

Philippines

# Health & Wellness Travel

A Guide to World-Class Healthcare & Travel Destinations in the Philippines

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## Health Care is for All

Universal Health Care and Medical Travel in the Philippines  
—complementary roles in providing healthcare

By Joyce Socao-Alumno and Ramil Gulle

ONE FREQUENTLY ASKED QUESTION when discussing Global Healthcare Travel also known as Medical Travel or Medical Tourism is this: Will the country's public healthcare be compromised once the Philippines becomes a global healthcare hub? The short answer, based on the experience of India and other more established medical tourism destinations is: No, as long as we do it right.

Universal Healthcare or "Kalusugang Pangkalahatan" is a priority program of the Aquino administration. The Department of Health (DOH) will never lose sight of that. The thrust of the DOH is to make healthcare available to all Filipinos, especially for some 5.2 million families that have been identified as belonging to the poorest of the poor. That said, however, it does not mean that global healthcare travel is right away at cross-purposes with Kalusugang Pangkalahatan.

"Global healthcare travel brings its own benefits for the country's economy, for our healthcare professionals and for our health and tourism sector. Universal healthcare vis-à-vis global healthcare need not be a choice between one or the other—both can benefit the country in

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# Love as the greatest miracle

By Ramil Dugal Gulle

HE DIDN'T HAVE ANY MONEY IN HIS WALLET on their first official date. He had invited her to the restaurant to celebrate his birthday—but as things turned out, she ended up paying for their meal. In terms of romantic etiquette, that was nothing less than a disaster.

And yet, it was this same guy, Chet Espino, who would spend 88 days in India caring for that same woman who paid for their meal—now his wife, Margie—after she suffered two aneurysms during her official trip there. Chet and Margie's story is truly inspiring in both the romantic and spiritual sense. Their story is told in detail in the book "88 Days in India: A Pilgrimage of Faith, Hope and Love"; the book's nearly 200-page length is a compilation of Chet's daily e-mail updates, sent to members of an e-group created by her friends. The e-group served as a support network of prayers and wishes for Margie's healing. It was a book that, as Chet says, had practically written itself.

The couple's life-changing ordeal happened in November 2008 when Margie, as Business Features Editor of the Philippine Daily Inquirer, was invited by a private firm to cover the company's corporate social responsibility awards ceremony. What was supposed to have been a four-day business trip turned for the worst when, during a trip through Faridabad, industrial district of the Indian state of Haryana—about an hour from the nation's capital, New Delhi—Margie was stricken with an aneurysm.

The company flew Chet to India on November 29th, where he finally joined his wife in the hospital. It was a desolate and frightening time for Chet, who had no clear idea of his wife's condition, or even if she would still be alive once he found her in the hospital. He writes in the book:

"The 11-hour trip to New Delhi, including a lonely, five-hour layover at Singapore airport, was very frightening. There was always the fear of not knowing if I was going to find Margie alive in India... The bumpy ride from the airport to the hospital in Haryana district was eerie. The haze formed by mist and dust that enveloped India let me know all the more I was indeed in extremely unfamiliar territory.

"Within an hour we arrived at the hospital in Faridabad. My heart beat faster as we made our way through the corridors and into the intensive care unit. Margie, my beloved wife of 17 years, mother of our three children, whom I kissed goodbye just days ago when I brought her to the airport in Manila, was there all right.

"She was in coma."

Chet watched over and took care of Margie there for 20 days, until the time when it became urgently necessary for her to be moved to another hospital in New Delhi; it was the best facility available to treat her condition, which had become critical.

For more than three months while

Margie was under the care of Indian doctors in New Delhi, it was an emotional roller-coaster ride for Chet and his teenaged kids who were left in the Philippines to fend for themselves while their parents were in India. Margie went through two aneurysms and had to survive further complications including hydrocephalus, meningitis, bedsores and bouts of infections.

