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SLMA President

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Association



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President's Message

Dear Colleagues,

I feel honoured and privileged for the opportunity to send this message to the membership as the 127th President of the Sri Lanka Medical Association, the apex professional organization of the medical profession.

This is a moment where the need of the opinion of our Organization and the services of our profession to the day to day lives of all Sri Lankans is required more than ever before.

We have lived through an year with the COVID-19 pandemic while trying to transform all our activities to suit the "new normal".

In fact, some activities have been more successful when compared to the pre-COVID era, while there is a lot left to be desired in other activities such as organizing social activities and education.

Distant Medical Education is one such activity that did much better than ever before during the COVID-19 pandemic in 2020. The SLMA was able to develop a fully-fledged auditorium from where we can now address and educate any of our members who are working in the remotest regions of the Island.

I urge you to stay tuned, encourage your friends who are not already members to become members of the SLMA, follow and interact with us via our Facebook page, and let us know your expectations so that we can organize and fulfil our obligation to keep doctors up-to-date.

Please plan to join our Annual Scientific Sessions scheduled to be held from 27th - 30th in July 2021 under the theme "Professional Excellence towards Holistic Health Care".

There will also be many social activities for which



you can participate with your family.

The COVID-19 infection is still raging in Sri Lanka with an ever-rising number of cases currently exceeding 40,000 and over 200 lives lost. While adhering to Ministry of Health Guidelines on prevention, the way forward appears to be able to vaccinate all high-risk people groups as soon as possible.

I am glad that the SLMA was able to take it up with the Secretary to HE the President and was able to convince the authorities of the need to expedite the process of purchasing vaccines.

As with the escalating number of cases of COVID-19, it appears that a good number of Intermediate Centres are inundated with asymptomatic cases who are PCR positive. Maintaining these centres are prohibitively expensive for the Government.

Therefore, managing asymptomatic patients whose housing conditions

are conducive and are able to allocate a separate room and a bathroom for themselves could possibly be managed at home reducing the burden on Intermediate Centres and ease the patient as well.

As a result, it is essential that the SLMA arranges training programs for doctors to effectively handle home-management of asymptomatic COVID-19 patients in the future.

The issue of COVID-19 death management in Sri Lanka was another important national concern that created unrest among certain communities who believe that burial is an essential form of disposal of the dead body.

The SLMA had a brainstorming session on scientific information available on this subject and established our position in this regard.

We are proud that the release of the SLMA statement cleared the doubts in the minds of many individuals who may have been misinformed.

Furthermore, it is important to note that quelling the unrest may improve the adherence to guidelines on prevention of COVID-19 infection and improve contact tracing efforts.

Please check whether you receive the SLMA alerts via SMS through which the SLMA disseminates key information regarding many activities of ours and also would appreciate the suggestions by the SLMA members to be taken up by SLMA this year for the betterment of the medical profession to improve the services to the Sri Lankan public.
Thank you

Dr. Padma Gunaratne
MBBS, MD(SL), FRCP(Edin, Glasg, Lond), FCCP, Hon FRACP, FAAN, FWSO
President, Sri Lanka Medical Association

Activities in December and January 2021

30th December 2020

A religious function was held at 'Wijerama House' to invoke blessings on Dr. & Mrs E. M. Wijerama and all past Presidents who are no more, by the President and Council 2020/21, the staff at SLMA office and other Colleges/associations located at SLMA premises.

The events unfolded with a chanting of pirith and almsgiving to Buddhist priests from Ashokaramaya Temple, Thimbirigasyaya. This was followed by religious rituals performed by Rev. Fr. Crispin Leo from St Peters Church, Moulavi Abdul Sathar from Maligawatte Islamic Centre and S Sandhana Krishna Aiyar from Wellawatte.

The SLMA, jointly with the Sri Lanka Association of Geriatric Medicine (SLAGM) presented the guideline on protecting "Persons



in Elders' homes" to State Minister of Primary Health Services, Pandemics and COVID Prevention,

Dr. Sudarshini Fernandopulle as this group is at a very high risk of contracting COVID-19.

31st December 2020



A brainstorming session on vaccine roll out in the country and compulsory cremation of COVID-19 dead bodies was held with the participation of experts in relevant fields and some council members of SLMA.



1st January 2021

The inaugural council meeting was held on first January 2021 at the SLMA auditorium. The meeting was presided by Dr. Padma Gunaratne, President SLMA. The proceedings commenced with the traditional New Year reception held at 3.30 pm, followed by lighting of the oil lamp of learning and unveiling the portrait of Professor Indika Karunathilake, President of SLMA in 2020, by the new president.



1st January 2021

To mark the beginning of the year 2021, Sri Lanka Medical Association planted 5 native/ endemic plants at Vihara Maha Devi Park to initiate the new concept of developing “Urban Forests”. The trees included Mee (මී ජාතියේ පොහොර ගස), Neem Tree (කොහොඹ), Indian Beech (මලේ කරද), Hora tree (හොර) and Daly River Satinash (දාලි දොඹ).



2nd January 2021



A team led by Dr. Padma Gunaratne, President SLMA had deliberations on containing the disease, vaccination, stroke care, protecting persons at elders’ homes and death management of COVID-19 infection with the Dr. P. B. Jayasundara, Secretary to His Excellency the President of Sri Lanka.

5th January 2021



An update on Vaccines was held at the SLMA Auditorium organized by the SLMA Media Committee on fifth January 2021. It was conducted in Sinhala Medium with the Tamil translations of

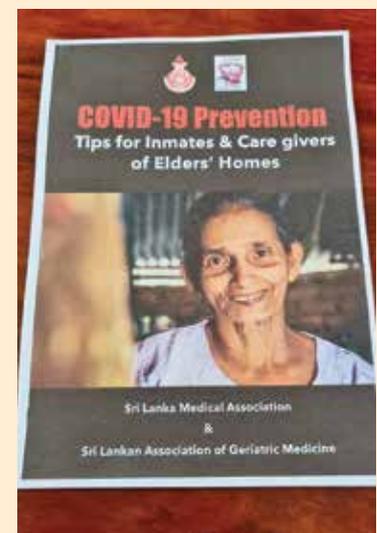


the proceedings carried out by Professor Ariyaranee Gnanadasan. The resource persons were Dr. Chandima Jeewandara, Senior Lecturer, Faculty of Medical Sciences, University of Sri Jayawardenapura and Dr. Deepa Gamage, Consultant Epidemiologist, Epidemiology Unit, Ministry of Health. The session was chaired by Dr. Padma Gunaratne, President SLMA and compered by Dr. Pamitha Mahanama. The media seminar was attended by media personnel representing many media institutions.

