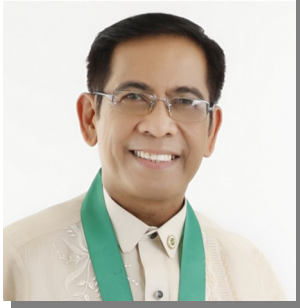




THE PHYSICIAN

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The Outstanding Filipino Physicians 2020

(Message delivered during the Awarding Ceremonies)

Benito P. Atienza, MD
PMA President

It is such a distinct honor and privileged for me to be here as your guest and as previous awardee of the Outstanding Filipino Physicians.

I will take this opportunity again to thank Philippine Jaycees International for choosing me as one of the youngest recipient of this prestigious award in 2009. As I mentioned before a servant leader don't make projects of advocacies for an award or recognition. They just want their mission and vision be realised and fulfilled.

As we close the year 2020, let us quickly look back at how this year has been amid the pandemic.

We have learned various lessons and principles on personal hygiene, taking care of one's health, boosting our immune system, how to be resilient in time of crisis, and how to adapt into the new normal. But the most shattering phenomenon of all was that we lost countless lives across the globe. And among those lives are the doctors, our unsung heroes, who died while battling the Covid-19 in the front lines and had faced unprecedented workload in the overwhelmed health facilities.

To assure their loved ones that these fallen heroes did not die in vain, we are paying them this tribute by giving them this posthumous award.

The Outstanding Filipino Physician (TOFP) is an annual nationwide search to confer recognition and honors upon outstanding Filipino physicians who are at least 41 years of age and whose work and dedication to their profession have contributed in significant and exemplary ways to the advancement of their calling, fostering patriotism through the prevention of overseas migration of Filipino doctors, upholding and exemplifying the virtues of community service, promotion of public health, and enhancement of national development in general.

This year, however, the JCI Senate Philippines, together with the Philippine Medical Association, agreed to bestow the awards to all Filipino physicians who died while actively battling the Covid-19 virus in the front lines here in the country.

These physicians left noble contributions not just to their respective local communities, affiliated hospitals, to the Philippine Medical Association, but also to the entire medical community as a whole. They adhered to the three principles in the practice of medicine – caring, science, and ethics.

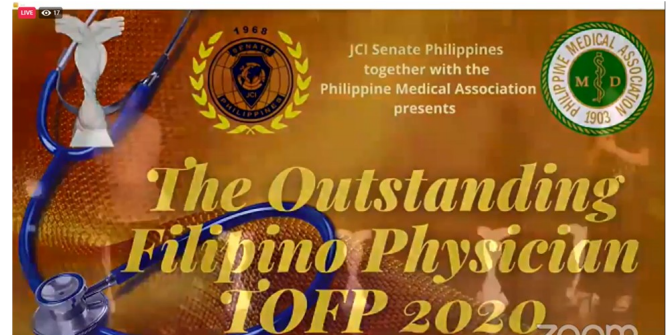
It has long been known that those who best kindle hope and trust are the best leaders. They instill enthusiasm and optimism. Thus it is no surprise that our fallen heroes are successful social leaders as well, on behalf of the public's health, scientific progress, society's resources, and the welfare of humankind. The exemplary caring they have demonstrated in so many ways has earned the accolades, respect and admiration of our countrymen.

The entire medical association, thru its partnership and collaboration with the different organizations and foundations, tried salvaging the lives of our frontliners by donating PPEs and other medical supplies to the different regions nationwide.

Rest assured that the PMA never stops from its campaign or call for support from the government and other organizations for our medical professionals fighting the virus in the front lines.

Yes, life indeed is too short; it may come and go like a feather in the wind. Although their lives were short, they were lives well lived.

And even after their passing, these doctors continue to serve thru their friends, colleagues, and loved ones they had left behind. As President Ronald Reagan



had said, "The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things."

The greatest honour that we can pay them is to live our lives the way that they espoused, with devotion, integrity, and compassion, as they are all a great loss to the medical profession.

Their heroism and selflessness allow the rest of us an extent of reassurance that we will and we can overcome this virus.

We praise each of these fallen heroes and look forward to the next opportunity to recognized more caring, scientific and ethical living physicians of our country and the values they represent.

Special thanks to the PMA Committee on Awards chaired by Dr. Ma. Realiza Henson for the job well done.

My heartfelt thanks to JCI Senate for this prestigious posthumous award for our fallen heroes!

All the best for the continued success of this advocacy!

Thank you to all of you! Salute to our fallen heroes!

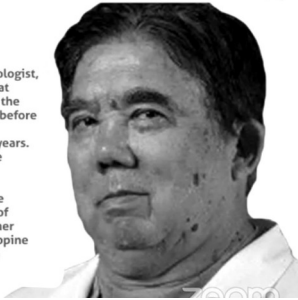
Mabuhay po kayong lahat!

Maligayang pasko po!

The Outstanding Filipino Physicians 2020

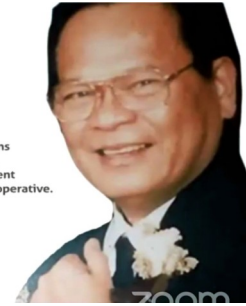
ROBERTO ANASTACIO, M.D.
CARDIOLOGIST, MAKATI

Dr. Roberto "Bobby" Anastacio, an esteemed cardiologist, was instrumental in setting up the Heart Station that eventually became the Cardiac Graphics Section of the Philippine Heart Center where he was cardiologist before moving on to UST and Makati Medical Center. Dr. Anastacio served Makati Medical Center for 30 years. He was also a consultant and faculty member at the University of Santo Tomas. The school named him Outstanding Tomasian in Science in 1981. He was honored by JCI Philippines in 1979 with The Outstanding Young Men (TOYM) award in the field of medicine. He also received the Distinguished Teacher Award from the Philippine Heart Association, Philippine College Cardiology in 2004. He has been listed as a noteworthy cardiologist by Marquis Who's Who.



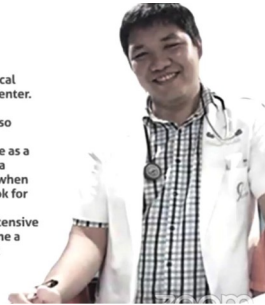
Dr. Fernandez was a former president of the JCI Bayambang. He also served as past president of the following organizations - Pangasinan Family Physicians, Pangasinan Medical Society, Rotary Bayambang, Lingayen Government Coastal Management Commission and the Board of Central Pangasinan Electric Cooperative. He was also appointed Hermano Mayor for the 400th year celebration of Bayambang Pangasinan Festival.

HENRY FERNANDEZ, M.D.
PANGASINAN



ISRAEL BACTOL, M.D.
CARDIOLOGIST, NUEVA ECUIA

Dr. Israel Bactol, a young cardiologist, was the first medical frontline to die from COVID-19 at the Philippine Heart Center. He graduated a scholar from the College of Medicine of Pamantasan ng Lungsod ng Maynila in 2011 where he also completed his Bachelor of Science in Chemistry. After graduation, he went to Occidental Mindoro to serve as a barrio doctor for two years. Reports said that even after a sleepless 32-hour duty, Dr. Bactol even visited patients when they can not go to the hospital. He even helped them look for or get medicines. His dream was to really go back to the barrio after his intensive training at PHC. Dr. Bactol felt that healthcare had become a lot limited to the privileged and he wanted to make that accessible in the local community.



Salvacion R. Gatchalian, M.D.
PEDIATRICS/INFECTIOUS DISEASE, QUEZON CITY

Known as the Champion of Child Health & Infectious Disease Specialist, leading pediatrician Dr. Salvacion Rodriguez Gatchalian was also Assistant Director at the Research Institute of Tropical Medicine (RITM) which was previously the only testing facility for COVID-19. Dr. Gatchalian was the president of the Philippine Pediatric Society (PPS) and president of the International Society of Tropical Paediatrics of the Philippines. She was likewise an Associate Professor at the UP College of Medicine and a Consultant in the Infectious and Tropical Disease Section of the Department of Pediatrics at the UP Philippine General Hospital.



MAYUMI S. BISMARCK, M.D.
GYNECOLOGY, CALOOCAN

Dr. Mayumi S. Bismark, wife and mother of four children, specialized in Fetal-Maternal Medicine and Gynecology (General), Gynecologic Endoscopy, Hysteroscopy, Colposcopy, Laparoscopy and OB-GYN Ultrasound.

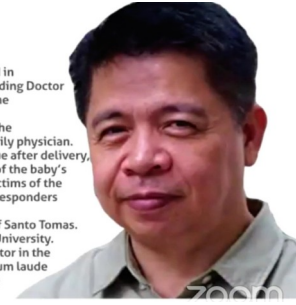
She graduated BS Preparatory Medicine from College of Science, UST and Doctor of Medicine, UST Faculty of Medicine. She took up her Post graduate internship at UST Hospital and Residency Training in OB-Gyn at Rizal Medical Center.

