

Reflections on the Eye Bank Thirty Years Hence

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Disclosure: The author is the founding president, chief executive officer, ambassador-at-large, and current trustee of the Eye Bank.

Professor Salvador Salceda described the history of Philippine eye banking as “a fascinating if not frustrating one”. This is evident in his Geminiano de Ocampo Medical Research Foundation Centennial Lecture where he traced the ebb and flow of Philippine eye banking from 1948 until the birth of the Eye Bank Foundation of the Philippines in 1994 and the start of operations of its Medical Eye Bank in 1995.¹

The story of Philippine eye banking remains a fascinating one, but it has fortunately also been blessed with many moments of success and satisfaction even while still laden with frustration.

In an editorial about the Eye Bank in 2005, I wrote that “while the achievements after ten years of operations can be considered a success story, we have really only started to plant the seeds”.² And now, thirty years hence, after the COVID-19 pandemic that saw the number of cornea retrieval procedures plunge throughout the world, I believe we are starting to reap the harvest from the seeds planted throughout the last three decades.

The first wind

The years 1995 to 2012 was the period of our *long first wind*. These years saw a relatively high tissue yield, sometimes exceeding 2000 corneas a year. As we did not have many cornea surgeons yet at that time, we could share surplus tissue with our Asian neighbors such as Indonesia, Singapore, Vietnam, and South Korea. Because of the successful run of the Eye Bank, the “Cornea Club of the Philippines”, with only 6 founding members, was born. This was to become the Philippine Cornea Society that today has 88 members nationwide.

But this success was gliding on fragile ice. Why? Because 93% of our tissues came from the successful and rather unorthodox implementation of a law passed in 1995, patterned after the Maryland Coroner's Act. It allowed eye bank technicians to retrieve corneal tissue from medico-legal decedents for autopsy through a “presumed consent” under special conditions.

This manner of corneal tissue retrieval was intended to simply jump start our eye banking program, and the plan was for the Department of Health (DOH) to push for hospital-based deceased donor donation. But this did not happen. Only after 2017 was there a stronger push by the DOH for cadaveric donation. But even this was half-baked and

Philipp J Ophthalmol 2024;49:4-7



dependent on the heroic efforts of dedicated DOH staff members and private groups like the Eye Bank.

The high yield of corneal tissue from medico-legal sources caused complacency among hospitals and ophthalmologists. They could depend on the Eye Bank to supply tissue around the Philippines minus any effort from hospitals to contribute to the pool. The Eye Bank became a victim of its own success.

The “presumed consent” provision, while high-yielding, and ensuring a supply of tissues from young donors, carried with it a lot of risk to the Eye Bank. It is prone to misinterpretation, misunderstanding, and even malfeasance on the part of some quarters. One day in August 2012, the Eye Bank felt the full brunt of the risks of the law.

The Eye Bank was sued for retrieving the corneas of a young man based on the ‘presumed consent’ provision of the law. And while the law protected us, we sadly became fodder for a group of mainstream and social media personalities. Tissue yield plunged. We suffered greatly. It took a while to recover from the fear and mistrust brought about by this unfortunate event. We struggled to remain open. We needed to catch our second wind. And this came after 2013.

Second wind: 2014 to 2020

The years 2014 to 2020 was a period of recovery. We learned some painful lessons and we slowly regained public trust. But we were still greatly dependent on tissues from medico-legal cases. We made many efforts to establish hospital retrieval programs (HRPs) and had some success. But without the sustained push and support of our DOH, HRPs could not flourish. Fortunately, from 2017 to 2020, we started to get more support from DOH through the Philippine Network for Organ Sharing (PHILNOS) and this caused more hospitals to enter into memorandums of agreement (MOA) with the Eye Bank. However, we still had enough tissues from medico-legal cases to go by, and but for a few hospitals, our doctors did not feel the need to do their part. Complacency still prevailed.

The COVID-19 pandemic started in March 2020, and the world turned topsy-turvy. The gains from our partner hospitals suddenly disappeared. Facilities that used to be for the Eye Bank were now devoted to COVID. We could not even depend on medico-legal cases because of the lockdowns. It was all we could do to keep from closing shop altogether.

As the world emerged from the pandemic, we were faced with difficult realities. Many of the Philippine National Police (PNP) forensic officers who used to support the Eye Bank had either retired or gone for studies abroad. We also had a new administration, and new police officials who were under the radar were wary of implementing a rather risky law. They were the source of 93% of our corneal tissues from the time we started operation, and for a while we could not get any tissues from them. Then the hospitals that had already developed HRPs lost momentum and had to restart their programs with new personnel. Amidst all these, patients with corneal disease who needed transplants but couldn’t have check-ups during the pandemic, started consulting with a vengeance. And their surgeons needed tissues that we simply did not have. We were in dire straits.