6th January 2021



A follow-up discussion on prevention of COVID-19 pneumonia among inmates of Elders’ homes was held with Dr. Sudarshini Fernandopulle, State Minister of Primary Health Services, Pandemics and COVID-19 Prevention, in the presence of representatives from SLMA, World Bank, the Ministry of Health and the National Secretariat for Elders.



Presidential Address - 2021

Good Evening, ladies and gentlemen,

Professor Indika Karunathilake, the outgoing President, Chairman and Members of the Board of Trustees of the Sri Lanka Medical Association, Past Presidents, Council Members and Members of the Sri Lanka Medical Association, Dr J. B. Peiris, my teacher in neurology, invitees representing Government Ministries, State Institutions, academia, UN agencies, statutory bodies, International Organizations, Professional Colleges, Academic Colleges and, all other distinguished invitees,

I feel deeply honoured and greatly privileged to be appointed as the 127th President of the Sri Lanka Medical Association.

The Sri Lanka Medical Association is the apex professional organization of all medical professionals in Sri Lanka. Whether you are a medical professional in the public or private sector, young or old, practising or non-practising, graduates of local or foreign universities, specialists or grade medical officers, the SLMA brings all doctors together on to a single platform, enabling the establishment of a centre of excellence for their continuous professional development.

The SLMA is the oldest national professional organization of medical doctors both in Asia and Australasia. It was established as the Ceylon Branch of the British Medical Association in December 1887, with Dr. P D Anthoniz as the President, along with 65 Founding Members. Along with the declaration of independence, the Ceylon Branch of the British Medical Association changed its name to the Ceylon Medical Association in 1951. The current name, "The Sri Lanka Medical Association" was adopted in 1972, with the promulgation of the new Democratic Socialist Republic of Sri Lanka.

As the leading professional

The SLMA President - 2021

Dr. Padma S Gunratne, nee Ranasingha, is a Board certified Neurologist with experience of a specialist in Neurology over 30 years. She entered the Medical Faculty, University of Peradeniya in 1977 and qualified MBBS with 2nd Class Honours in 1982. She obtained the MD (General Medicine) in 1987 and was Board Certified as a Neurologist in 1991. She obtained her MRCP (UK) in 1992.

She is a Fellow of the Ceylon College of Physicians, Royal College of Physicians, London, College of Physicians and Surgeons of Glasgow, Royal College of Physicians of Edinburgh, American Association of Neurologists, Royal Australasian College of Physicians and a fellow of the World Stroke Organization.

Dr. Gunaratne worked as the Consultant Neurologist at the Teaching Hospital Kandy for 13 years and as Senior Consultant Neurologist at the National Hospital of Sri Lanka for nearly 15 years. During this period she pioneered introducing of thrombolysis for stroke patients at the Stroke unit in Colombo. She has a special interest in Stroke care and pioneered the thrombolytic programme for ischemic stroke in the

Government sector in 2008 and Thrombectomy programme in 2018. She is the founder of the National Stroke Centre, Mulleriyawa Project and the founder President of the Stroke Support Organization for Sri Lankans. She was instrumental in establishing practice of total risk approach for prevention of CVD in Sri Lanka.

She was a member of the Board of Directors of the World Stroke Organization (2008 - 2015) and an executive committee member of the Asia Pacific Stroke Organization (2011- 2014). She held the post of Chairperson, Specialty Board in Neurology, Post Graduate Institute of Medicine, University of Colombo from 2015 -2018 and she is the Chair, Specialty Board for Medical Rehabilitation, PGIM, University of Colombo since 2018 to date.

Among prestigious posts she has held, are President, Association of Sri Lankan Neurologist -- 2008, President, National Stroke Association of Sri Lanka, 2010, 2011, 2012, President, Ceylon College of Physicians, 2011, the Vice President SLMA in 2015, and President, Sri Lankan Association of Geriatric Medicine, 2018 and 2019.

academic organization for doctors for over 130 years, the SLMA's contribution to professional development of doctors in Sri Lanka is beyond measure.

In this context, I consider myself to be ever so fortunate to represent this prestigious Medical Association as the President and be able to support the vision and the mission of the association.

2020 was a landmark year

for the Sri Lanka Medical Association, being compelled to face numerous challenging health issues related to the COVID-19 pandemic that have engulfed the whole world with no continent or country being spared.

I take this opportunity to thank the outgoing President, Professor Indika Karunathilaka and his Council for the unprecedented level of advocacy



and activities that were carried out during this crucial period. While transforming the SLMA to face the challenges innate to a pandemic, many up-to-date facilities were established for virtual communication.

These communication platforms have now become a blessing in disguise in that they could be used to propagate distant medical education to all medical professionals, even in the most remote regions of Sri Lanka. As a result, the SLMA is currently able to promote distant medical education more than ever before.

Medicine is a dynamic and an evolving field that sees daily developments due to the latest research and advancement in technology.

While I appreciate that the primary objective of the SLMA is the professional development of doctors with a focus on promoting physical, psychological, social, and spiritual wellbeing to our nation, it is important that we understand that professional development includes the implementation of advanced knowledge, ensuring high ethical standards of practice. The SLMA holds a keen interest in health, whether it is the health

of an individual, the health of the public, health related to a particular occupation, or even a zoonotic environment. To achieve its objectives, the reach of the SLMA has been intentionally broadened, resulting in 18 Expert Committees as well as 56 specialties under the umbrella of the SLMA Intercollegiate Committee.

Out of the many activities that the Council of SLMA intends to embark on in the year 20 21 under the theme “Professional Excellence towards Holistic Health Care”, there are several that represent areas of interest to me that I believe this august audience should be made aware of. Let me present them to you under the heading “A Drop, out of the Ocean of Medical Rehabilitation”.

A Drop, out of the Ocean of Medical Rehabilitation

The Covid-19 pandemic has been the worst global pandemic within my lifetime. So far It has infected over 90 million (90,077,446) individuals with a mortality of more than 1.9 million (1,934,813) globally. Hitherto, there has been 46780 diagnosed cases, with 222 deaths

in Sri Lanka. The pandemic has robbed many people of their livelihood and inflicted body blows to every strong economy, all over the world. Its economic and social impact on Sri Lanka is immeasurable.