Dr. Bismark spent 37 years teaching as Associate Professor III at the Department Obstetrics and Gynecology, MCU-FDTMF, 34 years as Professor III in the College of Nursing and Midwifery MCU and 5 years as Professor in the College of Nursing and Midwifery of Capitol Medical Center.



MARCELO Y. JAOUCHICO, M.D.
GENERAL PRACTITIONER, PAMPANGA

Dr. Marcelo Y. Jaouchico, Provincial Health Officer II in Pampanga, was the first awardee as Most Outstanding Doctor to the Barrios under the rural health program of the Department of Health. He served in Calanasan, Apayao for 16 years here he multi-tasked as obstetrician, pediatrician and family physician. It was reported that to save a baby who turned blue after delivery, he used his mouth to suction the obstruction out of the baby's blocked windpipe. He volunteered to attend to victims of the Taal Volcano last January. He was one of the first responders during Yolanda in Tacloban. He earned a degree in Zoology at the University of Santo Tomas. Afterwards, he pursued medicine at the Angeles University. Finally, on April 20, 1990, he became the first doctor in the family. In 1997, he finished his master's degree cum laude in Hospital Administration at the University of the Philippines Manila College of Public Health.

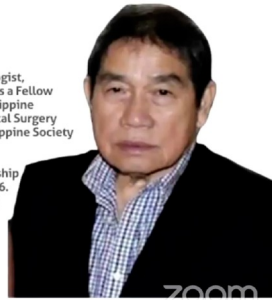


MARCELLANO SANTOS CRUZ, M.D.
DERMATOLOGY/VENERELOGY, MARIKINA

Considered the father of modern venerology, Dr. Marcelino Santos Cruz was a well loved Dermatologist, Venerologist and Surgeon from Marikina City. He was a Fellow Consultant of Philippine Dermatological Society, Philippine Leprosy Society, Philippine Academy of Dermatological Surgery Foundation, Inc. and Founder Fellow Emeritus of Philippine Society of Venerology.

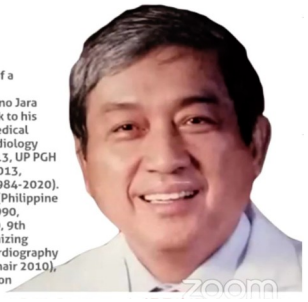
He had his dermatology training under the preceptorship of Dra. Perpetua Javier at DOH-DRTS from 1983 - 1986. He attended Venerology Preceptorship and Training in the US and Dermatological and Minor Surgery Training abroad and the US.

He led the rebirth of the Philippine Society of Venerologists, incorporated in 1992 and served as the main forerunner in its affiliation as Affiliated Society of the PMA.



RAUL D. JARA, M.D.
CARDIOLOGY, QUEZON CITY

A fighting maroon almost all his student life, Dr. Raul Diaz Jara is a natural leader and epitome of a multi-faceted physician. A leading cardiologist, married to Dr. Eleanor Aquino Jara with 5 children and 10 grandchildren, he gave back to his alma mater by serving in various capacities (UP Medical Alumni Society President 1999-2000, UP PGH Cardiology Alumni Association Founding Presi-dent 2011-2013, UP PGH Division of Cardiovascular Medicine Chief 2011-2013, UP PGH Clinical Associate Professor of Medicine 1984-2020). Despite his relevance in Medicine and Cardiology (Philippine Society of Echocardiography Founding member 1990, Philippine Heart Association President 1999-2000, 9th Asian Pacific Congress on Echocardiography Organizing Committee Chair 2001, World Congress of Echocardiography and Vascular Ultrasound Organizing Committee Chair 2010), he was equally admired for his genuine appreciation for Music and the art.

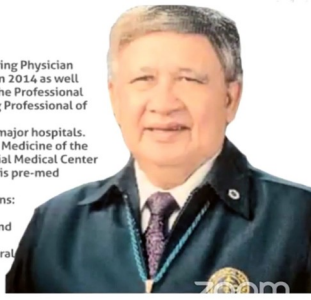


ROMEO G. ENCANTO, M.D.
GENERAL & CANCER SURGERY, ANTIPOLO

Dr. Romeo G. Encanto bagged the Most Outstanding Physician Award from the Philippine Medical Association in 2014 as well as the Outstanding Leadership Award in 2010. The Professional Regulation Commission named him Outstanding Professional of 2005 in the Field of Medicine.

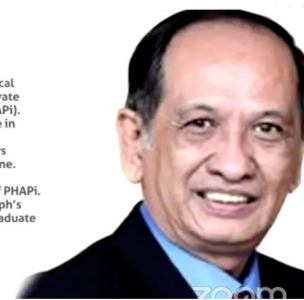
He practiced general and cancer surgery in four major hospitals. He was a professor for 37 years at the College of Medicine of the University of the East Ramon Magsaysay Memorial Medical Center where he also got his medical degree. He took his pre-med at the University of the Philippines.

He was a Charter Member of various organizations: Association of the Philippine Medical Colleges, Philippine Academy of Head and Neck Surgery and the Philippine Breast Cancer Society. He was a Charter Fellow of the Philippine Society of General Surgeons and was a national representative in Society Internationale de Chirurgie (International Society of Surgery)



RUSTICO A. JIMENEZ, M.D.
OCCUPATION MEDICINE, LAS PIÑAS

Dr. Rustico A. Jimenez was the president of Medical Center Parañaque as well as president of the Private Hospitals Association of the Philippines Inc. (PHAPI). He was the Founder of Medical Center Parañaque in 1977. He led PHAPI as president since 2007. He was likewise the past president for three years of the Philippine College of Occupational Medicine. He served the Las Piñas Medical Society as past president and sat for eleven years as secretary of PHAPI. Dr. Jimenez graduated salutatorian from St. Joseph's Academy in Las Piñas before he took his undergraduate studies and medical degree at the University of Sto. Tomas. He was also the first graduate of the Makati Medical Center Neurology Residency Program in 1976. He was the Most Outstanding Intern of Makati Medical Center in 1971-72.



EDWARD GREGORY DE LA FUENTE, M.D.
GENERAL PRACTITIONER, MANDALUYONG

Dr. Edward Gregory S. Dela Fuente was the president of the Mandaluyong City Medical Society where he was a member since 2010. He served as a medical specialist II in the TB Control Program of the Department of Health in Manila for 4 years and as company physician of Coca-Cola Bottlers Philippines Inc. for 6 years.

He obtained his Bachelor of Science in Medical Technology from the University of Santo Tomas. He got his medical degree from the Perpetual Help College of Medicine and a Masters in Public Health from the University of the Philippines Manila. He was a part-time speaker/lecturer to pharmacists and patients. He maintained his private practice at the Dela Fuente Medical Clinic in Mandaluyong.



MARY GRACE LIM, M.D.
EMERGENCY MEDICINE, MUNTINLUPA

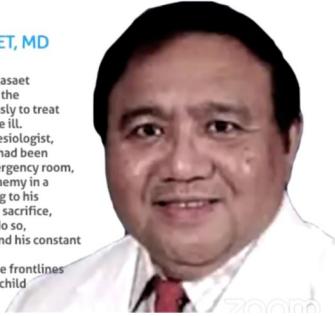
Dr. Mary Grace Lim was at the forefront of the pandemic response as an ER doctor of the Asian Hospital and Medical Center in Muntinlupa. She also specializes in Critical Care Medicine, Outpatient Services and Evidence Based Medicine. She completed her BS Biology in 1998 at the De La Salle University, at the age of 18 and finished medicine at DLSU's College of Medicine, Class of 2002. During her time in medical school, she was a member of the Ad Infinitum Medical Sorority (AIMS). Dr. Gracie, an Emergency Medical Alumna of Makati Medical Center, is fondly remembered by MMC as "one of the best ER doctors ever known"



The Outstanding Filipino Physicians 2020

ROMEO GREGORIO MACASAE, MD
ANESTHESIOLOGIST, MANILA

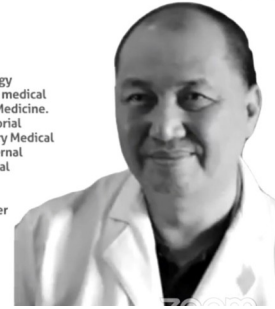
Of the UP COVID-19 warriors, Dr. Greg Macasaet was the first to fall. An anesthesiologist at the Manila Doctors Hospital, he worked tirelessly to treat COVID-19 patients until he himself became ill. Soon after, his wife Evalyn, also an anesthesiologist, also tested positive for the virus. The two had been attending to COVID-19 patients in the emergency room, which was akin to soldiers engaging the enemy in a hand-to-hand combat. Macasaet, according to his godson Renato Paraiso, made the ultimate sacrifice, "Not because he was forced or obliged to do so, but because of his dedication to his craft and his constant devotion to be of service to others." He said Greg and Evalyn chose to stay in the frontlines and made a bold sacrifice while their only child Raymond had special needs.



