

A mother's gift of life

By Ramil Gulle PHOTOS COURTESY OF HEALTHSOLUTIONS

heila Cuerdo, an 18-year-old Business Administration major living in Infanta, Quezon rarely got sick—in fact, her relatively good health and strong body was something that her mother Menchie often remarked to others. In November of 2011, however, Sheila began to experience symptoms that puzzled her family.

Without a prior history of hypertension, diabetes, or heart disease, Sheila nevertheless had a higher than normal blood pressure, accompanied by bouts of nausea.

Eventually Menchie brought Sheila to the National Kidney and Transplant Institute (NKTI).

First option: dialysis

Menchie didn't know anything about kidney disease in 2011, especially not in November and December when she and Sheila struggled with the latter's symptoms. All she knew was that she didn't want her daughter to die. That's why when the doctors at NKTI recommended that Sheila be put on dialysis, she readily agreed.

Knowing that Sheila could die if she didn't undergo dialysis, Menchie did her best to give emotional support to Sheila, who was very resistant of the process.

"Siyempre, hindi naman niya gusto yung nagda-dialysis dahil mahirap nga naman ang titiisin. Masakit daw. Kaya lang, ako naman, sinasabi ko sa kanya na kahit mahirap ay kailangan niya tiisin dahil gusto pa namin siyang makasama nang matagal-tagal," said Menchie.

(Of course, she never liked going through dialysis because of all the discomfort she has to endure. She said it was painful. But I kept encouraging her, telling her that she has to hold on and be strong, because we still want her to be with us for a longer time.)

Sacrifice

A kidney transplant is, so far, the best medical treatment for renal failure today. The donor kidney may be taken from a de ceased donor or a living relative.

It is best for a kidney transplant patient to get a kidney from a living relative. Since a transplanted kidney is considered a foreign body by the patient's immune system, there's always the chance that the patient's antibodies will attack the transplanted kidney and try to destroy it. This process is called "transplant rejection."

The adverse effects of transplant rejection may be reduced by 1) The patient's use of immune system suppressing drugs and 2) Finding the best organ (in this case, the kidney) match between donor and recipi-

As mother and daughter, Menchie and Sheila have one of the best donor-recipient matches possible. Still, Sheila would have to take immune system suppressing drugs to prevent rejection of Menchie's donated kidney. When Menchie passed all her tests and work-ups and the doctors gave her their approval to donate her kidney, she was so relieved.

"Kahit buhay ko, ibibigay ko para sa anak ko. Tiwala rin naman ako sa mga doctor namin. Kaya lang, hindi naman natin masasabi, di ba? Pwede namang halibawa, habang inooperahan ka, hindi ka na magis-

"Kaya ipinasa-Diyos ko na lang. Nagdasal ako na sana naman po, Diyos ko, wag po muna akong mamamatay dahil ang dami ko pang obligasyon sa mga anak ko," said Menchie, who has two other kids besides

(I'm willing to lay down even my life for my daughter's sake. I trust our doctors, but we can never be sure, right? You can go to sleep on the operating table and never wake up. That's why I really prayed and asked God to not let me die because I still have to take care of my children.)

A new life, new challenges

Menchie and Sheila had their transplant surgery on May 22. At the time of this interview, which was mid-June, Sheila is recovering well. She has to take a strict regimen of antibiotics, immuno-suppressant drugs, and vitamins for four months. She'll be under careful observation for six months. And she won't be able to go back to school for at least a year.

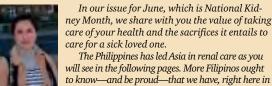
The transplant procedure has given a new life to Sheila and her family. Menchie is just thankful that her daughter has a chance to live normally, without having to go through daily dialysis.

Menchie and Sheila do not come from a rich family. Their only means of livelihood are farming and fishing, and most of their resources were already used up for Sheila's medical expenses. Fortunately, they were chosen by PCSO to be a Donee under the PCSO KT Sponsored Case.

