**ICanServe Foundation**

**Silver Linings 2019**

**BUILDING YOUR SUPPORT TEAM**

**PICC Room 4**

**SPEAKER : Lexi Schulze**

 **: Me’ Anne Solomon**

 **: Dr. Lourdes Medina**

 **: Dr. May Corvera**

 **: Dr. Rachael Rosario**

**MODERATORS: Dr. Rizzy Alejandro**

**: Dr. Kaye Yoingco**

(people talking in the background)

0:03:27 Dr. Rizzy Alejandro: Hello, how are you all this morning?

Audience: Fine.

Dr. Rizzy: Thanks, medyo formal po kasi may podium pero ano lang po ito, informal session, really more kuwentuhan po on our end. I’d like to introduce myself. My name po is Rizzy Alejandro. Dr. Alejandro po. I graduated po from Ateneo in 2014 but now working for AC Health. So this room po for today is actually hosted by AC Health which is the health care company of Ayala. And I hope you don’t mind po just to start, we’d like to introduce ourselves very quickly. Introduction lang po because a lot of people don’t know that Ayala is actually in healthcare. So we always like to begin by introducing ourselves, explaining po what we’re trying to do in health and in particular, cancer care is a very special topic for us. We feel very strongly that there’s so much that we can do in the cancer care space. And that’s why we’re today to support Silver Linings. So just a few slides po from my end and then later on I will be introducing somebody else from AC Health also to talk about what we’re doing specifically with cancer care.

0:04:33 Dr. Rizzty: After po our brief introduction, we will be hosting a panel. The panel is on Building Your Social Support Team. And so we’ve been very lucky today to be joined by some cancer patients as well as some of our doctors, cancer doctors who will talking about their experience in building a support team. It’s very important po for us because you’ll see later our big dream po in AC Health is build the first ever dedicated cancer hospital in the Philippines. So a full hospital po, imagine niyo 100 beds but all cancer. Very similar po to, meron po tayong Lung Center, may Heart Center po tayo, may Kidney Center but we actually don’t have a Cancer Center yet. And so that’s one opportunity where we feel we can really make a difference po. So that’s what we have in store for the morning. Medyo gipit po tayo sa time, so I hope you don’t mind if we keep the sessions very crisp. But at if at any point, you have any questions, if you’d like to participate po in the discussions, we have mics po on the aisle, feel free po to stand up and ask your question, give your comments, free flowing discussion po it. Naging mukhang formal lang po siya kasi may stage and may mga panelists po tayo pero it’s really meant to be a discussion for all of us this morning.

0:05:49 Dr. Rizzy: So I’ll begin po, you will all know Ayala because we had been in different businesses. You might know us for real estate, for Globe, for BPI. Alam ko po yung water medyo naging controversial recently. So you will us for that as well but what we want to communicate to people is actually, we are looking for ways to help with nation building. And so a few years back, we decided what’s the next industry for Ayala and the two new industries we’ve decided to invest in were actually education and health care.

0:06:27 Dr. Rizzy: So in education po, we have a chain of affordable private schools which we call APEC. We have also invested in University of Nueva Caceres and in National Teachers’ College. And recently po, partnered with the Yuchengcos for Mapua. So that’s what we’re doing po in health care. Ah sorry in education. In health care naman po, that’s where we belong and that’s what I’ll tell you more about later. But kung napapansin niyo po ang focus po namin is what we call Social Infrastructure. So if you’re really serious about contributing to nation building, you have to invest in the education of our Filipino people and you have to invest in the health of the Filipinos. And that’s why this is what we’re doing in Ayala. Our commitment to health care is something that goes all the way to the top po. If you meet our Chairman and our President po si Jaime Zobel de Ayala and Fernando, they themselves are a big health care advocates and they believe so much in what we’re doing in health care. In fact, ang reason po, and rason po kung bakit napasok kami sa cancer care is actually because of our Chairman. Siya po mismo ang nagsabi na “Wala ba tayong magagawa in cancer specifically?” Kasi marami po siyang kakilala na family members, even friends and relatives who went through the journey of battling cancer po. And so he said “There must be something that we can do as Ayala.”

0:07:50 Dr. Rizzy: Our big vision po in health care is actually to be in different touch points where the patients will need us. So anything po from pharmacies. We have Generika Pharmacy po, 800 branches nationwide under Ayala po yun. Our Family Doc Clinics, our primary care clinics, I hope na-encounter niyo po ba yung Generika in the past? Generika po. Family Doc nakita niyo na po ba? So fairly new po ito, nag start lang in 2015 btu we have 68 clinics na po. So Cavite, Laguna, Pasig, Taguig, Pateros, QC. Ang focus po namin dito is primary care. And it’s actually staffed by family medicine physicians. So hindi niyo na po kailangan pumunta sa ER or ospital para magpa konsulta. Pwede na po sa Family Doc and nasa community na po mismo siya. We are also very invested in technology. So napansin niyo po outside we have a booth. Our partners from Aide. So Aid is a home health care app. There are times po that ayaw na po nating lumabas sa ating bahay to be able to get our health care and you can actually now get a doctor, a lab technician, a phlebotomist to come to your house. So kung may mga laboratory po na kailangan ipagawa or basic consult, they can come to you na po. And that’s with our partner Aide.