TEODORO M. SANTOS, M.D.
INTERNAL PRACTITIONER, CAVITE

Dr. Teodoro Maningas Santos obtained his BS Psychology from the University of the Philippines and then got his medical degree from the Manila Central University College of Medicine. He took his post graduate internship at Veterans Memorial Medical Center, then proceeded to take up Probationary Medical Officers Training Course and Residency Training in Internal Medicine at the Armed Forces of the Philippines Medical Service School.

His first job was serving as probationary Medical Officer with rank of Probationary 2nd Lieutenant assigned in Tagum, Davao del Norte. Then he served as probationary 2nd lieutenant with the Civil Relations Service stationed in Southern Luzon.



EPHRAIM NEAL C. ORTEZA, M.D.
PEDIATRIC, MUNTINLUPA

Dr. Ephraim Neal "Bimboy" Orteza, a pediatrician and Medical Director of Olivarez General Hospital (OGH) and Ospital ng Paranaque (OsPar) I and II, succumbed to COVID-19 after two weeks in the hospital. A high school valedictorian, he took his pre-med in the University of the Philippines. Artistically inclined like sister Bibeth Orteza, he was a member of the UP Repertory Company. He completed his medical degree from the University of the East. He met and married his wife Dr. Imelda Olivarez in New York City. After their residency training in General Pediatrics at the Lincoln Hospital of the New York Medical College, Dr. Neal and his wife came back home and took over management of the Olivarez General Hospital. He was chief operating officer and medical director of OGH.

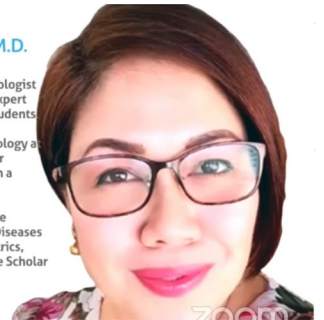


KATHLYNNE ANNE ABAT-SENE, M.D.
PEDIATRIC, VALENZUELA

Dr. Kathlynnne Anne Abat-Senen, the lone neonatologist in Valenzuela City, is also an infectious disease expert who will be missed by her PGH colleagues and students.

She took up B.S. Molecular Biology and Biotechnology at UP Diliman where she was cum laude. She got her medical degree in UP also where she ranked 14 in a class of 151.

She has numerous Awards and Honors - Philippine Pediatric Society Research Award for Infectious Diseases and Immunology, Outstanding Resident in Pediatrics, Gawad ng Dekano UP-Medicine Choir and College Scholar B.S. Molecular Biology and Biotechnology.



REINO C. PALACPAC, M.D.
MANILA

Dr. Reino "Nong" Palacpac was a pediatrician at the Justice Jose Abad Santos General Hospital. Part of the hospital frontliners, he was considering how he can help fight the health crisis once he fully recovers from the virus. He did not get to implement any of his plans since he succumbed to the complications caused by the said disease. Palacpac was hailed as a pioneer of the general hospital, serving under the children's ward before the coronavirus took a toll on his health. Dr. Palacpac obtained his medical degree from Fatima College of Medicine after a B.S. Medical Technology course from St. Louis University in Baguio. He also has a Masters in Hospital Administration from St. Jude College.

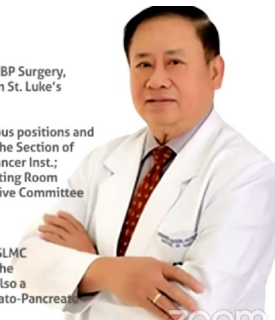


MENANDRO V. SIOZON, M.D.
SURGERY, MANDALUYONG

Dr. Menandro Villacorta Siozon, a pillar in Philippine HBP Surgery, was instrumental in building the Institute of Surgery in St. Luke's Medical Center.

Since 1979, Dr. Siozon actively served in SLMC in various positions and capacity notably as Chairman of three departments - the Section of Hepatopancreatobiliary Surgery, Dept of Surgery & Cancer Inst.; the Hyperbaric Oxygen Therapy Center and the Operating Room Committee. He also served as a member of the Executive Committee of SLMC for 20 years as well as Associate Professor of St. Luke's College of Medicine WHQM.

Dr. Siozon was the Head of the Institute of Surgery of SLMC for 15 years (from 2003 to 2018) and was previously the Chairman of the Philippine Board of Surgery. He was also a Founding Trustee of the Philippine Association of Hepato-Pancreatobiliary Surgeons (PAHPBS).



ROSALINDA DELOS SANTOS PULIDO, M.D.
ONCOLOGY, PARANAQUE

Dr. Rosalinda Delos Santos Pulido is a decorated doctor specializing in Internal Medicine and Medical Oncology. She finished Bachelor of Science Major in Biology at University of Santo Tomas in 1993. She became a Doctor of Medicine in De La Salle University - Health Sciences Campus College of Medicine where she was Top Ten Class 1994-1995 and 1995-1996.

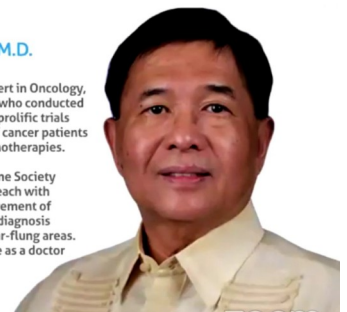
She completed her Post-Graduate Training at University of the Philippines - Philippine General Hospital and completed Residency Training in Internal Medicine at San Juan de Dios Hospital. There she was Chief Resident in 2002, Vice Chairman, Health and Safety Committee 2002 and Most Outstanding Resident Graduate 2002.



DENNIS RAMON M. TUTDUD, M.D.
ONCOLOGY, CEBU

Dr. Dennis Ramon M. Tutdud, a leading expert in Oncology, was one of the first principal investigators who conducted cancer clinical trials in Cebu City. He was a prolific trials and has greatly contributed to the plight of cancer patients by providing standard and innovative chemotherapies.

During his post as president of the Philippine Society of Medical Oncology (which he held twice each with a two-year term), he pushed for the improvement of every Filipinos access to cancer screening, diagnosis and treatment especially for those in the far-flung areas. He spent more than a decade of his practice as a doctor



LEANDRO L. RESURRECCION III, M.D.
PEDIATRIC SURGERY, QUEZON CITY

Dr. Leandro L. Resurreccion III, a pioneering specialist in Pediatric Surgery and Pediatric Transplantation, completed Fellowship Training in Paediatric Transplantation in Sydney, Australia. He boldly rejected an offer to practice in Sydney. His son Leandro IV told his family the Philippines needed him the most. "He always embodied a kind of fiery passion for his profession, but he always spoke of what the country needed together with such passion," his son said. He had many contributions to the medical community in the country especially in his Special Interests in Pediatric Surgery - Hepato-Biliary Surgery/Liver Transplantation, Major Liver Resections, Surgery for Wilmschprung's Disease, Neonatal Surgery and Laparoscopic Surgery. This was recognized by his colleagues as he held various affiliations and positions - Fellow at the Philippine College of Surgeons, Philippine Society of Pediatric Surgeons and Philippine Association of Laparoscopic and Endoscopic Surgeons.

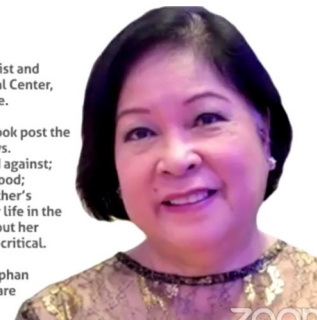


HELEN E. TUTDUD, M.D.
PANTHOLOGY, CEBU

Dr. Helen Evangelista Tutdud, medical specialist and pathologist of Vicente Sotto Memorial Medical Center, graduated from the Cebu Institute of Medicine.

Their son Dennis Thomas, recalled in a Facebook post the pain of losing both parents in span of four days. He told of how their family was discriminated against; how policemen cordoned off their neighborhood; how insensitive persons had reported his mother's death even when she was still fighting for her life in the hospital; and how his mother had worried about her husband when she learned her condition was critical.

The virus, Dennis Jr. said, had made him an orphan on his birthday, "but I take comfort that they are happy together in their journey to paradise."