Covid-19 is highly infectious and has severe consequences particularly in the elderly population, and in people with multiple co-morbidities. As at present, the management of COVID-19 is symptomatic, and measures of prevention is the key to control the outbreak. In this regard, the implied hopes of people on vaccination is understood and acknowledged while all efforts to vaccinate people at high-risk, at an affordable cost, must be prioritized.

Along with the vaccination, other measures such as wearing a face mask, physical distancing, and frequent hand washing, combined with lockdowns for highly infected communities, will have to be in place long-term, to keep a surge under control. Measures taken to minimize infection among healthcare staff are absolutely essential. While continuing with economic development, living in this “new normal” will have to be



encouraged long-term.

In terms of individual health, COVID-19 impacts the physical, mental, social, and spiritual wellbeing of people. While the physical and mental impact of Covid-19 may remain for longer than one would envisage, the psychological consequences of some others are a result of loss of their loved ones or of economic losses.

Research shows that COVID-19 has caused an increase in family disputes and it is likely that other non-communicable diseases may also show an increase owing to the unhealthy lifestyle brought on with the restrictions imposed on the movement of people. In addition, Covid-19 convinced us how it could affect spiritual wellbeing of individuals. Certain communities were disturbed by the policy of essential cremation for all COVID -19 deaths.

On the other hand, the projected economic growth for Sri Lanka is 3.4% in 2021. As responsible health professionals, it has to be emphasized that the physical, mental, social, and spiritual wellbeing of people should be essential for the healthy economic growth of the country. Therefore, it is imperative that

a wide range of rehabilitation measures are offered to all those affected in various ways following the outbreak. There are certain steps that have already been implemented by the Government to reduce the economic impact of COVID-19. In terms of health, while realizing that there is vast room for improvement from health care to humanitarian care, the contribution that has already been made by the healthcare professionals, along with the tri-forces and the police, is nothing but praiseworthy.

It is in this perspective that I am talking about Medical Rehabilitation. Medical Rehabilitation is a specialty relevant to a range of disabilities originating from any form of physical or mental disorder. The hallmark of successful rehabilitation is multi-disciplinary team care.

While appreciating the significant contributions made by the Sri Lankan tri-forces and the Specialists in Rheumatology and Rehabilitation in the field of rehabilitation of the disabled over the past several decades, I see, Medical Rehabilitation as a Specialty that is still in an evolving state of flux in Sri Lanka.

Education on Medical Rehabilitation

Upon inquiry, it was revealed that many medical schools are short of a comprehensive and adequate education on rehabilitation for their graduates. However, patients under a range of specialties including Neurology, Rheumatology, Orthopaedics, Neurosurgery, Geriatrics, Ophthalmology, ENT and Paediatrics, require rehabilitation services. Within these specialties, stroke, spinal cord injury, cerebral palsy, cerebral infections, musculo-skeletal disorders, visual handicaps and impaired hearing are common entities that need medical rehabilitation.

A research study was carried out, with my hospital team, to learn the practices carried out by varying levels of medical professionals with regard to stroke rehabilitation.

The study included 110 medical professionals made up of Interns, Medical Officers, Registrars, Physicians, and Neurologists, in equal numbers. Their practices in regard to the varying components of stroke rehabilitation were inquired into. The findings revealed that

all doctors believed that a multi-disciplinary team care approach was useful in stroke rehabilitation and more than 80% paid special attention to nursing and the physiotherapy components of rehabilitation in more than 75% of their patients. However, only about 50% paid attention on all aspects of rehabilitation in more than 75% of their patients.

The attention paid on occupational therapy, speech therapy, counselling, and the need for social services were considerably lower. The study further revealed that 65% of general physicians and 85% of neurologists would check for all aspects of the multi-disciplinary team care on more than 75% of their patients while the perspective was present in less than 40% of junior grade doctors.

The implication of these figures suggested that Medical Rehabilitation was considered to be more a postgraduate subject in the medical profession and that there was significant room for improvement of practices in rehabilitation.

The SLMA's contribution to the development of Rehabilitation Medicine throughout its existence has been remarkable, with the most recent significant contribution being the "Report on Disabilities" prepared by the Working Group headed by the then SLMA President Professor Lalitha Mendis in 2008. Much later, and very much based on this report, the MOH published the National Guidelines for Rehabilitation Services from 2014 – 2018.

The PGIM initiated the MD in Rehabilitation Medicine programme for Postgraduates in 2018 and has so far enrolled 8 trainees. The first MD qualified specialist in Medical Rehabilitation is expected to be Board Certified in 2023.

In 2020, based on a

proposal submitted by me, the SLMA initiated the Expert Committee for Rehabilitation of Disabilities as another step forward in the development of Medical Rehabilitation. Based on deliberations from this committee, we intend to take Medical Rehabilitation to its greatest heights possible in Sri Lanka. We intend to carry out SLMA based skills development programmes for multidisciplinary team members in this year.

Rehabilitation of Stroke victims

Cardiovascular diseases that include Stroke, is currently the leading cause of death in Sri Lanka. Stroke which was the third leading cause of hospital deaths in 2013 ranked 7th in the year 2017. Stroke is the leading cause of adult disability and an ageing population further increases the prevalence of stroke, as well as disability in the community.

There are approximately 1100 stroke admissions per year to the National Hospital of Sri Lanka and this figure is about 1500 at the Teaching Hospital, Kandy. In a setting where we discuss the ethics of equity to a greater extent, the burning question is whether these patients get their fair share of our free health service, when compared to other patient groups.

Up until early 1990s, there were no separate Stroke Services in existence all over the world. However, along with the Stroke Unit Titlists' Systematic Review published in 1993, which revealed the benefits of multi-disciplinary team care in stroke units, stroke rehabilitation started improving globally.

In keeping with the developments of the rest of the world, the very first Stroke Unit in Sri Lanka was established in 1998. Since then, the constant lobbying by the National Stroke Association of Sri Lanka, along

with the Association of Sri Lankan Neurologists, to the Ministry of Health, the result has been significant improvements in stroke services.

