



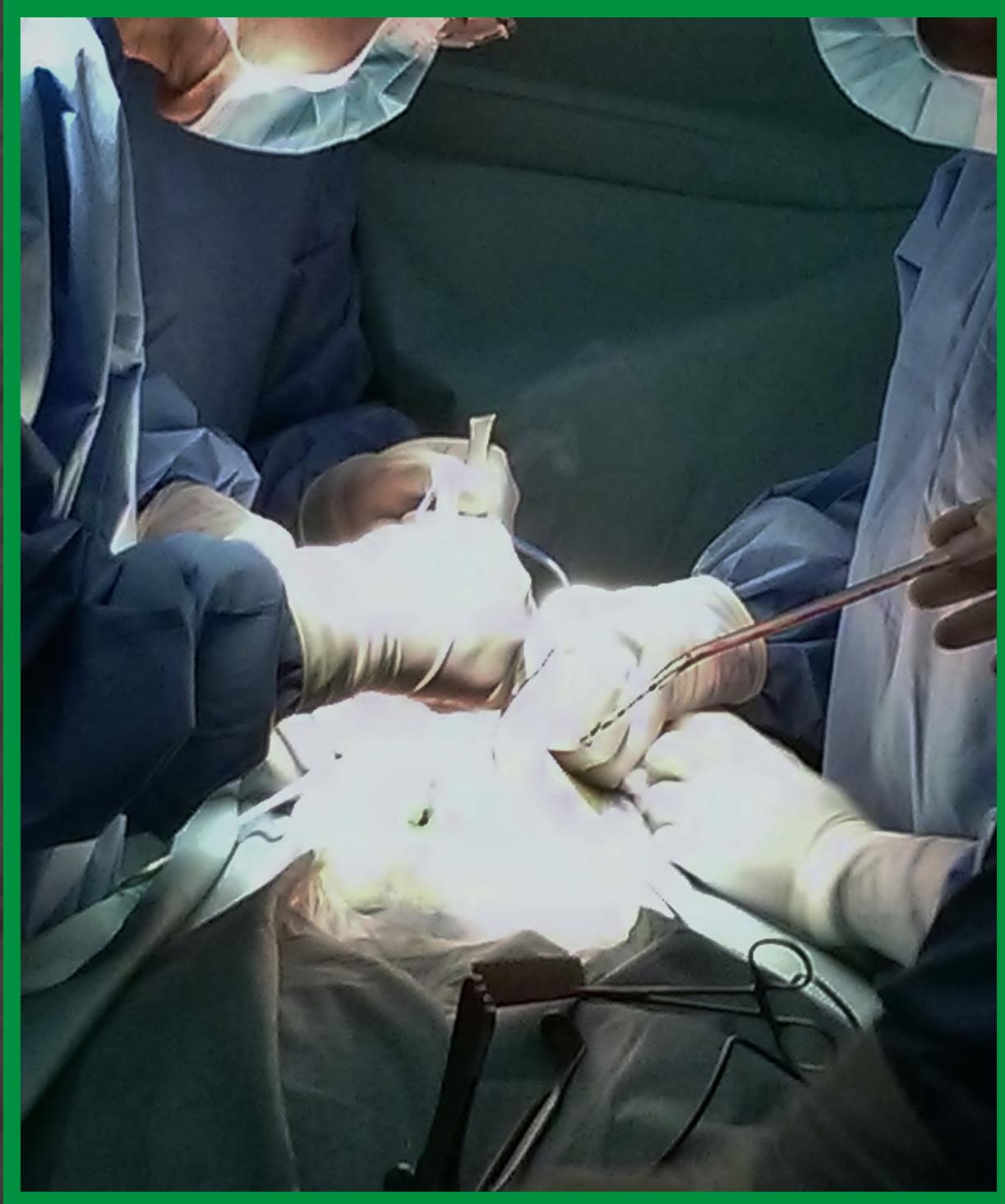
Incisions

The Newsletter of the Philippine College of Surgeons

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PCS Newsletter

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Life's Surges

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In this Issue...

President's Corner	5
Across the Board	8
PCS marks 77 th Foundation Day	15
NSQIP Report	18
Close Encounters With the Pope	22
www.uroscope.net	29
Trivia: "Philippines" in PubMed	31
77 th PCS Foundation Day Activities	34
A Surgeon's Prayer	39

Incisions, the PCS newsletter, is a biennial 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.

About the Cover

A typical scene in an operating room, light is centered on the area of interest, highlighting the life that is under the surgeon's hands.

Coming Full Circle



Maria Concepcion C. Vesagas, MD, FPCS

I have come full circle. I am getting there and the story is a good thirty years in the making.

Years ago, while not quite into medical school, my path was more or less carved by my parents. Being a daughter to two doctors in the cutting field, I was asked to “visit” and “observe” in the operating room. I was not squeamish; as a matter of fact, I relished the idea of going into the operating room. Although I did not scrub, I enjoyed being in the company of my parents in such a scientific environment. I had at that time, not decided that medicine was for me. I had my sights on becoming a teacher, a biology teacher at that. My eldest sister had been “invited” into the OR way ahead of me. To my parents' disappointment, she eventually landed in the arts. My second sister was outright not interested in medicine. She was never to venture inside the operating room. She went into the field of economics later. Maybe I was convinced, maybe I wasn't, but a couple of years later, I was filling up forms and applying to medical schools in my last year of my Biology course. And you might say that the rest is history.

True, but not quite, yet.

In medical school, anatomy class occupied a great chunk of the class hours. Everything that we had dissected in the lab was hard, dried and either oily, greasy or desiccated. My group had erroneously labeled everybody else's cadaver's spleen as abnormally small. Our cadaver's spleen was large and our group was proud of it! It was only into our 3rd year when we got exposed to the clinics that we realized that “our spleen” was indeed not normal at all. Come to

think of it, our cadaver probably had a blood dyscrasia or a lymphoma, based on the hematoma she had all over her body.

Then while in first year medicine, I was asked to visit, observe and this time SCRUB in an appendectomy case. At that time, the only body I had placed my hand into was that of a cadaver's. I remember the apprehension I felt when I placed my hand into the abdominal cavity. I remarked, “Dad, it's warm.” And a little later, “It's moving.” My Dad laughed and said that of course, it was warm and moving, the person was ALIVE. That first sojourn into an operation was followed by many others – Cesarean Sections and hysterectomies with my Mom and more appendectomies and herniorrhaphies with my Dad. I was indeed lucky that even as a medical student, I had the opportunity to be up close and that personal with operations.

Clerkship and internship went by like typhoons. I was, in my son's description, a toxic magnet by his standards. Then it was time to take the medical boards and apply for residency. It was a toss-up between Obstetrics and Surgery and I was interviewed for both. I do not remember why I preferred two surgical fields but to my mind, I liked the idea that I could be a doctor and do something about it with my hands.

Eventually, Surgery won and I was accepted into residency. Every time I would come home after a tour of duty, my parents

would ask how my day was, how my duty was during dinner. I would describe the patients that were assigned to me and what I did. They were genuinely interested and very supportive. Into my third year as a surgical resident, my stories of my duties took on a different tone. Whilst first year and second year, it was more of narrating what had happened and the case I encountered, by my third year, I was discussing with my parents the different operations that I had assisted. My Dad would listen intently and just smile and nod his head.

On the third year of surgical residency, trainees perform significant operations and PGH being PGH, I had my share of the difficult ones. I remember coming home from a duty from GS III and it was dinner time. When I had nonchalantly remarked that I was a first assist at a gastrectomy that day, my Dad brightened, smiled deeply and asked, “Talaga?” It seemed at that moment, he had realized that I was on my way to becoming a surgeon. And on my end, I realized it was such a big deal for him. Sadly, my Dad passed away that December at the time of the coup of 1989. Although he did see me and my younger sister graduate from Medicine, he did not see us finish our training. My graduation from Surgery was bittersweet.

Fast forward into another generation.

I had hoped my second son would go into medicine but he didn't. He instead opted to take Masters in Genetics. Close but not quite. But he is happiest in the lab and his experiments and I cannot argue that his not going into Medicine was a mistake. He talks during dinnertime about PCR's and gene mapping, and bar coding of DNA's, etc and for me to understand what it is all about, I take an online course on Molecular Biology and Genetics to be able to talk shop with him. My circle is almost complete.

My eldest son surprises me and goes into Medicine. He is now in his third year and he comes home tired but full of stories of how his duty went, who his patients were and what were their ailments, etc. My sister, an Obstetrician, on occasion has “invited” him to the OR for one of two Cesarian operations. My son has “visited” and scrubbed. On one Sunday while he is at home, an elective cholecystectomy scheduled the following day needs to be operated on right away. With my prodding, he comes with me to the operating room, scrubs and retracts for me. I tell him that without him retracting, the operation would have been more difficult. My son thinks that I am flattering him, but no, I say, “It's true, your being there made a difference.”

My eldest son most likely will not go on to General Surgery like I did, nor into Neurosurgery like his Dad. It does not matter to me what specialty he eventually will go into. What matters is that just like my second son who chose Genetics, my eldest chose a field that he is happy with. And like my Mom to my grandfather, my husband's mother to his grandfather, my husband to his parents, myself and my sister to our parents, and my son to us his parents, my circle is complete. ■

PCS: Quo Vadis?



The President's Corner

Alfred H. Belmonte, MD, FPCS

For the past few years, a frequently recurring question from Fellows of the component societies has been focused on the need to become PCS Fellows in addition to their being members of their respective specialty organizations. The expenses and relevance of the College have been questioned especially when surgeons were compelled to obtain certificates of good standing in the College for Philhealth accreditation. In an attempt to make the PCS truly representative of its diverse membership, constitutional amendments were recommended to allow the president or representative of each society to automatically sit in the Board of Regents. This was followed by the PMA's own constitutional convention which sought to remove the limit on the number of recognized specialty divisions – a measure which, if approved, would render the College's own amendments useless and perhaps pave the way for its irrelevance as an “umbrella” for the different surgical specialties. As the College enters its 78th year, we should review why it came into being, what it has become today, and how it envisions itself in the future.