"A servant leader don't make projects or advocacies for an award or recognition. They just want their mission and vision be realised and fulfilled"

- Benito P. Atienza, MD
PMA President

PMA Congratulates the Newly Licensed Physicians 2020

The Philippine Medical Association celebrates with you in this milestone despite the difficulties that the pandemic brought to each individual around the globe for the past eight months.

We salute you all for bravely facing these challenges! You are now ready to commence your new journey as a medical professional. We hope that you stay steadfast as you encounter tougher tasks and learn various life lessons along the way.

As you take your oath, remember that your significant undertaking is to serve and represent the highest and essential profession in our country, committing for the best interest and welfare of the public while fulfilling the Hippocratic Oath.

It is a great privilege to be a physician as you get serve the entire global community. I will share to you the WMA Revision to Declaration of Geneva affirming Ethics of the Global Medical Profession:

1. **I WILL RESPECT** the autonomy and dignity of my patients
2. **I WILL GIVE** to my teachers, colleagues, and students, the respect and gratitude that is their due.
3. **I WILL ATTEND TO** my own health, well being, and abilities in order to provide care of the highest standard.

I know that each of you has a story to tell. What and who motivate and inspired you to pursue medicine. Some of you were my former students of Bulilit Health Workers Foundation, and former Allied Health Professional in the person of this year's Physician Licensure Exam Top-notcher. But whatever story there is behind, I hope that your decision to become a doctor was driven by your faith and the values that your family and school have instilled on you.



We invite you all to be part of the Philippine Medical Association. I will share to you the three **Fundamental aspects in the Practice of Medicine**:

SCIENCE	
Continuing Professional Development	Monthly Webinars Regional Assemblies Annual Convention Cluster Meetings → One hour = 1 PRC CPD Units
Research	Online Introductory Course Residents Research Presentation Takeda Fellowship Grant
Commission on Professional Specialization	Residency Training Program Specialty Division and Subspecialty Society <i>Under the guidance of the PRC BOM</i>

CARING	
Members	50% Discount in Annual Dues Mutual and Legal Aid Benefits Monitor of Health Status of Its members Guidelines for Disaster and Calamity Benefits
Environment	We Promote Climate Change Advocacies Promote Green Clinic and Eco-Hospital <ul style="list-style-type: none"> • Waste Management (Disposal of Biomedical Waste) • Healthcare personnel participation on environment sanitation • Energy Efficiency • Water Efficiency
Community	Calamity and Disaster Response Team Relief Medical Mission and Rehabilitation Telemedicine/Telekonsulta for the Community

ETHICS	
<ul style="list-style-type: none"> • We encourage to form Component and Regional Ethics Committee • Implementing Rules and Regulations in coordination with PRC • Promote the World Medical Association Declaration of Ethics • World Ethics Day - September 18 	

We need more members to support us and take part in all our advocacies and in achieving our mission, most especially in our current fight against the covid-19 virus: **PMA will provide Leadership, Medical Expertise, Champion the Collective Interest of Physicians, and Advocate the Building of a Healthy Nation.**

I cannot imagine a more fulfilling job than being a doctor. So wear that white coat with dignity, honor and pride and make a difference in people's lives.

Pag-ibayuhin natin ang pagtitiwala ng mamamayang Pilipino sa mga bagong Manggagamot.

Again, on behalf of the PMA National Officers and Board of Governors, Our Heartfelt congratulations to the newly licensed Physicians of 2020.

Mabuhay and Professional Regulations Commission at ang PRC Board of Medicine!

Mabuhay ang Philippine Medical Association!

PMA: Working Together As One!



PMA Christmas Party “PMA Goes Wildlife Christmas”

Eliza O. Tiu, MD
Governor, Rizal Region

When President Benito P. Atienza, MD appointed me thru Vice President Christine S. Tinio MD to take charge in celebrating the PMA Christmas party I immediately came up with the idea of forming a committee to assist me with the assignment.

A meeting was then called by our President with the National Officers and Board of Governors of which the following were approved.

Members of the Organizing Committee for the Christmas party:

Elisa O. Tiu, MD
Overall chair

Games/Emcees

Sec. Gen. Hector M. Santos, Jr., MD
Asst. Sec Gen Maria Christina H. Ventura, MD

Presentations

Luz P. Acosta-Barrientos, MD
Jose Arnel G. Manalili, MD

Raffle and Registration

Ma. Mercedes V. Agustin, MD
Japhet G. Fernandez-De Leon, MD

Program and Invitation

Rosalina S. Caraan, MD
Elisa O. Tiu, MD

Technical

PMA Secretariat

Theme: PMA Goes Wildlife Christmas.
Tuloy-tuloy pa rin ang Pasko!

Attire: Everybody was requested to wear safari theme costume or any animal safari headdress

Date: December 13, 2020

Time: 1:00-4:00PM



A holy mass was celebrated to commence the activity. The four clusters were asked to give their short presentations and the presidents of the different component societies were likewise asked to deliver their Christmas greetings. The National Officers and Board of Governors participated by presenting an intermission number singing the Christmas song popularized by the APO Hiking Society entitled, "Tuloy na tuloy pa rin ang Pasko".

Subsequently, a dance presentation by the National Officers and Board of Governors was a surprise to many. Some of the dance numbers were recorded in the comfort of their homes but the others like the National Officers headed by Benito P. Atienza, MD had their performance recorded at the PMA auditorium before the start of the program. Also present were Dures Fe E. Tagayuna, MD who flew all the way from Cagayan De Oro, Ma. Mercedes V. Agustin, MD, Augusto F. Abeleda Jr., MD, Alejandro Y. Tan, MD, Sec. Gen. Hector M. Santos, Jr., MD and myself.

Major and minor prizes were given to the lucky winners and there were some games to break the "ice" in between.

There were 260 guests who participated in the celebration and there was never a dull moment during the entire program because the emcees, Sec. Gen. Hector M. Santos, Jr., MD and Asst. Sec Gen Maria Christina H. Ventura, MD. ensures that the audience were entertained.

The program ended with a Christmas toast by Benito P. Atienza, MD and the closing remarks was delivered by our Vice President Christine S. Tinio MD.

The pandemic will neither dampen nor stop the PMA from celebrating Christmas which is the most joyous season of the year.

Kudos to the National officers, Board of Governors and the Organizing Committee for their support and cooperation to make this event a successful and an enjoyable one.



COVID19 Vaccine: To Be or Not to Be (Vaccinated)

By Michael Angelo G. Marasigan , MD, FPAFP

Ever since that fateful Taal Volcano eruption and ash fall in January 2020, no soothsayer has foretold that the worse was over for the Philippines. When a cluster of mysterious pneumonia cases were reported by a Chinese doctor in December 2019 in Wuhan, authorities traced the cases mostly to the Huanan Seafood Market. The scientists identified a new coronavirus, now known as SARS-CoV-2 as the culprit of this disease. At the end of January, the World Health Organization declared the outbreak a public health emergency of international concern. Incidentally, the first two confirmed cases in the archipelago were previously healthy Chinese nationals who were on vacation in the Philippines. To date, 563,456 COVID-19 infections were reported and 12,094 have died. No living Filipino ever imagined to have witnessed a pandemic unfolding in their lifetime. No Filipino has witnessed a quarantine, much more an enhanced community quarantine touted as the longest in the world. It was a surreal event that changed the face of the earth, challenging even the richest of nations and affecting even the most health care conscious populace - the health workers. To date, the virus has claimed 2,487,104 deaths, and has infected 112, 323, 592 persons worldwide.

A year after, with different modes of quarantine implemented, the Minimum Public Health Standards (MPHS) remain as the Department of Health (DOH)'s constant reminder to the public (the use of face mask, face shield and physical distancing) to control the pandemic.

The detection of the UK variant (B.1.1.7 variant) in December 2020, and the confirmation of 44 such cases in the Philippines recently has further challenged the country's control measures as this mutation is more infectious. With more than 12 million deaths globally, the pandemic has caused economic and social disruption challenging a world that has to deal yet with Tuberculosis, HIV AIDS, Malaria and the emerging and re emerging diseases. Are the COVID19 vaccines the only way out?

With at least 10 vaccines granted Emergency Use Authorization (EUA), social media is robust with information and misinformation on which of these are the best armamentarium against the unseen enemy. In December 2020, the first person to be given the vaccine was a 91 year old grandmother in the United Kingdom who received the Pfizer vaccine as a "birthday gift". In the words of UK's Health Secretary (Matt Hancock) the vaccine was "a tribute to scientific endeavour and human ingenuity and the hard work of so many people". In the United States (US), 64.2 million doses have been administered ,while 209 million doses have been administered in 92 countries. Before 2020 ended, Malacañang was in criticism after news of members of the Presidential Security Group (PSG) getting COVID19 vaccination leaked (allegedly a "token" from the Chinese government). The Philippines grapples with fear and hesitancy after memories of an ill fated Dengue vaccine that was stopped in 2019. The news of 23 deaths in Norway among frail elderly patients who received the Pfizer BioNTec vaccine also looms as a deterrent to receive the vaccine with open arms.

