

BROADCAST

Official Newsletter of the Philippine Society of Nephrology

December 2022 | Volume 1 Issue 1



UPDATES

Committee on CME

by Agnes L. Custodio, MD

The COVID-19 pandemic has brought our lives to a pause. Its impact has not spared the PSN Committee on Continuing Medical Education (CME) activities. It has halted the conduct of the Nephro Forum, which offers an avenue for in-depth and interactive discussion of important

nephrology concepts for fellows-in-training. As we move forward to the new normal, The Medical City, Section of Nephrology hosted the first Nephro Forum for the fiscal year 2022-2023.

“When Less is More” tackled a multidisciplinary approach in conservative kidney management with expert panelists Dr. Irmingarda P. Gueco (Nephrologist), Dr. Shelley Ann F. dela Vega (Geriatrician), Dr. Maria Fidelis C. Manalo (Palliative Care Specialist) and Dr. Marianna Ramona S. Sioson (Medical Nutrition Specialist). This was held via Zoom with a simultaneous broadcast via Facebook Live last September 10, 2022.

In addition, the committee was also tasked to conduct in-service examinations (NISE) for fellows-in-training. Whereas this was held in appointed testing sites in Metro Manila and Cebu prior to the pandemic, it was recently conducted fully online. This year, the committee has decided to continue having it simultaneously in each training institution as what was done in 2021. The first installment was done on November 19, 2022, and the second is set on March 18, 2023.

Primer on Peritoneal Dialysis in its Fifth-Year Run

by Nicetas Corazon Reyes, MD & Mary Rose Bisquera, MD

Before the SARS-COV2 Global Pandemic, non-infectious diseases were the major cause of morbidity and mortality worldwide. Chronic Kidney Disease is one of the highly prevalent diseases with a rising burden in the healthcare system. Several studies have demonstrated that End Stage Kidney Disease patients placed on peritoneal dialysis (PD) have comparable clinical outcomes, and in some parts of the world, is more cost-effective than hemodialysis. However, the utilization of this modality has been decreasing in the Philippines due to the complexity of its incentivization, the accessibility of PD supplies, and the shortage of skilled manpower. In 2017, the Committee on Peritoneal Dialysis of the Philippine Society of Nephrology gathered at a summit with the key representatives from its Chapter components and Nephrology fellowship training institutions. In this summit, it has been identified that one major barrier to PD utilization is the availability of trained personnel on PD. Hence the Committee on Peritoneal Dialysis consisting of a handful of new diplomates & fellows from the Adult and Pediatric Nephrology organized a basic training course on peritoneal dialysis. The committee members created the modules and aligned the topics with the requirements set by the national health insurance to prepare the participants for their application as PD Z providers.

From the first run of the Primer on Peritoneal Dialysis (previously titled the PD Summit) in 2018 up to the present, the program supports the Philippine government's thrust in promoting the "PD First Policy". Its main goal is to encourage and guide the participants (teams of Nephrologists and nurses from the same institution) on setting up the PD program and the PD center in their areas of practice. The course has evolved over the years and now covers the basic science of peritoneal dialysis, PD prescription writing for adult and pediatric patients, management of infectious and non-infectious PD complications, troubleshooting of common PD problems, and setting up a Philhealth-accredited PD Z Center. Modules on PD catheter-related infections and PD peritonitis are updated based on the latest ISPD (International Society for Peritoneal Dialysis) Guidelines. New modules on Acute PD for Adults and Pediatrics and the Role of PD in Disaster Preparedness are now included. Case-based interactive sessions on adult and pediatric PD prescription writing and PD peritonitis management applied the knowledge gained from the didactic program. Hands-on training on manual PD exchanges is conducted by PD nurse trainers from the two existing providers in the country.

The Primer on Peritoneal Dialysis (POP) is a biannual event of the committee. The recently concluded conference was held for five (5) Friday afternoons from October 7 to November 4, 2022, in a blended learning format. There were eighty-five (85) participants consisting of adult and pediatric nephrologists and nurses. During the event, the participants from Premiere Medical Center in Cabanatuan, headed by Dr. Yumi Czarina Ong-Cruda (an adult Nephrologist), and her nurses had first-hand experience in helping the care for a neonate who developed Acute Kidney Injury requiring peritoneal dialysis support. It was timely that they received the training materials for the skills demonstration, where the PD solutions were borrowed to help deliver this life-saving modality to this tiny, frail patient. It was also timely that they just attended the Pediatric PD lecture series and the module on Acute PD in Pediatrics, which helped them gain confidence in applying their learnings on an actual patient. This feedback from our participants further inspires the committee members to continue our advocacy to increase PD utilization in the country. The next run of the Primer on Peritoneal Dialysis (POP) is set on February 2023 in a physical or face-to-face format.

DOH Recognizes PSN's CPG for Hemodialysis Among Adult Patients

by Ana Maricon A. Gabas, MD



The Philippine Society of Nephrology's (PSN) unwavering passion to continuously uplift its practice on kidney health care was finally recognized by the Department of Health (DOH) with an award given last October 20, 2022 for its Clinical Practice Guidelines (CPG) for Hemodialysis Among Adult Patients. The award was received by PSN through the humble representation of Dr. Helen Ocdol.

The project to create the CPG was started during the term of Dr. Roberto Tanchanco and was completed in 2018 under Dr. Helen Ocdol's term. The CPG Task Force is composed of the Steering committee, panelists from the different training institution, specialty societies of PSN and allied medical groups, dialysis patients and their support groups, and the PSN Chapters and PSN Past Presidents. The CPG aims to guide

physicians to understand the importance of safety and adequacy in giving dialysis treatment.

This guideline help ensure that every dialysis patient will be safe while receiving optimal dialysis treatments. With this, PSN has raised the standards of hemodialysis treatment to be at par with the world and other first-world countries.