The Philippine College of Surgeons was established primarily to uplift and maintain the highest standards of surgical care in the country by providing continuing surgical education and coordinating/accrediting training programs in the different surgical specialties as well as facilitating foreign scholarships for its Fellows. From its early concept of coordinating combined training programs for all specialties, the College has evolved into the main surgical society of the country which maintains a Joint Accreditation and Certification Council that coordinates and supervises the training and certification of its member surgeons through its component societies. Formed with these lofty ideals, the Philippine College of Surgeons was never envisioned by its founders as a source of personal benefit, much less a tool for personal or political advancement.

The Philippine College of Surgeons is the only recognized Surgical Specialty Division of the Philippine Medical Association. It is likewise the surgical component of the newly incorporated Academy of Medicine of the

Philippines and provides Continuing Surgical Education units to all component societies by virtue of its provider status accredited by the Philippine Board of Medicine/Professional Regulation Commission. The College (with its component specialty societies) is the sole surgical society recognized internationally by the American College of Surgeons, the Royal College of Surgeons of Edinburgh, the Royal Australasian College of Surgeons, the Colleges of Surgeons of Malaysia, Indonesia, Singapore and Hongkong as well as the Royal College of Surgeons of Thailand. It also represents the country's surgeons in the ASEAN Surgical Federation and has bilateral relations with the surgical societies of Vietnam, Cambodia and Myanmar.

Fellowship in the College is voluntary with each applicant undergoing a mandatory screening process to determine competency and upright ethical practice. All Fellows must be endorsed by their component surgical society to the College prior to processing/screening of their application. The

College does not seek official endorsements from any agency to make college membership a prerequisite for recognition by any such agency or association. Instead, the College continues to strive to remain relevant to both societies and Fellows in an increasingly fractious environment. That said, Fellowship in the College is universally acknowledged as a badge of competence. While some may choose to become Fellows only of their component society and not the PCS, they should probably consider that the benefits enjoyed by their component society are wholly or partially from the College's initiatives.

As in any organization of its kind, the College thrives with the involvement and dedication of its Fellows, especially its new Fellows. Problems within and between specialties can only be solved through sincere, fraternal dialogue. The College needs your views on both old and new dilemmas. It values the wisdom of simply looking at things from a different point of view. It can only remain relevant with you as an individual Fellow, working with your fellow surgeons to accomplish today what 35 pioneer Filipino surgeons did in 1936. The goals and the values will remain the same. The people and the manner in which they accomplish the same goals will be the handiwork of each generation of Filipino surgeons, doing their best to remain loyal to the ideals of the College.

UPDATES

International relations:

The College has been actively involved with efforts to create a truly global surgical society which was spearheaded by the largest such society, the American College of Surgeons. Its last two meetings involving the international surgical College presidents were both held in Washington DC, the first at the newly inaugurated ACS building in the DC area and the second one during the ACS Annual Surgical

Congress at the Walter Washington Convention Center. The shrinking world has indeed made standardization of surgical training a distinct reality, accepting the variable requirements dictated by domestic/local conditions. The participation of European and Asian Colleges of Surgeons in these meetings have enabled the group to look forward to the creation of a unit patterned after the Cancer Commission which is almost completely funded by the ACS but with international goals and members.

To a lesser but possibly more achievable extent, the surgical colleges of ASEAN have grouped together to form the ASEAN Federation of Surgery in anticipation of the Mutual Recognition Agreements signed by the governments of ASEAN to share resources, including physician manpower. The officers of practically all the ASEAN Colleges of Surgeons, including that of Hong Kong, have started putting in place the framework for exchange training, recognition of each others' programs and credentials. The expected stumbling blocks will come from government restrictions on who are allowed to practice in individual countries.

For continuity of representation, a semi-permanent Chairman of the IRC has been approved to represent the College in both organizations for the next 5 years.

Joint Accreditation and Certification Council. The College must move forward in accordance with the international societies to truly represent its component societies. In conjunction with its representation with the Philippine Board of Medicine to represent all surgeons in the country, it should lay the groundwork for internationally accepted standards of training in all surgical specialties and ensure that these are complied with. At present, the certifying boards and accreditation committees of the component PCS societies (with the exception of ophthalmology) have

signed this resolution to be part of one joint accreditation council under the College.

Advanced Trauma Life Support. In continuation of the efforts of the previous boards, headed by past presidents Josefina Almonte and Maximo Simbulan, the College finally embarked on its Inaugural Course with an international faculty from the ACS and the regional ATLS Asia-Pacific countries last March 14-18, 2013. A second course, conducted by an all PCS faculty with Dr. Enrico Ragaza as course director, was held last August 17-19, 2013. The last for the year will be held on November 28-30, 2013. All the ATLS courses are held at the Philippine College of Surgeons building and the Veterans' Memorial Medical Center Animal Laboratory. The expenses of handling the course remain high but the College intends to hold more courses and subsequently decrease enrollment costs for the Fellows. The Course is open to all physicians, particularly those involved in trauma care and emergency medicine.

The PCS Building. The PCS building has undergone major facelifts this year, especially with the new ground floor lobby and the elevator our senior Fellows have long been asking for, especially after the offices were moved to the fourth floor. New areas for occupancy have been identified even as we had to temporarily wait-list the Philippine Orthopaedic Association for the space currently utilized by the ATLS courses.

The year is nearly over for the current Board of Regents. So many things remain to be accomplished. Several times, we ask if we could not have done better or more. As we turn another page in the work of the College, we pass on these tasks and more to our new officers and Fellows, confident of our unity of purpose. As I stated in my inaugural, stewardship of the College involves a collective endeavour, not only among successive boards of regents but the entire Fellowship. As the next board gears up for our plans from 2015-2020, let us continue to work as one by giving our time and experience to support the College. ■



Across the Board

Enrico P. Ragaza, MD, FPCS

“*Sed fugit interea, fugit irreparabile tempus.*” The year is at its end and truly the irreplaceable time flees and one is hard pressed to catch up. Regents' meetings came one after the other in a long procession of discussions that seemed to have no endings. Committee activities, inter agency meetings, international fora all added more spice to the 2013 PCS menu. My previous report ended the first quarter of the year, I shall now attempt to narrate what transpired the rest of the year.

The highlight of the 2nd quarter was, of course, the 39th midyear convention in Naga City that added a little more than a million pesos to the coffers of the College. It was a very successful convention, a fitting tribute to the preparation of the Bicol chapter under the leadership of Dr. Joseph Dominic Bichara. It was a smooth flow of activities with nary a hitch from the welcome reception to the fellowship night. Our first day in Naga included a courtesy call to the honorable mayor of the city. Jessie Robredo's successor, Mayor John Bongat, took some time out from the frenzy of campaigning (it was election month) to exchange handshakes with the regents. The scientific sessions during the next days were fully attended, some with fellows standing shoulder to shoulder, unmindful of the inconvenience just as long as they can imbibe words of wisdom from the magi of surgery.

A business meeting was held with the regents, the governors, the chapter and specialty presidents (or their representatives) in attendance. In the interest of utmost transparency, let me share with you the minutes of what transpired then:

BOR Dialogue with BOG, Chapter Presidents & Surgical Specialties

39th Midyear Convention

May 4, 2013 (Saturday); 12:00 Noon-1:30 PM
The Board Room, Avenue Plaza Hotel,
Naga City

Present: Alfred H. Belmonte, MD
President
Jesus V. Valencia, MD
Vice President
Arturo E. Mendoza, Jr., MD
Treasurer
Enrico P. Ragaza, MD
Secretary

Regents: Alejandro C. Dizon, MD
Jose Macario V. Faylona, MD
Ramon S. Inso, MD
George G. Lim, MD
Ramoncito C. Magnaye, MD
Gabriel L. Martinez, MD
Fernando A. Melendres, MD
Jose S. Pujalte, Jr., MD
Jose Antonio M. Salud, MD
Antonio S. Say, MD
Dures Fe E. Tagayuna, MD

Also Present: Board of Governors:
Hector M. Santos, Jr., MD
Chairman
Ma. Luisa D. Aquino, MD
Governor & President, PSPS
Representing, PCS Metro Manila
Edwin Villanueva, MD
Governor
Stephen O. Bullo, MD
Governor
Joseph T. Rebulado, MD
Governor

Chapters: Dinah G. Abella, MD
President, Northern Mindanao
 Armen R. Posadas, MD
President, Cordillera
 Luis Serafin C. Dabao, MD
President, Panay
 Joseph M. Bichara, MD
President, Bicol
 Anita C. Tarectecan, MD
Representing, Northern Luzon
 Andrea Torre, MD
Representing, Negros Occidental

Surgical Specialties:

Leandro C. Dimayuga, MD
President, PATACSI
 Carlos I. Lasa, Jr., MD
President, PAPRAS
 Rose Marie R. Liqueute, MD
President, PSVS
 Neil Penaflor, MD
Representing, PSO-HNS
 Juan Sanchez, MD
Vice President, PAHNSI

MINUTES OF THE MEETING:

1. The meeting was called to order at 12:20 PM with Dr. AH Belmonte presiding.

2. Introduction of Attendees

3. Approval of Minutes of Previous Meeting (December 4, 2012) – APPROVED

4. Matters Arising from the Minutes

4.1. PCS-AHMOPI Memorandum of Agreement

Dr. Posadas relayed that their Chapter is unaware of said MOA with the Association of Health Maintenance Organization of the Philippines.

4.2. Management Information System (MIS)

The MIS was supposed to be functioning last December 2012, but as a result of delays, this did not push through. Hopefully, this will be finally installed in the next couple of months.

4.3. Chapter Manual

The preparation of the Chapter Manual has been deferred as a result of the on-going amendments. Once the amendments are ratified, the Manual will be prepared.

4.4. PCS Foundation Voluntary Contribution

As of date, the Foundation has collected from the Fellows the amount of Php200K. This replaces the fund-raising activities, i.e. golf tournament, movie premier, bingo, etc.

4.5. Ambulatory Clinic – Plastic Surgery procedures

The ambulatory clinics are being utilized as cosmetic clinics. There are moves in defining who are board eligible/board diplomates.

Dr. HM Santos has been invited as member of the Ambulatory Committee of the DOH, Bureau of Health Facilities and Standards to look into this matter.

4.6. RFID

Fellows who have not had their pictures taken may submit their picture in Jpeg format to the PCS Secretariat.

4.7. PCS Proposed Amendments to the By-Laws

Prior to the BOR Dialogue, a meeting was held with the Chapter and specialty society representatives in attendance to review and discuss their comments/suggestions on the proposed amendments.

