VOLUME 1, EDITION 1

2025-2026

LA COMPENDIA MEDISINA

The stories, the science, and the spirit of care

BEYOND FLOOD WATERS

When Wading Through Disease-Borne Floods Becomes The Only Option





WHEN THE PERFECTIONIST BECOMES IMPERFECT

HELP! MEDICAL SCHOOL IS A HIGHWAY AND MY BRAIN'S STUCK IN FIRST GEAR

BETWEEN THE PREPARATION AND THE PRIZE

ON THE RUN: TRANSFORMING THE FAST LANE INTO THE WELLNESS LANE

VISION

LA COMPENDIA MEDISINA IS A LASTING PLATFORM WHERE FUTURE LASALLIAN PHYSICIANS CULTIVATE AWARENESS, CREATIVITY, AND SERVICE, BRIDGING THE RIGOR OF MEDICAL EDUCATION WITH COMPASSION AND SOCIAL RESPONSIBILITY.

MISSION

LA COMPENDIA MEDISINA DOCUMENTS THE JOURNEY OF MEDICAL STUDENTS, SHOWCASING THEIR CREATIVITY AND SCHOLARSHIP WHILE FOSTERING SERVICE-ORIENTED LEADERSHIP. IT UPHOLDS THE PHYSICIAN'S RESPONSIBILITY TO SOCIETY BY PRODUCING CONTENT THAT INSPIRES REFLECTION, COMPASSION, AND COMMITMENT TO THE UNDERSERVED.

ABOUT THE COVER

THE JOURNEY INTO MEDICINE RARELY BEGINS IN A CLASSROOM; IT BEGINS AS A QUIET, PERSISTENT DREAM. IT IS A CALLING THAT STARTS WITH A SIMPLE DESIRE TO HEAL AND EVOLVES INTO A LIFELONG PURSUIT OF SERVICE. OUR COVER FOR THIS ISSUE CAPTURES THE ESSENCE OF THAT EVOLUTION THROUGH THE TRANSITION FROM THE VISIONARY STUDENT TO THE SEASONED PROFESSIONAL. FADING INTO THE FRAME IS THE FUTURE SELF, MOVING PURPOSEFULLY TO THE RIGHT. DRESSED IN PROFESSIONAL ATTIRE, THIS FIGURE REPRESENTS THE CULMINATION OF YEARS OF SACRIFICE. IT IS A REMINDER THAT THE EXHAUSTION OF TODAY IS THE FOUNDATION FOR THE HEALER OF TOMORROW. MEDICINE IS NOT A SPRINT; IT IS A MARATHON OF THE SOUL. THE MESSAGE REMAINS CLEAR: KEEP ON MOVING. AS YOU TURN THESE PAGES, MAY YOU BE REMINDED THAT YOU ARE NOT JUST A STUDENT. YOU ARE A TRAILBLAZER IN THE MAKING, TURNING A DREAM INTO A LEGACY OF LIGHT.

LA COMPENDIA MEDISINA

TABLE OF CONTENTS

1
WALKING OLD PATHS, BLAZING NEW ONES

3
WHEN THE PERFECTIONIST BECOMES IMPERFECT
Krishyra So

5
HEALTH AS A SOCIAL CONSTRUCT
Shane Tabuga

7
MORE THAN A DEAN, OUR MENTOR
Andrew Sepico, Andrea Sudario, and Krishyra So

11
YEAR LEVEL 1-4 SPREAD

19
"COMMUNITY RUN TA BALA"
Yllana Suarez

21
HELP! MEDICAL SCHOOL IS A HIGHWAY AND MY BRAIN'S STUCK IN FIRST GEAR
Wynzel Desuyo

23
COLLEGE AFFAIRS

33
TAMBAL DAY

35
BETWEEN THE PREPARATION AND THE PRIZE
Cheska Andrea Año

37
ON THE RUN: TRANSFORMING THE FAST LANE INTO THE WELLNESS LANE

38
DEFENSIVE MEDICINE
WHEN DEFENSE IS THE BEST OFFENSE
Dr. BJ Sorilla

43
BEYOND FLOOD WATERS:
WHEN WADING THROUGH DISEASE-BORNE FLOODS BECOME THE ONLY OPTION
Krishyra So

45
POPLIT

57
MEET YOUR STAFF

WALKING OLD PATHS, BLAZING NEW ONES

Every generation of medical students inherits more than classrooms, laboratories, and wards.

We inherit a direction shaped by those who dared to move forward when the path was still unmarked. This issue centers on the theme ***Trailblaze***

—a tribute to the courage to begin, the resolve to persist, and the responsibility to move medicine forward.

The history of the College is marked by moments when students chose not merely to follow tradition, but to expand it.

Through vision, initiative, and collective effort, the student body has achieved many firsts that elevated the College's reputation and set new standards of excellence —from organizing the first alumni homecoming to securing the championship in the regional Clinical Pathologic Conferences.

These milestones remind us that progress begins when someone is willing to carve a path for others to follow.

Trailblaze is not only about achievement;
it is also about the journey. Every medical student walks a path once taken by others—from uncertainty to competence, from theory to practice, and from learner to healer.

This path was carved by those who came before, whose perseverance, sacrifice, and commitment laid the foundation for what the College is today.

Their experiences transformed aspiration into institution, creating a legacy that continues to guide each new generation.

As you turn the pages, realize that you stand at the intersection of legacy and possibility.

We are travelers along the trails already blazed and stewards of the paths still to be made.

To trailblaze in medicine is to honor those who came before while daring to move further—to serve patients better, to advocate more boldly, and to practice medicine with excellence and compassion.

In doing so, we ensure that the journey from student to doctor remains illuminated for those who will one day follow.

####



When The Perfectionist Becomes *Imperfect*

Written By **KRISHYRA SO**
Layout By **RHOXANNE MOGUL**

"I want to become a doctor someday!" You say in front of your whole 8th grade class as you introduce yourself. The bright sun, swirling dust clouds and quiet chitchat from your peers were reminiscent of your youthful days.

You were bright eyed and beaming with certainty, oblivious to how difficult things were going to be.

At just 14, you were harder on yourself than anyone else. While your classmates engaged in play, puppy love and idle banter, you were at the library studying for a 10-item quiz scheduled the following day.

In your mind, you built a workaround on how your life is going to play out. At 16, apply to a senior high school program with a good science curriculum. At 19, apply to a great pre-med in a prestigious university. At 23, pass your pre-med boards, take the NMAT, and apply to a medical school within the top performing bracket.

"Nothing less than perfect," you say to yourself.

WHEN THE PERFECTIONIST BECOMES IMPERFECT

Now that you're here, what next? Dark circles under your eyes, a hair strand out of place, a crinkle in your white uniform, an empty stomach with a coffee in hand.

"I'm going to ace this exam. Nothing less than perfect."

Results arrive. It's way off than your estimate. Your effort didn't equate to the results. At all.

Darker circles under your eyes, a bed head, a wrinkled uniform, a wink of sleep, an empty stomach with a stronger coffee in hand. An ounce of doubt creeps on you at the back of your mind.

Your results are not what you expected. Again. Emptiness hits you like a train wreck. All this? For nothing?

Where are you going?

Now, you find yourself submitting task sheets without rechecking, not calculating hypothetical scores, and no longer comparing your score to others.

You take a deep breath. Stress is pulsating at your temples. Fatigue is stinging your eyes. Tears are threatening to spill over like an open flood gate.

"How can I continue to live like this?"

You reminisce about the missed days of your youth. When imperfection was embraced, perfection haunted you.

You decide to let it all go.

A decent night of sleep, a kempt head of hair, and a smile decorates your formerly grim face. You didn't skip breakfast this time. Doubt threatens to creep on you again, but a little kindness to yourself erases it.

Your results today are decent, not perfect.

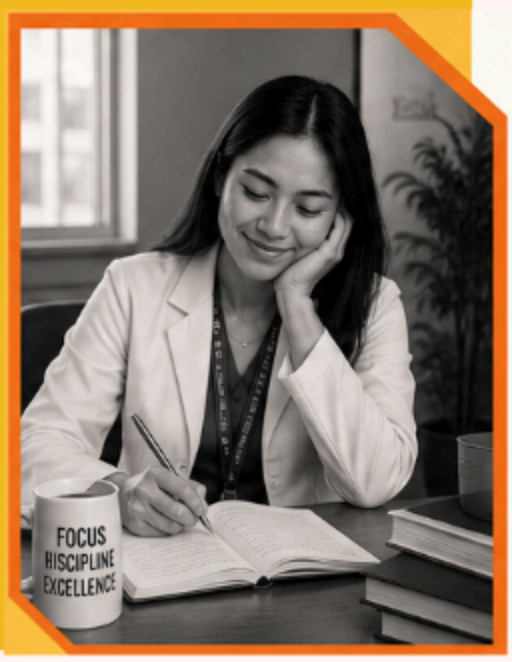
But, the world didn't end.

Suddenly, perfection isn't the center of your universe anymore.

"This feels like it's not enough. But, I'm still showing up."

You don't find yourself doing something this time. You find yourself.

"I want to become a doctor someday," you once said without hesitation. Now, you don't say it out loud.
You just keep
walking
towards it.





Through the Lens

Screenshot: Netflix

Health as a Social Construct

Written By SHANE TABUGA

"*Malayo sa bituka.*"

Mang Bruno, a character from *Pan de Salawal*, tells his sons to reassure them that his enlarging left breast will not bring him to his deathbed because it is far from vital organs like the intestine.

This is a phrase we have heard numerous times escaping the lips of Filipinos, a form of reassurance that a small wound or bearable pain does not warrant worry or a visit to the local physician.

This particular scene from the film illustrates the attitude of Filipinos delaying healthcare as it is associated with expensive treatments that the majority cannot afford. Although the Philippine healthcare system is far from perfect, we cannot deny the existence of health programs and services that are made available to us at no cost. Why then do Filipinos not avail these free services for their own benefit? What truly stands as a barrier between Filipinos and their health?

