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How to become a hematologist in philippines

may come across patients who have anemia; blood disorders such as hemophilia and blood clots; or blood cancers such as leukemia, lymphoma, and myeloma. Hematologists can work in almost any setting, and the specialty has opportunities in patient care, research and academia. Thus, aspiring hematologists can structure their educational track to support the desired work environment and focus. Educational requirements for education for the formation of a hematologist The minimum educational requirement for becoming a hematologist is a doctoral degree. Step by step educational path to becoming a bachelor's degree haematologist While there is no specific degree that students need to get into medical school, there are undergraduate tuition requirements that will give them a solid foundation for the rest of their medical education. Students pursuing medical school should be focused on getting the necessary courses needed to enroll while studying undergraduate degrees. These preliminary details include physical science courses and laboratory loans. In addition to helping a student get accepted into medical school, they will also prepare the student for taking the Medical College Entrance Test (MCAT). It is important that pupils maintain a high GPA score and testing if they want to have their choice of schools and specialties. Medical school is very competitive and it is important that students stay focused on all levels of their education if they are to achieve their goals of becoming a haematologist. Take MCAT Most students take MCAT their junior years of college. MCAT tests student problem solving critical thinking skills, written analysis and their knowledge of scientific principles. The assessment a student receives on their MCAT is vital to their entry into medical school. In order to succeed on the test, many students do training sessions and are recording preparatory courses with online test samples. There are also books and curricula dedicated to helping students prepare both by subject and with advice on taking and testing. It is recommended that students use all resources on their disposables so they know what is covered, the format of the test, and the pace at which they must complete the work. Success at MCAT is one of the best ways to ensure future success through the rest of education, which needs to be completed on the road to becoming a haematologist. Medical School In order to be admitted to a medical school aspiring student will have to provide their school with information about their education and experience. This includes: cumulative Bachelor GPA, letters of recommendation, extracurricular and volunteer activities, evidence of leadership skills, MCAT assessments and any experience that shows commitment to the field and medical work. Once the student is admitted to medical school, they will complete four years of study and rotation. During this time, students will study biochemist law, anatomy, psychology, pharmacology, medical law, ethics and many others. After their first two years in the classroom and lab, students take the first part of the U.S. Medical License Exam (USMLE), which is designed to [assess] whether you understand and can apply important concepts of science to the practice of medicine, with a particular focus on the principles and mechanisms underlying health, disease and therapy regimes. For the second two years, the medical institution will offer students the opportunity to practice examinations, diagnoses and treat patients under supervision. During this time, they will also be introduced to various medical specialties. This introduction to medical specialties will help show the student which environments and practices they are most attracted to, as well as where their own skills and characteristics fit into medical practice. In its fourth year, medical school students will take the second part of the USMLE, which assesses whether you can apply the medical knowledge, skills and understanding of clinical science needed to help patients under supervision and includes a focus on health promo and disease prevention. Residence in internal medicine and oncology After graduation from medical school, novice hematologists will begin their residence. Typical haematology residency lasts three to five years and often focuses on pediatrics, internal medicine or pathology. During the second year of this residence, students will take the third part of the After living and passing the FINAL USMLE exam, residents will receive a license to practice general medicine and can continue further studying their subconscious mind. Internships in hematology/oncology Doctors who wish to become hematologists will train further with two years of experience. This is a scholarship where doctors learn more in the depths of hematology practice, including: Coagulation of Adult Hematology Hematology/Oncology Pediatric Hematology/Oncology Pathology Career Pathway Understanding career pathWay Work environment Hematologists have different working environments to choose from. Research circles, research and settings for patient care offer a promising career and stable wages. Employment: Fifty-two per cent of haematologists are employed in a university or academic department, while 22 per cent are employed by a private practice that is owned by a hospital or hospital corporation. Practice: Forty-nine percent of hematologists working with patient care act in multi-percent group practices. Another 46% work in single-armed group practices. Patient volume: There is a wide range of patient volumes, experienced by haematologists with the following percentages: 30% of the report seeing 1 to 99 patients per month 36% report seeing between 100 and 1 99 patients per month 21% reported seeing 200 to 299 patients per month Salary Median salary of a haematologist/oncodispenser is \$272,985 annually. The largest annual income of a haematologist is \$422,596 with a small portion (10%) of the hematologist's income. less than \$169,058 annually. The journey of learning, how to become a hematologist, is one of the simplest and most structured specialties of human anatomy. This profession is best suited for candidates who have a high propensity for scientific and laboratory research - as opposed to the interpersonal skills required for more patient-centric professions. However, in order to accelerate the learning curve and become a more attractive candidate for the positions of hematologists; smart candidate will find a way to include laboratory work with interpersonal skills. Additional