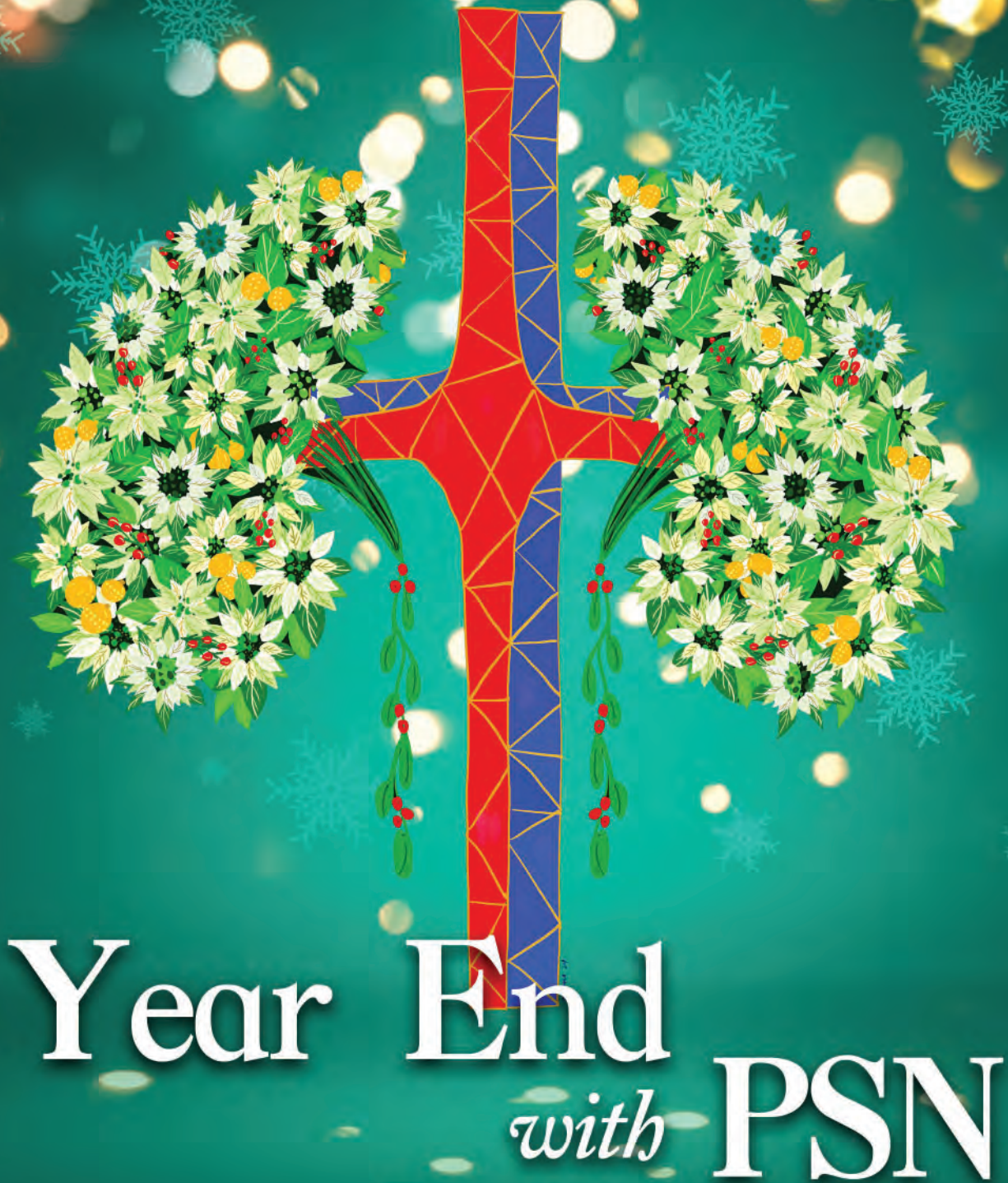


BROADCAST



Official News Magazine of the Philippine Society of Nephrology

December 2024 | Volume 20, Issue 6



Year End
with PSN

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Cover Art: "Holiday Kidneys" by Dr. Mayleen Laico



Believing Hopefully When Utterly Hopeless

By: Maria Eliza R. Navarro, MD

Putting the yearend issue to bed comes with its unique set of challenges. I'd harken back to themes of Christmas and always try to enjoin the staff to get into the spirit, and yet the heedlessness coming from everyone, this writer included, borders on the amusing. Be it for me to remain bullish as this season is certainly my favorite, a sentiment that becomes clearer with the reading. Yet I understand the hesitation because I feel it myself, and it is in no small part due to everything else happening around us.

The Trump victory in the US elections may not seem like a significant episode in our own history but to say that means looking at our future with myopic eyes. The re-elected president is a felon, an adjudicated fraudster and a vocal supporter of the world's worst megalomaniac leaders. He has elevated crass and criminal behavior to a level of normalcy. Bringing this to the higher echelons of one of the most powerful countries in the world should make anyone worry. At the risk of sounding partisan, doesn't this ring the proverbial bell? We don't have to look far to realize that our own political landscape is a cesspool of ineptitude and corruption. We have to wonder—why do we insist on electing people with no political vision, moral compass or integrity?

Even as I write this piece, the slow pace of a Sunday belies the fierce strength of a storm that is already pounding some parts of the archipelago. We stay comfortable and ensconced safely in our homes but often neglect to see how this affects the majority. Our farmers and fisherfolk have barely recovered from the onslaught of the most recent one and now have to brace for more before the season ends. The lack of a defined infrastructure and long-term plan speaks of an anemic governance that reeks of a painful irony in an agricultural country like ours.

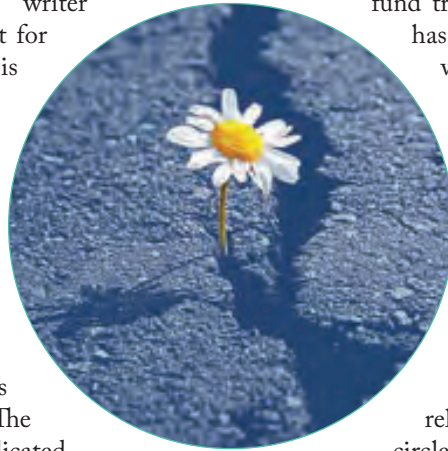
One piece of news that lent some good was the revised PHIC circular which occupied our thoughts for the last few months. This issue admittedly caused concern, spawning endless discussions amongst us. The outcome was far from

ideal, but given the benefit it served our patients, we must take what little victories we can. Acceptance does not always mean yielding to what we fight for but staying the course to be able to keep doing that. The bigger battle lies now with the fund transfers to the government treasury, which has more consequential ramifications on how we will be able to practice our profession and allow us to keep taking care of our patients.

