordinate and implement all activities of the College related to cancer. It shall establish a National Cancer Program for the teaching, research, and surgery of cancer. A national cancer education shall be institutionalized by the College alone or in cooperation with other National Cancer agencies.

Tasks:

- 1) To continue promoting cancer awareness in the community
- 2) To enrich the teaching and training of residents on cancer
- 3) To conduct cancer lay forum during the Midyear Convention and Annual Clinical Congress
- 4) To pursue until fruition of the research on hormone receptor status of breast cancer specimens (together with committee on research/PSP)
- 5) To establish network data on cancer

8. Committee on Surgical Infections

Chairman: Jose Ravelo T. Bartolome, MD
 Members: Martin Antony A. Villa, MD
 Esther A. Saguil, MD
 Arvin G. Briones, MD
 Sheila Macalindong, MD (By Invitation)
 Eric G. Cu, MD
 Alfred Q. Lasala, MD
 Paul Anthony Sunga, MD
 Anthony Lim, MD

Regent-in-Charge: Ramoncito C. Maganaye, MD

Function:

The Committee shall initiate, coordinate and implement all activities of the College related to surgical infections. It shall establish a National Infection Control Program for the prevention, surveillance and control of surgical infection.

Tasks:

- 1) To continue dissemination of present Evidence-based Clinical Practice Guidelines on infections
- 2) To produce relevant information materials on surgical infections
- 3) To finish the PCS-ORNAP Manual on OR standards
- 4) To conduct regional surgical infection forum
- 5) To establish national data on surgical infections

9. Committee on Surgical Research

Chairman: Ma. Luisa D. Aquino, MD
 Members: Jose Modesto Abellera, MD
 Ma. Cheryl L. Cucueco, MD
 Alfred Philip O. de Dios, MD
 Leonardo O. Ona III, MD

Representatives from specialty societies:

PSCRS	Catherine Co, MD
PAPRAS	Briccio G. Alcantara, MD
POA	Edward HW. Wang, MD
PSVS	Leo Carlo O. Baloloy, MD
PSGS	Bernard Victorio, MD
PUA	Kenneth Domingo, MD
PATACSI	Allan M. Cencejero, MD
PSTS	Servando Sergio DC. Simangan, MD
AFN	Gerardo D. Legaspi, MD

Regent-in-Charge: Jose Macario V. Faylona, MD

Function:

The committee shall initiate, coordinate and implement all activities of the College related to surgical research in cooperation with other committees.

Tasks:

- 1) To continue conducting activities that will develop the knowledge and capability of Fellows and residents in research
- 2) To oversee the development of evidence-based practice guidelines on common surgical conditions in cooperation with PHIC and DOH.
- 3) To submit adapted/screened evidence based clinical practice guidelines on top 5 surgical diseases on all specialties
- 4) To establish study groups on selected surgical disease
 - Thyroid
 - Breast
 - Peptic ulcer diseases, etc.

10. Committee on Surgical Training

Chairman: Orlando O. Ocampo, MD
 Members: Gerald T. Alcid, MD
 Jose Antonio M. Salud, MD
 Danilo Francesco P. Querijero, MD
 Amihan A. Banaag, MD
 Alfred Philip O. de Dios, MD
 Eduardo S. Esequie, MD
 A’Ericson B. Berberabe, MD
 Mary Geraldine B. Remucal, MD
 Gerardo L. Irigayen, MD
 Andrew Jay G. Pusung, MD
 Joseph Melbert O. Gulfan, MD (Ex-officio)

Specialty society representatives:

Briccio G. Alcantara, MD	PAPRAS
Delfin B. Cuajunco, MD	PSPS

Regent-in-Charge: Ramon S. Inso, MD

Function:

The educational welfare of surgical residents in PCS accredited training programs shall be the primary concern of the committee. Likewise, it shall propose and supervise remedial courses in surgery in cooperation with the respective PCS chapters whenever necessary. Where Surgical Residency Scholarships are available, the Committee shall evaluate and select the scholars.

Tasks:

- 1) To disseminate and implement the core curriculum on professionalism
- 2) To identify issues and concerns that cut across all surgical specialties
- 3) To draft handbook on good surgical practice, Philippine version, with Com. on Ethics & Judicial Matters

10.1. Subcommittee on Asean Summit

Chair: Josefina R. Almonte, MD

Members: Armando C. Crisostomo, MD
 Shirard A. Adiviso, MD
 Jose Y. Cueto, Jr., MD
 Rolando Reyes, MD

Task:

To come up with activities for the Asean Summit on Basic Core Competencies for Asean General Surgeons.