Resources Related to Cancer & Cancer Topics Hematology center Most patients are consultations/diagnostic procedures – bone marrow aspiration or biopsy, therapeutic procedures, paraneural (systemic intravenous infusion) intrathecal chemotherapy. The center consists of different subdivisions: thalassemia, hemophilia, clinic of further bone marrow therapy and vascular tumor/ malformation department. It has specialized programs that are designed for cancer patients, such as nutritional support, infection control, psychosocial aspects of patient care/their families, Palliative/Hospice Care Program, Children's Life Program (CLP), Long-term cancer survivors of follow-up patients, Transition of care for cancer patients, Program for mature cancer by pediatrician/adolescent medicine and programs (programs) to cover patients with chronic disorders/catastrophic diseases. In 2010, the PCMC Children's Cancer and Hematology Center was designated the DOH national end-referral center for children and adolescents with blood and cancer diseases. The Center is expected to provide comprehensive, multidisciplinary treatment to improve the outcome in a cost-effective way. Using modern diagnostic and therapeutic approaches initiated appropriately, this will translate to early detection, accurate diagnosis, appropriate treatment, and ultimately a better chance of survival. Gallery noel Pinoy (This essay won a third prize in the 2002 Palanca Awards.) What eloquent echo in the mind can be a violent bird? This is the second day Typhoon Ilang is passing through Manila and I am halfway through my three-year hematology scholarship training at the country's largest government hospital. There is a gloomy grey in constant pouring rain punctuating the paroxysms of strong wind, casting an eerie radiant on the wall of cream-colored Philippine General Hospital (PGH). Outside, the trees are a cursed sight; most of the leaves are gone; they all shudder with every gale explosion. Most patients still sleep, cuddle up with their bows, while sharing the warmth and comfort of their bodies. With the exception of a lonely Ward 1 nurse in the cemetery, bless her beautiful soul, who takes the patient's temperature here and gives there another medicine, the earth is tied to a calm, gentle thread. The desulive hubbub of strangers who first stucked into each other's company had almost nothing to do but hope that their respective patients were returning home soon, alive and well, thank God, gathered at Babel pilgrims in search of a miracle, turning this particular ward into an ashrum of sorts. Forget the hysteria and bedlam of everyday life coming to PGH, for at this hour, at this point, the mood is somnolent and milli, fateful. From time to time, the raging thunder vaults from the shadows of the cold, wind-battered night, and lunge forward with a quick deafening fluff and a dazzling flash of silver and ochre, only to be quenched seconds later, as if confused by its own impatience. There is a ghostly glow and an unfamiliar push around; even cricketers choose not to stir, they all lean low to the ground in their refuge from the fury of this thoughtless storm. There is something terrible about the daytime flash in the storm—it is always a time of terrible uncertainty, deep introspection, anticipation that unnerves even the wildest and harshest spirits. After all, it's dark just 3.45 a.m.—and I just arrived here on Research Laboratory. I have to be in the hospital before Taft Avenue swells in the deep knee of morass purring water, unspeakable floating objects, and who knows what's out there, especially that it's leptospirosis season again. Vermin are in their revenge mode once again, a phenomenon that plagues Manila and its suburbs at the start of every wet season. In the next two months or so, at least two scores will die from complications of this foudroyant disease, acute kidney failure in the first place. Crouched in front of a monitor, buying palms around a mug of warm opara, letting petting terracotta pierce my skin invigorating in a way I enjoy the sucor it brings at such a time. From the fragile comfort of the lab's thick glass walls, I come to terms with the chilling thought that at this point the sun is powerless to lift the heavy curtain of darkness, and with the exception of the adjoining endocrinology office that forlorn shimmering light bulb can hardly illuminate, there is terrifyingly only more darkness. Awful, just looking at my reflection on a computer monitor framed by what seems like a huge, all-expendable ease, it's as if then night finds its winding path into my medullus obedient until the darkness without the asphyxiation of darkness inside, and the mental struggle to keep afloat this illusory hairdryer becomes agony real. A daggering beating of rain and a ferocious rap wind engulf the building, muffling even grants of overworked electric fan that hurtles for long overdue lubrication. All I hear is a heart knock that is halfway between panic and chaos, and I'm surprised to realize it's actually my own. As my determination is pled with waves, I think of the usual mornings bathed in the carefree light of orange dawn, the subtle portent of a warm and lymphed day ahead, and subsequently remind that even for doctors like me, life is unpredictable, like the weather that needs to be well prepared for it—the edges, the frills, and all that kind of stuff. There is something both seriously horrific and juicy fascinating in a pitipat pulsating myocardium that appreciates how pain and suffering can very well provoke many signs and symptoms, both real and imagined, sometimes bordering on esoteric and shameful. When mortality is on a matter crisis, it is sometimes forgotten to find out the substance of pain in terms of endorphins, cytokines and prostaglandins; instead it is a slow, thorough spreading of the complex tapestry of a special life into which its very fabric is woven into the sights and sounds of people and places, pleasures and pains then and now. I decided to continue my studies in hematology after practicing internal medicine for a year in my hometown in Coronad, South Cotabato. This is a small a bustling community with just over ninety thousand of the most hardworking and caring people on this side of the globe. Even though it lacks the historical allurings of old Filipino cities or the effervescence of hallabalu cosmopolitan cities, its strength lies largely in a steadily sprouting economy that tempts blue-collar professionals and workers, as far away as Luzon and Visaisa, to use their promise of a better life. It also boasts a population that carelessly breathes its social and moral