4.8. PCS Chapter Share

The Chapter Share from the 2012 MYC will be distributed after the meeting.

4.9. Jubilee Items

The Chapters were reminded to remit their payment for the jubilee items distributed last year in Bacolod. As of date, the Negros Occidental, Cordillera, and Central Luzon have paid the full amount. The Northern Luzon Chapter paid partial. The Cebu-Eastern Visayas through Dr. Bullo mentioned that the t-shirts distributed were “broken” sizes and thus, difficult to sell.

The Bicol and Northern Luzon Chapters requested that payment for the jubilee items be deducted instead from the Chapter share.

5. New Matters

5.1. PCS CSE Units

The attendees were informed that they may request from the College PCS-CSE units.

The College has been accredited by the PRC as a CME provider until 2015.

The PRC has given its approval to accredited surgical specialties that they may issue Certificates of good standing for purposes of renewing their PRC card but not for PHIC certification.

The PMA has recently been re-accredited by the PRC as the APO.

Dr. GG Lim even suggested for PCS to apply as the APO. His suggestion was noted.

5.2. Academy of Medicine of the Philippines (AMP)

Dr. Belmonte gave a brief background on the creation of the AMP with then PCS

President, Dr. Maximo H. Simbulan, Jr. and PCP President, Dr. Oscar Cabahug as proponents.

The AMP consists of 6 specialty divisions, namely: PCP, PCR, PSP, PSA, POGS and PCS.

The AMP is currently in the process of seeking SEC registration.

The PCS Board of Regents feels that if the AMP will no longer serve its purpose, PCS can get out as member.

The AMP main objective is to manage the affairs of the specialty divisions.

5.3. Advanced Trauma Life Support (ATLS) Course

The Inaugural Course was successfully held last March 14-18, 2013 at the PCS Building with invited foreign faculty headed by Dr. John Fildes.

The College is now licensed to give ATLS Courses and is only organization who can conduct one.

The BEST Course will still continue under the supervision of the PCS Committee on Trauma as well as the BETTER Course.

It was noted though that since the registration fee is prohibitive and with the huge overhead expense for materials, there was a Php600K deficit. This shall be looked into as an investment of the College.

In the succeeding courses, Dr. Ragaza mentioned that this will be geared towards emergency physicians. The course is open to all physicians.

Eventually, the JCIA will require in the accreditation of hospitals, bona fide ATLS physicians.

Hopefully, the DOH, through Sec. E. T. Ona, will take the first step in requiring ATLS accredited physicians in the regional hospitals in the country.

6. Board of Governors Concerns

6.1. Amendment to the By-laws

In a meeting held earlier by the Governors, they strongly recommended that the amendments to the By-laws be ratified this year.

Other concerns include:

a) Prior to the issuance of the Certificate of Good Standing by the national office, a clearance from the Chapter should also be made since not all Fellows attend Chapter meetings.

Some of the Chapters are in quandary as to who are in Good Standing amongst its members.

Dr. Lim suggested that this matter of identifying Fellows in good standing in the Chapter through the MIS. The Chapter Presidents will be requested to update a Fellow's attendance to Chapter meetings through this program.

b) To revive the conduct of Remedial Courses.

As Sec. Ona has expressed, the PCS is in the forefront of finding ways by which surgeons be board eligible through the specialty societies.

c) Case Rates: Generalization of specialists and the generalists.

The PCS should take concrete steps in for the specialists to get a bigger share.

This matter will be discussed during the next meeting with the surgical specialties.

7. Chapter Concerns

7.1. AHMOPI

Although there is an existing PCS-AHMOPI Memorandum of Agreement, the HMO-members still execute a separate contract with the surgeons.

There are some HMO coordinators who, until this time, are not aware of this MOA with AHMOPI.

A formal letter will be sent to the AHMOPI office regarding this matter.

Meanwhile, the Chapters were requested to formalize their complaints for documentation purposes.

7.2. Bid to host Midyear Convention

A suggestion was made that for Chapter/s who submitted their bid and were not considered to host a Midyear Convention, a letter should be given stating the reason/s why the Chapter was not considered to host the convention.

8. Specialty Society Concerns

8.1. Membership

Application form for fellowship is now available in the College's website.

8.2. Philippine Society for Vascular Surgery

Dr. R. Liqueste informed the attendees that the Philippine Board for Vascular Surgery has recently merged with the Philippine Board of Thoracic, Cardiac and Vascular Surgery.

8.3. Complaints against Fellows

The attendees were reminded that complaints against Fellows should be documented, signed and duly notarized.

The Committee on Ethics will then verify of the complaint and gather pertinent information. If needed, a dialogue will be conducted with the Fellow in question and the complainant.

9. Other Matters

9.1. Car Sticker Contest

The College through the Committee on Trauma is holding a car sticker contest on Road Safety Awareness.

Deadline for entries is September 27, 2013.

9.2. WHO Guidelines for Safe Surgery

The attendees were informed of the re-launching of the WHO Guidelines for Safe Surgery monitoring in cooperation with the surgical specialties.

The College through the PCS Committee on Patient Safety was tasked to help monitor its implementation by requesting the respective Committee on Accreditation to make this as a requirement for accreditation.

This will be further presented and discussed with the Joint Coordinating Council on Accreditation.

10. There being no matters to discuss, the meeting was adjourned at 2:20 pm.

What was that saying again? "All work and no play makes Alex a dull boy." Well, a PCS fellow cannot afford to turn dull. Thanks to Joseph and his chapter, Naga proved to be one FUN city. The welcome cocktails had its share of sumptuous food, flowing drinks, a fashion show

featuring the loveliest belles of Naga, song/dance numbers and capped with a ceremonial release of hot air balloons by the different chapters present. A truly marvelous sight to behold!

I thought that after this welcome reception, it would be difficult for the chapter to host a fellowship night as the fellows would expect a lot more. We were in for another surprise. As one entered the fellowship tent, a guest was greeted by a huge PCS logo. This logo had a lovely lass, alive and breathing, holding up the torch! I see the hand of a former regent from Bicol at work here. It was again a night of merriment and true fellowship. What really made my day (night) was when the "guest of honor" sat with us in our table. Ms. Leni Robredo exuded so much class that night with her innate charm and wit.

After Naga, it was back to the grindstone for the regents. Our president, Dr. Alfred Belmonte, fulfilled his international commitments attending these meetings:

* **2nd Summit - ASEAN Federation of Surgical College**

October 12, 2013; Conrad Centennial, Singapore

* **99th Annual Clinical Congress**

American College of Surgeons

October 6-10, 2013; Washington, DC

* **RCSEd/CSHK Conjoint Scientific Congress**
RCSEd/CSHK Conjoint Diploma Conferment Ceremony 2013

September 20-21, 2013; Hong Kong

* **2nd AMM-AMS-HKAM Tripartite Congress & 47th Singapore-Malaysia**

Congress of Medicine 2013

August 23-24, 2013; Grand Copthorne Waterfront Hotel, Singapore

* **International Surgical Leaders Forum**

July 25-26, 2013; American College of Surgeons Headquarters

Washington, DC

* **19th Asian Congress of Surgery & 1st SingHealth Surgical Congress**

July 18-23, 2013; Singapore

*** 38th Annual Scientific Congress**

Royal College of Surgeons of Thailand
July 20-23, 2013; Ambassador City Jomtien
Hotel, Pattaya, Thailand

*** AGM/Annual Scientific Meeting of the
College of Surgeons, AMM 2013**

May 31-June 2, 2013; Hilton Kuala Lumpur,
Malaysia

*** Royal Australasian College of Surgeons**

82nd Annual Scientific Congress
SKYCITY/Crowne Plaza Convention Centre
Auckland, New Zealand
May 6-10, 2013

He was accompanied in a few of these trips by our vice president, Dr. Jess Valencia, and our treasurer, Dr. Art Mendoza. The PCS had always been active in international surgical affairs and 2013 was no exception.

During the 2nd quarter, Dra. Carmencita Banatin of the DOH-HEMS (Health Emergency Management Staff) was a special guest of the BOR. She presented the state of emergency preparedness of the DOH in the light of the Philippines being in the top of the list of the most disaster and calamity prone countries. It was a tacit recognition of the PCS as an organization with the capability to mitigate the effects of nature's wrath. (*Recent events will bear witness to this as PCS fellows, both local and national, heeded the clarion call to duty in the aftermath of Yolanda*).

The last half of the year was devoted to completing the projects started at the start of the year. The board also spent much time and effort laying the groundwork for projects that could not be finished in one year.

A Symposium on Critical Care & Abdominal Sepsis was held in cooperation with Westmont at the Bonaventure building in Ortigas last July. This activity was very well received by the 77 participants such that similar symposia may be organized outside of Metro Manila.

The ATLS (Advance Trauma Life Support) course has now been institutionalized and to date has completed 2 provider courses (March & August) and one instructor course (March). Another provider course is slated to be held just before this year's annual congress with at least one foreign doctor attending. Who knows? We may be the new ATLS hub in the region in the near future. Not bad for a project that started just a year ago. Corollary to this, the PCS will continue to hold the BEST and the BETTER programs that cater to a different clientele. These are synergistic programs that will only strengthen our efforts to improve the management of trauma.

Aside from these, the Trauma committee has also completed a contest for a car sticker design on road safety awareness. Dr. Voltaire Carandang of the James L. Gordon Memorial Hospital won this contest.

A slew of publications have been given a fresh look this year. The Vesagas tandem (Ted for the PJSS and Connie for INCISIONS) stamped positive marks on these two pillars from the PCS press. The Primary Care Manual found in not a few family physicians' libraries now has a 2nd edition ramped up to current standards of care. Finally, too, a new PCS directory has been compiled. This task was not an easy one. A team was recruited to painstakingly go over the dated PCS directory to verify and update a fellow's profile. A welcome result of this undertaking was that 86 out of 128 delinquent fellows, not relishing the thought of being deleted from the directory, paid their arrears. Thus, the PCS became the beneficiary of a Php 456,000.00 windfall!

As part of our responsibility to our public, the PCS has decided to add more cancer sites for its informative cancer brochures. Also, an intensified survey on patient safety practices in hospitals has been undertaken. Representation with DOH has also been done to ensure that facilities be evaluated with emphasis on patient safety.