It was indeed an early Christmas aguinaldo for all our patients when PhilHealth announced its expanded coverage of outpatient hemodialysis sessions from 90 to 144 for the remaining months of 2022. "The PhilHealth Board of Directors has recently approved the coverage of hemodialysis sessions from a maximum of 90 sessions to 144 sessions which can be availed of until December 31, 2022. In pursuant to the Universal Health Care (UHC) Act (Republic Act No. 11223), Philhealth is mandated to ensure financial risk protection for all Filipinos", said PhilHealth in an advisory

PHIC Extends Hemodialysis Coverage to 144, but PSN pushes for 156 sessions

by Amira Salvador, MD

released August 2, 2022. The 91st to 144th sessions, exclusively for outpatient dialysis, will not be carried over to the next calendar year.

However, in the recently concluded 1st Annual Convention of the Dialysis Coalition of the Philippines, Inc. (DCPI), our very own Dr. Glenn R. Butuyan, echoed the position of Philippine

Society of Nephrology (PSN) to push for further increase in coverage of 156 sessions per year to adequately cover the recommended 3x a week hemodialysis session. This might still be a long shot but with the work of our indefatigable representatives and solicited help from other stakeholders and lawmakers, we hope to have a better 2023 for hemodialysis patients.

PSN Subcommittee on Research

by Agnes Baston, MD

Forum on Research Protocol Development

The COVID-19 pandemic has brought our lives to a pause. Its impact has not spared the PSN Committee on Continuing Medical Education (CME) activities. It has halted the conduct of the Nephro Forum, which offers an avenue for in-depth and interactive discussion of important nephrology concepts for fellows-in-training. As we move forward to the new normal, The Medical City, Section of Nephrology hosted the first Nephro Forum for the fiscal year 2022-2023. The speaker was seasoned lecturer Dr. Amiel Bermudez, Associate Professor of Epidemiology from UP Manila. Dr. Agnes T. Cruz, Chair of the Research Committee acted as host and moderator for the activity. The speaker gave a comprehensive and cohesive discussion on key aspects of research protocol development, giving insights on how to frame a research question, touching on how to formulate research objectives and how to perform an efficient literature search. He also talked about how to define studyvariables and selecting the most appropriate research designs and included a demonstration on how to utilize the Open Epi website, which is a site where calculations for sample size estimations may be performed for free.

An interactive question-and-answer session followed the lecture proper, wherein Dr Bermudez provided further clarifications on a mix of fundamental, technical, and advanced queries that were forwarded by the attendees. Some of these Q&A discussions were on sample size estimation, citations of references, censored analysis, etc.

At the conclusion of the activity, the participants were invited to attend other subsequent activities planned by the committee. The next research forum was held on November 26, with the topic "Introduction to Visual Abstracts". Other upcoming research activities will be on "Writing the Research Manuscript", scheduled in January 2023, and a workshop on "Journal Peer Review" slated for the first quarter of 2023.



PANG himagas

by Marvin C. Callanta, MD

What did the wise men say after they offered up their gifts of gold and frankincense? **Wait, there's myrrh.**

What do you get when you cross a snowman with a vampire? **Frostbite**

What does Santa suffer from if he gets stuck in a chimney? **Claus-trophobia**

What do you call Santa when he stops moving? **Santa Pause**

What do snowmen eat for dessert? **Ice crispies**

How do you help someone who has lost their Christmas spirit? **Nurse them back to elf.**

What do you call an elf that runs away from Santa's workshop? **A rebel without a Claus**

What do you call a reindeer ghost? **Cari-boo!**

What is it called when a snowman has a temper tantrum? **A meltdown**

Why are elves such great motivational speakers? **They have plenty of elf-confidence.**

Why do reindeer like Beyoncé so much? **She sleighs.**

What reindeer game do reindeer play at sleepovers? **Truth or deer**

What did Santa say when he stepped into a big puddle? **It must have reindeer.**

What does Rudolph want for Christmas? **A Pony sleigh station**

What is Santa's dog's name? **Santa Paws**

Where do Santa's reindeer stop for coffee? **Star-bucks**

What's every elf's favorite type of music? **Wrap**

What's the absolute best Christmas present? **A broken drum — you can't beat it.**

What happens if you eat Christmas decorations? **You get tinsel-it is.**

What do Santa's elves learn in school? **The elf-abet**

What do you call an obnoxious reindeer? **Rude-olph**

What do grapes sing at Christmas? **'Tis the season to be jelly.**

What's the difference between the Christmas alphabet and the ordinary alphabet? **The Christmas alphabet has Noel.**

What did the gingerbread man put on his bed? **A cookie sheet**

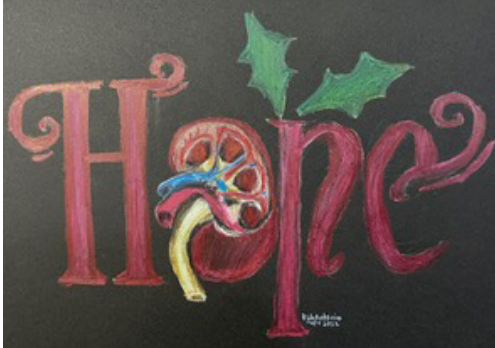


PNSP Highlights 2022

by Agnes Alarilla-Alba, MD



As the PNSP calendar year ends in November, we transition from one leadership to the other, and highlight the opportunities and innovations we started for this year. We have created our FTPAB manual, which aligns with PPS and PNSP. We also started on the Standard Operation Procedures for the Subspecialty Board Exams. The IT committee initiated the Pediatric Digitalization Program, where the acquisition of the pCloud facilitated the storage of all the teaching material and lectures systematically filed with a process flow by which the members can request the materials. In research, we started the International Research Incentivization Program. We continued with the Annual Case Report and Research Contest. We also gave position statements on relevant issues like COVID-19 and AKI. We formed the PNSP Clusters for the Luzon, Visayas and Mindanao groups. We aligned ourselves with the International Pediatric Nephrology programs where sponsorships were awarded for our Teaching Course this year, the approval of the Renal Sister tandem of NKTi, and the participation in the Mentorship Program of our trainee and member. Finally, we institutionalized the GAWAD PARANGAL awarding ceremony with four major categories: "Natatanging Pediatric Nephrologist ng Taon," GAWAD DALUBGURO, GAWAD MANANALIKSIK, and GAWAD Lingkod Bayan, to recognize the leaders and show gratitude to our hard-working members.