responsibilities, as well as its duty in ensuring peace and order as collateral and reward for the steady progress we affectionately call Marbel blessed. The influx of professionals into town found that I was looking at a huge clean wall, both literally and figuratively, as the beginning of a career in a municipality with twelve interns before you weren't a languid walk in part, so to speak. And being the thirteenth wasn't heartening, friends and relatives would apocalypte me. For superstitious, it's not at all reassuring, to say the least. In my opinion, even a certificate from one of the best educational institutions in the country did not guarantee a steady flow of patients. For the first time in my life, I realized how many precious man-hours were spent on newspaper placement; how this exact number of characters was set in a given square centimeter, allowing a picture or cartoon to complement the story. And I even found myself reading an obituary page, reflecting on the gradual and terrible demise of my own practice. I was inclined to believe that this omission had hebetenned my supposedly trained clinical acumen. Spirit! I haven't experienced the torture I've endured in more than a decade, only to end up like this, a decent and stethoscopic bom in white, perhaps, but the bom is just the same. I felt like an application to which medical textbooks do not ascribe any specific function in the body. Unfortunately, the anguish of uncorbeed! I was destined to become gangrenous in the manner of speaking, and so before breaking up I decided to get myself out of the system. Autohemolysis, they would say. Given the current landscape of the medical profession in the country, with its competition for a cut and a seemingly entrenched fixation on titles and accolades, it has become clear that obtaining a subconscious is a meaningless license for a secure future. In the end, even the most remote communities, the paradigm shifted toward patients who prefer someone with few letters after the MD than an old reliable family doctor. The days when the doctor is trusted to remove the boil from his uncle's back or with the delivery of the family's new-day angels during the appointment of a salvo for the patriarch's arthritis have passed. No one even makes house calls anymore. Today we need a doctor to symptom, and finding comfort in the knowledge that we can easily find one in most centers, when turning a page or with one click, the concept of a generalist doctor is not only anachronistic, but also considered foolish. Still, it was exactly the same environment that perked up my desire to embrace the subsequence, which is one of the least accepted in internal medicine. Along with immunologists and rheumatologists, hematologists or blood doctors in this country, there is so little that their annual convention can be held in the functional room of the hotel, as opposed to, say, cardiologists or pulmonologists who can easily fill the PIC. Hematology is also one of the least understood subspecies, the last milestone for the adventurous, the ultimate dare for challenges, or even a special outlet for pococurante, which can't decide where to go. While hordes of graduate residency training programs across the country claw their way in order to get into the slot in pulmonary medicine or in gastroenterology, few admit to ever viewing hematology as an option. For some, it has the least number of patients, and they are definitely not misinformed; most hospital censuses reflect the rarity of blood diseases in this country, at least among adults. Another way to look at this, as my mentors later point out, is that most cases remain undiagnosed and subsequently rare, because there are only a few professionals in the field. For poor deluded others, it's a boring subconscious that with most hours spent deciphering thin blood stains on glass slides under a microscope, and differentiates lymphoblastic from myeloblast, a basket cell from a real monocyte. Or why this multi-core cell is simply an osteoclast (bone cell) rather than a non-hematopoietic element (like a cancer cell from other diseased organs in the body that are fed into the bone marrow). It's a subconscious where you'd like you to actually see these screaming fags, because these immature cells with opalescent, bright orange sticks in their cytoplasm are basically what needs to clinch the diagnosis of acute promyelocytic leukemia, a highly edified subtype among acute leukemias in adults. No liquid has fascinated, fascinated or deceived a person since the beginning of time more than blood; literature is replete with stories about its unique power to restore life, to bring a variety of suffering and death, and to unleash unscathed passions in men and women, even children, to make defining for life and changing the history of actions for the better or even for the worse. The prehistoric man left many drawings in caves depicting wounded tribesmen in battles with either their neighbors or yore beasts, some of which were shown bleeding to death, perhaps the oldest chronicle of human acceptance that blood loss meant loss of life. This topic is also discussed The Holy Bible as a reference to shedding blood actually meant to kill. Man finds in Levitic 17:11 a warning that it is blood that makes okonization for the soul. In the same chapter, in the fourteenth verse, he concludes: The life of all flesh is the blood of him.1 The descendants of Israel were deprived of the ninth plague when the Angel of Death passed over their overers, recognizing the lamb's blood smeared on the door of every Jewish household. Egyptians took blood baths for their restorative effects, while the Chinese believed that blood contains the soul (Neiching, 1000 BC). For the Romans, the practice of tavrobria was aimed at spiritual recovery. Citizens of ancient Rome seeking revival descended into a pit called fossa sanguinis, where above it a priest stabbed a bull and allowed the animal's blood to cascade in the shower on the beneficiary. In metamorphosis, Odid Medea asked Jason to rebuild his father Eson's life, taking years off his life and adding them to his father. Instead, Medea cooked alambique sheep's blood, wolf eaters, magic herbs and rowan collected by the moonlight, and poured it into the old man's mouth after she cut his throat and released all his blood. Ason immediately regained his youth, strength and vitality. In the fifth century, a Sicilian philosopher named Empedocles presented the idea of four humors corresponding to four elements that have respected and feared man since the beginning of time: fire, air, water and earth. These four humors were blood from the heart