Important flagship projects are still works in progress. The ambitious PCS Knowledge Portal and Office Management System is slowly being implemented. We have acquired an internal server for our system and have signed up for external server and back-up services with a reputable offsite provider (Hostgator).

As an adjunct, we now have an improved website which will have more useful components for our fellows and the public. I am also pleased to announce that if all things turn out right, we will be the first specialty society to have an online survey and evaluation system accessible via computers and smartphones. This would be very useful during our conventions and other workshops. This project will be implemented in cooperation with MIMS and Pfizer at no cost to the College.

The Joint Accreditation and Certification Council (JACC) is a busy committee working to standardize accreditation of training programs and the certification of its graduates. This committee cuts across specialties and may be the key to smoothing out differences between some of our component societies and their respective examining boards. Steered by past president Dr. Ed Gatchalian, it will also help prepare us for the implementation of the Mutual Recognition Agreement (MRA) between the ASEAN countries.

As contained in the MRA the objectives are:

- to facilitate mobility of medical practitioners within ASEAN
- exchange information and enhance cooperation in respect of mutual recognition of medical practitioners
- promote adoption of best practices on standards and qualifications, and
- provide opportunity for capacity building and training of medical practitioners

The ASEAN Member States are as follows:

- Brunei
- Cambodia

- Indonesia
- Lao
- Philippines
- Singapore
- Thailand
- Vietnam
- Malaysia
- Myanmar

Theoretically, upon its implementation, we may now be able to work in our neighboring countries and vice-versa.

Towards the end of the 3rd quarter, the PCS celebrated its 77th foundation year by way of nationwide surgical clinics, blood letting and lay fora. This was capped by a foundation dinner at Edsa Shang where we gave recognition to our dedicated staff for their long years of service to the College. We had two awardees that night: Ms. Emma Infante & Ms. Corazon Coronel. The highest award of the College, the Lifetime Achievement Award, was also given that night to a very surprised but deserving Dr. Antonio Oposa.

The last quarter was spent preparing for our annual clinical congress. The College invited noted international surgeons as speakers in our sessions. Administrative and fiscal concerns were addressed. The issue of an elevator was finally resolved with the installation of a Schindler unit with a capacity for 8 persons. Since the work entailed a lot of remodeling, our lobby has also been renovated. Find time to visit our building in about a month's time and you will be pleasantly surprised.

Much has been accomplished, but a lot of work still remains for the next board. Issues with the BIR, the Philhealth case rates, relations with the PMA and the PRC, amendments to our by-laws specifically referring to membership categories and BOR composition are all major concerns directly affecting our fellows. Looking now at the candidates list for the 2014 regents, I am very confident that the next board is more than capable to address these concerns. ■

PCS marks 77th Foundation Day



Dr. Antonio C. Oposa receiving his Lifetime Achievement Award.

From L-R: Doctors Ramon S. Inso; Ramoncito C. Magnaye; Gabriel L. Martinez; Enrico P. Ragaza, Secretary; Antonio C. Oposa, PCS President 1972; Alfred H. Belmonte, President; Arturo E. Mendoza, Treasurer; Fernando A. Melendres; and George G. Lim, Regents.

The Philippine College of Surgeons marked their 77th Foundation Day with a dinner on September 14, 2013 at the Garden Ballroom of the EDSA Shangri-la Hotel. Past presidents of the PCS, friends from the pharmaceutical industry and heads of different medical disciplines were among the invited guests. Festivities started with an invocation by Regent Dures Fe E. Tagayuna which preceded the dinner. After a sumptuous buffet, the program started with welcome remarks from PCS President Alfred H. Belmonte.

Guests were introduced by the master of ceremonies, Regent Enrico P. Ragaza. An audio-visual presentation of the 77 years of PCS was shown. Following the AVP was the “unveiling” of the PCS website's new look, reformatted and made user friendly. The website can be accessed at this address: <http://pcs.org.ph/>.

Awards were given to the following: Mr. Ramoncito O. Sta. Maria (Vice-President, UNILAB Professional Relations Management Division (PRMD) who served as Treasurer of the PCS Foundation for the years 2011-2013; Mr. Constante P. Calubaquib, Treasurer of the PCS Foundation for 2006-2009; Mr. Cesar Igual

(President of Isopharma Phils.) who served as Trustee for the PCS Foundation for the years 2011-2012. Mr. Rainer S. Heradura of the Professional Management Division of United Laboratories, Inc. was cited for his unselfish dedication and commitment to the ideals of the PCS through his support of the Primary Care Surgery Seminars of the PCS.

Corazon Guevarra Coronel, Zon to most of the fellows, was given a loyalty award for her 25 years of service to the PCS. Thelma Ulan Infante, otherwise known as Emma, was recognized for her 20 years of service to the PCS. Both Zon and Emma are part of the Secretariat of the organization.



From L-R: Mr. Oscar Cardiente, Representing Mr. Cesar Iguar from Isopharma Phils.; Mr. Ramoncito O. Sta. Maria; and Mr. Rainier S. Herradura from United Laboratories.

A Lifetime Achievement Award was presented to Dr. Antonio C. Oposa, president of the PCS (1972).

Dr. Oposa was unaware that he was to receive a Lifetime Achievement Award. He had in fact asked for a few minutes to speak to the body. His “acceptance speech” started with a video “Let’s Dance” which started with a ballet. The five minute video included famous movie and iconic scenes from Fred and Ginger, Gene Kelly, Michael Jackson, Dirty Dancing, A Chorus Line, among others. Dr. Oposa, visibly touched and at the same time elated, extolled about his times in the PCS and his friends who have sadly gone ahead of him.

Dr. Enrique H. Ona, Secretary of the Department of Health, likewise a past president of the PCS was able to join the festivities.

The program ended shortly thereafter and dancing followed. ■



Ms. Zon Coronel and Ms. Emma Infante of the PCS Secretariat.

Antonio C. Oposa, MD, FPCS

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Dr. Alfred H. Belmonte
President, Philippine College of Surgeons

Board of Regents

Dr. Ernesto C. Tan
Chairman, Committee on Awards

Dear Sir,

I am indeed most heartily surprised, and deeply grateful to you – and - all - - for the Award - you presented to me, last September 14, 2013 - during our PCS Annual Foundation Celebration dinner “get together”!

A few days before the event - I requested Ms. Annette Tolentino to please request for your ‘imprimatur’ - just a very few minutes to say something from my heart!

Without the slightest hint of what was going to be presented to me,

I prepared - THE! THAT! PPT! I am sure - you noticed that all the expressions in Poetry and Literature, and Music - I selected very well - to emphasize the TOGETHERNESS with our colleagues, aside from the “vision mission” of the PCS.

As I remarked in the beginning of my delivery: “Poetry and Literature speak of feeling, Art depicts mood, but only Music displays our emotions with life, only Music give them definition”!

Over and over again – MARAMING SALAMAT PO SA INYONG LAHAT!

Very truly yours,

Antonio C. Oposa, MD, FPCS.

“GIVE THE FLOWERS. NOW”!



Dr. Antonio Oposa's letter to the PCS after being awarded the Lifetime Achievement Award by the PCS during the Foundation Day Dinner.

2013 ACS NSQIP International Scholarship Report

by Dr. Manuel Francisco T. Roxas, Philippines

In 2002 I was privileged to receive the American College of Surgeons International Guest Scholarship, allowing me to attend the Annual Clinical Congress for that year, as well as visit several hospitals across the USA. During that period, and for a significant time thereafter, I focused on refining my clinical skills in colorectal surgery, specifically on minimally invasive techniques, teaching and training a younger generation of Filipino surgeons in the process. Now, 10 years since, I am very grateful to the ACS for awarding me the additional privilege of being the 2013 American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) International Scholar. Once again, this experience became an enlightening and game-changing personal event for me. Beyond focusing on specific surgical skills, I became aware of the sweeping changes occurring across the US in the measurement and delivery of high quality surgical care.

My learning objective this time was to understand how NSQIP works and how elements of it can be applied in our very own Philippine College of Surgeons. I also wanted to witness first-hand how surgical quality improvement programs are implemented in an ACS NSQIP collaborative hospital so that I can adopt similar programs in our own hospitals.

On the first day of the 2013 ACS NSQIP National Convention, as I walked around the scientific poster exhibits, and attended the workshops and lectures, I was amazed at how big and well organized the whole activity was. I was accustomed to large clinical congresses, but to see one just as large, but focusing instead on surgical quality improvement was impressive.

I participated in a workshop focused on change management, facilitated by Dr. Nestor Esnaola. The session emphasized how each of us had to become surgeon champions for effective change within our respective institutions - even as outmoded, inconsistent surgical practices persist, with their attendant risk for complications. The sessions also talked about the Six Sigma and LEAN methods, as well as

other tools for change management. I particularly enjoyed the paper-plane-making group activity, which elucidated how production processes can be measured and improved.

The second day of the conference focused on more technical aspects of the NSQIP Data Base, specifically on data encoding, on-line reporting, as well as statistical issues such as modeling and interpretation of results. Actual and dramatic improvements in outcomes using NSQIP were also presented. In general, particularly for post-operative mortality, NSQIP hospitals improved faster than expected, as compared to non-NSQIP hospitals that were, in fairness to them, also improving but at a slower pace. The take-home message for me was that quality improvement could only be effective if there is valid and reliable data that objectively measures clinical outcomes.

These discussions made me acutely aware of how surgical practice in America was rapidly changing towards value-driven healthcare – not the present “disconnected system of healthcare businesses” which I still see in the

Philippines. According to Warren Buffet: “Price is what you pay; value is what you get”. In the healthcare setting, value is directly proportional to quality, and inversely proportional to cost. Higher quality and lower cost equate to higher value of service. However, defining and measuring quality require concrete data that are both meaningful and trustworthy. And it is the NSQIP that provides surgeons and administrators with objective measurements of quality and outcomes, both for analysis and program development.

The evening dinner was held in a small Italian restaurant. I met my co-International Scholar from China, Professor Ping Lan, also a colorectal surgeon. We sat beside 3 Research Fellows from the American College of Surgeons. It was quite interesting to hear that these research fellows were also taking Master studies in research, even as they took 1 to 2 years off from their clinical residency training. Furthermore, they were using NSQIP as a database for their researches, usually on more public health issues. These discussions pointed me to future possibilities for our own trainees in the Philippines.