A MOTHER'S/G2



EDITOR'S MESSAGE



pertise that provide the best treatment for end-stage renal disease. However, present government policy forbids the inclusion of kidney transplantation in the Philippine Medical Tourism Program. This policy has been established in large part to avoid the risk of human trafficking and organ trafficking. Please see our related article on this

We are experiencing continuous growth despite the challenges and it remains as our burning desire to provide the best cure for every patient we come in contact with. With best wishes for your good health.

Joyce Socao-Alumno

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A mother's gift of life

(Some of our more generous, compassion-ternal ate readers might like to extend financial aid to Sheila, and they are encouraged to call (632) 981-0300 local 1078 to get information on how to extend assistance).

Leading kidney center in Asia

Sheila and Menchie are lucky to have been treated at The National Kidney and Transplant Institute (NKTI), which is one of the leading kidney transplant centers in Asia. For the past 30 years it has been the foremost kidney transplant center in the Philippines, and is recognized in the Asia-Pacific region for its successes in renal organ transplantation.

It marked its 2,000th kidney transplant operation in February 2002. It has the busiest organ transplantation program in the country not only for kidney transplantation but also for pancreas, liver, bone marrow, islet cell and stem cell.

The NKTI is also the first transplant center in Asia to perform double transplants like liver-and-kidney, and pancreas-and-kidney transplant operations. These were performed at NKTI long before any other transplant centers in Asia would do it.

The NKTI is the first government hospital to be ISO-9001:2008 certified and is in the process of getting international accreditation. It uses the most modern diagnostic techniques in kidney and other related diseases, all modes of dialysis, minimally invasive surgery (Laparoscopy) and surgical procedures, most notably, organ transplan-

It is designated by the Department of Health as the reference hospital for all other hospitals in the country when it comes to the diagnosis, treatment, care and management of renal disease. This means that the NKTI sets the benchmarks for other hospitals to follow when it comes to identifying, treating and managing kidney disease.

Public health

In order to reduce the number of end-stage renal disease among Filipinos, NKTI has always been involved in educating the public on how to prevent kidney diseases. The NKTI does this mainly through its public health arm, the Renal Disease Control Program (Redcop). Redcop implements various projects such as researches, training and advocacy for the prevention and control of kidney diseases on a national scale. Other Redcop



MOTHER and daughter Sheila and Menchie

Cuerdo after the surgery activities include giving support to establishing a national organ donation program and

other outreach activities. Continuous growth

The National Kidney and Transplant Institute started out with its forerunner, the National Kidney Foundation of the Philippines (NKFP). It was formally created by Presidential Decree under the administration of President Ferdinand Marcos on Jan. 16, 1981. At the time, the NKFP did not have its own building and operated in Wing A3 and A4 of the Lung Center of the Philippines.

As the NKFP's operations and scope grew over the years, it went through two more changes in its name. In Nov. 12, 1986, the NKFP was renamed as the National Kidney Institute (NKI). In May 25, 1995, the NKI was renamed as the National Kidney and Transplant Institute. It was then designated as the Philippines lead medical facility for organ transplantation.

The need for more organ donors spurred the NKI to lead in establishing an organ retrieval program. This was begun as the Cadaver Organ Retrieval Effort (CORE), later renamed Human Organ Preservation Effort (HOPE) in 1990. Today, HOPE is the leading organ procurement office in the country and has pioneered advocacies in organ retrieval from cadaveric donors. The main beneficiaries of this program are patients who have no living related donors and would have organs harvested from deceased donors.

As the NKFP grew to become the NKI, and later, the NKTI, it expanded from a smaller, specialty medical facility into a full-fledged tertiary hospital. While its resources still make it the premier facility of renal disease in the Philippines, it now treats various conditions through its departments including: Adult Nephrology, Pediatric Nephrology, Urology, Radiology, In-

Medicine, Anesthesiology, General Surgery, Laboratory Medicine, Hematology and Stem Cell Transplantation, Nuclear Medicine, Cardiovascular Medicine, Pulmonary Medicine, Neuro-Physiology, Physical Medicine and Rehabilitation, Dialysis Center, and Vascular Surgery.

Specialty centers

eral specialty centers, including the Organ Transplantation Center which provides transplantations of kidneys, pancreas, liver, bone marrow and stem cells. Its Nephrology Center caters to both adult pediatric nephrology patients, while its Dialysis Center provides both hemodialysis and peritoneal dialysis 24 hours a day, 7 days a week (24/7).