Serious problems like those aforementioned may not seem like such in the face of our own personal travails. This is normal and very human. There will always be something that will lend us to feel like the weight of the world is on our shoulders. A loss of a patient, conflict with a colleague, financial predicaments, relationship problems—all within the smaller circle of your life but still weighing heavy on our hearts

Given all these adding on to an already stressful job, how then do find it in ourselves to be merry and cheerful for this season? It took me a long time to realize that not everything in life is meant to be a beautiful story. Not every problem gets resolved, and if it does, it doesn't always turn out the way you expect it to. Not every moment is a success, at least not in the way you perceive it to be. Not every goal is reached and not often in the time you want set for it. Not every person we feel deep and moving with is meant to make a home within us. Yes, sometimes people leave, but their lessons always stay. That is what remains.

So, as we conclude another year, we feel grateful and abide. Plans excite us, family and friends encourage, patients getting well providing the fulfillment not found elsewhere. As we journey on, what is important is not so much the pace we set but our provisions for the journey and the companions who travel with us. Maybe then we'll get there, but certainly we'll be the better for it. ♡





Proctors with the successful examinees

Seventy Eight Future Nephrologists Pass the 2024 Certifying Exam of the PSBAN

By: Stephanie Andres, MD

We are delighted to announce that a remarkable 66% of examinees, 78 out of 118 aspiring nephrologists have successfully passed with nearly all successful candidates also clearing the oral exam of the 2024 Certifying Exam conducted by the Philippine Specialty Board in Adult Nephrology (PSBAN). The examinations took place on September 15 and 22, 2024 at the Bayanihan Center of United Laboratories in Pasig City. This was administered by the members of the Philippine Specialty Board in Adult Nephrology (PSBAN) namely Drs. Russel Villanueva, Filoteo Ferrer and Meinard Nepomuceno, with the Chair of the PSBAN, Dr. Stephanie Andres.

The PSBAN has also made significant advancements by revising its Implementing Rules and Regulations (IRR) to ensure a fair and transparent examination process for future candidates. This revision reflects the board's dedication to





Making the exam face to face...



...and thru Zoom meetings.



Printing and preparing for exam day.



maintaining high standards in the field of Nephrology. Following the IRR revision, the PSBAN engaged in a series of bi-monthly meetings to formulate, critique, revise, and finalize the questions for both the written and oral examinations. This collaborative effort not only enhanced the quality of the exams but also fostered a sense of camaraderie among the board members.

The conduct of both examinations went smoothly, thanks in part to the active participation of nearly 50 Fellows of the Philippine Society of Nephrology (PSN), who generously devoted their time to proctoring the oral exams. The atmosphere was vibrant and familial, reminiscent of a mini-PSN convention, where discussions were lively and enjoyable. The PSBAN extends its heartfelt gratitude to the PSN Secretariat, to all the proctors, especially those who stayed until the very end, celebrating the success of the candidates who are now officially recognized as diplomates of the PSN.





Examination Day



Oral exams



Oral exams



Congratulations to all the successful candidates as they embark on their professional journey as Adult Nephrologists! Your achievement is a testament to your knowledge and dedication to the field, and we look forward to seeing the contributions in the field of Nephrology that you will make in the future. 🙏

A Milestone in Nephrology:

The 2024 Conferment and Oathtaking of New Diplomates in Adult and Pediatric Nephrology

By: Marissa Elizabeth Lim, MD

On October 12, 2024, the prestigious Westin Manila became the setting for a momentous occasion in the field of nephrology—the Conferment and Oathtaking of New Diplomates in Adult and Pediatric Nephrology. Hosted by the Philippine Society of Nephrology (PSN), the event honored the newest members of the nephrology community who had successfully completed rigorous training and examinations in both adult and pediatric nephrology.

The evening was not just a ceremonial milestone for these new specialists but also a celebration of the continued growth and excellence in nephrology in the Philippines. It was a testament to the hard work, dedication, and ethical commitment of healthcare professionals who have chosen to specialize in kidney diseases, and a reaffirmation of the Philippine nephrology community’s collective goal to improve the nation’s health.

A Grand Academic Procession: A Symbol of Tradition and Excellence

The ceremony opened with an impressive academic procession led by the Grand Marshal, Dr. Vimar A. Luz, Secretary of the PSN. The procession was a visual spectacle, highlighting the importance and dignity of the event. The Mace, a traditional symbol of authority and leadership, was placed at the center of the venue, signifying the formal commencement of the ceremony.

New Pediatric Nephrology Diplomates, accompanied by the Chairs and Training Officers (TOs) of accredited pediatric nephrology institutions, entered the hall followed by the Adult Nephrology Diplomates and their respective mentors. This dual procession underscored the celebration of excellence across both fields—adult and pediatric nephrology—and highlighted the PSN’s dedication to fostering expertise in all branches of nephrology.





A Blessing for the Future

The solemnity of the occasion was further enriched by a heartfelt invocation by Dr. Glenn R. Butuyan, PSN Treasurer, who offered prayers for wisdom, guidance, and compassion for the new diplomates. His words resonated with the attendees, emphasizing the vital role that nephrologists play in the healthcare system and the impact their work has on the lives of Filipino patients. This moment of reflection set the tone for the rest of the evening, inspiring all present to continue their commitment to excellence in nephrology.

Following the invocation, the Philippine National Anthem was sung, a patriotic reminder of the responsibility each new diplomate holds in contributing to the nation's health.



Welcoming the New Diplomates

In his welcome address, Dr. Pelagio L. Esmaque, Jr., President of the PSN, expressed pride in the achievements of the new diplomates. He recognized not only their hard work and perseverance but also the dedication of their mentors, training officers, and the accredited institutions that had played a pivotal role in shaping these new nephrology specialists. The recognition of the 22 hospitals with PSN-accredited fellowship training programs in nephrology, as well as the five pediatric institutions, was a key highlight of the evening. This collective effort exemplifies the collaborative spirit that has nurtured the growth of nephrology in the Philippines.



A Call to Excellence: Keynote Address by Dr. Nenita A. Collantes

A key moment of the ceremony was the keynote address delivered by Dr. Nenita A. Collantes, a highly respected leader in the Philippine medical community and past president of both the PSN and the Philippine College of Physicians (PCP). In her speech, Dr. Collantes urged the new diplomates to continue striving for excellence and to embrace the evolving challenges of nephrology. Her insights focused on the importance of patient-centered care, lifelong learning, and the ethical practice of medicine. Her speech resonated deeply with the audience, reinforcing the vital role of nephrologists in addressing the growing prevalence of kidney diseases in the Philippines.