Margie showed signs of recovery at one point, only for her to be confined in the ICU yet again when a second aneurysm struck, causing her brain to bleed. After she shook off, miraculously, the major clinical events that occurred, she still had to recover her normal brain functions. There were times when her brain could not process what her eyes were seeing. She'd lost most of her memory, even forgetting Chet himself. She told him at one point, "I'm a married woman."

It was indeed a great struggle for Chet, Margie, her family and friends, until the day when she finally returned to the Philippines on February 26, 2009. It was a homecoming that was also still the beginning of more recovery, a slow resurrection back into the fold of her loved ones. She still couldn't walk. She had to re-learn normal human functions, which meant painful physical therapy sessions.

"I used to wonder why we need to have a health card, but now, I'm using Medicaid. Medicaid has been taking care a lot of our medical bills. It's good



"HE LOVED HER BACK TO LIFE" is how one colleague described what Chet did for his wife Margie, as they stayed for more than three months in India while she recovered from two near-fatal aneurysms. Their ordeal—and the miracles that followed—are all in Chet's book "88 Days in India: A Pilgrimage of Faith, Hope and Love"

we have a health card now," said Margie, who is still undergoing physical therapy and other treatments. Her recovery is ongoing, although the degree to which she has regained her health and functioning is just amazing.

The president of Medicaid, Dr. Nicky Montoya, even visited Margie a few times at the hospital here in the Philippines. Chet and Margie recalled that they never knew he was actually the president of Medicaid because he never introduced himself as such. It was only much later, to their surprise, that they found out that Dr. Montoya was not merely a representative of the HMO.

#### A deeper love

Fast forward to 2012. Margie is back at work, editing the Business Features section of the Philippine Daily Inquirer. She is still recovering—a fact that is made noticeable by a gimp in her left leg. Margie, however, is every inch a living, walking miracle. A recipient, according to her and Chet, of God's miraculous providence—it was really God

that pulled them through and restored Margie back to an amazing life.

Margie says that her love for Chet has grown deeper with the knowledge of how much he struggled to help her recover. Chet, on the other hands, says that he came away from the experience with the insight that in a marriage "it's really not about what you can get from your spouse in the marriage; it's about how much you can give your husband or your wife, and how you can keep on giving."

It's touching to hear them recount their story, three years after their experience in India—even when they joke about the times when Chet was courting her. She and Chet revealed that their courtship phase was marked by what could be described as a comedy of errors—mostly because of Chet.

Filipinos can learn a lot from the story of Chet and Margie, a story that is best told in Chet's book. It's a story of how a husband, who once couldn't pay for his wife-to-be's meal, was able to "love her back to life" as one writer put it. It's a

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LOVING AND EMBRACING LIFE. Chet (far left) with Margie (second from right) and their children, Catherine, Patricia, and Mark.

## EDITOR'S MESSAGE

A Happy Heart Month to all!

February brings us thoughts of romance, family and friendships. For this issue we did our best to touch on these three aspects of our Heart Month celebration.

Our cover story discusses Universal Health Care (UHC) as envisioned by the Aquino administration and implemented through the Department of Health and PhilHEALTH. As the government's priority project, UHC is the answer to many of the public health challenges facing Filipinos today, especially those among the poorest of the poor. We discuss the relationship between Universal Health Care and the government's efforts to foster global health travel in the country—and how these give us hope for our healthcare system.

And what is Heart Month without a story on the Philippine Heart Center, which was founded on February 14, 1975? In this issue, we let royalty talk about the country's premier cardiovascular medical and surgical facility. Two members of the royal family of the State of Pohnpei of the Federated States of Micronesia talk about their experience under the expert, friendly and compassionate care of Filipino doctors, nurses and medical staff.

Finally, we close this issue with a love story for the ages: we visit husband and wife Chet and Margie Espino, whose incredible story, detailed in Chet's book "88 Days in India: A Pilgrimage of Faith, Hope and Love", inspires us in more ways than one.

Join us as we celebrate Heart Month in these stories of faith, hope, love and the uniquely Filipino touch of caring that makes the Philippines, truly, the Heart of Asia.