Ang Pagtaas din ng Pag-asa

by Reina Lynn G. Antonio, MD, FPSN

Lahat na ata sa mundo ay tumaas nitong Pandemya.

Mula sa presyo ng bigas, asukal, sibuyas at baka;

lebel ng tubig sa mga lansangan kapag bumabaha;

hanggang sa bilang ng mga nawawalan ng trabaho at kita.

Kahit nga mutasyon ng SARS COV2 ay humaba ang lista;

Na dinagdagan pa ng kabila-bilang iringan at mga giyera.

Suweldo ko na lang ata ang nanatiling mababa;

Pero nagpapasalamat pa din at meron pa ding ginagawa.

Isa sa mga bagay na hindi ko noon binibigyan unawa;

Tulad ng malusog na kalusugan at ang makapiling ng mas matagal ang pamilya.

Napagtanto ko kasing lahat nga ay may dahilan na maganda;

Hindi lang ang kayamanan, posisyon o pamamasyal ang mahalaga.

Pero kahit sanay na sa pamamaraan ng pamumuhay na nag-iba;

BROADCAST

Pinananabikan pa din ang mga kinagisnan noon na maranasan ng mas malaya.

Tulad ng Paskong parating na mas maalwan nang maiseselebra;

Sa pamilyar at nakasanayang tagpuan o bagong lugar na sa wakas ay masusubukan na.

At liban sa mga mahal sa buhay; mga kaibigan, katrabaho at ibang kakilala'y maari nang makasama.

Hindi naman sa wala na ang COVID o ang pamahalaan ay naging magparaya;

May dulot kasi itong mas malaking Pag-asa;

Na napansin kong tumataas din tulad ng presyo ng gasolina.

Dala ay mas mainam na kalagayan at ekonomiya kaysa sa sinundang pista;

Kaya sana sa susunod na taon at Paskua,

COVID pandemya at mga alitan, tuluyan nang mawala at matapos na.

****To my friends, like Bok Andaya, my gratitude for your continuous support of my creative aspirations.**

-Reina Lynn G. Antonio, MD, FPSN



Editorial

Gratitude

by Maria Eliza R. Navarro, MD

We're in that time of year when everything seems to be going at breakneck speed—meetings, year end industry lectures, seminars and workshops, residency and fellowship training exams and deliberations.

Of course, lest we forget, the inevitability of holiday events exhorts us to get into the spirit and not consign this to a chore of getting drowned in the red and green and tinsel of it all.

Part of my Christmas inventory is doing the final editing for this newsletter, and it's coincidental that I get to do it this year simultaneous with meeting with trainees and mentees. It's by providence I think that while I try to finetune and put the finishing touches on written pieces, I'm also in the process of asking after residents and fellows on how their lives are outside of their training. It's quite serendipitous when you read all about what has transpired in the society and how its achievements have affected its members, then discover how our young

colleagues come to their own personal realizations when it comes to their own training as doctors. You learn so many things when you listen to what others have to share and say, when they relate what they've gone through, when they tell you This is what I've learned this year.

For the first time since the pandemic hit, people have started getting back into a semblance of normalcy. Traffic jams are in again (the only good thing about the pandemic was the glorious drive on the empty roads), malls are once again crowded to the gills, the populace are back to public gatherings. Yet for all the inconveniences and hassles that are magnified by the yearend holiday rush, I feel thankful. All these things may seem annoying but in truth, they reassure me that while we can get bogged down by daily challenges, when matters get out of hand, when things don't go our way, we survive. We find a way to get up and go on. It doesn't seem possible at times, but then we manage. And suddenly, the things that seem insignificant when our eyes were clouded with doubt and pain, now provide the greatest of joys.

Family, friends, colleagues, work, busy schedules, shopping for gifts, traveling again—we're blessed to be doing it and having it all.



ON THE GROUND

We are delighted to present this new section that will feature our Fellows in Training. As guest contributors, they now have a venue to share their own viewpoints, experiences and stories.



**Tuesdays, Thursdays,
but not Saturdays!**

By Dr. Andrew Solomon Echavez

*First Year Fellow- St. Luke's
Medical Center, Global City*

A Caregiver's Confession

"Why have you been drinking too much? You know we can only afford a twice weekly dialysis." I can trace the loud noise resonating from the regular ward near the nurses station. It was the new admission - a mother accompanied by her son. I can hear them as they asked for oxygen support. The patient was out of breath. My inquisitive nature couldn't resist but investigate.

I can't believe my eyes. As the mother was gasping for air, her son was scolding her. I abhorred his lack of empathy. The son's voice became louder as he said: "No more water for you. You should endure less dialysis. We can't afford it anymore!" The audacity of the son to take on an angry tone to a mother who was catching after her breath.

I saw in the mother's eyes that she was weak but was longing to live. Teary-eyed but determined, she gestures for more air. She couldn't utter a word, but I know what she meant. "Help! I'm running out of lifelines. But, I'm not losing hope." That broke my heart.