The Oath-Taking Ceremony: A Moment of Honor

The core of the event was the induction ceremony, where the new diplomates took their Oath of Office, committing themselves to uphold the highest standards of medical practice. Dr. Esmaguél, together with Dr. Stephanie Andres (Chair of the Adult Nephrology Specialty Board) and Dr. Violeta Meneses-Valderrama (Chair of the Pediatric Nephrology Specialty Board), formally conferred the title of Diplomate in Adult and Pediatric Nephrology upon the candidates.

As each new diplomate took the oath, they pledged to dedicate their careers to patient care, to continue their education, and to serve the nephrology community with integrity. The room was filled with a palpable sense of pride as these new specialists embarked on the next chapter of their professional journey.

Honoring the Best and Brightest: Recognition of Top Performers

The evening also served as a celebration of academic excellence. The top performers of the Pediatric Nephrology and Adult Nephrology examinations were recognized for their outstanding achievements. Dr. Karen G. Escaner from the Philippine Children's Medical Center was named Top 1 in Pediatric Nephrology, while the Top 10 Adult Nephrology Exam Takers were also honored. Notably, Dr. Aldric Cristoval C. Reyes from UP-Philippine General Hospital earned the coveted Top 1 spot in Adult Nephrology.



These achievements underscored the caliber of the new diplomates entering the nephrology profession. Their accomplishments reflect a deep commitment not only to academic excellence but also to the values of patient-centered care, empathy, and dedication to improving public health.

Closing Remarks: A New Chapter Begins

As the evening drew to a close, Dr. Ricardo A. Francisco, Jr., PSN Vice President, delivered the closing remarks, thanking all those who had contributed to the success of the event and recognizing the mentors who helped shape the careers of the new diplomates. He emphasized that while the ceremony marked the end of one chapter, it also marked the beginning of a new journey filled with opportunities and challenges.



A Legacy to Uphold

The ceremony concluded with the PSN Hymn playing during the recessional, as the new diplomates, along with their mentors and colleagues, exited the venue with a renewed sense of purpose. The event was not just a celebration of individual achievement but a collective affirmation of the commitment to continue advancing nephrology in the Philippines.



With their diplomas and oaths in hand, the new diplomates are poised to make significant contributions to the field of nephrology. They now join the ranks of the country's most dedicated medical professionals, equipped with the knowledge, skills, and compassion necessary to improve the lives of Filipino patients. As they embark on this next phase of their careers, they carry with them the legacy of excellence that has long been a hallmark of the Philippine Society of Nephrology.

This year's conferment and oath-taking ceremony was a proud reminder of the progress and growth of nephrology in the Philippines, and a clear indication that the future of the field is in capable hands.🙏



The Birth of the Philippine College of Adult Nephrology (PCAN)

By: Ricardo A. Francisco, Jr., MD, MHA, FPCP, FPSN, FISN
Vice President, PSN Inc. FY 2024-25



The Philippine College of Adult Nephrology (PCAN) stands as a pivotal institution within the governance framework of the Philippine Society of Nephrology (PSN) dedicated to the advancement of nephrology in the Philippines, specifically focusing on adult patient care.

PCAN was established by virtue of Article 10, section 1 of the PSN Amended By-Laws (approved in 2023) which states that the society is composed of two arms: adult and pediatric nephrology. Section 3 of the same article states that the adult nephrology arm shall be called Philippine College of Adult Nephrology (PCAN) and shall have its own by-laws that are aligned with those of PSN and the Philippine College of Physicians (PCP). PCAN will have its own organizational structure under the supervision of the PSN Board of Trustees. _ The college will be overseen by its own Board of Trustees, with its own set of officers to ensure a robust leadership framework that can address the complexities of adult nephrology practice in the Philippines.

The key components of PCAN's organizational structure include membership, training , program accreditation and board certification. The cluster on training will oversee the implementation of the outcome and competency fellowship training program in adult nephrology, while the accreditation board sets the standards training and accreditation of training institutions in adult nephrology all over the country. The Philippines Specialty Board in adult nephrology administers the subspecialty board examination and conferment of the academic title diplomates of adult nephrology for those who passed the written and oral examinations administered by the board yearly.

PCAN was recognized as a component society of the Philippine College of Physicians (PCP) in 2023 by complying with the following requirements listed in Article X of its amended by-laws: (1) Fellowship training requires additional 2-3 years beyond the standard 3 years general IM residency training program (2) members are diplomates of the Philippine Specialty Board of Internal Medicine and/or fellows of PSN, (3) all the members of the board (of trustees) of the component organization must be fellows of PCP, (4) shall have its own committee on training, accreditation and specialty boards whose members are fellows of both PSN and PCP.

To comply with #3 requirement, the present elected officers and members of the PSN Board of trustees who are PCP Fellows are the interim officers and members of the Board of Trustees of PCAN. The current PSN President, also the PCAN President, is a member of PCP's Committee on Subspecialties and Affiliate Societies whose members are Presidents of the eleven (11) recognized component societies of the college.

The Philippine College of Adult Nephrology represents a significant advancement in the field of internal medicine, focusing specifically on the unique field of adult nephrology. With its structured governance, commitment to education, and emphasis on high standards of practice, PCAN is poised to make a lasting impact on adult kidney health in the Philippines through its dedication to training, accreditation, board certification and continuing professional development of its members. The college will play a crucial role in ensuring that adult nephrologists are competent and well equipped to provide the best possible care to their patients.🙏

A Pearl Celebration: Honoring 30 Years of Pediatric Nephrology Excellence in the Philippines

By Sophia Manalo-Dimalibot, MD

The Pediatric Nephrology Society of the Philippines (PNSP) celebrates 30 years of remarkable service and excellence by delivering yet again an exceptional roster of essentials in the evolving practice of Pediatric Nephrology at its 28th PNSP Annual Convention at the Crowne Plaza Manila Galleria from November 24 to 26, 2024.

To kick-start the campaign, a pre-convention teaching course was held on November 24, 2024 at the Ateneo School of Medicine and Public Health. The 1st **International Pediatric Nephrology Association (IPNA) - PNSP Teaching Course on Bedside Kidney Physiology** was a whole-day program that was designed to elevate and harness renal physiology concepts into practicable bedside armamentaria, structured as morning plenaries to be delivered by distinguished foreign faculty on the physiology of renal concepts followed by afternoon case-based workshops, divided between a Master Class for pediatricians and nephrologists and a General Pediatrics Class for medical students and trainees.