# Health Care is for All

From page 1

each their own way," explained Health Secretary Enrique Ona at the 1st Philippine Global Healthcare Forum held at the National Kidney Institute Auditorium on November 2011.

#### Global Healthcare Travel: Addressing a worldwide need

What needs to be stated at the outset is this: the goal of "universal healthcare for Filipinos" is not necessarily opposed to what Medical Travel is, which is essentially seeking after universal healthcare but on a worldwide scale. Healthcare is a right not of individual nations but of all persons—this is precisely why everyone has the right to seek the best care possible and seek treatment anywhere deemed appropriate for one's illness.

This is an activity that, based on existing studies and trends, will become even more prevalent. Why? There are several factors, including: 1) The rapidly aging population in many countries including the United States, Japan and Western European nations; an aging population means more age-related illnesses and ailments; 2) The rising costs of healthcare in the United States, Canada, Australia and Western Europe; 3) The rising number of patients in these countries who have no health insurance and thus, would not be able to afford their home country's healthcare. 4) The overburdened social healthcare systems of these countries that can no longer effectively serve their populations.

The other factors are: 5) The availability of medical tourism destinations like India, Singapore, Thailand, Malaysia, the Philippines, and others in Asia; Mexico; South American nations like Colombia, Brazil and Costa Rica; some Eastern European destinations like Hungary, Poland, Slovenia, etc.; and Middle Eastern nations including Israel, Iran, etc.; 6) These medical tourism destinations provide healthcare that is of comparable, if not better, quality as the

*So many countries have already transformed themselves into medical tourism destinations and are reaping the economic and social benefits—without sacrificing the health of their own people. So there is no reason for the Philippines to be hesitant about providing medical care to overseas patients through its own medical tourism program*

healthcare in patients' home countries, at lower cost; and 7) The relative ease of global travel and availability of information—economic globalization has made travel across nations more convenient and with less restrictions and the Internet provides information for patients from many countries to "shop" for healthcare in nations other than their own.

All of these factors are making global healthcare travel a practical, less costly, and effective means for overseas patients to seek various forms of medical care and wellness treatments in places outside of their home countries. So many countries have already transformed themselves into medical tourism destinations and are reaping the economic and social benefits—without sacrificing the health of their own people. So there is no reason for the Philippines to be hesitant about providing medical care to overseas patients through its own medical tourism program—in fact, overseas

patients have already been coming to the Philippines since the 1970s for treatments, even before the words "medical tourism" became a buzzword.

#### Public health and medical tourism

The challenges facing the Philippines in terms of public healthcare are considerable. There are an estimated 5.2 million families considered to be among the "poorest of the poor" and these are the most urgent beneficiaries of the Aquino administration's Universal Health Care or Kalusugang Pangkalahatan program. These more than five million families, identified by the National Household Targeting System for Poverty Reduction (NHTS-PR) of the Department of Welfare and Social Development or DSWD, will receive the greatest benefit from UHC.

The lead agency that is implementing UHC in the Philippines is PhilHealth. It marks its 17th anniversary as government's health insurance provider with an even stronger push towards creating the infrastructure that will make UHC a reality for all Filipinos. Universal Health Care for Filipinos will be implemented through membership with PhilHealth.

The suite of benefits available through PhilHealth has also been modified to make Universal Health Care more effective in serving Filipinos' needs. Notable among these are the Improved Primary Care Benefits and the No Balance Billing.

PhilHealth's Primary Care Benefits package focuses on diagnostic and preventive services that members may avail of free of charge. Eventually, this benefits package will also include the most commonly needed outpatient medication such as drugs for hypertension, diabetes, and antibiotics.

(More information on how PhilHealth is implementing UHC for Filipinos is available on their website, [www.philhealth.gov.ph](http://www.philhealth.gov.ph)).

Now what part does medical tourism play in all of these? It does play a part, albeit indirectly. The most direct benefit that medical tourism plays in UHC in the Philippines is by providing funds that may be used for public healthcare benefits. Medical tourism, obviously, brings additional revenue to Filipino hospitals, clinics and other healthcare

*a portion of the earnings from medical tourism ought to be made available for use in providing public health facilities and services to the local population*

providers. Following a model that is already in place in India and Malaysia, the government would be able to give incentives to Filipino hospitals and similar facilities who cater to medical travelers, in exchange for a percentage of profits from medical tourism being channeled towards public health funding.