0:09:08 Dr. Rizzy: We’ve also invested in different types of technology po. So nakita niyo po may Vigos EMR, may Med Grocer. Finally and what we’re excited about is our newest project which is the Cancer Hospital po. So very early days pa ho, wala pa ho siyang pangalan but because we are here in a room of friends, what we will share with you is we plan to open po in 2- years time. So by 2022 po, we plan to open this center already. So very exciting po siya for us. Ang big vision po namin talaga is to be able to build a health care eco-systems. So when we say health care eco-system, what we mean po is for at any point that you would need health care, nandun po ang Ayala Health. So kung kelan niyo po ng pharmacy may Generika po. Kung kailangan niyo pong makakita ng doctor, pwede po kayong pumunta sa Family Doc. Eventually po when we build our cancer hospital, for your specialty care needs you will have Ayala Health there to serve you and to offer our services. So yun po siya. You’ll notice po dito sa graphic namin ang nasa gitna po is the patient kasi napaka linaw po sa amin na within Ayala Health, what we would like to do is focus po on the going middle class po, more on Filipinos. So hindi po ito Greenbelt, hindi po siya Ayala Land Premiere na gagawin namin. Specifically for health care po ang gusto po namin is talagang affordable, talagang accessible na healthcare and makikita niyo po, ito din po ang tema pagka diniscuss po namin yung Ayala Cancer Center Hospital. So hindi po siya high end hospital. Ang gusto po naming itayo ay isang hospital na high quality pero ma-afford po ng madaming mga Filipino. So yun po ang introduction ko, maibilis lang po. I-intro ko na po ang aking mga kasama po sa AC Health. So I’d like to introduce Dr. Kaye Yoingco.

0:11:01 Dr. Rizzy: So Dr. Kaye has been with us for a year and a half (clapping) now. Siya po ang isa po sa mga proponents po nitong cancer project and she will talk to you about some of the basic research. I’m sure pag nakita niyo po ito, kayo mismo mapapa-agree na parang ganyan din ang naranasan ko. And then she’ll talk about how we came up with the idea of the cancer hospital. So Dra?

0:11:30 Dr. Kaye: Hi Rizzy, salamat and salamat din po sa inyong lahat na pinili kami na puntahan kahit na merong din pong mga ibang sessions na nangyayari ngayon. Maraming, maraming salamat po. Kukuwento ko lang po sa inyo yung kung pano ba nag umpisa itong hospital na ito. And as Rizzy mentioned nung una ideya lang siya ng mga boss namin na parang ano ba yung pwede nating gawin sa cancer? So sabi niya, “Tignan niyo, mag research kayo.” Nung una, nung panahon po na yun estudyante pa po ako sa medical school. Neg-intern po ako sa kanila, pero ako po yung inatasan nila na pumunta sa iba’t-ibang mga lugar para mag-interview po ng parehong mga pasyente at saka rin po ng mga doctor. So ito pong susunod na slide, marami pong nakasulat diyan pero kinukuwento lang po namin na itong pag, pag build po namin ng hospital na ito ay hindi lang namin naisip siguro ng, ng isang taon. Talagang produkto po ito ng halos dalawang taon na talagang mabusising pagre-research, pag interview po ng iba’t-ibang mga importanteng stakeholder po sa isang experienced na cancer. So mga pasyente, mula sa mga ospital. Pumunta rin po kami sa Globo nung time na yun para rin po mag interview sa kanila. Mga health insurance providers, at pati na rin po mga suppliers and of course yung mga doctor po natin.

0:12:46 Dr. Kaye: So sa 2 years po na yun, natutunan po namin itong tatlong pinaka importanteng tema ng sitwasyo ng cancer dito po sa Pilipinas mismo. And you’re more than free po to comment kung you agree with or you want to share anything to add. But to us ang nakuha po namin, unang-una sa lahat marami pa po ang hindi nada-diagnose. Marami pa pong tao ang maaaring may cancer pero po sa buong buhay po nila hindi na po nila napa diagnose na sila ay may cancer. So ang statistic po diyan, young 100 thousand patients po na sa tingin namin ay ang nada-diagnose na bagong cancer taon-taon, marahil po meron pang isa pang 100 thousand na Filipino na hindi na malalaman sa buhay nila na meron pala silang cancer. At maraming-maraming pong dahilan yun kung bakit hindi nila nalaman.