On November 25 and 26, 2024, the annual convention proper commenced bearing the theme "Kidney Pearls: Linking Experience with Evidence." With Dr. Lourdes Paula R. Resontoc as Scientific Chair, the University of the Philippines – Philippine General Hospital (UP – PGH) thoroughly designed this 2 - day congress to further enrich the experience of the nephrologists mastered at the bedside by pairing this knowledge with the latest in evidence-based medicine in children's kidney care. It highlighted state-of-the-art developments, including the much-awaited BP nomogram for Filipino children. It also featured the 4th Professor Carmelo A. Alfiler Honorary Lecture delivered by Prof. Franz Schaefer (GER) outlined as "Global Perspectives in Pediatric Nephrology: A Primary Care Framework." A Filipiniana-themed Gala Night and Fellowship capped this momentous event in the history of the society.



The convention's Overall Chair, PNSP Vice-President Dr. Bettina C. Cercenia, expressed an optimistic outlook on this important milestone, "May this convention serve as a platform for meaningful discussions and collaborations, as we continue to uncover valuable pearls of wisdom that will guide us in the years to come."

The Scientific Programme of the 28th PNSP Annual Convention is available on the PNSP website: <https://pnsf.me/announcements>.



Update: Central and Eastern Visayas Chapter

By: Minnie Monteclaro, MD

Kidney Month for our chapter did not end in June. To quote Andrew Carnegie, *“Teamwork is the ability to work together toward a common vision”*. As the PSN CEV family is growing, the chapter organized a postgraduate course entitled Navigating Challenges in Hemodialysis Care: A Practical Guide for Nurses and Physicians. Held for the first time outside Cebu, Dumaguete nephrons were represented by Drs. Roy and Maiza Arco and Jacky O. while Cebu nephrons were represented by Drs. Minnie Monteclaro, Rhodora Vasquez and Jeike Kuizon. Team Samar and Leyte were represented by Drs. Girlie Jao, Joyce Matoza, Cathy Chu, Jarylle Chu, Ferdinand Zapata, Jun and Jonathan Jaya. Our host nephrons in Ormoc was headed by our TikTok influencer, Dr. Rodrigo “Jigs” Capahi together with Drs. Mercedita Piamonte and Abigail Chu. This was held at the Sabin Resort in Ormoc City last July 14, 2024. The response was overwhelming with over 250 participants coming from Cebu, Leyte and Samar provinces. The delegates had fun posing for pics to capture the memories at the photo booth as well as going around the other booths.



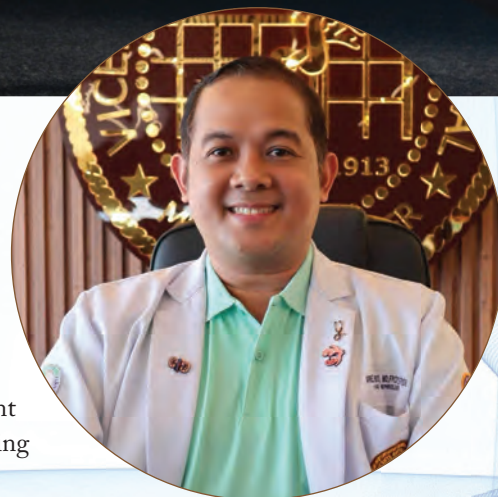
Lecture topics were on dialysis access care, infections in the unit, fluid and electrolytes as well as laboratory interpretation. On the side, we got to enjoy what Ormoc City had to offer and a visit would not be complete without having a taste of their famous pineapple. Everyone's hearts and minds were full as we journeyed back to our homes. A few weeks later, we again gathered to learn more on how to improve quality of life of our dialysis patients. The team building, strategic planning and general assembly were held at the Fili hotel on August 31, 2024 with the PSN nephrons sharing their ideas and bonding over food. It is always a challenge to bring in people when your chapter is not bound by just land but also by water as well. It is more than heartwarming when we all come together for a common goal - that is to improve and provide quality care for our patients and uplifting the practice of our profession. Indeed, a successful team is group of many hands but of one mind (and if I may add - heart). To God be the glory! 🙏



a life in MOTION AND MEDICINE

By: Mark Raymund A. Rodriguez, MD

“I’m reminded daily that life itself is a dance - a beautiful choreography of passion, purpose, and perseverance.”
- Dr. Ariel S. Indo



Movement is a consequential part of life. Without it, life is stagnant and stark. As such, different people have different rhythms of moving through life.

In this hectic and busy life, we lead as physicians, Dr. Ariel Indo has found his love of dance as a vibrant way of moving through life as a person as well as a practicing nephrologist.

Dr. Indo attended the Mindanao State University College of Medicine. He trained in Internal Medicine in Vicente Sotto Memorial Medical Center while he finished his nephrology training in the National Kidney and Transplant Institute. He currently sits as the chairperson of the recently recognized Adult Nephrology Training Program of the Vicente Sotto Memorial Medical Center which is the first government-based accredited nephrology program in the Visayas.

Dr. Indo’s talent in dance has not only enriched his life but also enliven the people around him. BROADCAST sat down with him to talk about his life’s dance within and beyond his practice.



Dr. Indo on stage flexing his dance steps as part of a dance group.

- **In your own words, what is dance?**

Dance has always been more than just movement to me - it's a divine gift that allows my soul to speak without words. From the earliest days of my childhood, I found myself moving freely at home, letting my body express the joy that bubbled within, even without music playing. This natural inclination to dance was my first encounter with what would become a lifelong passion.

- **How did you discover your passion in dancing and who are your influences?**

As I grew up, my dance journey was shaped by various influences - from television performers to school friends who became co-dancers in countless presentations. My high school PE teacher, who doubled as our choreographer, played a crucial role in refining my raw talent. These influences, combined with encounters with other dance enthusiasts, both in person and through social media, helped mold my dancing style.

- **If you were not a nephrologist, would you consider dance as a profession and in what genre?**

While my professional path led me to nephrology rather than dance, I've never had to choose between the two. Modern and hip-hop became my favorite genres, drawing me in with their emotional depth, energetic expressions, and creative freedom. Though these styles speak to me most strongly, I've embraced various forms of dance, from folk and jazz to ballroom and ethnic performances.

- **How has social media impacted your passion in dancing?**

During the pandemic, social media became an unexpected catalyst for my dancing passion. It provided a virtual stage to share my talent with a global audience while helping me maintain my mental well-being during challenging times. This platform allowed me to connect with fellow dance enthusiasts worldwide, creating a community that transcends geographical boundaries.