Pan de Salawal is a 2018 film directed by Che Espiritu which infuses magic to the daily health burden of a small community whose lives and dreams are disrupted by various health conditions. In the film, it stars an elderly baker, Mang Sal, whose life has turned bleak and hopeless because of chronic kidney disease. A little girl, Aguy, who ironically inflicts pain to heal has intrigued Sal and he follows her as she performs a train of miraculous feats in exchange for small tokens like a salawal. The film captures Filipino health practices and beliefs that are not always backed by science but depicts the strong faith of Filipinos. One of the notable characters, a barber who has tremors, religiously saves up his urine and pours it on his shaking hands even though the practice has shown no signs of improvement.

“Mga bakla lang ang nagkakasakit ng ganyan. Bakla ka ba?”

Judgment phrased as a question raised by Kalel’s own father – a one-sided conversation filled with discrimination

Jun Lana’s ***Kalel, 15*** is a grim storytelling based on the rising cases of HIV/AIDS in the country. Kalel is a representation of many teenagers with the disease whose morals and character are immediately diagnosed by society. Kalel’s estranged father, a priest, even questions his sexuality, cementing the notion correlating HIV/AIDS and gay men. His mother also sternly advises him not to tell a soul in fear of being the next victim of local gossip, a representation of the stigma surrounding the disease. The film, shot in black and white, does not only show how his symptoms worsen overtime but the slow and painful deterioration of his family. The lack of color, a visual portrayal of the desolate life that seems to promise no future.

*A little girl appears out of nowhere as Sunshine is about to smoke a cigarette, hoping that this toxic vice slowly loosens the grip of the growing baby inside her. “**Murderer,**” the girl repeatedly screams as she tails her; the voice of conscience echoes her guilt for a crime she is about to commit to her own body.*

Sunshine, by the renowned director Antoinette Jadaone, follows the tale of a 19 year old gymnast who becomes pregnant months prior to the national team qualifiers, a stepping stone to her dream of becoming an Olympian. The haunting news drives her to seek unsafe abortion methods to stop this dream from being cut short. Contrary to her name, the film explores what is probably Sunshine’s darkest moment. The only friend she confides with distanced herself from Sunshine because her mother was worried she would catch the so-called disease of “teenage pregnancy.”

Sadly, her harshest critics were not limited to her friend’s mother but the stigma was also fostered by healthcare workers – a pharmacist who judges her for buying a pregnancy test, a female doctor preaching God’s law after her first abortion attempt, and a male doctor refusing to care for her friend, a rape victim, who aborted her unborn child.





Mang Sal and his neighbors, Kalel, and Sunshine may be figments of the filmmaker’s imagination but they all represent someone in our community.

They represent those that solely rely on a miracle because it is what their pockets can afford. They represent the Kalels who refuse to get tested for HIV/AIDS because of public scrutiny. They represent the Sunshines that were isolated and shunned for getting pregnant early. The films have not missed representing us, the community, as well – the invisible barrier to health. Not all of their actions were righteous and justifiable but this does not excuse our right to judge them.

It is no longer just poverty that stands in the way of Filipinos accessing proper healthcare. It is the conservative way of thinking, the stigma, the traditional beliefs and practices that influence the health-seeking behaviors of Filipinos. May these films allow us to reevaluate our belief system and shape us into the future physicians that balance respect for culture and for people.
####



More Than A Dean, Our Mentor

By Andrew Sepico, Andrea Sudario and Krishyra So

Krishyra So

Buzzing with excitement, the class began talking about the mentorship program upon the first few days of class. Classmates were poring over the list of mentors they were assigned. Some were even rising on their tip toes to see the list on our class officers' tiny phone screens.

"Wow! You guys are assigned under Dean Yvonne!" one of them exclaimed.

It was Andrea, Andrew and I's names written in clear print beside Dean Yvonne's name.

We looked at each other, beaming with honor and excitement. There was also a feeling of wonder. What are we going to talk about? What is it like talking to her? A few days later, Ms. Elleren scheduled our mentorship appointment with her.

It was exciting, stepping into her office. But, the air felt calm and warm. The atmosphere shifted as she welcomed us with a smile on her face. She was not just ready to mentor us. She was ready to be a listener, a leader and a guardian to us.

The kind of care, love and kindness she gave to the College of Medicine was witnessed by us firsthand. The college may honor her as dean, but we honor her as a passionate mentor with the knack to fade away your worries over just a shared conversation.

In a fast-paced environment such as ours, it is very easy to be filled with worries and doubts. And, it is also very easy to feel alone. When I told her about the insecurities and doubts I had, she listened, thanked me for being vulnerable to her, and said, "Tani gin tawgan mo ko."



In the demanding journey of navigating medical school, she gave us a safe space to be seen and heard.

We did not meet often, but her eyes searching for us in the middle of the crowd of students during seminars or class schedules made us feel looked after from afar. And, as our eyes would meet, she gave each of us a knowing and warm smile. That's the kind of person Dr. Yvonne is. She makes time for you even in the middle of her jam packed schedule. She remembers, she supports, and she uplifts you even when you don't ask.

We remember the gentleness and encouragement she showed us. And as we continue on as her mentees, we are to pay this gentle light forward. Congratulations, Dr. Yvonne! You have been a remarkable light to us, and we vow to be the same as you. From the depths of our hearts, we thank you for your dedication and devotion to us, your students, and to the College of Medicine. We look forward to learning and grasping the love for medicine under you in the years ahead.

Andrea Sudario

When we first learned that we had been assigned to Dr. Yvonne as our mentor, we were excited, and of course, a bit curious, but also there was also a nervous realization that our mentor happened to be the Dean of the college. It was clear from then on that we will be guided by someone with a high level of responsibility that extended far beyond our small group, and we were genuinely looking forward to learning from her experience and perspective.

As Dean, she carried the responsibility of leading and serving an entire college, ensuring the success of not only its students, supporting the broader community, and strengthening the institution as a whole. These demands of the role were significant, and while we did not have the opportunity to meet as often, it was a great honor to learn from someone whose example speaks for itself. Each meeting we had was meaningful, focused, and greatly appreciated. She listens intently and always responds with thoughtful insights that reflect both clarity and care.



As she concludes her term as Dean, we celebrate her years of dedicated leadership and thank her for the lasting impact she has had on our institution.

And while this chapter comes to a close, we are grateful that our journey with her continues. We look forward to learning more from her as our mentor in the years ahead and to the conversations, insights, and lessons that awaits us.

Congratulations. Dr. Yvonne, on a remarkable tenure, and thank you for your unwavering dedication to our college and its students.

Andrew Jonathan M. Sepico

I remember when I first met Dr. Yvonne before I became a medical student. At the time, I was working as a physical therapist at a local hospital. Like many young healthcare professionals, I looked up to the physicians around me. When I met Dr. Yvonne, I expected someone accomplished and respected in her field. What I did not expect was how approachable and humble she would be.

That first impression stayed with me.

Months later, when I entered medical school and learned that she would be our mentor, I was reminded of those early encounters. By then, she was not only a physician I admired but also the Dean of the College of Medicine. Yet despite her position, she remained the same person I had met before. Warm, welcoming, and easy to talk to.

What I admire most about Dr. Yvonne is that she never lets her title define the way she treats people. Whether speaking with students, staff, or colleagues, she meets everyone with kindness and respect. In a profession where titles often carry weight, she showed me that true leadership comes from character.

The more I got to know her, the more I realized that my first impression was right. Getting to know her as a mentor only strengthened that impression. Despite the many responsibilities she carried as Dean, she remained approachable, humble, and genuine in every interaction.

The example Dr. Yvonne has set will stay with me long after medical school. More than her achievements and leadership, I will remember the way she treated people, with kindness, respect, and sincerity. Those are qualities I hope to carry with me throughout my own journey in medicine.

Congratulations, Dr. Yvonne, and thank you for the positive impact you have made on our college and on everyone fortunate enough to know you.
####





Radela Yvonne Cortes, MD

Dean Emeritus

GLINTS IN THE AETHER

There is always a moment when a flame trembles before it steadies.

When we entered medical school, we knew it would be difficult. No one walks into this expecting ease. We were ready for long hours, thick textbooks, exams that would stretch us. What we weren't ready for was how constant it would feel. How the pace would leave little room to breathe. How the pressure would follow us home, sit beside us, and wait.

And then there were notes scattered across desks. Highlighters running dry. The 2am silence where doubt grows louder than any lecture.

This is not exactly what we imagined.

Yet when the road unfolds differently than expected, does the spark fade? Or does friction create something brighter?

A spark is easy to overlook. Small enough to extinguish with doubt. Powerful enough to begin everything.

This year has challenged us. We have questioned our intelligence, endurance, and place in this room. We have wrestled with neuro pathways, biochemical cycles, physiology concepts, research revisions, and ethical questions that refused easy answers.

Some of us are the first in our families to pursue medicine. Others follow a path carved by those who came before. Different beginnings, but the same uncertainty. The same spark.

Medicine does not ask us to arrive already burning bright. It asks us to be willing to be on fire. To let ourselves be stretched by what we do not know. To sit with discomfort long enough for.

Medicine does not ask us to arrive already burning bright. It asks us to be willing to be on fire. To let ourselves be stretched by understanding to take shape. To understanding to take shape. To admit ignorance without shame, because that is how knowledge roots itself deeply and stays.



The journey was never about already knowing the way. It is about stepping onto unmarked ground and trusting that each step matters. It is about learning to walk where there is no clear path, guided not by certainty but by intention.

Where the trail begins, there is no map etched in stone. There is only friction. Only resistance. Only the steady work of striking again and again until something catches.

We are that first strike.

Not yet the steady flame that comforts patients or guides critical decisions. Not yet the physician we hope to become. But the beginning of one.

We are the beginning.

Every late night of studying adds fuel to the fire. Every exam survived, every failed quiz revisited, every pathway redrawn, every concept mastered after repeated attempts, every community encounter, and every research revision completed—each one quietly kindles the flame.