As I hastened to stabilize her, I was also struggling to hold back my tears. This is the time to be indifferent and function objectively. Fortunately, I was able to

help her. She eventually breathed with a lot less effort.

It was dawn when I hear laughter from their room. It was the mother and his son - giggling like she wasn't at the brink of death just moments ago. I couldn't see the son eye to eye. I can still remember how he treated his mother. A caregiver who barely had enough care to give. But when I had a clearer glimpse of his face, I recognized him. He regularly accompanies his mom on Tuesdays and Thursdays. They are scheduled on the morning shifts so he can work at night in a known fast food chain. Intriguingly, he is consistently absent on Saturdays.

Puzzled by the laughter, bothered by his consistent absence on weekends, and curious about their life's narrative - I finally got to ask the question. "I remember you, among your siblings - you're always the one with your mom. I notice your youngest go with her during weekends. Where do you go on Saturdays?"

Since then, his response became etched in my heart and now stays rent-free in my head. "Our father died when we were young. Our eldest sister is married to a foreigner and lives overseas. She provides most of our family's need. I work at night to help pay the bills and shoulder the tuition fees to send of our youngest to nursing school.

She covers for me on Saturdays, because I have night classes." My jaw dropped in awe, but I still had to ask one last question: "How about Saturday mornings, are you busy with some other form of work?"

He replied with a gentle smile. Then, he took my hand and pressed it against his left forearm. It was a thrill from a vascular access. He maintains on hemodialysis himself. He was advised for thrice weekly dialysis but he minimizes frequency to once or twice. He divides the dialysis budget with his mom. "I try not to drink water to avoid congestion." As he explained further, I can see his face light up with hope when he mentioned, "In a few months, my sister will graduate from nursing school and hopefully help us with our needs."

A year later, I wasn't prepared for what I witnessed before my eyes. While making rounds to dialysis patients at two adjacent cubicles, I saw the son and his mom doing dialysis together. He joyfully shared that he is being prepared for kidney transplantation, and that's not even the best news yet. He looked at me with that familiar gentle smile of his and pointed to the new trainee nurse at our unit - it was their youngest! She just passed the nursing licensure exam and chose to specialize as a dialysis nurse. What a very pleasant surprise! It is reminder to be always kind and to take a closer look not only to our patient's and but also on their caregiver's lives.

THE BOARDROOM

Kidney Patrol: Stopping CKD Together

by Vimar A. Luz, MD

In the last 10 years we have seen a steady increase in the number of patients developing Chronic Kidney Disease (CKD). The latest statistics ranks CKD now among the top 5 causes of death among Filipinos, alongside Diabetes, Hypertensive Heart Disease and Stroke. This data is alarming because of two reasons: Diabetes and Hypertension rank as the top two causes of CKD and cardiovascular diseases remain the most common cause of death among patients diagnosed with CKD. The fight to stopping the increase in CKD cases has never been more urgent.

The PSN recognizes that this battle is not just theirs but a task that is to be shared with all physicians who will care for patients who are at high risk to develop CKD. It is for this reason that the committee on Public Health and Prevention under the Cluster on Patient Care, launches the Kidney Patrol Project. This is a PSN initiated project, currently in partnership with Astra Zenica. We aim to go around the whole country and do lecture to discuss proper screening and early management of patients at increased risk for CKD among our primary care physicians and colleagues who will see these patients even before they develop CKD. We have made this lecture interactive so that our society will also learn about the specific

challenges they face. We have also identified faculty members of the Kidney Patrol project, who are all active Nephrologists from the different chapters of the society. With this dialogue we hope to discover and learn practices from each region that will ultimately help us develop local-specific approach to curb the increasing incidence of CKD.

The launching of this endeavor happened in Cebu on October 21, 2022 in cooperation with Cebu and Eastern Visayas Chapter. Dr. Mayleen Laico delivered the lecture and was moderated by the Chapter President Dr. Juliet Noel. It was attended by the officers and some members of the PSN BOT including President Dr. Maaliddin Biruar, Vice-President Dr. Ginger Samonte, Secretary Dr. Phel Esmaquel, Treasurer Dr. Ric Francisco, Head of Cluster on Patient Care Dr. Vimar Luz, Head of Cluster on Public Information and Website (and our lecturer) Dr. Mayleen Laico and PNSP President Dr. Agnes Alba.

Preparing for the Upcoming 43rd Annual Convention

by Gingerlita Samonte, MD

This coming April 2023, the PSN will be holding its 43rd Annual Convention

entitled: "The PSN's Labyrinth: A Journey to the Center of the Kidney". After conducting it virtually for the past three years, this time around, it is going to be a face-to-face Annual Convention. The convention will be held at the Edsa Shangri-La Hotel from April 26 – 29, 2023. We will kick off with a pre-convention entitled: "Hypertension Unmasked: The Many Faces of High Blood Pressure" with two other simultaneous symposia: "Topics on Renal Transplantation" and "A Workshop on Peritoneal Dialysis". For both pre-convention and the convention proper, we have invited local and international speakers who will be sharing the latest updates on their specialized fields of interest. As we usher in the next 50 years of the Society, we will be featuring various advocacies of the Society in the Plenary sessions. With the growing family of training institutions, we have engaged some of them as they take us to a journey through the tubules. Together with the important updates of commonly seen diseases, we mixed in some renal conditions not frequently encountered. We will also have a glimpse of what technology has to offer that could prove helpful in our clinical practice. Aside from the scientific lectures, different important meetings will also be held during the annual convention. Not to forget the culminating event of our annual convention that everyone is always excited about, we will be celebrating our Fellowship Night that will surely be a fun night of camaraderie among the members and friends from our healthcare partners. So, dear members, mark your calendars and let us meet again!