0:13:36 Dr. Kaye: Pangalawa po, sa 100 thousand na yun na natutunan na sila ay mayroong cancer, marami po sa kanila, karamihan ay nasa mas later stage na po. Stage 3, or Stage 4 at dahil po dun siyempre yung pangatlong, yung pangatlong resulta nun, mas mahal na po ang treatment, mas komplikado na po ang, ang magiging kaso nila. At siyempre po ang gastos din, mas malaki na rin dahil yung paulit-ulit na diagnostics, paulit-ulit na minsan meron pa pong iba nami-miss diagnose muna, inakala ito, ito yung sakit, ginamot yun tapos biglang cancer po pala. So malungkot po, malungkot po talaga itong reality na nakita namin. And pag kinukuwento po namin ito sa, sa mga boss namin na ito po ang sitwasyon dito, lahat po sila, nagtataka parang, “Ano pa, anong pwede nating gawin? Ano ang, nasan ang gap? Pano natin matutulungan ang gobyerno? Saan, saan kami makakatulong para matugunan ang mga problemang ito?” Hindi naman kami, hindi naman namin pinapangako na lahat yan maso-solve namin ng sa isang ospital man lang. Pero nandito kami para sabihin na gusto naming matulungan ang lahat, ang bawat Filipino may cancer na or maaaring at risk to have cancer para makuha ang treatment na naaangkop sa kanila sa abot ng makakaya nila. So yun po ang kuwento namin, kaya today at siguro po nung mga nakaraang buwan, nag labas po kami ng balita para sabihin na gusto po talaga naming i-build ang isang natatanging Cancer Hospital na talaga ospital mismo, dedicated to cancer care. So ang, ang makukuha po dito yung mula diagnostics, chemotherapy, radiation and surgery, imbes na pupunta po kayo sa iba’t-ibang ospital, na ginagawa ng ilang mga pasyente, ito po sa iisang ospital na lang.

0:15:24 Dr. Kaye: Pangalawa po, naniniwala din po kami na malaki po ang value kung ang medical team po na tumutulong sa mga pasyenteng ito, na tumutulong na, they work together as a team. Meaning hindi po sila nagsasarili-sarili. Meron po kasing mga ganun. May mga practice po sila na ganun ang paniniwala nila. Kami po, sa tingin namin may value po sa pasyente kung may, may support team na ang pasyente sa kanilang bahay, pero meron din po silang strong support team po sa mga, sa pinupuntahan nilang ospital. So team based approach po ang tinatawag namin dito. And finally, dahil alam po namin na talagang mahal pong magpagamot, in general mahal po talagang magpagamot pero lalo na po sa isang sitwasyon tulad ng cancer, ginagawan po namin ng paraan para maging mas abot kaya ito. Siyempre hindi naman po namin kayang gawing libre ito di ba, na tipo na serbisyo pero kung saan tayo makakapag bigay ng savings, gusto po namin yun magawa para sa inyo. So yun po yung ginagawa namin from our end as a team. At ngayon po alam po namin na ang tema ng session na ito ay Building a Support Team, ang, ang magiging set up po natin is meron kaming mga panelists na inimbita dito. Ang support team na ito ay mag-uumpisa sa pag talakay sa mga tao na importante na pumaligid sa isang pasyenteng may cancer. Pero at the same time, gusto rin po naming makuha ang feedback ninyo tungkol sa halaga na dapat yung espasyo whether nasa bahay po yun or nasa ospital, gano po kahalaga na magkaroon ng magandang space para ma-enable yung isang support team na maging sustainable, wholistic at saka po yung makakatulong na talaga mapagaan yung experience sa abot nang makakaya. So… kuwentuhan lang po ito, kung meron pong gustong magsalita, meron pong dalawang mic dyan sabihan niyo lang po kami. Pero for now excited na po kaming ipakilala an gaming mga panelists…

0:17:21 Dr. Rizzy: Yes thank you Kaye. So learning session po ito. This is learning for us all even for us po sa AC Health, we want to learn po kung ano po yung naiisip niyo pagka sinasabing support team. Kasi siyempre kung magtatayo po kami ng ospital ayaw po naming na puro gamot lang. kailangan nandun din po yung support team na kailangan natin. So for today po, ang in-invite namin is we have 6 panelists. Kaye and I would like to introduce them. Kaye, you start off no?

0:17:50 Dr. Kaye: Correct and ok, comfortable po ba kayo sa Filipino or sa English, gusto ko lang po…

Dr. Rizzy: Nagta-Taglish po kami (laughs) Ok lang po?

Dr. Kaye: Ok lang po? Ok sige. Both, ok pero yung introductions po namin madami, ano English po ito (laughs). Ok.

Dr. Rizzy: Mahirap, mahirap na pong Tagalugin.

Dr. Kaye: Pag tinraslate ko po ito baka hindi…

Dr. Rizzy: On the spot, baka ma nosebleed kami dito… (talking at the same time)

Dr. Kaye: … natin maintindihan.

Dr. Rizzy: Opo.

0:18:09 Dr. Kaye: Ok, first. So our first panelist is a news anchor for the ABS-CBN News Channel, or ANC. She anchors the early edition Ang Balitang America. She’s a graduate of Macquarie University of New South Wales in Australia with a degree in Media and Cultural Studies. Her mom, Cecilia Revilla-Schulze was diagnosed in 2004 with Breast Cancer Stage 3B at 47 years old. Her brother, George was diagnosed a little close to 2 years later in 2006 with Leukemia at 16 years old. We’d love to hear her experience, caring for her family members. Please welcome Ms. Lexi Schulze (clapping).