Our achievements over last two decades are substantial. 99.8% of stroke patients in Sri Lanka undergo CT scanning of brain for diagnosis and management. As the Consultant Neurologist at the National Hospital of Sri Lanka, I was able to commence the very first Thrombolytic Programme at the NHSL in 2008. Since then, the Ministry of Health has made thrombolytic, Recombinant Tissue Plasminogen Activator (rtPA) acute treatment for ischemic stroke available uninterruptedly.

As at present, there are 17 thrombolytic centres right across the country. However, there are only 62 dedicated stroke beds. Dedicated beds for stroke patients are essential since, as known to all medical professionals in this audience, stroke patients sacrifice their beds, together with their chances of recovery, to many other conditions in medical wards.

The mean duration of hospital stay for the stroke unit patient is 21 days while it is just 3 to 5 days in the medical wards. About 9% die in the acute stage and another 16% die of preventable complications over the next three months following premature discharge.

This knowledge led me, as the President of the National Stroke Association of Sri Lanka, to pressurize the Government to establish Stroke Units for patients. As a result, the project on the construction of the National Stroke Centre at Mulleriyawa was born and it is comforting to note that upon completion of the construction of this project, the demand for dedicated stroke beds in the Colombo District is likely to become somewhat eased.

Along with this project, the Government decided to establish 10 more Stroke Units in 10 different districts.

Considering the rising elderly population and the increasing number of strokes, there is a compelling need to expedite the establishment of these Stroke Units. In keeping with the objectives of the Government of Sri Lanka, in being concerned on equity of services, there is a vast need for the development of stroke services country-wide. Accordingly, the SLMA Council will be paying special attention to improving stroke care in Sri Lanka in 2021.

Geriatric Services

The longevity experienced by all of us is an outcome of the improving health services in Sri Lanka. Better healthcare, along with the reduction in birth rate, has made Sri Lanka to be one of the fastest ageing nations in the region.

The elderly, defined as those over 60 years of age in Sri Lanka, stood at 6.6% of the total population in 1981 and rose to 12.4% in 2012, which is a one hundred per cent rise over 30 years. It is projected that this figure will increase by another two fold to 25% by 2040.

When a country is with less than 45% of dependents (that is 30% below 15 years and less than 15% above 65 years) the United Nations Population Department defines that country to be in a demographic window.

Sri Lanka currently is in this “window of opportunity” or in other words, has the “demographic dividend” to achieve a rapid economic growth with a larger working-age population compared to the population in the non-working age. An ageing population will result in a decline in the working-age population and an increase

in the dependent population. According to the Department of Census and Statistics, the window of opportunity for Sri Lanka is expected to last for about 40 years starting in the early 1990s.

As such, it is prudent that the Healthcare System is able to anticipate an increase in the elderly population and address the challenges that would become a problem to the community, well in advance.

Have we been concerned on providing a reasonable service for the increasing elderly population? Is the medical fraternity adequately trained in delivering Geriatric services? Is the infrastructure available, sufficient to face these challenges?

Majority of the problems faced by the elderly are unique to them. Some of the difficulties encountered by them include mental health issues such as depression and dementia, as well as falls, musculo-skeletal problems, nutrition issues, incontinence, hearing problems, and visual handicaps. Unless there are well trained multi-disciplinary teams of healthcare professionals to take care of the issues of elders, we could become the victims of the consequences of poorly trained and under-prepared systems.

Similar to rehabilitation, do students learn Geriatric Care as an undergraduate subject? Upon inquiry, it revealed that the undergraduates are either not exposed or are exposed only to one or two didactic lectures in Geriatrics.

In 2013, the Post Graduate Institute of Medicine commenced a Diploma in Elderly Medicine and it has up to now produced 105 trained diploma holders. The MD in Geriatrics was commenced in 2018 and there are 12 trainees in the training programme, as at present.

The very first Board

Certification for a Specialist in Geriatric Medicine will occur in 2024.

The programme for the MD in Old Age Psychiatry, which commenced in 2017, and with four trainees as of today, will complement the team of medical professionals dedicated to the care of elderly. As such, there is considerable room left for the SLMA for advocacy and training for the benefit of elders in Sri Lanka.

The National Council for Elders is the national body established to ensure the independence, care, participation, and protection of the rights of elders in Sri Lanka. The SLMA intends to work closely with the National Council for Elders and the Sri Lankan Association of Geriatric Medicine to provide advocacy for the benefit of elders in Sri Lanka.

Rehabilitation of Psychoactive substance users

As per National Dangerous Drug Control Board of the Ministry of Defence, there have been 89,321 drug related arrests in 2019. The figures are likely to be much higher in today's context. Cannabis, heroin, methamphetamines, and hashish are the commonly used psychoactive substances. Out of all arrests, 51% were related to Cannabis and 46% were related to Heroin in 2019.

The Government and Non-Governmental Organizations are providing residential care treatment and rehabilitation services for drug dependents in Sri Lanka.

There are four residential treatment and rehabilitation centres as outreach programmes for drug dependants under the purview of the National Dangerous Drug Control Board.

The total number of reported drug users who had received treatment from these facilities for

the year 2019 was 3,613. Heroin remains the main drug type for which people receive treatment in the country.

All of them need weaning off of psycho-active substances and rehabilitation. The SLMA wishes to work in closer liaison with the National Dangerous Drug Control Board to overcome the drug menace in Sri Lanka in 2021.

Use of Novel Psychoactive substances and legislation of old psychoactive substances are other upcoming challenges in this field. Novel psychoactive substances are compounds designed to mimic existing established recreational drugs. SLMA would be alert on all developments related to psychoactive substances.

Services for Rehabilitation

As highlighted, patients for rehabilitation have a range of disabilities and need the services of multi-disciplinary teams of professionals.

Irrespective of the disability, a well rehabilitated person could contribute to the economic development of our country and would become an asset to the nation. As such, giving priority to the allocation of resources for rehabilitation would indeed pay off.

Over last several decades, keeping with the expansion of the medical specialties, there had been an improvement in numbers and the standard of nursing and allied health specialties.

I take this opportunity to salute

multi-disciplinary team care professionals for their services without which rehabilitating disabilities become impractical. Lack of priority, particularly in allocation of nurses and allied health professionals for rehabilitation, is a challenge faced by clinicians. There is vast room for expansion of training to fulfil the need of these professionals in Sri Lanka.