But as in every crisis, there was a silver lining. Ophthalmologists felt the pinch. Complacency was lost.

The third wind

The latter part of 2023 up to the present has seen a definite upward spike in corneal donations.

More hospitals, especially DOH hospitals, started to enter into serious MOAs with the Eye Bank from mid-2022 onwards. We also started to feel the impact of some 132 students who graduated from the Organ Donation Innovative Strategies for Southeast Asia (ODISSEa) course.³ An initiative of the Donation and Transplantation Institute (DTI) Foundation in Spain that started in 2020, this course has led to an increase in deceased organ and tissue donation in many Asian countries. Upon the request of the DTI and to sustain the momentum, the DOH has recently identified additional hospitals for this training.

The Eye Bank has intensified its engagement with government and private hospitals nationwide so that more partnerships can be forged and existing programs strengthened. We have started one-on-one training for retrieval center personnel at the central eye bank facility in Manila. We hold yearly face-to-face fora for all hospital partners where we can exchange experiences, challenges, success stories, and strategies that work.

Some hospitals around the country have instituted the “honor walk” for donors and have adapted other ways to let donor families know they are appreciated. Some private hospitals have incorporated standard “inquiry forms” about organ and tissue donation into their processes so that the hesitation on the part of hospital staff can be overcome and patients and their families will be given the chance to donate.

As an incentive for hospitals, for each donor retrieved, one cornea automatically goes to the retrieving hospital and the other to the Eye Bank pool. Recognizing the reality of the global environment, career incentives are also given to transplant coordinators and technicians.

Community activities for cornea donation are held in areas where there are existing satellite retrieval centers. We continue to engage our medico-legal officers because decedents in their jurisdiction are still an important source of corneal tissues. We are and will always be grateful to our police officers in the forensic division of the PNP for being the life blood of the Eye Bank for so many years.

But strengthening hospital retrieval is the way to go. And finally, after 30 years of planting seeds, we now have an almost equal proportion of hospital-retrieved and medico-legal sourced corneas. The trend is for increasing HRP corneas, and it is a step in the right direction.

The future of Philippine eye banking

The Department of Science and Technology (DOST) created a grant for research involving organ donation and transplantation.⁴ This may help pave the way for research on areas from donor

development to regenerative medicine and will make sight-restoring transplants more accessible. The Eye Bank is a treasure trove of data and material. We need to tap into it more.

The goal is for hospitals nationwide to contribute to the donor pool regardless of whether they have waiting patients, because if everyone contributes, the tissue assignment incentives will no longer matter. There will be enough tissues to go by when and where we need it. Regional eye banks will then be possible.

Thirty years hence, we look forward to the future with hope and gratitude because of the loyal Eye Bank staff members who stuck with it through thick and thin; the trustees who serve and have served the foundation; sectors of society who have been invaluable allies; the PNP forensic division; our growing family of partner hospitals whose achievements humble us; and our noble-hearted donors and their families. All of you inspire us, not just to persevere, but to reach greater heights.

ACKNOWLEDGEMENTS

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Satellite Eye Tissue Retrieval Centers (As of March 30, 2024):

Luzon:

1. Baguio General Hospital and Medical Center
2. Cagayan Valley Medical Center
3. Dr. Paulino J. Garcia Memorial Research and Medical Center
4. Gabriela Silang General Hospital
5. Ilocos Training and Regional Medical Center
6. Mariano Marcos Memorial Hospital and Medical Center
7. Pangasinan Provincial Hospital
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Visayas:

1. Eastern Visayas Medical Center

Mindanao:

1. Amai Pakpak Medical Center
2. Northern Mindanao Medical Center
3. Southern Philippines Medical Center

Hospital Retrieval Program Partners (As of March 30, 2024):

1. Amang Rodriguez Memorial Medical Center
2. Asian Hospital and Medical Center
3. East Avenue Medical Center
4. Human Organ Preservation Effort – National Kidney and Transplant Institute
5. Makati Medical Center
6. National Kidney and Transplant Institute
7. Ospital Ng Maynila
8. Philippine General Hospital
9. Quirino Memorial Medical Center
10. Santo Tomas University Hospital
11. St. Luke's Medical Center – Quezon City and Global City

Transport Partners: Philippine Airlines, Cebu Pacific, LBC, Victory Liner, Partas Transportation Company, Five Star Bus Company

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