0:18:57 Dr. Rizzy: Thank you Lexi, we’ll ask you to take a seat please. The next one naman. Me’Anne is the Cebu Chapter Head of the ICanServe Foundation. She is a breast cancer survivor. She was a District Governor of Rotary Club Cebu from 2016 to 2017. She assumed various leadership roles in the club and the district before she was elected as the first lady president of the club in 2001 after 20 years since the club’s charter. She was recognized as one of the 4 most outstanding club presidents of the world. The only female president and the only Asian Rotarian to receive such distinction and accolade from Rotary International. Please welcome Ms. Me’Anne Alcordo-Solomon. (clapping)

0:19:49 Dr. Kaye: Welcome Ms. Me’Anne. Our next panelist is Lulu. She is one of a handful in the country of Board Certified Experts in Traumatic Stress from the American Academy of Experts in Traumatic Stress based out of New York. And a Diplomate status as well from the same and the National Cancer, National Center for Crisis Management in New York. She is one of the pillars in Psycho-Trauma work in the country and a founding member and program coordinator of the Porta Coeli Center for the Pastoral Counseling and Psycho-Trauma Management. Lulu is the president and also one of the few advanced eye movement desynthesization and re-processing therapists in the country. She was one of the pioneers and subsequently sat as the director and counsultant of the UST graduate school of psycho-trauma. She is an associate professor at the Graduate School of UST and St. Scholastica’s College. She has been working with the Psychology and Guidance and Counseling Clusters. She earned her PhD from UST and MA from Ateneo de Manila University and professional diploma from the Center for Family Ministries. She is also a recent cancer survivor. So ladies and gentlemen, let us welcome to the panel, Ms. Lourdes C. Medina. Dra. Lourdes Medina (clapping)

0:21:19 Dr. Kaye: Thank you Dra. Our next panelist is also a doctor. Dr. May as a family medicine and palliative care specialist and currently chair of the Ruth Foundation for Palliative and Hospice Care. She was the Chief Resident of the Department and Community Medicine from the Philippine General Hospital where she received post residency training in Supportive Palliative and Hospice Care. Her clinical attachment was with the Department of Palliative Medicine National Cancer Center in Singapore. She completed her post graduate diploma in Palliative Medicine from the University of Wales in Cardiff and is presently completing her master’s degree in Palliative Medicine in the same university. In her 10 years of practice, she has worked with the Ayala Alabang Hospice Care Foundation, Hospice of Manila Empowerment, the University of Perpetual Help Dalta and Asian Hospital and Medical Center where her current practice is centered. Let’s all welcome Dr. May Corvera. (clapping)

0:22:47 Dr. Rizzy: Thank you Dra. Our next panelist is also a doctor. Dr. Lea Pineda is Breast Surgeon in several hospitals including the Medical City in Ortigas and in Clark. Premiere Medical Center and Paulino J. Garcia Memorial Research and Medical Center in Cabanatuan City and Our Lady of Lourdes Hospital in Manila. She is a member of the Medical City Department of Surgery and an active member of the Philippine Society of Breast Surgeons. Dr. Pineda also published a study in 2016 on the Applicability of Onco Plastic Breast Conserving Surgery in Asian Breast Cancer Patients. She finished her medical degree in St. Luke’s College of Medicine William H. Quasha Memorial Quezon City. And her, and pursued her general surgery residency training in the Medical City where she also served as Chief Resident. Dr. Lea trained further in KK Women’s and Children’s Hospital in Singapore as a clinical fellow in Breast Surgery. And she’s an advocate of women’s health and promotes breast screening to all women. Please welcome Dr. Lea Pineda (clapping).

0:23:35 Dr. Kaye: And last but not the least on our panel, Dr. Rosario is an active member of the Cancer Coalition and is the Corporate Secretary and Executive Director of the Philippine Cancer Society. She is the Head Coordinator of the Supportive Palliative and Hospice Unit in the Department of Family and Community Medicine at the Philippine General Hospital where she holds the position of Clinical, sorry, Associate Clinical Professor at the UP College of Medicine. A 30-year cancer survivor, Dr. Rosario is a pain consultant at the San Juan De Dios Hospital since 2006. She is also volunteering her services as Project Director of 2 cancer support programs – Child House of QC General Hospital and Munting Paraiso of UPPGH Cancer Institute. A product of Siliman University BSMT, she took up her post graduate studies at the University of Visayas College of Medicine and 3 year residency program in Anesthesiology at UPPGH. Let’s all welcome, Dr. Rachel Marie B. Rosario (clapping)

0:24:49 Dr. Kaye: Bigatin, bigatin po yung panel natin. Dahil conscious tayo sa oras, ating mga panelists, ang paki usap lang po namin, magkukuwentuhan po tayo pero sana po lahat makakapag salita. Kung meron din pong tanong ang audience natin, pagbigyan po sana natin sila. Marahil meron ding mga gusto ring mag lunch later on. So let’s keep things crisp as what Rizzy advised. And then later on kung meron po kayong mga additional questions naman po siguro after kung nandito pa sila. Ok? Ok po ba? Ok.

0:25:20 Dr. Rizzy: Ok, sige. Kaye and I will start. Kaye will join our panel here. Yan so, as we said po ‘no support team and so yung first question po namin for the panel, ah ok…. Medyo na, nasisilawan po ang ating mga guests so baka pwedeng hinaan po nang konti, yan. Ok sige mag, adjust muna natin.

