

Masci Scholar Personal Testimony



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As a resident physician committed to advancing sustainable and comprehensive care for patients with chronic kidney disease requiring renal replacement therapy, it was my objective to deepen my understanding and gain meaningful exposure to the field of kidney transplantation in this observership.

Within the Philippine context, kidney transplantation remains accessible to only a limited number of patients due to its substantial cost and the high level of expertise required. Consequently, most patients continue to rely on hemodialysis or peritoneal dialysis as their primary modality of renal replacement therapy, despite robust evidence demonstrating that kidney transplantation offers superior clinical outcomes and improved long-term cost-effectiveness.

Within this context, my observership at the National University Hospital (NUH), National University Centre for Organ Transplantation (NUCOT) in Singapore allowed me to appreciate the discipline from multiple dimensions, namely the health systems and structural frameworks that sustain an effective kidney transplantation program, the medical intricacies of kidney transplantation as a specialized field, and the potential applicability of these advanced practices within the local healthcare landscape.



Dr. Daniel Labial completed an observership in kidney transplantation at NUCOT in July 2025.

Singapore's kidney transplantation system offers a compelling example of how coherent health structures and policies can significantly enhance access, quality, and continuity of care. Reflecting on its model, one immediately notices the deliberate integration of transplant services within major tertiary centers such as Singapore General Hospital and the National University Hospital, allowing for highly coordinated patient pathways from evaluation to post-transplant follow-up.



Dr. Daniel Labial with Dr. Hersharan Kaur Sran, who served as his guide consultant during his two-week observership at NUCOT / NUHS. On a regular day, he joined her on rounds in the post-transplant care unit and wards, as well as in her OPD clinics.

Central to this system is the Human Organ Transplant Act (HOTA), which operationalizes an opt-out framework for organ donation. This policy not only increases the pool of available organs, but also reflects a societal commitment to communal responsibility in healthcare. Applying this in the local context, I learned that there should be effort on how cultural factors can be an important barrier that should also be tackled first, especially in the Philippines where body and organs are considered sacred.

In addition to this, it also became clear how legislative design can meaningfully shift cultural attitudes toward organ donation and improve transplant readiness. Experiencing this firsthand at NUCOT gave a clear picture that, for a public health intervention to work, a system incentivized by political will and efforts is a must.

Aside from this, Singapore's financing mechanisms demonstrate how financial risk protection can be embedded into complex, high-cost services such as

transplantation. This structure enables patients to access advanced care without catastrophic economic burden, reinforcing equity within the system. In addition, the standardized use of multidisciplinary transplant teams exemplifies Singapore's emphasis on holistic, evidence-based care, as these teams synchronize surgical planning, nephrology input, psychosocial assessment, long-term immunosuppression management, and even financial risk protection.

Ethical safeguards also showcase a rigorous commitment to autonomy and informed consent, with specialized counseling and donor evaluation units ensuring transparency and voluntariness.

Ultimately, reflecting on Singapore’s approach reveals a system where clinical excellence is supported by strong governance, financing reforms, and sociocultural alignment, which demonstrates how health structures can be intentionally crafted to sustain high-quality transplantation services.

Singapore’s medical practices in kidney transplantation reveal that a certain level of precision and highly coordinated expertise should be present. The pre-transplant evaluation is systematic and data-driven, relying on advanced immunologic testing such as HLA typing and crossmatching to ensure the best donor–recipient compatibility.

On the other hand, post-operative care further showcases the field’s complexity, with individualized immunosuppressive regimens and vigilant monitoring supported by rapid access to diagnostics like doppler ultrasonography and protocol biopsies.

Surveillance also is highlighted in this field as patients are constantly immunosuppressed, which puts them at higher risk for acquiring infections. Multidisciplinary rounds where surgeons, nephrologists, infectious disease specialists, pharmacists, and transplant coordinators jointly assess each patient highlights how collaborative practice enhances early detection of complications. Reflecting on this experience, it’s clear that Singapore’s transplant system integrates medical precision, transplantation system and models, evidence-based protocols, and seamless teamwork to deliver consistently high-quality outcomes.

The Philippines faces substantial barriers in establishing an effective kidney transplantation program, especially when contrasted with Singapore’s highly structured and well-resourced system. A major challenge lies in the limited availability of transplant infrastructure, as only a small number of centers possess the surgical expertise, laboratory capacity, and multidisciplinary teams necessary to support safe and efficient transplantation.



A view of NUCOT.



Dr. Daniel Labial at NUCOT.

Financial constraints further compound the problem, with many patients unable to afford pre-transplant work-ups, surgery, and long-term immunosuppression. Organ availability is another critical limitation because the Philippines lacks an opt-out donation framework like Singapore's Human Organ Transplant Act; this results in a smaller donor pool and significantly longer waiting times.

Another barrier is the cultural views in the Philippines where one's body is considered sacred and should be maintained whole and complete even after death. Regulatory and logistical gaps, including delayed crossmatching, inconsistent post-transplant follow-up, and fragmented referral pathways, also hinder program effectiveness.

Reflecting on these contrasts, it becomes clear that progress in the Philippines requires parallel improvements in governance, financing, and health system capacity to create a more equitable and sustainable transplantation landscape.

Drawing from Singapore's well-structured transplant system, the Philippines can strengthen its program by developing regional transplant hubs with faster laboratory turnaround times for HLA typing and crossmatching.

Enhancing financial protection through expanded PhilHealth coverage and subsidized immunosuppressive therapy would reduce the heavy out-of-pocket costs that limit patient access. Increasing organ availability through more proactive national donation campaigns and improved public education could gradually build a larger donor pool. Establishing structured training programs for transplant surgeons, nephrologists, and coordinators would also help create a more capable multidisciplinary workforce.

Finally, implementing standardized referral pathways and decentralized post-transplant follow-up clinics would promote earlier evaluation and more consistent long-term care.