Day 3 began with an early breakfast, “breakout” meeting to initiate the ACS NSQIP Enhanced Recovery After Surgery (ERAS) Collaborative Pilot Project. ERAS was actually developed in Europe, particularly for colorectal surgery, where it has significantly decreased post-operative recovery period and hospital stay. I had actually just finished reading the manual on ERAS before arriving at the convention, so it was quite interesting for me to witness how plans were made to implement it within NSQIP. Those present included Surgeon Champions and Surgical Clinical Reviewers from about 10 selected hospitals. It was a quick, preliminary meeting, but I could sense both the enthusiasm of the participants, as well as the multidisciplinary camaraderie that permeated the discussions.



With Clifford Ko, Director of the ACS Division of Research and Optimal Patient Care, and my certificate.

Dr. Clifford Ko, Director of the ACS Division of Research and Optimal Patient Care, moderated the event and led the discussions. It was quite inspiring to see him in action. At the end, he also introduced the next project to be piloted after ERAS, this time called RIOT or Return Into Oncologic Therapy. This also a topic I am quite interested in. Data has shown that patients, whose recovery after cancer surgery was delayed, subsequently had delays in the initiation of their chemotherapy, resulting in significant worsening of cancer outcomes. The hypothesis therefore is, like with ERAS, if the postoperative recovery can be shortened and made safe from complications, then perhaps adjuvant cancer treatment could be started earlier, with better long-term cancer survival. To emphasize the point on RIOT, the team from MD Anderson presented their experience on ERILS (Enhanced Recovery In Liver Surgery), where adjuvant chemotherapy after liver metastasectomy was an important component in long-term survival.

After the breakfast collaborative meeting, I moved on to the other sessions, the first of which discussed the ROUTE bundle (Respiratory care; Oral care; Up from bed; Tilt

bed up when lying; and Exercise program) to prevent post-operative pneumonia. It was pointed out that, over-all, pneumonia accounts for 40% of surgical mortality. Hence the need for programs such as ROUTE. Interestingly, oral care called for intensive promotion for daily brushing of the teeth, as well as twice daily chlorhexidine mouthwash. In our hospitals in the Philippines, such practices are optional, more to the discretion of the patient, rather than mandatory processes that are part of a pneumonia reduction program.

The next session discussed another adverse and measurable outcome: hospital readmission within 30 days following discharge after surgery. Such re-admissions reportedly occurred in 10-15% of colorectal surgery, 20% of all Medicare cases, costing approximately 17 billion US dollars annually. Several bundles and programs were presented that addressed this issue, although their setbacks were also discussed. Indeed, one of the key messages on quality improvement was to “fail forward”; in other words, not to aim for perfection, but rather to reach for small victories, and that even with initial small failures, the program was actually moving forward.

Obviously all programs face hurdles and various challenges within different hospital cultures. Certainly, it has become an era of greater transparency within the US healthcare system. HMOs and other third party payers are seeking ways and providing incentives to decrease complications and improve care. The term for it is Iterative Quality Improvement where mathematical or computational process are applied to objective outcomes parameters. There is certainly an important need for continuous innovation in the field of medicine, tempered by sound clinical research and evidence-based processes. Quality improvement and evidence-based practice go hand-in-hand.

The next session focused on Acute Care Surgery where the US national trend has been

the development of dedicated surgical teams to be “at the right place at the right time” for any emergency, whether trauma, acute abdomen, etc...The emphasis again is on achieving mastery in all areas of acute care, including critical care. Indeed, emergency laparotomies carry a 15% over-all-mortality, rising to 24% in patients over 80 years of age. Emergency operations have a 7-fold mortality rate and a 3-fold morbidity rate compared to elective procedures. 42% of emergency operations are septic on admission -- a significant predictor of morbidity, and of mortality, which increases by 8% every hour there is a delay in even just the initiation of antibiotics.

Fortunately, the development of sepsis bundles and protocols has resulted in a 7 to 25% reduction in mortality. Surviving sepsis guidelines have been established which includes a MEWS database (Modified Early Warning Score). Acute surgical care teams have developed capabilities to treat patients at the get-go, and to provide a continuum of care for critical patients. Goal-directed fluid replacement protocols have been established, including recommendations for the use of colloids and of keeping serum lactate at survivable levels. Acute care surgeons are at home in the ICU and tend to utilize it more than the other specialties. It was very interesting for me to listen to all these, particularly because acute surgical care programs are still quite limited in my country.



With Jim Wadzinski, Director of Operations, ACS NSQIP, aboard the USS Midway



Left to right: Emma Mojica, RN and SCR UCSD; Dr. Jhun de Villa, University of Florida; myself; and Dr. Sonia Ramamoorthy, San Diego Medical Center

The day ended with a Fellowship Dinner at the USS Midway, an iconic aircraft carrier now serving as a museum by the bay front of San Diego. Such an awesome marvel of engineering and warfare... I bought myself a Revell plastic model of the ship to build with my youngest son. I haven't built a plastic model since high school.

The next day I met with Dr. Sonia Ramamoorthy, colorectal surgeon champion from the San Diego Medical Center, a Kaiser Foundation Hospital. This was part of the arrangements made under the scholarship. We discussed how her hospital collaborated with NSQIP to come up with quality improvement programs based on specific benchmarks. She discussed details about such programs, and I was able to freely interact with her and ask as many questions as I could. I could see that Dr. Ramamoorthy was a staunch advocate of NSQIP, and a firm believer of its importance in improving surgical quality.

I also met and interacted quite closely with Dr. Jun de Villa, Head of Quality Improvement, University of Florida, Jacksonville. He personally took the time to explain many of the concepts in surgical quality improvement, as well as showing me how the NSQIP database is encoded and used. He also shared with me his experiences as a quality improvement manager during surgical conferences within his hospital.

A most exciting event for me was meeting with Jim Wadzinski, Director of Operations of the ACS NSQIP. He, together with Dr. Clifford Ko, were very keen on establishing a NSQIP pilot project in the Philippines, particularly since there was none yet in Southeast Asia (even as NSQIP was now being used in other western and middle eastern countries outside the US). The fact that our own medical records are in English seemed to excite them even further. ... And of course, their enthusiasm inspired me to

NSQIP Report / to page 37

PAPAL VISIT 1981: Personal (Near) Close Encounters with Pope John Paul II

By Marcus Jose B. Brillantes, MD



Being a freshman at age seventeen in the University of the Philippines was such a heady “*Iskolar ng Bayan*” period. Aside from the constant academic demands, there was the stimulating exposure to various organizations, fraternities and other assortments in the U.P. Diliman campus of which the first year college student was naturally the main target recruit. I gravitated to one particular group by the second semester -- “Kabataan Maka-Papa” (a not too subtle dig at the student activist group Kabataan Makabayan) - otherwise known as the National Council of Youth for the Pope or the NCYP for short. The organization's purpose was to prepare for Pope John Paul II's first Papal visit to the Philippines scheduled on February 1981. Its primary aim was to welcome and support the Pope in his scheduled trips around Metro Manila. Its secondary toned-down objective was to drown out political protests designed to take advantage of the Papal Visit to gain local and international media mileage and the like.

Mid-February 1981 came, ushering in the nation's long-awaited arrival of the Bishop of Rome. From the airport, the Pope's personally chosen initial stop was to the Shrine of our Mother of Perpetual Help at the Baclaran Redemptorist Church where he had celebrated mass during his very first visit to the country in February 1973 as then Cardinal Archbishop of Krakow. The NCYP organization was going to Baclaran by hired jeeps from Quezon City that early morning of February 17. Since our family lived in Malate, I decided to take a jeepney on my own to Baclaran and rendezvous with the rest of the group at the Shrine. A few streets were closed to traffic and it required a three to four-block hike to get to the church. People lined Roxas Boulevard on both sides by the tens of thousands. It was truly a festive atmosphere – a mega city-wide fiesta, all in honor of and for the love of Pope John Paul II. Khaki uniformed policemen did their best to clear the boulevard lanes and manage the crowd who were generally well-behaved. Or so it seemed.

A rattling muffler sound was heard from a distance on the empty boulevard lane. A man in black leather jacket speeding in a motorcycle with a woman seated behind him had somehow slipped through and made their way across the restricted area. In a matter of seconds, we heard a sickening loud crash. The motorcycle driver had plowed into one of the parked police vehicles on the boulevard, with the couple being thrown into the air at a height of approximately

fifteen to twenty feet like limp rag dolls. The police rushed to the injured two. The man seemed terribly dazed, but the woman wasn't moving. It was just a matter of minutes before the Pope's expected arrival from the nearby airport and the authorities did their best to evacuate the injured couple and their smashed up motorcycle. The area was cleared in record time. Shortly thereafter, the Pope, riding atop a beige decorative float with a tasseled canopy accompanied by Manila Archbishop Jaime Cardinal Sin, arrived and the procession entered the church.

The following morning, February 18, a youth rally for the Pope was held at the Royal and only Pontifical university in Asia – the University of Santo Tomas. The crowds had marvelously swollen in the campus grounds to formidable proportions. At the conclusion of his speech and of the rally, as His Holiness was slowly making his exit from the open stage of the UST grandstand, a short, darkish man wearing yellow broke through the human barricades and, in a crouching position, dashed toward the Holy Father. From where I stood some twenty-five meters away, I saw that he was able to graze the Pope but briefly. However, a security official practically clawed at the “attacker's” face and a uniformed military officer roughly held the intruder back, preventing the still unknown person from getting any closer to the Pope. A sudden hush fell across the gathering. The horrified crowd

strained to see what was happening and tried make sense of this bizarre unfolding drama. Was this an assassination attempt on Pope John Paul II?! The Pope seemed momentarily surprised. But when he realized that it was only a student who merely wanted to touch him, John Paul II, unafraid, approached the young man and gave him a fatherly embrace. The crowd started to cheer. A few more seconds passed before we realized that the individual in question whom the Pope was hugging was none other than Louie Nicolas Calugcug who was also a member of our NCYP organization. Our group started shouting wildly at each other, "It's Lou! It's Lou!" as we let out more whoops and hollers. What he did was so unlike him. (Years later, in our reunions, we would still jokingly refer to him as the "Pope Assassin.")

