



Incisions

The Newsletter of the Philippine College of Surgeons

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Volume 41 Number 1 • secretariat@pcs.org.ph/www.pcs.org.ph • March 2021

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CONGRATULATIONS AND MORE POWER TO THE 2021 PCS Board of Regents

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On the Cover



THE DELIVERY

Dr. Ronan Chris J. Inso, currently practicing as a General and Laparoscopic Surgeon in Unihealth Southwoods Hospital and Medical Center, Carmona Hospital and Medical Center and South City Hospital, finished his Surgery Residency training in UP-PGH in 2012. He is a Diplomate of the Philippine Board of Surgery, a Fellow of Philippine Society of General Surgeons (PSGS), Philippine Association of Laparoscopic and Endoscopic Surgeons and Philippine College of Surgeons. He is currently in the Board of Directors of the Philippine College of Surgeons –Southern Tagalog Chapter representing Laguna. His interest in pencil drawing started since grade school and recently started revisiting his hobby using colored pencils.

FROM THE EDITOR'S DESK

Marcus Jose B. Brillantes, MD, FPCS



Of Vaccines, a Death & Groundhog Day

On March 1, 2021, 9:40 AM, at the University of the Philippines – Philippine General Hospital, the first COVID-19 vaccine in the country was legally administered to Dr. Gerardo Legaspi, Director of the UP-PGH and a Fellow of the Philippine College of Surgeons.

That leadoff jab signalled the start of the roll-out of the COVID-19 vaccines in the country.

Along with Dr. Legaspi, government medical adviser Dr. Edsel Salvana, Food and Drug Administration Director General Eric Domingo, vaccine czar Carlito Galvez, Jr. and deputy implementer Vince Dizon were also vaccinated with Sinovac.

The COVID pandemic has killed almost 14,000 Filipinos in a 12-month span alone according to the Philippine Statistics Authority (PSA). The Department of Health (DOH), as of this writing, has already documented 16,048 deaths and 945,745 positive cases. At that going rate, the documented cases will reach the 1 million mark by the month of May.

For the country's pandemic task force, a schedule of deliveries of the pre-ordered COVID-19 vaccines is crucial to uphold its aim to achieve a measure of containment in order to control the spread of the pandemic by the end of 2021. The Philippine government remains optimistic that it could ultimately meet its target of vaccinating 70% of the population when the tranche of vaccines arrive on the second quarter of this year as the country – one of the hardest hit in Southeast Asia – is once again experiencing a deadly surge with daily reported new cases shattering records over a year since the outbreak.

The Philippines is set to receive about 148 million vaccines to vaccinate 76 million adult Filipinos, including those purchased by the government from vaccine manufacturers like AstraZeneca, Novavax, Moderna, Sinovac, Johnson and Johnson (Janssen Pharmaceutica) and the Gamaleya Research Institute. Apart from these deliveries, the Philippines is expected to get additional vaccine supplies from the COVAX Global Facility led by the World Health Organization.

Timeline COVID Vaccination Plan by the National Task Force (NTF):

The Philippine government's vaccine plan for the first quarter is designated as the "Mini Rollout". This was

suppose cover some 1.7 million healthcare workers, along with other government frontliners who will be responsible for mounting the vaccine rollout the coming months. The vaccines that have arrived during the first quarter are the February 28th delivery of 600,000 Sinovac doses donated by China, the March 4 delivery of 487,200 AstraZeneca doses from COVAX, the March 7 delivery of 38,400 AZ doses from COVAX, the March 24 deliveries of 400,000 doses China donated, the March 24 – 26 deliveries of AZ doses from COVAX and the March 29 delivery of 1 million Sinovac doses purchased by the government. The total vaccine supply at the end of March was at 3,504,800 doses with 58 percent of the 1,468,200 on-hand vaccines having been distributed to 2,596 designated vaccination sites nationwide. Vaccinated Filipinos as of mid-April stood at 1,139,644.

The National Task Force focuses on the "Vulnerable Sectors and the Economic Frontliners" for the second quarter of the on-going vaccination thrust. The batch COVID-19 vaccines will be used to inoculate the vulnerable sector members such as senior citizens, the indigent residents and those with co-morbidities. By this



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period, the government expects some over 25 million doses of vaccine to arrive in the country. For April, the expected delivery of the vaccines are as follows: 1.5 – 2 million doses from Sinovac, 3 million doses of Gamaleya's Sputnik V and 1 million doses of COVAX vaccines. Target number to be vaccinated is 500,000 to 1 million Filipinos per week. Come May 2021, the expected vaccine deliveries are as follows: Sinovac, 2 million doses; Sputnik V- Gamaleya, 3 million doses; AZ, 2.6 million doses of COVAX vaccines procurement by private companies, 1 million doses via COVAX and Moderna, 194,000 doses. Target number of vaccinations are set at 1-2 million citizens per week. Gamaleya has offered 20 million more doses of vaccines in case the Philippines needed to order more. The Department of Health (DOH) has recorded 24,823 suspected cases of adverse events following immunization (AEFI) from the COVID-19 vaccination, but none of the serious effects so far has been identified to be directly caused by any of the vaccines. By May, the government may hold simultaneous inoculations for HCWs, senior citizens and other priority groups. For June, the expected vaccine delivery are as follows: Sinovac, 4.5 million doses; Gamaleya, 4 million doses; Novovax, 1 million doses and AZ, 2 million doses with a target number of vaccinations set at 2-3 million Filipinos per week.

The "Massive Rollout" drive begins in the third quarter of the year and the vaccination program is expected to be in full swing as majority of vaccines start arriving to the country. The number of doses to be made available in this period is somewhere between 30 to 50 million to be used to inoculate 25 million Filipinos. For the month of July, the expected vaccine deliveries are as follows: Sinovac, 3 million doses; Sputnik V - Gamaleya, 4 million doses; Moderna, 1 million doses; Novavax, 2 million doses; Johnson & Johnson, 1.5 million doses and AZ, 2 million doses. The target number of vaccinations for this month is 2-3 million adults per week. The country is also expecting the arrival of up to 40 million doses of Pfizer-BioNTech vaccines. The government expressed confidence that the vaccines from Pfizer-BioNTech will start arriving once the United States government finishes inoculating its citizens by July. For the months of August and September, no breakdown data has been released so far but the country is expecting deliveries of 20 million doses of vaccine per month.

In the last quarter of the year, this phase has been dubbed as the "Full Rollout" wherein another huge cache of vaccines procured through negotiations will be delivered. For the last three months of the year, a total of 20 million doses (brand not specified) per month is expected. The total COVID vaccine supply by the end of 2021 is expected to be 140.5 million doses. This final quarter is pivotal for the government to reach its goal of vaccinating 50 to 70 million Filipinos.

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The year 2021 began for this writer with a rather inauspicious start. In my rush during New Year's Eve preparations at home, I accidentally banged my toe rather badly. Along with the exquisite pain of the injured digit, a swelling gradually ensued accompanied by discoloration.

I was certain I incurred a fracture. I superstitiously thought to myself: Is this how the year will be – rife with pain and injury? An X-ray would probably have been in order. But because of the pandemic, that wasn't a ready option.

But while I concerned myself with the possible toe fracture injury, little did I realize that a close surgeon friend who was confined two days earlier due to COVID, was now fighting for his life. An unexpected notification of his desperate condition later that day through a text message of his wife promptly drew my attention away from my slight injury and to shamefully focus on his plight.

A flurry of calls were made and our PCS chapter started a fund raising drive. "Bossing" bravely rallied for a period. That kept our hopes up. But then his condition abruptly took a turn for the worse.

Bossing passed away the following week.

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Since the lockdowns of last year due to the global pandemic, each of us at our own homes have literally been going through our very own "Groundhog Day" - the accepted meaning being "a situation in which events are or appear to be continually repeated." In the cult film of 1992 that goes by the identical title, a smug and cynical television weatherman is mysteriously condemned to reliving the same day ad infinitum - until he learns to forget his ego and thereby break the spell. Like with the film's main character, we are seemingly caught in a daily routine but imprisoned within the confines of our homes; captured in a sort of time loop which forces us introspectively to focus on the philosophical and moral aspects effecting a change.

Some of the world's most famous literature works originated while in prison. The Prison Epistles of St. Paul are a collection of Letters to the Ephesians, Philippians, Colossians and Philemon that were written while imprisoned in the town of Caesarea. St. John of the Cross composed his mystic poems in a dark and narrow cell of a Toledo prison. Miguel de Cervantes penned part of his magnum opus "Don Quixote", considered to be the first modern European novel, while serving time for his debt troubles. John Bunyan wrote his allegorical tale "Pilgrim's Progress" during his 12-year incarceration. Exiled to the small island of St. Helena, Napoleon Bonaparte spent his time there until his death dictating his "Memoirs." Behind barbed wires, Fyodor Dostoevsky was able to draw his vast literary work material. Alexander Solzhenitsyn's prolific output had its conception in the harshest conditions while in solitary confinement. Despite the oppressive conditions of imprisonment, Nelson Mandela managed to write a 500-page autobiography which was manually miniaturized into 50 pages and was smuggled out by a departing prisoner. Dr. Jose Rizal wrote his 'Ultimo Adios' on his final night in a lonely prison cell at Fort Santiago.

Isolation offers each person one precious commodity: Time. With more time to think, to reflect and to write, we are left to devote more attention to loftier and spiritual concepts as we struggle to make sense of this global affliction.

FROM THE PRESIDENT

ANTONIO S. SAY, MD, FPAO, FPCS



These are extraordinary times that we are in. All of mankind has a common enemy, one that we cannot see. But its effects are most palpable, the way it has reached into every aspect of our lives. It is also a period of constant adjustment. When we come face to face with others who are not in our “bubble”, we learn to interact with each other in the shortest possible time. In time, we have learned to be brief but most significant. We have lost loved ones; we have lost friends. Many have lost their livelihood. But most specially, we have lost the ordinariness of how we have lived most of our lives.

The Philippine College of Surgeons has its share of the effects of this coronavirus war. Some of our fellows were lost in the “battlefield” while treating patients. The current pandemic has prevented face-to-face interactions with our colleagues. Our committee meetings, discussions, conventions have mostly been online. But our College remains true to its vision. We become even more responsive to our communities, and even more committed to excellence and ethical practices.

Prior to pandemic, PCS presidents have to travel miles to meet with chapter officers and members in order to know them better and understand their needs. However, the current situation prevents me from doing so. I have no choice but to resort to virtual meetings with everyone. This has made me an eco warrior as this has prevented me from emitting a lot of

carbon dioxide into the atmosphere from my supposed flights. Because of technology and its advances, I have “visited” many parts of the country in an instant. Chapter inductions and visits maybe virtual, but it does not mean they are less meaningful. As I said during my inauguration as President of the PCS, I am still a student, and as such I am inherently curious. To make excellent decisions that will help us achieve our vision, I know I need to listen and learn from you. Please don’t hesitate to reach out to us or the other PCS officers for any questions, suggestions or to volunteer in any way that you can!

Today, more than ever, our community needs us. I encourage all of you to actively participate and assist in the health care delivery system of the country. Perform civic duties as a citizen of the Philippines. Promote the vaccination program of the government among your relatives, in your clinics, among your patients. As medical professionals, let us not add to the confusion of news, whether medical or otherwise. In your social media pages, post facts, not gossip. Sensationalism only brings fear and panic to those who are not as knowledgeable. Desire to be and be relevant. Be helpful. Together, let us be partners to bring not just PCS, but also the health care system of our country to newer heights.

The fight against Covid-19 has been raging for over a year now. And most likely, it will continue in the same manner as past pandemics

have gone. We must have the mindset that our country can and WILL succeed in defeating this pandemic. Together with other nations, we shall defeat this virus.

What must we do now? Let us boost the efficacy of our virtual meetings, forum or conferences by investing on videoconferencing technologies. Let us help each other on how to prepare and practice with the goal of overcoming the challenges of virtual meetings. Who knows,

one day we may come close to replicating the experience of attending a traditional conference. Hopefully, soon, the problems with virtual meetings will be a thing of the past.

We have lost loved ones; we have lost friends. Many have lost their livelihood. We have lost the ordinariness of how we have lived most of our lives.

But we must not lose hope. Most of all, we should always have hope.



Philippine College of Surgeons Foundation, Inc.

Commit to donate and help ensure the improvement and delivery of quality surgical health care to the Filipino patient. Proceeds will be used to sustain the operations of the following PCS programs:

- Surgery for Unvisited Region for Education (S.U.R.E.)
- PCS Chapter & Specialty Societies Research & CSE activities
- Relevant surgical education activities
 - Advanced Trauma Life Support (ATLS) courses
- Development of Evidence-Based Clinical Practice Guidelines
- Patient Safety and Quality Assurance Advocacy
- Membership and Continuing Professional Development
- Disaster Preparedness

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ACROSS THE BOARD

Maria Concepcion C. Vesagas, MD, FPCS



**1st Board of Regents Meeting
January 9, 2020 (Saturday);
1:30 pm – 5:32 pm (via Zoom)**

Reminders – Duties & Responsibilities of a Regent

The Duties and Responsibilities of a Regent were earlier provided to the Regents for their guidance.

Matters from the previous minutes:

- The budget for the salaries of the internal auditor will be reflected in the PCS Foundation's budget. The position of internal auditor is yet to be filled.
- The MOA with PAHMOC is yet to be finalized. The following were discussed:
 - o Multiplier of Php140.
 - o RVS of 1-200 = multiplier of Php100.
 - o RVS of 201-300/400 = multiplier decreased to Php80.
 - o RVS of 600 and above = multiplier of Php16 – under negotiation with PAHMOC
 - o Revised multipliers will take effect February 2021.

BOR Resolution No. 2021-01: Induction of Fellows accepted through the Simplified Application for Surgical Specialty Society Members may be inducted during the monthly Board of Regents meetings. This arrangement will be applicable for 2021.

Committee on Surgical Infection

- The cover of the printed copy of the manual on Operating Room Guidelines & Recommendation in the Philippines Covid Edition 2020 was presented by Dr. RS Montenegro.

Treasurer's Report

- The Committee on Finance will need to meet to discuss the following, among others:
 - o Real Estate Investment
 - o Recommendations on other pathways for additional convention income

Committee on Conventions

- Post-Evaluation of the 76th Annual Clinical Congress held last December 6-9, 2020 ACC 20/20: Surgery Through the Looking Glass was presented.
- 47th Midyear Convention – May 5-7, 2021; Host:

PCS Cebu-EV Chapter; Theme: Classic Surgery in the Present Era

- o Convention will be online with some sessions to be conducted in the hybrid format.
- o Docquity will be hired for the 47th Midyear Convention.
- 77th Annual Clinical Congress – December 5-8, 2021; Edsa Shangri-La Hotel, Theme: Enveloped Ideas – Intricacies in Decision Making
 - o The revised 2021 contract with Edsa Shangri-la Hotel was presented.
- 48th Midyear Convention 2022
 - o Chapter Bid: Central Luzon chapter visit is scheduled on January 23 after the induction.
 - o The Bicol and Cordillera Chapters have expressed their interest to host the 2022 Midyear Convention.

Committee on Surgical Education

- 47th Midyear Convention, May 5-7, 2021; Radisson Blu Cebu, Cebu City
Theme: CLASSIC SURGERY IN THE PRESENT ERA

The Board approved the following:

- o Objective: To discuss time-tested approaches and its relevance in current surgical practice
- o Format: Online with some sessions conducted hybrid.
- o Venue: a venue in Metro Manila in addition to Radisson Blu in Cebu
- o Conference starts on Day 1 with Opening Ceremonies, followed by scientific sessions.
- 77th Annual Clinical Congress, December 5-8, 2021; Edsa Shangri-la Hotel, Mandaluyong City, Theme: "ENVELOPED IDEAS – INTRICACIES IN DECISION MAKING"
 - o The Board APPROVED the following:
Objective: To discuss the complexities in decision making to improve Surgical outcomes.
 - o The format of the Congress will be finalized by June 2021.
- The Board approved transferring the Subcommittee on Critical Care, chaired by Dr. Joel U Macalino to be under the Committee on CSE.

Committee on Surgical Research

- The Board noted the Google form/survey link for dissemination to Fellows.
<https://docs.google.com/forms/d/e/1FAIpQLSexiHABar6nMyB9zkEXcfDbmy8kHrL6lR1QNMY8uMj4obBWeA/viewform>

- The Board approved that the PCS Sub-Specialty Societies will be requested to hold/conduct their research paper contest by October so that winners will be qualified in the PCS Surgical Research Paper Contest – Champion of Champions.

Subcommittee on Information Communication and Technology

- The PCS App for the College is ongoing development with the expertise of the team of Mr. Ric Parma of Quatro Cantos.
- Mr. Alvin Jalimao was hired as the IT person for the PCS.
- The Board approved subscribing to Google Suites-Enterprise.

Committee on Administrative Concerns

- Positions are vacant for a secretary- part-time accountant and for a secretary-internal auditor.
- These are for the PCS and PCSF, respectively.

2021 Committee Membership

- The Board approved the creation of and chairs of the following:
 - o Ad Hoc Committee on Universal Health Care
 - Chair: Former DOH Secretary Enrique T. Ona
 - Co-chair: Dr. Jose Antonio M. Salud
 - o Ad Hoc Committee on Medical Act
 - Chair: Dr. George G. Lim
 - Member: Dr. Maria Concepcion C. Vesagas

Other Matters

- The schedule of the BOR Meetings for 2021 were set and released.
- The PCS is included in the TWG for Communications for Vaccines for the SARS Cov 2
 - o The PCS is represented by Dr. Maria Concepcion C. Vesagas and Dr. Esther A. Saguil, Board Secretary and Chair, Committee on Surgical Infections, respectively.

Letters to the PCS

- The PRC through the office of Ms. Yolanda Reyes has invited the College to an online meeting with PCOMS and PSO-HNS on January 25, 2021 to discuss the issue on Oral and Maxillo-facial Surgery.
- Former Fellow Dr. Pauline D. Santiago has requested to be reinstated as a PCS Fellow. Dr. Santiago can apply through the PCS Simplified Application for Surgical Specialty Society Members.
- Dr. Edgar Gamboa, FACS, FICS is requesting for credentialing by the PCS. He is to be referred to the Philippine Board of Surgery.

**2nd Board of Regents Meeting
February 13, 2021 (Saturday);
8:00 am (via Zoom Platform)- 6:00 pm**

President's Report

- Chapter Inductions and Dialogue held were the following:
 - o Southern Tagalog Chapter – January 21, 2021; Seda Hotel Nuvali

- o Central Luzon Chapter – January 23, 2021; Wooden Table, Clarkfield, Pampanga; also conducted an ocular visit to proposed MYC 2022 venues.
 - Issue raised by CLC: inquiry whether surgeons who are non-diplomates but graduates of accredited training programs can be accepted by chapters as associate members
 - Board action: request the Committee on Membership and Committee on By-Laws to explore and discuss the issue of associate member
- Ad Hoc Committee on UHC
 - o The committee envisions that a Position Paper on the Concept of Health Care be formulated which will have a long-term effect to address the gaps of the UHC.
- The Philippine Hospital Association (PHA) has expressed during the meeting with PMA Commission on Professional Specialization – February 3, 2021 that PhilHealth should increase its reimbursement by 25% (across the board).
- PRC Dialogue with PCS, PSO-HNS, PAPERAS and PCOMS – Re: Oral and Maxillo Facial Surgery (performed by dentists) - a draft of the College's position statement which is a collation of the various stands submitted by PSGS, PAPERAS, AFN, and PAO (through the Philippine Society of Ophthalmic Plastic & Reconstructive Surgery) will be submitted to the office of Commissioner Yolanda Reyes, Oversight Commissioner for Career Progression & Specialization Program-PRC.

Board of Governors:

- The first meeting was held last January 18, 2021
 - o Election of Officers
 - Chairman: Dr. Natasha Emano-Elazegui
 - Vice Chair: Dr. Robert B. Bandolon
 - Secretary: Dr. Christine Joy Aguirre-Trespeces
 - o Representatives to Commissions and some Committees
 - Commissions
 - Cancer – Dr. Wenelito Clapano
 - SURE – Dr. Andrea Joanne Torre
 - Trauma, Injury & Burn Care – Dr. Elvis C. Llarena
 - Committees
 - Awards – Dr. Isidoro Mendoza (will serve as Chair of the Sub-committee)
 - Committee on By-laws and Amendments – Dr. Lydana Casuga
 - PCS Newsletter – Dr. Christine Joy Aguirre-Trespeces

Committee on Finance

- Committees were created to work on various tasks/projects which were APPROVED by the BOR
 - o Investments: Dr. Narciso Atienza, Dr. Napoleon Alcedo and Dr. Josefino Sanchez
 - o Real Estate: Dr. Sherry Cunanan, Dr. Jose Rhoel de Leon and Dr. Roberto de Leon
 - o PCS Corporate Store: Dr. Rouel Azores
 - o CSE: Dr. Vivencio Jose P. Villaflor III

- o Kapit Bisig: Dr. Jose Rhoel de Leon
- o PCS Building: Dr. Jose Solomon
- o Taxes: Dr. Kay Jimenez
- A presentation was made by Fund Manager, Ms Rae Atienza whom the Committee is recommending as the College's Fund Manager.
 - o The Board requested for a formal proposal, including fees.
 - o The Board suggested inquiring from banks regarding services of a fund manager.
- Dr. Sherry Cunanan offered 4% net of interest to Php45M investments toward pre-selling condominiums or an estimated Php5,400,000 interest will be earned after 3 years.
- The Committee would like to consider forming a "Cooperative" where a Fellow can borrow/loan money with interest from 6 months up to 3 years with collateral.

Committee on Building

- For tenants whose contracts were for renewal, the BOR approved no escalation at least on the 1st year upon renewal and just escalate by 10% on the 2nd & 3rd year.
- For tenants due for escalation in 2021 per lease contract, the BOR approved a 5% discount on tenants with scheduled escalations only for this year, and implement the succeeding stipulated escalations next year.
- The Board approved that Galinato & Enriquez Dental Clinic retain the space to be vacated by Florex Money Changer & Remittance Services (owned also by Galinato & Enriquez) with conditions to the original lease.
- The Board approved the committee's recommendation to disapprove Aventus' requests to relocate their triage and waiting area of patients.
- The Board approved the committee's recommendation to disapprove the request of the Society for Obstetric Anesthesia of the Philippines (SOAP) to give up their office and transfer and join the PCS-MMC, PCSRS and PAHPBS.
- The Board approved that the room vacated by MBN Law Office be reserved as possible office of the PCS Commissions and wait for possible interested societies.
- The Board noted the following:
 - o Installation of New World Diagnostics' advertising tarpaulins
 - o Concerns of Infinitegrafix regarding civic works ongoing in front of the PCS Building
- The Board suggested the use of STAY SAFE DOH QR code for entry into the PCS building.

Committee on HMO/RVS

- The committee and PAHMOC finalized the MOA and both parties came to agree on the rates/multipliers. The rates can be accessed via this link: (<https://docs.google.com/spreadsheets/d/1hB15Q6rIMMZN4MsDykq5M1rOd1Qss3d4eUR17nXi8vU/edit#gid=2099040273>)
- Proposed professional fees compensation scheme for Daily Visits of surgical cases admitted into the hospital but are not operated on are as follows:
 - o Ward - Php750

- o Semi-private - Php900
- o Private - Php1,100
- o Suite - Php1,500
- o ICU - Php1,700
- A virtual signing of the MOA is scheduled in the future.
- The PAHMOC will now require a signed confirmation sheet from the Fellow to be a member/approve of this new agreement.
- A meeting with Mr. Da Silva of AHMOPI is to be scheduled to discuss the renewal of the MOA which expires on December 31, 2021.

Committee on Trauma

- The Board APPROVED the committee's participation in the 47th Mid-year Convention on May 5-7, 2021 with the approved topic "Classic Approaches to Vascular Control in Pelvic Injuries"; to be given by Professor Mina Cheng, FCSHK, FRCSEd, FACS and chaired by Jorge M. Concepcion, MD.
- The Board approved the committee's participation in the 77th Annual Clinical Congress on December 5-8, 2021 with the topic "Multidisciplinary Approach to Complex Pelvic Injuries: Who Goes in First?"
- The Subcommittee on ATLS announces a vacancy for the position of ATLS Coordinator due to the resignation of Ms. Christine Borlongan, ATLS Nurse Coordinator.
- The Subcommittee on BEST will course their requests for grants through the PCSF.
- The Board has created an Adhoc Committee to create guidelines on the conduct of Face-to-Face Sessions, Workshops and Conferences.
- The Trauma and Injury Care Commission will forego discussions of a Cycle Safe Program with Bike Scouts of the Philippines.