and told to embody fire, yellow bile from the liver (air), black bile from the spleen (ground) and phlegm coming from the brain (water). On the principle of humor, later thinkers were able to get the basic human characters that everyone is familiar with nowadays. From the Latin word for blood, sangui blurted out the word sanguine to describe a lively, arded or optimistic personality. For Christians, blood radiates a deeper, more spiritual understanding as it symbolizes the passion, death, and possible triumph of Jesus Christ over evil. The word first appeared in the New Testament in Matthew 26:2 at the Last Dinner. Imagine this: in a scene straight out of da Vinci's famous painting, which also happens to be a ubiquitous fixation in many Filipino dining rooms, Jesus raises his cup and proclaims: It is the blood of my covenant that spills out to many for the remission of sins, probably to the discord of Jida Iscariot. In many church rituals, especially of the Roman Catholic faith, blood has besiege internal cleansing that is not like the rituals observed by pagan cultures a century ago. In Hebrew 9, the law requires that almost everything be cleaned with blood and without shedding blood there is no forgiveness.1 Legends of werewolves and vampires flourished in the medieval period. While these tales may have an actual basis, many historians believe that these stories have been encouraged by leaders to sow fear in the hearts of their people, and for citizenship to completely harden their unpaid faith in the state. The desire for the blood of these evil creatures of darkness was exceeded only by the unsatisfactory greed for the richness and power of these emissaries of light, as Conrad, in the Heart of Darkness, called them, people littered by church and state with powers and respectables to improve the way of life of savages and common man. The nineteenth century was characterized by the weakening of conventional Victorian ideals regarding behaviour and behaviour. Women began to demand equal rights with men, individuals of all beliefs challenged sexual more, and social freedom and responsibility became fashionable among the elite. She also saw the birth of two literary creations that have frightened readers since the books first saw print, and continued to do so even to date, spawning countless versions in every known culture on earth, in every medium, cinema, television, radio, books, magazines, stage, etc. Frankenstein, or Modern Prometheus, Shelley, first published in 1818, and Dracula Stoker in 1897 captured the imagination of millions of readers, and brought the meaning of blood, albeit in a blatant myen, to the essence of the living, the dead, and so, even more so, the undisturbed. The ancient Filipinos, especially Dats, sealed their most sacred covenants with complex rituals that were underlined by each other's blood use, an act known to history students as compact blood. Andres Bonifacio and his Katipuneros etched their signatures in their blood to solemnly take them into a secret society that was aimed at overturning the Spanish regime on the islands. Research by Whipple, Minot and Castle in the 1920s signalled the birth of modern hematology. What began as an entirely laboratory effort that described different elements of blood in terms of shapes, sizes, colors and other physical features and, later, their involvement in various processes in the human body, has become a dynamic and comprehensive science that seeks to shed light on the causes and pathways of disease, death and decomposition. Over the past century, hematology has evolved into a subconcl that uses all the achievements and technological benefits of various disciplines, such as nuclear medicine, molecular biology, genetics, immunology, biochemistrage, pharmacology and pathology in search of answers. Now hematologists are at the forefront of humanity's war against terrible and formidable diseases known to man: cancer, AIDS, congenital abnormalities, etc. In this country, Filipino hematologists organized themselves in 1960, and their society counts fewer than a hundred comrades and diplomats on its register as of the last count. Compare that figure with more than two thousand cardiologists across the country. This means that each haematologist is instructed to take care of the needs of more than half a million Filipinos; worse, more than half of that number keeps clinics in Metro Manila. Undentersively, the area is as vast as Mindanao is served by fewer than ten haematologists, practicing in only two cities, Davao and Cagayan de Oro. I have answered the call for hematology, although there are other subpoenas in several ways where the future seems certain. Maybe I chose to be a fool for the sake of adventure, although poets, on the other hand, call it a sweet inspiration, even a leading one, perhaps. Go where few have risked before, confront the windmills along the way, and achieve my own redemption after all. After much reflection I knew I could be more used to the community choosing a path less accepted, though a little dangerous in its uncertainty, when others would opt for tried and tested, and at the same time, be gullible enough myself to know which door to open, whose hand to take, perhaps, what flight of imagination to engage in, in a way that would make me cry that seems perfectly possible, just a heartbeat from a hug, but at the same time as unattainable as the oldest star. Why hematology? Most people would ask, often sardonically. And the only plausible answer is: Why not hematology? One of my patients who won't sleep because of this storm is M, a bright-eyed, intelligent, twenty-faith agricultural graduate from Nueva Esige. Barely out of college, she's been in and out of the hospital for more than two years. The truth is that she was more than out of it. She has acute myeloblast leukemia, a type of which textbooks call an aggressive form that evolved from myelodisplastic disease, which is originally presented with abnormally looking cells in the blood. This secondary form of leukemia is even harder to treat because it responds less to chemotherapy than those who had leukemia de novo. The disease was first recognized in 1845 by Craige and Bennett, but it was a German pathologist named Rudolf Virkhov who offered the name leukemia, a Greek term for white blood. How this disease originated is still unknown, but the widespread observation that leukemia, as most malignant diseases behave, results from the proliferation of clones of a single white cell. This means that somewhere along the way the mutation caused the white cell to shift its behaviour from a well-behaved entity into a