The NKTI has sev-

It also has a Chemotherapy, Transfusion and Pain Management

Section, which serves outpatients dealing with cancer, cancer pain and anemia.

Advanced laboratories

The needs of transplant patients are most effectively addressed by using the best diagnostics facility possible. Knowing this, the NKTI Diagnostic Center uses state-ofthe-art equipment and the most competent personnel to address all diagnostic questions and dilemmas. It is the benchmark in the Philippines for providing medical imaging and diagnostic services, and is at par with the best in the world.

The NKTI Diagnostic Center offers Computed Radiography, fluoroscopy, picture archiving and communication systems (PACS), ultrasound, vascular ultrasound, digital mammography, computed tomography (CT) scan, Magnetic Resonance Imaging (MRI), and radio frequency ablation (RFA).

The NKTI also has a highly-advanced Vascular Laboratory attached to its Vascular Surgery Division. Using highly advanced imaging and diagnostic equipment such as Plethysmography, Doppler Ultrasound, Duplex Ultrasound, and Laser Doppler waveform and imaging, the Vascular Laboratory provides crucial information on how to treat various vascular diseases.

Urology center

According to Dr. Dator, the NKTI is building the Center for Urology and Men's Health (CUMH) which is the first in the country. This facility, which will be housed within the NKTI complex, will focus on the field of Urology and Andrology, which is a specialty that deals with male health problems, particularly those affecting the male reproductive and urological tracts. It is the counterpart

of gynecology. "Men have unique diseases and these are what the CUMH seeks to address. If women have, for example, breast cancers, then men have prostate cancer. Worldwide, one out of six to one out of eight men develops prostate cancer. As average age of the male population increases, the number also increases. The most number of cases occur in Western countries while the Asia has lesser cases.

"However, the Philippines does not have the same prostate cancer rate as Asia. Our prostate cancer incidence is either mid-way or moving closer to that of Western countries. A factor in this is our adoption of a more Westernized diet and lifestyle" said Dr. Dator.

Mandate from the people

According to Dr. Dator, indigent patients like Sheila are the ones that the NKTI is mandated to help.

Dr. Dator added that financially-challenged patients like Sheila receive the same quality of treatment at NKTI as paying patients. He said that there's no separate area for patients like Sheila and those who are able to pay. Their tests are conducted in the same world-class diagnostics lab and they get treated by the same expert physicians and specialists.



THE NKTI MANAGEMENT TEAM (from left) Dr. Zenaida L. Antonio - deputy director for Administrative Services; Dr. Joselito R. Chavez deputy director for Medical Education; Dr. Aileen Riego-Javier executive director; Dr. Jose Dante P. Dator - deputy director for Medical Services; Ms. Nerissa M. Gerial, RN - deputy director for **Nursing Services**



NKTI Diagnostic Center

He said that one of the challenges of NK-TI is to increase the number of transplants for Filipino kidney patients.

"There is a huge discrepancy in the number of Filipinos with end-stage renal disease who need kidney transplants and the actual number of those who get transplants. In 2012, there are 15,000 people registered with the Philippine Renal Disease Registry (PRDR) who require transplant. However, an average of 350 transplants is done per year.

This discrepancy is something that NKTI seeks to address. "The quality of life of someone with a transplanted kidney is so much better than that of someone who undergoes dialysis," he said.

There is no cure for kidney failure. When it fails, the only options are dialysis or kidney transplantation. Fortunately, early detection of kidney disease can help in the prevention of kidney failure. It is important to detect and manage acute kidney disease so it does not progress to chronic kidney disease.

"Prevention and early management of kidney disease is part of the mandate of NKTI. We are fulfilling that mandate by maintaining excellence in patient care, service, training and research. These four aspects of our mission are also the four key principles that guide our work and our policies," said Dator.

In the same report, Ona also said that, "For as long as there is one Filipino sick and uncared for, our job is not done."

With the NKTI determined to fulfill its mandate from the Filipino people in the best way possible, more patients like Sheila Cuerdo will have the chance to live and enjoy that life with their loved ones.





