The history and future of eye banking in the Philippines

Looking forward to the harvest

Like all significant journeys, the Eye Bank’s story has been full of twists and turns, frustrations, and trials. But all in all, the twists of fate have been serendipitous, and the frustrations have been far outweighed by the fulfillment and satisfaction the work has brought to all who have been touched by it.

THE SANTA Lucia International Eye Bank of Manila, the medical eye bank of the Eye Bank Foundation of the Philippines, turned 10 years old in October. And despite what can be considered a success story in many ways, we have really only started to plant the seeds.

How the country’s first internationally accredited eye-banking facility came to fruition and continues to survive is a story worth telling, not so much because of what it can teach about eye banking, but because it is living proof of how “out of the box” thinking and tenacity can move mountains. Its lessons can apply, not just to eye banking, but to virtually all endeavors that have to be accomplished against odds daunting and formidable.

Dr. Salvador Salceda, in his *History of Ophthalmology in the Philippines* (unpublished), has this to say about the history of eye banking: “For more than a quarter of a century, from 1948 to the 1980s, eye banking for sight restoration in the Philippines has been a fascinating, if not frustrating story.” Indeed, it was.

From 1948 to the late 1980s, eye banking was a touch-and-go affair. While several efforts had been undertaken, too many obstacles stood in the way of a sustainable, functional, and efficient eye-banking system. Dr. Salceda identifies these obstacles as:

- Filipinos’ cultural bias against organ donation;
- Raging professional rivalries;
- Lack of committed, dedicated, and selfless leadership; and
- Lack of the knowledge and capacity for “managing interdependence” among varied but complementary expertise and resources.

These were among the main reasons that efforts at eye banking in the past did not take off, and the first eye bank withered in the vine. Until the early 1990s, the only regular sources of eye tissue were the eyeballs from Sri Lanka that arrived in styrofoam containers in conditions far from ideal. Occasionally, we also received from the United States “gratis” tissues that could not find “homes” among American surgeons.

In the 1960s, there were also efforts to harvest eyes from death-row convicts whose consent were obtained before their execution. Present eye-banking safety standards consider prison inmates far from ideal; to some countries, incarceration for 72 hours or more is a contraindication for corneal donation. In the 1960s, however, this was not the case. Hospitals got tissues from where they could, and death-row convicts were a logical source. Up to the late 1980s, some major training institutions had residents practically stealing eye balls under cover of darkness, while patients wait in university morgues to ask relatives of decedents to donate their loved ones’ eyes. As one can imagine, results from these routes were unsatisfactory and the efforts unsustainable.

Needless to say, the situation remained grim, and the dream of systematically and efficiently addressing corneal blindness remained elusive. It was under these circumstances in the early 1990s when yet another group of ophthalmologists decided, against all odds, to “go where no man had yet gone,” as far as Philippine eye banking was concerned.

Aside from the original obstacles already identified, other factors had to be considered in the strategy to finally get an eye bank off the ground. Among these grim realities were that we were trying to establish a very high-tech, capital-and skills-intensive operation to address a tertiary-health-care concern in a country that did not even have enough funds to address primary-health concerns. In 1992, when the foundations of the
present eye bank were being laid, the health and socioeconomic landscapes were grimmer than they are today. Roughly 40% of the population lived below the poverty level, 50% had no access to health care, and about 50% of Filipinos who died did not get any medical attention.2

It was clear that the government could not take the lead in this endeavor, the road was not going to be easy, and we had to think “outside the box.”

Unite to fight

While past efforts at eye banking had failed, three major factors raised the chances of success of the new endeavor.

First, we were able to form the Eye Bank Foundation of the Philippines (EBFP) in March 1994. This non-profit, nongovernment, humanitarian organization achieved two things at its onset. It united the major stakeholders and movers in the eye-banking field from the various institutions, both private and government, some of whom had been at odds with each other. This helped ease the “raging professional rivalries” that were a major stumbling block in the past. The foundation also provided a venue for fund raising, something that we needed badly since the entire effort had to take off and sustain itself minus government support.

Then we were able to get technical help from the International Federation of Eye and Tissue Banks (IFETB). The IFETB was formed in 1989 as an offshoot of Tissue Banks International (TBI), the biggest eye-and tissue-banking network in the United States. IFETB was formed to help different countries establish their own eye-banking systems with their own resources. To get the support from IFETB, however, we had to prove that we could do what needed to be done, particularly having a law passed to ensure that an eye bank will take strong roots in the Philippines.

Thus, Republic Act 7885 or “Act to Advance Corneal Transplantation in the Philippines” was passed—a major breakthrough in the struggle for the establishment of a Philippine eye bank. Patterned after the “presumed consent law” of the State of Maryland in the US, RA 7885 allows corneal tissues to be harvested from deceased victims of accident and trauma even in the absence of any document of organ donation as long as the hospital has exerted reasonable efforts to locate the victims’ nearest relatives within 48 hours from death.

The EBFP lobbied hard for the passage of this law since it was necessary to overcome another obstacle to eye banking—the cultural bias of Filipinos against organ and tissue donation. It was the EBFP’s hope to change the bias in time, but while the change was yet forthcoming, the “presumed consent law” was the battery we needed to jump-start the eye bank. We needed success stories to inspire people to donate their eyes or corneas. But to get the necessary number of success stories, we first needed enough tissues to go around. It was a catch-22 situation, and the new law would help ensure that we did not get stuck in the quagmire.