There is a need to improve infrastructure facilities for all of the previously discussed fields, namely Medical Rehabilitation, Stroke Care and Geriatric Services. One may question whether Sri Lanka can afford this much of infrastructure development at the same time in all these fields? Are we demanding the impossible from the Ministry of Health?

Could we expect such a rapid transformation from a country like Sri Lanka with a GDP per capita of US Dollars 3852 (2019) and a 3.6 % of Gross Domestic Product allocation for health, compared to an 8 to 10 per cent of allocation seen in many developed countries.

Has the Ministry of Health, with 157,000 employees, provided us with the best possible facilities to perform?

As an experienced clinician who worked in the Ministry of Health for over three decades, my personal opinion is that streamlining many areas in the Ministry of Health would save adequate resources to fulfil all these needs.

Strengthening health economics, consolidation of primary healthcare, establishing a back-referral system, automation of health records, and the Networking of Health Records with unique National Identity Numbers are some of the areas of improvement to increase the accountability of staff of all grades. It is worth considering.

Achieving Goals of SLMA

The goals of the SLMA cannot be achieved without teamwork and collaboration. The council appointed for 2021 is multifaceted, enthusiastic and committed.

I am looking forward to working in collaboration with government ministries and state institutions, UN agencies, statutory bodies, international organizations, professional colleges and associations, trade unions and also the general public.

Let me conclude my presentation by humbly pledging once again, that I will be committed to serve you in my fullest capacity as the President of the Sri Lanka Medical Association to take the association to greater heights of achievement and recognition.

I will be fervently committed to the motto of the Sri Lanka Medical Association “ලංකා දීපස්ස කිව්වෙහු මා පමාදී” which translates to “Work for the good of Sri Lanka without delay”.

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Induction of the President of the SLMA - 2021



Induction of Dr. Padma S Gunaratne, Senior Consultant Neurologist, as the 127th President of SLMA was ceremonially conducted at the BMICH on 23rd January 2021. This event was attended by more than 200 guests strictly adhering to the Covid 19 Quarantine regulations. Among the special invitees were Prof. Arjuna Aluvihare, retired Consultant surgeon representing the medical teachers and Mrs. Pradeepa Samarasingha Principal of Devi Balika Vidyalaya Colombo, alma mater of the incoming President.



Event Coverage: President Induction 2021



THE SLMA CO



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Dr. Padma S. Gunaratne
MBBS, MD (SL), FRCP
(Edin, Glasg, Lond), FCCP,
Hon. FRACP, FAAN,
FWSO Consultant Neurologist

Immediate Past President
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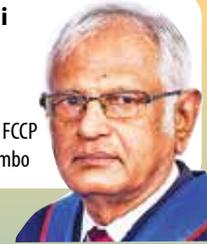
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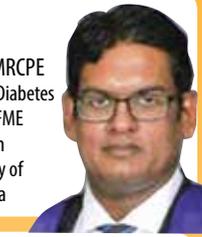
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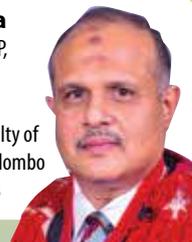
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History of the Sri Lanka College of Sexual Health and HIV Medicine



The Sri Lanka College of Sexual Health and HIV Medicine celebrates her Silver Jubilee this year 2020. It was inaugurated as the College of Genitourinary Physicians of Sri Lanka on 7th October 1995, and was renamed as the Sri Lanka College of Venereologists (SLCoV) in 1998. Its present name was adopted as it aligns itself better with the global recognition of the need for holistic sexual health services.

Following the establishment of the Anti-Venereal Diseases campaign in 1952, venereology was recognized as a public health specialty by the Ministry of Health. The Central Venereal Diseases Clinic (CVDC) was established in Colombo while out-patients departments of provincial hospitals had rooms demarcated for the VD clinic with separate access. A new separate cadre of venereologists was created to provide specialised services.

For a career in venereology, applications were called from medical officers who had at least two years of service as a Medical Officer of Health.

Following a selection interview chaired by the Director General of Health Services, successful applicants were trained for three months at the CVDC and appointed to head the VD clinics at the Provincial hospitals.

After two years of service, they were sent abroad for the Diploma in Public Health or equivalent to the UK or USA, and further training in venereology at a centre or centres of excellence. On their return they

were recognized as part-qualified specialists in venereology. The MD or MRCP was the requirement for a fully qualified specialist.

With the advent of HIV/AIDS in the early 1980's, the Anti-VD Campaign was renamed the National STD/AIDS Control Programme (NSACP) in 1985, and more attention was given to the prevention of HIV and provision of treatment and care for people infected with HIV.

From 1980, the Ministry of Health decided to recognize only postgraduate qualifications awarded by the Postgraduate Institute of Medicine (PGIM). The postgraduate qualification to be a venereologist was not clearly laid down. The MSc and MD Community Medicine with a dissertation/thesis on sexually transmitted diseases were recognized as the qualification to be a venereologist.

Although there were many professional colleges and associations dedicated to the development of their specialty, including community medicine, there was no such college or association for venereology.

Dr Iyanthi Abeyewickreme took the initiative to form a college as she felt that such an organization was necessary to develop venereology as a separate specialty rather than as a subsidiary of community medicine.

After much discussions with the consultants and medical officers at the NSACP, the College of Genitourinary Physicians was founded by Dr. Iyanthi Abeyewickreme on 7th October

1995. The infant College was kept active due to the efforts of a small group of doctors at the NSACP lead by Dr. Iyanthi Abeyewickreme, who was ably supported by Dr. Thiloma Munasinghe and late Dr. Sarojini Perera.

The objectives of the College were:

- i. To advance the knowledge, promote research and postgraduate education in venereology
- ii. To act as the authentic body in venereology
- iii. To promote fellowship among those engaged in the practice and research in venereology.

Dr Lucian Jayasuriya was elected Founder President and the Founder Member Dr Iyanthi Abeyewickreme was elected the Founder Secretary.

The First Annual Academic Sessions of the College was inaugurated on 17 August 1996, with the Hon. A H M Fowzie, Minister of Health as the Chief Guest. Due to the efforts of Dr Iyanthi Abeyewickreme, the Chief Guest at the Second Annual Academic Sessions in 1997 was Dr. George Robert Kinghorn, Consultant Genitourinary Physician and Clinical Director, Department of Genitourinary Medicine, Royal Hallamshire Hospital, Sheffield, UK.