Beyond the Clinic:

by Mark Raymund A. Rodriguez, MD



Nurturing the Spirit in the Workplace through God's Word

"...hospital life challenges are opportunities for us to see the FAITHFULNESS of GOD."

The practice of medicine centers in maintaining and/or healing the physical aspect of mankind. A calling many of us have heeded. However, truth to be told, the demands of medical practice have sidelined our spiritual well-being. But, now more than ever, spirituality should be a central part of our lives not just as regular citizens but more so as physicians who are entrusted the lives of our patients.

Dr. Ma. Rowena Uy embodies what it truly means to be a healer. Under her tutelage, I have personally witnessed her unparalleled mastery of her craft and her holistic approach in the care of her patients displaying the importance of faith.

Dr. Uy attended the Cebu Institute of Medicine and finished her training in Internal Medicine and Nephrology at Nassau County Medical Center, Long Island, New York. She is the current Head and Chairperson of the Section of Adult Nephrology of Chong Hua Hospital. Her example of devout faith and spirituality has inspired many colleagues, trainees and other hospital staff of Chong Hua Hospital. She has spearheaded a Bible study group in the institution despite her busy schedule. BroadCast caught up with her and asked her about her life beyond Nephrology.

BC: How did the Chong Hua Hospital Bible Study Group start?

Dr. Uy: The Chong Hua Hospital Bible Study Group started way back in 2017 when my batch mate and friend, Dr. Lerma Noval, a cardiologist, approached me and shared with me her desire to start a Bible Study Group in Chong Hua Hospital FUENTE. Doctors & staff members were invited to study God's Word. We started the CHH BIBLE Study Group meetings at the Cardiology office once a week every Friday, between 5:30- 6pm. Our meetings ended at around 7pm.

We invited residents, PGIs, fellows, consultants, staff nurses/personnel of different departments, Admin staff as well as friends, with the goal of learning more about God's Word, the BIBLE, and to be an influencer for God in their respective places of Members at present (estimated) include 5 Cardiologists, 1 Pulmonologist, 1 Gastroenterologist, 2 nephrologists, 1 Pediatrician, 1 Anesthesiologist, 2 Endocrinologists, 10 residents, 2 Admin personnel, 1 former District Manager of a pharmaceutical company. PGIs attend every now and then, based on their schedule.

BC: What are the activities of the ministry?

Dr. Uy: In 2017, we started our group discussion by topic (to name a few — Integrity in the workplace, the sovereignty of God, the Christian influence in the medical field...). Topics were assigned to different consultants to share to the young members in the group. Around 2018, we moved on to read and study

specific books of the Bible. The book of Joshua in the Old Testament was the very first book we studied.

When the pandemic hit in 2020, we put a hold on our physical meetings. However, the virus did not deter us from meeting again. The coronavirus had to submit to a higher crown, that is, our LORD God's crown. We resumed our weekly meetings virtually via zoom. In June 2020, we tackled the book of Revelation. The approach was a lecture type method, the lessons of which were prepared by yours truly, using the home study guide of BSF (Bible Study Fellowship). BSF is an in-depth



Ma. Rowena Uy, MD

A practicing nephrologist and spiritual influencer. She is married to a pediatric endocrinologist and they have 2 adult children.

Bible study worldwide with a mission to produce passionate commitment to Christ, His Word and His church. The vision of BSF is to magnify God and mature His people and it has resources available to everyone who has a desire to know God. After the book of Revelation, we studied the Gospel of Matthew.

Every first Friday of the month, however, we interrupted the study of the specific book with a Bible verse sharing. In the verse sharing, a specific theme is chosen. The members of the group would share a Bible verse close to their heart and share their life experiences based on the theme. Just to cite a few

examples of the themes — patience, faith, forgiveness, humility

The method we used in studying the books of Revelation and the Gospel of Matthew as mentioned earlier, was a lecture type method. In an effort to train younger members of the group in an interactive Bible study method, and hopefully enable them to expand their circles by forming new groups, we used the WordGo app of BSF after we completed the study of the Gospel of Matthew. It is an app that can be downloaded and allows anyone to start their own in-depth Bible study, either in a group with friends and family or individually.



The Chong Hua Hospital Bible study group during their Christmas fellowship in 2021.

After the group discussion about the particular chapter of the book, we would end each session with a testimony from an assigned member regarding his/ her faith journey with God. Then, we would pray for one another's needs/requests (such as exams, M and M presentations, health issues, family, work and relationship concerns, etc.)

Every first Friday of the month, however, we interrupted the study of the specific book with a Bible verse sharing. In the verse sharing, a specific theme is chosen. The members of the group would share a Bible verse close to their heart and share their life experiences based on the theme. Just to cite a few examples of the themes — patience, faith, forgiveness, humility

The method we used in studying the books of Revelation and the Gospel of Matthew as mentioned earlier, was a lecture type method. In an effort to train younger members of the group in an interactive Bible study method, and

hopefully enable them to expand their circles by forming new groups, we used the WordGo app of BSF after we completed the study of the Gospel of Matthew. It is an app that can be downloaded and allows anyone to start their own in-depth Bible study, either in a group with friends and family or individually.

BC: What impact does the ministry have to you and to your members in their dealings with hospital life?

Dr. Uy: The weekly Bible study allowed the members to have a holistic view of Medicine that while physical health is important, nurturing our spiritual lives gives us a Christian perspective in our daily encounter with others, honoring and glorifying God above all. The weekly reset and renewing of our minds through God's Word is a much needed breather from the hectic work week. To be reminded of God's truth is an important part of the Christian walk. Additionally, the weekly Bible study helps members to see the struggles of hospital life — such as excessive workload, loss of time with family, the pressure to always excel— through the lens of GRACE, instead of focusing on the struggles themselves. The weekly meetings allow us to share our experiences of hospital life where we see how our colleagues and co-workers are facing challenges — and then realizing that in these weekly meetings, we are reminded that hospital life challenges are opportunities for us to see the **FAITHFULNESS of GOD.**

BC: What story in the Bible represents the essence of the ministry?