Our next scheduled assignment was to proceed to Luneta Park that very afternoon for the Papal Beatification of San Lorenzo Ruiz de Manila and the Fifteen Companion Martyrs, the first beatification ceremonies outside Rome. Riding several jeepneys, our group motored to Luneta to attend Holy Mass and the Beatification. The crowd was immensely thick and was said to be over a million.

Our organization re-grouped and left Luneta earlier than most shortly after the affair. Avoiding the crush and traffic of the exiting crowds, we were able to arrive at the Apostolic Nunciature to secure a favorable position in front of the building, located along Taft Avenue. This was where the Pope stayed during his two visits in Manila. A huge crowd started to amass in the vicinity. All throughout his dinner and short rest inside, our group continued to cheer loudly "John Paul II, We Love You!", "Juan Pablo Segundo, te quiere todo el mundo!" and the popular motto "Totus Tuus!" – with the rest of the crowd gamely joining us in the chants. We were tired but our group, with the rest of the crowd, patiently waited as we continued to root and entreat for the Holy Father. Nobody was sure if he would come out.

After a while longer, the second floor balcony doors of the Nunciature flung open and an official in priestly white garb stepped out and placed a microphone stand in the balcony. The people started applauding and shouting louder. When Pope John Paul II strode out into the balcony, there was a deafening cry of approval and applause from the adoring throng. Resplendent in his Papal white robes, with arms outstretched, he looked around and beamed at us. He gave an informal short speech and spontaneously started to joke and engage in an easy banter with the crowd. We sang some Tagalog and Spanish songs to which he listened to with interest. But when the guitars began the initial chords and we started to serenade the Pope with the well-known Polish Christmas carol "Lulajze Jezuniu" (Hush Little Jesus) which his mother lovingly sang to him as a lullaby, the Pope became still and was visibly stirred. At first he listened pensively while humming the introductory lines softly. Then Pope John Paul II started to sing along with us, his baritone voice sonorous and pleasant, much to everybody's delight.

We finished the song together and this was followed by thunderous applause. After a few more moments and cheers, the Pope, realizing the lateness of the hour and how exhausted the people must be, motioned with his hand and in his Polish accent declared "Time to GO --- home!" with emphasis on the penultimate word. It sounded less of a request and more of a command, a Papal command. And being thus, we HAD to obey. Waving one last time, John Paul II gave his farewell blessing, and stepped back into the Nunciature. The crowd started to leave. It was approximately ten in the evening.

While most of our group rode the hired jeepneys back to Quezon City, I was lucky to walk to my house which was only five blocks away. I strolled toward San Andres and then made a right on Leon Guinto street. This led to



The author, Dr. Marc Brillantes and "Pope Assassin" thirty years after

the tall metal gates and outer perimeter back wall of the Apostolic Nunciature. I was supposed to continue with my solitary walk home via C. Aragon street but the wide open back gates of the Nunciature beckoned. I slowed my pace and lingered. A few official vehicles were exiting. I took a peek and a single Presidential Security Group (PSG) guard, in his distinctive pointed silver helmet, dark blue top with brass buttons and white pants, didn't seem to mind me.

Taking a closer look inside, I could fairly make out the back courtyard layout. With the sentry seemingly unmindful, I mustered some nerve to take a step into the courtyard. There was no reaction from the guard. I took several more paces into the rear of the courtyard beside a huge mango tree. The guard took no notice. I couldn't believe my luck, I was in! Giddy with excitement I walked onwards, placing myself beside the "kapok" tree in the left corner of the courtyard and stepped on a water tank's cemented cover to get a better view inside. A few minutes passed.

I spied a few nuns belonging to the Sisters of St. Paul de Chartres moving busily about in a lighted hall. Knowing that the Pope was just a few feet away inside the building was exhilarating. I was thinking: Maybe if I walk up to the nuns and ask, I could be given the rare

opportunity of meeting Pope John Paul II! I heard the metal gates behind me close but that didn't seem to bother me much. I just wanted to see the Pope. Suddenly, I heard a loud "Psssssstt!!!" Glancing to the left side of the wall from where the sound came, a second PSG guard was angrily pointing at me. "*Anong ginagawa mo diyan?!"*, barked the guard.

In reply, not knowing what else to say, I uttered, "*Alis na po ako.*" Stepping down, I hurriedly headed for the back gates. This time, the sentinel at the gates took notice and commanded me to halt. He was promptly joined by the guard who spotted me. A third guard suddenly appeared to investigate the disturbance and all three surrounded me.

"*Paano ka nakapasok dito?*", snapped the sentry.

I answered that I simply walked through the gates. He repeated the question in disbelief and I replied truthfully once more. One demanded for an identification card and I handed him my U.P. student I.D. where my photo was most probably as miserable as how I must have looked to them at that very moment. The burly sentry became agitated and grew incensed. Positioning himself in front of me, he drew his right arm swiftly and smashed his fist smack on my sternum. The impact and force of his punch lifted me off the concrete, causing me to fall backward and crumple on the driveway pavement. My chest was aching. But what scared me more was as I lay sprawled on the ground in pain, I overheard the guard who delivered the hard blow tell his companions in hushed conspiratorial tones:

"*Huwag na natin sabihin 'to kay Sir. Tayo na ang bahala dito.*"

The two other guards readily agreed. Having read many uncensored anti-government news articles in the university's official student publication 'The Philippine Collegian' and

numerous accounts of student activists from U.P. being arrested and eventually missing, all I could think of was: I'm dead. They're going to kill me.

I heard steps coming from the front driveway. The PSG guards ordered me to get up as they tried in vain to conceal me. Someone called out, "*Anong problema diyan?*" He was wearing a barong tagalog with matching black slacks and was clearly of senior rank. The three guards straightened up with unease. The sentry answered that a student had trespassed into the Apostolic Nunciature. Up close, their superior sized me up suspiciously. He also asked for my I.D. and the guard offered my confiscated card.

"*U.P. ha...?! U.P.!!!*", the man blurted in disgust as his index finger flicked my I.D. An expletive followed which caused me to cringe. Connection to the U.P., notoriously known as the hot bed of radical student protests, was hardly considered advantageous at this moment.

While the group escorted me to the front area along the driveway, the guard tried to explain to his superior how I was able to enter the gates on his watch by my "very shrewd timing of trespassing as vehicles exited the building earlier." The guard who spotted me said he already had me in his rifle sight and mentioned that I was lucky he didn't pull the trigger. They brought me to the outpost at the front. In a room, they continued to pepper me with more questions: Name? Age? Address? College course? They told me to remove my yellow t-shirt. "*Walang tattoo.*" Aside from my college I.D. card, they put my spare change & rosary on a table. Through walkie-talkie, they made a few calls.

As the interrogation continued for about an hour, I heard a female voice from the outside, "*Saan ba yun batang naka-dilaw? Baka gusto lang niya makita yun Santo Papa.*" I was able to catch a glimpse of a nun's white habit through the slightly ajar door. Apparently, the sisters of St. Paul de Chartres were informed that a student was taken into custody by security. Tempted to

announce my presence, one guard gave me menacing looks while the other placed his finger to his tightened lips and warned me to keep quiet with his eyes. Cautious after being hit, I kept my mouth shut. I overheard their companion answer that the student was questioned and then released.

By the time the Police Constabulary Metrocom patrol car arrived to take custody of me, it was well past midnight. Entering the back of the police car, I heaved a sigh of relief. I honestly felt safer. The two rookie Metrocom policemen said nothing much, with only the random static communications crackling from the car's two-way radio piercing the silence in the car. We cruised along Taft Avenue with me at the right backseat. The dark city streets were quite empty save for a few vagrants and beggars. We turned right at Magallanes Drive with the Manila Central Post Office to our left and on entering Plaza Lawton, the car stopped near Jones Bridge. Getting off, I could make out a police district station under the bridge a couple of meters away in the semi-darkness. But as we drew closer, what I saw through the precinct's narrow door chilled me: a dozen policemen, maybe more, already half-intoxicated and laughing, in the middle of a drinking session. Oh no, what did I get myself into?!! - I groaned under my breath. This is much, *much* worse!

I was led into the station which was filled with noise and cigarette smoke. A solitary hanging bulb cast its amber dim light in the dingy room. Several bottles of gin and beer were scattered on desktops. Walking tentatively into the room, the buzz lessened and the laughter died off with each policeman eyeing me intently. I was made to stand at the center of the room. Asked to empty my pockets, my U.P. ID was flung on the wooden table. The small silver rosary gifted to me by my father, however, was handled gingerly and returned. I was ordered again to remove my t-shirt.

They asked if I knew Malou Mangahas, I said yes. "*Eh di – aktibista ka rin!*" was the

automatic accusation of the policeman – to which I immediately countered that I only heard of her and read her columns, she being the editor-in-chief of *The Collegian*. Subjected once more to another barrage of questions, I tried to answer each carefully and calmly. One cop, whose sneering I've been trying to avoid, put his face, reeking of booze and nicotine, close to mine and even placed his tightened fist on my jaw.

Suddenly from behind, somebody interjected, "*Saang probinsiya ka?*" I replied that I grew up in Manila, but pointed out that my family roots were from Ilocos Sur. There was a momentary pause. The same policemen followed up with another question, his voice taking a wizened ton.

"Anong bayan?"

"Santa po."

The questioning policeman started to circle me. He took a swig from his beer bottle. He mentioned to those listening that my surname indeed sounded familiar, adding that he vaguely knew my family had a good reputation. But he then added that he was doubting mine after what I had done. He was twisting the bottle with his large palm in a determined expression of remoteness. Thinking the worst was about to happen with my heart pounding to almost bursting, the policeman unexpectedly placed his hand on my shoulder and whispered in a low voice to my ear.

"Huwag kang matakot. Walang gagalaw sa 'yo. Taga-Santa din ako!"

The suddenness of inflection shift from imposing to chummy was dramatic, almost like an electric light switch turned off! Identifying himself as the head of the police station, he told me to relax. With that said, the other policemen started backing off and soon drifted away. One indicated a wooden chair. After a while, another policeman approached and said courteously

they could not release me just yet because an investigator was coming later that morning to file a formal report regarding my case. They continued to finish their drinks.

It was probably around two-thirty in the morning and I had not been able to call home. Told that the station's telephone was busted, I had to wait until later for a nearby store to open in order to place a call. As my thoughts turned homeward in the ensuing early morning hours, I worried what I was putting my mother through.