The MSc and MD Community Medicine provided knowledge and training in public health but the SLCoV did not consider these as adequate for practicing as a

venereologist. Therefore, the College prepared a curriculum for a Diploma in Venereology which would give in-depth theoretical and clinical training in STDs and HIV. At the PGIM there was no Board of Study which agreed to take on the Diploma in Venereology.

As a result of hard work spearheaded by Dr Lucian Jayasuriya along with Drs Gamini Jayakuru, Iyanthi Abeywickreme and Thiloma Munasinghe for seven years, the SLCov objective was realized on 1st October 2001, when the Board of Study in Venereology was established.

The first chairperson of the Board was Dr. G.N. Jayakuru and the Secretary was Iyanthi Abeywickreme. We thank Dr. J. B. Peiris, Director, PGIM, who is gratefully remembered for the unstinted support he gave for the establishment of the Board of Study.

The Postgraduate Diploma in Venereology Course commenced on 19th July 2002. Each batch has six or seven trainees and a total of 108 have now obtained the PG Diploma. It is recognized as a qualification for promotion to Grade 1 of the Medical Officers' Service in the Ministry of Health.

The PG Diploma in Venereology was made the entry qualification for medical officers to follow the MD Course in Venereology, which commenced in 2003.

The MD in Venereology with Board Certification as a specialist is recognized by the Ministry of Health as the specialist qualification in venereology.

The Ministry of Health recognizes a Venereologist with the MD and board certification by the PGIM as a specialist in the discipline. To date there are 73 doctors with the MD and 24 Board Certified specialists in Venereology.

The College has organised annual scientific sessions with the participation of eminent genitourinary physicians/

venereologists from the UK, India and Singapore. Some of them from the UK, especially Dr David Barlow from St Thomas' Hospital, London and Professor Graham Taylor from St Mary's Hospital, London have become regular attendees at the academic sessions.

Advances in science and medicine require inter disciplinary collaboration and networking with national, regional and extra regional professional associations or societies.

SLCoSHH has considered this as an area of utmost importance in the professional development and has included it as one of the important objectives of the college. This facilitates to addressing patients' needs that cut across traditional discipline type of approaches in the world of learning, innovations and implementation sciences.

The annual academic sessions have been enriched by the participation of other professional colleges such as the Ceylon College of Physicians, Sri Lanka College of Obstetricians and Gynaecologists, Sri Lanka College of Paediatricians, to name just a few.

At the annual academic sessions, the following awards are presented:

1. The Nihal Perera Memorial Award for the best paper, since 1997
2. The Dr. and Mrs. Lucian Jayasuriya gold medal for the best performance at the Postgraduate Diploma in Venereology, since 2002.
3. The Iyanthi Abeywickreme gold medal for the best performance at the MD in Venereology, since 2014.

From 2020, another annual award for the Best Poster Presentation at the Annual Sessions was inaugurated in memory of late Dr Sarojini Perera, in recognition of her services to the College.

The Overseas Faculty of the College was established in 2008. Dr

G. Weerasinghe was responsible for organizing the consultants from the UK into the Overseas Faculty and they became the 'Overseas Faculty' of the College. They also functioned as the external examiners for the MD Venereology and organized the overseas training attachments for the post-MD trainees in venereology.

In 2015, then President Dr. Ajith Karawita and the Secretary Dr. Prageeth Premadasa, led discussions on a proposal to change the name of the College to better align it with the global recognition of the need for holistic sexual health services.

This would expand the remit of venereology from prevention and control of STD/HIV/AIDS towards delivery of comprehensive sexual health services. The proposal to change the name of the College was proposed at the Annual General Meeting held on 21 January 2015 and approved.

After further discussions regarding alternative names it was decided at a Special General Meeting on 25th February 2015, that the College would be known as The College of Sexual Health and HIV Medicine (CoSHH).

The College publishes the Sri Lanka Journal of Sexual Health and HIV Medicine which is a member of the Sri Lanka Journals Online electronic portal.

The College is a registered company under the Companies Act.

Dr. Iyanthi Abeywickreme, MBBS, Dip. Ven, MSc, MD, FSLCV, FCCPSL, Founder SLCV, Past President SLCV and Consultant Venereologist

Dr. Lucian Jayasuriya, MBBS, DTPH (Lond.), FSLCV, FCMA, Hon. FCGP Founder President SLCV

Dr. Thiloma Munasinghe, MBBS, MSc, MD Consultant Community Physician

The Lancet. Vol 397; January 2, 2021

Is science ever enough? Dare to play politics

Richard Horton¹ argued that “medicine and public health are being co-opted into a political programme of population control to protect the power of the modern neoliberal state”.

Measures implemented by leaders to bend the COVID-19 pandemic would aim to protect economies more than population health.

If true, what can we do? In many jurisdictions, public health authorities are under the control of democratically elected leaders.

If other policies are desired, other leaders must be elected. And if public health scientists want to make a difference, they should leave science for a moment and dare to play politics.

COVID-19 is painfully reminding us that the path is very complex—from gathering evidence to the implementation of sound public health interventions.² Nothing is new in the fact that it is difficult to convince leaders or citizens. Just providing evidence in public health is never enough; more is needed to influence stakeholders

and make them change.

Thomas R Oliver was right when he said, “science can identify solutions to pressing public health problems, but only politics can turn most of those solutions into reality”.³ Politics, more than analyses, determine policies.^{2,3}

The key is to convince most people, and this is where the path becomes difficult. To gain influence on COVID-19-mitigating policy, public health scientists have to play politics—that is, fight opponents with competing interests that are blocking healthy public policy,⁴ account for bounded rationality, convince key players, practice lobbying through interest groups, and make elected leaders serve their agenda. Public health science alone will never be enough.

- (1) Horton R. Offline: COVID-19—a crisis of power. *Lancet* 2020; **396**: 1383.
- (2) Greer SL, Bekker M, de Leeuw E, et al. Policy, politics and public health. *Eur J Public*

Health 2017; **27**: 40–43.

- (3) Oliver TR. The politics of public health policy. *Annu Rev Public Health* 2006; **27**: 195–233.
- (4) Raphael D. Beyond policy analysis: the raw politics behind opposition to healthy public policy. *Health Promot Int* 2015; **30**: 380–96.