Armed with the legislation, the expertise and training from IFETB, and the start-up funding from the foundation, the EBFP inaugurated its first eye bank at the Makati Medical Center on October 16, 1995. It was named the Santa Lucia International Eye Bank (SLIEB), after Santa Lucia, patron saint of vision on special request of Dr. Robert Caro of Staten Island, the major benefactor of the facility. And as history has shown, St. Lucy has been good to us.

Sending out the Message, Bringing in the Tissue, Spreading the Gift

Having the law to help get the tissues was one thing, making it work was another. Two major groups had to be conquered, each with its own culture to boot: the police and the media. And this was where much “out of the box” thinking had to be employed, none more so than with the police.

We had to penetrate the wall of the Philippine National Police (PNP) crime-laboratory culture to achieve several things. We had to overcome their fear of helping implement a new and very progressive law that the public may not take kindly and the media could easily misinterpret or misrepresent, both of which would end up killing our efforts at conception.

We made sure, therefore, from the very start that we had the media on our side. We wanted the law to work, yet we wanted to be able to sleep well at night. We could not afford a hostile media.

We also had to win the minds and hearts of the PNP crime laboratory by making the SLIEB personnel practically part of their staff, allowing them to use the Eye Bank’s cars almost like service vehicles as they went from morgue to morgue, and helping them improve their facilities by coursing donations to them through our foundation. We even had to win points with the various morgues and funeral homes where autopsies were usually performed. One has only to see the conditions in these morgues to know that so much can be done to improve their lot, and this we have tried to do through the years. In time, both the crime-laboratory staff and the morticians saw the good that came from
it all. In time, they came to appreciate how they could bring so much joy to others even if they dealt with something tragic.

We also had to prove ourselves to our own community of ophthalmologists. We had to overcome their cynicism and show that the Eye Bank was there to serve the entire community and not just the members of the board. As a first resolution, therefore, the board members agreed not to receive any tissue from the Eye Bank during the first 6 months of its operations. They would be given to others around the country. This was a very important act of goodwill that had far-reaching results. We also had to make sure that none of the members of the board was given preferential treatment. We had to wait in line like all the rest. We still do.

With the tissues came the transplants done by doctors from various institutions—and the trust. This was followed by the human-interest and heart-warming success stories played up by a friendly media. And in time we were able to start working on the “voluntary donors” inspired by the good they had heard about and seen. We are still struggling to get more voluntary donors, but their number is growing. We could not have started building on this aspect of eye banking, however, without having effectively implemented the “presumed consent law” first.

The media exposure earned for us the trust of many important institutions. We entered into an agreement with Philippine Airlines, Cebu Pacific, and FedEx so that our tissues could be transported free of charge around the country. In 1999, ABS-CBN supported our surgical fund so that we could go beyond supplying free corneas and pay for ancillary expenses for transplant surgery. In 2001, some memorial homes led by Loyola Memorial Chapels started to routinely ask clients to consider eye or corneal donation.

In 2004, the Department of Health (DOH) entered into an agreement with the Eye Bank to encourage DOH hospitals to participate in the eye- and corneal-donation program. Advertising companies created television and radio ads for the eye bank free of charge, and these were aired free of charge as well. The armed Forces of the Philippines (AFP) signed an agreement with the Eye Bank last November so that the AFP may participate more actively in eye and tissue donation. We have yet to fully implement this, however.

From October to June this year, an unprecedented number of celebrities lent their images and talents for the tri-media “Tears of Hope, Tears of Health” campaign of the eye bank and Visine Refresh in the hope that they could encourage more people to become eye and cornea donors. A coffee table book documenting this campaign is in the offing and will be launched next year. Indeed, the list of those who have helped and continue to help has grown, and will keep growing.

But so much has yet to be done. A major challenge is maximally translating all this goodwill, support, and exposure to actually increasing eye-tissue yield and distribution. The eye bank is still struggling to do so and is far from achieving its vision of making corneal transplant surgery available to all whenever and wherever it is needed.

Eye Tissue and Beyond

Thus far, more than 8,000 eye tissues have been processed by the eye bank. We are presently averaging 50 to 60 tissues a month, a decent number by any standard, but still insufficient to meet the exponential growth of corneal demand so much so that the waiting period has gone to as long as 6 months.

This year had been a difficult one. The Eye Bank’s move to the Sentro Oftalmologico Jose Rizal in October was a tumultuous one, what with the lack of electricity in the eye center up to this day. But things are looking good for next year and beyond.

Strategic plans have been put in place that should double tissue yield in the next two years. Improvements in the business processes will help ensure more efficient and professional service delivery. The larger facility and staff will also allow us to venture into other undertakings such as producing our own tissue storage and culture media, processing other tissue like pericardium, and resuming processing of amniotic membrane. The acquisition of a femtosecond laser to prepare lamellar grafts is also in the works.

We have also started laying the groundwork for satellite eye-tissue-retrieval facilities in Pampanga and Cebu, and we hope to make headway in these projects in the next two years. We are also working on more government funding and sustainable grants so we can expand without having to raise processing fees too much.

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These last ten years have been a time to plant the seeds. We look forward to the harvest.

References
1. Tissue Banks International Manual on Eye Banking, 2005
2. National Statistics Office, Republic of the Philippines