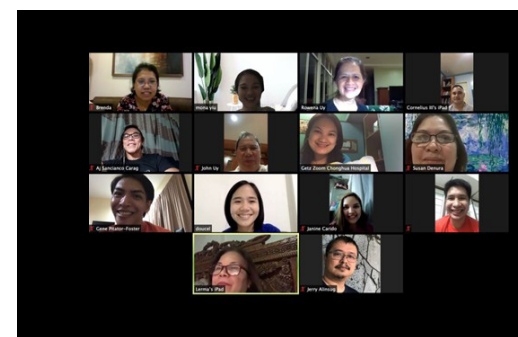
Dr. Uy: Matthew 28: 18-20 Then Jesus came to them and said, "All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely, I am with you always, to the very end of age." It is the ministry's desire to share the gospel to others in the workplace, to love and to follow Christ.

Through this ministry, we hope to invest our time on this earth to influence more people to turn to Jesus for salvation and to walk faithfully with Him. BC: How important is spirituality in the practice of Medicine and life in general? How can it be strengthened in this day and age?

Dr. Uy: At the very core of the practice of Medicine and in life, is the fundamental truth of the value of human life made in the very image of GOD. Spiritual care is NO LESS important for both doctors and patients. It is in the joy of gathering together in Christian fellowship every week that we find ourselves strengthened by the love of God through His WORD and by the encouragement of His people.

BC: What is your message to young medical practitioners on how to become servant-leaders?

Dr. Uy: Jesus Christ has demonstrated what it truly means to be a servant-leader. We need to fix our eyes on Him, to learn from Him and ultimately to follow Him. This is such a great privilege. How do we get to know Him? The only way to know Jesus, the servant-leader is to study His Word. Through the Bible, we learn that Jesus entered our world as the Savior mankind desperately needed. He walked on this earth to personally show us the example of servanthood and sacrifice by going to the cross willingly to accomplish for us what we could not do for ourselves. One way we can give back for what He has done for us, is by helping those in need. Indeed, this service is a great privilege.



The pandemic could not stop the sharing of God's word through virtual meetings via Zoom.

Broken Ribs, But Grateful

by Mary-Grace Angelica S.
Gomez, MD, FPCP, FPSN

*PSN Board, Chapter representative
PSN Central Luzon president*



Hi there everyone, I just feel that what happened to me is worth sharing to serve as a reminder to not take the small things for granted and that truly life is short. It's also my first time to write an article in a newsletter so please bear with me... here it goes.

It has been three long years since my last travel out of the country because of the pandemic and I have been waiting for this moment for so long. It was the perfect time to attend the American Society of Nephrology convention since my last attendance in 2019 at Washington DC. This year it was held at Orlando, Florida and I said to myself, I can visit my friends and relatives nearby as well. Everything was set, I was very excited though at the back of my mind I felt nervous and anxious at the same time, thinking of a lot of things that could happen while I was away. Nevertheless, I went on with the trip and was grateful to be travelling with Nephrology friends and colleagues as well.

It was a long 30 hour in total flight including lay overs and as soon as we got in the hotel, all I could think of was to have dinner quickly, take a bath and have a good long sleep. Right after dinner, I took turns with my roommate

to take a shower so I took a bath as she went for dinner downstairs. The shower had a bath tub with it; I noticed there weren't any rubber mats but I never bothered to request for one and went on with the shower. As I leaned forward to adjust the temperature which was located in a strangely low position, I slipped with both feet, hitting my left flank at the edge of the bath tub. Ouch! It happened so quickly that I wasn't able to get hold of anything to prevent my fall. As soon as I hit the tub, I felt difficulty of breathing. I was in shock and also in denial. I was checking my head, did it hit the tub? Was there blood? Can I move my legs and arms? Ok, I'm awake but I felt something cracked but I didn't bother to stop and went on with the quick shower thinking I have to go to the hospital right after. I still managed to wear my clothes, but I felt the pain though tolerable. I called next door for help and they immediately called the medic and ambulance. My colleagues and friends were even telling jokes to lighten the mood because they noticed I was pale and in shock, but it hurt to even laugh. I told myself, it's clear you have a rib fracture. They kept telling me "wala yan, bugbog lang yan" as I was too pessimistic about it.

As soon as the medic came, they even joked if I can walk as I look too normal and did not seem like an emergency, with no bleeding, or anything else. They rushed me to the nearest hospital. It took hours before a chest x-ray was done. Hours passed and I already felt so much pain when I moved and breathed. Finally, my name was called and they wheeled me in and the film was taken. Being the curious doctor that I am, I asked to view the films. I kept praying, Lord please, don't leave me, be with me always. And there they were, I counted... 1,2,3,4...I'm not sure anymore how many fractured ribs I saw. I was even more afraid because we had to rule out hemothorax, pneumothorax and internal injuries

BROADCAST

I am

by Jem Metra-Punzalan, MD

I am a mother
with a heart that can't be bother

I am a wife
to a husband that brightens up my
life

I am a daughter
to my loving father and mother

I am a sister
that understands whisper

I am a doctor
with a mind that wish to be smarter

I am a teacher
to my students that wish to be
healer

I am a friend
that do not pretend

I am a human being
that needs to get inspired

I am what I am

I am what I want to be

I am what I dream of

I am what I work for

I am what the Lord made me

I am nothing without HIM



Broken Ribs, But Grateful

especially the spleen because of the left upper quadrant pain I was having. It took hours again before the CT scan with contrast was done. At this point, they were already giving me pain relievers like oxycodone and methylcarbamol, medications I only read in the books. I was already thinking of being operated on, a chest tube being placed, even an exploratory laparotomy, and all I could do was pray. Thank God, after the CT scan the doctor talked to me telling me no organs were affected, there was no pneumothorax but I had minimal hemothorax which had to be observed. There was a consideration of a Flail Chest because a total of 6 ribs were affected, plus two ribs had two points of fracture, anterolateral and posterior, presence of atelectasis, hence they need to admit and transfer me to a trauma unit capable hospital.