But are these controversies and hesitations just part of the acceptance process of a novel "cure" for a novel virus such as the SARS-CoV-2? A trip down historical lane before the flu vaccine was widely accepted as it is today is imperative to understand why the COVID19 vaccines are scrutinized for their effectivity. The flu vaccine took years of development as a preventive measure to combat the complications of influenza among the vulnerable. The vaccine is an inactivated, attenuated and recombinant vaccine formulated 1-2x a year depending on the biosurveillance studies of the predominant strains that affected the population the previous year. Like most vaccines, the common side effects are fever, muscle pain and tiredness. Influenza is a highly infectious airborne disease caused by three types (Influenza A, B, C), of which Influenza A is most likely to cause significant antigenic shift and initiate a pandemic. From ancient times, around 31 influenza pandemics have been reported but the most devastating was the Spanish influenza epidemic of 1918-1919 which recorded 21 million deaths and is referred to as the greatest medical holocaust in history. The first clinical trials of an influenza vaccine were in the mid 1930s and administered to military forces in England. Like the COVID19 vaccine, influenza vaccines were created with two main objectives : protections against disease and achieve a high vaccination rate in order to ensure protection of the unvaccinated people. Between 1942-45, the monovalent and bivalent vaccines were developed and in 1968, the trivalent inactivated vaccine (with less adverse reactions to children) was introduced.

Covid-19 Vaccine: To Be or Not to Be, from page 6...

Leading the race for the COVID19 vaccines is the Pfizer BioNTec completed in April 2020, of the mRNA type, officially named BNT162b2 and has 95% efficacy. Like the rest of the 5 other vaccines to be discussed, 2 doses are required (3 weeks apart). In May 2020, Astra Zeneca introduced its ChAdOx1 nCoV-19 co developed with University of Oxford, a non replicating Adenovirus vector and has 70.4 % efficacy. On January 28, 2021 the Philippines FDA approved its EUA. It is recommended for vaccinees 18 years and below but its use for age more than 56 years old is still in study. An inactivated virus type of vaccine developed by China's National Biotech Group (CNBG) Sinopharm had 73.94% efficacy and was the first to have been approved for use in UAE and Bahrain. The Moderna vaccine developed in July 2020 (mRNA - 1273) is of the mRNA type and boasts of 94.1% efficacy. CoronaVac or Sinovac is another vaccine of the inactivated virus type which reported a range of efficacy from 50% (Brazil Phase III trials) to 90% (Turkey). Of these first 5 vaccines, the Sinopharm vaccine is the more expensive followed by Moderna and Sinovac. Pfizer and Astra Zeneca are equally cost effective. The Sputnik V (Gam-COVID-Vac) from Russia uses a heterologous recombinant adenovirus approach as vector for expression of spike proteins, and has 91.6 % efficacy. The Novovax (NVX-CoV2373) and Johnson and Johnson (J&J/Janssen) were the latest that presented efficacy data of 89.3% and 66% respectively but with J&J gaining momentum since a single dose regimen was used in the trials. But the Novovax vaccine seems promising as it has demonstrated protection against both the UK and the South African variants. Two hundred (200) vaccines are still in various phases of development.

	ChAdOx1 nCoV-19 (University of Oxford and Astrazeneca)	BNT162b2 (BioNTech and Pfizer)	mRNA-1273 (NIAID and Moderna)
VACCINE PROFILE AND CLINICAL TRIAL RESULTS			
Type of Vaccine	Non-replicating viral vector	mRNA	mRNA
Current Phase of Clinical Trial	Phase 3	Phase 3	Phase 3
Start Date of Clinical Trial	May 28, 2020	April 29, 2020	July 27, 2020
FDA EUA Approval (US or UK)	YES	YES	YES
Philippine FDA Approval	NONE	NONE	NONE
VACCINE DOSING AND EFFICACY			
Dose and Frequency	2 doses (5 x 10 ¹⁰ viral particles per dose), 6 to 12 weeks apart	2 doses (30ug), 21 days apart	2 doses (100ug), 28 days apart
Storage Requirements	• -20°C for 2 years • 2°C to 8°C for 3 months	• -70°C, protected from light up to expiration date • 2°C to 8°C for 5 days, once thawed but undiluted	• -25°C to -15°C up to expiration or beyond use date • 2°C to 8°C for 30 days
Vaccine Efficacy	70.4% 14 days after the 2nd dose (95% CI: 54.8 to 80.6)	95% 7 days after the 2nd dose (95% CI: 90.3 to 97.6)	94.1% 14 days after the 2nd dose (95% CI: 89.3 to 96.8%)
Number Needed to Vaccinate (NNV)* <small>* Tells us the number of people we need to vaccinate to prevent one COVID-19 infection</small>	82	116	76
ADVERSE EVENTS			
Adverse Events	<ul style="list-style-type: none"> • Injection site pain and tenderness • Myalgia • Fatigue • Headache • Malaise • Chills 	<ul style="list-style-type: none"> • Pain on injection site • Fatigue • Headache • Fever • Lymphadenopathy 	<ul style="list-style-type: none"> • Pain on injection site • Axillary lymphadenopathy • Erythma and swelling on injection site • Fever • Headache • Fatigue • Myalgia • Arthralgia • Nausea • Vomiting • Chills
Serious Adverse Events		<ul style="list-style-type: none"> • Shoulder injury related to vaccine administration • Right axillary lymphadenopathy • Paroxysmal arrhythmia • Right leg paresthesia 	<ul style="list-style-type: none"> • Intractable nausea and vomiting • Facial swelling • Rheumatoid arthritis • Dyspnea with exertion • Periphera edema • Autonomic Dysfunction • B-Cell lymphocytic lymphoma
REFERENCES			
Citation	Voysey M., Clemens SAC., Madhi SA., Weckx LY, Folegatti PM, Aley PK., et al. (2020). Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK. Lancet 2020.	Polack FP, Thomas SJ, Kitchin N, Absalon J, Gurtman A, Lockhart S, et al. (2020). Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. The New England Journal of Medicine 2020; 383:2603-15	Baden LR, Sahly HM, Essink B, Kotloff K, Frey S, Novak R, et al. (2020). Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine. New England Journal of Medicine 2020.
Website Link	https://doi.org/10.1016/S0140-6736(20)32623-4	https://doi.org/10.1056/NEJMoa2034577	https://www.nejm.org/doi/full/10.1056/NEJMoa2035389
<small>These are only interim analysis of vaccines with published phase 3 trials. Data may change depending on the results of further studies</small>			

<https://www.psmid.org/sars-cov-2-vaccine-tracker/>

With 80% of available vaccines purchased by rich countries, the Philippines and the developing nations are struggling with supply as no single manufacturer can supply 110 million Filipinos. The expected 1st quarter arrival of the vaccines were delayed by the need for an indemnification fund to be signed into a law by the Philippine government. Since the 2021 approved national budget (4.5 trillion) has not included the COVID19 vaccines, the government must move heaven and earth to complete the necessary papers to expedite the arrival of the vaccines. The DOH aims for 70%

immunization between 2021-2022 (50-70 million) and the remaining population by 2023. It has started to fast track the pre implementation planning activities (masterlisting and data management). Under the prioritization schedule, top 3 priority groups are frontline health workers, indigent senior citizens and remaining senior citizens, followed by remaining senior citizens, remaining indigents and the unformed personnel.

**Covid-19 Vaccine: To Be or Not to Be,
from page 7...**

Graphic of Priority Group (Philippines)

A1: Frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students, nursing aides, janitors, barangay health workers, etc.