0:25:47 Dr. Rizzy: So ang first question po natin for the panel and we’ll go around po is, what is your concept of a wholistic support team? So ano po ba ang ibig sabihin when you say support team?

0:26:00 Dr. Kaye: Siguro gusto ko itong marinig from the perspective muna ng isang naging pasyente. Parang, what does a wholistic support team mean for you? Baka gusto niyo pong i-share?

0:26:10 Me’Anne: You know, you don’t look far. The immediate support group you have would be your family. So family and then friends and then of course, the medical practioner. Then the spirituality of it that completes, well in my experience, it completes my support group – my family, my friends, the doctors, and faith, all my spiritual advisers and, and all my priests.

0:26:38 Dr. Rizzy: You brought up family ma’am, I’ll ask Ma’am Lexi because you were here in the panel as a family member po to cancer patients. How would you define po that support team?

0:26:46 Lexi: Well, my mom has 7 siblings. So every time she’d go in for chemo, kumpleto yan lahat except for the one who lived in the States. So of course, as Me’Anne said family is always number one. And I guess also the doctors because they also become family to you because you see the at least what once a week, twice, twice in a month. Ganun. And they have to be, not naman on call, because doctors have so many other patients. But they, I think as a patient you need to feel like you can call them anytime and they’ll be available to you. If not them, the one down or the two down di ba? So family and of course, if you don’t have big families but Pinoy culture kasi family yan eh. Di ba? But if not, there are also friends that you consider family. So and I think support system is super important to a patient.

0:27:37 Dr. Kaye: Doc Lulu, doc May I saw you nodding po ano?

Lulu: Yes, ok. Other than family and friends and the doctors, I think the confidence and trust that you have for your doctor is very important. But in my experience kasi I just recently was diagnosed na tapos na ano? Sabi ng doctor ko “Oo, ma’am magaling ka na.” Oh parang yun na talaga ang pinaka masarap na words na narining ko and that was only last Friday.

Dr. Kaye: Palakpakan natin yan. (clapping)

0:28:08 Dr. Lulu: Kaya, parang ano… nawala lahat ung pagod ko, hintay kong tatlong oras sa doctor, nawala lahat yan, when he told me. But I just wanna add, kasi ang ganda yung AC na center niyo, sana, sana lang, in all my journey when I was diagnosed. Tapos nung nandun ako sa Cancer Care Center sa Breast, wala akong kausap. I mean, sana merong tao dun, maybe upon when you enter or sa front desk duon, meron sa iyong kumausap ba na parang feeling mo naintindihan nila what you are going through. Because your family is groing through a lot, parang ayaw mo na silang mahirapan ano? You want to talk to someone who’s not family but who understands. Parang may health assistant or someone trained. Because I… it’s good that I’m a Psychologist, an I’m a trauma expert. So parang… oo, tapos ako yung may ano. Sino ngayon ang tulong sa akin di ba? So I just did it on my own. So I just prevailed, yung positive thinking but that’s easy to say. Pero iba talaga pag ikaw yung may sakit. Iba talaga pag pasyente ka na. Parang everything is thrown out, so parang ground zero ka. Helplessness,pero hindi naman ako na-depresss, na-shock lang ako. I was shock. I was sad that I had it. And… pero na, you know, I went towards management, managing it. But the important thing really, I’m very thankful for, ang dami pong angels sa buhay ko. Dun ko lang na-realized ang dami pala talagang nagmamahal sa akin. I’m sorry, I’m emotional ba… from the doctor, lalo na yung mga kaibigan ko, talagang outpouring. That was very, very important for me. And my doctor was on call, yung tawagan mo, sasagot, text mo sasagot. I think bihira ung doctor na ganun eh. Oo… ok, thank you.

0:30:10 Dr. Kaye: Doc you may want to add as well?

Dr. May: Yes ok so maybe I can take on the perspective of like a hospital or medical support team, what we would consider. But I’ll do this by way of presenting example of how we have a supportive and integrative care service in the hospital I work with. And this is composed of an inter-disciplinary team. So we’re talking about what is the ideal support team. So under these services we have, which the oncologist, the primary oncologist would refer to, so you have your palliative care specialist. You have your palliative care nurse plus other specialtists in nutrition, you have your nutritional support specialist. Even have a psycho-oncologist, and we have an intergrative medicine consultant and at the same time, we have a rehab medicine consultant who takes care of you know, the functional difficulties. So it’s really an inter-disciplinary team. And it’s the need for whatever specialty, the priority is done at the triage when the patient does come in, I was explaining to Ma’am Lulu, that there is actually a distress thermometer that nurses are trained to administer. There’s a tool to detect what, what are the priorities in terms not just the medical care but the sources of stress that the team also needs to address. So that ideal support team, I feel like you were saying should also be available to, to our patients. Also identifying that the distress, the emotional component, the distress is foremost no? Especially when you’re, you first encounter the diagnosis. So that would be the ideal support team. But to add on to that, that supportive service should also have a support group which we see in a lot of hospitals now for our cancer patients. So in the hospital that I’m with, we also partner with a cancer support group. And these are groups of conquerors, cancer conquerors who have also experienced the journey and want to help also in reaching out to other, other cancer conquerors who are facing it perhaps very new. So they, they also meet regularly. So this is a source of psycho-social support for our patients as well. So we also would volunteer sometimes in the infusion center just to be there as a companion. So I think this is a very critical key component of cancer care which maybe not, may not be as highlighted no? as our high technology interventions but it’s equally important. So to have this team is a good asset to any cancer center provider.