shredded, rapidly multiplying, and pestypated ogre in the blood. Multiple studies radiation, exposure to certain chemicals, or inherited genetic abnormalities as the culprits for this transformation, although most Filipino patients would object to the impact of these preoccitating factors. This transformed white cell called the explosion is a prolific, non-food and poisan bully who deprives other elements of blood, including red cells and platelets, their food and shelter in the bone marrow. Not content with just invading the brain, explosions spill out into the bloodstream and cause serious damage to distant organs such as the liver, spleen and brain. When destroyed, the patient develops anemia and its consequences: pallor, mild validation, shortness of breath even with minimal loads, generalized malaise and lethargy. Because platelets are the main cells involved in the prevention and control of bleeding, reducing its effective circulating population of human filth to hemorrhage from any imaginary location, although most often from the mucous surfaces of the gums, nose and gastrointestinal tract. Although modern medicine deserves a pat on the back because it made leukemia among children a forcone disease, unfortunately the same cannot be said for the leukemia of an adult onset. Most patients are doomed to die if they do not undergo a bone marrow transplantation (BMT), a process that cleanses the body's entire hematopoietic factory, bone marrow, its previous content with megadoses of radiation and cytotoxic chemicals, and then replacing it with healthy, viable seeds called stem cells from a suitable donor. Although it is a standard method of care in most centres abroad for more than a decade, the procedure is still uncommon in the country. Only five BMTs have been made in the Philippines so far, and only one for acute leukemia with, grief, an unfortunate result. What hematologists in the country have to offer is a kind of temporary fix, shot in the dark, albeit an expensive attempt to destroy leukemic explosions with the hope of allowing normal bone marrow elements to maintain a sense of balance that ruled the inner millier before the explosions overturned everything. This is achieved through chemotherapy, the administration of powerful drugs intravenously. The goal is usually not a full treatment, because sooner or later, explosions are destined to bounce back into circulation like a nightmare that can't just be fumed off; doctors can expect only remission, a technical time limit for the recovery of normal cell populations, while keeping leukemic explosions under restraint. How long drugs can keep explosions at bay is still a matter of conjuncture for even the most experienced hematologists. Where the mood used to be meanted, her eyes, now yellowish and overlord, betray an exhausted gladiator who has seen several fights and is on the verge of rejection. Her skin from what doctors diagnose as iron overload from multiple blood transfusions; As of the last count, she received at least eighteen bags of packed red cells, not to mention more platelet transfusions! Not that she's against it at all. M is one person who isn't impressed with outside performances, and she couldn't care less about what others would say about how she looks as long as she's in the thick of her battle for life. She has simple dreams of finding a job in Cabanatuan to help her father send younger siblings to school, and she could easily have done so by being endowed with charm, intelligence and character. But fate seems to have other plans for her. When considering her medical records, one cannot help but wonder how life can hardly go back on one person after sealing the covenant of a cloudless future with it. While not necessarily living comfortably, her parents saw what M and her siblings get the best education Nueva Ecija has to offer. I still don't understand why life can be so generous with one person, but pick up the same way, even more, in a winking eye. But for some strange reason, M never showed a word of disbelief; for her, every trip to the hospital, no matter how difficult and painful, is only a step towards well-being. Needles are constantly inserted in search of those elusive veins or into her femur to bring her brain out, with the nari word of complaint or resignation. And for months she has been facing her illness with the heart of a true warrior—relentless, confident, and determined. Each bone marrow aspiration—the process of puncturing the bone on the reverse side to extract the same substance from which all elements of the blood comes to assess the progression of the disease—is for it an almost solemn ritual of dehydrating the demons of this disease, which consumes the body of its strength and robs the skin of its color. The procedure is not painless at all, despite a few milliliters of anesthetic called lidocaine, puncture remains puncture, and anesthesia can sometimes not work. But she regards pain as an impossible catalyst for keeping the fort in this struggle to stay alive. Now she may be wondering how long she can hold on; how hope can withstand her protracted enough to endure every pain, make herself awake, wide-willed and awful, through boring and terrible nights so she doesn't forget to wake up in the morning, and thank every friend and relative who has gone out of her way to donate blood, offer a word of encouragement to bring out a modest amount on her hospital needs - and still come out triumphant in the end Her father had already given up on the day this storm emerged out of nowhere and threw his rage outright without trepidation; their properties were either sold or still without the slightest improvement in vision. Every day it seems to get worse despite multiple transfusions and widespread antimicrobial coating. A vial of an antibiotic like third-generation efalosporin costs roughly three days of minimum wage labor, and M needs at least three vials every day. The land remained until then, the Meids had long grown tall, and her siblings temporarily left school as the family's finances were watered down by M. Her father agreed on a local ambulance to transport her back to Nuevu Esia, against doctors' advice, since bringing home the dying is cheaper than the dead. This will be officially entered into hospital records like HAMA, Home Against Medical Advice. Unknown to most people outside the health profession, the term is one of the most abused and bastardized excuses when doctors fall when they don't know where else to turn, or just when science is all but helpless to come up with answers. When I was a resident in training, few colleagues would rather choose that