As thoughts rushed through my head, I only remembered my family and the people who matter the most to me who were a thousand of miles away. I had to call my youngest brother and his wife, but I couldn't tell my parents since both of them also had medical conditions and I couldn't afford to let them worry too much about me. I was fortunate to have angels sent by God, our travel agent who never left my side, two of my closest friends from New Jersey and Florida who flew over to be with me, doctor colleagues who visited as well despite their busy schedule in the convention. Even colleagues back home made sure I was being treated well and made sure I was not alone in this. So, there I was, transferred to another hospital for observation for another 24 hours.

I was also lucky the medical team who attended to me from the medic, to nurses, technicians, and trauma surgeons were all very attentive to my needs and were patient and very professional. They asked me to do incentive spirometry and reach the 1500 level at least 10x a day, to do minimal slow movements like walking as tolerated, prevented me from lifting, pushing or pulling and maintained nsoids, muscle relaxants and neuropathic pain relievers. After seeing the repeat chest x-ray was clear of pneumothorax and decreasing hemothorax, I was cleared for discharge. The next question was when can I safely fly back home. No assurance was given, with the doctors saying there's always a risk due to the multiple rib fractures and hemothorax. I was asked to observe my symptoms for 2-3 days and was allowed to travel home if there was no progression of pain or difficulty of breathing.

Realizing all of these whiles being out of the country, it really meant a lot to have travel insurance which covered all my expenses. As I was walking and being assisted the whole time, I hated the feeling of being dependent. I never wanted to be a burden to anyone, and was always used with being the one who makes sure everything is ok, making all the calls, assisting, helping or aiding. I never wanted my bags or things being carried for me but it was different now. Being the active person that I am, as I love running, biking, jump ropes, it was now completely different and I hated it for a while, but I had no choice.

Also, the question, why now, why me? I recall my laboratory tests, I had normal calcium levels, even had a bone densitometry done last year which had normal results. Yes, it was the impact, the fall was that strong plus the acrylic, porcelain-enameled bath tub which had a direct hit of my rib cage. As I travel back to the hotel with my friends who assisted me, I kept praying and thanking God the whole time, yes, I'm indeed very lucky and blessed, everything happens for a

BROADCAST

reason. This must be God telling me to slow down, to listen to the small signs, to reflect on what's been happening in my life, to focus on things that matter. I tend to worry a lot, on even the smallest of things, so this must be Him telling me, patting my back, just let go my child, I got this for you. I believe we all end up where we belong. So, don't worry too much about what we're going through. Learn from it but don't dwell in it. Feel it then let go. What's yours will find you, no matter what happens, it will manifest whether it be personal growth, knowledge, love, friendship, healing. Yes, everything happens for a reason. It may hurt, but learn to trust in His plan, something I'm still learning to do. Whatever it may be it will come and find you. In the end, what matters most is how you lived your life, your relationship with others and most importantly your relationship with God.

I'm now on day 10 after the accident, with 4-5/10 pain scale. I had to change NSAIDs to muscle relaxants since my creatinine and liver enzymes rose 2x baseline, and yes, I did what a nephrologist was expected to do which was to Hydrate. As soon as I got home, we repeated chest and abdominal CT scans (plain already); there were comminuted displaced posterior rib fractures of the 9-12th ribs. I consulted my TCVS doctor, a Critical Care pulmonologist, and spine orthopedic surgeon friends. They all told me no surgery was needed for plating or fixation, and that conservative management, pain meds, avoiding long drives, long walks and strenuous activities were needed. healing was between 6weeks to 6 months. And now came the hardest part, which was telling my parents. They noticed something was already wrong as soon as they saw me at our gate, but they just kissed me and hugged me lightly.

Don't worry, I'll be okay. I hope this article finds you well. Always stay safe, and never take what you have for granted. Live, laugh, love. Hope to see you in our annual convention. ❤️



Pediatric Nephrology Society of the Philippines Board of Trustees 2020-2022:

An Insider's Account

by Lynette A. Alcalá, MD

The COVID Pandemic caught everyone off guard as we started 2020. As the regional representative of the society expected to bridge the islands with learning opportunities and embracing the challenge of addressing the membership's various concerns and wishes, I was in a dilemma on how to carry out my mandate. But with an enthusiastic board and an ever dynamic membership, a new paradigm in organizations happened online. The era of Zoom meetings, chat groups, virtual engagements, online advocacies and recorded videos came about.

Ahead of us were revisions of the training manuals, clinical practice guidelines and policy statement revisits, Google exams, Zoom proctoring, webinars both for the regional group and the professional development cluster, research presentations and clinic-pathologic conference with trainees both for PPS accredited institutions and fellowship training programs. Zoom meetings seem to go on and on, day in and day out as we gathered online for our various activities. What a productive term indeed for our elected president Dr. Agnes Alarilla Alba. Juggling one's time and attention to the various activities of each cluster called for unending Zoom meetings, activity dry runs and Viber chats as we pushed for projects and activities that made our society relevant

and embracing in the times of the pandemic. The Board had surmounted all challenges and difficulties under the able leadership of Dr. Alba as a professional organization in addressing the many concerns amidst this pandemic as well as addressing the various health concerns of the nation. Some of us may have been infected, many of us had undergone the ordeal of dealing with sick family members or death in the immediate family, but we complimented each other and together we maximized on our strengths and assisted each one's weakness to keep on despite the obstacles.