11. Committee on Quality Assurance & Patient Safety

Chairman: Shirard Leonardo C. Adviso, MD
 Members: Cenon R. Alfonso, MD

Regent-in-charge: Antonio S. Say, MD

Task:

To develop measures that will improve patient safety
 To disseminate the Patient Safety Program

II. CLUSTER B – POLITICAL FUNCTIONS

Head: Alejandro C. Dizon, MD

1. Committee on Membership

Chairman: Gabriel L. Martinez, MD
 Members: Maximino Dy-R. Elgar, MD
 Telesforo E. Gana, Jr., MD
 Wilma A. Baltazar, MD
 Ervin H. Nucum, MD
 Jose Vivencio Villaflor, III, MD
 Luisito O. Llido, MD

Regent-in-Charge: Alejandro C. Dizon, MD

Functions:

The committee shall consider and evaluate all applications for membership and make recommendations to the Board of Regents. It shall promote activities for membership development.

Tasks:

- 1) To screen all applicants to the PCS
- 2) To recommend to the BOR applicants who passed the screening process of the committee to be members of the PCS.
- 3) To recommend to the BOR members to be “dropped” from the roster.
- 4) To develop strategies that will improve monitoring of Fellows attendance in the conventions.
- 5) To finish the Fellows Database System
- 6) To formulate a Membership Development Program
- 7) To develop a Handbook/Curriculum on surgeons career path
- 8) To come up with a more comprehensive Initiate orientation activities

- 9) To draft a proposal for additional membership category to the College

Sub-committee on Development

Past President: Roman L. Belmonte, MD
 Senior Fellows: Romeo R. Gutierrez, MD
 Francisco Y. Arcellana, Jr., MD
 2 Young Fellows: Vincent Paul Olalia, MD
 Martin Villa, MD

Sub-committee on Membership Screening & Admissions

Chair: Wilma A. Baltazar, MD

Task:

To review the flow of membership admission, maintenance and re-admission.

2. Committee on Nominations

Chairman: Armando C. Crisostomo, M.D.
 Members: Alex A. Erasmo, M.D.
 Stephen Sixto Siguan, M.D.
 Josefina R. Almonte, MD
 Maximo H. Simbulan, MD (President, 2012)
 Jaime L. Balingit, MD (Chair, BOG)

Function:

The committee shall seek and nominate Fellows best qualified to serve as Regents. It shall evaluate and nominate twenty candidates.

3. Commission on Elections (COMELEC)

Chairman: Vicente Q. Arguelles, MD
 Commissioners: Ponciano M. Bernardo, Jr., MD
 Cesar A. Millar, MD
 Leonardo A. Ona, Jr., MD
 Adriano V. Laudico, MD

Task:

To come up with a short but comprehensive Candidates curriculum vitae performance of the previous Board of Regents

4. Committee on By-laws and Amendments

Chairman: Faustino T. Domingo, Jr., MD
 Members: Teresita R. Sanchez, MD
 Apolonio L. Lasala, MD
 Joel U. Macalino, MD
 Atty. JJ Disini (By Invitation)

Regent-in-Charge: Rodolfo C. Ursua, MD

Function:

The committee shall initiate, receive, evaluate and make recommendations on all amendment proposals to the Board of Regents who shall in turn refer the same to the general membership for final disposition.

Tasks:

To address issues raised regarding the procedure of getting proxies for the amendment of the By-Law.

4.1. Ad-hoc Com. on By-laws Revision

Chairman: Rey Melchor F. Santos, MD
 Co-Chair: Joel U. Macalino, MD

5. Committee on Ethics & Judicial Matters

Chairman: Alberto B. Roxas, MD
 Members: Rey Melchor F. Santos, MD
 Eduardo R. Gatchalian, MD
 Atty. JJ Disini (by invitation)

Regent-in-Charge: Maximo H. Simbulan, Jr. MD

Function:

The committee shall initiate, receive, investigate, evaluate and recommend to the oard of Regents for action any or all matters pertaining to the ethical and professional conduct of a Fellow and other judicial matters. It shall establish the disciplinary procedures of the College upon approval by the Board.