their terminally ill and difficult-to-diagnose patients go HAMA than face the wrath of the science hall gods, consultants a.k.a. during a medical audit. Most doctors in this situation hardly know whether to laugh or cry for it scares daylight out of them to realize how endless their understanding of the basics is, despite years of learning, especially in dealing with pain and dying, perhaps in the context of medicine being a vocation to basically improve lives, prolong survival, and alleviate suffering. But aren't these the things patients expect from their doctors? Society injects doctors into a sublime position, almost supernatural status in every known public order, but in return also expects doctors to wield not only control and skill over disease and death, but sometimes even extraordinary and metaphysical forces above them. And that's where the problem lies. Suddenly, the doctor gets into a predicament, both sublime and grotesque at any moment, surreal and very real in one breath, where he encounters the same non-humanity that applauds him—to look inside himself and accept that under the veneer of knowledge, authority and respectability there is something in it that remains ignorant, insecure and even wicked. Unconsciously mortality is one word the doctor will take great pains to avoid in his practice. This fear can be deftly hidden under a strange sound and difficult to pronounce medical terms, all that gobledigkj, or for the most complex gadgets and state-of-the-art diagnostic examinations. It should be remembered that no matter how far away, at the end of each day, when the last drop of medicine was given and the final was launched, each doctor longed for knowledge far more powerful than what he has in his mind, just to be able to banish every symptom, comprehend in a clinically healthy approach a new beginning sign, and confront not only the patient's slightest pain and the patient's family, but his own personal demons as well. One thing is certain: While a doctor may venture into the most comprehensive differential diagnoses with the most advanced battery of tests in his arms and with the most powerful drugs in pharmacopeia, and even pursue with relentless passion the most eusotic and incredible working experiences, the idea that the patient is driving home alive and well, and that he is able to return to a normal productive life remains, certainly for doctors, the central joy of every vocation. Shangri-la every clinical adventure. M may be curious about how slowly death will descend on it, claim it from the land of the living, and transport it to some unknown planet. Heaven, as the children's song goes, is a beautiful place full of fame and grace. But she will no doubt miss her family, her brother especially. She has heard numerous stories of mute resignation, complete surrender and utter powerlessness in the face of death among her fellow ward 1 occupants, especially those blessed with a spirit that continues to be unstopmoted to the ravages of body disease, those who stubbornly remained steadfast to the siren song of Death, but without the financial competence to carry medicine and laboratory tests. She can't forget Divina, a widowed mother of three who was sent back from the Middle East after her employers found out she had leukemia. She has long run out of earned savings, which she carefully kept while working as a home assistant in faraway Bahrain. Now what will happen to her children's education? Then there's Juliet, a pucker who boasted she could finish a ton of laundry with a parie sweat, but who could now barely wipe blood out of her swollen and unpleasantly smelling gums, her hemoglobin levels so low that she sometimes speaks inconsistently. Another friend is Veronica, whose bone marrow has long ceased to function, making her vulnerable even to the slightest images of disease, weather changes or minimal physical activity. Time is running out even faster for Veronica, but her mother doesn't seem to be either yet, she says. I still believe in miracles, so we are struggling with the disease,' she would tell anyone who dares to hurt her daughter's prognosis. Her pain is palpable, her fear unnerving, but she refuses to let go, constantly bargaining with anyone who cares to listen, with a resilience that is simply beyond belief. Often the minutes surrounding a patient's death are characterized by several bid renders: a patient wishing to to stay behind, but also to pray that she should leave, let it be swift and painless; a family struggling for survival in the face of physical, emotional, and financial exhaustion awaits a miracle of recovery and well-being and leaves all under God's Supreme will and tender mercies, but at the same time cast doubt on His prophetic wisdom as to why this grievous calamity should befall the best and most heinous people; the doctor hopes to revive the patient in one case, but disbelieving the usefulness of all these efforts in the next. Then there's the elongated, often ardent, and pathetic tug of war for the patient's cadastre for an autopsy. Medical science has long accepted the need for postmortem examination (1) to determine the actual cause of a patient's demise, (2) to establish several theories of causes of the disease that were never fully studied during a patient's hospital stay, cases that were just outside the realm of human knowledge to explain or state-of-the-art technology to trigger basic answers to the final question of why the deceased had the disease at all, and (3) just assure yourself that doctors have done nothing to cause or overrone the patient's death. Medical residents will take pains to promote, bribe or bully surviving members to obtain this most precious consent. M is relieved she will never go through all this vivisection and pathological tests as she goes home anyway. But for Divin, Juliet, Veronica and several others, most of whom she knows only across her face, the likelihood of an autopsy remains a future circumstance. Given the chance she'd like to ask, with all the courage she can have: Doctors, when you cut my friend with the sharpest of your scalpels, mount them on glass slides with the brightest and intelligence spots, and look under your most powerful microscopes, you'll be able to tell me that I knew everything together: that Veronica or Juliet or Divina died of a broken heart? She has seen death too much, and while accustomed to the impulsive impulse to adrenaline, which is possessed not only by medical staff but also by onlookers as well as for non-bottomed minutes, she can be agony about how quickly her own will be. Will a resident on duty be serious enough to squeeze