

50th Anniversary Department of Rehabilitation Medicine, UP-PGH

My first words are to greet everybody with great pleasure and exuberance on the occasion of the 50th Anniversary of the Department of Rehabilitation Medicine of the University of the Philippines - Philippine General Hospital (UP-PGH). I am truly pleased and honored to be invited to give this keynote speech.

I am proud to have been present at the creation of this department and witnessed its subsequent exponential growth, from the bottom, really bottom, to the top, over the ensuing years. I spent 24 years of my professional life at UP-PGH. I started first as a resident physician in the Section of Physical Medicine, as it was then named. In the hospital organizational chart, our Section was under the Department of Radiology and which, in turn, was under the Department of Medicine. We were at the third level, the lowest. No, there was no fourth level; that was as far down as we could go.

This 50th anniversary of our department comes at a time when advances in medicine in recent years have been many times faster and more astounding than those that have occurred over the whole of preceding history. Progress in biomedical research and technological innovations in the diagnosis and treatment of diseases is changing the practice of medicine in leaps and bounds. Dreams that our colleagues in medicine called impossible dreams not so long ago are no longer dreams. They are realities, realities that I consider modern medical miracles. Many of the changes are already here, or they are within realization. They are creating a tremendous impact on the shape of the health care system and are redefining the roles of the health professions.

The practice of Medicine is going through a period of extraordinary transition, and the specialty of Rehabilitation Medicine is not exempted. What then does our department need to do to make itself relevant, now that the world is no longer the world we knew?

As our department turns 50 this week, we should consider what challenges these changes, these advances, present to us, what consequences they bring, and what action we should take, as it marches on towards the next anniversary, 50 years from now.

We should be studying the forces that are triggering these changes – if we are to effectively meet the challenges that are sure to come.

Some of you may ask, "But things are going so well. Why rock the boat?" There's a saying that, "If it ain't broke, don't fix it."¹ And those who disagree counter, "If it ain't broke, you haven't looked hard enough." Dr. Lawrence J. Peter of Peter Principle fame even goes further and says, "If it ain't broke, break it."² To do nothing is to yield to the idea that if you leave things alone, you leave them as they are. But you do not. G.K. Chesterton warned, "If you leave a thing alone, you leave it to a torrent of change."³ And change has victims. But change also has beneficiaries depending on what one does about it. So, let us heed the warning of Will Rogers, "Even if you're on the right track, you'll get run over if you just sit there."⁴

Do not think longingly about the way things were, especially before the pandemic; think instead about what they can be.

The Department should take the lead in opening new and creative ideas and searching for different ways of enhancing its growth, development, and maybe, even the survival of the specialty.

We need to review the pattern of development of the rehabilitation team members; to re-define the role of the team members, particularly with the advent of such advances as robotics.

Another particular challenge concerns the mechanisms by which these emerging technologies in the field of rehabilitation can be made available, accessible, acceptable, and affordable to our people.

Our Department of Rehabilitation Medicine logically should take a lead in INITIATING AND PROMOTING new creative ideas towards the delivery of rehabilitation services, particularly to the unreached disabled persons ... just as it did when it played a lead role in the launching of the first Community-Based Rehabilitation Services (CBR) in the world in Bacolod City which has since become a collaborating Center of the World Health Organization (WHO).⁵ CBR in various forms has since been adopted by more than 100 member states of WHO. For this, our Department was given an award during the International Year of Disabled Persons of the United Nations.

And so, your work continues. As specialists in rehabilitation medicine, among our blessings is one I particularly cherish – and that is the ability to restore function, to the extent possible, to people with impairments and disabilities, or as Dr. Howard Rusk, one of my mentors, so eloquently put it, “within the limits of their disabilities, but to the hilt of their remaining abilities.”⁶ It is a precious gift.

May you then, my colleagues in Rehabilitation Medicine, stay the course. Know that what you are doing is what people need more of, and may you enjoy it along the way, as I did. Never doubt the importance of what you are doing. The famed essayist, George F. Will, predicted that rehabilitation medicine will be increasingly central to the health system as life expectancy increases, and so does the incidence of such disabling afflictions, as stroke and arthritis, and the demographic trend towards an increase in the elderly population.⁷ Not to forget the pandemics.

In this keynote speech, I believe it would not be our place to pay particular tribute to Dr. Guillermo Damian, who started it all and made significant and outstanding contributions to our department’s subsequent growth and development.

During my chairmanship, I was fortunate to have with me, especially during the early days of our expansion, residents led by Dr. Robert Lim, our first chief resident. THEY stood and faced the stresses and challenges that came with making the department grow – residents and those that came AFTER THEM, who stood up with enduring fortitude, self-abnegation, and daring to face the inertia, the difficulties, and the opposition that usually confront a newcomer, trying to find its place in the institution and eventually to grow and become the department with the biggest physical plant in the hospital. When we were done, our residents reported to me that whenever they encountered residents from the other specialties in the hospital corridors, these residents would bow and kowtow BEFORE them in mock obsequiousness to acknowledge our department’s ascent in the hierarchy. I owe those pioneering residents during my tenure as chairman. The department owes them.

I will finally conclude with these two not so original thoughts concerning your work in rehabilitation.

First, “Nothing is ever so good, nor so bad, that it can’t be expanded to be more so”.⁸

Second, “The dictionary is the only place where success comes before work”.⁹

It would do you well to remember them.

Antonio O. Periquet, MD

*Emeritus Chairman, Department of Rehabilitation Medicine,
Chinese General Hospital and Medical Center
Consultant, Manila Medical Center*

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