 ${\bf NKTI\ Diagnostic\ Center\ uses\ state-of-the-art}$ equipment and the most competent personnel to address all diagnostic questions and dilemmas.

equipment HealthSolutions Enterprises. HealthSolutions is a reliable and dependable partner of the NKTI and the healthcare industry in providing quality patient care, maximum medical professional's safety, and innovative turnkey hospital solutions while leveraging on its people and cost effective systems in delivering its commitment to significantly contribute in building a healthy nation. It is one of the leading providers of high quality medical equipment, devices and supplies and clinical diagnostics to over 20,000 MDs and more than 400 hospitals, drugstores and other institutional clients nationwide. It exclusively distributes world-class brands such as Siemens, GE, Bard, 3M and

Megadyne, among others. For more information, visit www.healthsolutions.com.ph or call +632.8365858.

The national policy on organ donation and transplantation

THE PHILIPPINES' Department of Health is enforcing strict guidelines in all hospicomes to the transplantation of kidneys and other organs. These guidelines, issued through DOH Administrative Order 2010-0018, constitute the national policy on living, non-related organ donation and transplantation.

The DOH defines several types of organ donors. These include:

Living Related Donors -These are organ donors who are related to the patient/recipient by blood up to the fourth degree of consanguinity. These include parents, children, siblings, nephews and nieces, first cousins, etc.

Living Non-Related Donors - These organ donors are not related to the recipient by blood but are motivated to donate their organs for certain reasons. The DOH further classifies Living Non-Related Donors into two types: Voluntary LNRDs and Commercial LNRDs.

Voluntary LNRDs are motivated by social and emotional ties to donate a kidney or other organ to a recipient. Commercial LNRDs are donors who offer their kidney and other organs for sale. Usually the services of a broker or agent are used to facilitate the sale.

The DOH also has two other classifications of organ donors: Directed and Non-Directed. A Directed Donor already has an intended recipient of the organ being donated. A Non-Directed Donor offers an organ for donation to the best matching recipient in a waiting list.

The DOH strictly prohibits organ donation in exchange for payment. The use of Commercial LNRDs, including the operation of brokers and agents to facilitate commercial transactions of organs, is illegal. This policy conforms and a national law against human trafficking.

DOH General Policy Statements covering organ donation and transplantation are as follows (Source: DOH Administrative Order No. 2012-0018, "Revised National Policy on Living Non-Related Donation and Transplantation and its Implementing Structure Amending for the Purpose Administrative Order No. 2008-0004-A"):

As the mandated agency to promote and protect the health of the Filipino people, the DOH adopts the following policies in the practice of kidney transplantation from LNRDs. These policies shall cover the transplantation of other organs where applicable.

The Department of Health is committed to abide by the WHO Guidtals in the country when it ing Principles on Organ Transplantation, the Declaration of Istanbul on Organ Trafficking and Transplant Tourism and RA 9208 (Anti-Human Trafficking Act) and its Implementing Rules and Regula-

The safety of both donor and recipient shall be given highest consideration and transparency regarding the risks to both shall be pursued rigor-

Payment as a precondition for kidney donations and sale and purchase of kidneys by kidney vendors/commercial donors are strictly prohibited.

Kidney transplantation is not part of medical tourism.

Foreigners are not eligible to receive organs from Filipino living nonrelated donors.

All health and healthrelated facilities and professionals shall not allow the trade of kidnevs.

Directed LNRDs are permitted only when it is voluntary and truly altruistic, without any kind of compensation or gratuity package attached to it. They must be screened and approved by the Hospital Ethics Committee. Non-directed LNRD are not allowed to donate organs for transplantation. No hospital, foundation, organization or agency, public or private, are allowed to keep a list of potential non-directed LNRDs and to utilize non-directed LNRDs for transplantation.