In other words, a portion of the earnings from medical tourism ought to be made available for use in providing public health facilities and services to the local population. This idea that those who could better afford health care should subsidize the health care of the less fortunate is neither new nor far-fetched. In fact, government hospitals like the National Kidney Institute and the Philippine Heart Center are already doing such a thing without compromising or discriminating the service provided to the Filipino patients.

Then there are the indirect benefits of medical tourism to public health. Any Filipino healthcare provider who wishes to provide services to overseas patients would have to meet interna-

tional healthcare standards, if it wishes to compete with other facilities in India, Singapore, Malaysia, etc. This means that the Filipino hospital or medical facility would have to get accredited by a globally-recognized certifying body recognized by the International Society for Quality in Health care (ISQuA) like the JCI, NABH International, Accreditation Canada, etc. Applying for accreditation entails that the hospital must improve its facilities, equipment, operations and services to be of international quality.

This will, in turn, raise the standards of Philippine healthcare across the board, so that most, if not all, medical facilities will improve the quality of care that they give to Filipinos as well as foreign patients. This is not a far-fetched notion. We have the experience of India to look to as an example: when more and more hospitals in India improved their facilities, operations and services to meet NABH standards (created by their government under Quality Council of India which later got accredited by ISQuA), the overall quality of healthcare in India moved up, benefitting Indians and overseas patients—and raising the standards and the quality of the Indian public healthcare system as well.

Other indirect benefits of medical tourism have to do with creating more job opportunities for Filipino healthcare professionals (as our medical facilities expand to meet greater demand from local and overseas patients, not to mention the expansion and improvements due to increased revenues from medical tourism); and more income for the tourism sector, arising from the dollar-spending generated by medical tourism.

Fortunately, the present administration sees the complementary roles of both UHC and medical tourism. Hopefully, this sends a signal to Philippine medical healthcare providers to invest more of their resources in both medical tourism and public health.

# ROYAL TREATMENT at the Philippine Heart Center

IT'S NOT EVERY DAY THAT A PHILIPPINE HOSPITAL TREATS ROYALTY, but that's what happened when Iso Nahnken Iriarte and his wife Nahnkenie, leaders of the kingdom of Pohnpei of the Federated States of Micronesia (FSM) went to the Philippine Heart Center. Iso's wife needed to have some diagnostic procedures done on her heart and they chose to go to the Philippine Heart Center.

Nahnkenie's non-royal, birth name is Ruth Iriarte and she is a Vice-President of the Bank of FSM. She gladly shared her experience as a patient at the Philippine Heart Center. She said that it was okay for Filipinos to call her by her birth name—but in Pohnpei, calling her by that would be a disrespect to her status.

"We chose to go to the Philippine Heart Center because of its expertise. Also, during my stay here, I feel very much that the doctors and nurses here really care for me. I feel safe," said Ruth.

She said that there was a suggestion for her to go to a medical facility in China. However, she preferred to go to the Philippines for several reasons.

"First of all, Chinese culture is very different from that of Pohnpei and the other islands in Micronesia. Our culture and that of the Philippines are very similar. Also, Filipinos speak English very well," she said. Pohnpei, Ruth explained, is a territory under the administration of the United States and the currency there is the U.S. dollar. This means that she and her husband are able to change their dollars to pesos in the Philippines.

Her husband, Iso Nahnken, said that the exchange rate between the two currencies lowers the cost of their travel and medi-

cal care in the Philippines.

Ruth is very appreciative of how the doctors, nurses and other medical staff treated her. "They treat me very well. They are very friendly, very caring. I feel cured! I can feel their emotions, I see that they care. To me, having that kind of relationship is very important."

Iso Nahnken echoed Ruth's sentiment. "In FSM, there are Filipino doctors and they also check on us. They were the ones who recommended that we go to the Philippine Heart Center."