- **Have you received any awards in dance competitions be it solo or group?**

My journey in dance has been marked by various achievements, from being named Dancer of the Year in elementary school to receiving group awards throughout my academic and professional life. However, the true reward has been how dance has shaped me as both a person and a nephrologist. The discipline, determination, and dedication required in dance mirror the qualities needed in medicine.

- **Do you find any parallels in the art of dance and the science of medicine?**

I've discovered fascinating parallels between the art of dance and the science of medicine. Just as every dancer in a group performance plays a vital role in creating a magnificent show, every cell and organ in the human body works in harmony to sustain life. This understanding has deepened my appreciation for both my artistic passion and my medical profession.

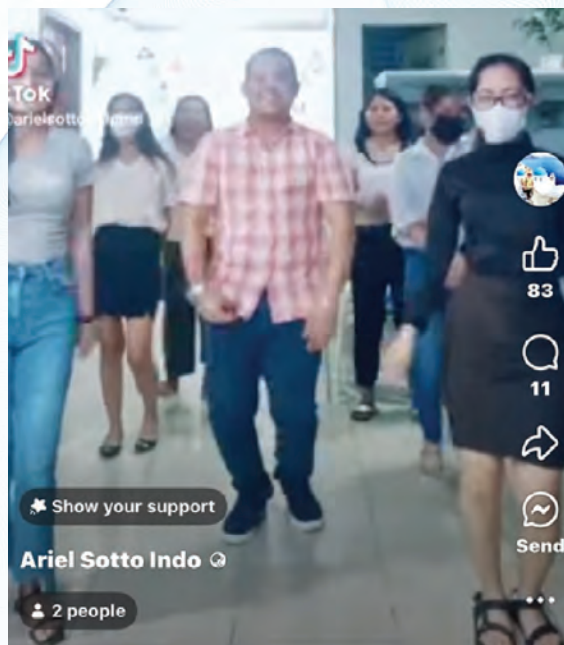
- **As the chairperson of the VSMMC Adult Nephrology program and passionate dancer, what advice can you give to our trainees and future nephrologists?**

As the chairperson of the VSMMC Adult Nephrology program, I often share this wisdom with my trainees: be passionate in your chosen path, just as a dancer is passionate about their art. "Dance like no one is watching, but avoid stepping on others' toes" - a metaphor that applies beautifully to both the dance floor and the medical profession. Stay focused on your purpose, put faith first, and remember that when you lead with your heart, everything else will follow.

- **How has dance influenced your life as a person and as a nephrologist?**

Through this unique combination of medicine and dance, I've found a balance that makes life richer and more meaningful. Dance has taught me that whether in the hospital or on the dance floor, success comes from dedication, teamwork, and the courage to express yourself fully while respecting others' boundaries.

As I continue my journey as both a nephrologist and a dancer, I'm reminded daily that life itself is a dance - a beautiful choreography of passion, purpose, and perseverance. In the words of the old adage that I live by, "Dance with your heart, and your feet will follow."¹



Tiktok brought Dr. Indo's passion for dance to a wider audience. Here, he is busting his moves together with some of his staff.





Pursuing Creativity

By: Reina Lynn Antonio, MD

I do believe anyone can write.

Most of us were taught informally by our parents, particularly by our mothers, when we were young, as education starts at home. We scribble before we learn to read properly and understand the importance of grammar for effective oral and written communication.

Based on my experience, doctors have been writing more and longer than others. From taking notes during lectures and submitting written assignments and works as students (as we are studying almost our whole lives), to writing our theses and research papers (as a requirement for our multiple graduations), to completing medical abstracts and certificates, discharge summaries, endorsement letters, medical clearance, and prescribing medications to our patients as practitioners, some of us even became editors as we reviewed our trainees' research papers before they finally submitted them for publication or in research contests.

We write for so long that our hands are tiring from those hours and hours of writing. Unfortunately, this has led to “unreadable” penmanship for most of us. Our occupation is labeled as having notoriously bad handwriting. Hasty generalization?

Well, I admit I am guilty of this, but what is worse is that sometimes I am even unable to decipher my own written words, especially when I scribble them in a hurry. That is why when a theory came out claiming that this bad handwriting is due to our brain processing faster what we wanted to write than our motor capabilities, it made a very good rationalization for most of us.

So, no matter how we write, it is clear that all doctors are writers. But how many of us write for leisure? Write as a creative outlet. Write as another profession?

Very few of us venture into writing, as most of us think we have no time to create fiction or nonfiction stories or manuscripts. Write not about pathophysiology nor evidence and case reports, and do not aspire to get works published in nonscientific publications or read online on nonmedical websites.

But there are those who are already living the dream, and I admire them for boldly taking the step to achieving their aspirations.

I believe doctors can do more than just heal and comfort our patients. We have more skills than diagnosing and doing procedures. We may possess many talents outside the medical field. We can offer more to this world than trying to save and improve lives. We can better humanity aside from using medicine.

Writing for some of us is one of the many forms of escape, though temporary, from this chosen path, from this stressful and demanding occupation. Our way to still be us. To feel human who can still enjoy life. Our world does not revolve solely around our patients.

I began writing for leisure when I was in high school. Inspired by the authors of the fiction stories I read, I also aspired to someday publish my own books.

Most of the authors who influenced me were romance book writers; hence, my first completed manuscript was about one. I let my classmates read the pages as I finished one chapter after another. I heard encouraging words from them, even praises.

I continued to write and finish more manuscripts in college, medical school, and training (residency and fellowship), but my readers remained my close friends and relatives.

I finally had the courage to put myself out there when I became a consultant. I released one chapter of my book at a time online on this website, Wattpad, and to my surprise, many read each chapter of each book and even made positive comments. I had followers.

So, this further gave me confidence to finally submit my manuscripts to a publishing house.

I just did it. I passed my work without any reservations. Hoping for the best and expecting the worst.

It was time to finally try.

When I received my first check as a “professional” writer when one of my stories was accepted, I felt a different kind of euphoria.