At the crack of dawn, accompanied by one policeman, I phoned my father at the Ospital ng Maynila where he worked as a surgeon to briefly explain what had happened. Indicating my specific location, I asked if he could please pick me up. Apologizing for my behavior, we hung up.

The investigator who was to file the report arrived shortly thereafter. Disheveled and looking like he came straight from bed in his rumpled polo shirt, he complained that because of my stupidity, he was unable to fulfill an earlier promise to his wife to accompany her to see the Pope later that morning. Asking why I pulled such a dumb stunt, I gave the silliest excuse that I simply wanted the Pope to bless my rosary. With incredulity, the investigator started to lecture, "*Pag nag-bendisyon yun Santo Papa sa mga tao, na-'bless'na rin yun rosaryo mo!*" Of course, I *knew* the investigator was correct. But I also knew that saying anything else would only add to his irritation. The investigator gravely informed me that trespassing was a more serious offense in the dead of night compared to daytime – more so, considering the presence of an important state visitor in the property trespassed. The reality and degree of the seriousness of my offense finally began to sink in. Mortified, I expressed contrite regrets but all he gave me was a tired look of exasperation.

My father didn't say much when he arrived at the precinct. He and the investigator exchanged formalities. While briskly asking a few



perfunctory questions, the investigator would pause, looking up once in a while as if searching the ceiling for the right words. Then he would hurriedly bang away at an old typewriter to complete his report. After signing some documents and the corresponding carbon copies, my father and I thanked the investigator and we stepped outside.

Papa and I didn't talk as we headed for the car. My father was unusually quiet. It was kind of odd and surprising he wasn't mad. I was half-expecting him to deliver a deserved scolding but instead, he said nothing. On the contrary, he even seemed mildly amused at the latest caper of his youngest son. I might have caught Papa's faint smile. He also had that characteristic glint of mirth in his eyes, much like in those moments when he was about to narrate an amusing anecdote – as I recall. Meanwhile, all I wanted was to go home.

We noticed a sparse crowd collecting at the foot of Quezon Bridge some 300 meters away.

As fast approaching sirens from police motorcycle escorts became more audible, we knew a motorcade was nearing. This was the Papal motorcade passing by en route to the Quezon Memorial Circle that morning. "Let's go see the Pope", Papa said casually, breaking our silence. "Anyway, we're already here." This registered once more as another surprise.

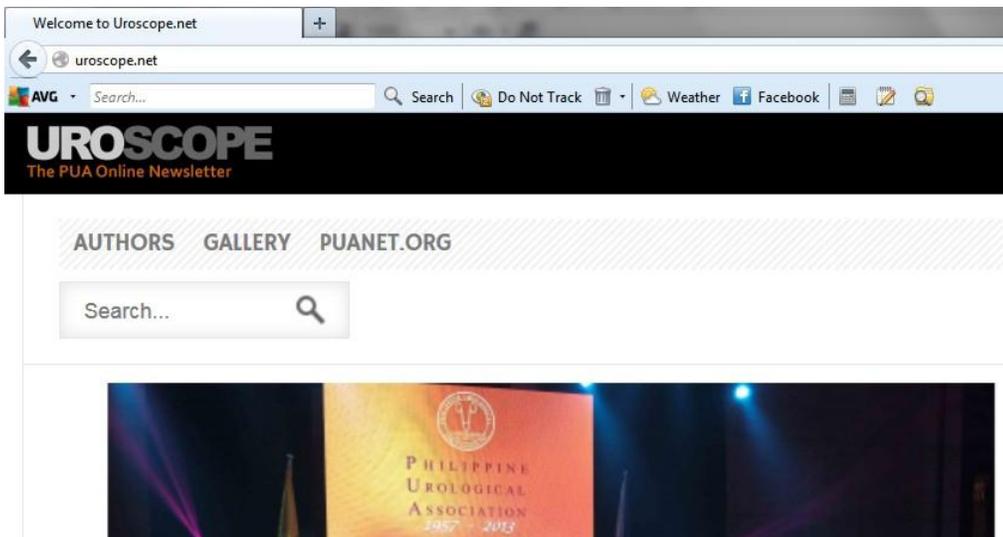
We waited for less than a minute as other government and escorting vehicles whizzed by. We could see the Pope's float at a distance behind a phalanx of cars and escorting vehicles. Coming closer, the decorative float with its Papal seal in front was now only a few several feet from where Papa and I stood. The Pope was perched quite high on a truck converted to a make-shift stage with a canopy. Finally up close, I could now clearly see the Pope's face! This was the ultimate moment that I had chanced to risk. Looking down directly at us, his pursed lips moving in deep prayer, the Pontiff gave us his solemn Pontifical blessings. Awestruck, I reverently made the sign of the cross, all the while amazed at this

incredibly sheer coincidence. And utter irony. For three days in striving to follow Pope John Paul II, this chance encounter was the *closest* I ever got to him. A few more seconds went by as the Papal float reached the top of the bridge and was soon out of our sight.

Papa and I grinned at each other. With weary smiles still lingering, we turned about slowly with the sun now warming our faces and strolled together across the plaza toward the car on that bright, crisp morning. ■

www.uroscope.net

By Samuel Vincent G. Yrastorza MD
Editor-in-Chief
Uroscope Online



“Paper is no longer a big part of my day. I get 90% of my news online”

- Bill Gates

Indeed, almost every news is in the internet and more people are turning to this medium daily for information. In fact, news comes in earlier through the internet than the old reliable radio especially with the advent of twitter. As the computers become more affordable and more people gain access to the net, the fate of newspapers are hanging on a thread. For a while, everyone thought that the old formidable newspaper giants would stay on until an unknown “craigslist” started eating up their lifeblood, their ads. New internet newspapers and magazines started sprouting like mushrooms and the media moguls had to join the fray to survive. It has been said that the newspaper’s death is inevitable as more and more people are waking up in the morning with coffee on one hand and an iPad or a smartphone on the other surfing for news. With these in mind we saw it fit to bring the Uroscope into the tide, the “surfing world”. And it is not just to be “techie” or just trying to keep up with the times. It is just reasonable. All the more important is that this paper less world is much cheaper and can reach more people faster. By coming up with this online uroscope we did away with the bimonthly edition, which was costly and reported events that were months old. With the old paper edition, articles about the annual PUA convention would usually come out during the midyear and articles about the midyear convention coming out during the annual PUA convention. It was news so slow in coming that the telegraphs of old were much much faster. News was no longer relevant and timely.

The Online Uroscope was eventually launched during the annual convention of the PUA in November 2010. Since then, events in the urology community have been reported online as soon as they happen and as fresh as they can be. Gone were the days when we would scrimp with the narration and pictures just to save on additional costly pages. Articles can now be as long as necessary with the added joy of relieving those moments with tons of pictures or videos for that matter. It has become dynamic and fun with opportunities for expansion. Pharmaceutical friends have also seen that it is a good and cheaper way to get through us. And the best thing about all these is that, you can no longer put it back in your convention bags and send it to oblivion, often unread. Once the articles are in the internet they remain in that world. Old articles can easily be recovered and perused. We have also become environment friendly by eliminating the need for paper.

Two years after we started the online news we heard of the demise of Newsweek. This once formidable news magazine had its last paperback edition last December 2012 and has since merged with the online The Daily Beast to form Newsweek Daily Beast. More are expected to follow suit as smartphones and tablets become more affordable. We were 2 steps ahead.

Recently, we experimented on the use of the Uroscope to generate interest in the field of urology. As most urology training institutions are located within Metro Manila and one in Cebu City, it is cumbersome and expensive for a doctor from a far-flung island to apply for training. It used to be that the applicant would have to travel to Metro Manila or Cebu City just to inquire about openings and requirements. The applicant then will have to travel back again to submit his application form and requirements. It just takes too much time, effort and finances that it could break his desire to train in urology. Through the Uroscope we have disseminated the information of openings for

the program and spread it through Facebook and other social media. The applicants can then inquire for requirements and other information online. They can then signify their intention to apply and send the needed documents through the net. They would only need to travel to get to these training institutions once they are called in for interview and examinations. We have noted a surge of applicants this year and a good number of the applicants got hold of the information through the net. Most of the applicants though still come from NCR or studied within the NCR region. Next year, together with the Manpower Committee, we hope that we could reach out to more applicants from the peripheral islands that do not have any practicing urologist.

The trend has changed to twitting and hash tags of which the Uroscope tries to keep up with. We have learned through the years that our members and other surfers prefer shorter but concise news with more pictures to tell the story. And so the long narratives have become short 6-10 liners with loads of pictures to show, of which our readers have given their nod of approval. We have also used Facebook and Twitter to spread the news around as more people read these social media than their emails.

The same problem that beset the old paperback edition of the Uroscope still pervades though. And this is the scarcity of writers willing to pour in time to provide the freshest news. We have constructed the online Uroscope to be writer friendly with the ability to post the news in minutes through a smartphone, tablet or a computer. Despite this, a vast majority of events within the urologic community remain unreported. This is still a work in progress and we have poured in time and extra effort beyond our profession to keep this through. The online Uroscope has so much potential. We are only scratching the tip of the iceberg and it is exciting to ponder on a million other ways to exploit it. ■

TRIVIA: “PHILIPPINES” IN PUBMED

by Peter George J. Tian, MD, MPH, FPSO-HNS, FPAHNSI, FPCS
Maria Reyna – Xavier University Hospital, Cagayan de Oro City
Email: TIANPGJ@YAHOO.COM

I've often wondered about the magnitude of Filipino research indexed in PubMed. How many studies have been cited? Have Filipino authors specified “Philippines” in the authors' affiliations? When was the earliest citation of “Philippines?” Has the “Philippine College of Surgeons” ever been mentioned? To answer these questions, I ventured on a preliminary search of PubMed.

Search Strategy. After trying out various combinations of search terms, I settled with simple combinations of search terms. All searches were done on November 16, 2013. (For search details, email the author.)

PUBMED CITATIONS OF “PHILIPPINES”

Trivia Question 1. How many articles indexed in PubMed have the words “Philippines” or “Filipino?”

Answer: About 10,000-11,000. 10073 to be exact. If I included “Philippine” and “Filipinos,” the citations would reach 10793.

Trivia Question 2. When was the “Philippines” first cited?