the heart during cardiopulmonary resuscitation and propel enough blood to reach the brain and other vital organs, but also gentle enough not to fracture the ribs while doing so? Will their determination be stronger than their physical strength and their hearts softer than their minds? People on the throats of death are said to witness fragments of their lives in two minutes. What will M see at that penultimate moment? The hand that guides her when she takes the first step? Maybe the palms that wipe her back to comfort her during her first heartache? Will she when he pulls out blood for platelet count after transfusion? Or perhaps a doctor's touch in one of his rounds in the morning? What should M remember about the hospital, this chamber is especially her colorful denisents, where she has spent most of the last fourteen months of her short life, unfortunately perhaps painful in most cases, but lovingly, above all, challenges all but the remotest explanation, and on a night made more heartily by the soaring chorus of rain, wind and thunder, this is a phenomenon worth noting. Knowing how fervently she longs for home, I'm sure M prays that the final smell with which she will get joy is that her own room on the outskirts of Cabanatuana, with the sweet-spicy aroma of freshly moistened rice stems sweeping through her bedroom window and occasionally perfumed by a faint bunch of jasmine and ylang-ylang. But she also loved the alternating smell of disinfectant and bodily fluids, bodies rotting and bodies recovering, life ebbing and hope snagging on PGH. I think that's exactly the essence of my being here, despite the shadow of death that forgives this place like the provecha damocles sword: PGH even in a storm as maligned and as forgiving as is no less inherently meaningful or inherently quiveringly inspiring than St. Luke's Medical Center or Massachusetts General Hospital, or any other antiseptic piece of land and sky in the world. What defines the hospital is the way it anchors itself in the heart of those who have been there, not in being poorly lit or heavily lit, high-tech or simply able to do with available resources, large or limited, equipped with a centralized air conditioning system or simply ventilated by a ceiling fan. Every hospital, like any person, caregiver or cares equally, is characterized by the love and compassion that flows into it, the hope that it brives even in the most educated bodies, and the sheer joy it nourishes from lysis fever or from simple pain relief like a splash of warm sunshine on a cloudy day. For patients, it is mainly how their doctors treated them that beyond the release from physical suffering and treatment of suffering, they are not seen as simply case figures on its list of urgent exacerbations per day; Instead, they are also seen as breathing and feeling a person capable of getting hurt and being happy. These acts of loving kindness, both random and deliberate, will always be remembered first and forgotten by the latter. This is the convening part of Rabindranath Tabor's Fruit-Gathering, which may well be a prayer for both doctors and patients: Let me not pray to be protected from danger but to be fearless in front of them. Let me not advance about the thyness of my pain, but heart to conquer it. Let me look not for allies on the battlefield of life, but my own strength. Let me not want anxious fear to be saved, but hope for patience to win my freedom. Give me that I may not be a coward in feeling your mercy in my success alone; but let me find an understanding of your hand in my failure. The rain continues to pour the parie sign ever subsides, but the thunder seems to have slipped away. Despite the lingering cold and darkness, there is now something reassuring about the newfound silence, a sense of silence that thoroughly deprives the layers of malaise and unscathedness that limp scene just minutes ago, luring every person who happens to atscretch this change of heart of raw masculinity and soul-scorching expectations. Then a person realizes that just at a time life can be so eloquent that it powerfully says that it catches him by surprise, makes him sit and listen with an open-mouthed miracle, and, as an obedient schoolboy that he once was, allows every word to sink deliberately, with such explicitness and authority, with neither quadrantism nor skepticism. Another day is coming. Time impulsively knocking on morne's door, he can't hide his impatience, a sharp shift in temperature from cold to warm noticeable. Amid all these reflections and perturbations, life continues, yes, even in the midst of a violent storm. There are other patients to attend to, tasks to complete, forms to fill out, medical records to review, bureaucracy to contend with, peripheral blood swabs to check, and coagulation tests to process; the list is downright endless. Looking forward to these responsibilities with a sense of healing, these predicaments are simply trimmed out of nowhere to be in the cloud already a cloudy day, marking problems as dark and as uncertain as the landscape that can be seen behind lab windows. And when all seems lost and pointless, it's as if an invisible hand sweeps away its vision with an unexpected pause. Suddenly, the heart misses a beat, strained muscles weaken, the spirit soars, and the mind clears. The problems ahead may indeed be dark, but at this point they are nowhere to be seen. Instead, one witness with an open mind and a welcoming heart lessons that his patients have been telling him for some time, the things that matter most, the values that reflect each person's most profitable pursuit, not just of patients but of doctors as well as his own including. Hope. Duty. Love. These are the things he discovers in this hospital, right now, inside this small lab, in the middle of a powerful storm, though none as powerful as realizing that everything is happening for a purpose that neither chance nor coincidence can claim itself. These are sublime gifts entrusted to the doctor, especially to the hematologist, M and all other patients: improve their lives, the power to take away their pain and suffering, and that singular shot at a second chance at life. Reunite with your loved ones. Consume significant unfinished business. To children grow up and watch the flowering of the garden. Just, live. What powerful men do doctors, especially hematologists, do! And it seems ironic that amid the edification of human flesh and the larvae of life itself, there are defining moments when hope overcomes, when duty overthinks, and when love overflows like the one that keeps it in glorious contemplation. Technical jargon and supposedly