All health and healthrelated facilities shall implement and adopt quality standards and practices in the medical and organizational management of with international agree- kidney transplantation. The ments prohibiting the sale of DOH and The Philippine organs for transplantation, Health Insurance Corporation (PHIC) shall enforce this Administrative Order and moni-THE FULL TEXT of the tor these facilities through their licensing and accreditation rules and regulations to ensure accessibility, quality and sustainability of the ser-

All professional societies related to organ donation and transplantation shall ensure that all their members comply with PODTP [Philippine Organ Donation and Transplantation Program] guidelines relative to the practice of organ transplantation. The members of professional societies related to this practice shall likewise be accredited by the PHIC for purposes of payment.

In no instance shall any kidney/organ be transported or exported for transplantation abroad.

NKTI: Medical Highlights and Milestones

Over the years the NKFP, and later as the NKI and NKTI, has made quite a number of remarkable achievements in the medical field. Among these is its pioneering work on six major transplantations that where the first of their kind, not only in the Philippines but in Asia as well. These and other achievements are as follows:

> August 5, 1983 The first living related donor transplant was done at the NKFP operating room March 03, 1988

1st Double Transplant (kidney and pancreas) in Asia August 06, 1988 1st Liver Transplant in the Philippines

August 06, 1990 1st Bone Marrow Transplant in the Philippines September 18, 1990 1st Kidney-Liver Transplant in Taiwan

April 12, 1996 1st Pediatric Living-Related liver transplant in Asia done with the team of Transplant Surgeons from Taiwan.

June 29, 2001 1st Stem Cell Transplant in the Philippines. February 2, 2008 1st Corneal Transplant at NKTI

August 4, 2009 1st Layered Corneal Transplant at NKTI June 2004

July 25, 2011 1st Catherization Laboratory Procedure (CARDIOLOGY) Per-

cutaneous Transluminal Coronary Angioplasty (PTCA)

First Donor Nephrectomy using Laparoscopic Procedure



Year after year the National Kidney and Transplant Institute (NKTI) has been at the forefront of Kidney Month celebrations. Through outreach programs, free clinics, and information campaigns, the NK-TI has continuously advocated for renal health. I wish to congratulate the administrators, members and staff of the NKTI as once it again leads us in this month-long observance with a roster of activities it has

In 2010, it has been reported that close to 14,000 Filipinos suffer from end-stage renal disease. Undoubtedly, the affliction of kidney disease has far reaching health, social and economic costs to patients and their families. Prevention and early detection and management remain critical strategies for often times the disease is irrepressible.

This year's theme, "Ikaw at Ako Panalo sa Malusog na Bato," clearly elucidates the importance of renal health. Pursuit of healthy lifestyles, massive information campaigns, and appropriate treatments at the onset of the disease give patients a fair change of regaining renal health.

The NKTI has been proactive not only in disseminating health information, but also in ensuring the availability and accessibility of world-class medical treatment. True to the objectives of Kalusugan Pangkalahatan, the NKTI has provided its topnotch ser vices to Filipinos from all walks of life.

As we observe the National Kidney Month this June, I invite everyone to visit the NKTI and partake in the celebration. Let us all contribute to a healthier Philippines by raising public awareness and preventing kidney diseases among our countrymen! Mabuhay kayong lahat!



In behalf of the National Kidney and Transplant Institute, we invite you to join us in the National Kidney Month celebration. June is also National Organ Donation Awareness Month and National Prostate Cancer Awareness Month.

The NKTI, by virtue of PD 184 and Presidential Proclamation 569, is tasked to spearhead all activities, focusing the public's attention on kidney disease and its allied diseases and encouraging organ donation respectively. We recognize the active multisectoral partnership of the Department of Health, Philippine Information Agency, LGU's, and quad-media in making this a truly national endeavor.

The NKTI takes pride in being a health promoting hospital, uniquely managing and funding a national health rogram such as the Renal Disease Control Program (Redcop). Last May 24, 2012, the Redcop was recognized and awarded by the World Health Organization at its 65th World Health Assembly in Geneva, Switzerland, the United

Arab Emirates Health Foundation Prize for outstanding contribution to health development. The NKTI has maintained a holistic and integrated renal care program from promotion, prevention, diagnosis, treatment, to follow-up care through research, training, service, advocacy, and quality assurance. Those needing renal replacement therapy have availed of the best hemodialysis technology in the country. Our Hemodialysis Center has been recognized as a model for Public-Private Partnership (PPP) in healthcare by the Philippine Institute for Developmental Studies and Center for Health Market Innovations and the United Nations Economic Cooperation for Europe (UNECE).