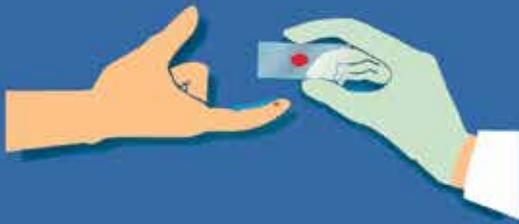
I declare no competing interests.

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The extracts of the lancet article was provided by Professor Jennifer Perera, Past President-SLMA-2016





Reduce the Delay

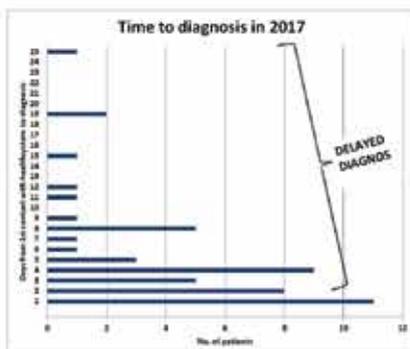
in diagnosing imported Malaria

Every single day that a malaria patient is left untreated,

- * His/her chances of survival decreases, &
- * He/she can transmit the disease to others & re-introduce malaria to Sri Lanka



Therefore malaria should be diagnosed within 24 hours of onset of fever



Your role:

For all fever patients, always check **travel history** at first interview. If patient has travelled to a malaria endemic country recently, **test for malaria**.

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SRI LANKA MEDICAL ASSOCIATION CALL FOR ABSTRACTS

The Sri Lanka Medical Association invites you to submit abstracts for the 134th Anniversary International Medical Congress - 2021

The deadline to submit abstracts is 31st March, 2021 23:59 Sri Lankan Time.

● All abstract submissions should be made electronically through our online abstract submission system (<http://conference.slma.lk/>).

The abstract submission portal will be active from 1st February 2021

- Hard copy submissions to the SLMA office will not be accepted
- One author will be permitted to submit a MAXIMUM of three (03) abstracts ONLY
- All authors of abstracts should be members of the SLMA, if they are eligible for membership.
- All research studies should have obtained ethics approval. All clinical trials should be registered with a Clinical Trials Registry. Authors should provide the letter of approval from an accepted Ethics Review Committee (ERC) for research studies and registration number for clinical trials, upon request
- All the authors should declare any conflict of interests during their presentation at the congress
- The SLMA considers plagiarism as serious professional misconduct. All abstracts are screened for plagiarism and when identified, the abstract and any other abstracts submitted by the same author will be rejected
- The SLMA reserves the right to make alterations and to edit the contents of the abstract to improve the quality of presentation

INSTRUCTIONS FOR ONLINE ABSTRACT SUBMISSION

1. Creating an author profile

Before submitting an abstract, authors must register in the abstract submission system by creating an author profile online

2. Submitting an abstract

- Log in to your author account
- Enter the information requested in the system (Title, names and affiliations, presenting author, abstract text)

Guidelines

- The title of the paper should be concise and the SLMA reserves right to modify the title if necessary
- The author(s) name(s) should be in the format of last name followed by initial(s).
Please DO NOT use prefixes such as Mr/Dr/Prof. (E.g. Perera AB)
- Please DO NOT include the title, names of the authors, institutions, sub-headings or any tables/graphs/figures or references within The body of the abstract. Only the text of the abstract should be included

- The abstract must be structured as follows;
 - Introduction and objectives
 - Methods
 - Results
 - Conclusions
- The body of the abstract MUST NOT exceed 250 words (iii) Please select the relevant submission category (Eg: Dermatology, Family Medicine...etc) from the drop down list in the abstract submission form (iv) When uploading the abstract as a MS Word document, please format as below;
 - **Title:** BOLD CAPITAL LETTERS
 - **Authors:** Last name followed by initials, with the presenting author underlined. A superscript number should be placed after each name to refer to the respective affiliations. (eg.- Perera AB1, Silva CD2)
 - **Affiliations:** must be listed below the authors
 - **Body of the abstract:** Structured with subheadings: Introduction and Objectives, Method, Results and Conclusions.
 - **Font:** Times New Roman
 - **Font size:** 12, single line spacing

3. Important notices;

- Modifications to the abstract can be made until submission. Please note that NO amendments to the submitted abstracts (including the authors list) would be entertained after closing of submission
- Abstracts not conforming to the above instructions will be rejected
- Accepted abstracts will be published in the Ceylon Medical Journal Supplement containing the abstracts
- A panel of reviewers will review abstracts anonymously and the decision of the Scientific Committee will be final. Successful applicants will be notified via email by 31st May 2021
- The presenting author is required to register for the sessions upon acceptance of the abstract
- Please provide a name of a second presenting author (in case of a situation where the original presenting author is unable to attend)
- Failure to make a presentation (oral or poster) once participation is confirmed will be considered an episode of academic/scientific misconduct and the authors will be liable for punitive action

The deadline to submit abstracts is 31st March, 2021 23:59 Sri Lankan Time.

Please make note that the deadline for submitting abstracts will not be extended

AWARDS FOR FREE PAPERS AND POSTERS

The following prizes will be awarded for free papers and posters accepted for presentation at the 134th

Anniversary International Medical Congress 2021

1. E. M. Wijerama
2. S. E. Seneviratna
3. H. K. T. Fernando
4. Sir Nicholas Attygalle
5. Wilson Peiris

6. Daphne Attygalle (Cancer)
7. Sir Frank Gunasekera (Community Medicine and Tuberculosis)
8. Kumaradasa Rajasuriya (Research Tropical Medicine)
9. Special prize in cardiology
10. The SLMA prize for the best poster
11. S. Ramachandran (Nephrology)

Please note that all submissions should be made electronically through the online abstract submission system **which will be opened on 1st February 2021**

IMPORTANT DATES

Abstract submission deadline: 31st March 2021 23.59 Sri Lankan Time

Abstract acceptance notification: 31st May 2021

Registration for presenting authors: 15th June 2021

Thank you

Dr. Sumithra Tissera

Honorary Secretary

Sri Lanka Medical Association

For further details please contact: The Sri Lanka Medical Association, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07. Tel: +94-112-693324, Email: congressslma2021@gmail.com



SRI LANKA MEDICAL ASSOCIATION CALL FOR ORATIONS

Applications are called for the following orations to be delivered in 2021

SLMA Oration – 2021

The SLMA Oration is the most prestigious oration of the Association. Instituted in 1979 it recognises outstanding achievement in research. It is delivered at the Inaugural Ceremony of the Annual Scientific Congress of the SLMA

Dr. S C Paul Oration – 2021

The S.C. Paul Oration is the oldest Oration of the Association. Instituted in 1966 it is delivered in the memory of Dr. S. C Paul, an outstanding surgeon.