The royal couple also found their hospital room comfortable enough for both of them to stay there instead of a hotel. "I find it very comfortable and safe. I like it better here than in a hotel," said Ruth.

Iso added that he found staying at the hospital very convenient. "The accommodations are all right. The space is big enough for us to stay in. It's easy to get whatever we need right here at the hospital," he said.

The even shared a very interesting story about the Philippine Heart Center involving Iso's brother. According to them, Iso's brother went through cardiovascular surgery ten years ago at the Philippine Heart Center. The brother was extremely pleased at how his Filipino cardiologist and surgeon attended to them.

"My brother felt that his cardiologist and the rest of the medical staff at the Philippine Heart Center treated them like family. He felt that his doctor was not only treating them as patients—he said that he was practically a parent to him when he was here.

"The doctor operated on my brother on the same day that his son was born. And so, when the baby was born, they named the baby after the surgeon. That



Iso Nahnken Iriarte and Madam Ruth Iriarte at the Philippine Heart Center suite room

boy is now ten years old, and his name is Charleson, named after the doctor," Iso revealed.

### Filipinos first

According to Dr. Gerardo Manzo, the Philippine Heart Center's Assistant Director for Medical Services, the Philippine Heart Center treats about 350 to 450 foreign patients a year—a small number compared to the 13,000 Filipino patients that the facility is able to treat on an annual basis. However, he said that the PHC would not mind being able to treat more foreign patients, since this still benefits their facility's Filipino patients.

"That is where we try to balance things. Whatever subsidy the Heart Center gets from government, all of it automatically goes to the charity wards, to be spent on the patients there. The rest of whatever revenues the hospitals gets is spent on salaries, operations and maintenance costs. Now, whatever extra earnings the hospital receives—from medical tourism, for example—also goes to the Filipino patients in our charity wards. So in the end, our Filipino patients are still the ones that benefit.

"So, if we were to send a message to foreign patients, it would

be that if they go for treatment at the Philippine Heart Center, they would be receiving quality, compassionate and patient-focused care from an internationally accredited, world-class cardiovascular facility—and at the same time, they would also be able to help Filipino patients of limited means to receive the same type of care. That's a good thing—the ones that can afford medical care are able to help those with lesser means," Dr. Manzo explained.

He added that the Philippine Heart Center does not charge separate rates for foreign patients and Filipino patients. Both groups are charged the same rates, and these rates are published in the hospital's website at [www.phc.gov.ph](http://www.phc.gov.ph).

And yet, the Philippine Heart Center has not been actively marketing itself as a world-class cardiovascular facility, which is exactly what it is by now after it was awarded a Gold Certification from Accreditation Canada International in August 2011. The accreditation, according to Manzo, was not done for foreign patients—it was sought primarily to ensure the quality of the Philippine Heart Center's service to Filipinos.



Greetings and congratulations to the staff of the Philippine Daily Inquirer, in partnership with HIM Communications, on the publication of its monthly Exclusive Special Supplement entitled, "Philippines Health and Wellness Travel (A Guide to World-Class Healthcare and Travel Destinations in the Philippines)."

The publication of "Philippines Health and Wellness Travel" section of the Philippine Daily Inquirer is a very welcome contribution to the government's effort to improve the quality and reach of healthcare in the country. As you know, the Aquino government's priority program is the pursuit of *Kalusugan Pangkalahatan* or Universal Healthcare for all Filipinos.

The Department of Health supports the effort to make the Philippine a Global Healthcare destination. Apart from the economic benefits our country stands to reap, it promises to contribute greatly in improving the quality of health care for our countrymen.

"Philippines Health and Wellness Travel" will be a most helpful, credible, reliable and accessible source of information about the healthcare, wellness and travel opportunities available in the Philippines. Thus, the Department of Health is glad to be a partner in the Section's aims and efforts to make the Philippines a Global Healthcare Travel hub in the region.

Mabuhay!