0:33:00 Dr. Rizzy: Thank you Doc May. Doc Lea?

Dr. Lea: Ok ah….I’ll be speaking in behalf of the medical doctors, ok since I’m a surgeon. I saw a very com-... well, almost complete breast center where I trained. So that center had consultation rooms and beside it is the diagnostic rooms where the mammogram, the ultrasounds are performed. So in one center, they, the medical doctors and the radiologists are together in one center. And also included there are the breast care nurses. We call them breast care nurses. So they are are the ones to take care of the patients, those anxious patients. Also for those patients who require…. Several change of dressings or wound care, they will be the one to do it. So they, sometimes, because… you know, the doctors’ schedules are full or sometimes the doctors are not around. So there are nurses to take care of them. Ok. And also, inside that center there is a nurse dedicated for financial counseling because that’s very important. Because you don’t know how much your, this treatment is going to cost. Where am I going to get the money? Where am I going to get the funding? That’s one of the… yeah, the difficulties in cancer care. Then, there is this psychological help. There is a room there where appointments can be made for a psychologist or a psychiatrist. And also for the family members, also. It’s like a support team. There is an expert there who can guide them how to go about with caring for a cancer patient. And then… and referral system is very good. If the patient needs rehabilitation, right there and then the referral can be made and the patient can be send to the rehab center. Because some patients they develop stiffness of the shoulders or the lymph edema. And also, another thing, ano… maliit lang itong bagay, but where to get the mastectomy bra? You’re right and… (laughs) and ah… the ah… arm band for the lymph edema patients. We have a list of the stores or where to get them. And sometimes the breast care nurses already know how to take measurements. So you can just contact the supplier and get, and your measurements. So easier po kasi, that’s a challenge di ba? Anong ipapalaman ko dito? (laughs) Or yun, so… that, that really helps and, and sometimes po… For example, your, your doctor is not around, your oncologist or your surgeon is not around, since it’s a center, everyday there is a doctor holding clinic. So there is always to cover for those emergency cases or urgent cases that need to be seen. So that’s an ideal ano tapos tabi-tabi para hindi… pupunta ako dito, pupunta ako doon. Akyat ako dito, so everything is duon na po. And also, there is also a genetic counselor because not everyone kapag na-diagnose po kayo ng breast cancer, not everyone needs genetic testing right away. You should be counseled first, baka naman po kasi hindi kailangan because it’s very expensive. And sometimes it will create fear di ba? Matatakot ka.

0:36:54 Dr. Rizzy: Doktora, this was in KK po the center that you’re referring to?

Dr.Lea: Yes this was in KK. This was in Singapore. We… yes, this was in Singapore. But… we have a center here where in the hospital where I work. We have nurses, the diagnostics are also located in one center. So the mammo, the ultrasound, the tomo are all located in one area. The ah…. We have a small operating room where we perform minor procedures like the percutaneous biopsies, the core, the aspirations, the change of dressin. We also have the consultation room. Although the consultation for the medical oncologist is located on another floor but it’s still within the same building. And what we do in the hospital where I’m working is… communication is aways available. If we have a very difficult case, we talk to each other - the medical oncologist, the radiation oncologist, the pathologist. Kasi sometimes po the diagnosis is not that clear. Madalas po second reading, third reading, kailangang pa ng imuno staining and those are expensive. We talk. And we hold conferences. This is what we call the multi-disciplinary team. So it consists of the surgeon, the oncologist, the pathologist, the radiation oncologist… yeah, all of them, the breast care nurses. So we have them para po… we give quality care for the patients the fastest we could. Kasi well this is not an emergency but cancer is an urgent case.

0:38:41 Dr. Kaye: Yes, thank you Dr. Lea. Doc Rachael, very similar to Doc Lulu, you have experienced from both sides no? Both as a patient and also as a doctor. How would you, I guess how was that experience for you po being a patient and a doctor at the same time?