Tasks:

- 1) To recommend topics for CSE on ethical issues.
- 2) To monitor compliance of Fellows to PMA & PCS code of ethics
- 3) To come up with a Handbook on good surgical practice with Committee on Surgical Training

III. CLUSTER C – FINANCIAL MATTERS

Head: Jesus V. Valencia, MD

1. Committee on Finance

Chairman: Anthony T. Acedillo, MD
 Co-Chair: Fernando A. Melendres, MD
 Members: Arturo E. Mendoza, Jr., MD
 Jaime C. Balingit, MD
 Elvis L. Bedia, MD
 Romeo R. Fernandez, MD
 George G. Cheu, MD
 Domingo O. Amistad, MD

Adviser: Ronald A. Yutangco, MD

Regent-in-Charge: Jesus V. Valencia, MD

Function:

The committee shall be charged with preparing recommendations for the management of the funds of the College thru long term financial planning and fiscal control and in consultation with the President and the various committees, prepare and recommend the annual budget to the Board of Regents.

Tasks:

- 1) To increase financial stability of the College
- 2) To increase income from the building & other sources of income
- 3) To continue cost efficient measures
- 4) To increase investment portfolios
- 5) To conduct regular internal audit of College resources

2. Committee on PCS Building

Chairman: Arturo E. Mendoza, Jr., MD
 Co-Chair: Jose Ravelo T. Bartolome, MD
 Members: Luis O. Buño, Jr., MD
 Jose A. Solomon, MD
 Regent-in-Charge: Enrico P. Ragaza, MD

Tasks:

- 1) To monitor the structural integrity of the PCS building
- 2) Recommends repairs of the physical structure of the PCS Building
- 3) To address the concerns of the tenants
- 4) To supervise and monitor recommendations on the 3rd and 4th floors and submit recommendations to the BOR

3. Committee on Fellows Assistance Plan

Chairman: Romeo R. Fernandez, MD
 Members: Fernando A. Melendres, MD
 Josefino C. Qua, MD
 Emmanuel F. Montana, Jr., MD
 Roberto M. De Leon, MD

Regent-in-Charge: Antonio S. Say, MD

Function:

The committee shall manage the health and welfare concerns of the Fellows. The committee shall supervise and implement the FAP in cooperation with the Board of Regents who shall from time to time, determine the membership obligations and benefits.

Tasks:

- 1) To study measures to make Fellows Assistance Plan (FAP) viable.
- 2) To monitor the pension plan for Fellows
- 3) To conduct actuarial studies of FAP
- 4) To devise alternative usage of the FAP for the benefit of our Fellows.
- 5) To formulate strategies on how to augment FAP benefits

4. Committee on Internal Audit

Chairman: Ponciano M. Bernardo, Jr., MD
 Members: Bilson S. Ong, MD
 Edgardo G. Cabrera, MD
 Ma. Cheryl L. Cucueo, MD
 Regent-in-Charge: Dures Fe E. Tagayuna, MD

Function:

The committee shall conduct an annual internal audit of all the funds and properties of the College. It shall prepare auditing rules to be adopted by the Board including those for the annual internal audit. Internal audit must be reported to the Board quarterly.

Task:

To conduct annual internal audit of all funds and properties of PCS

5. Adhoc Committee on Administrative Concerns

Chairman: Alfred H. Belmonte, MD
 Members: Jesus V. Valencia, MD
 Alejandro C. Dizon, MD
 Enrico P. Ragaza, MD
 Atty. JJ Disini (By Invitation)

Tasks:

- 1) To define the job descriptions of the PCS employees
- 2) To devise strategies to improve the working relationship of the administrative staff
- 3) To enhance the skills of the administrative staff
- 4) To convert College documents to an electronic form.

IV. CLUSTER D - EXTERNAL AFFAIRS, MEDIA & PUBLIC RELATIONS

Head: Enrico P. Ragaza, MD

1. Committee on External Affairs & Public Relations

Chairman: Rhoderick M. Casis, MD
 Members: Dennis H. Littau, MD
 (Foundation Day)
 Joel U. Macalino, MD (Media Liaison)
 Genlinus D. Yusi, MD (Website)
 Rhoderick M. Casis, MD (Media Liaison)

Regent-in-charge: Enrico P. Ragaza, MD

Function:

The committee shall conduct information drives, promote wholesome public relations for the College nationally and internationally and address health bills and issues involving physicians in general and surgeons in particular.