One day, we will carry more than textbooks. We will carry responsibility, trust, and the stories of those who place their lives in our hands.

We can let the weight of it smother us. Or we can let it feed the flame.

It starts here. In first year. In doubt. In fear. In courage that does not look like courage because it is simply showing up again the next day. And a doctor is formed not in certainty, but in persistence.

They will see confidence. They will see competence. They will see
the fire.

We will remember how it began. Not as a blaze, but as a trembling spark in a lecture hall, in a lab, in a
research meeting, in a quiet room.

And somewhere between fear and faith, the first spark caught steady flame.
####

Batch Aetheria




KODAK PORTRA 400
GOOD TIMES
ILFORD HPS PLUS 4220
KODAK 400TX
ixora
ixora

quiet confidence in bridging theory & tangibility

"I'll read up on it, Doc!"

- ArianneMay_deJesus_MD2

"I'll read up on it, doc" is a familiar safety-net response when medical students are cornered with difficult question and answer sessions. Before entering medical school, I used to think that medical students should already "know everything by now" and be able to answer every question thrown at them. To an outsider, the statement "I'll read up on it" might sound like laziness or a petty excuse to escape the consequences and embarrassment of not knowing the "answers" to the "questions." But isn't that the point?—to accept that medicine is vast and that no one can possibly know everything at once. Even specialists and subspecialists continue to learn new information throughout their careers, approaching their work as doctors with humility and a constant curiosity for new knowledge.

In our second year, many fundamental concepts and theories are just beginning to make sense for the first time. What was once head knowledge becomes meaningful and useful, especially as we begin encountering real, tangible patients for the first time. Even with these early patient exposures, lectures continue one after another, and the foundation of our theoretical medical knowledge is still very much under construction. As medical students, we are expected to grasp abstract concepts that we have not yet encountered with real-life experience and training.

This is where hospital patients begin to play an important role in our learning. Seeing a clinical case in person is the moment when theory meets reality. A concept that once felt abstract in the classroom suddenly starts to make sense when seen in the context of a real patient. The hospital becomes the bridge between classroom learning and the tangible application of medical theory.

Confidence in medical practice isn't built overnight. It develops gradually through repeated practice, exposure, and understanding. It takes small but deliberate decisions to face challenges, overcome uncertainty, and step outside one's comfort zone. It sometimes appears in quiet "lightbulb" moments when different concepts finally begin to connect. It is a slow and steady process to appreciate.
This builds up our confidence in saying the words "I'll read up on it, doc." It reflects the reality that learning in medicine never ends. With the rapidly evolving practice of medicine, there will always be new information to understand and new developments to keep up with. Admitting that we do not know certain things yet, as long as we remain true to our commitment to learn and improve. We should have the willingness to always keep on learning.

In our second year, the bridge between theory and tangibility is only beginning to take place. Knowledge slowly transforms into practical understanding. The phrase "I'll read up on it" should be taken not as a sign of incompetence, but as a commitment to learn more for our future patients along with the weight of the responsibility we carry. After all, we are still at the beginning of a lifetime journey. In the meantime, we have more questions than we have answers, and it is exactly how things should be. This whole journey is not a sudden leap, but a steady walk in the park—one step forward at a time.
####





Cairana

STACKING STONES, RISING HIGHER



FINDING OUR WAY FORWARD

There is a certain illusion medical students carry for years: the belief that if we study hard enough, memorize enough, prepare enough, we will eventually feel ready.

MD3 dismantled that illusion.

For the first time, medicine unfolded before us not as chapters to master, but as lives to encounter. The wards became extensions of our classrooms. Learning was no longer confined to slides, transes, or sample cases; it now unfolded in hospital rooms, patient encounters, and moments we could not script.

For Cairana, this year felt like stepping into unfamiliar terrain. Uncharted, unpredictable, and humbling in ways we never could have prepared for. We entered the wards carrying theories carefully stacked in our minds, only to learn that real life rarely follows the structure of textbooks. Patients did not present like bullet points. Histories came tangled with grief, poverty, silence, fear, and hope. Sometimes, the hardest thing was not arriving at the correct diagnosis, but learning how to sit with another person's suffering long enough to understand it.

This was the year medicine became deeply human.

We learned that healing was not always dramatic. Sometimes, it looked like listening a little longer. Sometimes, it sounded like explaining things gently enough for a patient to feel less afraid. Sometimes, it meant admitting we did not know everything yet and still showing up willing to learn.

And somewhere between case presentations, patient encounters, and unfamiliar hospital routines, we began to change too.

We became more comfortable with uncertainty. More aware of the weight words can carry. More conscious that behind every chart is a person whose world has been interrupted by illness. We stopped seeing patients merely as cases and started seeing them as fathers trying to get home to their children, daughters worrying about hospital bills, grandparents holding onto stories between lab requests and medications.

Medicine, we realized, is not practiced in ideal conditions. It exists in crowded wards, in limited resources, in exhausted systems, in moments where compassion must persist even when convenience cannot.

And perhaps that was the greatest lesson MD3 taught us: that medicine is not mastered by those who never get lost, but by those willing to keep moving forward despite uncertainty.

There were days we felt small standing beside consultants, residents, and interns who seemed to move with certainty we had not yet found in ourselves. Days when our questions felt inadequate, when our knowledge felt lacking, when we wondered how much farther there still was to go.

But there was beauty in that too.

Because growth often begins with humility. The willingness to recognize how much we still do not know, while choosing to learn anyway.

MD3 did not hand us a map. Instead, it taught us how to navigate.

And now, as we stand at the threshold of clerkship, the road ahead feels both daunting and deeply anticipated. Soon, classrooms and lectures will give way entirely to hospital duties, long hours on the wards, and responsibilities far heavier than the ones we once carried as students observing from the sidelines.

MD3 may not have made us feel fully ready for what comes next, but it taught us something just as important: how to continue showing up despite uncertainty. Because this year was never just about learning medicine. It was about learning how to meet uncertainty with both competence and compassion.

Soon, we will step into a new role as medical students, one that demands more from us than ever before. And though we know there is still so much left to learn, we move forward carrying the lessons this year quietly placed into our hands: to listen carefully, to remain teachable, to stay compassionate even when tired, and to remember that every patient we encounter is far more than a diagnosis on paper.

####

WE ARE STILL BECOMING

STILL LEARNING

STILL FINDING OUR PLACE WITHIN THIS CALLING

WE ARE CAIRANA

Medicine has a way of showing you the real world. One moment you feel benign, the next you are reminded how much unpredictable the hospital can be. Clerkship tested us in ways we never imagined. The hospital became our classroom, our comfort zone disappeared, and suddenly the lessons were no longer confined to books and lectures, but carried in the lives of the patients we met.

There were days we questioned ourselves. Days we were exhausted beyond words. Yet despite the sleepless duties, endless endorsements, and quiet battles we each carried, we continued to move forward together.

We learned that medicine is more than diagnosing a disease or coming up with a management. It is learning how to stand beside people during their most vulnerable moments. It is choosing compassion even when you are tired, patience even when pressured, and service even when no one is watching.

Looking back, we realize that growth was never loud. It happened slowly, in every day we persevere. In every friend who stayed behind to help another. In every failure that taught resilience. In every patient who unknowingly reminded us why we started.

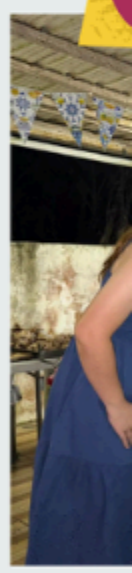
We entered this journey as students chasing a dream. Now, little by little, we are becoming the kind of doctors we once looked up to. And through it all, one thing remains certain: no one walks this road alone.

We are Batch kaizen
#####









Gizzen



















"COMMUNITY RUN TA BALA!"

Written by Ylanna Suarez
Layout by Andrea Belicena

What began as a casual invitation among friends evolved into something much bigger and meaningful than anyone expected. Driven by a shared love for movement, that idea officially hit the pavement on **March 15, 2025**, with the first unofficial community run. This spontaneous initiative started by *Anton Libo-on* of Batch ***Kaizen*** caught the attention of the faculty, and with the guidance and support of the club's adviser, *Dr. Josh Vargas*, PACEsicians was officially signed into existence on **June 11, 2025**. Beyond the milestones, the heart of the PACEsicians is best summed up by its current president, *Justin Victoriano*: "PACEsicians was born from a simple conversation among friends. Medicine is a marathon, both mentally and physically. We started this run club to help students de-stress, recharge, and build a community centered around physical activity and running. Little did we know that this would someday become an official student organization in the College of Medicine."

Throughout the academic year, PACEsicians organized several community runs that brought students, alumni, and running enthusiasts together. From August to March, these gatherings became opportunities for members to reconnect beyond the classrooms and hospitals.

Aside from its own events, the organization also took part in various fun runs for a cause across the city, such as **Run for Rico**, **Pink Run**, and the **PAMET Run**. For many members, these events represented more than just kilometers logged. During races like the Bacolod City Marathon, several PACEsicians crossed the finish line of their first marathon, an achievement that reflected months of consistency and discipline.

As the academic year progressed, PACEsicians also faced the realities of med school. Responsibilities became heavier and attendance fluctuated. However, despite exam weeks and hectic schedules, the club continued to move forward through the dedication of members who kept showing up whenever they could. As we look toward the next academic year, our invitation remains open to anyone looking for movement, community, and balance amidst the demands of medical school.

####







MEDICAL SCHOOL DEMANDS a baseline of performance every day, requiring a mind that consistently digests information: already a superpower for most—ah, but for an aspiring physician, it's basic survival.

Opening a book is hard, though; it's easier to clean, cook, and walk with my dachshund as she harasses butterflies. Worse, the real dragon is actually reading and sustaining your concentration.

It's upsetting that this friction drives our peers toward self-harm and self-hatred. Every mind in medical school is already its own brilliant star, so why does it want to damage its host due to a few poor scores? We don't come into med school as high-performance machines that take in caffeine and spit out an MD degree. We come here as tractors—Mater from Cars—shedding our rotten parts to be superstars.