We believe in people-centered healthcare. Before people become patients, they need to be informed and empowered in promoting and protecting their own health. There is a need to reach out to all people, to families and communities beyond our hospital. Thus, our theme, "Ikaw at ako panalo sa malusog na bato.'

You are our partners in health. With you, we are confident in facing the many challenges we continue to face in the national and

global strategy of "Health for all." Mabuhay and God bless you all!

A healthy vacation at The Farm

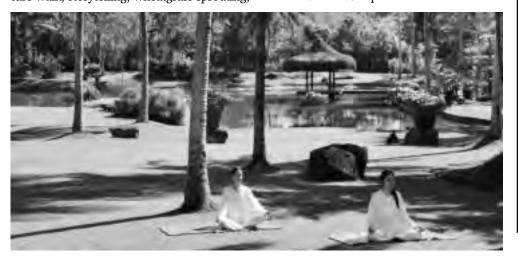
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Hospital Build and Infrastructure Middle East 2012



International speakers (seventh to ninth from left) Dr. Sanjiv Malik, Joyce Alumno and Dato Dr. Jacob Thomas are joined by conference organizers (from left) Beverly Constantino, Frank Sanchez, Jennifer Calma, Claire Brookes (partly hidden), Genevieve Barrios, Hilda Mallari, Eliaquim Icay, Hayley Holbrook, Zuzana Laukova and Eleanor Laag at the Dubai International Convention and Exhibition Centre.

THE HOSPITAL Build and Infrastructure Middle the UAE last June 4-6 has enjoyed another successful year. Organized by Informa Exhibitions, the event was attended by top-level decision makers from all over the world with estimated 5,000 visitors and 130 key exhibitors in the hospital planning, design, construction, operations, management, supply and refurbishment business.

Speaking during the official opening ceremony, His Ex-East Exhibition and Congress held at the Dubai Incellency Qadhi Saeed Al Murooshid, Director General of ternational Convention and Exhibition Centre in the Dubai Health Authority said, "The Hospital Build conference is of significant importance as it discusses all aspects of hospital infrastructure and brings together experts in the field to discuss the latest advances and innovations in hospital design. Holding such conferences felicitates knowledge exchange, which is essential to keep pace with the ever changing developments in the field."

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IN THIS day and age, with de- buildings led by the topnotch owners and residents. The mall Caloocan corridor. And it ofmands from career and work, as architectural firm of W.V. boasts of the best commercial fers outstanding location and well as the requirements of rais- Coscolluela & Associates with establishments from leisure, accessibility. ing a family, increase as never interior design by Songsong & dining, entertainment and full department store, with specialty boutiques, as well as banks, hardware shops, pharmacies, Internet shops and BPO institutions inside the complex. Here, everything that the modern-day individual needs is within easy reach. The mall is due to be completed in 2013.

In the center of it all

The Sta. Lucia Rezidenze is at the cusp of the progressive cities of Marikina, Pasig and Antipolo, and the municipality of Cainta. Located beside one of Metro Manila's prime shopping destinations, the Sta. Lucia Mall, the project will be the future residential centerpiece of the soon-to-belaunched Sta. Lucia Center, the next big thing in masterplanned communities in the eastern part of the Metro.

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Monte Carlo construction in full swing

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municipality of Cainta. This 21-storey residential tower offers 258 units composed of studio, one-bedroom and two-bedroom units including a limited number of units, much less dense that the traditional cramped condominiums currently being offered by other developers.

Visit the showroom at the fourth floor of the Sta. Lucia Mall, Phase 3, near the Theater

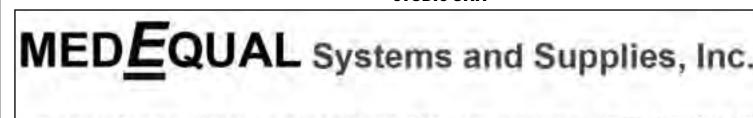
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