Committee on Cancer

- The Board approved the committee's participation in the 47th Mid-year Convention on May 5-7, 2021 with the topic "Cancer Surgeries through the Years"; to be given by Manuel Francisco T. Roxas, MD and Alfred Philip de Dios, MD, and chaired by Anthony Q. Yap, MD.
- The Board approved the committee's participation in the 77th Annual Clinical Congress on December 5-8, 2021 with the topic "Monitoring Cancer Outcomes through the Surgical Training Programs".
- The Board approved inclusion of Dr. Helen Bongalon-Amo as committee member.
- The committee will collaborate with the Commission on Cancer for the Philippine National Cancer Summit 2021 scheduled on February 25-26, 2021 and hosted by PCS CanCom and CNAG PH.

Committee on SURE and Community Services

- The Committee will renew the PCS-PSA-ORNAP Memorandum of Agreement, with the the Commission Director as signatory.
- Doctors Inso and Villaflor donated Php25K which was their honorarium during the training of the trainers' sessions.

- The donation given by WSFP amounting to Php500K last December 2020 has been ear-marked for the National Surgical and Anesthesia Manpower Study spearheaded by the Committee on Surgical Research and SURE Commission.
- Surgical Mission at Narvacan District Hospital last January 27-28, 2021 had a total of 79 patients distributed as follows: Major OR - 10 patients, Minor OR - 69 patients.

Committee on Surgical Infections

- Surgical Infection Prevention Awareness (SIPA) Day will be held on July 10, 2021, Saturday (Online) 1:00-4:00pm.
- The program for the PCS-PSIS Virtual Congress will be presented as soon as available.
- A media campaign will be launched on Surgical Infection Prevention Awareness.
- The PCS-ORNAP Manual is now available in print and digital copy.

Committee on Conventions

- The 47th Midyear Convention will be May 5-7, 2021 and hosted by the PCS Cebu-EV Chapter.
 - o The format is hybrid and the following will be broadcast from Cebu:
 - Opening Ceremonies
 - Identified panel discussions participated by Fellows from the Chapter
 - Fellowship Night
 - o The Board approved that registration is free.
 - o Rates for the sponsored lunch symposia and virtual booths are retained as follows:
 - Lunch symposium – Php 150K
 - Virtual booth – Php 75K
 - o Docquity charges for the following sponsored events are:
 - Lunch symposium – Php 50K
 - Virtual booth – Php 20K
 - o The CEVC will be responsible for the venue of the hybrid sessions, guest speaker for the Opening Ceremonies, Fellowship night program, poster design and teaser.
- The 77th Annual Clinical Congress will be on December 5-8, 2021 at Edsa Shangri-La Hotel.
 - o Format is hybrid.
 - o A meeting was held on February 12, 2021 with Ms. Lorie Gamalinda, Ms. Nancy Yee and Ms. Lani Jalandoni from Edsa Shangri-La Hotel to discuss details of their health protocols as the College prepares for a possible face to face congress.
- Central Luzon Chapter has bid for the 48th Midyear Convention 2022.
 - o An ocular visit was conducted at the following proposed venues after the chapter's induction last January 23, 2021:
 - Quest Hotel (formerly Holiday Inn)
 - Marriott Hotel
 - Hilton Clark Sun Valley Resort
 - o Bids will be accepted until the end of March.
 - o Bicol Chapter has formally written that the chapter will not bid for the Midyear 2022 hosting.

- The Board approved extension of the validity of discount vouchers issued to Fellows until face-to-face conventions resume.

Committee on CSE

- The 47th Midyear Convention (Online) is scheduled on May 6-7, 2021 with the theme "CLASSIC SURGERY IN THE PRESENT ERA".
 - o Day 1, May 6 will have 3 simultaneous sessions which start at 1:30 pm to 5 pm with a 30-minute break at 3:30 pm.
 - o Day 2, May 7 will have 3 simultaneous sessions which start at 9 am till 3:30 pm; then at 7 to 8 pm.
 - o Cine Classics in Surgery Procedures will be available in the Docquity app and can be viewed anytime during the convention.
- The topics and speakers and chairs were identified for the 77th Annual Clinical Congress scheduled on December 5-8, 2021 at Edsa Shangri-la Hotel, Mandaluyong City, with the theme: "Enveloped Ideas" – Intricacies in Decision Making.

Committee on Surgical Research

- The Board approved the final draft of the online survey and will have this pilot-tested by the Committee members, BOR and some residents.
- The survey is accessible online. (<https://docs.google.com/forms/d/e/1FAIpQLSdWbxCFO4R-mp5rF8Ha4NZgPHXeYpLTNR-sFPytoOsTRPd5g/viewform>).
- The Committee has written the Specialty Societies to hold their research paper before November of each year for automatic qualification to the Champion of Champions.
- The Committee plans to collaborate with the DOH for EBCPG development.
- The research output of the committees and institutions shall be published in the PJSS.

Committee on Surgical Training

- The Board approved the following:
 - o The CST Chairs of the different Sub-Specialty Societies and presidents of resident organizations will be members of the committee.
 - o The Sub-Specialty Societies will be asked to submit their updates on the adjusted/modified residency training program guidelines during the Pandemic and how it has affected the assessment of cases during this time.
 - o Letters will be sent to the PCS Chapters requesting them to conduct an Interesting Case presentation/contest in their area and submit their top 3 finalists for inclusion in the national presentation contest. The deadline for submission of their finalists is on or before September 30, 2021.
 - o The Sub-Specialty Societies will be encouraged to adopt/pattern their resident's portfolio with that of the PSGS. The Societies have the option to modify this according to their preference.
- The Board of Regents requested the Committee to spearhead the Ad Hoc Committee on the Conduct of Face-to-Face Seminars, Workshops and Conferences.

The task of the Ad Hoc Committee is to formulate guidelines in line with the existing IATF policies on face-to-face activities.

- The Committee was also asked to prepare an article on “Postgraduate Surgical Training: The Philippines Model” for publication in the Indian Journal of Surgery. This is a request from Prof. Dhananjaya Sharma, Head, Department of Surgery, Government NSCB Medical College & Allied Hospitals, Jabalpur, India.

Committee on Nominations

- The Board approved the following as members of the Search Subcommittee, 2021

Chapters:

North Eastern Luzon

Chapter Florentino S. Ocampo, III, MD

Cordillera Chapter Gerardo P. Abratique, MD

Cebu-Eastern Visayas

Chapter Ron A. Del Mar, MD

Northern Mindanao

Chapter Vilma Jane S. Yacapin, MD

Bicol Chapter Stephen Bonilla, MD

Subspecialty Societies:

PSTS Sergio DC Simangan, MD

PATACSI Isidoro Mendoza, MD

PSO-HNS John Rodolfo D. Suan, Jr., MD

PUA Ernesto Gerial, Jr., MD

PAO Representative of

Dr. Margarit Lat-Luna

- The Committee appointed Dr. Ron A. Del Mar as Chair.
- A timetable was presented:
 - August 2 (Monday) – deadline for direct nomination to be submitted to the Committee on Nominations
 - August 9 (Monday) – deadline for submission of Nominees from the Search Subcommittee (Chapters and subspecialty societies)
 - August 16 (Monday) – Committee on Nominations finalizes the list of candidates for the BOR 2022 (minimum of 20 candidates)
 - August 27(Friday) – Committee on Nominations submits final list of candidates to the COMELEC

Committee on Membership

- The Committee shall be conducting surveys among the fellows with the following objective:
 - To know the concerns/issues of the Fellows with the College and help the leadership in its policies and direction.
- The Committee shall review the requirements for Fellowship and shall revise the list to streamline the process.

Administrative Concerns

- The following were hired:
 - Ms. Jennifer Fernandez - secretary under the PCSF Plantilla
 - Ms. Paola Balingit – secretary under the PCS Plantilla
 - Ms. Evelyn Umali, CPA – Accountant under the PCS Plantilla

- The Board approved that the PCS Secretariat Staff will report three (3) times a week.

Sub-Committee on Information, Communication and Technology

- The Board approved that some of the sessions during the Midyear Convention will be available for viewing in the PCS App being developed in preparation for the Annual Convention.
- The PCS has hired Cuatro Cantos as the developer of the PCS App and the contract is for finalization.
- The Committee is waiting for the payment gateway to be complete the payment and Fellows profile page.
- Testing schedule of the PCS App is as follows:
 - Pilot testing (BOR and CSE) - March
 - Trial testing - May (during the Midyear)
 - Mass testing - May (last week)
 - Launching - December (during the Annual)
- Launch of the PCS App is on December 5, 2021, at 1:30 pm, with Dr. Catherine SC. Teh as speaker.
- Mr. Alvin Jalimao was hired full-time as an IT personnel of the College and started last January 20, 2021.

Committee on Patient Safety & Quality Assurance

- The Board approved the following projects for the year:
 - Philippine College of Surgeons and PhilHealth Measuring Surgical Quality using eClaims Data
 - Risk stratification for Elective Surgery during the COVID-19
 - How to start a Quality Surgical Improvement Program
- An orientation on how to accomplish the forms of the Modified WHO Surgical Safety Checklist for Surgical Patients during COVID-19 will be held on February 27, 2021 at 10 am, to be attended by representatives (Chief/Senior Surgical Residents, Operating Room Nurses/Managers) from 24 institutions/hospitals from private, government and university hospitals.

Other Matters

- Schedule of PCSF BOT Meeting
 - The Regents agreed to meet them Saturday after the BOR meeting to present and discuss matters for approval.

**3rd Board of Regents Meeting
March 13, 2021 (Saturday);
8:00 am to 7:37 pm (via Zoom Platform)**

President’s Report

- PMA Memorandum Circular 2021-03-05-048, which contained the following:
 1. Are you in favor of amending the provision Article XII, Section 1 which reads:
ARTICLE XII. AMENDMENTS, EFFECTIVITY, AND REPEALING CLAUSE
Section 1. This By-Laws may be altered, amended, or repealed upon approval by a two-thirds [2/3] vote of the Board, and ratified by a

two-thirds [2/3] vote of the General Assembly on the basis of a Weighted Proxy Vote, as required by the Corporation Code of the Philippines. Amendments proposed and approved by the Board shall be sent to all component societies and specialty divisions at least thirty [30] days before the start of the annual convention of the Association. SHALL BE REPLACED OR REPEALED BY THIS PROVISION “Article XII, Section 1. “The amendment of these bylaws is delegated to the Board of Governors by its majority vote and ratified by a majority vote of the members of the General Assembly.” (Explanatory Note: This amendment is pursuant to Section 47 of the New Corporation Code of the Philippines which took effect February 20, 2019.)

YES NO

2. Are you in favor of allowing more than eight (8) Specialty Divisions of the PMA subject to the guidelines of the Administrative Code of the PMA?

YES NO

The PMA Adhoc Committee on Referendum encourages all the active voting members of the PMA to exercise their right to vote at the PMA National Elections on March 14, 2021 and for the PMA Referendum on March 14 - 20, 2021.

- o Discussions centered on the implications of having the PMA General Assembly replacing the membership of the PMA to decide on matters such as changing the By-Laws, creating policies
- o On the basis of the foregoing, the College suggests that
 - The referendum be deferred to a more opportune time; and
 - Consultations and information dissemination be conducted.
- o The Board presented and discussed with the Presidents of the Specialty Divisions in an emergency meeting held March 8, 2021 said letter and details on the manner by which the PMA Referendum will be conducted on March 15, 2021.
- o (The PSA President was unable to attend; Dr. Rey Melchor F. Santos, Chair of the PMA Commission on Professional Specialization was invited but was unable to attend as well.)
- 1Q Meeting with the Chapter Presidents is scheduled on March 17, 2021; 7pm (via Zoom platform).
- Ad-Hoc Committee on UHC
 - o To hire the services of a socio-economic group who can do the research study for the PCS
 - o A session will be scheduled during the Midyear Convention regarding UHC.
 - o Proposed studies for the committee:
 - Case Rates – hospital expenses
 - Professional Fees – Rates RUV
 - “No Balance Billing” – define who are “indigents who are covered by the UHC Law
 - Professional Fees through hospital payments
 - “Co-payment” for Items 5.1. – 5.3.

- Health Technology Assessment Council (HTAC)
 - Dr. CC Vesagas is the College’s representative in the HTAC.

Treasurer’s Report

- The Board further approved to withdraw the investment from Prulife which matured last November 2, 2020. This will be deposited in the BPI account.

Board of Governors

- Dr. NE Elazegui informed the Board that the next meeting of the BOG is scheduled on March 19, 2021 via Zoom platform.

Finance Committee

- The Board requested the Committee to study the payment arrangement with Union Bank for fellows’ dues and fees.
- The Board has requested the Committee to look for other fund managers.
- The Committee is requested to study the following:
 - o Investment properties for sale
 - o Partnership with a real estate developer who is constructing a building or condominium

Building Committee

- The Board approved the Committee’s recommendation to extend a 50% discount on the monthly rental of Infinitegrafix from April to October 2021 due to the decrease of advertisers.
- The Board approved the upgrade of the GT Singian Boardroom by Metatech Solutions and Systems Corp. The budget approved was at PhP 70,000.
- A top-of-the-line Apple computer has been purchased for the use of the Executive Secretary.

HMO/RVS Committee

- The Committee is waiting for PAHMOC’s feedback on the proposed MOA
- Target date for implementation is July 2021.

Trauma Committee

- The Board approved the committee’s participation in the 77th Annual Clinical Congress: December 5-8, 2021 at the Edsa Shangri-la Hotel, Mandaluyong City. Theme: “ENVELOPED IDEAS” INTRICACIES IN DECISION MAKING”.
- Topic title: “Multidisciplinary Approach to Complex Pelvic Injuries: Who Goes in First?”
- Speaker: Professor Mina Cheng, FCSHK, FRCSEd, FACS
- Subcommittee on ATLS
 - o The sub-committee will interview applicants for the position of Nurse Coordinator.
 - o The Board further suggested that the hired ATLS nurse coordinator provide secretarial services to some of the College’s Committees as well.
 - o The Board approved that Dr. Ray Resurreccion, will write a formal letter to AFPHSC-VLMC for the postponement of the face-to-face courses.
- Ad-Hoc Committee on PCS HEALTH PROTOCOLS AND GUIDELINES ON THE CONDUCT OF

FACE-TO-FACE MEETINGS, SEMINARS, WORKSHOPS AND CONFERENCES

- o The Board approved the guidelines as formulated by the Committee.
- o The Board approved Dr. Halima “Lhems” Romancap to represent the Committee.
- o The Committee will conduct a Learning activity once every quarter for Fellows and Residents in training.

Trauma Commission

- The Commission reported meetings as follows:
 - o February 19, 2021 – Volunteer Medical Corps
 - o February 24, 2021 – Meeting with the Dutch Cycling Embassy
 - o March 03, 2021 – 15th Organizational Board Meeting
 - o March 10, 2021 – Face-to-face Meeting in PMA re Volunteer Medical Corps

Cancer Committee

- The Board approved the honoraria for the faculty during the Philippine National Center Summit 2021
- The Committee will be presenting 5 years’ data on cancer surgeries being performed during the Midyear Convention.

Cancer Commission

- The Commission will embark on a study regarding the state of surgical oncology training in the country.
- Virtual MDTB scheduled are the following
 - o PSCRS – Colorectal Cancer vMDTB on March 31, 2021 (sponsored by Roche Philippines, MSD Philippines and Hi-Precision Diagnostics)
 - o PAHNSI – Oral, Head and Neck Cancer vMDTB on April 15, 2021
 - o PSPS – Childhood Cancer vMDTB [date yet to be finalized]
- The Commission reported the following meetings:
 - o February 17, 2021: Meeting with TNP
 - o February 20, 2021: Meeting with Roche
 - o March 02, 2021: Meeting with MSD, PSCRS, and PSGS
 - o March 05, 2021: Meeting with MSD and Hi-Precision Diagnostics
 - o March 08, 2021: Meeting with PSPS and PAHNSI
 - o March 09, 2021: PCS CanCom Execom Meeting

SURE Commission

- The Commission reported the following meetings:
 - o March 07, 2021: Execom Meeting
 - o March 10, 2021: SUREComm Executive Committee and Dr. Prisno, SURE Committee Research Pillar Chair
- The Commission will furnish the CST a copy of the guidelines on the conduct of face-to-face medical missions.

Committee on Surgical Infections

- The 1st PSIS, PCS and SIS-AP Convention is scheduled on July 10, 2021, Saturday, from 1 to 5 pm via the Zoom Platform using TNP. The theme is “Surgical Infections in Focus”.
 - o The Committee will invite lecturers from Surgical Infection Society-Asia Pacific (SIS-AP).

- The committee will publish press releases and will have radio and TV talks starting June to drum up interest in the convention.
- The PSIS is applying as an affiliate society of the PCS.

Committee on Conventions

- Ms. Cora Ribao shall assist the committee members in matters regarding the midyear and annual conventions.
- Update from CEVC Chapter, host of the 47th Midyear Convention:
 - o Guest speaker is former Chief Justice Hilario G. Davide, Jr
 - o The chapter will be hosting the Fellowship Night program from the Raddison Blue Hotel.
- For the 77th Annual Clinical Congress, the Board approved hiring the services of an events organizer to assist the committee in handling preparations and on-site proceedings of the ACC.
- Deadline for submission of bids for hosting of the 48th Midyear Convention is March 31, 2021.

Committee on CSE

- The committee members have assigned specific point persons for the following:
 - o CPD Application – Dr. Cheryl L Cucueco
 - o Program – Dr. Ferdinand Y. Syfu
 - o Recording schedules and review of videos – Dr. Alfred Philip O de Dios
 - o Ads and announcements – Dr. Alfred Q Lasala II
 - o Post-tests – Dr. Joy Grace G. Jerusalem
 - o CVs of speakers, moderators and chairs – committee members
- The committee will inform specialty societies and chapters that they can coordinate their webinars with PCS. Scheduled so far are the following:
 - o AWSP: March 18, 3 pm – Adult Vaccination
 - o PAHNSI:
 - April 12, 6 pm - Epidemiology and Diagnosis of Oral, Head and Neck Cancer
 - April 14, 6 pm - Management of Oral, Head and Neck Cancer and Training in Head and Neck Surgery
 - April 17, 3 pm – Training in Head and Neck Surgery
- 47th Midyear Convention (Online); May 6-7, 2021
 - o Recording schedules are from March 22 until April 7
- 77th Annual Clinical Congress; December 5-8, 2021
 - o Dr. Narain Chotirosniramit, a Trauma surgeon from Chiang Mai University, Thailand confirmed his participation in the congress.
 - o The Philippine Academy of Ophthalmology will present a symposium on “Orbital Trauma”.
 - o Possibility of hybrid sessions for lecturers who have travel restrictions.
- 48th Midyear Convention; May 2022:
 - o The BOR approved the theme: TAILORED APPROACHES TO SURGERY
 - o Objective: Explores the concept of customizing surgical management to the individual characteristics of each patient; avoiding under and over treatment; precision surgery

- Primary Care Surgery
 - The manual is for revision and is scheduled to be published this year.
 - Primary care lectures:
 - Didactic lectures will be delivered online.
 - Skills training can be handled by the PCS Chapter covering the same area where the PAFP Chapter is.

Committee on Surgical Training

- The Board approved the following as presented: PCS HEALTH PROTOCOLS AND GUIDELINES ON THE CONDUCT OF FACE-TO-FACE MEETINGS, SEMINARS, WORKSHOPS AND CONFERENCES.
- The Committee asked Sub-Specialty Societies to submit their report on the adjusted/modified residency training program guidelines during the Pandemic on how it affects the assessment of cases during this time.

Committee on Ethics and Judicial Matters

- The PAPRAS has scheduled a webinar on Legal and Ethical Issues in the Practice of Plastic Surgery.

Committee on Membership

- The Board approved the survey for fellows on covid-related issues.
- The Board approved the revisions made by the committee on the list of requirements for Fellowship.
- The Board noted the list of applicants in the resident member category.
- The Board approved that the amendment on Associate Member category be further studied as an amendment to our By-laws. The committee is asked to coordinate with the Committee on By-laws and Amendments to work on the details of this proposed membership category.

Committee on Awards

- The Board reviewed and made minor revisions on the Criteria and Mechanics for each of the award category.
- The Board approved increase in the following cash awards for awardees for 2022:
 - From Php50,000 to Php75,000 for the PCS Lifetime Achievement Award
 - From Php30,000 to Php50,000 for the Community Service Award and from Php20,000 to Php30,000 for the Awardee's chosen community/ charity
 - From Php30,000 to Php50,000 each for the PCS Legend of the Knife
 - From Php25,000 (set by the BOR) to Php35,000 for the Specialty Society Award
- The cash prizes for the following were retained:
 - Php 50,000 for the Most Outstanding Chapter Award
 - Php25,000 for the PCS Most Outstanding Resident Award
 - Php25,000 for the Affiliate Society Award (set by the BOR)
- The Board approved to confer the individual awards during the 85th Foundation Day Dinner on September 12, 2021 while the rest of the awards will be given during the Induction Ceremonies on December 7, 2021.

Committee on Administrative Concerns

- With the increase in COVID cases, the PCS President recommended decreasing the number of employees reporting in a day (currently 4-6 employees a day) to 2-3 employees only.
- The committee will conduct interviews for the position of secretary.
- Ms. Evelyn Umali, CPA is hired as the full-time accountant of the college.
- PCS Staff Communication Skills Development Webinar Series
 - Part I – Conquering Confusables was held March 8, 2021; 3pm-5pm.

Committee on External Affairs & Public Relations

- The Committee will embark on a media campaign “Balik Opera” or “Balik Tiwala sa Opera”. Sponsors are being sought.
- The Committee will explore the possibility of partnership with Globe and Smart regarding their programs on health-related social responsibility.
- The Board requested the Committee to prepare a material (video) with the participation of our PCS Chapters similar to the Torch Relay in 2020 for the 85th Foundation Day of the PCS on September 12, 2021.

Committee on Publications

- The committee presented the designs for the poster and slide template for the midyear convention, as well as for the annual clinical congress.
- Subcommittee on Information & Communication Technology
 - The Board requested the Committee to finalize the contract with Quatro Cantos with the inclusion of the legal opinion of our lawyer particularly the aspect on Intellectual Property.
 - The Board approved the subscription to Google Business Standard for 4 users
 - Ms. Annette D. Tolentino (PCS Executive Secretary)
 - Ms. Emma U. Infante (Secretary-in-charge, Committee on CSE)
 - Ms. Eden Paule (Secretary-in-charge, Committee on Membership)
 - Ms. Michelle Cusi (Secretary, PCSF)

Committee on Patient Safety and Quality Assurance

- The Board has approved sending the letter to direct the Committee to the person-in-charge of the PhilHealth claims data which will be used to measure surgical outcomes and quality of care.
- The committee will conduct a workshop on “How to start a Quality Surgical Improvement Program”.

Other Matters

- The PCS will take a full-page ad for the PMA Annual Convention Souvenir Program
- The board approved that the PCS to be one of the signatories of the Position Statement prepared by the PCP regarding electronic cigarettes.
- Next meeting is scheduled on April 17, 2021 at 8 am, via Zoom Platform.

76th PCS Annual Clinical Congress Goes Online Amidst COVID 19 Pandemic

• Joy Grace G. Jerusalem, MD, FPCS, FPSGS •

Following the virtual format pioneered by the Philippine College of Surgeons during its 46th Midyear Convention, the 76th Annual Clinical Congress brought the challenging year to a close by going online last December 6-9, 2020. The objective of the annual convention, themed “ACC 2020: Surgery Through the Looking Glass”, was to evaluate current surgical concepts and how they are evolving towards future standards of care. The online platform for the four-day event was provided by Docquity. Two pre-convention activities, the Champion of Champions: 12th PCS Surgical Research Contest and Poster Presentation and the Philippine Board of Surgery Induction Ceremony, were also conducted using the same online platform. The 2020 ACC featured an impressive 24 foreign speakers and 136 local faculty in 59 sessions, which included the PCS President’s State of the Art Lecture, 55 simultaneous sessions, including the National Tumor Board Summit, and 3 sponsored symposia, and a virtual exhibition booth area for partner medical and surgical supply companies and surgical specialty societies. A total of 2837 participants attended the virtual congress with a substantial number of live viewers and attendees who availed of the video on demand capability enabled by the Docquity site as the whole ACC could be accessed up to 6 months after the event.