Where does this rot begin, with minds so slow to move, act, and delay until we're cramming for comprehensives? The defects, as with everything in life, are multivariate.

Yet we do have some leads.

The Trouble with the Triple Network Model

The Triple Network Model is a framework by which our brains make sense of all the complex needs, stimuli, events and possibilities in our lives, consisting of:

Default Mode Network: The mode of a wandering mind. The DMN bands your medial prefrontal cortex, posterior cingulate cortex, and angular gyrus to reinforce self-identity. The DMN processes the past, feelings, and experiences—but it messes up when you sit down and read. Left unchecked, you get self-conscious, worried, and tense recalling embarrassments or worrying about the future.

Central Executive Network: Your mode when you actually try to do things. It's task-positive—it wants you to chase your goals. The CEN comes from your dorsolateral prefrontal and posterior parietal cortex shaking hands, saying "Roger that, it's time to lock in." It suppresses impulses so you don't doomscroll when Harper's stops making sense again. Its main drawback is being metabolically expensive. You need to fuel up, or else crash and burn like Ferrari's 2022 F1 season.

Salience Network: A cortical system of your right anterior insula and dorsal anterior cingulate cortex; "salience" being a superpower for filtering and organizing things to do. SN scans for stimuli requiring your attention. If you want food, need to review, or do errands, it engages CEN. If you're in bed exhausted after a long day, it downshifts to DMN.

DMN and CEN are thus anticorrelated. The mind stuck on DMN overheats without action. However, CEN must disengage, or you'd be a sugar-dependent workaholic with no personality. In the healthy mind, the SN is a spectacular conservator of your mental resources. Anything that upsets it is, therefore, trouble.

The TMN often shows in studies of Attention Deficit Hyperactivity Disorder (ADHD) and executive dysfunction. Indeed, issues with the right anterior insula are linked to ADHD.

Usual risk factors are chronic stress and multi-tasking, but there's one alpha predator in our daily lives that really preys on it.



Short-Form Content, and Why It Has Doomed Us All

This is the mind-killer. Short-form content (SFC) is the little death that brings the total obliteration of the med student workflow, ruining your attention and executive function in 60 seconds or fewer.

Short-form is like gambling; you never know when the next jackpot arrives. The right term is Variable Ratio Reinforcement Schedule (VRRS). The unpredictability of swipes or seconds until you get enjoyable content sets your substantia nigra aflame. Dopamine seizes hold just as the next video autoscrolls. The cycle doesn't end. It's the exact mechanism casinos use.

If your brain expects a reward every 15-30 seconds, how can it delay gratification for three hours of study, much less for the years we train as doctors?

VRRS retrains your brain to despise the CEN in preference to the micro-jackpots curated by your Feed. The Ventral Tegmental Area of your midbrain releases dopamine just anticipating the next reward. SN gets fatigued and stops telling your CEN to notice your transes at all. It falls back to the DMN, so you feel wasteful and self-loathing watching more clips.

Unlimited context-switching via scrolling on Reddit, Tiktok, Facebook, or whatever else, shreds your ability to remember tasks, retain focus, or make decisions.

Yet we're safe from SFC during class, right? Who'd be so brash as to open TikTok during a lecture? Simply impossible. If so, where do VRRS and SFC really distort your performance?

The Shadow Curriculum

Medical school is an accelerant by design, but you must grit your teeth and endure while it reformats your brain, mind, heart and soul into a vessel that can handle Harper's labyrinthine paragraphs, Guyton's recollection of the human lifeform, and a whole compendium of Netter's paintings in your skull.

Thus: the shadow curriculum exists. Everything you initiate to master lessons outside of regular lectures and references falls under this shadow, from flash cards and question banks, to group studies, content creators, and curated resource platforms like TeachMeAnatomy and Kenhub.

How well you manage those reflects TMN function as it measures adherence to your own systems, since they only work when you do. Anki cards don't appear from thin air; neither would your notes annotate themselves.

The shadow curriculum is largely CEN-dominant. You can survive lectures because of the doctor's voice, slides, and external pressure. But self-studying is between you, your notes, and your guardian angel. Inevitably, any derangement to your SN is reflected in your grades.

We can thus trace a pathology from doomscrolling to total disaster. It's rather ridiculous to think about, no?

Fortunately—and contrary to belief, brainrot isn't a terminal illness.

The Part That Talks About Solutions

If your first instinct is to stop mindlessly consuming content, then yes! It's the single most direct mechanism: axe VRRS from your SN and, ideally, avoid it for 3-4 weeks to reset your dopaminergic baseline.

Closing Reels repairs SN detection of "low-intensity" salience: not dangerous, urgent stimuli that SFC excels at mimicking, but the subtle, self-directed headstate of focus.

More tools to turn your tow-truck of a brain back into a world-class supercar:

Aerobic exercise. Muscle activity sends irisin to the hippocampus, telling it, "yo, wake up my bdnf gene homies." BDNF stands for brain-derived neurotrophic factor: it supercharges your ability to learn, grow synapses, and feed SN.

Do "long and slow" hobbies with a strong, delayed reward—like baking, writing, or gardening, provide a wonderland for your CEN, but don't be a perfectionist; it's easy to mess up, but at least you're doing good with the world instead of bedrotting.

Be bored more often. You could scroll while waiting for your food, but what if you just... didn't? Escape algorithmic hell and stare at a tree. Breathe properly. Check body aches. Use your free will to discern the color of a leaf—which segues into...

Sensory grounding. This clears the cache of your anterior insula, forgetting recent distractions. Techniques include "5-4-3-2-1" (exteroceptive reset), box breathing, or just splashing cold water on your face, rebooting SN to switch tasks easily.

Remember: your mind is capable of spectacular things. This read's only goal is magnify appreciation for our brains and how to take care of them.

The rest, future doctor, is up to you.



COLLEGE AFFAIRS



While academics take up the majority of our daily lives as medical students, there are always moments that stand out beyond the books. Here in medicine, each year carries its own timeless treasures that make epic chapters of our lives. From the ARKANA-themed Med Night, to a nostalgic 2010s throwback Christmas party, and the vibrant, eventful Culturals Night, these highlights brought color and excitement to the past year. Let us take a trip down memory lane and revisit these unforgettable events.







FRESHMEN ORIENTATION

As with the beginning of every academic year, one of the most anticipated events is the Acquaintance Party. This year's theme paid homage to everyone's favorite 90s television show, Friends. Filled with fun, interactive games and lively activities, the event was the perfect opportunity to meet, mingle, and warmly welcome the newest batch of medical students, Aetheris, into our community.



MEDFRIENDS

AQUAINTANCE PARTY





GENERAL ASSEMBLY






DEAN'S REPORT





Months into Medicine, everyone seems to have found their momentum. New friends, new rhythms, and new routines. With a demanding schedule, we looked forward to the days where we could take respite from the monotony. As we counted the days until the next long holiday, we also counted the days leading up to Medicine Week – themed Arkana: Lucid Elements –and it did not disappoint.

ARKANA: Lucid Elements



ARKANA: LUCID ELEMENTS

The celebrations culminated with the students – donning their mythology-inspired gowns and well-pressed suits – littering the halls of Sugarland Hotel during 2025's Medicine Night, themed Arkana: Lucid Elements. The culmination of this year's Medicine Week celebrated not only our cultural, musical, and athletic skills – but also our camaraderie, grit, and dedication to the craft.

MEDICINE NIGHT

2025 CHRISTMAS PARTY











TAMBAL SAYA




TAMBAL DAY
HANDUM: Hope that Moves, Change that M
Tambal
A.Y 2025-2026


TAMBAL DAY
HANDUM: Hope that Moves, Change that M
Tambal
15
Tambal
A.Y 2025-2026


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C2
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A.Y 2025-2026


Tambal
TAMBAL
A PLENARY SESSION




HANDUM: Hope that Mov


HIV/AIDS
BY THE NUMBER
252,800
139,610
95-95-95
364,000
46%
66-66-40
Tambal
A.Y 2025-2026

APMC CLINICOPATHOLOGIC CASE COMPETITION

Between the Preparation and the Prize

Written by Cheska Andrea Año Layout by Rhoxanne Lydel Mogul

There are moments in medicine you don't find in a textbook. Moments that don't come with a rubric, a grading sheet, or a right answer. The APMC Clinicopathologic Case Competition was one of those moments for me, and looking back now, I realize it gave me something far more lasting than a plaque on a wall.

Long before the competition stage, the CPC was already part of our subjects. In our Internal Medicine classes, we were regularly put through in-classroom case presentations- thinking on our feet, building differentials, walking through pathophysiology, and defending our reasoning under scrutiny.

It wasn't just academic exercise. It was training us to think like clinicians, and to understand that in medicine, how you think matters just as much as what you know.

That foundation is what eventually led our team -**Jose Cesar Selomandin**, **Joshua Philip Magay**, and **Ralph Jason Tulmo** to represent our school at the APMC CPC, but getting there was anything but smooth. Institutional hurdles, financial constraints, and the relentless demands of third-year medicine made the road to the stage harder than it should have been.

Through all of it, Dr. Tulmo was our anchor. He was the brains behind our approach, the one who pushed us to think deeper and speak clearer, and who believed in us long before we believed in ourselves.

Cheska Andrea R.Año

Team member
and presenter









ne regional competition on January 23, 2026 pened with us as the first presenters, which eant the nerves hit before anyone else had even uched the stage. I'd rated my practice runs at out a 7 out of 10, and that uncertainty proved ght, I stumbled over three words mid-delivery, nd the guilt that followed was heavy. During the &A, I sat convinced I had already cost us the mpetition, only to watch Cesar, Joshua, and alph handle the panel with composure and recision that made me feel proud and ashamed the same time.

But we knew better this time. We knew our roles, trusted our dynamics, and arrived with a creatives and research team that had gone far beyond what we asked of them. We were the 8th presenter of the day, and when I stepped onstage I wasn't just ready, I felt better, confident, smoother, more in control than I had ever been in regionals. We walked off knowing we had left nothing on that stage.