Dr. Lea: Split personality. Ok so… It’s quite different no? when you’re a patient. Iba talaga di ba pag pasyente? Or mas iba pag pasyente na doctor. Because we feel everything, nararamdaman mo lahat, fear, anxiety, di ba? Panic… and yet, meron kang mga questions. And then, iisipin mo “Sino kaya ang tatanungin ko?” Tapos maaalala mo, uy doctor pala ako dapat I should be able to answer. (laughs) I question myself. So it’s very, very different pero iba ang perspective. Gusto mo talaga meron kang team on your side. Kasi di ba? So, if you’re going to ask me again, sino ba ang dapat nasa support team na pasyente. All of the above, lahat ng sinagot nila, ok na yun. But para sa isang pasyente kasi feeling ko mas maganda yung view point ng patient no? Alam mo yung doctor mo, meron siyang ideal, multi-disciplinary team. Yun ang ideal ni doc. Pero ang ideal ko, pasyente, hindi multi-disciplinary. Sino yung available team now? Kasi pwedeng ang daming sinasabi ni doctor. Dapat may ganito tayo, ganyan tayo, sabi ko social nutrition, psychologist, volunteer, etc, etc. Eh pag lingon mo, sino ba ang andito? Baka nurse lag mag-isa. Ok. Or mag-isa ka lang tulad ni doctora. So para sa akin, yung mahalaga, tama si Ma’am Lexi, and… Me’Anne, Me’Anne, I’m sorry Me’Anne. Family is so important. You should have your support team, yung pinaka immediate around you di ba? Family, friends, very close friends. Sometimes you don’t even want so many kasi you don’t want to talk too much, so much. And then yung iba ba na, para bang small circle, bigger circle, bigger circle. Siguro yun ang maganda. Ok. So… may malaki siguro yung multi-disciplinary. Pero paliit nang paliit hanggang duon malapit sa iyo.

0:41:24 Dr. Rizzy: Dr. Rachael, you touched on it with your comments, that sort of parang dilemma no? na gusto mong mag-isa minsan as a patient, ayaw mong pabigat or that feeling na you don’t want to burden yung family members or kung sino man but at the same time, you also need that support. And I think yun po yung in-echo ng everyone on the panel that that support is so important. How do you balanca that po? I think even kami po as doctors or even as the support team di ba? Parang tatantyahin niyo po when do you give space? When do you support? Any comments on that?

Dr. Lea: Me first, ok lang? Hawak ko na kasi ang microphone. Take the cue from the patient. Di ba? Anuhin mo muna yung pasyente kasi pag yung pasyente mo tahimik, tanungin mo siya, ayaw sumagot, tantyahin mo. Na-depress lang ba ito or gusto lang niyang to be alone for that time. Kasi mahalaga din to think about it. Secondly, hindi all the time ang mga pasyente kasi iba-iba tayo di ba? May iba ang gusto sabihin lahat, palabas lahat, catharsis. Gusto kongagsalita di ba? Kahit ayaw mong makinig sa akin or yaya halika dito, upo ka muna diyan yan… Ang dami kong iniisip yata… “Ma’am, magluto muna ako, mamaya na yung breast cancer mo.” (laughs) di ba? Ganun. Say, you want to eat out but when I had my first cancer, by the way I’ve had 2. So the first cancer, I’m 41 years survivor na. The other one is just a year, a year or two. So anyway minsan, ayaw mong magsalita. Because you feel you’re going to expose yourself too so much. So many questions, pity, shock di ba mga ganun. Tapos parang kailangan mong i-explain, explain, explain. Eh minsan ayaw ko ng mag-explain eh, parang buhay ko ito eh di ba? Parang later na lang at saka… yung physical, yung fatigue, pagod di ba? Napapagod ka. So sometimes hindi, but there are other times gusto mo rin “Uy meron bang iba? Meron ba akong ibang makausap, kapareha ko?” Gusto mo rin mag share. So I guess get the cue from the patient. That’s very important.

0:43:57 Dr. Rachael: If I may, I think it’s very important just what you have mentioned the support system and how to have that with you. But we should always consider maski na meron kang medical team na the best diyan, meron kang family and friends but the main, the key factor I think is ikaw. The patient, tayo mismo. Kasi kung tayo wala tayong lakas ng loob no? At ma-depress tayo, kahit na the best pa lahat na nandiyan wala naman mangyari eh. That is why I’ve always been advocating n asana this AC Health Philippine Cancer Center, magkaroon talaga ng, ma-train ng team who can really talk sense you know, talk about, be trained how to talk, how to debrief someone who has the illness. Kasi you have to say the right thing at the right time. Hindi pwedeng daldal ka nang daldal tapos yung pasyente, “Ano bang sinasabi nito? Hindi naman ito yung mga nararamdaman ko no?” So you just can’t say things which are so insignificant for them. Kaya tayo po ang importante is tayo. Ako nga sa una, pati yung, yung ating support system sa una pa lang po hindi po ba, sa diagnosis pa lang wala man lamang magsabi sa iyo, “Meron kang cancer. Yan oh malignant, Stage ganito, ganito.” Dun pa lang kailangan na natin ng tulong eh. You know ang dami nangyayari sa isip natin. But then, hopefully this kind of programs that you’re having, conventions, I hope everyone has learned a lot. So sa dami nang nakikita ko dito so I guess we have a common denominator. Lahat tayo may sakit no? But we should look behind that. We should look behind the illness. Ako nga sinabi ko I love myself more because of that. I realized ang daming tao pala sa akin na nagmamahal. So why should I pity myself? Sila nga mahal na mahal nila ako, ba’t hindi ko mahalin yung sarili ko? And I you know, I would have the courage, I would have the grit na harapin na yun. So kailangan po natin yan. It all depends also on us. Wala, huwag po tayong mawalan ng pag-asa.