*E. T. Ona*  
ENRIQUE T. ONA, M.D.  
Secretary of Health

"Let me make it clear that the Philippine Heart Center is here primarily to provide medical care to Filipinos. All of the improvements we've made to bring to world-class levels the quality of our facilities, equipment, medical and surgical treatments, operations and services have been done—and will continue to be done—to benefit Filipino patients. Now, if foreign patients wish to come to us for treatment, then we will admit them because we are sure that we would be able to treat them here," he said.

Recently, the Philippine Heart Center acquired the very first Lighting Room in its ICU; it is the very first in Asia and only the second in the world. The Lighting Room has its lights operated by software that follows the human circadian rhythm, which aids in treating patients by making sure their natural rhythms of rest and recovery are

maintained.

The Philippine Heart Center will have, by mid-2012, the first and only Hybrid Operating Room in the Philippines and the third in Asia. A Hybrid OR is a highly-advanced and complex working environment for large teams of surgeons, nurses, anesthesiologists and technicians. The Hybrid OR allows all the members of the medical team to work efficiently and seamlessly together, which greatly increases the success of the surgery for the patient.

Dr. Manzo said that the Philippine Heart Center currently has 382 rooms and will soon be expanding to 450 rooms. "We want people to know that the Philippine Heart Center is always doing its utmost to continually upgrade its facilities and services, in order to serve our patients better. This is our lifelong commitment," he said.

### Prices of Selected Medical Procedures

Diagnostic Procedure/Treatment	Package Rate	Length of Stay
Cardiovascular Check-Up	P20,500 - P23,000	24 hours
Executive Check-Up	P35,700 - P38,500	48 hours
Coronary Angiogram	P48,200 - P65,000	3 days
Right & Left Catheterization	P63,000 - P94,000	3 days
Pacemaker Surgery	P101,224 - P210,152	4 days
Aneurism Surgery	P394,912 - P561,224	7 days
Coronary Artery Bypass Grafting	P405,040 - P1,156,640	8 days

\*Includes cost of hospitalization, medication, operating room and professional fees. Does not include cost of blood and/or screening of blood products and cost of Intra Aortic Balloon, Graft for Peripheral Vascular Bypass, Cardiac Rehabilitation, Pacemaker, Introducer Sheaths and Complication of Surgery. For complete list of packages and rates, please visit [www.phc.gov.ph](http://www.phc.gov.ph)

## Workshop for Hospitals on Implementing International Standards

In line with the Philippine government's thrust of providing universal access to healthcare, the country's hospitals and healthcare providers were urged to upgrade their standards like what citizens of developed countries are getting in a socialized healthcare system to be efficient. Hospitals and clinics need to be internationally accredited in order for them to be globally competitive and open new markets including foreign patients.

International accreditation provides assurance on patient safety and quality of care, which are main concerns for patients and health insurance companies. It stimulates continuous improvement for healthcare organizations and builds credibility and confidence.

To address this issue, an international accreditation program called NABH International

is represented in the Philippines by HealthCORE to encourage hospitals, clinics and other healthcare providers in the country to improve the quality of care in their facilities at par with international benchmarks.

According to former Philippine Senator and DOH Secretary Juan Flavio, who serves as Advisor to HealthCORE, "I support NABH International in its mission of improving healthcare in our country. And I subscribe to the belief that we, as Filipinos, can achieve world-class standards."

NABH International is accredited by the International Society for Quality in Healthcare (ISQua) under its International Accreditation Program—one of the few accrediting organizations in the world to achieve this recognition. ISQua is an international body which grants approval to healthcare accreditation programs

around the world as a seal of excellence.

Because of these reasons, NABH International and HealthCORE will conduct an in-depth and comprehensive workshop on February 27-29, 2012 at the Development Academy of the Philippines to teach hospitals on how to be internationally accredited and provide excellent services and treatments to patients.

This three-day training program concentrates on achieving quality assurance and quality improvement for hospitals focusing on patient safety and patient care, following the guiding principles of ISQua.