We finished 6th overall at nationals, and none of us felt like we had lost. We came in as third-year medical students, stood our ground against the country's best, and walked out carrying something a trophy can't hold, a refined way of thinking, hard-earned confidence, and a sense of purpose that will follow us into real clinical practice.

atching the other schools present afterward dn't help; every team was sharp, and polished. some point I just surrendered it, whatever the rd gives, I will accept because I knew He ready knew everything this team had sacrificed be in that room. Then the final award of the ntire event was announced. Not only were we e Regional Champion for the CPC, but were so awarded as Best Speaker and Best resentation. Every late night, every doubt, . very sorry- all of it, worth it.

> ***The classroom CPCs sharpened us long before any competition stage did. The whole experience grew us into clinicians who could not just know medicine, but present it, defend it, and own it.***

ationals on April 10, 2026 came with a different eight. We were up against the best from every egion in the country, and our end term xaminations were scheduled for the weekend ght after which meant we had to prepare for oth simultaneously.

We were leaving third year with a legacy, not the kind framed on a wall, but the kind that shows up when it's 2 in the morning, a patient is deteriorating, and everything you've been through finally makes sense.

####

Something's shifted in how we spend our downtime, and it's not another streaming service. People are trading screens for sneakers, swapping scroll time for sweat sessions. Hiking trails are packed. Pilates studios have waitlists. Tennis courts buzz with the rhythmic pop of balls, and pickleball has somehow become everyone's new obsession. But among these activities, running has claimed a special place. Those early-morning jogs and weekend fun runs are not all about burning calories; they are increasingly about finding mindfulness before the chaos begins.

Sure, there's the runner's high. That rush of euphoria when your breathing matches your stride and everything just clicks. But most runners aren't chasing that momentary buzz. They're after something more substantial. The mental clarity. There is a quiet sense of accomplishment as one finishes what they started. And the little dopamine hit from posting the route on Strava or sharing that sunrise run on Instagram doesn't hurt either. Social media has turned running into something one doesn't just do. We celebrate and share.

This cultural shift is particularly evident within medical school. The stereotyping is still prominent, where medical students bent over thick textbooks in the early morning hours, fueled by caffeine and on the edge of exhaustion. Yet something is changing. An increasing number of students now incorporate running into the narrow gaps between anatomy lectures and hospital rotations. They are showing that physical activity, even amid the relentless demands of medical school, is not an indulgence but a necessity for sustaining both mind and body.

ON THE RUN:

TRANSFORMING THE FAST LANE INTO THE WELLNESS LANE

Within the College of Medicine, the interest in running led to the formation of a running community, Pacesians. A student-led organization that aims for wellness within the challenging environment of medical school. They have become an essential support system for students under the intense pressures of academic coursework and clinical responsibilities. Through organized community runs, Pacesians offer students opportunities to maintain their self-identity beyond their future doctor roles. Their purpose is to promote a culture of genuine balance, building connections through shared physical activity, and treating personal wellness as fundamental to medical education

Running isn't just another wellness fad that'll fade when the next trend arrives. It's become a way of life, especially for those in medicine, where the demands are challenging. Beyond stronger lungs and leaner legs, running builds something more. Resilience when anatomy exams feel impossible, clarity when patient cases get overwhelming, community when the isolation of medical school creeps in. Future physicians are learning that wellness isn't something to defer until after residency or retirement. It's happening now, one stride at a time. They're leaving the fast lane of deadlines and lectures behind, finding their rhythm on the wellness lane instead.

####

DEFENSIVE MEDICINE

WHEN DEFENSE IS THE BEST OFFENSE

By: Dr. BJ Sorrilla

Midnight Decisions, Lasting Consequences

A patient arrives at a provincial emergency room in the middle of the night complaining of chest pain. The physician on duty faces a familiar dilemma: discharge the patient based on a seemingly benign assessment or order additional tests to rule out a potentially fatal condition. The decision carries consequences either way—one risks missing a life-threatening diagnosis, while the other may burden an already financially strained patient. Such scenarios unfold daily in Philippine healthcare settings, where physicians must balance clinical judgment, resource limitations, and increasing demands for accountability.

More Than Covering One's Bases

Defensive medicine refers to tests, treatments, referrals, documentation, or other interventions undertaken partly to reduce legal, professional, or ethical risk while also supporting patient care. Physicians frequently report using such measures to reduce perceived liability exposure, particularly in environments where the consequences of error can be severe (Panella et al., 2017). The practice developed alongside growing malpractice concerns, patient-safety initiatives, and evidence-based standards that emphasized risk reduction and accountability (Studdert et al., 2005; Institute of Medicine, 2000; Mello et al., 2010). Its ethical significance rests not in self-protection alone but in its potential to prevent harm and improve the quality of care.

The Heart of the Argument

The dilemma above illustrates a broader ethical question about how physicians should respond when uncertainty carries serious consequences. Defensive medicine is ethically justified in the Philippines when it uses evidence-based precaution to protect patients from preventable harm. When guided by clinical judgment, transparency, and patient welfare, defensive practices are not merely safeguards against liability—they are responsible expressions of medical duty.



Practicing Caution on a Tight Budget

The ethical value of defensive medicine also depends on the healthcare environment in which it is practiced. In the Philippines, out-of-pocket payments account for approximately 44% of current health expenditures, placing substantial financial pressure on many households (World Health Organization, 2023). Unlike wealthier healthcare systems where defensive medicine may involve excessive testing, physicians often work within significant resource constraints (World Bank, 2022). Consequently, patient-centered precaution frequently takes the form of clear communication, careful documentation, adherence to clinical guidelines, and meaningful patient engagement. These approaches have been associated with improved outcomes and reduced medico-legal risk while avoiding unnecessary costs (Levinson et al., 2010). In this setting, defensive medicine is ethical when it protects patients while respecting limited resources.

When Uncertainty Raises the Stakes

Defensive medicine becomes most relevant in situations where uncertainty and potential harm are greatest. Physicians in emergency medicine, surgery, obstetrics, and other high-risk specialties report higher rates of defensive practices because missed diagnoses can lead to severe patient harm and legal consequences (Carrier et al., 2010). Diagnostic errors remain a significant source of preventable injury (National Academies of Sciences, Engineering, and Medicine, 2015). In these settings, additional investigations, specialist referrals, thorough documentation, and detailed informed consent discussions can reduce both medical error and liability risk (Panella et al., 2017). When supported by clinical evidence and aimed at preventing harm, such measures reflect responsible precaution rather than unnecessary excess.

Answering the Critics

Critics of defensive medicine argue that it increases healthcare costs, encourages unnecessary testing, exposes patients to avoidable procedures, and may divert resources from those who need them most. These concerns are important and should not be dismissed. Research has shown that fear-driven medical decision-making can contribute to inefficiency and, in some cases, provide little additional clinical benefit (Mello et al., 2010). From a policy perspective, excessive testing may strain already limited healthcare budgets and create barriers to equitable access.

However, these criticisms do not invalidate defensive medicine when it is practiced ethically and proportionately. The central ethical obligation of physicians is nonmaleficence—the duty to avoid causing harm. When a reasonable diagnostic test or referral can prevent a missed diagnosis with potentially catastrophic consequences, caution becomes a moral responsibility rather than a wasteful indulgence. Ethical medical practice requires balancing risks, benefits, and uncertainties, not simply minimizing expenditures. A physician who ignores a significant possibility of serious illness solely to reduce costs may fail in the duty of care owed to the patient.

The Philippine context further strengthens this rebuttal. Many healthcare facilities operate with limited diagnostic resources, making the stereotype of indiscriminate testing less applicable than in highly resourced systems. In practice, defensive medicine in the Philippines often manifests through meticulous documentation, adherence to clinical guidelines, careful monitoring, informed consent, and timely referrals rather than an endless cascade of expensive investigations. These measures protect patient welfare while remaining sensitive to financial realities. Moreover, for many Filipino patients, the cost of a missed diagnosis—lost income, disability, prolonged hospitalization, or death—may far exceed the cost of a justified precautionary intervention. Viewed through the ethical principles of beneficence and justice, responsible defensive medicine can therefore represent a prudent investment in patient safety rather than an unnecessary burden on the healthcare system.

Policy Meets Precaution

Broader institutional changes have also encouraged practices that support both accountability and patient welfare. The Universal Health Care Act (Republic Act No. 11223) expanded access to health services and strengthened accountability within the Philippine health system (Republic of the Philippines, 2019). At the same time, legal and bioethical standards have reinforced patients' rights to understand the risks, benefits, and alternatives of proposed treatments through informed consent (Beauchamp & Childress, 2019). These developments have shifted expectations toward collaborative decision-making rather than paternalistic care, a model associated with greater patient satisfaction and treatment adherence (Barry & Edgman-Levitan, 2012). By promoting transparency and shared decision-making, they demonstrate how precautionary practices can strengthen patient autonomy and trust.



Training Tomorrow's Careful Clinicians

Medical education must prepare physicians to apply precaution responsibly. Instruction in ethics, healthcare law, communication, and patient safety improves professional competence and reduces preventable errors (World Health Organization, 2011). Although defensive medicine can encourage diligence and accountability, fear-driven practice may lead to unnecessary investigations, higher healthcare costs, and reduced clinical confidence. Studies estimate that defensive medicine contributes substantially to healthcare spending without consistently improving outcomes (Mello et al., 2010). The key challenge is distinguishing responsible precaution from needless excess (Panella et al., 2017). Defensive medicine is justified when caution improves patient safety without compromising clinical judgment or stewardship of resources.