0:46:18 Me’Anne: Very quick, when one is diagnosed with cancer, hindi lang ikaw ang biktima but also your loved one. It’s the family so you need not just the support group. You need to treat each other as if your loved one also has cancer. So going through that journey, you think about the other one. How would you want him to find his time with you and not always about you. You have also to think about them. And when you think about them, together you go through your journey in a peaceful and harmonious experience. And when you go to a hospital, what you also look for is also the experience. So the experience where you have, how do you call it, the disclosure from the doctor matters a lot. The manner on how they say, “Alam mo Me’Anne I don’t know how to day it” Parang ganun. “But you have cancer.” But hindi like, “Ok, you’re Stage so and so and you have how many months to live.” That’s very true. And we’ve experienced that in our advocacy group. But more than that is we want people to treat us like we’re friends and we’re family. And once we go through that experience, it makes the journey better. The doctors especially, the nurses, all those who we spend for hours everyday when we go to chemo. Four hours, so we’re not just a statistic. We’re a person who wants to live longer for the family.

0:48:02 Dr. Kaye: Go ahead.

Lexi: Really quickly, picking up from what she said. Of course, I’m the family member di ba? In the end, for all of those who have cancer right now or who are battling it, it’s about you. I understand that it’s important to think about family members also but they will understand. It’s not about them right now. My mom always took care of all us all the time. So it was her time na all of us took care of her. So if you’re a cancer patient right now and you’re thinking about “Oh my God, my family members” all of that, they will understand. Please think about yourselves right now. That’s, that’s my contribution to that.

0:48:39 Dr. Lea: Then also to take off from there, going back to family. So I completely agree that is your immediate, most immediate team and that is also actually the responsibility of the health care team or your attending doctor team to empower your family to be able to also care for you. So typically, we would start you know with a family meeting perhaps after the disclosure. And then you would identify the specific roles that each family member you know would, can take on. And of course the patient being the center of that team, and then that’s where you can start now, working together as a team, with your health care providers. So whether the center has a supportive care service or not, at least from there, your family as a team will be empowered to see where the different areas of help can come from. What are the specialists? How can they… And you’ll meet regularly. I mean teams need to talk regularly not just once or every, every treatment but you know really come together and see ok, where are we now? What are our goals? What are our objectives? So, I think the family and the patient are the center. At the same time, it’s important for us as health professionals to empower the family to be, be actively participating in the care because they need our support in terms, not just knowledge but even emotional support as well. So and I just wanted to emphasize the role of empowering the family.

0:50:05 Dr. Kaye: You know, I… it’s, for us as general practitioners it’s a big learning experience for us to really learn all of these insights from all of you. And sana rin po yung audience natin, you know naiiintindihan niyo din po yung points of view ng lahat sa kanila, and you agree and you realize that you are not alone. Saka yung experiences, this is something that’s yours and yun nga don’t be afraid to ask for help, to ask for support when you need it. Kung kailangan niyo mapag-isa, it’s ok. Kung kailangan niyo ng kasama, it’s also ok. Ang na-pick up ko po sa inyo ngayon is, and it’s also because sorry we’re pressed for time, I’m so sorry to cut this short but I just want to summarize what I’ve learned from this session and then if ever we can just have one last round of few words. And then maybe just discuss later on. But my own learning is really, no more time, so after, after na lang po. Ok. Pero ako po isa-summarize ko lang po yung natutunan ko sa inyo. Yung unang-una po, it’s, it’s really an experience that entails you know, more than just the usual medical-chemotherapy-surgery-radiation. It’s muti-disciplinary po talaga. Maraming ibang, iba’t-iba pang kapangangailangan ang isang pasyente and it’s very customized. It’s such a personal experience and there’s a value also in creating a space for na lahat ng services na yun kung pwedeng nasa iisang lugar lang, sana nandun na. At importante rin po yung hindi lang yung communication ng pamilya pero yung communication din po pala ng medical team na dapat sila din iisa ng sinasabi sa pasyente para… siyempre yung pasyente gulong-gulo na di ba? So naiintindihan ko na pa yung ngayon na importante na nag-uusap din po yung team para sa full process ng care for the patient. And I guess, the last one that I picked up is hindi ko actually siya madi-differentiate from a home experience to a hospital experience. Parang it’s seamless po pala. Yung family na meron kayo sa bahay, na kilala niyo, kadugo, kaibigan, yun din po pala yung gusto nilang hanapin pag nasa ospital sila. They don’t want to feel as any different and I’ll take that something that we will also incorporate po sa pag-build namin ng ospital n asana na yung mismong mararamdaman ng pasyente kahit na magpapagamot sila, mas positibo, mas maaliwalas para sa kanila at saka para sa mga kasamahan din po nila. So if anything, maraming, maraming salamat po. Mabilis lang po yung chikahan natin. Instant (clapping). But thank you very much po sa kanilang lahat. Palakpakan po natin at sa inyo rin po for coming. Maraming, maraming salamat po. We’ll see you po in other sessions but thank you again. Hope you enjoy the rest of the afternoon po. Thank you very much.

**0:52:35 END OF SESSION**

**END OF TRANSCRIPT**