A2: Senior citizens aged 60 years old and above

A3: Persons with comorbidities not otherwise included in the preceding categories

A4: Frontline personnel in essential sectors including uniformed personnel and those in working sectors identified by the IATF as essential during ECQ

A5: Indigent population not otherwise included in the preceding categories

B1: Teachers, Social Workers

B2: Other Government Workers

B3: Other essential workers

B4: Socio-demographic groups at significantly higher risk other than senior citizens and indigenous people

B5: Overseas Filipino Workers

B6: Other Remaining Workforce

C: Rest of the Filipino population not otherwise included in the above groups

An evaluation framework was developed by the Health Technology Assessment Council (HTAC) to appraise vaccines and other new technologies. The following criteria were used to give a green light to the available COVID19 vaccines: (1) responsiveness to magnitude and severity/prevention of infection and death (2) clinical efficacy and safety (3) affordability and viability (4) household financial impact (5) social impact and (6) responsiveness to equity. The Philippines may have a delay in the arrival of the COVID19 vaccines but the DOH through its C.O.D.E. (Coordinated Operations to Defeat the Epidemic) has not lagged behind by making a comprehensive Philippine National Vaccine Roadmap. The National Task Force against COVID19 chaired by Carlito Galvez Jr. has advanced the tripartite strategy (national government, local government and private sector) to call for

a "whole of government, whole of society" approach to make the vaccine a crucial part of the exit strategy to stop this pandemic. But then again, it also crucial part of the exit strategy to stop this pandemic. But then again, it also calls for a 'whole of self" mindset to be part of the solution to this scourge. Will the vaccine bounce us back to the new normal? The earth is alive and teeming with secrets and surprises like the pandemic that unfurled right before our very eyes. If there is something beautiful that emerged from this nightmare, it is our newfound readiness and strength to defeat the unseen. And the vaccines are a flicker of Hope to mankind.

New Year Message

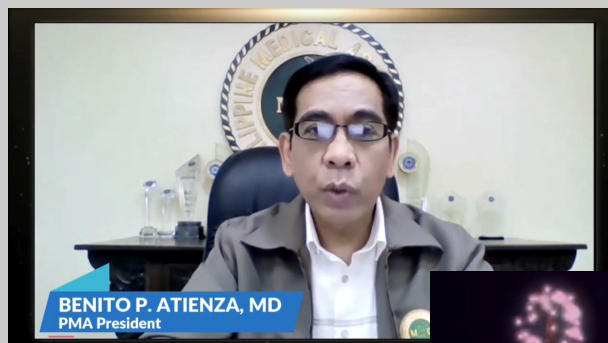
We welcome the year 2021 with open arms, full of courage and positivity that everything will be much better for all of us, no matter how challenging the year 2020 had been!

Truly we were all affected in all aspects of our lives during the pandemic - emotionally, mentally, financially, physically, and even spiritually. We have seen both the best and worst in people.

However, we have also witnessed how the Filipino people became resilient, helpful, cooperative, and compassionate during these trying times. It was during the pandemic that we were able to prove the humanitarian values of the Filipino families, manifested thru the bayanihan activities in the different communities across the country.

No one knows for sure what is in store for us this year. We can only hope and pray to see the light at the end of the tunnel. But as we expect to see a different set of challenges, let us try to be more proactive and be prepared to bravely face all these difficulties.

Let us keep the faith in our Lord God that He will provide us comfort and protection from all the calamities, disasters, conflicts, or pandemic that may be ahead of us this year.



On behalf of the Philippine Medical Association family, we all greet you a Happy New Year! May we all have a blessing-filled 2021!





EDITORIAL

MARIA CHRISTINA H. VENTURA, MD, FPPS

This newsletter explores how technology has brought us closer to telehealth.

We are excited also to feature the second part of the series in writing a proposal. This is definitely a good resource for those interested to pursue research.

We thank all our contributors for this issue. Let us keep our heads up high as we continue with our fight for this pandemic.

The PMA has now become ever resilient in addressing the pandemic and life goes on. The Regional Assemblies continue to be part of the schedule of PMA. Plans for the upcoming Annual Convention are also well on its way.

This issue pays tribute to our fallen members who were recognized as Outstanding Filipino Physicians.

We have Covid related articles that will update us on the current situation. The Filipino doctor has begun to explore and evolve into the growth of telemedicine.

THE PMA REFERENDUM IS NOW ON-GOING.

TO VOTE, SCAN THE QR CODE OR GO TO:
[HTTPS://POLL.PHILIPPINEMEDICALASSOCIATION.ORG/K6KJ68XW48](https://poll.philippinemedicalassociation.org/K6KJ68XW48)

The 2021 PMA Referendum is currently on-going until May 31, 2021 at 5PM.

To VOTE, please scan the QR code or click the link below:

<https://poll.philippinemedicalassociation.org/K6KJ68XW48>

Thank you.

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The Physician

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Anesthesiologists vs Coronavirus

By Ma. Cristina C. Danac-Delfin, MBA, MD, DPBA, FPSA

It has been a year since we first went to “war” with an invisible enemy - the SARS CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) - the pathogen of COVID-19 infection (coronavirus disease.) It caught the whole world by surprise. It is not like any war. It was mankind vs a virus. It would have been easier to do arm-to-arm combat with a visible enemy. But with a virus? It can blow a layman’s mind. How could such a simple, tiny life form that couldn’t exist outside the living host cause a pandemic? Perhaps because it was unimaginable, there were unbelievers. Not until people died.

Going back in time, it all started with the pneumonia outbreak with unknown etiology in Wuhan, China in December 2019. The World Health Organization (WHO) declared the COVID-19 PANDEMIC after the virus spread to at least 200 countries and more than 1,700,000 confirmed cases and 111, 600 deaths have been recorded. (J. Clin Med 2020 Apr; 9(4):1225; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7230578>). It was on February 11, 2020, when the International Committee on Taxonomy of Viruses (ICTV) named the new virus SARS-CoV-2, and WHO announced “COVID-19” as the name of the disease. (WHO: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-cause-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-cause-it))

By that time, the first 3months after the start of the pandemic was a period of confusion, fear, apprehension,

and panic. More so with anesthesiologists who were forced to be at the forefront of the battle. Seen as the most experienced in airway management and intubation, the anesthesiologists were called in first to intubate patients with COVID-19 infection. Unfortunately, since all were caught off guard, not enough preparations were done. We all had to study and learn fast and be one step ahead of this invisible and seemingly invincible enemy.

The Philippine Society of Anesthesiologists (PSA) - Local Chapters looked on its mother PSA for guidance. PSA collaborated with other societies and institutions to come up with guidelines protecting the medical personnel treating COVID-19 positive patients. In no time at all, the PSA disseminated these Guidelines and Protocols (from doing “Emergency Intubations” to providing anesthesia for COVID-19 positive patients) to all its local chapters. Videos on donning and doffing of PPEs (personal protective equipment) were shared with all members. Unfortunately, there were problems with the procurement of PPEs as well as the required surgical masks and N95 masks. Great was the demand worldwide that not only were these resources scarce but these were also costly. This did not deter the Filipino healthcare workers including anesthesiologists from being creative and innovative. The DIYs saved the day. Raincoats, plastic covers, trash bags, acrylics, polycarbonate sheets, - these were the materials available in the local markets. These were made into the DIY “protective armor” of anaesthesiologists and other medical and hospital staff. Upon recommendation from other countries, aerosol boxes were also built by local engineers and craftsmen.

The great thing that happened during this pandemic is that people from all walks of life from all over the world were united in helping each other to overcome and surpass this enormous battle. They say a critical situation can bring out either the best or the worst in us. When the PSA Local chapters together with other medical societies launched donation drives, we were blessed to have so many kindhearted and generous people who donated the much-needed equipment – from PPEs, face masks, face shields, boot covers to alcohols, disinfectants, and even food. Support to the front liners was overwhelming. It was great to see that PSA local chapters acted right away to see the needs of its members. Even in areas where geography can be a hindrance, the PSA Pangasinan-North Luzon Chapter led by its President Dr. Maribel L. Valenzuela, reached out to its members from Eastern to Western Pangasinan; the same was true with BBMP Chapter covering Baguio, Benguet, and Mountain Province. Cebu-Central Visayas Chapter shared donations to anesthesiologists in Bohol and Dumaguete. The PSA Iloilo-Panay Chapter distributed surgical face masks and gallons of alcohol to its members in the whole of Panay Islands - Iloilo, Antique, Aklan, and Capiz. It was the same scenario in all other chapters - from Luzon, Visayas, and Mindanao. The fraternity amongst anaesthesiologists was palpable nationwide. Everyone looked after their fellow anesthesiologists as they carry out their sworn duty to serve the people during these dangerous circumstances.

*Anesthesiologists vs Coronavirus,
from page 10...*

"There is no emergency during a pandemic." This was reiterated to all anesthesiologists who went on duty as COVID responders. Great emphasis was given in making sure that anesthesiologists protected themselves as they entered the Red Zones. It was proper to demand from the management of hospitals for adequate PPEs. This should not be a suicide mission. We, like any soldier who goes into battle, must be properly armed and equipped so that we can end up victorious over the enemy. But sometimes, in the course of performing our duty, that is, to save lives, we do what we can. In the process, some of us suffered the consequences. Some got infected. Most survived. But some perished. We mourn the loss of our comrades and condole with their families.