The clinical congress was formally declared open by Dr. Jose Antonio M. Salud, 2020 PCS President, during the Opening Ceremony hosted by Dr. Esperanza R. Lahoz, Board Secretary. The College paid a special tribute to the colleagues we lost in the fight versus the COVID-19 virus, honoring their invaluable contributions in training and in the furthering of surgical practice in the Philippines. Dr. Antonio S. Say, 2020 PCS Vice President and Over-all Chair of the 2020 Annual Clinical Congress officially welcomed the dignitaries, officials and guests to the 2020 ACC. Dr. Ma. Concepcion C. Vesagas, the Chair of the Committee on Membership, presented the year’s Candidates for Fellowship during the induction ceremony that followed. The year’s GT Singian Memorial lecturer was no other than Dr. Leopoldo J. Vega, Undersecretary of the Department



of Health and Medical Center Chief of the Southern Philippines Medical Center. He is a Fellow of the Philippine College of Surgeons and the Philippine Association of Thoracic and Cardiovascular Surgeons. In his address, Dr. Vega discussed how the COVID-19 pandemic exposed our healthcare system’s weaknesses in terms of pandemic response and the important role played by “surgeon-leaders” towards the mitigation of the deleterious effects of the pandemic. He touched on his appointment to head the “One Hospital Command Center” in the National Capital Region, by the National Task Force on COVID-19, to provide coordinated care and response for health facilities and to strategize the expansion of Hospitals. He ended

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the memorial lecture with a challenge to surgeons to take on more leadership roles in the community and to continually strive to create, evolve, and exploit new ideas for surgical growth, especially in situations where expediency and adaptation is called for. A Holy Mass was offered during the opening of the convention, with Fr. Jerry M. Orbos, SVD officiating a homily, "A Celebration of Life: by a Surgical Patient".

The 2020 State-of-the-Art Lecture was delivered by 2020 PCS President, Dr. Jose Antonio M. Salud, on the second day of the ACC. Aptly entitled, "Pandemic of Fear 2020", Dr. Salud recounts how the COVID-19 pandemic wrought havoc on the health care delivery in the country, particularly that of surgical care, due to facility, supply and manpower limitations. He further describes how the lack of information surrounding the optimal management of the novel coronavirus instilled fear in both patients and physicians, not just locally but globally. He ends the lecture by encouraging surgeons to learn from the challenges we faced to improve on policies, guidelines, administrative and engineering protocols to better

respond to the continuing onslaught of COVID-19 and other pandemics that we might face in the future. Quoting Zig Ziglar on the two meanings of fear, the choice is ours, whether we Forget Everything And Run or Face Everything And Rise. The year's State-of-the-Art lecture was an elegant exposition to cap off the brilliant work by the 2020 Board of Regents who literally hit the ground running, creating guidelines and clinical pathways to aid the surgical subspecialties in adapting to the problems brought about by the pandemic in surgical training and practice.

The Annual Election of the 2021 Board of Regents was held from December 6, 9:00 am to December 8, 12:00 nn via online platform. Other activities were held on a separate platform provided by the Telemedicine Network of the Philippines, namely, the PCS and PCSF Annual Business Meeting, the Fellowship Night: Original Pilipino Pandemic Music, and the Induction night for the 2021 Board of Regents.

(The PCS 76th Annual Clinical Congress: Surgery Through the Looking Glass is available on Docquity until June 9, 2021)

International Collaboration: The Key To An Efficient Trauma System

• **Rolando Gerardo F. Dela Cruz, MD, FPCS** •

Hospital Care Cluster Director
PCS Trauma, Injury, and Burn Care Commission

The Philippine College of Surgeons Trauma, Injury and Burn Care Commission (PCS-TIBCC) is envisioned to be a transdisciplinary collaboration of stakeholders that lead in all aspects of care for the injured. As such, it was established as a quasi-independent body within the PCS to propose policies, guidelines and standards on trauma and injury prevention, trauma systems, hospital care, rehabilitation and management of mass casualty incidents, engaging all stakeholders in all efforts that will help save lives and benefit the Filipino people. As part of its mandate to improve the outcomes of the injured, PCS-TIBCC participated as an organization in the federation of national trauma organizations and institutions involved with trauma care in Asia, widely known as the Asian Collaboration for Trauma (ACT).

The ACT was founded on May 11, 2012 during the Midyear Convention of the PCS in Bacolod City, with Dr Teodoro J. Herbosa as the founding Chairman. Its mission is to enhance trauma

management in Asia through multidisciplinary and inter-professional collaboration in 1) Education, 2) Training and 3) Research. With this participation in the ACT, the PCS-TIBCC, as well as other organizations and institutions, hopes to facilitate development and coordinate activities regarding trauma systems, learn the best practices in trauma management, and develop structures that would enable each country to respond to the tasks that are best addressed by means of international collaboration. This form of relationship would attempt to explain the differences in handling trauma victims across countries and come up with standard data sets that would serve as reference for the development of trauma management systems and prognostication of casualties. The goal of this partnership is to provide a forum among injury care providers to compare statistics in order to assess the causes and consequences of injuries, the differences in injury occurrence over time and place, and the most effective means of prevention and control.

12th Champion of Champions: PCS Surgical Research Contest and Poster Presentation Goes Virtual

• Joy Grace G. Jerusalem, MD, FPCS, FPSGS •

The 12th Champion of Champions: PCS Surgical Research Contest and Poster Presentation was held as a pre-convention activity last December 5, 2020 using the Docquity platform. A total of 10 research papers qualified for the paper presentation from different specialty societies and institutions. A separate virtual poster presentation featured 19 papers. Dr. Rodney B. Dofitas, Regent-in-Charge of the Committee on Surgical Research welcomed online participants to the annual competition. The top honors went to the following: 1st place: The Diagnostic Accuracy of Pre-operative Neutrophil-Lymphocyte Ratio (NLR) in Adult and Pediatric Patients in Predicting Complicated Appendicitis, by Jan Edward P. Albany, MD, from East Avenue Medical Center; 2nd place: Multiple Treatment Comparisons of Conventional Hemorrhoidectomy, Stapled/Vessel-Sealing Hemorrhoidectomy and Trans-Anal Hemorrhoidal Dearterialization: A Meta-Analysis, by Franco Antonio C. Catangui, MD, from St. Luke's Medical Center; and 3rd place: Randomized Double Blind Study on Laparoscopic- Assisted Transversus Abdominis Plane (TAP) Block as Adjunct for Post-operative



Pain Management Among Patients Who Underwent Laparoscopic Cholecystectomy in a Government Tertiary Hospital, by Pablo L. David, MD, from Jose B. Lingad Memorial General Hospital. The winners were presented by the Chair of the Board of Judges, Jose Benito A. Abraham, MD, DPBU, FPUA, FPSTS, FPCS, a medical specialist in Urology and Transplantation at the National Kidney and Transplant Institute. He is also the Research Coordinator for the Department of Urology in the same institution. Joining Dr. Abraham in the Board of Judges were Maria Stephanie Fay Samadan-Cagayan, MD, PhD, FPOGS, FPSECP, FPSSTD, Founding member and Fellow of the Philippine Society for the Study of Trophoblastic Diseases and Research Coordinator, Trophoblastic Disease Section, Department of Obstetrics and Gynecology, UP-PGH; and Venus Oliva Coloma-Rosales, Founder and Managing Director of 101 Health Research, a firm specializing in health research and clinical biostatistics and a regular mentor for the National Medical Writing Workshops of the Philippine Association of Medical Journal Editors. Dr. Raymond Joseph R. Mango served as the moderator for the event.



Virtual Multidisciplinary Tumor Boards

• **Mr. Miko L. Balisi, RND** •
 Executive Officer
 PCS Cancer Commission

Multidisciplinary Tumor board is a must for any cancer program in the hospitals. DOH Administrative Order 89 AS-190 mandates that hospital tumor boards must be functional in all accredited surgery training programs throughout the country, as part of the Philippine National Comprehensive Cancer Control Program. However, there is still paucity in the instructional and standardized process of developing and sustaining functional hospital multidisciplinary tumor boards. And that challenge is aggravated with the current pandemic.

While we struggle amidst these challenging times, the commitment of the PCS CanCom to provide technical support in the promotion of quality cancer care never ends. The Virtual Multidisciplinary Tumor board was launched to ensure that quality cancer care through the multidisciplinary approach is available on-line for all stakeholders. As of April 2021, there have already been a total of 6 vMDTBs held. These vMDTBs were conducted and led by different specialty societies and organized by the PCS CanCom. All were well attended, making these exercises truly multidisciplinary in character.

| Month | Cancer |
|----------|----------------------|
| January | Liver |
| February | Biliary |
| March | Colorectal |
| April | Childhood Cancers |
| | Oral, Head, and Neck |
| May | Cervical |
| June | Kidney |

| | |
|-----------|----------------------------|
| July | Sarcoma and Bone |
| August | Lung |
| September | Thyroid |
| | Prostate, Ovarian, Uterine |
| October | Liver |
| | Breast |
| November | Pancreas, Stomach |
| December | Tumor Board Summit |

The National Surgical and Anesthesia Human Health Resource Study

• Joy Grace G. Jerusalem, MD, FPCS, FPSGS •

The successful provision of healthcare services in the Philippines is dependent on two factors: physical and human resources. Physical resources pertain to the capital stock and investments, infrastructure, medical equipment and healthcare information technology; while human resources include the healthcare workers, the workforce density, professional mobility and training. Healthcare workers may be considered as the primary movers of the healthcare system, but their numbers are influenced by the social, economic and political shifts, both locally and globally. The past few decades have witnessed major shifts in healthcare workforce density due to the “brain drain” brought about by low salaries, underemployment, and lack of professional mobility and personal security. Our surgical workforce, while supported by an increasing number of accredited training programs, suffer greatly from geographic misdistribution, with many surgeons opting to practice in the more highly urbanized centers of the country. The geographic misdistribution to the urban centers is often due to higher financial remuneration and professional mobility and to the lack of adequate facilities, healthcare structure and security in the more rural areas.

The Philippine College of Surgeons (PCS), as the premier organization of surgical specialties, has tasked itself to be the catalyst to improve access to surgical services in partnership with both local and national government units. With the establishment of the Commissions on Cancer, Trauma and Surgical Outreach, the PCS aims to secure a firm foothold on these surgical issues of national importance. To ensure that the College is in the best position to collaborate, direct, and respond in national government programs, an analysis and review of the current surgical workforce is essential.

In 2003, the Philippine College of Surgeons undertook the task of formulating a national manpower program to enable optimization of surgical care in the country. The program was envisioned to realistically project the surgical manpower needs of the country for the next 15 to 30 years by determining the following: the number and geographical distribution of all physicians practicing surgery, whether certified specialists, formally trained or in training; relevant demographic characteristics of surgical practitioners; to compare the distribution of all practicing surgeons by surgical specialty in relation to population per region/province and the gross domestic product (GDP); and to determine the projected manpower needs based on projected population and GDP. The PCS National Surgical Manpower Study, published in 2005, concluded that each region’s GDP was the main driver in the

ARE YOU A
SURGICAL TRAINEE?
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Please participate in the

**NATIONAL SURGICAL
AND ANESTHESIA
MANPOWER STUDY**

A collaboration of the
Philippine College of Surgeons - Committee on Surgical Research
and the Philippine College of Surgeons- SURE Commission

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World Surgical Foundation / World Surgical Foundation Philippines
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distribution of surgical practitioners. Areas with higher GDPs would have a significantly better ratio of surgeons to population than provinces with lower GDPs.

In 2012, the PCS launched the Computerized Manpower study involving all surgical specialties (except OBGYN) that could be updated digitally using an online platform. In 2014, the Committee on Surgical Training was tasked to update the surgical manpower database for potential use in placement of graduates, to influence choice of practice and to use in disaster planning and implementation throughout the country.

Presently, the task to update the national surgical manpower study was given to the Committee on Surgical Research to provide the College with a complete picture of how and where the different surgical specialists were practicing. The data would include both Fellows and non-fellows of the College and residents in training. Data gathered would allow the PCS to identify the unserved and underserved areas of the country where it could implement community surgical outreach and development programs through its Commissions. The current study would also look into the most common surgical procedures covered by the Philippine Health Insurance Company as well as the data from the different accredited training programs to assess the adequacy of surgical access. It is also the hope of this research to be able to identify the gaps in the surgical healthcare delivery and whether geographic distribution remains imbalanced in the Philippines. With the country still firmly in the grip of the

COVID-19 pandemic, affecting both human and material resources and consequently the volume of surgical operations, the Committee designed the research study to include data collected from the pre-COVID-19 and COVID-19 periods.

The Philippine College of Surgeons- Committee on Surgical Research launched the National Surgical and Anesthesia Human Health Resource Study last March 2020. This research project aims to assess the adequacy and accessibility of surgical and anesthesia services in the Philippines by surveying the surgical workforce density and the volume of operations performed throughout the country. Data will be collected from different sources- surveys, existing specialist societies' and national databases like Philhealth and the DOH. The research has been submitted to and approved by the Single Joint Research Ethics Board of the Department of Health last October 12, 2020. Funding for the study has been provided by the Philippine College of Surgeons Foundation through a grant from the World Surgical Foundation. The Committee on Surgical Research enlisted the help from the research coordinators of the different PCS Chapters and specialty societies including Anesthesia. Moreover, the SURE Commission and the World Surgical Foundation Philippines are collaborating with the Committee to ensure that the goals of the Human Health resource study would come into fruition.

Ours Is Not To Reason Why, Ours Is To Do And Die

• Servando Sergio DC. Simangan Jr., MD, FPCS, PSTS, FPSVES •

Although it felt at times as if we surgeons were living the loosely quoted lines of Lord Alfred Tennyson (with apologies for paraphrasing), there was no question that the fear was real. We did not have the luxurious naivete of the deniers, naysayers and conspiracy theorists as the devastation stared us in the face every day. Yet we soldiered on, not blindly but with every precaution and protection available and conceivable. Because life saving accesses, life endangering aneurysms respects no time, no disease nor thought as to whom it endangers. And many fell, no surgeon, no health care worker was spared the pain, for each one who succumbed was a colleague; each one an unnecessary lost, each single loss we wept for was one too many. We coped. Not only for surgeries but also for the other aspects of being a surgeon. Conventions were held virtually. Speakers and attendees literally a world apart, had no need, though it would not be possible to anyway, to travel

even if now we wanted to. Lectures are preferably pre recorded and with deft timing lecturers are made available to interact live. Meetings are virtual and, if face to face, distanced and masked. So after a jarring halt and the lockdown fatigue it eventually engendered. When cases undone inevitably built up, when electives progressed to urgent, ways had to be found to resume surgeries. And so we are now at this point, regardless of the surging cases and mortalities of the pandemic, with vaccines the only light at the end of the tunnel, we charge up the mountain of cases. But thankfully we are not charging blindly but with the full knowledge we acquired in the last year dealing with the disease. We are not charging without reason but have threshed out the rationale of our actions. And definitely when we perform our profession we dont expect to fall but to forge on one case at a time, saving one life at a time while protecting our own.

COVID HERD IMMUNITY: Feasible or Unreachable?

• Marcus Jose B. Brillantes, M.D., FPCS, FPSGS •

Last October 2020, a libertarian think tank consisting of a small group of infectious disease epidemiologists and public health scientists converged in Massachusetts to release a document called “The Great Barrington Declaration”. The document called for a return to normal life for people at lower risk of severe COVID-19 and to allow SARS-CoV-2 to spread at sufficient levels among the populace in order to achieve Herd Immunity. The persons considered at high risk, such as the elderly or the immunocompromised, the Declaration continued, could be shielded by a “Focused Protection” scheme, though its measures were largely unspecified. The authors of the Declaration curiously even managed to receive an audience in the White House. This development sparked a counter memorandum from another group of physicians and scientists in the Lancet which called the herd immunity proposal of the Declaration a “dangerous fallacy unsupported by scientific evidence”. Early this year, one of its major authors eventually dropped out.

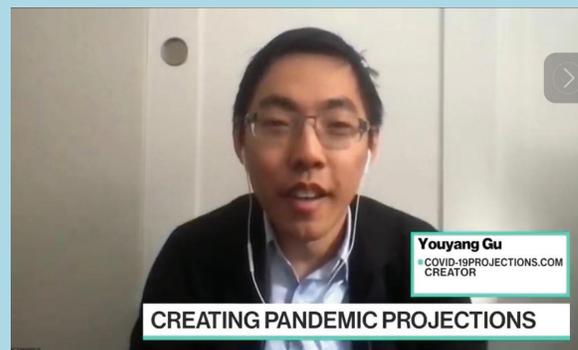
Throughout these developments last year however, the once-accepted notion of when enough people will eventually gain immunity to COVID - a “herd immunity threshold” that will block majority of transmissions – has started to appear implausible.

That threshold is generally achievable only with high vaccination rates, and many scientists had thought that once the general population commenced in being immunized en masse, herd immunity would allow society to gradually return to normal. Most estimates had placed the threshold at 60-70% of the population in gaining herd immunity, either through vaccinations or past exposure to the virus.

At the outbreak of the pandemic last year, scientists and healthcare officials attempted to gauge how the novel corona virus would behave by the summer season. They relied heavily on two reputable forecasting model systems: one built by Imperial College London (ICL) and the other by the Institute for Health Metrics and Evaluation (IHME) located

in Seattle. Both models yielded widely divergent predictions of death which were neither close to the actual numbers.

The huge discrepancy of the forecasting figures by the two reputable model systems caught the attention of 26-year old data scientist Youyang Gu. This spurred the young scientist to spend an entire week in April last year to independently formulate his own COVID death projection model. The Youyang Gu COVID-19 model (at times abbreviated as YYG) is a unique computer software disease model which applies machine learning to derive the basic reproduction number (R0) from data published by John Hopkins University Center for Systems Science and Engineering (CSSE) and minimizes the error between its projections and CSSE data on the number of COVID deaths in the United States. Before long, the YYG model started producing more accurate results than those prediction models of financed prominent institutions with hundreds of millions of dollars in funding and decades of experience. Though not perfect, the YYG model performed exceptionally well from the onset. In late April 2020, Gu predicted the U.S. would have 80,000 deaths by May 9th. The



actual death toll was 79,926. A similar forecast made last late-April 2020 by IHME wrongly predicted that the U.S. would not surpass the 80,000 death mark through out the year. Gu made a forecast of 90,000 COVID deaths on May 18 and 100,000 deaths on May 27, and once again, he got the numbers right.

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Mr. Gu later changed his popular forecasting model title from “Path to Herd Immunity” to “Path to Normality”. He said that achieving a herd immunity threshold in COVID-19 was a dim prospect because of various factors such as vaccine hesitancy, the emergence of new variants and the delay in arrival of vaccinations for the pediatric age group.

Gu, though being a data scientist with a masters degree in Electrical Engineering and Computer Science from the Massachusetts Institute of Technology and another degree in Mathematics, with no formal training in a pandemic-related area in Medicine or Epidemiology, has concepts that align with that of many of those in the field of Epidemiology. An epidemiologist who is a director of the University of Texas at the Austin COVID-19 Modeling Consortium recently stated that they are already moving away from the idea that once herd immunity reaches its threshold target numbers, the pandemic will dissipate.

This major shift reflects the complexities and challenges of the pandemic but it must not overshadow the fact that vaccinations are beneficial. As the numerous new variants arise and immunity from infections wanes, we however may be back in the situation of battling the viral threat and having to deal with surges.

The vaccine roll outs have begun on a global scale. The vaccines are extremely effective at preventing critical illness. But it is still uncertain whether it obviates infection or averts the spread of the killer virus to others. That poses a serious problem in the aim of reaching herd immunity. And though the vaccines’ effectiveness at 70% on the average will amount to a tremendous adjunct, there could still be a substantial amount of viral spread that will add greater difficulty to break transmission chains. The huge variations in the efficiency of the vaccine roll outs are also detrimental to these efforts. The FDA mandated a 2-week pause for the AstraZeneca vaccine because of blood clotting reports. Last April 10, Gao Fu, the Director of the China Centres for Disease Control, admitted in a conference at the south-western city of Chengdu that the Chinese vaccines “don’t have very high protection rates.” Reports in mid-April from the CDC revealed that 5,800 persons in the U.S. who were fully vaccinated still got the COVID infection resulting in serious illness for some and causing 74 deaths. Meanwhile, CDC and FDA also recommended the U.S. pause the use of Johnson

& Johnson’s Covid-19 vaccine last April 13 over a rare blood clotting disorder that emerged in six female recipients. Data is being reviewed.

No community is an island and the state of immunity that surrounds the island is equally vital. Localized resistance to other vaccinations has resulted in isolated pockets of disease resurgence. Geographical clustering will hamper the work in pursuit of immunity. This will evidently be a problem that though nearly 60 percent of Israel’s 9 million residents have received at least the first dose of a vaccine, its neighboring countries of Lebanon, Syria, Jordan and Egypt have yet to vaccinate even 1% of their respective populations.

Pfizer-BioNTech and Moderna have now enrolled adolescents in the clinical trials of their vaccines. Pfizer is seeking approval from regulators for use of its jab in young people aged 12 to 15 after it reported interim results showing that its jab is 100% effective and well-tolerated in this age group. Israel has already started inoculating teens at ages 16-18 last January. Sinovac Biotech vaccines are being tested in children as young as 3 years of age. But the results are still several months due, which in the current emergency situation, seem like eons away. A trial in Britain for the vaccination of children with AstraZeneca has been suspended due also to reports of blood clot formation. Many adults, wary of getting vaccinated themselves due to the barrage of disinformation by anti-vaxxer literature and negative tri-media campaigns, will more so not consent to have their children inoculated. If it’s not possible to vaccinate children, many more adults will be required for immunization to attain herd immunity.

One of the serious concerns is the supply and distribution of the vaccines globally. Based on the recent directive statements from its leadership, it is apparent that the U.S. intends to hoard its vaccine supplies. Much the same is true for the U.K., European Union, and Canada. Even by standards of giving allowances for prudence, the stockpiles are excessive. On recent developments, the shipment of 700,000 Pfizer doses that was expected to arrive in Israel on April 11th was halted until further notice due to failure of payment brought about by political infighting.

Even as vaccine roll out plans face delivery and distribution impediments and delays, new variants

of SARS-CoV-2 are turning up that are proving to be more transmissible and resistant to the vaccines. The longer it takes to stem the viral transmission, the more time is allotted for these variants to emerge.

Your brand of vaccine will probably serve as a passport for future overseas travel. Visitors to Europe are required to be inoculated with vaccines approved by the European Medicines Agency (EMA). These currently include drugs developed by Pfizer-BioNTech, Moderna, Oxford-AstraZeneca and Johnson & Johnson. Vaccines unapproved by the EMA are Russia's Sputnik V together with China's Sinovac and Sinopharm.

There have been some good news though in the battle against the invisible enemy. Last month, new data from Israel, suggested that the Pfizer vaccine is 94% effective in preventing asymptomatic infections while a separate study from the United Kingdom found that a single dose of the Pfizer vaccine can reduce asymptomatic infections by 75%. In the Johnson & Johnson's trials, the company's vaccine was found to be 74% effective against asymptomatic infections. Early data suggested that Moderna's vaccine may also protect against asymptomatic infections, but the company has said more research is needed.

Calculations for herd immunity take into consideration two sources of individual immunity: vaccines and natural infection. Persons who have been infected with COVID seem to develop a certain amount of immunity, but how long that immunity will last leaves the question hanging. Preliminary evidence seems to indicate that the infection-associated immunity wanes over time. The fact that the vaccines are not 100% effective will have to be taken into account. If the infection-based immunity lasts for only a limited period, it gives a steeper deadline for the distribution of the vaccines. The vaccine-based immunity length also needs to be studied and whether boosters will be necessary over time. The Pfizer CEO announced on April 16 that a third COVID vaccine dose will be necessary as soon as six months after someone receives two shots - and then will be vaccinated annually. For these reasons, it is surmised that COVID-19 could

eventually become like the seasonal flu, albeit deadlier.

The delivery and the inoculation program of the COVID vaccines are also affecting social behavior. It has been observed in Israel where, as of mid-April this year, 59% of the country's population has been vaccinated once and 54.8% have completed 2 doses, the young people are not as keen on getting the jab. Local authorities saw the need to entice the younger crowd with free pizza and beer in order to get them vaccinated. Scientists have also to take into consideration the Peltzman Effect which is a theory which states that people are more likely to engage in risky behavior when security measures have been mandated. As more people are vaccinated, there is a tendency to lax on protocols and increase interactions. That changes the herd immunity equation. Behavioral shifts and sociological components during these unprecedented times are showing to be the most challenging aspects of modelling COVID-19. Still, the non-pharmaceutical interventions continue to play a pivotal role in keeping the cases down. The strict observance of protocols aid tremendously in breaking the transmission path and reduce the spread of new variants while the vaccines are administered.