The Digital Crystal Ball

Emerging technologies will further shape how physicians balance precaution, accountability, and patient welfare. Electronic health records can improve documentation quality and continuity of care, while artificial intelligence tools may enhance diagnostic accuracy in selected clinical settings (Topol, 2019). As patients become more informed and engaged, physicians will face greater expectations to justify decisions, communicate clearly, and uphold high standards of care, reflecting broader trends toward shared decision-making (Barry & Edgman-Levitan, 2012). In this evolving environment, defensive medicine may be defined less by avoiding lawsuits and more by promoting trust, accountability, and safety—qualities consistently linked to improved healthcare quality (Institute of Medicine, 2001). This shift reinforces the view that defensive medicine serves its strongest purpose when it advances patient-centered care.



WHAT EXACTLY ARE WE DEFENDING?

Taken together, the clinical, economic, legal, educational, and technological considerations discussed above point toward a common conclusion. Three key lessons emerge. First, defensive medicine is ethically justified when it is grounded in evidence-based precaution that reduces uncertainty and prevents avoidable harm. Second, in the Philippine healthcare context, responsible defensive practices must balance patient safety with the realities of limited resources, emphasizing communication, documentation, and adherence to clinical standards rather than indiscriminate testing. Third, transparency, informed consent, and shared decision-making strengthen patient autonomy and trust, transforming precaution from a liability-driven response into a patient-centered ethical commitment.

These arguments collectively demonstrate that the value of defensive medicine lies not in protecting physicians from blame but in protecting patients from preventable harm. The strongest defense against both adverse outcomes and liability is a healthcare culture rooted in competence, accountability, and respect for patients. Therefore, when guided by sound clinical judgment and ethical responsibility, defensive medicine should be recognized not as a questionable practice but as a legitimate and necessary component of high-quality medical care in the Philippines.

####

BEYOND FLOOD WATERS

WHEN WADING THROUGH DISEASE-BORNE FLOODS BECOMES THE ONLY OPTION

text by Krishyra So



On Tuesday, July 22, severe flooding hit Malabon and Navotas due to a damaged flood gate. Amidst the floods, 20 year-old Dion Angelo dela Rosa waded waist-high floodwaters to search for his father, who was accused of illegal gambling through a game of kara y krus.

After wading through floodwaters to reach multiple police stations, his father was discovered in a Caloocan jail cell on July 25. dela Rosa continued traveling through contaminated floodwaters to care and work on his father's case, but died on July 27 from leptospirosis after developing fever and chills.

The case of dela Rosa is just one of many that go by right under our noses. Health risks brought about by flooding are largely preventable, but our countrymen are left with no choice but to wade through disease-laden floodwaters. Media reports and senate hearings have uncovered that since the year 2022, there have been 5,500 flood control projects.

On July 28, investigations launched by President Ferdinand Marcos revealed that many of these flood control projects were substandard. Some anomalies only existed in a written contract or spreadsheet.

While lawmakers and DPWH executives continue to point fingers at each other, the rest of the country suffered as the Habagat season brought relentless southwest winds and excessive rain, putting the country in a cycle of floods.

As of August 9, more than 10 hospitals in the country are now full of leptospirosis cases due to intermittent heavy rains and floods.

Data from DOH as of June 8, 2025 to August 7, 2025 indicates that more than 2,000 Filipinos are affected by leptospirosis. Dengue cases have also been on the rise, as 8,171 cases have been recorded from July 6 to July 19 nationwide.

As of September 2, DOH reminds that leptospirosis fast lanes have been established and are ready to cater to those who are at risk immediately.

With many Filipinos ill and at-risk, meanwhile, DPWH has uncovered that 421 projects have been confirmed to be "ghost projects" with most hailing from Luzon on October 9. The Independent Commission of Infrastructure (ICI) launched an investigation on the worth of these projects, ultimately deciding to file at least 15 cases over the 421 suspected "ghost projects".

"Posible daw na na-leptos daw ako, at ipapa-lab test daw ako. Kaso nga lang hindi kami tumuloy. Baka hindi abutin ang pera namin,"

said 32-year-old Russel Agapay from Parañaque, who reports that he has been experiencing symptoms of yellowish eyes, chills, fevers and body malaise for a week.

"The process is becoming more organized, as we now know what to focus on — identifying the ghost projects," said Brian Keith Hosaka, ICI Executive Director.

Despite this, on October 13, ICI released a statement saying that they are unable to identify any government official yet involved in anomalous flood control projects.
"As of now, *wala pa kami nakikita,*" special adviser Rodolfo Azurin says. Hosaka and Azurin claim that charges will be evidence-based.

While investigations continue, super city Bacolod has once again been flooded as heavy rains poured nonstop since the morning of October 14, exposing multiple citizens to flood-borne diseases again. Rescue operations in Barangay Mandalagan were launched just last October 9 when citizens experienced waist-level floods.

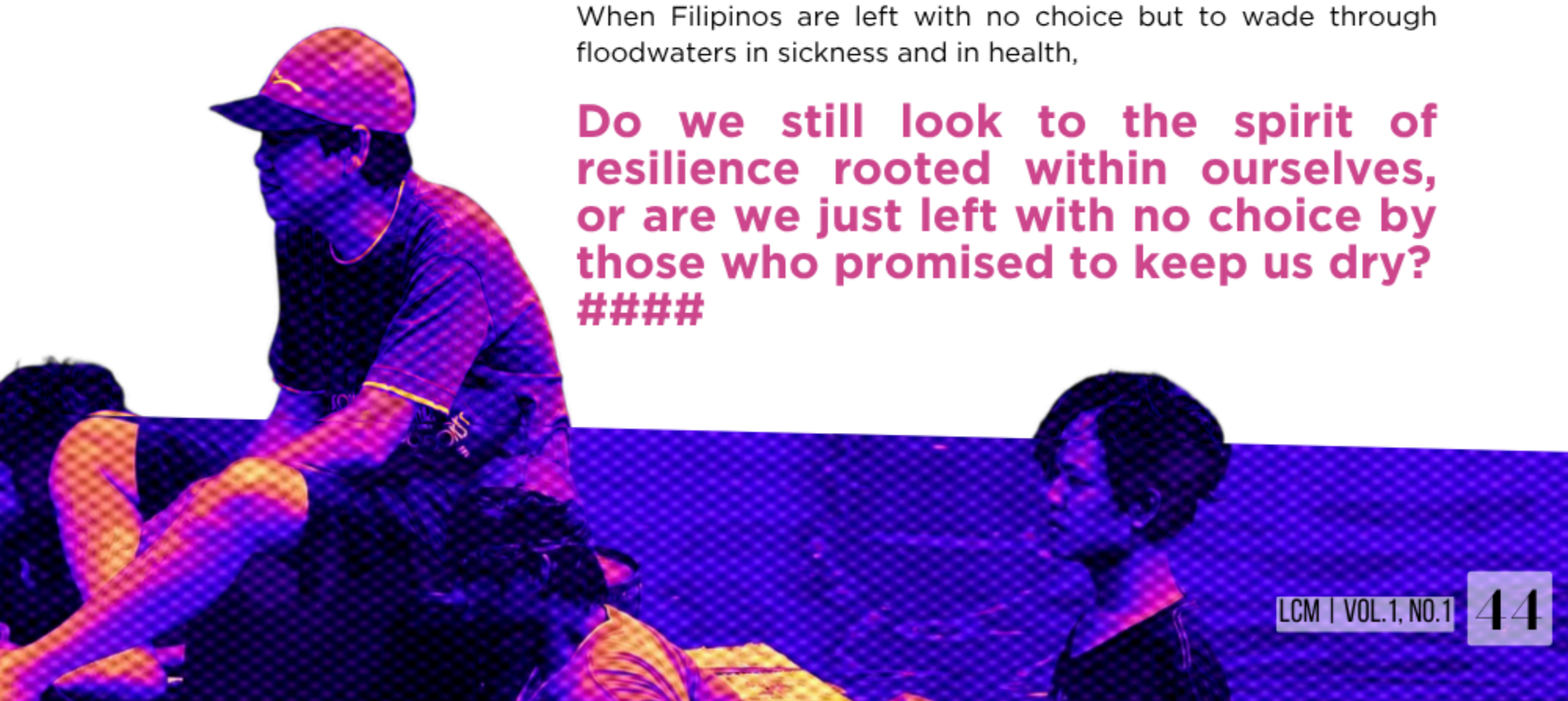
The story felt too familiar when the Reclamation Area around SM City Bacolod was plunged into knee-height floods as of 2:00 in the afternoon of October 14. Last 2024, a 639-meter diversion channel long promised to keep Bacolodnons dry was reported to be 35% completed. Spearheaded by the Almana Development Corporation, updates and reports about said diversion channel have not been released for 1 year and 7 months, revealing that the project has been unfinished and non-functional.

The corporation is also in charge of former mayor Albee Benitez's Bacolod Tree Park project worth 500 million. The project is funded from a 4.4 billion budget loaned from the Development Bank of The Philippines. No information about its progress has been publicly published aside from a groundbreaking ceremony last September 2024. Almana Development Corporation's website also does not reveal ongoing projects. he corporation recently went under fire as the Environmental Management Bureau (EMB) discovered that their construction activities in Barangay Mailum, Bago City were beyond the boundaries of their existing Environmental Compliance Certificate (ECC). The City Engineering Office issued a notice of violation after receiving complaints from Pataan Irrigators' Association and Mailum Bukidnon Tribe that there has been an increased incidence of flooding and debris from the construction site.

Across the islands of the Philippines, Filipinos continue to trudge through the same path due to necessity and not of choice.

When Filipinos are left with no choice but to wade through floodwaters in sickness and in health,

Do we still look to the spirit of resilience rooted within ourselves, or are we just left with no choice by those who promised to keep us dry?
####



The Art of Staying Afloat

Leofe Villaluna, Batch Cairana

Three years in medical school taught me things I couldn't imagine. The IV pole was skillful at waiting. It did not ask the vein to hurry as it stood next to the bed, holding fluid one drop at a time. I was envious. I realized I hurried through everything, including sleep, meals, and notes, as though speed was the only thing that could keep me sailing.