The committee shall serve as the liaison organization to promote the interest and welfare of surgeons in the Philippines. It shall serve as the public relations arm of the College.

It shall address health bills and issues involving health care, physicians in general and surgeons in particular.

Tasks:

- 1) To encourage other PCS Chapters to either establish a Klinika ng Bayan or to adopt a district hospital program
- 2) To develop a video regarding the PCS Klinika ng Bayan and other socio-civic activities of the College.
- 3) To ensure that the PCS website is fully operational and regularly updated
- 4) To get a list of all pending medical bills in Congress
- 5) To lobby for the approval of the Medicine Act of 2000 and other bills beneficial to patients and doctor
- 6) To continue the “Ang Galing Mo Dok” program and Health Forum
- 7) To help formulate health bills that will improve patient health and protect the interest of patients and physicians
- 8) To organize a Patient Liaison Group in each Chapter
- 9) To explore the possibility of putting up a telemedicine facility in strategic places in the country
- 10) To pursue the tax relief bill

a) Sub-committee on Legislative Liaison

Chairman: Joel U. Macalino, MD
 Members: Servando Sergio Simangan, MD
 Dale Avellanos, MD
 Pierrette Kaw, MD
 Dionne Sacdalan, MD

b) Sub-committee on Media Liaison

Chairman: Rhoderick M. Casis, MD

c) Sub-committee on PCS Website and Medical Informatics

Chairman: Gene Linus Yusi, MD

d) Sub-committee on PCS Foundation Day

Chairman: Dennis Littaua, MD
 Members: Virgilio Siozon, MD
 Elvic C. Llarena, MD
 Pauldion V. Cruz, MD
 Alfred Q. Lasala, II, MD

e) Ad-hoc Com. On International Relations

Chairman: Armando C. Crisostomo, MD (2012-13)
 Members: Josefina R. Almonte, MD (2012-14)
 Maximo H. Simbulan, Jr., MD (2012-15)
 Alfred H. Belmonte, MD (2012-16)

Task:

- 1) To develop and nurture relations with surgical and non-surgical organizations towards achieving the College’s Mission and Vision

- 2) To organize activities for the delegates of the Asean summit.

2. Committee on HMO & RVS

Chairman: Jose A. Solomon, MD
 Members: Rey Melchor F. Santos, MD
 Jaime L. Balingit, MD
 George Co Jr., MD

Society representatives:

Antonio DR. Catangui, MD PSPS
 Jose Melvin M. Sibulo, MD PAPRAS

Regent-in-Charge: Antonio S. Say, MD

Function:

To study and accredit HMO programs in order to safeguard the professional interest of surgeons.

Tasks:

- 1) To review the Memorandum of Agreement with AHMOPI and make recommendations regarding renewal
- 2) To continue to negotiate for better benefits for Fellows/Diplomates of PCS with the AHMOPI and the PHIC
- 3) To disseminate information and guidelines regarding relationship with AHMOPI
- 4) To discuss again with AHMOPI on IRR on charging in relation to the case mix rates

3. Committee on SURE & Outreach Services

Chairman: Joseph Melbert O. Gulfan, MD
 Members: Allan B. Melicor, MD
 Edmund Mercado, MD
 Dante Jose Mercado, MD
 Eris SM. Talens, MD
 Luis N. Florencio Jr., MD

Regent-in-charge: Beda R. Espineda, MD

Function:

The committee shall establish a National Program on Outreach Services to extend charity surgical care to the indigent population of the country.

Tasks:

- 1) To conduct surgical missions for indigent patients in underserved areas (by chapters and affiliate societies) in conjunction with LGUs and other NGOs.
- 2) To monitor and implement guidelines in the conduct of surgical missions/S.U.R.E. activities
- 3) To monitor the activities of the MOA with Coron District Hospital.

4. Committee on Publications

Chairman: Ma. Concepcion C. Vesagas, MD
 Member: Marwin Matic, MD

Regent-in-charge: Alejandro C. Dizon, MD

Function:

The committee shall manage all publications of the College except the PJSS and promulgate rules and regulations pertaining thereto. The Secretary of the College shall serve as ex-officio member of the committee with all the rights of membership.