We may have been temporarily grounded in our homes, glued to the screen, donned in our PPEs when we go outside to serve our patients but that did not dampen our spirits in serving the society, our patients and our membership. The challenges of the COVID 19 pandemic only made us stronger and more determined to push on as a cohesive force of kidney advocates safeguarding the care of our renal patients and their families. How fast time flies indeed and we are now on the final leg of our journey. Through the various cluster heads we were able to formalize an outcome-based fellowship training program, standardized research incentives and migrated the delivery of in service examinations to the online

platform while conducting diplomate examinations face to face. For World Kidney Day and the Kidney month celebration, we were able to utilize social media and the virtual platform to educate, and share new knowledge for our patients and their families. The professional cluster enhanced each member's capability as a clinician, teacher, and advocate by the various learning engagements as we enthusiastically participated in phonetography, delivering lectures online, Zoom lecturing, art therapy and a lot more learning capsules for the membership and other doctor colleagues. We may not have had the opportunity to discuss face to face but we learned to use emojis and virtual gestures to strengthen our decisions and discussions to make every engagement a worthwhile encounter. It was a rare opportunity and a very enriching camaraderie indeed. Signing out as your regional representative for 2020-2022.



December in the March of Days

BROADCAST

by Rey Isidto, MD, FPCP, FPSN

You lie awake at night and wonder. You would stare into the darkness, reveling in its velvety emptiness, secure in its inky embrace. But sleep at times eludes you, as it does now. You could see it dancing away in the periphery of your mind's eye and every time you consciously focus to grasp at it, it dissolves into a diaphanous shadow, fluttering in an absent breeze.

So, like any other insomniac, you recount the events of the day. Being an internist-nephrologist is exhausting. Not in the physical sense when you climb three flights of stairs to make in-hospital rounds, but in the more subtle decay of the senses until everything is blurred away in a haze of languishing apathy, much like when you peer at the world through slitted eyes brimming with unshed tears.

The day's events eat away at you; especially the time spent carefully apprising a 58-year-old of his impending hemodialysis, looking down at the pit of his bottomless sorrow and utter dread, the sense of helplessness and futility. You try to distance yourself, but the experience leaves a mark, like the nasty black stain in your shirt pocket from when the pen's ink has seeped into the fabric.

You have been in practice more than a decade now. And each day brings with it its own problems to solve, its own unfolding drama with you as the protagonist, and your patients' ills as the dragons to slay. The marching of the circadian repeat between the sun and moon is an endless cycle that has no end. You remember the picture of a snake swallowing its own tail, an ongoing cyclic rhythm that is doomed to continue until you reach the last inch of your tail, and with the last grate of your constrictor muscles, you have swallowed yourself and twinkled out of oblivion.

You forget what date it is. The days have this annoying habit of losing their labels and melding into a bland hodgepodge of patient rounds, clinics, the mountains of CSF. At times you secretly confess, that in the middle of checking on an admitted patient and chatting with her and the family, you forgot her name. You reached for the tag on the bottle of PNSS, but the lazy nurse had neglected to properly label it. You turned back to the patient, smile sweetly at her and fondly called her Lola. Oh, how her daughter then gushed at your heart-warming bedside manner. Magnifico!

You hurriedly stepped out bowing, the flames of your embarrassment coloring your cheeks.

You shudder at the remembered faux pas and all its possible consequences and bury yourself deeper in your bed. You urge yourself to sleep.

A sudden flash of light invade your lidded eyes. Your skin prickle as a series of quick staccato pops break the evening air. You slowly push out of bed, open the window and stare at the night sky. Lightning of all colors crackle as thin electric filaments and chased each other across the vast velvet blanket. Booming multi-colored sparks erratically explode in unfettered joy. The acrid and familiar scent of firecracker smoke prickle your nose. A few houses from you, the chapel bells joyously peal in careless abandon as carols join the chorus. And unmistakable swell of emotion wells from your chest. It's Christmas Eve!

You make your way down to the dining room where your entire family is joyously in attendance. You are the odd man out: you in your pajamas, they in the Sunday's best. Apparently, they just came from church, their cheeks rouged by the cold December air.

Christmas will not magically turn your heavy thoughts around. Of course not. As doctors we have come to realize that the world is bereft of miracles. But eventually you realize that there are bright spots coming from your daily victories; a resolving acute kidney injury, a healing complicated UTI, a sincere thank you from a patient, an unwavering sense of purpose explicit in being a nephrologist.

You realize that you are the sum of your experiences and decisions, and each day brings with it its own discrete portion of sorrow and elation. The secret is finding the days that fizz with triumph, the moments of victory in your work where you hear choruses. Such is the life of a doctor. Such is the life you have chosen. Despite the inherent unevenness of this realization, you find comfort in this. Your mind has finally ceased its senseless running.

You tear into the cherry pie your mother has baked for this occasion. You sigh contentedly as you burrow deeper into the pastry, but your eyes grow heavy with sleep. So, you bid your loved ones goodnight, satiated with food and the company of family. Tomorrow is another day. But this time you do not forget what day it is.





Newsletter Staff

Editor in Chief: Maria Eliza R. Navarro, MD

Members: Reina Lynn G. Antonio, MD
Marvin C. Callanta, MD
Ailene Buelva-Martin, MD
Lynette Alcalá, MD
Rey A. Isidto, MD
Jemely L. Metra-Punzalan, MD
Mark Raymund A. Rodriguez, MD

Adviser: Agnes Alarilla-Alba, MD

BOT Adviser: Mayleen Jennifer L. Laico, MD