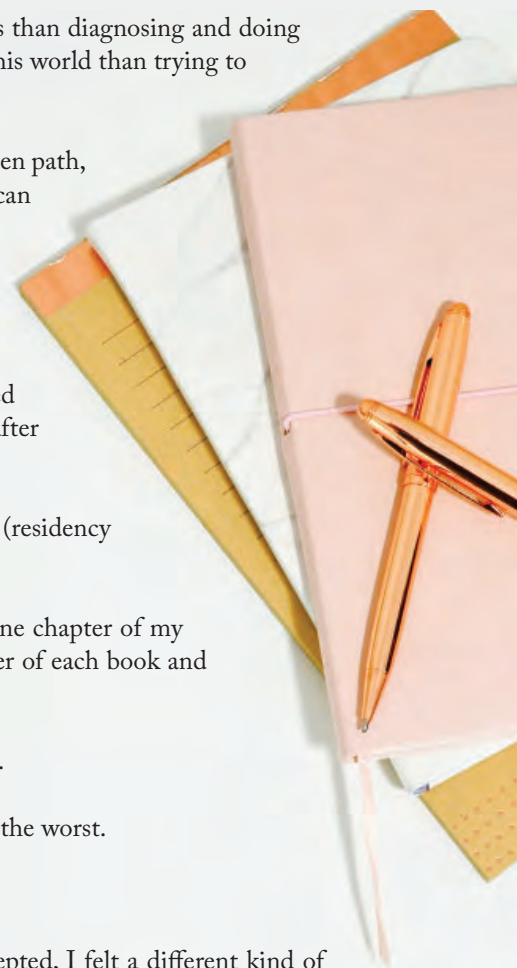
I felt a sense of unexplained accomplishment, as I am more used to achieving goals academically (like every doctor I know), but that feeling of being appreciated by a different group of professionals made me feel ecstatic and liberated.

I guess part of the reason is that I was not writing about the description of a lesion, physical examination findings, the bases for diagnosis, a particular management, prognosis, and follow-up for a medical case.

I am also writing about something I am very interested in. But very different.

Even though I also experienced rejections, my supportive friends were always there. One even encouraged me to submit the same ‘unaccepted’ works to another publishing house.

I learned from every rejection and taught myself not to focus on the ‘hurt pride’. I analyzed and took the editors’ advice to heart, like what about my writing made them turn my book down as I tried to improve the narration. After all, everything was new to me, and they had been in the business for quite some time, so I trust they knew what worked and what did not.



I just submit the manuscripts again and do my best at every revision. And the editors were very accommodating when I read those edited stories, and I hardly experienced being rejected twice.

But even if it did happen, I felt I was at this stage where nothing disheartens me. Because I just want to write. And for others, aside from my relatives and friends, to read and experience comfort or temporary freedom from real life.

Knowing my stories could reach a greater number of people made me want to write more. I have become more creative too.

I even dreamed of the scenes I was going to write on the pages. Or while waiting in traffic or reading news and watching television, ideas just popped into my head.

And those dreams or imaginations were so vivid that I transformed them into words that my close friends, who are not only my beta readers but my preliminary editors too, find astonishing when I tell them how I came up with each scenario.

I felt I had something to get inspired about... to look forward to as I began a book, finished it, and counted the days until the editors' comments came out upon submission of each work.

And for me, neither the number of checks received nor the amount on them actually mattered. My manuscripts being accepted and finally getting published weighed more.

And writing fiction became a regular schedule, even if I sometimes pulled an all-nighter and had to do clinics or make rounds the next day. I did not feel tired or stressed out, as I felt that if I did not put my thoughts and ideas on the pages at that moment, I would lose them for good.

I was on a roll. Before I knew it, I had already written more than twenty stories, and about fifteen of them were accepted and were being published online one at a time.

Until the COVID-19 pandemic came.

I guess it also brought out the creativity of other people during the quarantines when publishing houses stopped accepting new manuscripts. One claimed they were flooded with more and more submissions. Their editors were overwhelmed.

Others did not respond anymore. Like they no longer existed. Hence, I am also considering that they were affected by the pandemic, just like any other business, and are facing financial challenges.

This made me feel despondent. Though my old submissions finally got published online, which gave me some hope and happiness, they were short-lived.

It also made me feel this sense of longing. I became uninspired, knowing I could no longer submit to these publishing companies and have that chance for others to read my books.

I tried uploading my new stories online but using a new account, as I deleted the old one to prevent any copyright issues. I did not get as many readers as before.

And writing was meant to be my breather from fighting in this COVID-19 pandemic alongside everyone. My escape was that I found my practice more tiring when I made rounds and did clinics while wearing suffocating personal protection equipment (PPE) and constantly worrying about bringing the virus home to my family.

And to top it all, most patients referred to me were dying despite receiving the best available options for treatment. So, writing was supposed to be my replenisher.

Back to square one? I was again writing for myself. My friends were too busy, too, as they tended to their COVID-19 patients. They had no time to indulge me, like before.

But as Alexander Graham Bell said, “When one door closes, another opens...”

I learned that my subspecialty society’s committee on newsletter was open for new membership. I remember prior to the pandemic, when I was still the chair of the subcommittee on research, I was requested by our then BOT member, Dr. Dingdong Biruar, to contribute an article to our official newsletter: Broad Cast.

Back then, I narrated the highlights of research activities for that fiscal year. And they published my first non-fiction work under my real name, as I was actually writing under a pen name with my other works.

So, I took this opportunity to write non-fiction articles when they accepted me in the committee.

Our chief editor and head of the committee on the newsletter back then, Dr. Agnes Alarilla-Alba, was very accommodating to ideas and contributions at that time. She was very encouraging, too. She even assigned me, though I was very new in the group, the task of writing a series of articles, on the society’s significant anniversary celebration, from its establishment to the challenges and what is in store for us in the future: PSN is 50 in 2022.

But I was also very interested in writing articles about my colleagues who have other interests, hobbies, or professions (?) just like me (though, again, I was writing under the radar all that time), so I boldly suggested this new section on what our colleagues do when outside the clinic to our chair, to which she responded very positively. She gave me the freedom to choose who I wanted to feature and how I would write about them.

And since these were non-fiction articles, I had to do more research as I needed to base every piece more on facts, though I also made it a point that what I wrote in my stories before was still plausible in real life even if they were only products of my imagination.

I bravely talked with other members of the society about the materials. It was actually a challenge for me, as I admit I am more of an introvert, but the endeavor of continuing to write changed me. For the better, as I learned how to reach out and start conversations with people, who fortunately were very accommodating and kind enough to trust me with their responses and stories.

I also imbibed the skill of dealing with the pressure of not disappointing them as I put every conversation with each one of them into writing.

To date, I have written five articles on our society’s anniversary (which included interviews by our fellow nephrologists, who faced challenges during calamities and siege), one short story, a narrative report and I have interviewed sixteen of our colleagues, who are surprisingly amazing with their talents and interests. They were featured quarterly in a column that became a regular in our newsletter.

Although there is no monetary gain in writing these non-fiction articles, what is important to me is that I still experience that same high when I see my article getting published and reaching a different audience. I am being creative.