Tasks:

- 1) To provide a list of educational opportunities, professional enhancement
- 2) To inform public of conventions through broadsheet, supplements and website
- 3) To make a unified and accurate PCS history
- 4) To properly document convention proceedings
- 5) To publish the PCS Desk Calendar for 2013
- 6) To ensure timely publication of the quarterly issues of the PCS Newsletter
- 7) To ensure that all worthwhile articles are sent out in the PCS Website

a) Sub-committee on Documentation:

Chairman: Alfred Q. Lasala II, MD
 Members: Raymund Noel C. Mallari, MD
 Noelito M. Lacsamana, MD
 Peter Raymund M. Quilendrin, MD

Tasks:

- 1) To complete the history of the PCS for posting in the website.
- 2) To ensure photo documentation of official PCS functions and activities.

b) PCS Newsletter

Editor-in-Chief: Ma. Concepcion C. Vesagas MD
 Editorial Staff: Jeannette Nora I. Silao, MD
 Marwin Emerson V. Matic, MD
 Jose S. Pujalte Jr., MD
 Joel U. Macalino, MD

Regent-in-Charge: Alejandro C. Dizon, MD

Task:

To discuss and devise strategies to widen the circulation of the PCS Newsletter.

5. PHILIPPINE JOURNAL OF SURGICAL SPECIALTIES

Editor-in-Chief: Armando C. Crisostomo, MD
 Co-Editors: Theodor S. Vesagas, MD
 Eric S.M. Talens, MD
 Associate Editors: Nilo C. de los Santos, MD
 Antonio L. Anastacio, MD

Domingo S. Bongala, Jr., MD
 Juanito S. Javier, MD
 Adrian E. Manapat, MD
 Jose D. Quebral, MD
 Ma. Luisa D. Aquino, MD
 Ida Marie T. Lim, MD
 Jose Luis J. Danguilan, MD
 Jose Macario V. Faylona, MD
 Eric A. Arcilla, MD
 Charlotte M. Chiong, MD

Tasks:

To ensure timely publication of the PJSS

6. Ad-hoc Committee on Diamond Jubilee celebration 2012

Chairman: Alex A. Erasmo, MD
 Members: Maximo H. Simbulan, Jr., MD
 Alfred H. Belmonte, MD
 Jesus V. Valencia, MD
 Alejandro C. Dizon, MD
 Enrico P. Ragaza, MD
 George G. Lim, MD
 Maximo B. Nadala, MD
 Catherine Teh, MD

Function:

To continue the 75th celebration of the PCS.

Tasks:

- 1) Conduct monthly activities to commemorate the diamond jubilee
- 2) Inform public thru tri-media regarding the celebration
- 3) Plan the month-long activities during September
- 4) Make preparations for the actual day of the anniversary

ADHOC COMMITTEES:

1. Inventions & Innovations

Chairman: Romarico M. Azores, Jr., MD
 Members: Orlando O. Ocampo, MD
 Leonardo A. Ona, III, MD
 Carlos Cajucom, MD

Regent-in-charge: George G. Lim, MD

2. Surgical Technology

Chair: Catherine Teh, MD
 Jose Vivencio Villafior, III, MD
 Geoffrey Domino, MD
 Deogracias Alberto Reyes, MD

3. Tariff Reference

Chairman: Francisco Y. Arcellana, Jr., MD

Join!!!



The 8th PCS Photo Contest “GREEN”



Mechanics for the Photo Contest

The contest is open to all PCS Fellows.

A maximum of three (3) entries per Fellow will be accepted

Entries can be in black & white or colored, digital or analog, enhanced or non-enhanced. The Fellow is given full leeway to express his/her ideas in any photography medium he/she may choose.

The title of the contest is: “Green”

Entries must be in 8” x 10” size and printed on photo paper (2 copies per entry) with short description of the photo pasted at the back.

Photographs should be submitted either personally or mailed to the PCS Secretariat in a cardboard padded envelope. Please include the EXIF data of the pictures submitted.

Deadline for submission of entries will be on or before September 28, 2012.

All entries will become the property of the PCS and may be used for any purpose the College may deem fit.

Thirty (30) entries will be chosen for display during the 2012 PCS Annual Convention.

From among the 30 photographs, 12 will be chosen and will be used for the 2014 PCS calendar.

The decision of the Board of Judges is final.

For further details, contact the PCS Secretariat through Ms. Emma U. Infante at tel. nos. 9281083 or 9274974 or email at pcs_1936@yahoo.com.ph.