By June, things began to settle down. We knew more about this Sars-CoV-2 virus and the pathophysiology of COVID-19 disease. We were able to get more supplies and better PPEs to the point that a new fashion emerged from it. The video-laryngoscope was the latest gadget to be mastered. By this time, the majority of anesthesiologists were more confident and knowledgeable, and more vigilant than ever. Donation drive all over was in full gear providing an adequate supply of PPEs and other "survival kits". There was a semblance of normalcy. PSA and its local chapters learned to utilize digital technology and social media to communicate with its members. Webinars became a trend. In no time at all, PSA and its local chapters were able to hold meetings and conferences, and even elections. Standard activities were conducted such as Clinical Case Conferences and Annual Conventions. SOAP President Dr. Rene Berdan, Jr. wrote in his annual report that this pandemic *"opened the door and it also opened our eyes that the learning opportunity is limitless with the aid of*

internet technology." SOAP (Society for Obstetric Anesthesia) had its free monthly Webinar series, the *"Saturdays with SOAP"*. PSA's Webinar series was the *"Tuesdays with PSA"*. Other subspecialty societies conducted their respective Virtual conferences and workshops. The Philippine Society of Pediatric Anesthesia (PSPA) collaborated with the Asian Society of Pediatric Anesthesiologists in the latter's *FLEX - Focused Learning Education Experiences*. Pain Society of the Philippines (PSP) had its *Essential Pain Management (EPM) Workshop*. The pandemic did not stop the PSA and its local chapters in celebrating Medicine Week (with PMA) and Anesthesia Week. PSA was able to hold its First Virtual Annual Convention last December 2020 with more than 2,000 participants.

Some chapters were commendable for reaching out to other people. One of these is the Baguio-Benguet-Mountain Province Chapter led by its President, Dr. Arvin Mario A. Pilit. The chapter had two projects: 1) Adopt a Healthcare Worker which aimed to ensure an adequate supply of PPE to HCWs; and 2) Donation Drive for low-income families who lost their source of livelihood because of the pandemic which endeavoured to help the families close the gap as they find new ways to earn a living.

As anesthesiologists embrace the "new normal", courage and hope replaced the fear and angst of yesterday. As Bulacan Chapter President Dr. Amy Rose Tamayo wrote in her report, *"hope for the best in the face of adversity... brighter tomorrow awaits us."* Dr. Lily Roxas-Jingco, Immediate Past President of Negros Occidental Chapter wrote *"this pandemic "changed our ways, our lifestyle, our outlook in life but it did not stop us from the call we pledged to answer"*.

The pandemic might linger on for another year or so (I pray not). It all depends on the success of the vaccination program against COVID-19. But whatever course we have to go through in the days ahead, one thing is certain. We will not be complacent. We will not be deterred. We will persevere. The human spirit will prevail. Together we will fight COVID-19 and as the PMA tag line goes... *"We heal as one"*.

***"There is something in
the human spirit that will
survive and prevail.
There is a tiny and brilliant
light burning in the heart of
man that will not go out no
matter how dark the world
becomes."***
- Leo Tolstoy

In memoriam:

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Dr. David Jonathan L. Pagaduan

Dr. Roberto V. Calupitan

Dr. Maria Regina Uy-Alegado

Dr. Bienvenido P. Cabotaje

Dr. Marianito R. Galicia



Promoting Healthcare Access Through Telehealth

By MRC Bernardo-Lazaro, MD, MBAH, FPAFP

Clinic or office. Furthermore, since personal health data are being transmitted electronically, data privacy and security may also be a concern.

Just like online learning strategies, telehealth can be delivered synchronously or asynchronously. Synchronous delivery of telehealth is when doctor communicates with the patient in real time via computer or telephone. On the other hand, asynchronous delivery of telehealth is when data, images or messages are recorded to be shared or sent to the doctor or health care provider later. Telehealth can be utilized in the following activities and services: having a virtual visit with the doctor, using online portal recording measurements, to check test results, request for prescription refills, send message to the doctor or set schedule appointment, recording measurements, getting email or text reminders, monitoring older adults at home, sharing information and coordinating care among health care providers.

Truly healthcare has evolved and the present realities made progress faster than we never could imagine to the point that there's no universally accepted definition of information and communication technologies (or ICTs) because they evolve almost every single day. Recognizing the potentials of information and communication (ICT) as a valuable aid in the achievement of Universal Health Care for all Filipinos, the National Telehealth Service Program (NTSP) was proposed and implemented as a collaborative and developmental project of the Department of Health (DOH) and the University of the Philippines-Manila through the National Telehealth Center UP-NTHC) in 2011. On December 2019, the House Committee on Health approved a consolidated bill establishing the Philippine eHealth system and (services using ICT in the country to support the implementation of the Universal Health Care (UHC) Law. The landmark measure hopes to provide for an organized and structured application

of electronic health or "eHealth" integrated in the regular workflow of health-care facilities. It also seeks to utilize and to deliver health services which has the potential to improve quality of care, change the conditions of practice, and improve access to healthcare, especially in rural and other medically underserved areas.

Now that the vision of national telehealth is gradually becoming a reality, one of the key areas of focus for its adoption is ensuring proper training and education for both patients and health-care professionals. It is important to ensure that these services are understood and easily integrated in the daily lives of Filipino patients. End-users must understand how this enables them to get proper care in a cost-efficient way. But before that, healthcare professionals must see how telehealth allows for more efficient ways of working and alleviating growing workloads.

While nothing can still replace the in-person and hands-on patient interaction, physical examination and management where our patients are not limited to the two-dimensional screens, the ongoing pandemic taught us that some practices are here to stay including telehealth. While some of us (including myself) may find discomfort using it, sooner we may have to look at the bigger picture and revisit our present medical practices and see what adjustments should be made given the present situation and developments. Maybe in finding comfort in learning concepts beyond our comfort zone (such as telehealth) would enable us to expand our reach and serve our patients better.

Dr. Cherry Bernardo-Lazaro is presently the President of the Philippine Academic Society of Community Medicine (PASCOCM), a component of the Association of Philippine Medical Colleges (APMC). She is a member of the Eastern Rizal Medical Society, a fellow of the Philippine Academy of Family Physicians and an Adjunct Faculty at the Ateneo School of Medicine and Public Health.

"Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community". When I read through this statement in the Alma Ata Declaration of 1978 on Health for All, way back when I was a medical student, I never thought that one day a way to promote accessible healthcare can involve patients interacting with their health care providers in their computer screens and through their digital gadgets. The Covid-19 pandemic has brought about fears of spreading and catching the virus during in-person medical visits. Thus, telehealth, which covers the medical care, health promotion, education and research as well as surveillance through the use of technology, has become more essential during this time. Telehealth is broader than that of telemedicine, which is defined by the World Medical Association as the "practice of medicine over a distance and in which interventions, diagnostic and treatment decisions and recommendations are based on data, documents and other information transmitted through telecommunications systems".

Telehealth has its advantages and disadvantages. Advantages include ability to provide care to people with mobility limitations or those areas who do not have access to a local doctor or clinic, convenience and even cost savings. However, not all medical visits can be done virtually or digitally. The practice of medicine entails mainly a hands-on approach especially in performing physical examination necessary to obtain accurate diagnosis. Procedures such as imaging tests, blood work and other interventions would also still require that patients go to a physical



How to Write A Good Research Proposal

Part Two: The Research Objectives

By Venus Oliva Cloma-Rosales, MD, MPH

For this second article, I chose to focus on how to write the research objectives. After determining what the research question is, and further specifying the elements of the research question framework (see *Part One* in this series), one should write the research objectives shortly after having defined the question framework.

In any research proposal, the research objectives are typically written in about three to five short sentences or phrases. However, don't be misled by the brevity of the research objectives. It is arguably the most critical section of the protocol because it sets the direction

of the research project. How so? The research objectives direct how the methods should be done. *Does the project aim to describe one group or to compare two groups or more?* It delineates the scope of the research project: how broad or how narrow the focus of the project is. *Does the project aim to look at short term or long-term outcomes? Are the outcomes biophysiological in nature, observer-reported, clinician-reported, or patient reported?* Very importantly, the research objectives are the bases of evaluation of both the protocol and of the manuscript. Technical and ethical review boards check whether the proposed methods are aligned with the objectives, and whether the research objectives are achievable (recall FINER in the previous article: *feasible, interesting, novel, ethical, relevant*). Thereafter, peer reviewers and

journal articles evaluate whether the objectives have been achieved in the results section, and whether it has been sufficiently covered in the discussion section of the paper.

I have observed that Filipino physicians struggle in defining or appropriately phrasing the research objectives. I think this may arise from (1) that the research question is conceptually vague in the researchers' own minds, which is expected during the early stages of research planning, (2) having no previous experience or training in undertaking research, and (3) unfocused work on the research proposal, especially when writing in a rush. I aim to provide a systematic approach in writing the research objectives through this article.