Long term prospects for the pandemic will likely include COVID-19 becoming an endemic disease - meaning that the virus will continue to circulate in sections of the global population for years to come. The US Intelligence community suggests the fallout from the pandemic is poised to fracture societies worldwide, increase instability across the globe and reshape political and economic realities, the long term effects of which will be felt in our lifetime. While the development of the vaccines at warp speed has been an astounding achievement coupled with its ramped up roll-out schedule, these are unlikely to halt the spread of COVID-19. The ability to vaccinate the vulnerable persons has indeed reduced hospitalizations and death around the world yet SARS-CoV-2 may not entirely disappear in the foreseeable future. Its prominence is expected to recede to manageable levels. Nonetheless, scientists are grimly accepting, at near term, the dawning of a new normal that will no longer include COVID herd immunity.

In Isolationship

• Tamarah P. Cristobal, MD, DPBS •

I remembered the last articles that I wrote for Incisions and it was all about hope, keeping the faith, and the last one was about being ok and checking on yourself if you are still doing fine despite the toll that this pandemic brought upon us. I was having a hard time thinking of a topic to write about because one can find so little inspiration during a time when it is hard to be kept inspired. I prayed to God to help me find it in my heart and mind to impart something meaningful and timely. And then God with all His infinite wisdom and humor, blessed me with the greatest topic any one could ever write about a few weeks before my deadline: my parents both being COVID-19 Survivors. It was not the kind of inspiration that I was hoping for and so He added another dash of stimulation and included me as another COVID 19 survivor a mere week and a half after they contracted the virus. God sure knows how to answer a prayer.

To say that my experience with this illness is hard is an understatement.

For a year I have tried my best to maintain a healthy state of physical and mental wellbeing and just when I had my first shot of the COVID-19 vaccine, the most ironic thing that could ever happen happened to my family. It started with one person having symptoms and being the OC person that I am, arranged for that person to be isolated at another one of our houses and requested for an RT PCR swab test. It unfortunately turned out to be positive. I then scheduled everyone in my family a swab test and isolated those who had symptoms and my mother was one of those who turned out to be positive as well. Being a senior citizen with a lot of comorbidities presenting with fever and difficulty of breathing, I knew I had to admit her at the hospital. I was fearing for the worse and I could see my father's worry. Being the doctor that I am maintained my cool and retained a calm demeanor because they will know it's time to panic when the doctor is already panicking. A week after her admission, my father started to have symptoms and again another swab was requested for the entire household and unfortunately enough, my

father tested positive. I was numb for an hour with a blank stare across my face because it was so surreal that I honestly thought my family and I would get through this pandemic unscathed. I don't know if I was feeling invincible or if I was some superhero because for the second time around, I tested negative. I was feeling fine and strong enough to admit my father when his symptoms started to worsen. The fact that my mind was already preoccupied with my mom and to have another one of your parents suffer the same ill-fated luck was too much for me.

I was bordering on being overwhelmed and being anesthetized to feel anything. But I knew that worrying would not do me any favors and it certainly would not help both my parents. The thing that I had to do was to tackle what I was given and look for solutions instead of looking for a corner where I could crawl up into a fetal position and cry.

Having both of my parents admitted in different rooms and both our helpers isolated due to the virus instantly transformed me into a household helper, a driver, a Food Panda delivery person, and a Lalamove courier. I knew I couldn't fulfill my duties as a doctor for the meantime and I had to focus on my parents and so I did. From bringing their food and other things, to looking for the much coveted Remdesivir and Tocilizumab for both of them, and at the same time managing our house with our daily needs, to say that I was exhausted is not an exaggeration on my part. That week gave me a lot of insights as to how my mind can cope with the colossal stress in this situation that I was put in. I was actually impressed with myself at how I stayed positive even when I was crying inside.

During this time, I need not seek for any type of validation that I was somewhat a strong person. Probably because it was so easy for me to put on a smile on my face to show everyone that things are still within my control and that they doing fine and are well taken cared of within the confines of the hospital. But strength does not necessarily exonerate someone from desolation. There is only so much that

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one can handle and at times it was hard to keep a smiling face when faced with the inevitable. To say that this virus put my faith to test every single day is as on point as saying that the best way to diagnose a tumor is through a tissue biopsy. To be able to go home from the hospital every single day and update my brothers about my parents being stable and doing well was the best feeling that one could have. But knowing that that feeling could instantly be reversed when the virus takes over completely was a feeling that up to now I could not comprehend or explain. Given that they both were on continuous oxygen support and seeing them out of breath and finding a position where they can breathe comfortably through a CCTV monitor was torture in its purest form. The first few days seeing them via monitor was like watching a horror movie waiting for the inexorable to happen. The thought of getting infected myself was won over by the thought that seeing them personally before something dreadful happened to them was something worth risking my life for.

I started going inside their rooms every single day, donning and doffing level 4 PPEs after each visit and since they were placed at separate rooms. I took videos of them so they could see how the other was doing and so they would be comforted by the fact that both of them are doing well in spite of their occasional episodes of gasping for air. My dad would get irritated every time he saw me go inside his room because he was concerned for my own safety and I was more inclined to stay longer with him because I saw how the virus took over his body and being a daddy's girl, it was hard for me to leave knowing his oxygen levels were going down and that it could be the last time I would see him. My diabetic mom on the other hand gave me the gift of hope every single day because even though her Chest CT scan was considered a pulmonologist's nightmare, she pulled through quite fast and well and was responding to the medications.

Every single donning gave me a feeling of security that I will see them and that each day was a new day filled with anticipation and every doffing gave me a sense of dread that it could be my last visit and that tomorrow might be a different story. Sleep was not in my routine for more than a week because I was so afraid to close my eyes and miss a call from the hospital only to respond and be told that I was now an orphan.

My biggest fear was staring me right in the face and to make matters worse, the two most important people in my life, who ironically gave me life, were

now fighting for theirs. And being a doctor, it gave me a feeling of hopelessness and incompetence that I can do nothing to help them or ease their suffering. I went way above and beyond to be able to look for their medications. It was like finding a treasure that the risks of acquiring it costs more than its actual value. I spent the entire past year accepting COVID positive patients for surgery and the amount of fees that I incurred during the past year helping COVID patients is now giving me back the favor of helping me with my COVID stricken parents. I am a very thrifty person but this situation made me realize that no matter how economical or prudent you are, you will not have second thoughts in giving it all up for the people that matter to you most. My dad was concerned and did not want me to pay but even before he could stop me, I already purchased what needed to be purchased without having qualms or any reservations whatsoever if it means having them here with me even without assurance as to how long. The love that you do have for your parents shines through during the darkest times and it humbles you to a point that it makes you realize it more than you'll ever admit it to yourself. What this experience taught me was that I can take risks, fight, and give up a limb for the people I love. And it makes me feel miserable to realize that it took them fighting for their lives for me to show them how much they mean to me because I shy away from being verbally affectionate. And I was taught that hard way that it wouldn't kill you to do so and that it wouldn't matter if the day comes you decide to express your love and they are not around to hear and see it.

More than a week after their admission, I started to feel exhausted and short of breath. I remembered driving to a location to get their medications and feeling uneasy and nauseous the entire time. I still managed to see both of them but my visit was cut short because I felt tired and felt like I needed to rest. Much to my surprise, my body started to feel as if a boulder has been placed on my back and episodes of cough were evident. Could be my asthma and allergic rhinitis I guessed and I retrieved my trusty inhaler and medications hoping that that was just it. To play it cool, I told my parents I'll be staying home for a few days to rest and to repeat my swab test but true to form, parents will always know when their child is at danger. And when we talk about our children, we know that we will move heaven and earth and disregard our own safety if it means keeping them safe. The two people that I am worrying about now has the additional burden of worrying about me. As if this virus can get any more cruel. But yet, it does.

I was not able to repeat my test because by the second day since having symptoms, I could no longer get out of bed and my temperature was rising to 39 degrees Celsius. I was convinced that it was no longer asthma and so I decided to go to the hospital but not to check on my parents, but now, to have myself checked. Labs were drawn, Xrays were taken and my Chest CT scan revealed something that made me say, “Oh, Crap!” out loud.

“Confluent alveolar and subpleural patchy ground glass opacities with linear strandings and peripheral distribution in both lower lungs, with the ones on the left showing tendency to consolidate.”

A repeat RT PCR swab was done which revealed what seems like a big April Fool’s joke to me: “SARS-COV-2 viral RNA Detected”. As if worrying about my parents was not bad enough, fate decided to test my patience and strength yet again. I have never cursed so long and so vaguely inside my head until I learned about my results. My head was exploding from a mixture of feelings and untoward thoughts and my lungs were not making it any easier for me. My ABGS revealed that I was hypoxemic and that I needed oxygen and I requested that before they send me inside my room which was located beside my dad’s room, they open the door so I can see him and wave hello. I wanted the cannula to be placed inside the room because I don’t want him to see me in that state where I looked weak. Because I well knew that part of their strength was knowing I am ok and part of my strength was knowing that they are ok too. So I wanted them to open his door so I could see how he looked like and he could see how I looked like probably for the last time. They opened his door and I was sitting on a wheelchair and my previously slumped body sat in a very poised and postured manner and I flashed him my biggest smile and waved hello. It was a mixture of wanting to be in that moment a little bit longer and wanting to go inside right away before he could see tears roll down my face. Based on his facial expression, I knew he felt the same way too. My mom was also staying at the same floor but in a room slightly further down the hall. And though she wanted to see me, I declined because I told her it’s not like I had a parade and the time she learned about my dad, her oxygen levels went down and they had to give her something to sleep and relax. I didn’t want to be the driving force for her lungs to give out so I just joked that I wasn’t up for a parade but in my mind was a guilt feeling that if something happened to her, her last memory would be of me

making a joke and that would probably haunt me for the rest of my life. And so when the doors to my room closed, I closed my eyes for a bit, tried to grasp some air amidst the pain, and for the first time since I got sick, I prayed.

I hated that feeling that something was placed inside your nostrils but once the cannula was inserted, there was panic that maybe the air was not enough. What started as 2lpm eventually increased to 5lpm and that 5lpm eventually felt like it was nothing to me. I wanted more and I felt that it was not enough. There were times when I wanted to speak but I couldn’t. One word was all that I could muster and breathing became too much of a burden because of the pain. It was not because you did not want to help yourself, but in some weird and evil way, this virus just did not let you do it no matter how hard you try. I found myself crying at times because I was having a hard time and there were times when going to the bathroom would plummet my oxygen levels to 80s and it was like a ticking time bomb seeing and hearing the pulse oximeter go wild with dread and I would hurry up and clutch the cannula and use it for me to breathe. I was like a fish out of water and yet I felt like I was drowning. Even the simplest tasks deemed too harrowing for me that going to the bathroom was more of a life or death situation for me. What this illness did was to reduce me to someone who felt inadequate and incapable of doing the simplest of tasks. For someone who is quite keen on hygiene, being confined to my bed with a continuous supply of oxygen without having the luxury to even wash my face was distressing. It felt like you are being diminished to a non-existing individual every single day that passes and no one is around to assure you that you still matter and that you are still valuable.

Being confined by yourself is hard as it is, but being confined along with your parents, without seeing them and without knowing what is happening outside the confines of your 4 walls is enough to crush anyone’s spirit. I would hear my dad from the other room cough and breathe with difficulty and there were times I would gather all my strength to sit up or stand close to the wall to listen if he is ok. A rush of panicked footsteps along with what sounded like an E-Card being pushed is the worse sound that one could hear outside his/her room. And to hear a call for a code would set me into a frenzy because it was like a guessing game created by Hannibal Lecter to play with your mind and you’ll only be updated during the next scheduled nurses’ rounds if the one

who expired was someone else and not your parents. To say that this virus made me loose a bit of empathy is not a lie and I am not proud of it. Being a doctor, you despise the thought of someone dying or someone losing a loved one, and yet there I was, wishing it was someone else and not my own family. I could have wished for someone not to perish but in the state that I was in, I know I was surrounded by death and that it is expected, I just didn't want it to be me or my parents. The selfishness that this disease suddenly brought about dawned on me and it was revolting. Thoughts that you wanted to be a good person and that you probably are and that you believe good things happen to good people and yet here you are wishing for someone else's demise and fearing that maybe you are one of the bad guys and that maybe you deserve what happened to you.

This pandemic created a feeling of anxiety with regards to our year long quarantine and setting the pace for the new normal but when you are hit with the disease itself, your mental health and your strength is tested in a way that it should act like it's a force to be reckoned with. The only vial of Tocilizumab that was available at the hospital was given to my mom and they need one more for my dad. I don't know if it was a blessing that they got sick first before me because by the time hospital did not have Tocilizumab, I was able to find resources and fortunately I was able to get hold of a single vial. But then again his laboratory tests revealed that it could not be given to him unless he undergoes further tests and by the time he was about to get the tests done, I was told they decided to give me the medication because they are looking at a possible cytokine storm. Out of breath as I was, I declined. Because I wanted my dad to have it and that if anything happens to him, and I survive because I valued my life more than his, I know I could not forgive myself. But my dad being the father that he is, and just like any other father, sent the single vial that was placed inside his room refrigerator and sent it over to me right away so I can use it. It was like a game of tug of war and in our case, even if someone gets to use it and benefit from it, both of us felt like losers. For a virus to play mind games with you and see how far you'll go to seek self preservation is downright horrific. How can an invisible thing, be able to physically drain you of your strength and at the same time mentally incapacitate you to a point that you can no longer think and wish for it to be over? But God has His way of making you feel a tiny ray of light amidst his trial. My dad eventually got better and his labs were no longer in the danger zone that advised him to be given the most

coveted vial in the entire hospital. And so with that, I let them give me the medicine but as it flows through my veins, there was a constant wish that he would not need it anymore because I would be more than glad to yank it off my IV line and give it to him. People ask me how I dealt with it, the stress that you have to choose like you were in some crazy soap opera's storyline and all I can think of was to pray. You pray, more than you every prayed for your entire life... and then you hope for the best and keep the faith.

My parents were eventually discharged and on their way to recovery and I had to stay for a bit longer than them and as of writing, I am on my last day of self isolation after being discharged and being treated for Severe COVID and, with trembling hands, I gladly type this experience to remind me of the better things in life and be more appreciative with what I have and what I will be given in the future (hopefully, not a new variant of COVID-19).

This experience made me realize and appreciate the extent of what my mind can endure and the power that hope can bring to a grieving heart. I refused to be a statistic is what I always said during my confinement and scared as I was, I vowed to do everything to make sure that I would get out alive and survive this whole ordeal and treat it not as a lesson; to feel that my profession's risks is not worth it, but as a lesson to serve as an instrument of optimism and courage to those who feel beaten down by this virus. To make sure that once I am fully recovered and back in the hospital for duty, I will try to lead by example and not just by my opinion. And if there is one thing that should be contagious, it should be empathy and appreciation towards the people around you. To remain grateful to those people who choose to be kind and positive in a very chaotic and toxic time. To remain steadfast and believe that you are stronger than you give yourself credit for and that you are powerful in your own way.

Three weeks ago, the virus might have entered my body and the devil might have whispered in my ear, "You're not strong enough for this". But I sure answered back, "Hey, 6 feet back, motherfk\$#@."

I end this article with a funny poem I read recently:

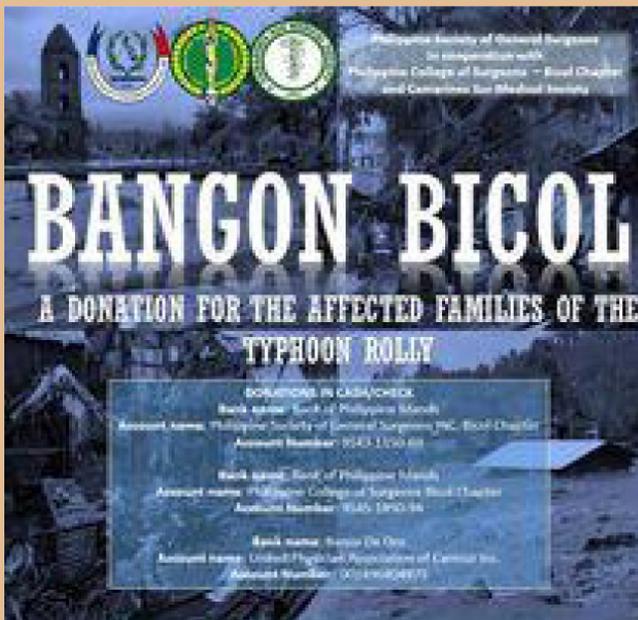
Roses are red,
April is Grey,
I hope we can leave
Our houses in May!

CHAPTER NEWS

Bicol Chapter: Blessings In Disguise

• Stephen Jo T. Bonilla, MD, FPCS •
Chapter President

Having established my surgical practice here in Naga City for the past 11 years, I grew accustomed to the effects of storms. But when our region was struck with three subsequent devastating typhoons (Quinta, Rolly, and Ulysses) last year, several things happened. First, I personally saw and experienced the “bayanihan” spirit of the Filipino people. One of the first actions that PCS-Bicol chapter did was to initiate “Bangon Bicol” with the objective of raising funds in cash or kind, to distribute to the victims of said typhoons.



Second, PCS-Bicol partnered and worked with PSGS Bicol, Camarines Sur Medical Society, and other component Medical Societies. Together with volunteer doctors, we went to badly hit coastal areas and islands and provided the people in those communities essential food, water, rice, clothes, hygiene kits, and household items. We were also able to send monetary donations as far as Albay and Catanduanes.

Seeing the plight and hearing the dreadful stories from the people who experienced the actual passage of these ruinous storms amidst a pandemic,



> *Bicol... from 28*

made me reflect that our lives are certainly under the mercy of our Triune God. These difficult seasons of our life could be God's blessings in disguise. During these painful and strenuous times, one's faith and dependence on God is strengthened and deepened, providing unforgettable personal and collective lessons which may be a guide when similar situations would happen again in the future, and allowing the people to personally experience God's provision and grace. Moreover, such disastrous conditions open up opportunities for the willing person to be a channel of God's love and care to those greatly afflicted and distressed.

Consequently, I am reminded of the chorus of a song by Laura Story which goes:

*'Cause what if your blessings come through
raindrops
What if Your healing comes through tears
What if a thousand sleepless nights are what it takes to
know You're near
What if trials of this life are Your mercies in disguise''*

We just need to look beyond the calamity and see with our spiritual eyes, God's sovereign purpose and perfect will.

Lastly, I would like to take this opportunity, on behalf of the Bicolanos, to publicly acknowledge and extend our sincere gratitude to everyone who generously gave and extended help during our difficult times - PCS National, PCS-South Luzon Chapter, Association of Women Surgeons of the Philippines, anonymous and nameless donors.

TINDOG BIKOLANDIA, Tarabangan Kita: UPMed Bikolnon and UP Regionalization Program Team Up with PCS Bicol Chapter

It is not everyday that surgeons of different subspecialties gather to work together. No, it is not a complicated operation that needs various subspecialists to be part of the team to operate and cure a patient of an illness. Rather, it is a bonding of their spirits of service that surgeons came to operate as a team in a mission of love and charity and also saving lives!

The devastation of the typhoons that visited the Bicol Region one after the other from typhoon Quintana to Rolly left families without homes, with loss of means of living and without food and water. A collaboration of the alumni of the UP College of Medicine and the UP Regionalization Programme started a fund raising for the typhoon victims and called it "Tindog Bikolandia, tarabangan kita" (Rise up Bikolandia, Let us help each other). In the meantime, the Philippine College of Surgeons sent P25,000 as an aid to these victims through the PCS Bicol Chapter President Dr Stephen Bonilla, a general surgeon. This amount was turned over to Past President Dr. Lynne Lourdes Lucena, a neurosurgeon who was already involved in the relief operations during this time. Almost every week end last November and December 2020, Dr. Lucena (Neurosurgeon), Dr. Dave Resoco (plastic surgeon), Dr. Kathleen Cruz (Thoracic and Cardiovascular Surgeon), Dr. Vienna Encila (Colorectal Surgeon), and Dr. Ada Moncada (general surgeon), joined at times by other specialists like Dr. Sara Padua-Labilles (pediatric surgeon), Dr. Lee Obias

Tan (ophthalmologist), Dr. Louren Blanquisco (endocrinologist), Dr. Leslie Yap (nephrologist) and Dr. Angelli Morico (psychiatrist) would go to different far flung communities (even island barangays) to distribute food packs and relief goods including pails and dippers, blankets, mosquito nets, solar flashlights, solar lamps, toiletry packs and canvas tarpaulin covers for shelters. As Christmas approached, the group also distributed Pinoy spaghetti packs for a simple noche Buena amidst the aftermath of the calamities.

This endeavor helped more than 2000 families in 18 different barangays.

The contribution of the PCS helped alleviate the immediate needs of the devastated families. The true Bayanihan spirit of the Filipinos have again been witnessed in the cooperation and collaboration of different organizations and people with the same spirit of giving and generosity.



Central Luzon Chapter in Flux: Paving the Way for Innovation

• Karen B. Latorre, MD, FPCS & Raymund Noel C. Mallari, MD, FPCS •

The PCS and PSGS Central Luzon Chapter (CLC) ended 2020 on a high note, having successfully conducted a series of monthly webinars during the latter months of the year. As we went into 2021 armed with high hopes, the Chapter immediately set to work within the first quarter of 2021.

It was a rare treat indeed, for the CLC to hold the 2021 Induction of Chapter Officers and New Fellows as a small, limited face-to-face gathering in Clark, Pampanga last 23rd of January.

For this year's activities, Dr. Raymund Noel Mallari delivered his valedictory address for his term year 2020. This was followed by Awarding Ceremonies for Meritorious Service for Dr. Ricky Riego De Dios (Board of Governors, 2020), Dr. Raymund Noel Mallari (Chapter President, 2020), and Dr. Dindo Cajucom (Chapter President, 2019). Graciously accepting the new set of challenges of leadership in 2021 was Chapter President for 2021, Dr. Domingo Sampang, who delivered his acceptance speech. To conclude the programme, Dr. Antonio Say delivered his address to the Chapter.

The presence of none other than PCS President Dr. Antonio Say as Inducting Officer,

Vice- President Dr. Ramon Inso, and Secretary Dr. Connie Vesagas for the Induction Ceremony followed by a Dialogue with them made for a productive exchange of ideas and further strengthened the bonds of the Chapter to PCS National.

In the week that followed, CLC did not miss a beat, as we held our first Chapter webinar for 2021: Tips and Tricks in the Management of Upper GI Diseases. Hosted by James L. Gordon Memorial Hospital Department of Surgery, it was a very well-attended event, with over 250 participants



> 31

in attendance last 30 January 2021. It was an afternoon well-spent with our local experts, Dr. Jan Andrew Bueno and Dr. Bernice Navarro as they elucidated topics on Lymphadenectomy in Gastric Cancer and Management of Caustic Injury, respectively. Dr. Raymond Joseph Manzo amiably moderated the webinar, with a special lecture from Dr. Rolando Canivel on antibiotic therapy in intraabdominal infections.

In the month of February, in line with National Cancer Awareness Month, the CLC held a webinar entitled “Neck Dissection 101: Management of the Neck in Head and Neck Cancer” last February 26. It was a very interesting lecture delivered by no less than 2019 Past President of PSGS National Dr. Jose Ravelo Bartolome. It was a packed Zoom room lecture, which simultaneously aired in Facebook live in order to accommodate all attendees. The session was moderated by Bulacan Medical Center Department of Surgery Chairman, Dr. Bethoven Go.

In observance of the Lenten season, the Chapter organized an online Lenten recollection last March 6 to serve as a brief respite and spiritual refreshment. Entitled “The Meaning of Suffering”, participants explored on the themes of Christian suffering and experience, led by Fr. Fr Bon L. Arimbuyutan, MI.

For the month of March, the CLC conducted a webinar on “Interesting Breast Cases”, hosted by the Tarlac Provincial Hospital Department of Surgery last March 11.

Some very interesting clinical cases of breast cancers were discussed with a multidisciplinary team approach. Moderated by Dr. Mon Aviguetero, the MDT discussed tailored approaches to the cases with emphasis on problems unique to the resource-limited rural settings.

Next up on the horizon... the CLC will once again partner with Johnson and Johnson Institute to conduct a first-of-its-kind Online Learning Program for all of the surgical residents in its accredited training programs.