Among the important topics to be discussed in the workshop are standards on continuous quality improvement, good governance, facility safety, human resources, and information management system. Standards on access and care of patients,

management of medication, patient rights, and infection control will likewise be covered, as part of the criteria set by ISQua and implemented by NABH International. The workshop will be facilitated by the international assessors and technical advisors themselves who are from the accredited hospitals.

Hospital owners, CEOs, COOs, administrators, quality personnel, medical directors, nursing supervisors, and practitioners in the healthcare industry are invited to participate in the training. It will be a venue for them not only to learn about methods and best practices on how to achieve world-class standards, but also to assist them in achieving excellent marks for local accreditation such as PhilHealth.

To know more, visit [www.healthcore.com.ph](http://www.healthcore.com.ph) or call 0908-8887880, 9108030 or email [info@healthcore.com.ph](mailto:info@healthcore.com.ph)

## Love as the greatest miracle

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story of how God works miracles in His own inscrutable way, to show us a model of true faith.

### Inspiring medical care

The humorous anecdotes make the love story between Chet and Margie more human, more touching and more real. But there's another story—besides the story of their faith and the story of their love—that one reads as a subplot in "88 Days in India: A Pilgrimage of Faith, Love and Hope": it's the story of how providential it was that Margie's illness happened when she was in India.

Many of those who were receiving updates from Chet while he was with Margie in India were probably surprised at the quality of medical care that she was receiving. While the Indian healthcare system has been recognized as one of the best in the world for many years now, it's still different to see it from Chet's perspective. Chet gives a grateful account of the competence and concern displayed by the Indian doctors and medical staff. Margie's first neurosurgeon in that hospital in Faridabad was the pillar on whom Chet relied on for strength and hope when it came to her medical treatment. And yet, even the doctor had to admit that he no longer knew what to do next, when Margie had a second bout of bleeding when a second aneurysm struck.

Chet was very resistant of the suggestion that Margie be moved to the hospital in Delhi, fearing that a transfer would endanger her more. He only agreed after he had a husband-to-husband talk with the doctor. Chet asked the doctor, "If your wife was in my wife's place, would you transfer your wife to this other hospital?" When the doctor said yes, Chet consented to the transfer.

The medical team took care of Margie in the hospital in New Delhi. It was at that hospital that Margie recovered from her complications and where she became well enough to be fit to travel back to the Philippines.

### Learning from India

According to Chet, what struck him most was how the Indian doctors treated patients with a spirit of humble service. He explained that the Indian doctors who attended to them put on no airs, and even drove modest car models. And of course, Chet believes that the expertise of Indian medical care, along with faith prayers and God's providence, was a big factor in Margie's recovery.

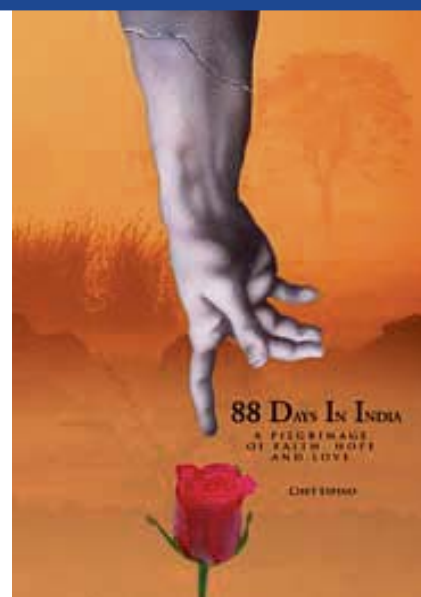
Chet also mentioned that doctors in India are very aware that word of mouth about how they treat patients will impact the reputation of Indian medical care, and so they always strive to do their best—especially since India is now a hub for global healthcare travel or medical tourism.

So Chet's book is also, in its own way, a story of how important it is for any nation to bring its healthcare up to excellent standards. Indian medical care took off to a new level when the government worked with private and public healthcare providers to raise and meet world-class standards. In India, this is done through accreditation with the National Accreditation Board for Hospitals and Healthcare providers or NABH, which is one of the international accrediting bodies under the ISQua (International Society for Quality in Healthcare) just like JCI and others.