Answer: 1882. *Kneeland S* published in *Science* an article entitled “The Typhoon at Manila, Philippine Islands, Oct. 20, 1882.” Interestingly, the 2nd citation was a publication in 1883, by the same author, entitled “House-flies in the Philippines.”

PUBMED CITATIONS OF “PHILIPPINES” AND “SURGERY”

Trivia Question 3. How many articles indexed in PubMed have the words “Philippines or Filipino” AND “Surgery?”

Answer: About 700. 665 to be exact. If I included the terms Philippine, Filipinos, surgeon, surgeons, and surgical, the citations would reach 753.

Trivia Question 4. What was the first citation of “Philippines” and “Surgery” about?

Answer: Pectoral muscles. In 1915, *Clark E* published in *J Anat Physiol* an article entitled “Congenital Variation of the Pectoral Muscles, with Report of a Case.” Clark specified his institution as “Anatomical Laboratory, College of Medicine and Surgery, University of the Philippines, Manila.” However, the first surgical citation was not published until 1946 in *H. Conway’s* article in *Surgery* entitled “Anaerobic Infection and gangrene of war wounds in casualties from the Philippine Islands.”

PUBMED CITATIONS OF “PHILIPPINES” IN THE AUTHOR’S AFFILIATION

Trivia Question 5. How many articles cited “Philippines” in the author’s affiliation?

Answer: About 2000. 2218 to be exact. If I included “Philippine” in the search, the citations increase to 2248.

PUBMED CITATIONS OF “PHILIPPINES” AS AFFILIATION AND “SURGERY”

Trivia Question 6. Of the articles which cited “Philippines” in the author’s affiliation, how many articles cited “surgery” in any of the search fields?

Answer: About 300. 274 to be exact. However, this does not mean that there are 274 surgical articles. This only means that the word “surgery” is cited in the articles that had

“Philippines” in the author’s affiliation. A considerable number of these publications are non-surgical.

Trivia Question 7. Of these 274 articles, what was first surgical article about?

Answer: Cataract surgery. In 1988, *Tablante RT et. al.* published in the *J Cataract Refract Surgery* an article entitled “A New Technique of Congenital Cataract Surgery with Primary Posterior Chamber Intraocular Lens Implantation.”

Trivia Question 8. Of the articles that were published in the last 5 years (2008-2013), which surgical specialty published the most?

Answer: Ophthalmology. There were 19 citations in the last 5 years.

Observations and Further Questions

What have I learned from all these searches?

1. Filipino research have been indexed in PubMed.

I wonder: what can we do to have more research indexed in PubMed? There used to be a number of Filipino journals indexed in PubMed. But no longer.

2. Filipino researchers have a presence in PubMed.

I wonder: are there researchers who don’t cite their Philippine institutions?

3. Filipino surgical research is indexed in PubMed.

I wonder: how can we design our training institutions to generate more PubMed-acceptable articles? Even Ophthalmology’s 19 citations over 5 years needs a boost.

One last trivia. How many times has “Philippine College of Surgeons” been indexed in PubMed?

Answer: Thrice. The first in was in 1950: *Naffziner HC* published in the *Philipp J Surg* an article entitled “Oration to the Philippine College of Surgeons on the occasion of their sixth annual meeting.” The last was in 1994. ■

Committee on External Affairs & Public Relations

77th PCS Foundation Day Activities

12th PCS FOUNDATION DAY CUP

An Inter-Surgical Specialty and Chapter Golf Challenge

September 11, 2013 (Wednesday)

Valley Golf & Country Club

The 12th inter-specialty golf tournament was held last September 11, 2013 (Wednesday) at the Valley Golf & Country Club. A total of 45 individual golf players which included guests from pharmaceutical companies joined the tournament. Six groups registered during the event. The results of the tournament are as follows: Class B champion PALES, Class A champion PUA, over all Champion PSGS, composed of Doctors Ervin H. Nucum, Jose Rhoel C. de Leon, Noel G. Yamzon, George T. Cheu, Romeo R. Abary and Jorge T. Logarta.



Blood Donation Drive

September 11, 2013 (Wednesday)

Fourteen hospitals held a blood donation drive as part of the activities of the PCS Foundation Day. On September 11, 2013 the Amang Rodriguez Medical Center, Chinese General Hospital and Medical Center, East Avenue Medical Center, FEU-NRMF Hospital, Jose R. Reyes Memorial Medical Center, Makati Medical Center, MCU-FDTMF Hospital, Our Lady of Lourdes Hospital, Quezon City General Hospital, Rizal Medical Center, Santo Tomas University Hospital, The Medical City and the UP-Philippine General Hospital bled volunteers for the activity. The St. Luke's Medical Center scheduled theirs on October 17 while Our Lady of Lourdes Hospital and The Medical City held a second blood donation drive. For this activity, a total of 364 donors were on hand to share their gift of life.



Lay Forum and Operation Bukol

September 12 (Thursday)

PMA Auditorium

8:00 AM-5:00 PM

The ninth offering of PCSMMC-PMA Lay Fora & Operation Bukol held last September 12, 2013 at Philippine Medical Association, North Avenue, Quezon City was a success. The speaker

was Dr. Erwin B. Alcazaren who talked about “Raising Awareness Against Breast Cancer”. A total of 68 patients were successfully operated on by 33 resident doctors that came from different training hospitals namely, Veterans Memorial Medical Center, Amang Rodriguez Medical Center, Makati Medical Center, MCU-FDTMF Hospital, Quezon City General Hospital, AFP Medical Center, Holy Infant Jesus Hospital, Jose R. Reyes Memorial Medical Center, Mary Chiles General Hospital, Metropolitan Medical Center, and Tondo Medical Center.

Medical Mission

September 13, 2012 (Friday)
PCS Klinika Ng Bayan
Camarin, Caloocan City
8:00 AM – 12 Noon

A Surgical Mission in Klinika ng Bayan, Camarin was held last September 13, 2013. A total of 16 patients were also successfully operated with the help of 14 doctors coming from Makati Medical Center, FEU-NMRF Medical Center, Perpetual Help Medical Center, Quezon City General Hospital, AFP Medical Center – V. Luna Gen. Hospital, Cardinal Santos Medical Center, and Jose R. Reyes Memorial Medical Center.





NSQIP Report / from page 21

strategize on how to best and most realistically promote the concept of NSQIP back home.

Having been involved in various capacities within national surgical societies such as the Philippine College of Surgeons and the Philippine Society of Colorectal Surgeons, I can appreciate how technically advanced and comprehensive the NSQIP data system is, and how much funding as well as technical support from IT specialists, statisticians and researchers, it requires. My personal experiences with the development of clinical practice guidelines, or even specific researches, have been a continuous struggle against the lack of funding and



With Professor Ping Lan, my counterpart International Scholar, also a colorectal surgeon from Sun Yat-sen University, Guangzhou, China

quality. Frankly I don't think a project like NSQIP, locally produced and funded, is feasible and sustainable in my country at the moment.

On the other hand, we have in the Philippines large, private tertiary hospitals that are fully accredited by the Joint Commission International. They are committed to quality improvement and have the resources to form collaborations under NSQIP. Having been given the privilege of being my country's first ACS NSQIP scholar, I am now embarking on a new advocacy. I will work for specific hospitals in my country to join NSQIP, benchmark their performance against other NSQIP hospitals both in and outside the US, and develop specific quality improvement programs accordingly. They will then become tangible models by which other local hospitals, whether private or government, can follow. I further believe that a collaborative group of NSQIP hospitals within the Philippines will also enable the Philippine College of Surgeons to pattern national quality improvement programs of

their own. Collaborating with NSQIP will also provide us with robust data that is at present still inadequately measured in our country. Such data will certainly serve as fuel for better local researches on surgical quality.

Again, I would like to thank the ACS for this wonderful NSQIP scholarship. The support I received from the ACS staff was excellent. I would like to cite in particular the following who were truly accommodating and helpful to me: Drs. Clifford Ko, Sonia Ramamoorthy, and Jhun De Villa, together with Jim Wadzinsky, Kate Early, and Fareeha Kahn.

I left the ACS NSQIP convention enlightened and inspired. This experience has certainly empowered me to embark on more focused advocacies for surgical quality improvement in my own country. ■

Obituary for 2013

Aguirre, Salvador G.
Aldana, Benigno S.
Almaiz, Nenita C.
Cabailo, Rosauro D.
Carpena, Jose B.
Carvajal, Tomas C.
Chua, Angel H.
Claridad, Purificacion R.
Co, Antonio Y.
Cruz, Angeles Padilla
Cruz, Melchor Renie
Dael, Leonidas C.
Domingo, Carlo Gino C.

Dosdos, Jorge M.
Espiritu, Romeo B.
Eufemio, George G.
Fernandez, Alberto F.
Fernandez, Bernardo D.
Gaerlan, Isabelo L.
Garcia, Loreto R.
Geronilla, Mario B.
Gines, Romulo C.
Inocentes, Eugenio
Jardelesa, Ernesto
Jocson, Rodolfo L.
Liquete, Michael J.

Lucas, Jose Maria L.
Manzanares, Francisco C.
Motil, Ma. Gina P.
Palencia, Abundio P.
Paz, Benjamin S.
Rafols, Reynaldo Rene F.
Ramirez, Arturo
Regino, Rafael R.
Salang, Nicasio T., Jr.
Sanchez, Evaristo N.
Soriano, Jackson
Villaruz, Juan C.
Zamora, Romeo I.

A Surgeon's Prayer

By Michael Jamias Lique, MD, FPCS, FACS[†]

*On the table was a man
whose mortal self was sickened
by the passage of time.
He looked at me with a faint smile
but all I see was fear in his eye.*

*With a weak and imploring voice,
said he, "Doctor, my life is in your hands."
As I held his and felt the coldness of his palms,
softly, I whispered, "Do not despair,
God is great!
Your life and mine are HIS,
Seek HIM in your hour of need."*

*Like Adam, he was put into deep sleep.
With a swift stroke, I cut.
And blood, the life of his flesh,
trickled out.
Two hours....four hours....
Six hours....eight hours into what seemed an endless night.
At dawn, the surgeon's task
was done at last.*

*Alone in the room, I stood
with closed eyes and hands on my chest,
Prayed I: "Thank you, Lord, for once again
YOU guided me with a clear mind,
steady and gentle hands as I gave care to another man."*