Following the success of last year’s Basic Surgical Skills Continuum, this year’s online learning activity turns up the ante and introduces the trainees to modules on use of Advanced Energy Devices and Stapling Techniques. The online platform will be launched to the residents on April 17, 2021, with a culminating online activity on May 1, 2021. Resource speakers for this event will be our local experts, namely Dr. Dindo Cajucom (Energy Devices) and Dr. Eman Astudillo (Stapling Techniques).

But wait, there’s more! The CLC will also be having a webinar for the month of April, to be hosted by Angeles University Foundation Medical Center (AUFMC) Department of Surgery on April 24.

With focused topics on Colon and Rectal Surgery, we’ve invited local experts Dr. John Gomez and Dr. Joseph Roy Fuentes to share their knowledge and experiences in colonic volvulus and concepts in Total Mesorectal Excision (TME).

The Central Luzon Chapter continues to strive towards delivering quality Continuing Surgical Education programs for the enhanced learning of the residents in training and to enrich the practice of its member Fellows. Showcasing local capabilities by tapping local expertise and facilitating learning activities that encourage exchange of ideas is at the forefront of all of the CLC’s projects. Constantly moving forward in a state of flux, despite challenges, makes us look into even more innovative approaches in order to be of consistent and quality service to our member Fellows and Trainees.

Cordillera Chapter: Off to a Good Start

• Gerald P. Libatique, MD, FPCS •
Chapter President

- Lay Forum on Breast Cancer and Prostate Cancer •
- Circumcision Drive •

PCS CAR 2021 in cooperation with Baguio Masonic Lodge No. 67 provided informal lectures on Breast Cancer and Prostate Cancer as well as providing surgical circumcision service to boys of Barangay Kayang Extension, Baguio City, March 3, 2021.



• Continuing Surgical Education •
Joint Journal Conference
March 04, 2021

PCS CAR hosted the Joint Journal Conference of the different training institutions. Discussions included BCS versus Mastectomy in the Surgical Management of Invasive Lobular Carcinoma Measuring 4 cm or Greater, Disease-free and Overall Survival After Neo-adjuvant Chemotherapy in Breast Cancer: BCS Compared Mastectomy in a Large Single-Center Cohort Study and Multidisciplinary Management of the Axilla in Patients with cT1-T2 N0 Breast Cancer Undergoing Primary Mastectomy: Results from a Prospective Single-Institution Series.



• General Assembly and Induction of Officers (Hybrid) •
March 06, 2021

PCS CAR held its Annual Induction of Officers for the year 2021 as well as General Assembly – Hybrid type for its Fellows. Special guests included Governor of Benguet and PCS Fellow Honorable Melchor B. Diclas and PCS Regent – Treasurer Dr. Vivencio Jose Villaflo III.



• **Advocacy for Covid 19 Vaccination Drive •**
Baguio Benguet Medical Society (PMA-BBMS) in collaboration with
Local Subspecialty Societies (PCS CAR)

PCS CAR fellows and surgical residents joined the Baguio-Benguet Medical Society in promoting and advocating Vaccination Campaign and Awareness for COVID 19.



• **Officers' Monthly Meetings (Hybrid) •**



• **Payong Mediko Mula Sa Experto @ DZWT 540 Radio Totoo •**
April 11, 2021

PCS CAR in cooperation with DZWT 540 Radio Totoo headed by Dr Benito V. Sunga (Urologist) and PCS Fellow Dr. Elizabeth Solang, FPOGS discussing Antepartum and Postpartum Hemorrhages



PCS-MMC: Reset, Refocus, Restart

• Carlo Angelo C. Cajucom, MD, FPCS •
Chapter Secretary

To say that the novel coronavirus (COVID-19) has changed the surgical world would be an understatement. After a year since the virus emerged in our country, it has upended day-to-day lives and transformed the way we work, learn and interact as physical distancing guidelines have led to a more virtual existence, both personally and professionally.

Despite 2020 being a tough and challenging year for the PCS, the Metro Manila Chapter seized the challenge of the new normal and successfully overcame the trials it presented. The Metro Manila chapter was also recognized as the PCS Most Outstanding Chapter of the Year.

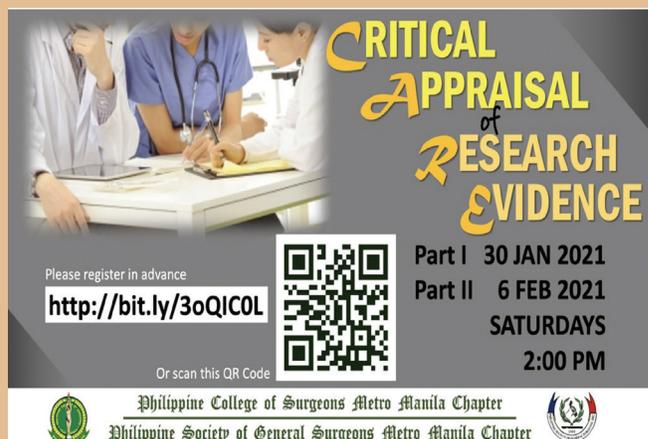
Today, the pandemic still lingers, but the PCS MMC will continue to endure and carry on. Now armed with a new set of Officers, Board of Directors and New Chapter Members. Last February 13, 2021, a virtual induction ceremony was held. The officers and directors were presented by Dr. Rolando Florendo. The new Board and the new members were inducted after the keynote address by PCS president Dr. Antonio S. Say. Inducted were:

| | |
|---------------------|--------------------------------|
| President: | Alfred Lasala II, MD |
| Vice President: | Leonardo Ona III, MD |
| Treasurer: | Stanley Kho, MD |
| Secretary: | Carlo Angelo Cajucom, MD |
| Board of Directors: | Andrei Cesar Abella, MD |
| | Jose Modesto Abellera III, MD; |
| | Karlos Noel Aleta, MD |
| | Rhoderick Casis, MD |
| | Alfred Phillip De Dios, MD |
| | Rafael Dizon, MD |
| | Ida Marie Lim, MD |
| | Paul Anthony Sunga, MD |
| | Ferdinand Syfu, MD |
| | Joan Tagorda, MD |
| | Catherine SC. Teh, MD |

There was no idling when it comes to performance of function as PCSMMC together PSGSMMC held consecutive activities at the start of the year in January. Celebrating the 2021 Goiter Awareness Month, a Lay Forum entitled “Mga Dapat Alamin Tungkol sa Operasyon Para sa Bosyo” was conducted.



This was followed by the 2-part online Critical Appraisal of Research Evidence last January 30 and February 6, 2021.



A joint virtual activity was conducted by PCS MMC together with the Philippine Urological Association (PUA) and the Philippine Association of Thoracic and Cardiovascular Surgeons, Inc.

(PATACSI) through the Philippine National Cancer Summit. It was a lay forum entitled “Laban Kontra Kanser: Kayang Kaya Kung Sama-sama” organized last February 25, 2021. Prostate and Lung Cancers were comprehensively discussed and toned down to the level best understood by the general population.

March is Colorectal Cancer Awareness Month and the chapter arranged a webinar series to promote knowledge and expertise on the subject matter. Last March 20, 2021, an online Lay Forum was held and dubbed “Mga Dapat Alamin Tungkol sa Colorectal Cancer” – Part I.

This was followed a week later, March 27, 2021, by an interactive session for surgeons with a symposium on Standards of Care in Colorectal Management – Part II.

With the corona virus surge hitting us by the end of the first quarter, a virtual symposium on Disaster Preparedness Amidst Covid-19 was prepared and organized. Topics on Disaster Management during the Pandemic and Revisiting our Disaster Plan were addressed by 2 distinguished trauma surgeons respectively, Dr. Teodoro Herbosa and Dr. Jorge Concepcion.

A Bloomberg Opinion article once mentioned that we should start preparing for a permanent pandemic and live through the new normal. We can only notice the evident readiness of the PCS MMC as we all ride this one out, face the challenges, develop our strengths, reduce our weaknesses, lessen the threats and seek unprecedented opportunities.

Southern Tagalog Chapter First Quarter Storm

• Arvin G. Briones, MD, FPCS •
Chapter President

Frightened but undeterred. Tired but hopeful. Diminished but not decimated. Diverse but united as one. These are the Southern Tagalog Fellows as we embarked on 2021, after a year that disturbed the tranquility and beauty of the 5 provinces surrounding the Taal Volcano; the typhoons that ravaged Southern Tagalog and Bicol Regions; and the pandemic that claimed the lives of two of our colleagues putting to test the determination to rise above it... by our fellows, country, and humanity as a whole.

As a fitting tribute last January 12, 2021 we remembered what happened more than a year ago in our part of the world: the havoc, the destruction, the confusion, fear, and uncertainty caused by the Taal Volcano eruption.



A webinar was held with lectures by renowned geologist, Dr Alfredo Majar A. Lagmay from the UP Faculty of the National Institute of Geological Sciences. He narrated the history of Taal Volcano, and explained the land mass movement of the Batangas-Cavite area. Another lecturer was by one of our own fellows Director of PCS Commission on Trauma and former Undersecretary of Health Dr Teodoro J. Herbosa. An expert in disaster

management, he tackled disaster preparedness and response, how it was done, how it can be improved, and where the surgeons fit in the schema of things.



But what we commemorated was not the calamity. We commemorated the human spirit that made us rise to respond and hurdle such natural disaster: the courage, resilience, and faith of those directly affected; the ardor, selflessness, sacrifice, and unity of those who organized; and the kindheartedness, generosity, and benevolence of those who shared and gave. Those characters were what we commemorated.

The year also started with the loss of one of our esteemed fellows and Past President of the chapter, Dr Hernan Ang of Laguna. He succumbed after almost a month of battle with Covid 19. Mass , necrological rites, and fitting tribute were held for a fellow who has done so much for the chapter, for PCS as a whole.

Despite our own woes, we did not forget our pledge of help to those severely affected by 2020's world's most powerful Typhoon Rolly and Quinta. Immediate financial assistance were sent to Bicol PCS chapter and PCS fellows of Mindoro. Fellows of STC trooped to Camarines Sur Municipality of Sagñay late 2019 to



bring relief goods, with plans to do the same for Mindoro. And so at 5:00 a.m of January 15, 2021, fellows were already on board MV Ma Zenaida from Batangas port to Calapan, Oriental Mindoro; destination: Gawad Kalinga Mangyan Community at Brgy Arangin, Naujan, Oriental Mindoro.

with a Holy Mass offered in the morning officiated by Fr. Jerry Orbos via on line. The decision to hold a face to face event was after an extensive discussion among the officers and senior fellows, after consultation of the local government regulations of Laguna, Department of Tourism advisories, IATF Memos, and permission from the national leadership of PCS. Much as we want all the chapter Fellows to attend after the restricting lockdowns and enhanced community quarantine, only the officers, board of directors, past presidents, and selected guests were invited. The rest of the fellows joined via Zoom platform. Upholding tradition of PCS, we were very privileged to have as inducting guest of honor the President of the College, Dr Antonio S. Say.



Located at the foot of Mt Halcon, the community was composed of 300 families to whom we distributed rice, noodles, coffee & milk packs, spices, and goods. It was an experience for the fellows in 4x4 convoys of pick-ups, travelling the bumpy and muddy road under the drizzling skies and marveling the picturesque rural landscape.



He was joined by the Secretary of the College Dr. Connie Vesagas and executive secretary Ms. Annette Tolentino. Present also were the VP, our very own Dr. Ramon S. Inso, and two members of the Board of Regents, Dr. Rodney O. Dofitas and Dr. Vivencio Jose P. Villaflor III all the way from Dagupan. Sworn in as BODs for Mindoro were Dr. Ronald Cabral and Dr Lorman Goco, for Quezon Dr Jerome Tahil and Dr Jonathan Garcia, for Batangas Dr Louie Lantin and Dr Michael Mapalad, for Laguna Dr Randy Melo and Dr Ronan Inso, and for Cavite Dr Arlyn Cañones and Dr Ralph Bicol. The treasurer on his second term is Dr Manuel Ng Jr, the secretary is Dr Michael Lawenko, and the VP is Dr Mervin Tan concurrently the president of our PSGS Chapter. Upholding the pandemic protocols of using the exclusive chapter face mask and face shield, hand sanitation, and distancing, the event was successful and that no one felt ill after.



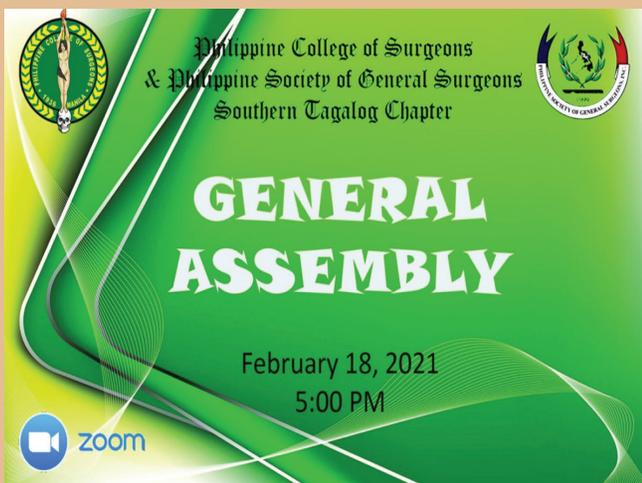
To formally recognize the current Officers and Board of Directors that will spearhead the chapter, an Induction Ceremony was held last January 21, 2021 at Seda Hotel in Nuvali, Laguna. It was started

The dawn of the invention of vaccines against COVID 19 put the entire world in frenzy, the Filipinos included. However with the number of different vaccines, the marked differences in its

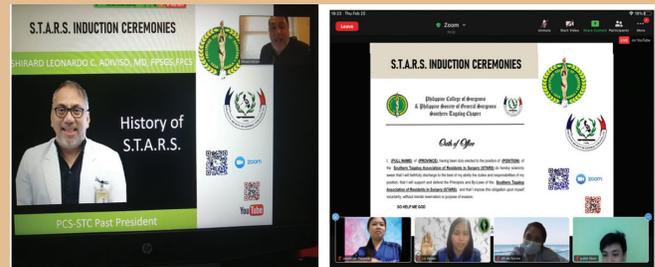


composition, and the fact that all of them are given EUA classification, confused everyone in terms of its possible side effects, which vaccine to take, or whether to receive the vaccine at all. To address this, the chapter held a webinar last Feb. 11, 2021 entitled “All About Covid 19 Vaccine”. Dr Arthur Dessi E Roman from the Research Institute of Tropical Medicine delivered his lecture: “A Primer on Covid 19 Vaccine”. He discussed how the different vaccines were made, their differences, and the available studies on their possible side effects and complications. Meanwhile, we were fortunate also to have from DOH the Spokesperson of the agency. No less than Undersecretary Dr Maria Rosario Singh-Vergerie enlightened us on “The Government’s Roll Out Program of Vaccination for Covid 19.”

Last Feb 18, 2021, the 140 strong Fellows of the chapter gathered virtually in the First General Assembly for the year. The new set of Officers and Board of Directors were introduced. Messages from PCS National were relayed to the members. The plans and proposed activities for the year were presented. Their suggestions, ideas, and opinions were heard. The fellows were also reminded of their responsibilities to the organization and their commitment to be of service to the College.



After the Fellows’, came the Induction of the Southern Tagalog Association of Residents in Surgery or STARS last Feb 25, 2021. Done in Zoom platform as well, inducted as president was Dr. Liza Margarita Beron-Ilagan 4th year Resident of Batangas Medical Center, VP is Dr. Melinda Pechayco from General Emilio Aguinaldo Memorial Hospital in Trese Martires, Secretary is Dr. Russ Bautista from Dela Salle University Medical Center, and treasurer is Dr. Mary Angeli Niño from Perpetual Help Medical Center. The association started 14 years ago and presently has 62 members. Inspirational talk was delivered by Dr. Melanio Ramir P Beloso, first president of the association and presently Municipal Health Officer of Anilao, Batangas. Dr. Jose Rhoel C De Leon Chair of the PCS Membership Committee relayed the plan of the national organization to incorporate the residents to the College as a distinct category.



The month of March saw several important activities by the chapter. To give our minds a breather from the medical webinars via Zoom, Google meet, Teams, Webex Meet, etc; and bombardment by Viber, Twitter, Instagram, Messenger, and WhatsApp regarding pandemic, COVID 19, PPEs, Sinovac, AZ, and stuffs; the chapter hosted an investment webinar entitled “Growth Hedge Fund” last March 4, 2021. It is an investment opportunity engaging in stocks in the United States presented by P/E Capital Investment Management Partners. ‘Twas started at 9:00 in the evening to coincide with actual opening of stock market at Wall Street. So much were the interests and questions of fellows that the session ended at almost 1:00am.

Dawn of March 7 Sunday, fellows from Cavite, Batangas, Laguna, and Quezon were early on the road heading towards the coastline of western Batangas to catch the low tide of the shores. After converging at Medical Center Western Batangas in Calatagan, we proceeded to Brgy Talisay for the site of the mangrove planting.



This is an annual activity of the chapter that started in 2019 aimed towards protecting and reinforcing the coastlines of the region. Members of Southern Tagalog Association of Residents in Surgery (STARS) also participated and enjoyed the 1km wade through the leg deep low tide to the plantation site. This was also in cooperation with the Rotary Club of Western Batangas. Lunch was served at the newly-improved Wake Boarding Park Lago de Oro.

March 8 was National Women’s Day and we deemed it proper to highlight PCS STC “fellows in skirts”. An AVP about these women surgeons, indispensable assets of our chapter, was created and posted in all Viber groups and other social media platforms.



The PCS STC Women’s Block was also formed, and they were quick to answer the call for an activity honoring women frontliners during this time of pandemic. With Dr Sylvia Abanto at the

helm, free breast clinic program was organized in the different private and government hospitals in the 5 provinces. Free breast consult, examinations, and AVP about breast cancer were provided.

It was also during this month of March that the Vaccination Roll Out Program of the government for COVID 19 started. The Southern Tagalog Fellows fully supported this, with the slogan “#bakunadong siruhano”, queuing in the various vaccination centers to receive their jabs of either Sinovac or Aztra Zeneca. Ninety nine fellows or 70% of the total received their vaccines.



March is Colorectal Cancer Awareness Month as mandated by DOH and celebrated by PCS as well. To heighten the knowledge, understanding, and acceptance of lay persons of this disease entity, the Southern Tagalog Chapter sponsored lay fora both online via Zoom and Face to Face as well. The online lay forum was held in March 20, 2021 with lectures entitled “ Mga Dapat Malaman Tungkol sa Colorectal Cancer”; and “Colostomy Care” by Convatec. Attendees were nurses from different hospitals, Barangay Health Workers, and MHOs and CHOs from the different cities and municipalities. The Face to Face lay forum was held at the OPD of Batangas Medical Center last Thursday March 25, 2021.

The 2nd Annual Interesting Case Contest of the chapter was also held last March 25, 2021 on Zoom platform. This was participated in by the 5 Surgical training institutions of the chapter; and also joined by 2 guest hospitals, Asian Hospital and Medical Center and Ospital ng Muntinlupa as a different category. The champion for the main category was the paper entitled “Wunderlich Syndrome” by Dr. Joy Dela Victoria of De la Salle University Medical Center of Dasmariñas receiving the trophy, certificate, and 10k cash prize.



First runner up was the paper Dr Joseph Dan Garcia from General Emilio Aguinaldo Memorial Hospital in Trece Martires by entitled “GIST of the Anorectum” He received a plaque, certificate and 7k cash prize. Mary Mediatrix Medical Center garnered the 2nd runner up, plaque, certificate, & 5k prize with the paper “Skin is In”, a Case of Melanoma presented by Dr. Maricel Dalawampu.

The need for residents and consultants alike to be well skilled with the use of Ultrasound in their practice, even during pandemic, brought forth the collaboration between the PCS STC and the PSUS (Philippine Society of Ultrasound in Surgery). With a webinar entitled “Ultrasound at the Point of

Care during Pandemic”, Dr. Joy Gali VP of PSUS delivered a lecture on “PSUS Recommendations for Ultrasound Use for Surgeons”; while Dr. Alfred Philip De Dios, President of PSUS, delivered “Ultrasound Evaluation of Thyroid Nodules. This was held last April 15, 2021 and with the support of MeriJR Enterprises Incorporated, distributors of Hitachi ultrasound machines.

Several activities of the chapter for 2021 are still in the pipeline. With the active participation of the Southern Tagalog Chapter Fellows, the continuous support of the PCS National organization, and by the grace of God that we hurdle this pandemic; we will continue to be of service to our community, country, and humankind. “WE ARE ONE!”



• ASSOCIATION NEWS •

AWSP Joins the Philippine National Cancer Summit 2021

• Joy Grace G. Jerusalem, MD, FPCS, FPSGS •

The Association of Women Surgeons of the Philippines hosted a lay forum last February 25, 2021 on cancers affecting women and children as part of the Philippine National Cancer Summit. On its second year, the Cancer Summit: “Laban Kontra Kanser: Kayang-kaya kung Sama-sama”, is a project of the PCS Cancer Commission and Cancer Network Action Group Philippines (CNAG PH) in commemoration of National Cancer Awareness Month. Dr. Anita C. Tarectecan, President of the AWSP, officially opened the event via Zoom made possible by the Telemedicine Network of the Philippines and ADP Pharma. Dr. Ma. Rica M. Lumague, Board Trustee, introduced the three guest speakers.

The first speaker was Dr. Maria Lilibeth Sia Su, Past President of the Society of Gynecologic Oncologists of the Philippines (SGOP), who delivered the lecture on cervical cancer diagnosis and treatment entitled, “Mga Dapat Alamin Tungkol sa Cervical Cancer”. She was followed by Dr. Hannah Angela D. Acosta, a Fellow of the Philippine Society of Breast Surgeons, who

discussed the benefits of early detection of breast cancer in a lecture entitled, “Maagang Pagtuklas ng Kanser sa Suso”. Angelita Sievert-Fernandez, PhD, currently the Child Life Program Manager of the Kytte Foundation, delivered the final lecture, where she talked about the work being accomplished by the Kytte Foundation, a non-profit, non-stock organization aimed towards improving the quality of life among hospitalized children with cancer and other chronic illness. Dr. Esther Saguil, Vice president of the AWSP, moderated the open forum that followed. Dr. Joy Grace Jerusalem, Board Secretary, served as Master of Ceremony.



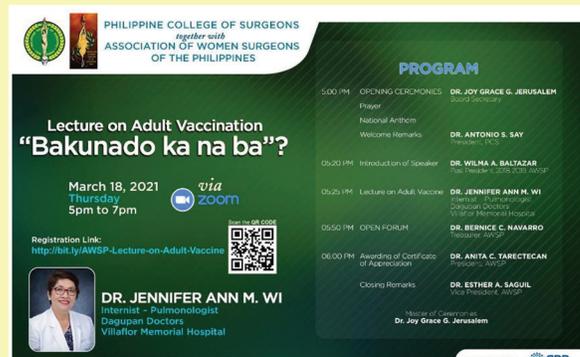
AWSP holds Webinar on Adult Vaccination

• Joy Grace G. Jerusalem, MD, FPCS, FPSGS •

The Association of Women Surgeons of the Philippines, in partnership with the Philippine College of Surgeons, conducted a webinar on Adult Vaccination last March 18, 2021. The online event was sponsored by ADP Pharma and broadcasted simultaneously via Zoom, Docquity and the Philippine College of Surgeons' Facebook page. Dr. Joy Grace Jerusalem, Board Secretary of the AWSP and Master of Ceremony, moderated the activity. Dr. Ida Marie Lim, Board Trustee, led participants in the Invocation. Dr. Wilma Baltazar, immediate past president of the AWSP, introduced the guest speaker.

The topic of Adult Vaccination was deemed relevant especially at a time where fears surrounding vaccination runs rampant. The webinar, incidentally, roughly coincided with the initial roll out of the COVID-19 vaccines for health workers. The guest speaker, Dr. Jennifer Ann Mendoza-Wi, past president of the

Philippine College of Chest Physicians, delivered a comprehensive discussion on the definition of epidemic vs. pandemic, history of vaccines, basic immunology and vaccinology and the COVID-19 vaccine. An open forum moderated by Dr. Bernice Navarro, followed the lecture. Dr. Esther Saguil, Vice President of the AWSP, delivered the closing remarks.





PAHNSI

Doing its Share in the National Integrated Cancer Control Act and the Universal Health Care Law

• Ida Marie T. Lim, MD, FPCS, FPSGS •

As a multidisciplinary organization composed of specialists caring for patients with head and neck conditions, the Philippine Academy for Head and Neck Surgery, Inc. organized various educational activities to increase public awareness on goiter and oral, head and neck cancer as well as continuing medical education activities for the physicians.