"It was the story of Chet and Margie that made us realize how good healthcare in India really is," said Joyce Alumno, Executive Director of HealthCORE, a think tank for research in global health travel and now the country representative of NABH International.

According to Joyce, she was advocating along with DOT and DOH the quality of medical care in the Philippines for years, only to be awe-struck by the story of Chet and Margie's experience in India.

"When I heard the story of Chet and Margie, I was very humbled upon realizing that, while the Philippines has very good doctors, nurses and other medical staff, our own healthcare system still has a lot to learn from Indian medical care," said Joyce. She cited the fact that Margie was given first aid in a small lying in clinic in Faridabad as an example.



at a cost of P6,000. Imagine if we could do the same thing here? Imagine what would happen if even small Philippine clinics gained the competence to provide quality care in potentially life-threatening illnesses—and at lower cost. If we could do the same thing, all Filipinos would benefit, especially the poor," said Joyce.

The story of Chet and Margie inspired Joyce to go into talks with NABH of India to ask them to assist the Philippines learn from India's healthcare system. These talks resulted in HealthCORE becoming the official Philippine representative of NABH.

Currently, NABH is working with HealthCORE in providing seminars and workshops to Philippine healthcare providers, to help them begin the process of upgrading the quality of their operations and services to become world-class like India's. Philippine healthcare providers who attend these HealthCORE seminars and workshops also have the option to apply for international accreditation through NABH International, the global accreditation arm of NABH.

As Chet mentioned during this interview, "In life, there are no accidents." So there may be readers out there who are encountering Chet and Margie's story for the first time, or those who may have heard about it in passing. Well, it could be that Providence is leading them to a path towards renewed faith or simply to a source of inspiration in loving and living. In that case, it would be a good idea to get a copy of Chet's book, which is a love story that we all need to hear about.

# Makati Medical Center launches newly renovated Emergency Department

MakatiMed's Emergency Department ceremonial ribbon-cutting was led by (from L-R) Health Secretary Enrique T. Ona, Vice President Jejomar Binay, MakatiMed ED Head Johnny Sinon, MD, MakatiMed Medical Director Benjamin N. Alimurung, MD, Viel Aquino-Dee and MakatiMed President Rosalie R. Montenegro.



Premier health institution Makati Medical Center recently inaugurated its newly renovated Emergency Department with a well-attended ceremony.

Present during the event were Vice President Jejomar Binay, Health Secretary Enrique T. Ona and Viel Aquino-Dee, who joined MakatiMed President Rosalie R. Montenegro, Medical Director Benjamin N. Alimurung, MD and Emergency Department Head Johnny Sinon, MD for the ceremonial ribbon-cutting and unveiling of the plaque of inauguration.

The new Emergency Department (ED, also known as 'ER' for Emergency Room) now boasts of a bigger and brighter space and improved facilities to accommodate more patients. Apart from the revamped interiors, it now also features more updated medical equipment, from X-rays and surgical tools, to streamlined processes for the efficient handling of emergency cases. And to ensure that service remains top-notch, specialized ED doctors are now at hand to better look after individual patient needs.

"A hospital's ED can be likened to a reception area; it's one of the first places that people go to. With this in mind, we invest a lot in our ED, knowing that superior emergency facilities and services ensure patients that they will be taken care of and attended to accordingly and immediately right from the time they enter our doors," Head of ED Johnny Sinon, MD explained.

Sinon added that it was the great volume of patients coming in to MakatiMed every day that prompted the hospital to renovate its ED wing. "Our patient volume grew by more than 50%, so the natural next step for us to continue to efficiently cater to our patients was to offer them an improved location that would provide them the care and service they deserve."

The ED expansion is a concretization of MakatiMed's thrust for total patient care and its continuous improvement, which was recently acknowledged with a milestone accreditation from the Joint Commission International (JCI). The said accreditation is based on the 4th edition of the JCI Standards for Hospitals Manual, making MakatiMed the first and only Philippine health institution to be given the recognition thus far.

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