Here are the four steps to writing the research objectives:

Step 1. Define the research question framework

This first step was covered in the Part One of this series, but let's do a bit of review here. We had the following examples:

Table 1. Review: Research Question Frameworks and Examples

	Stands for	Typical use	Examples*
PEO	Population, Exposure, Outcome	Descriptive studies; quasi-experimental studies may be PEO or PIO	<i>In Antique (Population), what is the quality of care (Outcome) of annual medical missions (Exposure)?</i>
PECO	Population, Exposure, Comparison, Outcome	Observational and analytical epidemiological study designs	<i>Among neonates (Population), is the prevalence of positive OAE test (Outcome) higher in preterm (Exposure) than term (Comparison) babies?</i>
PICO	Population, Intervention, Comparison, Outcome	Experimental study types	<i>In grade school students (Population), is the control of pediculosis capitis (Outcome) more effective in school-based (Intervention) or home-based interventions (Comparison) with permethrin?</i>
PIRT	Population, Index Test, Reference Test, and Target Disease	Diagnostic studies	<i>Among high risk groups (Population), what is the validity of a rapid screening kit (Index Test) compared to gold standard (Reference Test) in detecting HIV (Target disease)?</i>
SPICE	Setting, Perspective, Phenomenon of Interest, Comparison or Context, Evaluation	Qualitative or more complex health research questions	<i>Is there a difference in the knowledge, attitudes, and practices (Evaluation) of physicians (Perspective) in rural and urban settings (Comparison) towards ethical interactions with the pharmaceutical sector (phenomenon of interest) in the Philippines (Setting)?</i>

*The examples are largely based on my own previous research projects. Please email me if you have questions.

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Step 2. Convert the research question into infinitive statements.

The research objective is really the research question phrased in a different manner. An infinitive statement is "to + verb." Here are common infinitive statements for research objectives in medical research:

To describe... To determine... To compare... To explore... To identify... To estimate... To establish...

In Table 2 we provide examples of how research objectives may be written for each research question.

Table 2. From research questions to research objectives

Framework	Examples*	Ways to write the research objectives
PEO	<i>In Antique (Population), what is the quality of care (Outcome) of annual medical missions (Exposure)?</i>	<p><i>To determine the quality of care of annual medical missions in rural Antique</i></p> <ul style="list-style-type: none"> This objective suggests that there are standards for quality of care to be used in evaluating annual medical missions <p><i>To explore the quality of care of annual medical missions in rural Antique</i></p> <ul style="list-style-type: none"> The use of "to explore" alludes to a qualitative approach in describing quality of care
PECO	<i>Among neonates (Population), is the prevalence of positive OAE test (Outcome) higher in preterm (Exposure) than term (Comparison) babies?</i>	<p><i>To determine the prevalence of a positive OAE result among preterm and term neonates</i></p> <ul style="list-style-type: none"> We often use "to determine" when the question is a "WHAT" question <p><i>To compare the prevalence of a positive OAE result among preterm and term neonates screened for hearing loss</i></p> <ul style="list-style-type: none"> If we want to compare two or more groups, then we use "to compare"
PICO	<i>In grade school students (Population), is the control of pediculosis capitis (Outcome) more effective in school-based (Intervention) or home-based interventions (Comparison) with permethrin?</i>	<p><i>To compare the effectiveness of a school-based program versus a home-based intervention for the control of pediculosis capitis among schoolchildren</i></p> <ul style="list-style-type: none"> Note that we used the word "effectiveness" and not "efficacy" or "effectivity" because this study is done in a community (i.e., real world) setting
PIRT	<i>Among high risk groups (Population), what is the validity of a rapid screening kit (Index Test) compared to gold standard (Reference Test) in detecting HIV (Target disease)?</i>	<p><i>To determine the sensitivity, specificity, PPV, NPV, LR+, LR-, and diagnostic accuracy of a rapid screening kit compared to the gold standard in detecting HIV</i></p> <ul style="list-style-type: none"> We can opt to use the word validity or we can further specify what type of validation tests, like sensitivity or specificity
SPICE	<i>Is there a difference in the knowledge, attitudes, and practices (Evaluation) of physicians (Perspective) in rural and urban settings (Comparison) towards ethical interactions with the pharmaceutical sector (phenomenon of interest) in the Philippines (Setting)?</i>	<p><i>To describe the KAP of Filipino physicians towards ethical interactions with the pharmaceutical sector</i></p> <ul style="list-style-type: none"> We can simply use "to describe" when we merely want to state a current situation <p><i>To estimate the proportion of Filipino physicians who are aware of the Mexico City Principles</i></p> <ul style="list-style-type: none"> We can also use "to determine" here; but one can opt to change verbs, depending on the tone being set. Strive not to be too repetitive! <p><i>To explore the attitudes of Filipino physicians towards interactions with the pharmaceutical sector</i></p> <ul style="list-style-type: none"> This implies a more exploratory and interpretivist approach to the research question <p><i>To compare the KAP towards ethical interactions with the pharmaceutical sector between rural and urban settings</i></p> <ul style="list-style-type: none"> We have specifically defined the groups of comparison, which is that of rural and urban settings

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Research objectives are different from project objectives. When writing the objectives, remember that research objectives tend to be *process-based* instead of *impact-based*. For example, we must not use phrases such as "to create recommendations" or "to change policy" or "to give evidence" because these refer to how the research findings will be utilized, and not research *per se*.

Use words judiciously; words or phrases have formal and technical definitions in the context of health research. For example, refrain from using the word "impact" unless the study is technically an impact evaluation, or "cost-effective" unless you are doing a cost-effectiveness study. Similarly, be aware that the words "correlation," "association," and "causation" have strict definitions and we must not loosely use "To correlate" or "To

determine the association" or "To determine whether x causes y." (The technical definitions are beyond the scope of this article. These are typically taught in basic epidemiology courses.)

Step 3. Be more specific.

After writing the objective/s, determine whether you will have a General and Specific Objectives, or Primary and Secondary Objectives. Either way will do; it really depends on how you prioritize your objectives. For example, if we wanted to determine the prevalence of

Table 3. General and specific versus primary and secondary objectives

Approach 1: General and specific objectives	Approach 2: Primary and secondary objectives
Our general objective is to determine predictors of ROP among neonates born in Metro Manila	Our primary objective is to determine the prevalence of retinopathy of prematurity among preterms born in Metro Manila
Our specific objectives are: To determine the association between maternal characteristics and confirmed ROP, specifically: a. Maternal age, gravidity, parity b. Maternal hypertension To determine the association between neonatal characteristics and confirmed hearing loss, specifically: a. Birthweight and sex b. Oxygen use To determine the proportion of pediatricians in Metro Manila who do not routinely request for ROP screening	Our secondary objectives are: To compare the maternal characteristics between those with versus without ROP, specifically: a. Maternal age, gravidity, parity b. Maternal hypertension To compare the neonatal characteristics between those with versus without confirmed ROP a. Birthweight and sex b. Oxygen use To determine the proportion of pediatricians in Metro Manila who do not routinely request for ROP screening

If you'll notice, in the General and Specific Objectives approach, the specific objectives tend to directly contribute to the general objective. Whereas for the Primary and Secondary Objectives approach, the primary objective deals with the primary outcome of interest, and the secondary objectives are not necessarily related with the primary objective.

Step 4. Evaluate whether the objectives are achievable.

To know whether the objectives are achievable, here is a short checklist which you can discuss with your research team:

- Are the objectives manageable in scope?
- Is it feasible in terms of time? Funding? Effort?
- Will your local ethics board approve of it?
- Will you have enough patients or respondents or expertise available?
- How practicable is it to access records or data?
- How practicable is it to recruit patients or respondents?

In summary, writing the research objectives requires first defining the research question framework, and then re-writing it into infinitive statements. Research objectives are meant to be written and re-written during the research planning stage. It is better to be rewriting and rephrasing objectives at this stage and not during or after data collection.

Choose the words and phrases wisely and within technical context. Seek feedback from your research colleagues whether your objectives are appropriate and whether they are achievable.

If you have specific questions or requests on what you would like for me write about, please email me at vcrosales@101healthresearch.com.

About the author: Dr. Cloma-Rosales is the Founder and Managing Director of 101 Health Research, a private consulting firm specializing in health research methods, clinical biostatistics, and data science. She obtained her medical degree from the University of Santo Tomas and her Master in Public Health degree from the National University of Singapore. She is an active member of the Philippine Association of Medical Journal Editors, and Makati Medical Society.

PMA NGAYON AT KAILANMAN, MATATAG SA PAGSUBOK NG PANDEMYA



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APPROACH SODIUM HYPO
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