Then, I discerned that I was not as good at listening as the stethoscope was. It was an ornament around my neck and a test in my hands. I put it against the patient's chest in an attempt to hear murmurs, but I missed the softer sounds, such as the breath held in fear or the wait before a patient responded: however the stethoscope did not break. It relied on silence to show what was important. On the other side, I saw a monitor, it was even less considerate. It was loud and unrepentant, announcing every change, every departure from the ordinary. I measured myself in terms of scores, study hours, and patient visits, living like that screen. It seemed like failure with every downturn. Every warning made me believe that there was a problem with me, not just at that particular moment.

And then I learned something unexpected about the blood pressure cuff. It was very tight and ached. It told no truth when too loose. It appeared that even accuracy required balance. I stopped feeling like I was drowning toward the end of the year. I stopped resisting it, not because the water subsided. I discovered how to wait between alarms, listen without hurrying, and allow myself to refuel before being depleted. The field of medicine remained unchanged. The wards continued to be noisy. The hours remained lengthy. However, I came to the realization that healing wasn't necessarily about intervention, but somewhere between the calm discipline of listening and the continuous trickle of fluids.

At times, it was simply learning how to survive.
####

A New You *(Neuro)* Case

Rea Shane Yonzon, Batch Cairana

I was fumbling with my neurology kit, trying to recall the next step of the exam for our practical. I had memorized my script, but it fell apart when my patient turned out to be a real neurological case. Suddenly off-script, I stuttered through the exam, painfully aware of the stares fixed on me: my patient, her guardian, the proctor, even other patients in the room. I tried to steady myself and project calm, even as my nerves showed. Through it all, my patient watched me closely, patiently waiting as I worked through each step.

Her eyes couldn't quite focus, but she tried to meet mine. Then she smiled. Not uneasy. Not judging. Just honest. The kind of smile you give someone you trust. I didn't understand it. I wasn't sure of what I was doing, barely holding myself together. I was just another medical student assigned to be there, someone she had no reason to believe in. And yet she did.

I smiled back, and in that brief exchange, I remembered why I was there. Not just to perform an exam correctly, but to show up fully for the person sitting in front of me. In that moment, she taught me something I hadn't learned from any book: growth often begins right where you feel most unprepared.
####

The Warmth of Medicine

Shane Tabuga, Batch Aetheris

Before Krishyra enrolled in the college of medicine, she was a practicing physical therapist. Among the patients she rehabilitated was a 9-year-old girl battling cancer with a surgical scar that extended from her thigh to her ankle. During their sessions, the little girl would show up dressed in the brightest of colors paired with a floral bonnet or one bearing cartoon characters. Krishyra would come up with ways to entertain her during the session. They would play a guessing game, redirecting the little girl's attention toward her own curiosity. Her strength, echoed by her laughter and reflected in her smile, is what Krishyra finds inspiring. "A light that cannot be dimmed by a diagnosis like cancer," she shares.

One of Vershei's memorable encounters was during her community health nursing exposure. Equipped with her knowledge and nursing bag at hand, she entered the humble home of the adopted family she was assigned to. Upon entering the house, the living room met the kitchen and there was barely any space to move. Yet, she was greeted with the warmest smiles and was offered a simple feast of biscuits and soda each time she came. She recalls that she never walked out of these homes empty-handed, whether from her adopted family or those of others. The hospitality of these families is a memory she carries, a motivation that will propel her to move forward in medicine.
####

Physicians are called to heal but sometimes patient encounters heal our own faith in humanity. A reminder that there is light and kindness even in the darkest of times.

The Silent Storyteller

Cristine Joy Bangcaya, Batch Ixora

There is a spectrum of issues that medicine and art do not agree on. Yet healing is one of the exceptions that pass through a razor-thin wavelength of convergence. For a long time, people thought that art and healing from a certain disease are mutually exclusive fields instead of complements. But then, when reality comes crashing down and all tangible means toward hope starts flickering, where do people turn to survive all sense of suffering?

Pharmacological treatment remains to be the first choice in alleviating major symptoms of almost all diseases including mental disorders. However, because of harmful adverse effects leading to a patient's poor quality of life, clinicians gradually considered complementary treatment options such as art therapy more than five decades ago. According to the British Association of Art Therapists, art therapy is a form of psychotherapy that makes use of different art media as the primary mode of expression and communication. Since this form of therapy is non-verbal, it allows patients to express the ineffable. It is used to help patients tap into their inner world by allowing them to explore emotions, process traumatic events, and forge new roads and perspectives toward healing. Among the different art media, drawings and paintings have been historically recognized as the most useful part of therapeutic processes within specialties such as psychiatry and psychology, as well as medical and neurology-based scientific audiences.
###

Art therapy has been apparent long before the term was established and integrated into the field of medicine. Famous artists such as Vincent van Gogh and Frida Kahlo channeled their pain through their works. Using intense color, swirling brushstrokes or impasto, and symbolic subjects like the starry sky gave the former comfort and strength in the midst of his mental turmoil. Likewise, Kahlo taught herself how to paint during her slow recovery from a serious injury brought about by the collision of the bus she rode in with a trolley. She made use of self-portraits with symbolic subjects like the broken columns to make her suffering visible.

Currently, art therapy is also used as a disaster response to treat people who experienced a traumatic event such as typhoons which always leave the victims mentally devastated. After the Central Philippines was hit by super typhoon Yolanda, trained art therapists from Singapore and the region were dispatched to help flood victims heal from all their losses– loved ones, homes, livelihoods, and well-being.

The path for healing is never a one size fits all approach– a term used more than five decades ago. However, in the razor-thin wavelength of convergence, art remains a universal language in the face of suffering, uncertainty, and recovery. It provides recognition that softens the horror of the crisis and prevents humanity from being obliterated from the sense of hope. After all, "Art is the shared silent storyteller of human experience".####

"Art is the shared silent storyteller of human experience"

A short essay on the glorification of medicine

Shane Tabuga, Batch Aetheris

When you graduate from medicine, you are suddenly elevated into the status of a superhero. It's not that you suddenly develop x-ray vision that can diagnose people at a glance or a touch that cures maladies. It's because just like superheroes that fly across cities to save a damsel in distress, you are literally God's instrument materialized – called to save lives. The thing about superheroes is that people forget that Spiderman is just Peter Parker in a tight suit. Likewise, the white coat is often glorified. People forget that physicians are humans too and that being a modern day hero does not equate to being as powerful as God. We do not hold the answer to every question or the cure to every malady. At the end of the day, just like how Spiderman or Superman end up with tattered suits, our white coats will have blood splattered stains and tear streaked trails. Although made from lightweight materials, it is probably the heaviest garment we will ever wear because it carries the weight of responsibility of lives we vow to save. As cliché as it sounds, Spiderman's words do ring true that with great power, comes the greatest of responsibilities.

####

"Not all heroes wear capes, some don white coats"

Through the Lens of a Moment

Cristine Joy Bangcaya, Batch Ixora

One of my closest friends in the world, who is also one of my favorite people, was diagnosed with leukemia. Let me tell you something about her. She is sunshine personified, bathed in sunlight. She is sugar, curiosity, and bravery.

There was a time when I visited her along with our friends on a random Saturday. During my bus ride home, I looked out the window. On my left, the sky was a calm shade of blue with streaks of pink clouds. It was like a well-blended blue and pink cotton candy. I couldn't tell where one color ends and where the other begins. On my right, the sky was an angry shade of blue with white and gray fluffy clouds. It was like a well-blended white and gray storm. I couldn't tell where one color ends and where the other begins.

From then on, every time I see the skies bathed in one of those colors during my difficult days– failed quizzes, uncertain exam scores, and raging self-doubts, I think of the girl who is all the bright and beautiful things but also a storm to be reckoned with, whose life is filled with both sunny and dark days with so much love in between.

We saw each other and talked over coffee last week. She has been in remission for seven months now. I looked out the window behind her. The sky was an angry shade of blue with white and gray fluffy clouds but the girl sitting in front of me, talking about everything she's passionate about, is a melt of golden rays, a sunshine of her own. I can't tell where one color ends and where the other begins.

####

"The Weight of Becoming"

Jacqueline D. Edralin, Batch Ixora

A flawed insight unravels a doubtful belief.
Built walls of impassivity remain steady.
Recurring vulnerabilities—often weary.

If the suspicion of despair surmounts a buried longing, then will I ever reach the clarity of my worth?

Perfect imperfections never seem to leave without a trace—they ponder on permanence within the condescending plight of inadequacy. The redundancy of dejection upon unfulfilled expectations blissfully welcomes a self-deprecating disposition.

Intrusion of wistfulness—recurring,
a sudden urge to sunder.

Invitation of dullness—beguiling,
a quiet plea to surrender.

If color births an echo of radiance,
will the void concede a truce with truth?

However, the impermanence of ruminations can only settle when redirection prospers priorities—acknowledging the strength it took to tolerate and inculcate realizations of growth amidst struggle.

If a brief moment of triumph evokes faith that inspires, then does that not indicate a profound passion that never dies?

An Anecdote

Sophie Bilbao, MD4

My most unique learning experience was during my surgery rotation, when I handled my very first serious trauma case. Before medical school, I had no experience in the medical field at all, and had no idea how I would handle the sight of blood, bone, and trauma. But during the patient encounter, when I was helping the PGI and the resident stabilize the patient, and helping them rush out the direct-to-OR forms with one hand and typing the text referral with the other, I realized what exactly our teachers were telling us all throughout medical school. When you're the person the patients are looking to for help, it really does turn a switch in your brain- you have no choice but to help, and your body, your reactions, and your movements all adjust accordingly. It was a really eye opening experience for me.

The Inner Lining

Shane Tabuga, Batch Aetheris

heads turn, eyes expectant with the sudden
flash of white
the hallway echoes the prayers beneath
their breath
theirs of a cure, yours of wisdom to know
what's next

the nameplate holds the identity
the title holds the authority
yet you still question why you're here
you walk in daily cloaked by doubt
fear only reflects your passion
fear only proves that you care

mastery comes with time, not with the
degree
there are pages intentionally left blank by
textbooks
the lessons in stories yet to be encountered

A Smile I'll Never Forget

Leofe Villaluna, Batch Cairana

It was a time when our academic schedules were incredibly hectic. I entered the ward looking for my assigned patient for our group. As I walked through, my mind was full of other things - academic worries, fatigue, and lack of sleep. But when I approached her and started talking, I tried to act as if I weren't tired.

