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## 2 + 2 = Streptococcus

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I used to believe that my grandparents had put in a good word for me in heaven when they passed away. My maternal grandparents lived next door. I saw *Tatay* (father in Filipino), my grandfather, and *Nanay* (mother in Filipino), my grandmother, practically every day of my life from birth to age 11. I was a very shy little boy, usually quiet, rarely hard-headed, and always a picky eater. I probably wasn't the most pleasant grandchild to have around. My sister was much nicer. She was cute and articulate at a young age. She liked being indoors, but wasn't reserved like me. Like my Mama (how we referred to our actual mother), my sister loved to read. Mealtimes were also no problem at all, since she loved to eat. I would pout when I didn't like the food on the table. Yes, definitely, she was altogether more pleasant. Still, I showed a few good traits. I worked well with my hands. I memorized jokes that I knew adults thought were funny, even if I didn't understand them myself. Plus, I had a bowl haircut!

Part of my shyness might have come from being sickly. My parents didn't keep a good record of my hospital admissions, but I've been able to put together medical knowledge and a few memories and stories. My diagnoses ranged from pneumonia and childhood asthma, to glomerulonephritis and kidney stones. Later in life, I would learn that my primary pediatrician was a nephrologist. I had no

idea what that was, but having received the best of care, I knew I wanted to be like him.

*Tito* (Filipino word for uncle) Joel was my pediatrician. He was a big man and often late for clinic hours. “I will never be late when I become a doctor,” I thought to myself in the cool waiting room. While that room was cool in temperature, it was not cool at all in terms of decor. It was small and gloomy, with only the height chart stuck to the wall offering a touch of color. “I will fill my clinic with drawings and paintings,” I promised myself in silence. Clinic design aside, I had no other complaints! Tito Joel wasn’t really my tito. We weren’t related. It was my unusual constellation of illnesses that would land me, repeatedly, in his waiting room. He was also much more than my doctor. He made me feel better. I was cooperative in that clinic. I didn’t understand much of what he said to the adult I was with, but I listened in anyway. I drank more water, refrained from junk food, and only had sugary drinks on weekends. Those were much easier to deal with than painful blood draws and medications that were hard to swallow. I still got sick.

Tito Joel wasn’t to blame, but I wondered what it was. Maybe I would figure it out when I become a doctor. This all changed after fifth grade. My next sick day, from a bad case of diarrhea, wouldn’t be until my first month of pediatric residency. For years, I’d attributed this to Tatay and Nanay interceding for me when they went up to heaven.

Tatay died in his sleep. He was a chronic lung-er, suffering from Chronic Obstructive Pulmonary Disease (COPD) from years of smoking cigarettes.

He had a pacemaker, which I thought was pretty cool because it had batteries that could last for years. I was lucky if the batteries in my toys lasted a few weeks. He also suffered a major stroke on the day of my first birthday. He walked with a cane, coughed a lot, had oxygen on standby, and a caregiver on duty 24/7, so I grew up with Nanay doing most of the talking. Tatay passed away in November when I was eleven years old. It was my first encounter with death. It wouldn't be the last. Apart from being a breast cancer survivor, Nanay was healthy as could be. That she died of grief, and great love and longing, was the only conclusion when she passed away only three months after Tatay.

As doctors, we memorize thousands of facts, and it's often the ability to recognize the relevance of a particular fact that most requires the years of training. Our mentors would call it developing our "clinical eye." Putting two and two together is easy when it always results in four, but not always as simple when it might add up to hypoxic-ischemic encephalopathy or a dozen other complex problems. When I was a resident in the Philippine Children's Medical Center, we always began evening hospital "edema" rounds at the neonatal ward. We would start there because we didn't want to bring in pathogens from different parts of the hospital. Residents had only two jobs when dealing with neonates: know what you're talking about, and keep your hands clean. Edema rounds were called this because we would walk the whole way, and edematous feet weren't uncommon after covering the entire hospital. One of my favorite questions to ask junior res-

idents was about our little chronic lungers. “Apart from prematurity, what other factors contribute to the development of bronchopulmonary dysplasia?” I loved questions like this because there were many answers and a good number of them weren’t immediately apparent. Thinking through them was a good exercise in connecting the dots. I would review the different answers in my head as I waited for my peers to chime in. It was during one of these reviews, as I checked off relevant pathogens in my head, “Ureaplasma, chlamydia ...”, that I remembered Tatay.

The most common pathogens associated with COPD exacerbations are streptococcus pneumoniae, haemophilus influenzae, and viruses that cause colds or other flu-like symptoms. The most common causes of childhood pneumonia are mostly the same. Tatay coughed all the time. The residual weakness from his stroke during my first birthday left him often unable to cover his mouth. I saw Tatay daily and gave him a kiss on the cheek soon as soon as I saw him. We would then eat at the same dinner table. Of course, he coughed there, too. After the meal, we would move to the living room where Tatay would control the TV remote. Once the evening news was over, or sometimes even before that, he would hand the remote to me. I would change the channel, of course. Our nights would end with Tatay deciding it was time for bed. My sister and I would give him a kiss good night, then watch him slowly make his way upstairs, before we headed home for bed.

Practically every day of my life from birth to age 11, I was exposed to the chronic pathogens

of emphysematous lungs. I wonder if my doctor, Tito Joel, figured that out. I wonder if he put two and two together and came up with streptococcus pneumoniae. I wonder what harms could have been prevented by limiting that exposure. Maybe I wouldn't have missed as many football practices in those younger years. Maybe I would have made the varsity team earlier than I did.

After all the questions, discussions, and debates that occupied edema rounds, we would pray. We would pray for each other, especially the residents in charge of difficult patients. We would pray for our patients. We would pray for the families we leave behind at home as we struggled to care for children not our own. During prayer, I concluded that Tito Joel knew what he was doing. He knew, as I often tell parents about their children, that “they’re sturdier than you think.” He added up 2 and 2 and got to streptococcus, but also surmised that wasn’t what was most important. An ailing grandfather needs a good night kiss. A shy little boy needs to get the dinner he wants from time to time. The doctor in me also puts two and two together and thinks that I was sometimes sick in childhood because of the occasional bug caught from my grandparents, or even their TV remote. I also still believe that Tatay and Nanay whispered a kind word up there for their grandson with the bowl haircut. The doctor in me knows that too.

### **About the Author**

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