scientific pyrotechnics can leave one cold, but very pale. The mother's elongated hand needs a transfusion so she can tie a ribbon on her little girl's hair, a pair of yellow eyes of a young lady, scornful at first glance, but Polliannush on the next, or an unexpected gust of restoration that accompanies every dribbling platelet concentrate, he's so overwhelming that you can hear him twisting and giggling inside the intravenous bath, , painting table unmistakably eloquence, which simply takes your breath. Could it be true that my choice of specialization is correct, no matter how painstakingly and decisively I justify this action? It's a rather strange profession to be in, and even a stranger calling to pursue what others call a boring and dynamic subconscious where financial rewards are few and far between. It can be madness. It can even be a folly. But you can always afford to be crazy, to be a fool to hear barely visible whispers from afar, cries of comfort and subpoenas for survival than to pay attention to the rebukes and pontifications of others, no matter how good they may be. The final truth remains: you can hear the patient's simple cry, or a fleeting look at M's painful pallor (and a few others) or grieve through the complete impotence of the present setup to cure diseases such as leukemia, and yet is able to appreciate what hope promises, what duty stands for and what love represents, because it is just the same - hope, duty, love—that bring enough warmth and comfort to endure this storm, or any life for that matter. After a couple of hours, M says goodbye to his ward mates, nurses and interns. Discharge papers will be released and the ink for the final signature has long dried up. Then father and daughter will take a painful, bitter journey home. M will become another statistic in hospital records, another case number in a computer file. I will say goodbye to M, and before she leaves, we will say a prayer together. We will ask for improved weather, for a smooth trip home, and for a miracle of healing. For the gift of insibility. For tender mercies and for Graces. To accept things that will remain as they are. Bowing our heads, we will offer a prayer of thanks as each other's knowledge has enriched our lives much more

strongly than any storm that has ever held our ways. I will hold her hands, tightly clamp them between mine and be in a snub from how much they have become since the first meeting at the clinic, how can months of mourning deprive them of completeness and their strength as someone this fragile can show so much determination and courage to face this seemingly hopeless battle. If I were a good and caring doctor? Had I treated it kindly enough, despite the poor prognosis, and quite competently, despite the limited resources? I do not know, and I never will; M is not the patient who worries doctors with such questions. Looking at these soulful eyes, I can only wish that someday I could know the answers. The decision to become a haematologist in this country exposes the doctor to great risks. It just becomes an adventure, a well-calculated bet in which the stakes are high, but the rewards are enjoyable. The task ahead is quite complex, but the question of faith is apt to be because, no matter how ambiguous and scary, the doorway opened, there was a tear-covered artery, spilled blood, and, no matter how precarious, to prove crimnic flow. There will certainly be hardship and grief along the way, but even behind many walls of doubt and ignorance the questioning mind has to go on to find answers. This applies specifically to the unfortunate few who spare leukemia and other life-threatening blood diseases. And when a person is blessed enough to realize that the power he holds in his hands to change the lives of his patients is in the heartbeat of this adventure, a kind of promise and conviction begins to pulsate from him that everything will just be wonderful. I may need a lifetime to fully comprehend the wisdom of my decisions, my actions, or even my reckless actions, but I am in no hurry. The world outside is still dark and I may well afford to be tarnished until the path is brighter until the road is clearer. A time when used wisely remains a loyal friend, and endurance in anticipation of the game is perpetually the virtue of conquerors. I will meet more patients whose stories may be as tragic as M's, but I no longer need to be afraid. They taught me well and I am eternally grateful for that. In the future, science will certainly unlock the deepest secrets of the disease and ultimately unearth answers. All it takes is simple faith. The storm will come and it will be morning again. There will be countless and equally life-affirming stories about a person's audacity, his resilience in the face of illness and death, about the touching tales of each patient's struggle to survive. there are patients who come to the doctor's clinic, brimming with hope, wake up with joyful anticipation, bare the history of their lives and their own mortal bodies to a minute blood cell in search of a cure, but a more blessed doctor who earns his confidence and feudality, patients will open their hearts and minds to be tried and be studied. They will literally entrust him with his life. They will ask him to remember them always, and I honestly believe that after memorizing every sulfur and wriggle in the human brain, as well as the kinetics and dynamics of each drug listed in the manual, most doctors have the gift to remember. What about M? It will be special because experience has a surprisingly bitter way of telling us that in conducting human relationships someone who is never forgotten is usually the one who never asks. I look out of the window and spray a fragile band of light hovering in the horizon. Choosing the path Serve Mankind! is, by any standard, a way of life. To share the burden of the patient is to remember that warm sunny day when one entered medical school, innocence and dignity intact, armed with values from home and fueled only by a desire to be used by another. This is the direction of every doctor's goal—a future seen from afar from his highest ambitions and his true dreams. Having become a blood doctor, one of the few hematologists in the Philippines, I am obliged to assert that by promising and seeing my patients water the earth with tears of joy and pain, through their bruises, nosebleeds and even mortal haemorrhages, as well as their remission and their healing, I share their laughter as well as in their grief - and in the process, without even realizing it, do their prayers My own. Own.

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