And I am not only learning from what I write; I also get to feel accomplished and of service. As each piece allows me to feature not only a topic that I am not particularly familiar with, I get the opportunity to challenge myself to grow as a writer and to widen my horizons, but I also meet amazing people and expand my social circle (again a challenge to an introvert) as I give them the attention and admiration they deserve. At the same time, I am given the chance to educate, make the readers aware, and even inspire them about topics outside the medical field. Especially on the lighter side of a doctor’s life.

I am truly content at this time, and I am always looking forward to every assignment and interview.

So, will I go back to writing fiction books?

Well, I recently contacted my publishers, and I was told they are open for submissions, but for a different kind: horror stories.

Hmm, if I do this, it would be another adventure, as I have never attempted to write about this genre of story before. Though it already has a lot of ideas, Stories I suddenly remembered when I was still training and walking alone in the corridors of the hospitals in the wee hours of the night, as it was my time to get the vital signs or assess patients in the different wards.

Just thinking about the bits of stories I could compile to write a new book makes my heart flutter, but at the same time, it makes my hair stand on end. Leading me to ask myself, “Can I do this?”

Hence, this needs a lot of contemplation and encouragement, as I am also afraid the spirits/souls I am going to write about might not be happy with it.

But just like one of my interviewees, Dr. Jocine Renee Toledano, said, “The miracle is not that we are going to finish, but you had the courage to start.”

And it does not only speak to me; it can be applied to any task.

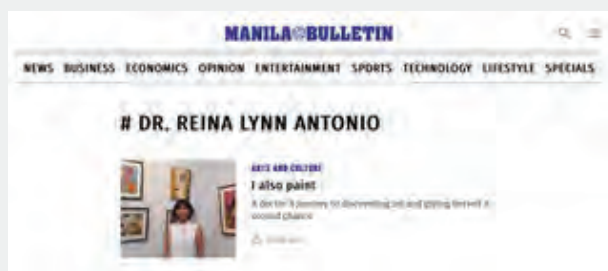
Hence, this also led to boldly sending one of my nonfiction works under my real name to the Manila Bulletin Lifestyle section when an invitation was posted by one of their editors. And it was published in print this year (January 8, 2024 issue). Later, I discovered it was also online, as informed by friends from provinces who had no access to broadsheets.

This led to later submitting an article to Liwayway Magazine, which they also published in their April 2024 issue.

This novel feeling of happiness, pride, and confidence surged into me, as aside from knowing more people could read my creative thoughts and hopefully inspire someone, it somehow gave some form of further validation that “I can write.” I admit I never dreamed of this, but it actually happened, so I consider it one of my greatest accomplishments.

An experience that encouraged me to pursue more and submit some of my works, including a Children’s story, that I hope will also be chosen.

I guess this is my journey to self-discovery, as all doctors can write but not all dare to dream, may it be creating fiction, nonfiction, or scientific articles for publication, and pursuing it.💕





PANGHImagas



By: Marvin Callanta, MD



If someone steals my identity and I kill them, am I committing suicide?

If a TV weatherman has cataracts, are all their forecasts partly cloudy?



If an electrician's kid gets into trouble, do they ground them?

If you hit a person with an electric car, can you be charged with battery?



If I poop on a picture of Satan, am I damned if I DO-DO?

Should the fiber one bar really be number 2?



**SHARE TO MAKE OTHERS SMILE...
LAUGHTER WORKS LIKE MEDICINE!**

The Practical Prescriber

Sensible information to help guide your everyday medication management

By: Czarlota Valdenor, MD

This series aims to provide our nephrologists practical tips on prescribing medications to our patients. This is not meant as an evidence review, but rather to provide helpful information that can assist you in your day-to-day practice and how these affect medication management. For comments and suggestions, please do not hesitate to send an email to the Committee on Patient Protection thru psnmanila@gmail.com.

Tips for using phosphate binders among patients with ESKD

Phosphate management in patients with ESKD is critical to reducing adverse cardiovascular outcomes. Phosphate retention and elevated phosphorus concentrations trigger multiple pathophysiological derangements associated with an increased risk of cardiovascular disease (CVD). Many patients on dialysis are not able to consistently achieve target phosphorus concentrations, and this can perhaps be mitigated by leveraging available phosphate reduction therapies. We hope the following tips can help our colleagues with pharmacologic phosphate management:

1. **Optimize Phosphate Binder Choice:** Select phosphate binders based on patient-specific factors, including serum calcium levels, pill burden, serum iron stores, and cost. Individual calcium and phosphate levels should be used to guide therapy.

Here are the available phosphate binders in the Philippines along with their recommended starting doses and class-specific characteristics:

Phosphate binder	Suggested Initial Dose	Advantages	Disadvantages
Calcium carbonate (500 mg calcium carbonate equivalent to 200 mg elemental calcium)	500 mg TID *Do not exceed 1,500mg of elemental calcium daily	Inexpensive	May cause Hypercalcemia Efficacy affected by gastric pH High pill burden Calcium may be associated with vascular calcification
Sevelamer carbonate	800 mg three times daily with meals.	Does not increase serum calcium Powder for oral solution available for patients unable to swallow tablets Lowers low-density lipoprotein (LDL) and raises high-density lipoprotein (HDL)	Expensive Efficacy affected by gastric pH High pill burden Impairs absorption of some vitamins (e.g., vitamins D, E, K; folic acid) GI adverse effects (e.g., nausea, vomiting, diarrhea, upset stomach)

Phosphate binder	Suggested Initial Dose	Advantages	Disadvantages
Sucroferric oxyhydroxide	500 mg three times daily with meals.	Does not increase serum calcium. Insignificant increase in serum iron Available in chewable tablet for patients unable to swallow tablets Low pill burden	Expensive Tablet must be chewed or crushed completely GI adverse effects (e.g., diarrhea [usually transient], nausea, abnormal taste) No information regarding NG tube administration

- Educate Patients on the Importance of Therapy:** Explain why phosphate control is essential and emphasize the importance of taking phosphate binders with meals, as these only work when food is present to bind phosphate. Visual aids or analogies can help patients understand this timing.
- Include Dietary Phosphate Recommendations:** Advise patients to limit foods high in phosphorus, especially processed foods with added phosphates and ingested products with hidden phosphates.
- Start Low, Go Slow:** When initiating phosphate binder therapy, begin with a lower dose and gradually increase it to minimize gastrointestinal side effects, such as constipation or bloating. The updated KDIGO guidelines from 2017 recommend that serum phosphate levels are managed within the normal range in hypophosphatemic CKD patients on or not on dialysis.
- Monitor Parameters Regularly:** Frequent monitoring of serum phosphate, calcium, and parathyroid hormone (PTH) levels helps ensure that treatments are effective. Adjust medications based on lab results to maintain target levels and reduce the risk of complications. Regular monitoring also helps patients with adhering to treatment when it gives a sense of accomplishment and progress.
- Encourage Fluid Management:** Good fluid management can help reduce phosphate levels, as dialysis itself removes a portion of serum phosphate. Ensure patients are not overly restricted unless medically necessary.☺



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WHAT'S IN A NAME?