The fourth week of January has been designated as Goiter Awareness Week based on Presidential Proclamation 1188 which was signed 2016. In line with this, PAHNSI partnered with the Department of Health and other relevant organizations in a week long observance of Goiter Awareness Week. Being the surgical organization in the group, PAHNSI together with PCS Metro Manila Chapter, PSGS Metro Manila chapter, Philippine Society of Otorhinolaryngology -Head and Neck Surgery and AHNOP, held a lay form on "Mga Dapat Alamin tungkol sa Operasyon sa Bosyo." The lay forum discussed the common issues asked by the public before they undergo surgery as well as the additional treatment and follow up there after. The activity was well attended.

A three part symposium title International Collaborative Oral, Head and Neck Cancer

teleconference - I.C.O.H.Ne.C.T. was held on April 12 (Epidemiology and Diagnosis); April 14, (Management) and April 17 (Training programs). Three international guests were featured in a panel discussion with local experts: Professor Jatin Shah of Memorial Sloan Kettering Cancer Center; Professor Sheng Po Hao, Professor & Chairman Department of Otolaryngology Head and Neck Surgery; Director, Comprehensive Oral Cancer Center, Shin Kong Wu Ho-Su Memorial Hospital, Taiwan; and Dr. Elizabeth Mathew Iype, a head and neck surgeon from the Regional Cancer Center, Kerala, India. The panelists shared their experiences in managing head and neck conditions during the pandemic as well as strategies to mitigate the effects of Covid.

A multidisciplinary Tumor board hosted by the Philippine Cancer Commission was held on April 15, 2021 featuring cases from UST Benavides Cancer Center, UP-PGH and Rizal Medical Center. A lay forum was then hosted by PCS MMC and PSGS MMC on April 16. The lecturers are Dr. Anthony Dofitas, Dr. AJ Fabric, Dr. Warren Baccorro, a radio oncologist, and Mr. Jojo Flores, a cancer survivor.

PAHPBS: Carrying the Torch Amidst the Winds

• Karen Latorre, MD, FPCS, FPAH, PBS and Catherine SC Teh, MD, FPCS, FPAH, PBS •

Respecting the distance a marathon imposes on the body and mind is paramount before embarking on one. A commonly held belief among new runners is that running a marathon is about just that – running. However, running a marathon requires a practiced ability to run distances and strength and endurance: both physical and mental.

It has been around 390 days since the country was placed under quarantine restrictions due to the Covid-19 pandemic. Since then, PAHPBS has not wavered in its commitment to going the distance.



The First Leg

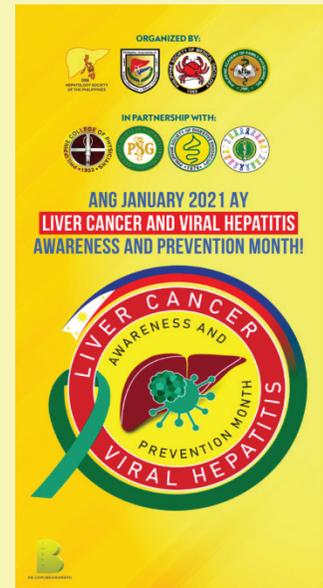
To kick things off in January 2021, PAHPBS, in cooperation with the Hepatology Society of the Philippines (HSP), Philippine Society of Medical Oncology (PSMO), and Philippine Academy of Family Physicians (PAFP), organized and participated in the Virtual Liver Run/Walk. Held last January 2-29, 2021, registrants participated in this advocacy run to raise awareness about Chronic Viral Hepatitis and raise funds for the Liver Cancer Collaborative Action Program.



This was held in conjunction with educational activities to celebrate Liver Cancer and Viral Hepatitis Awareness and Prevention Month.

Since the enactment of the Republic Act, 10526 (R.A. 10526) in 2012, the month

of January henceforth has been designated as Liver Cancer and Viral Hepatitis Awareness and Prevention Month in the Philippines. Organized in cooperation with HSP, PSMO, and PAFP, this year's celebrations were unhampered by the current pandemic restrictions on mass gatherings as, indeed, a fully digital format allowed for a month-long celebration consisting of lay fora, professional lectures, and multidisciplinary tumor boards. Activities were spread out evenly over four weeks, with Week 1 dedicated to Fatty Liver Disease, Week 2 for Alcoholic Liver Disease, Week 3 dedicated to Viral Hepatitis, and a week focused on Liver Cancer. Each week's Wednesdays were designated for Lay Fora, Thursdays for Advanced Lectures for Physicians, and Fridays for Primary Care Physician lectures. Indeed, the collaborating organizations for these activities were in it for the long haul.



Nobody Runs Alone

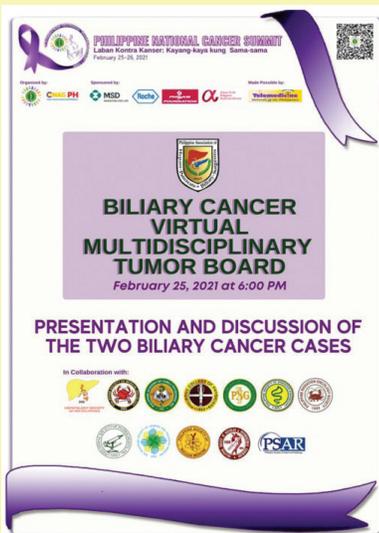
Seasoned runners know that to be a consistent winner means preparing not just for one day, but for a lifetime... and that many times, the preparation is not done all alone. It was the combined and dedicated efforts of the collaborating societies which sustained the month-long learning activities. The concept of a Multidisciplinary Team Approach to optimize Liver Cancer care culminated in a Virtual MDT Liver Tumor Board organized by the PCS Cancer Commission. As an active collaborator

and a champion of the MDT Approach to Cancer Care, PAHPBS hosted this event.

This year's celebration of Viral Hepatitis and Liver Cancer Awareness Month was fruitful and filled with meaningful activities for both the general public and health care providers. One of the critical advocacies of PAHPBS has been the broader adoption of the MDT approach in more areas around the country, as this has been consistently proven remarkably to improve treatment outcomes for cancer patients. The known benefits of the MDT approach are not only centered on improved patient outcomes, but as expert teams become more and more adept at working together, it also brings about innovation, paradigm shifts, and advancement. In Cancer care, nobody finishes the race alone.

Seemingly without pause, we entered the next leg in February with celebrations for Cancer Awareness Month, with the PCS Cancer Commission at the helm. Throughout the two-day events for the Philippine National Cancer Summit held last February 25-26, 2021, comprehensive cancer care strategies were emphasized. A culminating activity was the Biliary Cancer Virtual MDT presented by PAHPBS last February 25, 2021. The value of teamwork and collaboration truly shines through Cancer Care, as evidenced by optimal outcomes achieved through the MDT approach.

In keeping with the spirit of forging partnerships and strengthening patient care, PAHPBS joined the Philippine Society of Gastroenterology (PSG), Philippine Society of Digestive Endoscopy (PSDE), and HSP in the celebration of Philippine Digestive Health Week last March 8-13, 2021. "Empowering Filipinos to Care for their Digestive Health". They are indeed some of our most valuable teammates in the fight against liver disease and HPB cancers.



Lifting Others as You Rise

As the world celebrated International Women's Day on March 8, 2021, the PAHPBS celebrated the women who lead this organization, pushing HPB surgery in the Philippines to higher grounds. As evidenced by the valuable work of these strong, empowered women... Success is best achieved together.

As a testament to the growing international presence of PAHPBS, our President Dr. Catherine Teh was recognized



as a #hpbheroine by the International Hepatopancreatobiliary Association (IHPBA) as it commemorated International Women's Day Online, alongside other leading women surgeons in HPB worldwide.

Trivia: Women surgeons comprise only 15% of all board-certified surgeons of the Philippine College of Surgeons. How many percent of the surgeons of the Philippine College of Surgeons are WOMEN in HPB? Answer: 0.7% only. However, PAHPBS continues to work towards leveling the playing field, providing mentorship, and continuing educational activities for all, for truly, we are all just on the same team.

To round out the month of March, PAHPBS joined with the Philippine Society of



CELEBRATING WOMEN IN HPB



INTERNATIONAL WOMEN'S DAY 2021
VISIT WWW.PAHPBS.ORG FOR MORE.

CELEBRATING WOMEN IN HPB



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INTERNATIONAL WOMEN'S DAY 2021
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Colon and Rectal Surgeons (PSCRS) and other collaborating specialty societies in celebrating Colorectal Cancer Awareness Month. Liver Metastasis from colorectal cancer is no longer “the end of the line,” and in recent years, a significant increase in the life expectancy of patients with colorectal cancer has been achieved with different diagnostic and treatment programs. At its core: a Multidisciplinary Team Approach that enables medical specialists to collaborate to arrive at tailored treatment strategies for patients and their unique clinical profiles. What once was thought of as a “Point of no Return” in recent years has become a more manageable situation, affording our patients better prognoses in the hands of capable expert teams that play a crucial role in the holistic management of Stage IV disease especially those with liver metastases.

Keeping the Faith and Running the Race

While the last quarter of 2020 and the first couple of months of 2021 saw a decline in the number of Covid-19 cases in the country, a sudden sharp and steady increase was again noted by March 2021. As the Philippines continues its battle against Covid-19, we must remain steadfast in our commitment to protecting the most vulnerable populations among our citizens. This includes patients who suffer from Chronic Liver Disease,

HPB Cancers, and Liver Transplant patients. In a series of online publications, we strive to educate the general public about Covid-19 vaccine recommendations for these groups of patients. Please do note that this is a “living document,” and updates may be issued following the best available evidence, with our recommendations aligned with both international (AASLD, EASL, ESMO, ILTS) and local (PSMO, HSP, DOH) guidelines. These materials are available online on the PAHPBS social media accounts and website, where we will continue to issue updated vaccine safety and general health guidelines for our patients.

The present challenges brought about by the Covid-19 pandemic may seem unrelenting, and at many times, it is like carrying a torch flame through a marathon amidst the winds. Just like running a marathon, steady determination, a focused mindset, and a commitment to crossing that finish line together gives the organization the will to power through and keep bearing the torch, with its unwavering flame, steadily.

Please visit and like our Facebook page Philippine Association of HPB Surgeons, Instagram page @pahpbsi, and Twitter account @pahpbsi to learn more about this dynamic organization and our advocacy programs. We are also online at www.pahpbs.org.

“In Cancer care, nobody finishes the race alone.”

“Pagtulong ng PATACSI sa Panahon ng Pandemya”

• Christopher U. Ocampo, MD, DPBTCVS and Robin Augustine Q. Flores, MD, FPATACSI •

The ongoing pandemic has severely limited our activities in PATACSI. However, we could not turn away from our patients in need of vascular access for their dialysis. In line with this, PATACSI has organized “Pagtulong ng PATACSI sa Panahon ng Pandemya” – AV Fistula (AVF) and Vascular Access Surgical Mission 2021. In coordination with the local PCS chapters and with the support of local PATACSI fellows available within their region of practice, these surgical missions were organized in various parts of the country. Started last February 24, 2021, these missions have been conducted as far north as Ilocos Sur (Mariano

Despite the limited patients these missions may serve due to multiple factors brought upon us in this COVID-19 pandemic, it will not hinder our efforts to help more and more patients.



Marcos Memorial Hospital and Medical Center) to down south in Iloilo (West Visayas State University Medical Center), with other missions in the Bicol Region (Bicol Medical Center), Bulacan (Norzagaray Municipal Hospital) and Manila (Gat Andres Bonifacio Memorial Hospital). Plans for more missions this year are underway which includes Pampanga, more municipalities in Bulacan, General Santos and Cagayan de Oro.



PSCRS 2021 11th International Scientific Meeting

• Jeryl Anne Silvia R. Reyes, MD, FPSCRS, FPCS •

The Philippine Society of Colon and Rectal Surgeons successfully held its 11th International Scientific Meeting last March 11 to 13, 2021 in a hybrid platform, which garnered about 1,300 registrants over the three-day event. The EDSA Shangri-La Manila served as the headquarters for the broadcast of the webinars and the venue for the board examinations of the Philippine Board of Colon and Rectal Surgeons. It accommodated a small audience, mostly fellows of the PSCRS, adhering to Philippine regulations for COVID-19 public health protocols on gatherings. After having cancelled the PSCRS 2020 Scientific Meeting due to the COVID-19 pandemic, the Society, led by its president Dr. Robert B. Bandolon, decided to convert the traditional face-to-face convention to a hybrid online and minimal in-person meeting. Following the positive feedback of several interactive live webcasts held last year by the PSCRS, the Society continued this growing trend, in order to uphold its thrust on promoting surgical education in the field of colon, rectal, and anal surgery.

On March 11, there were three pre-congress symposia held. The Peritoneal Surface Malignancy Symposium featured Dr. Melissa Teo from Singapore, who shared her expertise and provided current management strategies in this rapidly emerging field. The second is the Stoma and Wound Care Symposium, which aimed to reach out to all medical professionals, surgeons and nurses alike, involved in caring for patients with ostomies and complex wounds during the pandemic. The day concluded with a talk on “The Biology of Anastomotic Healing” by Prof. B. Satyanand Shastri from India.

On March 12, the first day of the congress proper, the PSCRS featured Prof. Armando C. Crisostomo, a past president of the PCS, the PSCRS, and the ASEAN Society of Colon and Rectal Surgeons, as the esteemed speaker for the 2021 Dr. Porfirio M. Recio Memorial Lecture. The title of his talk was “Championing the Soft Skills in Surgical Training and Practice”, which was attended simultaneously on Zoom by about 950 viewers and has garnered 970 views on Facebook Live. Prof. Crisostomo shared his wealth of knowledge and insights on the very vital topic of surgical training, where he has been active for most of his 33 years of surgical and academic practice. He is considered to be one of the pioneers that shaped the landscape of training and assessment of young surgeons, and pushed for the standards that are now implemented across the various surgical fields.

Highlights of Day 2 included two PSCRS Honorary Fellow Distinguished Lectureships, which were given by Prof. Scott R. Steele from the Cleveland Clinic, USA, who talked about what to do with a positive circumferential resection margin after rectal cancer surgery and by Prof. Chuchep Sahakitrungruang from Thailand, who talked on reconstruction options following pelvic exenteration. Another notable international speaker was Prof. Art Hiranyakas, also from Thailand, who talked about colorectal circular staplers. The second day concluded with the Induction of 2021 – 2023 PSCRS Board of Trustees and new Fellows and Fellowship Night. PCS President Dr. Antonio S. Say graced the event as the inducting officer. The outgoing president, Dr.



Prof. Armando C. Crisostomo receiving the Plaque of Appreciation from PSCRS President Dr. Robert B. Bandolon after his Porfirio M. Recio Memorial Lecture



PSCRS President Dr. Robert B. Bandolon and the Chair of the Philippine Board of Colon and Rectal Surgery Prof. Armando C. Crisostomo with the newly-inducted fellows of the PSCRS, (L-R) Dr. Gilmyr Jude G. Maranon, Dr. Edward Roy A. de Guzman, Dr. Mark Augustine S. Onglao, and Dr. Kenneth E. Yabut



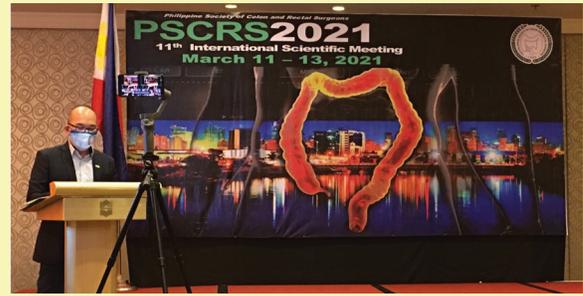
President of the PSCRS 2017-2021 Dr. Robert B. Bandolon

Bandolon delivered his farewell statement after a very fruitful four-year term that included the celebration of the 50th anniversary of the PSCRS in 2019. The incoming PSCRS President Dr. Carlo Angelo C. Cajucom gave his message to the Society, poignantly highlighting each fellow in his address, setting the tone for starting his leadership in this unique time of an ongoing pandemic.

The third day continued highly relevant talks on colon, rectal, and anal topics. Five international speakers were able to give their PSCRS Honorary Fellow Distinguished Lectureships: Prof. Michael Ka Wah Li (Hong Kong), well-known in the PCS community who talked about the status of minimally-invasive colorectal surgery in Asia, Dr. Vincent J. Obias, a Filipino-American surgeon from Washington DC who gave his lecture on the benefit of intracorporeal anastomosis, Prof. Arun Rojanasakul (Thailand) who expounded on anal sepsis patterns, Dr. Charles Tsang Bih-Shiou (Singapore) who discussed severe chronic anal fissures, and Prof. William Tzu-Liang Chen of Taiwan who talked about techniques in reducing tension in laparoscopic intestinal anastomosis. The scientific meeting ended with the lecture of Dr. Chong Choon Seng of Singapore who delved into the fluorescence-guided surgery in intestinal anastomosis.

Aside from the outstanding lectures delivered by the PSCRS Fellows, the PSCRS showcased the current fellows-in-training in a Colorectal Compendium, where they presented their research work and interesting cases that they have managed. It was perhaps a preview of how the Society will be carried on into the post-pandemic future.

Even as everyone is wading through these difficult times, the PSCRS adapted to the current situation and reaped the benefits of having a completely virtual meeting, one of which is the ability to reach out to more surgeons and trainees, albeit in a non-traditional fashion. The Society, through these meetings, strives to continue upholding their objectives set forth in the



Newly-inducted PSCRS President Dr. Carlo Angelo C. Cajucom giving his inaugural address during the Fellowship and Induction Night

by-laws, specifically in promoting the advancement of the science and art of surgery of the colon and anorectum, maintaining high standards in education, training, and surgical practice, and cultivating the spirit of collegiality and brotherhood among surgeons.

*The key points and highlights of our recently concluded PSCRS 11th International Scientific Meeting may be accessed at the PSCRS official website or may be viewed through our PSCRS YouTube channel. Please subscribe to the PSCRS YouTube channel for regular updates on our future activities. Please refer to the links below.

Links:

PSCRS Website: <https://pscrs.org/gallery/11th-international-scientific-meeting/>

“Championing the Soft Skills in Surgical Training and Practice” by Prof. Armando C. Crisostomo: https://youtu.be/f4JgGunlD_M

Day 1-3 Key Points and Highlights: <https://www.youtube.com/channel/UClAjktfkJhHuaYe3rNzGdaQ/videos>

PSCRS Facebook Page: <https://www.facebook.com/pscrs2021>



PCS President Dr. Antonio S. Say as inducting officer for the new Board of Trustees of the PSCRS, (L-R) Dr. Carlo Angelo C. Cajucom (President), Dr. Marc Paul J. Lopez (Vice-President), Dr. Joseph Roy B. Fuentes (Treasurer), Dr. Omar O. Ocampo (Secretary) and Dr. Jeryl Anne Silvia R. Reyes (Trustee). Not in picture: Dr. Michael T. Catiwala-an (Auditor), Dr. Catherine S. Co, Dr. John Paul S. Gonzalez and Dr. Loreto B. Ong (Trustees)

The PSO-HNS, Celebrating 65 Years of Commitment to Service and Excellence

• Adrian F. Fernando, MD, FPSO-HNS, FPCS •

The year 2021 marks the 65th anniversary of the Philippine Society of Otolaryngology - Head and Neck Surgery (PSO-HNS). This celebration comes in a time of great disruption not only for the Philippines but also for the world, magnified by an unprecedented global health crisis caused by the COVID-19 pandemic. As we all experience this very serious health burden and its severe economic and social impacts, we are also reminded that these times of struggle can become an opportunity for us to be united and serve as a catalyst for positive change and transformation.

In 1956, against overwhelming odds and formidable circumstances, an undaunted group of U.S. trained Otolaryngologists who were all Fellows in good standing of the erstwhile Philippine Ophthalmological and Otolaryngological Society, agreed that it was time to incorporate an independent society to establish a competent Otolaryngologic practice in the country. This was inspired by the late Dr. Thierry F. Garcia together with Drs. Napoleon Ejercito and Dr. Angel Enriquez, Otolaryngologists from the UP-PGH Medical Center. They were later on joined by Drs. Cesar F. Villafuerte, Sr., Jose Antonio L. Roxas, Sr., Vicente Songco, Antonio Vicencio, Macario Tan, and Dr. Ariston Bautista who was then in the State University of New York when he was inducted in absentia. These founding members were later on known as "The Heroic Nine" a moniker which was originally coined by Dr. Frank Co Tui who was the Director of the Creedmore Institute Science when he was invited as the guest of honor and speaker at the inauguration rites. Dr. Rafael Tombokon,

the Undersecretary of Health then, inducted the charter members, charter directors, and the society's first president, Dr. Thierry F. Garcia at the Dao Room of the Manila Hotel on February 17, 1956.

The Society was first named as the Philippine Society of Otolaryngology and Bronchoesophagology, Inc. and was eventually renamed as the Philippine Society of Otolaryngology - Head and Neck Surgery (PSO-HNS) during the 25th Annual Meeting at the Hyatt Regency Hotel on December 3, 1981. Over the years, eight PSO-HNS regional chapters were created to foster the mission of the Society in enhancing public health promotion, and to assist its fellows in their professional and individual growth within the community and the society.

From its humble beginnings, the PSO-HNS has also been recognized internationally by the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) as one of its 75 International Corresponding Societies (ICS), The International Federation of Otolaryngology Societies (IFOS) as one of its active society members, and the International Federation of Head and Neck Oncologic Societies (IFHNOS) as a part of the steering committee which drafted the constitution and bylaws of the Federation in December 2010. The PSO-HNS is also one of the founding members of the Asian Society of Head & Neck Oncology (ASHNO) and the ASEAN- ORL. The latter was established in July 1980 and had





elected three of the Society's fellow leaders in 1986 (Dr. Mariano B Caparas+), 1998 (Dr. Manuel C. Tan, Jr.), and 2013 (Dr. Wilfredo F. Batol).

At present, there are 34 training institutions for ORL-HNS in the country accredited by the Philippine Board of Otolaryngology - Head and neck Surgery (PBO-HNS). All are implementing a continuously evaluated and improved Outcome-Based learning format and aim to apply different leveling for excellence for its subsequent re-accreditations. Moreover, there are now 10 Academies under the PSO-HNS, that were founded initially as an interest sub-specialty group and designated to promote advancement in the different interests and sub-specialties of ORL-HNS in the country. These Academies are comprised of the following:

1. Academy of Head and Neck Oncology of the Philippines (AHNOP)
2. Philippine Academy of Facial Plastic and Reconstructive Surgery (PAFPRS)
3. Philippine Academy of CranioMaxilloFacial Surgery (PACMFS)
4. Philippine Academy of Sleep Surgery (PASS)
5. Philippine Academy of Neurotology, Otology and Related Sciences (PANORS)
6. Philippine Academy of Rhinology (PAR)
7. Philippine Academy of Laryngobronchoesophagology and Phoniatics (PALP)

8. Philippine Academy of Audiology (PAAud)
9. Philippine Academy of Pediatric Otolaryngology (PAPO)
10. Philippine Academy of ORL Allergy and Clinical Immunology (PAORLACI)

As we recall the journey we have gone through, we also look at the path ahead that we still need to take amidst confronting the existing pandemic, nevertheless, we remain hopeful. We hope that the effective activities, procedures, and innovations we have developed during this pandemic will transform the way we practice and communicate with each other. We hope that we all learn vital lessons and optimism and create new concepts and better relationships. Along with the "Blue Sapphire" that brings energy and healing, and symbolizing the 65th Anniversary of the PSO-HNS, we extend this hope and energy to the Philippine College of Surgeons for a stronger partnership, collaboration and commitment to one another.



Collaboration and Sharing Each Other's Experiences: The Philippine Spine Society

• Richard V. Condor, MD., FPOA •
Secretary
Philippine Spine Society

Henry Ford said, "Coming together is a beginning; keeping together is progress; working together is success."

The field of medicine, and especially spine surgery, is definitely not static. The body of knowledge is constantly growing and sometimes changing. One must always be looking for new ways and techniques to achieve better outcomes and patient care. A spine surgeon needs to stay up-to-date with the newest findings, technologies and techniques. Which range from Minimally Invasive Spine Techniques, Intra-operative navigation in spine, to Robotics in Spine Surgery. Reading peer-reviewed journals and attending conferences is probably the easiest way to achieve it. Collaborating with colleagues to share from each other's experiences and findings is invaluable to a spine surgeon.