Then it happened. She smiled at me, truly, genuinely smiled. Her eyes spoke of happiness, and looking at her face made me feel happy too. We had a wonderful conversation, and she responded with care and warmth. As our conversation came to an end, she asked for my name. In that moment, I felt a deep connection. I realized, "I made a real connection," and it filled me with joy.

It was then I understood that the path I chose is truly for me. Seeing someone, even someone who is ill, find happiness in the little things, made me realize how meaningful this journey is.

“Resisting, Reliving

Jacqueline D. Edralin, Batch Ixora

Despair whispers, drawing a faltering breath—tempting me to hold its hand. It swears it will never abandon me, never leave me empty.

When I need company, why is it always there for me?

I’ve been holding everything in after pouring everything out, battling a wound that keeps reopening — contemplating weakness while pursuing a coveted dream.

Why does this keep happening?

To be numb is to be free. To be free is to be numb.

If only true clarity exists—a reason, a purpose—will peace then choose to protect me?

I held despair’s hand briefly—let it fall, left momentarily.

Then in a soft whisper, it worried, “Don’t let go. Just stay here with me.”

“How will I survive if I do?”

I stood at the edge, bleeding—weary, silently pleading. Just then, a gentle breeze caressed my tear-stricken cheek and reminded me of solace — a constant presence that rarely stole stability from me.

“Did you forget about me?”

“Yes, but I never meant to.”

“I always did come for you so now this is my promise.”

Its voice, tinged with rare tenderness, made me long for its warmth as I inched closer towards safety. It embraced me like a found lost child, like I truly belonged for the first time, in such a long time.

If this is what awaits me every time I break then it will always be worth it to strive again. Not for others, but for myself.
####

The One.

Rea Shane Yonzon, Batch Cairana

The Summit.

You're the pinnacle of Sisyphus' punishment, waiting to be struck anew
Your purity is a marred reflection of the pitfalls I had to go through
A mocking contrast to the scars and drying blood underneath you

The Dream.

You're the weaver stitching my hide with shivers, coldness you have sewn
You sing to me lullabies of fear for both the known and unknown
A lethargic nightmare to my desire of being cradled by your holy rayon

The Goal.

You're the monarchy questioning my right to graze upon your jeweled hem
And I kneel upon your feet, raised my limbs scorched in the mayhem
A prized possession granting my lips permission to declare your anthem

The Motivation.

You're the force keeping my cogwheels in motion, inch by inch, turn by turn
Even if your delicate threads are laced with embers meant to burn
A hardened phoenix lifting hatchlings from the ashes, still I yearn

The Purpose.

You're the prowess for my lack of intentions of being a saviour of the dead
So let me bleed now, let me cry tears of blood, let me hope that all I have shed
A sincere atonement for your greatness to never ever be tainted

Sa pila ka mga segundo nga nakaluy-an
Para maka ginhawa nga hilway sa dughan
Hinali gin butong pabalik sa kamatuoran
Nga may yara ako kabuhi nga paga-amligan

Gin sakripisyo ang oras, kwarta, kag kabataan
Para maka ipon sang madamo nga kaalaman
Pati mga abilidad pang kamot gin pang tun-an
Para mga masakit kag pag-atipan mahangpan

May tiempo nga naga pamangkot kung masarangan
Ang gin pili nga mabudlay kag masalimuot nga dalan
Apang sa tanan tanan nga akon gin pang-agyan
Indi man lamang kabudlayan ang akon nadangtan

Sa pila ka mga nawong kag yuhom nga makit-an
Kag sa mga "Salamat gid, Doc" nga mabatian
Daw gilayon ang pamuluypoy sang lawas gaka umpawan
Kag gatubo ang dugang nga inspirasyon sa dughan

Apang pahabilin sang manunudlo nga indi gid malimtan
Ang pag bulig indi ang tuyo kundi ang dapat naangdan
Kay ang pila ka libro nga imo nabasahan kag gin id-idan
Sobra pa sa sobra ang bulos nga kabuhi nga imo matandugan

Ang Rason

Rea Shane Yonzon, Batch Cairana





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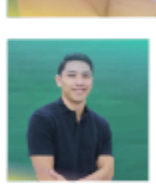
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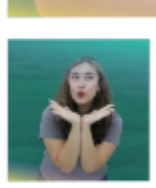
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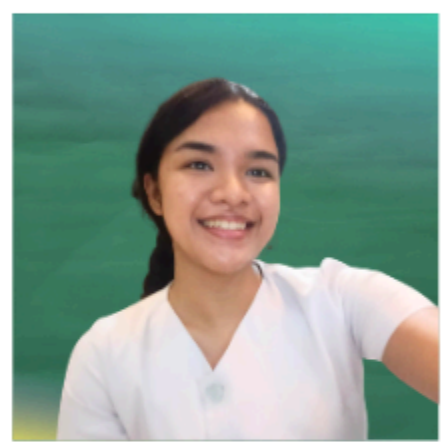


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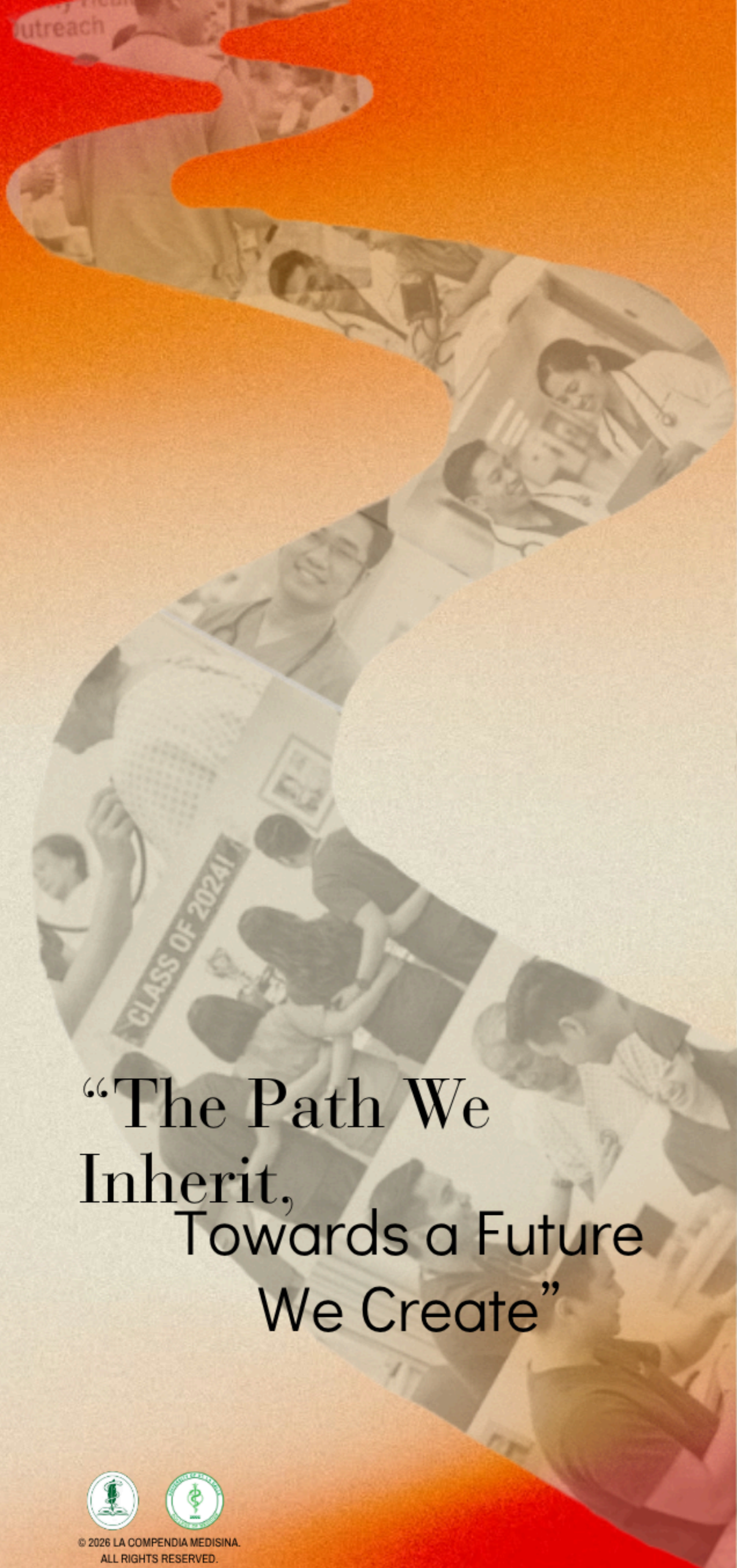
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USLS COLLEGE OF MEDICINE: REFORM THROUGH EDUCATION

The story of the University of St. La Salle College of Medicine is rooted in a simple yet transformative idea: that education can be a force for reform. Inspired by the mission of St. Jean-Baptiste de La Salle, the college was established in 2002 to answer a pressing need—not only for more physicians, but for healthcare leaders committed to serving communities often left behind.

What began as an ambitious vision faced challenges familiar to every pioneering institution: building a curriculum, securing resources, and gathering a faculty capable of shaping future generations of doctors. Through determination, innovation, and the support of dedicated educators and administrators, those foundations were laid. From humble beginnings emerged the first medical school on Negros Island, carrying with it a mission of service, excellence, and social responsibility.

Today, the College of Medicine stands as a testament to what purposeful education can achieve. Its graduates serve across the country and beyond, extending the reach of compassionate healthcare while carrying forward the Lasallian spirit of faith, service, and communion. More than a school, it remains a living commitment to reform—one physician, one patient, and one community at a time.



“The Path We Inherit, Towards a Future We Create”

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