By: Kevin Gumabon, MD

Christmas is coming around and the jolly red man has various names – Santa Claus, Jolly Old St. Nick, St. Nicholas, and many others. In Nephrology, we also have various eponyms or names associated with anatomic or clinical features. In this puzzle, try to name the eponyms based on their genitourinary descriptions. Some letters are already provided. How many can you get?

Answer

A _ _ E _ _ A _ 's gland

_ E _ _ 's muscle

B _ L L _ N _ 's tubules

_ E _ _ I _ 's columns

_ O _ _ A _ 's capsule

_ _ O _ E _ 's bloodless line

_ _ U _ _ 's cell nests

_ E _ _ E I _ 's pyramids

G _ R _ T _ 's capsule

G _ T H R _ _ 's muscle

Loop of _ E _ _ E

L _ _ _ T _ _ _ 's trigone

Description

The portion of the median lobe of the prostate immediately underlying the uvula of the urinary bladder

The muscular strands from the ureteric orifices to the uvula, bounding the trigone of the urinary bladder

Collecting tubules of the kidney

Renal columns

Glomerular capsule

The line of division on the kidney, between the areas supplied by the anterior and posterior branches of the renal artery

Epithelial cell masses in the male urethra

Medullary rays of the kidney

Renal fascia

Sphincter urethrae

Looped portion of the renal tubule

Trigone of the urinary bladder



Answers on page 28

What Christmas Means to a Pediatric Nephrologist

By: Violeta M. Valderrama, MD

Christmas is a season that carries a great sense of hope, joy, and renewal. For a pediatric nephrologist, it is much more than twinkling lights, festive carols, and busy family gatherings. It's a time to reflect on the gift of life and the resilience of the children I care for. The essence of Christmas, for me, is tied to the unwavering spirit of young patients and their families who face extraordinary challenges with courage and grace.

As the year draws to a close, Christmas becomes an opportunity to pause and cherish the miracles I have been privileged to witness. In pediatric nephrology, each child is a testament to resilience. The child who has successfully undergone a kidney transplant, the teenager thriving despite dialysis, or the toddler bouncing back after a critical illness—all these stories remind me of the miracle of healing and the shared humanity that unites us all.

Christmas reminds me of the importance of family, a value deeply embedded in the lives of my patients. The families I meet often endure incredible emotional and financial burdens, yet they remain pillars of strength for their children. Their sacrifices—whether it's a mother sleeping on a hospital bench or a father juggling multiple jobs or asking help from relatives and friends to pay for treatments—are humbling. Christmas is a time to celebrate selfless love, the very heart of the Nativity of the Child Jesus.

For many of my patients, the holidays bring both joy and challenge. While other children may dream of toys, new gadgets, fashionable clothes and Santa Claus, some of my patients hope for simpler gifts—a day without pain, a normal lab result, or just the chance to play or be in school or be home with family. As a pediatric nephrologist, I strive to make their lives a little brighter, whether by adjusting treatments to minimize hospital visits or simply offering a kind word to a worried parent.

The spirit of Christmas is also about giving, and I see this reflected in the generosity of our medical community. The fellows in training, nurses, paramedical, social workers, and support staff who go the extra mile to ensure our patients have a joyful holiday season embody the true meaning of Christmas. From organizing gift drives to decorating hospital hallways and rooms, their acts of kindness create moments of happiness for children and families who need it most.

On a personal level, Christmas is a time for gratitude. I am thankful for the privilege of practicing medicine, for the trust families place in me, and for the advances in science that allow us to offer hope where there was once despair. I am also grateful for my own family, who understand the demands of my work and share in my mission to help others. Their support reminds me of the balance between personal and professional life, which is especially touching during the holidays.

Christmas is also a time for reflection. The end of the year brings with it a natural pause to assess the impact of my work. Did I make a difference? Did I offer comfort to a family in their darkest moments? Did I provide the best care possible for a child? These questions take on a special significance during the Christmas season, urging me to recommit to my calling.

Faith, which is at the heart of Christmas, plays a vital role in my practice as well. While science and medicine guide my clinical decisions, my faith in our Supreme Being sustains me in moments of uncertainty. It's the belief that there is a greater purpose to the challenges my patients and their families face and that every effort, no matter how small, contributes to their journey.

Christmas also inspires hope, a cornerstone of pediatric nephrology. Chronic kidney disease, dialysis, and transplantation are lifelong battles, but they are not without victories. The twinkling eyes of a child who has regained their strength, the laughter of a family reunited at home, or the joy of a successful treatment outcome—these moments are the real gifts of the season.

As a pediatric nephrologist, Christmas is a time to celebrate life itself. Every child's story is a reminder of the fragility and beauty of existence. It is a season to honor the trust placed in me by families, to acknowledge the strength of my colleagues, and to embrace the hope that fuels us all. It is a reminder that while medicine is my profession, compassion is my calling.

Ultimately, Christmas is about love—the kind that heals, uplifts, and transcends. It is a love that inspires me to continue serving children and families with empathy and dedication. As the lights sparkle and carols fill the air, I am reminded that the true spirit of Christmas is alive in the courage of my patients, the strength of their families, and the shared hope that tomorrow will be brighter. And for that, I am profoundly grateful. 🙏

WHAT'S IN A NAME?

Answer key

A L B E R R A N's gland

B E L L's muscle

B E L L I N I's tubules

B E R T I N's columns

B O W M A N's capsule

B R O D E L's bloodless line

B R U N N's cell nests

F E R R E I N's pyramids

G E R O T A's capsule

G U T H R I E's muscle

Loop of H E N L E

L I E U T A U D's trigone

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Medullary rays of the kidney

Renal fascia

Sphincter urethrae

Looped portion of the renal tubule

Trigone of the urinary bladder



REFERENCE: https://humananatomy.host.dartmouth.edu/BHA/public_html/resources/glossary.html

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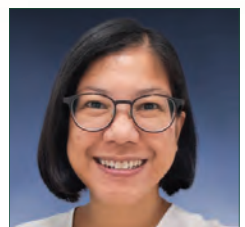
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