The Philippine Spine Society has been evolving dramatically with the governance of its active board of trustees, led by Dr. Francisco Altarejos, its current President. With the fellows returning from their spine fellowship abroad, the Philippines has started to leave a mark in the Asia Pacific region. There have been a lot of collaboration of the members thru webinars, virtual meetings, paper presentation, workshops and exchange of ideas in the Asia Pacific region.

The effect of the pandemic and subsequent ban of elective surgery across the country, highlighted the need for flexibility of the spine surgeon. We are going to see more collaborations, and group practice, exchange in ideas and opinions in various cases in spine surgery. The internet has been a very valuable tool in this time of pandemic. More and more group chats with exchange of ideas and

manner of management have been created for the improvement of the surgeons skill and patients safety.

A lot of learning and professional growth also comes from personal experiences. Good outcomes and happy patients allow us to remember and reinforce what we did right. Mistakes and complications must never be ignored but always used as a learning opportunity and a way to improve future performance. Someone said, a definition of an expert is the one who made all the possible mistakes. While it is a simplification, there is a lot of truth to it. With this much to learn and experience, professional growth will never stop. Most spine surgeons are competitive on some level. Keep that competitive fire alive by raising your own bar. I feel that by competing with myself and raising the bar with matters involving life, including medicine, causes us to ask questions. Always strive for that next mark maintains interest, thirst for knowledge and a desire to take action upon your findings.

In terms of specific options for professional growth, one can consider anything ranging from a visit to another surgeon, to a weekend course, to a traveling fellowship, to an advanced degree to a full-on career change within or outside of medicine. Other options include diversification within one's core spine surgical practice via the inclusion of new techniques, teaching, research or innovation to help make things more interesting.

Let us seize this opportunity to rediscover our common humanity and the values that bond us together. Collaborating with colleagues to share from each other's experiences, keeping together and working together to success.

Call to Inaction!

• Servando Sergio DC. Simangan Jr., MD, FPCS, FPSTS, FPSVES •

As the crowned maleficent swept the globe, as it became clear that it was human interaction that fed its insatiable murderous march. There rose a deafening exhortation for every one to which surgeons one with the rest of the human community had to obey the “CALL TO INACTION!” and halt elective surgeries while shifting resources to the care of victims. It was a duty is to hunker down, stay and be still. When doing surgeries, surgeons looked more like astronauts. When meeting, masks and distancing were necessary. Conferences were virtual in part or in whole. Learn, adapt, then overcome. Thus Meetings, Board Examinations, Oath Takings, and Conventions proceeded in modified forms. Slowly transplants, having among the most vulnerable patients, resumed. Measures have been honed to minimize risks to personnel and patients. Vaccines, a silver lining in the gloom, were deployed. And



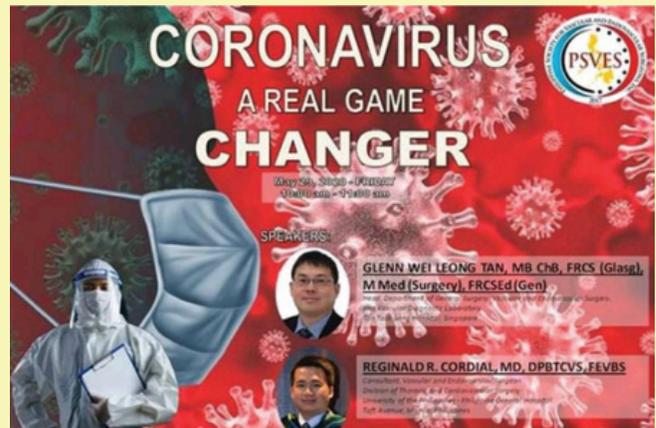
although we may never get rid of it fully, masks, social distancing and other precautions will stay. Our duty to perform transplants and other elective procedures have resumed.



Ours is Not To Reason Why, Ours is To Do and Die

• Servando Sergio DC. Simangan Jr., MD, FPCS, FPSTS, FPSVES •

Although it felt at times as if we surgeons were living the loosely quoted lines of Lord Alfred Tennyson (with apologies for paraphrasing). There was no question that the fear was real. We did not have the luxurious naivete of the deniers, naysayers and conspiracy theorists as the devastation stared us in the face every day. Yet we soldiered on, not blindly but with every precaution and protection available and conceivable. Because life saving accesses, life endangering aneurysms respect no time, no disease nor thought as to whom it endangers. And many fell, no surgeon, no health care worker was spared the pain, for each one who succumbed was a colleague, each one an unnecessary lost, each single loss we cried was one too many. We coped. Not only for surgeries but also for the other aspects of being a surgeon. Conventions were held virtually. Speakers and attendees literally a world apart, no need, although it would not be possible to anyway, to travel even if now we wanted to. Lectures are preferably pre recorded and with deft timing lecturers are made available to interact live. Meetings are virtual and if face to face, distanced and masked. So after a jarring halt and the lockdown fatigue it eventually engendered. When cases undone inevitably built



up, when electives progressed to urgent, ways had to be found to resume surgeries. And so we are now at this point, regardless of the surging cases and mortalities of the pandemic, the vaccines the only light at the end of the tunnel although still feeble, we charge up the mountain of cases. But thankfully, we are not charging blindly but with the full knowledge we acquired in the last year dealing with the disease. We are not charging without reason but have threshed out the rationale of our actions. And definitely when we perform our profession we dont expect to fall but to forge on one case at a time, saving one life at a time while protecting our own.



Phillipine College of Surgeons Foudation, Inc.

The Phillipine College of Surgeons Foundation, Inc (PCSF) has been more active in recent years due to the inclusion of planning and managing of the conventions of the Phillipine College of Surgeons (PCS). The newly created commissions and their respective activities also became part of the PCSF's responsibilities. Thus, in order to clearly define the role of the foundation and establish important guides to harmonize its operation with that of the PCS, the PCSF Board of Trustees organized a PCSF Summit and Strategic Planning workshop on two consecutive Saturdays, January 30, 2021 and February 6, 2021. An extra session was held on February 12, 2021, via Zoom platform to complete the activity's objectives.

Mr. Luis P. Morales, Executive Director of the Phillipine Council for NGO Certification (PCNC) gave a comprehensive lecture on Foundation 101 and dwelt on matters on accreditation requirements and expectations that the agency have been mandated to look into. He spoke on NGO governance, and management with emphasis on accountability and transparency, ensuring that the resources generated and accordingly awarded will be appropriately utilized to serve the identified project beneficiaries. This was then followed by sessions with Ms. Concepcion Carag-Vergara, learning and development consultant of Concourse Consultancy Ventures. Ms. Vergara guided participants in the various sessions: a. defining the vision/mission; b. identifying the core values; c. deciding on the foundation's key performance indices (KPIs); d. creating the KPI scorecard. The final session produced the foundation's strategic goals for 2021.

Presented here are the results of the said PCSF Summit and Strategic Planning workshop:

VISION

The Phillipine College of Surgeons Foundation, Inc. harnesses solutions to support initiatives that address the surgical needs of the Philippines.

MISSION

We are responsible stewards of resources generated through collaboration with the Phillipine College of Surgeons and all who share our Vision.

CORE VALUES

- I - Integrity: We are honest, ethical and principled.
- A - Accountability: We are responsible for our actions and answerable to all.
- P - Professionalism: We embody excellence, competence, efficiency and respect in all endeavors
- C - Commitment: We are determined to pursue our purpose.
- S - Stewardship: We are conscientious in the management of our resources.

STRATEGIC PILLARS

1. Financial Management
2. PCS Support
3. Resource Generation
4. Commissions Support

Strategic Pillars Definitions and 2021 Goals

1. **Financial Management:** strategic planning, organizing, directing and controlling the financial undertakings of the foundation, including safe investment opportunities and maintaining enough funds.

2021 Goals:

1. To draft a manual on financial policies and guidelines
 2. To formulate an annual budget
 3. To automate billing and collection by the end of the year
 4. To provide monthly reports for monitoring of efficient use of funds
 5. To create a 2-year budget
2. **Resource Generation:** generating resources from the resource provider, using different mechanisms to implement the organization's pre-determined goals.

2021 Goals:

1. To attain a 10% increase from 2020 in cash resources generated
2. To retain 100% of existing benefactors and donors, who will continue to donate annually
3. To grow the list of benefactors/ donors by 30% at the end of 5 years.
4. Commission Support: assist the commissions in their activities

2021 Goals:

1. To achieve at least 60% of the goals of each commission for this year
2. To hire, train, and institutionalize an executive officer and administrative staff for each commission
3. To launch one commission to be an independent and self-sustainable commission in 5 years
4. PCS Support: assist the PCS in their conventions and education and research activities

2021 Goals:

1. To conduct 2 major conventions within the year
2. To initiate the conduct of 2 CME initiatives in each of the 3 Commissions
3. To support 1 research activity on Surgical Manpower Distribution in the country

In the years to come, depending on the opportunities and developments, the PCSF may expand its horizons and add more pillars as deemed necessary.

“The Need To Do More ... a PALES Way of Life”

• Miguel C. Mendoza, MD, FPCS, FACS, FPALES, FPSGS •
President, Philippine Association of Laparoscopic and Endoscopic Surgeons

The year 2020 was truly a challenging year to each and every one of us. Despite the problems brought about by the COVID-19 pandemic crisis, the current Board of Directors and Officers of the Philippine Association of Laparoscopic and Endoscopic Surgeons (PALES) for the YEAR 2020-2022 hit the ground running upon assumption of office beginning August 2020 and set out to achieve several projects for the coming year for our PALES Fellows. During the first board meeting, these projects included the implementation of the following: strengthening the committees by inviting more fellows to join and participate in each committee with a director in charge and a PALES fellow to chair the committee, continue with the basic and advanced laparoscopy workshops applying new platforms of innovations like blended online workshops, providing continuing surgical education in minimally invasive surgery and endoscopy to ensure quality of surgical care and patient safety through the various webinar series like the SCOPE webinars and webinars on the PALES Zero BDI Campaign, MIS Use of Surgical Energy (MIS-USE), and Non technical surgical skills for professional development among others, establish strong relations through collaborative efforts with local and international surgical organizations and the Operating Room Nurses Association of the Philippines (ORNAP), standardizing surgical training in MIS specifically through the PALES Unified MIS Fellowship Programs and the PALES-Accredited training institutions through the renewed accreditation and re-accreditation processes, creating a Master's Program in MIS in collaboration with International institutions, finalizing the PALES administrative manual which will serve as a basis in running the organization in a streamlined manner for all future officers and board of directors, creating a new,

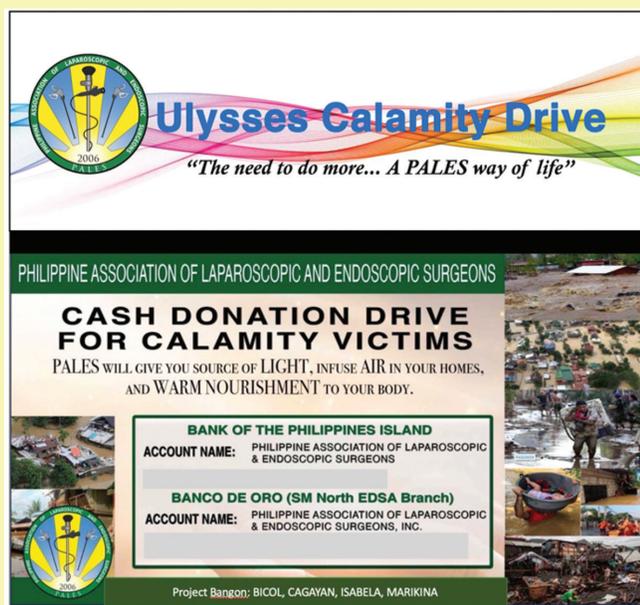
dynamic, and interactive PALES website that will be a source of information and education for all active PALES fellows, forming a data base registry online to have our very own national data, creating our trademark PALES scientific journal entitled Philippine Journal of Endo-Laparoscopic Surgery (PJELS) for publication of our local research studies, promoting innovation in MIS to develop new techniques and technology, laying down specific guidelines for ethics and peer review that will serve as a solid foundation for future decisions by the committee geared towards trying to help fellows in their matters of concern, and coming up with a well-designed and relevant PALES annual convention for years 2021 and 2022 in tune with the times. These are just a few of the numerous projects that PALES has laid down with the main purpose of providing the best for the welfare of all our fellows despite the difficulties we currently face.

However, because of the recent experience of a series of calamities that hit the country that brought about significant effects to the lives of our fellows and their families together with the communities they serve, the current board has also embarked on the approved the setting up of a “PALES Calamity Fund” that aims to provide help and support to those affected. This “PALES Calamity Fund” was an offshoot of the “PALES COVID Fund,” which was a noble project initiated by the previous board under the leadership of Dr. Ernesto Tan. This fund was successful in helping our PALES chapters and selected institutions cope with the difficulties during the onset of the COVID-19 pandemic crisis.

The “New PALES Calamity Fund” is aimed to go above and beyond the COVID -19 crisis and will serve as a preemptive measure to cater to other

calamities that we may face in the future. This fund will continuously be replenished the whole year round through donations from friends of PALES, the PALES online store where 100% of the net revenue will go directly to this fund, and percentage from revenue generated through various projects among others. Through this contingency, we will be able to ensure the viability of this special fund in the years to come.

During the last calamity faced by the country brought about by Category 4 Typhoon Ulysses



last November 2020, the PALES Board made a resolution to help those victims of Typhoon Ulysses. A call for help by the board to all PALES fellows was made to contribute financially on a voluntary basis and to make a difference in their own personal way. The board voluntarily initiated the fund drive and the response that followed from the rest of the fellows of the organization was indeed overwhelming. The financial assistance project was eagerly supported not only by our PALES fellows but also by various Departments of Surgery programs, past presidents, officers, and directors of the board, and the numerous friends of PALES. This project was able to generate more than five hundred thousand pesos (P500,000.00) combined coming from our donors and from the new PALES Calamity Fund. The identified selected communities were from Barangay Barangka in Marikina Metro Manila, Bicol Region, and Cagayan and Isabela provinces. A needs analysis was done through the coordination with our PALES fellows who were at ground zero. The fund generated was used to purchase basic essential home appliances for daily survival, sacks of rice, and wheelchairs for the senior citizens and for the handicap individuals as a bridge during the recovery period. This project was also made successful through the efforts generated

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PALES distribution of relief items in Barangka Marikina with representatives from the PALES Board, Dr. Mon Ong, Dr. Juvie Villaflor, Dr. Rouel Azores and the author together with Ms. Cherry Pineda. Also joined by PALES Fellows from Marikina, Dr. Jerome Rivera and Dr. Anthony Bravo together with Kagawad Nestor Borja and joined by several members of the board through the zoom platform

by the members of the Committee on Surgical Outreach Programs headed by PALES Directors Dr. Rouel Azores and Dr. Juvie Villaflor and also our PALES Fellows from ground zero who acted as coordinators namely Dr. Jerome Rivera and Dr. Anthony Bravo from Marikina together with the Department Surgery of Marikina Valley Medical Center, Dr Bob Sarmiento for the Bicol community, and Dr. Erwin Baguion for the Cagayan Valley region. They ensured that the needs of the victims in the communities were identified, proper coordination with the local government units was established, and the distribution of the donated items will be done in a safe manner for all following the health protocols set during the pandemic crisis. Several PALES officers, board of directors, and fellows joined both the online and face-to-face distribution as representatives of our donors to hand the donated products to the families in the respective communities in a more personalized and visible manner.

This indeed was a truly fulfilling and heart-warming activity. The ability to help others in our own way has brought smiles to the people who have been victims of this dreadful calamity. We feel that

we need to act as a society though a collaborative effort to be able to be more relevant to the needs of our fellows and the communities we serve. One thing we learned from this pandemic is that ... the way we act will always affect the lives of others and the way others act will also affect our own lives in more aspects than one. The call to be relevant is not only to the fellows in the organization we belong to but also to the communities we all serve as well. So on top of the usual projects that PALES continues to generate, improve and implement for the benefit of our fellows, we as an organization should strive to be consistently relevant to the communities we serve by strengthening the aspect on social responsibility. Having this mindset truly sets the tone for all of us as individual fellows of PALES and as an organization of PALES for a new advocacy and that is ... "The need to do more ... a PALES way of life."

On behalf of the board, I would like to express our sincere gratitude for the continued support and cooperation coming from all our Fellows. Maraming salamat po.

Stays safe everyone.



PALES Board supervising the distribution in the Bicol region through the zoom platform

PAPRAS’ “Banner Year” Goes On Despite Pandemic

• Benjamin G. Herbosa, MD, FPCS, FPAPRAS •



The Philippine Association of Plastic Reconstructive and Aesthetic Surgeons turns 60 on March 22, 2021 depicting, nonetheless, a continued thrust on Expertise, Excellence and Ethics.

The resilient attitude put forth by its members through the years and particularly last year, became the unabridged Reconstructive and Cosmetic (or Aesthetic) exemplary work that engenders what is today’s Plastic Surgery in this country.

To start off this banner year of 2021, despite the prevailing medical conditions

and COVID social restrictions, a “hybrid” meeting was organized. Meeting on very stringent health standards and societal IATF protocols, they met on January 30, 2021 at a private multipurpose hall that had “room for 100 people” of which was monitored closely by the PMA health adjudicator to ensure proper social distancing was followed. Only the BOD Inductees were allowed to meet with the 2021 PCS President-elect in a very brief induction ceremony held at around 10:00 in the morning.

Dr. Benito P. Atienza, Philippine Medical Association President and pediatrician,



delivered the keynote lecture stressing the PMA's programs, projected plans and guidelines for its continued and tireless effort to sustain health and well-being of its members and the countrymen that Medical institution supports. This was followed by the Inspirational Messages of no less than the founding father and charter member of National Plastic Surgery Society of the Philippines, Dr. Ponciano D. Manalo, considered a living legend by colleagues and is the only existing member today. Strong and sturdy at 94 years of age, he was assisted by his son and Past President of PAPRAS himself, Dr. Francisco C. Manalo.

The Induction Ceremony was one of the only two Live and On-Site segments of the entire program for the day. Dr. Antonio S. Say, an Ophthalmologist and long-serving PCS Regent, led the hand-raising pledge ceremony of the new Inductees of the PAPRAS Board of Directors 2021. We were so deeply honored by Dr. Say's physical presence at the ceremonies though we could only "bump elbows" with him and raise our right palms over our chests to show our extreme pleasure and respect for each other. The other segment of the program was when the traditional exchange of the "Gavel hand-over" of the outgoing President to the President-elect Dr. Benjamin Herbosa. Dr. Laurence T. Loh received, in turn, a Plaque of Appreciation for having served as Director-Prexy for 2019-2020.

The culminating event of the day were the Dissertations on Clinical Practice Guidelines by Drs. Lora Mae A. De Guzman and Brian C. Ang, who happen to be the Co-Chairs-elect of the Scientific Committee. The Q&A portion was ran and was moderated by our

ever affable EVP-elect Dr. Arlene C. Cala-or. After which, the Scientific Com outlined their plan for the rest of the quarter.

On an important note, Dr. Juan P. Sanchez was featured to be participant from the Philippines for the American Society of Plastic Surgeons (ASPS) on their Asian Conference on a Live Stream on February 11 at 2100 hrs (MNL time). He shall speak on "Reconstructive and Aesthetic Surgery under Peripheral Anesthesia in a Clinic Setting". Dr. Sanchez is a dedicated plastic surgeon for the underprivileged citizens of the country.

To complete the first quarterly activities, Arlene Cala-or, with the scientific co-chairs, scheduled four of her distinguished colleagues for the PAPRAS Annual Convention and the 60th Anniversary Conference this March. They will be:

1. William Lao, New York, on Asian Rhinoplasty
2. Justine Lee, UCLA, on Facial Femiinization
3. Christine Rohde, New York, on Abdominal Wall Reconstruction and Sculpting
4. Life Guo, Boston, on Salvage Procedures for Breast Reconstruction

Looking forwards and beyond these challenging pandemic years, we wish everyone in the Medical Society focus, steadfastness and inner resolve to withstand this onslaught in our lives. These times will be the true test of our perseverance, courage, fortitude and dedication to what Hippocrates had called for. God Speed to all front liners.

In Memoriam

Ernesto G. Acosta, MD

November 6, 2020

Lorenzo Rommel G. Cariño, MD

November 4, 2020

Josefino S. Catangui, MD

May 16, 2020

Melanio G. Cruz, Jr., MD

May 9, 2020

Romeo G. Encanto, MD

May 3, 2020

Gloria G. Habalo, MD

Feb. 25, 2020

Marcelito S. Insilay, MD

July 25, 2020

Antonio R. Lahoz, MD

May 4, 2020

Victoria R. Laspiñas, MD

Oct. 18, 2020

Angelo H. Manalo, MD

March 25, 2020

Rolando R. Padilla, Sr., MD

July 3, 2020

Ernesto A. Rivera, MD

July 16, 2020

Primo N. Pichay, Jr., MD

Jan. 11, 2020

Caesar Ma. Raymund B. Rana, MD

April 2020

Leandro L. Resurreccion III, MD

March 31, 2020

Augusto P. Sarmiento, MD

Sept. 12, 2020

Menandro V. Siozon, MD

Oct. 12, 2020

Felipe T. Tablada, MD

Aug. 25, 2020

Hernan C. Ang, MD

January 10, 2021

Santiago C. Aquino, MD

April 7, 2021

Irineo P. Cases, MD

February 25, 2021

Nelson A. Cayco, MD

February 15, 2021

Paul Jesus S. Montemayor, MD

March 9, 2021

Dominador SA. Pedraccio, MD

January 5, 2021

Julian Rizaldy C. Raca, MD

April 12, 2021

Anthony M. Toquilar, MD

January 21, 2021

COMMITTEE APPOINTMENTS, 2021

COMMISSION ON ELECTIONS:

Chair: Ponciano M. Bernardo Jr. MD
Commissioners: Vicente Q. Arguelles, MD
Roman L. Belmonte Jr., MD
Adriano V. Laudico, MD
Leonardo A. Ona Jr., MD

Maria Redencion Abella, MD
Ma. Adela Nable-Aguilera, MD
Gene Gerald Tiongco, MD
Nikki Eileen Valencia, MD
Gerald Abesamis, MD (By Invitation)
Trisha Correa, MD (By Invitation)

CLUSTER A: NATIONAL PROGRAMS

(Trauma, Cancer, Outreach Services, Infection Control)

Head: Antonio S. Say, MD

COMMITTEE ON HEALTH MAINTENANCE ORGANIZATION (HMO) (INCLUDING PHIC)

Chair: Fernando L. Lopez, MD
Co - Chair: Edmundo R. Mercado, MD
Members: Abdel Jeffri A. Abdulla, MD
Jose Y. Chua Jr., MD
Mary Geraldine B. Remucal, MD
Manolette R. Roque, MD
Domingo A. Sampang, MD
Jose Christopher Sanchez, MD
Regent-in-Charge: Joselito M. Mendoza, MD

COMMITTEE ON TRAUMA (NATIONAL TRAUMA PROGRAM)

Commission Director: Teodoro J. Herbosa, MD
Chair: Jorge M. Concepcion, MD
Co-Chair: Ma. Cheryl L. Cucueco, MD
Regent-in-Charge: Glenn Angelo S. Genuino, MD
Members: Chandler E. Andrade, MD
Maria Concepcion O. General, MD

SUB-COMMITTEE ON ATLS

Chair: Raymundo F. Resurreccion, MD
National Director: Enrico P. Ragaza, MD
Members: Jorge M. Concepcion, MD
Warren M. Roraldo, MD
Andrew Jay G. Pusung, MD
Jennifer Tan, MD (By Invitation)

SUBCOMMITTEE ON BEST

Chair: Halima R. Romancap, MD
Members: Aileen Patricia M. Madrid, MD
Edgar A. Palacol, MD
Andrew Jay G. Pusung, MD
Maria Benita T. Gatmaitan, MD
(By Invitation)

SUBCOMMITTEE ON BETTER

Chair: Aileen Patricia M. Madrid, MD
Member: Joseph T. Juico, MD
Edgar A. Palacol, MD
Andrew Jay G. Pusung, MD
Maria Benita T. Gatmaitan, MD
(By Invitation)
Rolando Gerardo F. De la Cruz, MD

SUB-COMMITTEE ON BURNS

Chair: Glenn Angelo S. Genuino, MD
Members: Edmundo R. Mercado, MD

COMMITTEE ON CANCER (NATIONAL CANCER PROGRAM)

Commission Director: Manuel Francisco T. Roxas, MD
Chair: Ida Marie T. Lim, MD
Members: Jose Modesto Abellera, MD
Alex S. Sua, MD
Marwin Emerson V. Matic, MD
Richard T. Mallen, MD
Gerald T. Alcid, MD
Marc Denver S. Yray, MD
Shalimar C. Cortez, MD
Cecilio S. Hipolito Jr., MD
Ralph Lazarus R. Rapacon, MD
(vice Dr. Cathy Teh)
Cristina L. Santos, MD
Samuel D. Ang, MD (Resource Person)
Jose Rhoel C. De Leon, MD
Aldine Astrid Basa-Ocampo, MD
Alfred Philip O. de Dios, MD
Marc Paul J. Lopez, MD
Robert B. Bandolon, MD
Anthony Q. Yap, MD
Helen Bongalon-Amo, MD
Regent-in-Charge: Manuel Francisco T. Roxas, MD

COMMITTEE ON SURE AND COMMUNITY SERVICES (National Program on Outreach Services)

Commission Director: Vivencio Jose P. Villaflor III, MD
Chair: Rhoderick C. De Leon, MD
Co-Chair: Marcus Lester R. Suntay, MD
Members: Rouel Mateo M. Azores, MD
Henry Y. Chua, MD
Enrique Hilario O. Esguerra, MD
Miguel C. Mendoza, MD
Vincent Paul C. Olalia, MD
Raymund Andrew G. Ong, MD
Eric SM. Talens, MD
Benedict Edward P. Valdez, MD
Regent-in-Charge: Vivencio Jose P. Villaflor III, MD

COMMITTEE ON SURGICAL INFECTIONS (National Infection Control Program)

Chair: Esther A. Saguil, MD
Co-Chair: Miguel Gary D. Galvez, MD
Members: Maria Cielo G. Ampuan, MD (PSCRS)
Eduardo T. Aro Jr., MD
John Melden M. Cruz, MD
Marie Carmela M. Lapitan, MD
Saturnino Luna, Jr. MD
Andrew Jay G. Pusung, MD (PSGS)
George Robert L. Uyquiengco, MD
Mary Joy Bernardo, MD (By Invitation)
Nilo Paner, MD (By Invitation)

COMMITTEE APPOINTMENTS, 2021

Regent-in-Charge: Gabriel Naig, RN (By Invitation)
Renato R. Montenegro, MD

CLUSTER B: SURGICAL EDUCATION

Head: Ramon S. Inso, MD

COMMITTEE ON CONVENTIONS

Chair: Ramon S. Inso, MD
Members: Ma. Concepcion C. Vesagas, MD
Vivencio Jose P. Villaflor, III, MD
Ma. Amornetta J. Casupang, MD
(MYC 2020 & ACC 2022)
Leonardo O. Ona III, MD (ACC 2020)
Alfred Phillip O. De Dios, MD
(CSE & Physical Arrangements)
Marcus Jose B. Brillantes, MD
(Publications: Documentations)
Ferdinand Y. Syfu, MD
(Socials & Sports, MYC 2021)
Maria Cheryl L. Cucueco, MD, (ACC 2021)
Joy Grace G. Jerusalem MD (MYC 2022)

COMMITTEE ON CONTINUING SURGICAL EDUCATION

Chair: Alfred Phillip O. de Dios, MD
Members: Ferdinand Y Syfu, MD (MYC 2021)
Maria Cheryl L. Cucueco, MD (ACC, 2021)
Joy Jerusalem, MD (MYC 2022)
Ma. Amornetta J. Casupang, MD (ACC 2022)
Andrei Cesar S. Abella, MD (Primary Care)
Ma. Rica M. Lumague, MD (Postgrad Course)
Jeffrey Geronimo P. Domino, MD
Alfred Q. Lasala II, MD
Regent-in-Charge: Esperanza R. Lahoz, MD

SUB-COMMITTEE ON MIDYEAR CONVENTION 2021

Chair: Ferdinand Y. Syfu, MD
Co-Chair: Jose Paolo C. Porciuncula, MD
Members: Leonardo O. Ona III, MD
McArthur Conrado A. Salonga, Jr., MD
Vincent Paul C. Olalia, MD
Alfred Q. Lasala II, MD
Carlo Angelo C. Cajucom, MD
Raquel Caroline D. Malimas, MD
Josel C. Celaje IV, MD
Billy James G. Uy, MD
Maria Cheryl L. Cucueco, MD
Alfred Phillip O. De Dios, MD
Andrei Cesar S. Abella, MD
Luisito R. Co, MD (CEVC representative)
Ron R. del Mar, MD (CEVC representative)

SUB-COMMITTEE ON ANNUAL CONVENTION 2021

Chair: Maria Cheryl L. Cucueco, MD
Co-Chair: Joy Grace G. Jerusalem, MD
Member: Leonardo O. Ona, III, MD
Alfred Q. Lasala II, MD
Andrei Cesar S. Abella, MD
Carlo Angelo C. Cajucom, MD

Ferdinand Y. Syfu, MD
Jose Paolo C. Porciuncula, MD
Omar O. Ocampo, MD
Billy James G. Uy, MD
Bernice C. Navarro, MD
Francis M. Roque, MD

SUB-COMMITTEE ON MIDYEAR CONVENTION 2022

Chair: Joy Grace G. Jerusalem, MD
Members: Bernice C. Navarro, MD
Clarence Pio Rey C. Yacapin, MD
Darwin S. Salonga, MD
Joseph Roy F. Fuentes, MD
Karen B. Latorre, MD
Mary Joy Catherine M. Ocampo, MD
Vittoria Vanessa DM Velasquez, MD

SUBCOMMITTEE ON ANNUAL CONVENTION 2022

Chair: Ma. Amornetta J. Casupang, MD
Jose Paolo C. Porciuncula, MD
Bernice C. Navarro, MD
Vittoria Vanessa DM Velasquez, MD
Katherine M. Panganiban, MD
Joan S. Tagorda, MD
Joy Grace G. Jerusalem, MD
Felicidad Claudia R. Ordoñez, MD
Omar O. Ocampo, MD
Deogracias Alberto G. Reyes, MD
Mark Francis A. Melendres, MD

SUB-COMMITTEE ON CRITICAL CARE & NUTRITION (UNDER THE COMMITTEE ON CSE)

Chair: Joel U. Macalino, MD
Members: Jesus Fernando B. Inciong, MD
Alexander S. Quilaton, MD
Eduardo C. Ayuste, MD
Joseph T. Juico, MD
Romarico M. Azores, MD
Aireen Patricia M. Madrid, MD

SUB-COMMITTEE ON PRIMARY CARE SURGERY FOR FAMILY PHYSICIANS

Chair: Andrei Cesar S. Abella, MD
Members: Maria Cheryl L. Cucueco, MD
Alfred Q. Lasala II, MD
Leonardo O. Ona III, MD
Alfred Phillip O. De Dios, MD

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Co-Chair: Alfred H. Belmonte, MD
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Jose Y. Cueto Jr., MD
Regent-in-Charge: Antonio Say, MD
Sub-spec. Representatives

COMMITTEE ON SURGICAL RESEARCH

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Co-Chair: Jose Modesto B. Abellera III, MD

COMMITTEE APPOINTMENTS, 2021

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 Jose Benito A. Abraham, MD
 Mayeen Fernandez, MD
 Ida Marie T. Lim, MD
 Raymond Joseph R. Manzo, MD
 Jennifer Ann C. Mercado, MD
 Myra Rose Torillo, MD
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 Francis M. Roque, MD
 Anthony R. Perez, MD
 Vilma Jane S. Yacapin, MD
 Gemma Leonora B. Uy, MD

Regent-in-Charge: Rodney B. Dofitas, MD

COMMITTEE ON SURGICAL TRAINING

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 Co-Chair: Jesus Fernando B. Inciong, MD
 Members: Amihan A. Banaag, MD
 Ma. Amornetta J. Casupang, MD
 Joel C. Celaje IV, MD
 Janix M. De Guzman, MD
 Natasha E. Elazegui, MD
 Genevive Evangelista, MD
 Raymond Andrew Ong, MD
 Hilda M. Sagayaga, MD
 Alvin Amador, MD (POA)
 Mark Manansala, MD (PAPRAS)
 Fernando Melendres, Jr., MD (PATACSI)
 Deogracias Alberto Reyes, MD (PSGS)
 Jose Modesto Abellera III, MD (PSPS)
 Adolfo Parayno, MD (PSTS)
 Ulysses Quanico, MD (PUA)
 Maria Antonette Cases, MD (PAO)
 Michael Louis Gimenez, MD (AFN)
 Hermogenes J. Monroy III (PSCRS)

Residents Group: Korina Blanca C. Garcia, MD (PAGSR)
 Clarissa Gonzales, MD (PAPRAR)
 Justin E. Santos, MD (PROHNS)
 JB Pascual, MD (PANSR)
 Ryan Joseph Tuazon, MD (PURA)

Organization of Resident Training in Orthopedic (ORTO)
 Regent-in-Charge: Alberto P. Paulino, Jr., MD - Regent-in-Charge

CLUSTER C: MEMBERSHIP DEVELOPMENT

Head: Ma. Concepcion Cruz-Vesagas, MD

COMMITTEE ON ETHICS & JUDICIAL MATTERS

Chair: Alfred H. Belmonte, MD
 Members: Ramon L. de Vera, MD
 Ma. Rica D. Mirasol-Lumague, MD
 Jesus V. Valencia, MD
 Gabriel L. Martinez, MD
 Atty. Jesus M. Disini, Jr. (by invitation)

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

COMMITTEE ON BY-LAWS AND AMENDMENTS

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Gregorio T. Singian Memorial Lecture*

Looking Through the Glass

Before I get out of the track, let's get back to the heat of the matter. To bring justice to the man, I hope today's plenary lecture will emphasize the values that Dr. Gregorio T. Singian was known for: empathy or genuine concern for others, constant improvement of his CRAFT, and the view that not one person or discipline can change the healthcare but rather people working together can untangle complexities and lead to lasting impact.

It is a great pleasure and honor to speak before you as a Singian Lecturer in these present times.

It can be noted that what is more challenging and different is our virtual adoption of the digital platform to present and share our 1) ideas, 2) connections, 3) collaboration and possible partnerships and 4) our desire to be with each other in the Philippine College of Surgeons annual gathering.

We live in different times, the time of the PANDEMIC. The exponential growth and gravity of the Corona Virus (COVID-19) crisis have challenged many health institutions for decisive actions in transforming health institutions.

From the point of view of a surgeon leader, in a community, it has honestly contracted our options, movement, and preferences. We all got stuck in reacting to the Corona Virus Crisis in order to minimize the damage and steer our institutions for a crisis management.

As surgeon-leaders of the community, we need to re-strategize as the different phases of the crisis unfolds. As different situations confront us, we have to adopt new approaches to our strategies and problem-solving.

It is for this reason that I will share with you, as surgeon-leader, our collective effort in addressing the Corona Virus health crisis.

The whole world was caught flat-footed in the exponential rise of people getting infected and

the speed and scope of the transmission. No one predicted this to happen except for fiction depicted in movies.

We all had our share in the first-wave of disasters.

As a surgeon-leader of the community in Davao and in Southern Philippines Medical Center, we

witnessed the Super Spreader – Cockfight Galleria event that initiated the high case fatality rate. A three-day cockfight derby event with no mask or social distancing in an air-conditioned building proved catastrophic to the community.

By this time, the Greater Manila was overtaken by a surge of cases, overwhelming the capacity of the hospitals with an equally high fatality rate.

In Cebu City, I did witness the queuing of patients in the Emergency Rooms waiting for hours, for admission. It was a heartbreaking experience.

All these experiences with their accompanying feelings, were reminiscent of bombing disasters, filling up Emergency Rooms / Admissions while putting our best foot forward as surgeons.

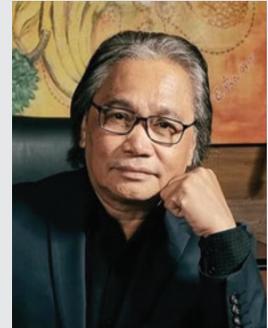
The situations however were different and less understood. The whole country and the whole world are affected.

As surgeons looking through these perspectives, the setting of anxiety, inadequacy, or even unpreparedness seems to engulf us all. We all knew this was a temporary setback with a needed response anchored on the value of hope.

We saw on the frontlines the long working hours of our colleagues with a challenge of new tasks and roles with no minimum training.

Our health care workers, faced unprecedented levels of uncertainty, enduring long- shifts of assignments, and emotionally separated from their families. We had to endure it all because we had no choice even if our own health will suffer.

All of us, to include our ranks as surgeons, never saw it coming, and all our institutions were unprepared.



* Delivered by DOH Usec. Leopoldo J. Vega during the 76th Annual Clinical Congress of the Philippine College of Surgeons, December 5, 2020

For the crisis response, health facilities suddenly became inadequate in serving communities and there was a sudden need for fast-tracking infrastructure designs, scaling up of testing facilities, and diagnostics. We had to adjust and learn new ways of delivering innovations.

Foremost in our innovations was to construct make-shift structures or tents for COVID-19 cases to minimize the risk of exposure, converting existing parking lots into triage and testing areas.

We had to re-deploy health care staff and contracted services to focus and accommodate the number of patients.

What is refreshing and heart-warming are the presence of colleagues and community members who volunteered to provide food, PPEs, and other logistics that boosted morale and uplifted the confidence of the front lines.

Quick changes happened in addressing the urgency of the situation. A silver lining was the adoption of telemedicine as a means of converting in-person visits. This virtual engagement provided clinicians to adopt access to all health services.

Foremost in our challenges are the issues of data privacy and the frustrations of a virtual consultation.

The Covid Crisis exposed the weakness of our health care system. Health facilities across the country didn't have the infrastructure and organization preparedness in dealing with a pandemic or disease outbreaks.

Our asynchronous health system composed of the locally-run Local Government Units (LGUs) and the centralized DOH Retained Facilities compounded the complex and uncertain environment for a sustained and robust health system response capabilities.

A truly exposed weakness is the inadequacy of our testing and diagnostic capacity and the bias for a level 3 facility for treatment care. Our sense of a systematic referral or a network agreement as envisioned by Universal Health Care (UHC) proved inadequate.

Hospital Administrators to include our Surgeon-leaders relied on adapted risk management strategies to enhance an internal re-programming of processes for better coordination and response.

One glaring and noticeable deficiency in our health care system is the lack of access to primary care providers who are often the first line of defense. As COVID-19 rapidly spread across major and dense cities, people were flocking the emergency units

putting at risk the existing health system capacity.

There was a national concern that the number of Intensive Care Units (ICUs) and mechanical ventilators needed for critical patients might be insufficient in the major outbreak.

Issues of shortages of Health Care Workers became pronounced as the number of patients positive for COVID-19 gradually increased.

We have all the images of patients lining up in the hallways of a busy emergency room and captured the stretchers overflowing of patients. It was indeed a disaster, exposing our unpreparedness for catastrophic events like a pandemic. But we had to act FAST.

As Surgeon-leaders, we know the value of coordinated care, systematic referral, and proper triaging. Learning from past disasters and an objective to decrease the fatality rates, coordinated system, and processes in all health facilities must be in place.

The National Task Force (NTF) on COVID-19, cognizant of the absence of a functioning, readily available, and coordinated response to a crisis created the One Hospital Command Center (OHCC).

I was tasked to set-up the OHCC in the National Capital Region whose goals were to provide 1) coordinated care and response for health facilities, and 2) strategize the expansion of Hospitals.

This was a health sector response to mitigate the continued strain or the overwellness of the hospital capacity to critical levels. And we faced multiple challenges in setting-up the OHCC.

To start, we didn't have a budget to speak of, no clear-cut organization, and no site to set up the OHCC.

For the site, we positioned with the Metro Manila Development Authority (MMDA) because of its mature telecommunication system and the capacity to coordinate with the different LGUs.

For the core group of clinical respondents, we deployed Emergency Medical Specialists from different hospitals to man and train our newly hired personnel.

Critical at this juncture was the identification of an off-site call center that can readily respond to calls from the community. To our advantage, we secured the support of the Pure Force Call Center and the ICON group to initially receive calls from the community.

In our formative days, the private sector, T3, paved the way for private telecommunication like

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Globe Telecommunications, and PLDT to support the OHCC and laid the groundwork for our IT infrastructure.

The Philippine Charity Sweepstakes Office (PCSO), Department of Communications and Communications Technology (DICT), Department of National Defense (DND), in its desire to interconnect regional hubs and hospitals nationwide provided telco-grade communication systems and personnel for its eventual function.

For the Data Analytics used in our dashboard, and better appreciation of critical care utilization, we utilized the DOH Bed Tracker as encoded by different health institutions.

Foremost, in our achievement was a structured framework of the OHCC for coordinated care or referrals to hospitals and Temporary Treatment and Monitoring Facilities (TTMFs).

Amidst all the disturbances caused by the COVID-19 virus, the impact on surgery was very notable. This pandemic taught us lessons from the surgical perspective. The contraction of services in all hospitals led to a cancellation of scheduled surgeries.

And if we had to do surgery, post-operative surgical care with respiratory complications of COVID-19 was a strong possibility. Of noticeable concern was the shift of Resident or Fellow Surgeons to other areas to cover the surge and the most critical is the fewer blood donations due to containment and the fear to get infected.

Policies redirecting Operating Rooms (OR) to COVID-19 dedicated operating suites became pronounced as we adapted change in continuing services. We all limited watchers and visitors to lessen the impact of transmission. In short, COVID-19 has exposed the health care institution and systems to deficiencies and weaknesses.

As the number of COVID-19 positive cases goes down, health institutions are figuring out the resumption of elective procedures and the continuous care of COVID-19 patients.

Foremost is the gradual lifting of elective surgeries, to prioritize cancer and semi-urgent procedures. We also have to address the growing patient backlog and to implement ramp-up strategies to deal with our shutdown.

These strategies must prioritize equitable access to care and optimization of patient benefit and minimizing COVID-19 exposure.

A strategy to ramp-up elective surgery to increase surgical volume is to expand surgical capacity by maximizing day or ambulatory surgery to increase patient throughput and focus on prioritized cases.

As some hospitals move through cost-cutting and deployment of less staff to the OR, these operational challenges pose responsive moves to improve throughput, and also improve satisfaction among the surgical staff members.

Telemedicine as a powerful platform to contact patients and families should continue for pre-op and post-up counseling and monitoring to provide patient support and satisfaction.

The disruption caused by COVID-19 poses many challenges and opportunities to re-strategize our work processes in surgery and the overall health system. We need to adopt efficient and clinically-sound methodologies and framework mechanisms to improve health outcomes and patient care satisfaction.

We, the Philippine College of Surgeons, are all optimistic that beyond this disruption, we all can craft together solutions to address those challenges and restore high-quality surgical outcomes to all our patients.

As surgeon-leaders in our community, we must continually create, evolve, and exploit new ideas for our surgical growth. Often, we are left to reinventing by applying creative approaches to strategy. We are all past the reactive stage, defending ourselves from this disturbance, as we gradually have an understanding and ability to manage the cause.

As we move along on the 11th month of the crisis, we need to stay hopeful with our imagination and inspiration for a better reality.

Again as surgeon-leaders of the community, we must give our people grounds for hope, imagination, and innovation. The challenge we face as we wield the scalpel is how we genuinely contribute with the end in mind of benefiting our patients.

An opportunity arises from all causes. We must find the “second wind” to harness our potentials and imagination to define our goals.

As someone had said, “leaders need to seize the opportunity to inspire and harness the imagination of their organizations during the challenging time”.

Thank you all for listening.

Who is Dr. Legaspi?

Here are parts of the Ramirez's article titled **"Because life is valuable"** published in The STAR on Sept. 11, 2017.

In 2009, Legaspi, a renowned neurosurgeon, was at the peak of his practice. You were lucky if you could get an appointment with him, and if he took on your case, he would assure you that he was virtually 100 percent sure he could successfully operate on you. He was a virtuoso in the operating room — not meaning to usurp God's grace but instead be its instrument.

It was at the time that an international intern rotator from Stuttgart, Germany "shadowed" Legaspi at the PGH for two months and rotated in the hospital's emergency room as well.

"He impressed me as a deeply insightful doctor and I valued his opinion. So, at the end of his rotation I asked him what impressed him the most with his stay in PGH. Apologetically, after asking if he could be frank, he told me, 'Life is cheap in PGH.' I was stunned and the even more painful part of it was that it was true!" recalled Legaspi, who graduated in 1987 from the UP College of Medicine, where he was the outstanding graduate in clinical clerkship.

The German continued to tell Legaspi that in the ER of PGH, if a patient came in needing

intervention and he had no money to buy or pay for what was needed, there was a big chance that patient would die.

"I was never the same since that time," admitted Legaspi, who trained in neurosurgery at the PGH and at the Université Paris-Sud. "I told myself that no amount of neurosurgical prowess and achievement, which was my main goal at that time being someone in the peak of his practice, would solve this situation.

"Serendipitously, it was around that time that the then director Dr. Jose Gonzales offered me the chairmanship of the PGH Pay Hospital. In my mind this was a step to alleviating the perception that 'Life is cheap in PGH.' If I make the Pay Hospital earn more, we can plough back more funds to the charity patients and we have done just that."

Legaspi was nominated to be director of PGH in 2016. "I could not say no to the nomination because inside me I knew that as director I would have more opportunities to add value to a PGH patient's life again. Of course, also to the lives of those who serve them."



Dr. Legaspi receives the jab developed by Sinovac Biotech, Ltd.

The PGH, a state-owned hospital administered and operated by the University of the Philippines Manila, is the largest government hospital administered by the university. It is the biggest hospital in the country with a 1,500-bed capacity and around 4,000 employees. It is a mixed-use hospital, with 1,000 beds for indigent patients and 500 beds for private patients. The PGH, being the largest training hospital in the country, is the laboratory hospital of health science students enrolled in the University of the Philippines. This includes students of medicine, nursing, physical therapy, pharmacy, occupational therapy, dentistry and speech pathology.

The PGH celebrated its centennial in 2007, 100 years since the US government passed a law establishing it. According to its published history, the hospital has seen the worst of tropical epidemics during its early existence and the worst of the war in the 1940s. It is one of the very few Philippine hospitals that remained open all throughout the war.

On an average year, about 600,000 patients pass through the hospital's halls, "the poorest of the poor," according to its director. I know of several doctors in PGH who reach into their own pockets to help defray the costs of medicines for their poor patients, realizing that their skills must be complemented by medicine — and compassion.

Even President Duterte, who handed out a P100-million check to Legaspi in March this year for PGH's indigent patients, said that he would use government funds to help agencies that serve the people, singling out PGH. "Katulad ng PGH. Mababait ang mga doktor dyan, nag-aabono sa pasyente," Legaspi quoted the President as saying.

This is no legend. "It has been almost reflex for our doctors to put out money from their own pockets to provide funds for patients' life-saving medications and procedures," Legaspi shared.

"I have personal knowledge of a resident who shelled out three months' salary to keep alive a patient hooked to a respirator and undergoing dialysis. Consultants, even on their rest days, rush to PGH to assist patients in dire straits without expecting any payment."

Legaspi, who was 2017's University of the Philippines Alumni Association awardee, said being PGH director is no easy task, especially since majority of Filipinos are poor and they think of the PGH as their only hope. In fact, to many of the impoverished, the sight of the PGH is a vision of the Promised Land.

"I think one patient's grateful comment sums it all up," explained Legaspi when asked why he chose public service over practicing only in private hospitals here and abroad. "After undergoing a procedure to remove a tumor through a small opening in the skull, an OFW (overseas Filipino worker) profusely thanked us and said, 'Maraming salamat po doctor. Dahil sa experience po namin sa PGH, bumalik po ulit ang tiwala namin sa gobyerno'."

In 2011, Legaspi was bringing around a group of world-class pediatric neurosurgeons around the pediatric ward of PGH. One of them was a tough lady neurosurgeon of the Israeli Army. As they stopped around a bed where a three-month-old baby was recovering after surgery for severe hydrocephalus, the lady neurosurgeon was asked by the mother of the sick baby, 'Kain po tayo'."

She then asked Legaspi what the baby's mother was saying.

"I told her that the mother was inviting her to eat with them. She then choked and shed some tears, saying 'How can they even think of even sharing when they have so little?'"

Legaspi, tearing himself, then looked her in the eye and answered, "...because they are Filipinos."

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