Dr S Ramachandran Oration - 2021

It is delivered during the Annual Scientific Congress of the SLMA

Dr N W D Lionel Oration - 2021

It is delivered during the Annual Scientific Congress of the SLMA

Dr. Murugesar Sinnatamby Oration

Instituted in 1968, this Oration is delivered in the memory of Murugesar Sinnatamby, an outstanding obstetrician and gynaecologist

Sir Nicholas Attygalle Oration

Instituted in 1975 this Oration is delivered in the memory of Sir Nicholas Attygalle, an outstanding Obstetrician and Gynaecologist, the first Ceylonese Vice Chancellor of the University of Ceylon, and President of the Senate.

Sir Marcus Fernando Oration

Institute in 1969, this oration is delivered in the memory of Sri Marcus Fernando, outstanding Physician and the first Sinhalese member of the Legislative Council

Applicants should submit the full script of the oration. The covering letter, addressed to the Honorary Secretary, SLMA should explain why the applicant believes that the work is of sufficient merit to deserve an oration, and list the original papers and conference presentations (both oral and poster) of the applicant cited in the oration

Applications should reach the Honorary Secretary, SLMA, No. 6, Wijerama Mawatha, Colombo 7 on or before 31st March 2021

All orations:

- Substantial part of the oration should be based on original research
- Orations based on work published in peer reviewed journals will be given priority
- In case of multi-author research and publications, the applicant should inform the other authors of his/her presentation and provide details of the contribution to design, data collection, analysis and writing of the manuscript by the applicant
- A separate sheet stating the publications on which the oration is based should be attached to the submission (see below for details)
- The Murugesar Sinnnetamby Oration should be preferably on a topic pertaining to Obstetrics & Gynaecology

Guidelines for submission

- A covering letter should indicate the oration/orations for which the manuscript should be considered
- The oration should be written in full. The IMRAD format is suggested unless the content requires otherwise
- For all research involving human or animal subjects, state 'Ethics Clearance' in the methods section. Randomized Control Trials should have been registered in a WHO recognized Clinical Trial Registry
- The oration should be typed using Times New Roman, size 12, double line spacing. Harvard or Vancouver system of referencing can be used
- Seven (07) copies of the scripts should be submitted to the SLMA office (Hony

Secretary, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07). Of these, one (01) copy should be with the name of the author and six (6) copies should be without the name of the author

- Each copy should be accompanied with a brief resume of the salient points in one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office

The manuscript should be accompanied by a separate document which indicates the following;

- 1) The impact of the research in terms of advancing scientific knowledge, quality of clinical care and improvement of service delivery.
- 2) In case of multi-author research/publications, the contribution of the applicant to design, data collection, analysis and writing of publications/manuscript.
- 3) A declaration by the applicant that the other authors of the presented research have no objections to the submission of the oration.
- 4) The applicant should declare if all or part of the work included in the manuscript has already been presented as an oration.
- 5) Declaration of financial and other conflicts of interests.

All authors of orations should be members of the SLMA, if they are eligible for membership. (If you are not a member at present, please become a member before forwarding your application)

Closing date for all orations: 31st March 2021

Thank you

Dr. Sumithra Tissera

Honorary Secretary, Sri Lanka Medical Association

For further details please contact: The Sri Lanka Medical Association, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07. Tel: +94-112-693324, Email: congressslma2021@gmail.com

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A tribute to a legendary medical teacher, late Professor Eugene Wikramanayake

It is with immense sadness that we write this tribute to a legendary medical teacher, late Professor Eugene Ramyawathie Wikramanayake, Emeritus Professor of Anatomy of the Faculty of Medicine, University of Peradeniya and a pioneer in medical genetics in our country. She was born in 1933 and had her school education at the Girls High School in Kandy. She was exceptional at school obtaining class prizes and special prizes for English Literature, Mathematics, Science and Christianity.

She joined the Faculty of Medicine, University of Colombo in 1950 as one of the earliest female students to enter Medicine

from the Kandy district. After her graduation in 1958 with distinctions in Medicine, Public Health and Parasitology she joined the Department of Anatomy, Faculty of Medicine, University of Peradeniya at its inception in 1962. She states in the Darrel Wijeratne Memorial Lecture in 1999 that, “it was this translocation to the salubrious campus of Peradeniya and its vibrant intellectual atmosphere that lured me into an academic career in the basic sciences in Medicine”.

She served in various capacities from the post of Demonstrator to Senior Professor of anatomy until her retirement in 2000 and during her tenure developed the quality and stature of the Department of Anatomy to a very high level.

In 1968, she, “was literally set afloat by boat to sink or swim and catapulted into the electrifying presence of one of the leading geneticists of the post war era, Prof Guido Pontecorvo FRS, at the University of Glasgow”.

Swim she did with the tide of the mesmerizing secrets of life at the molecular level unfolding since the 1950’s, understanding the “human body’s nature in all its complexity”.

Thus she obtained her PhD in Human Genetics from the Institute of Genetics of the Faculty of Science, on a Commonwealth Scholarship for her thesis entitled “Localisation of autosomal genes in man using chromosomal aberrations”.

On her return to Sri Lanka, with a long term vision to expand the horizons of Anatomy as early as in the 1960’s, she introduced a course unit in Genetics in the medical curriculum both at undergraduate and postgraduate levels at a time when only 20% of medical schools in the UK and USA had genetics in their curricula.

She also introduced a course in Human Variation and Physical Anthropology in Archeology and participated in formulating a glossary of technical terms in Sinhala. In 1975, she returned to the University of Glasgow as a Post-doctoral researcher and a medical registrar at the Royal Hospital for Sick children, a Yorkhill, Glasgow.

She had also worked as a Professor of Anatomy at the College of Medicine, University of Riyadh, Saudi Arabia in 2000. She was instrumental in setting up a Cytogenetics unit at the Faculty of Medicine, University of Peradeniya.

VW recalls how her determined efforts to introduce progressive changes into the teaching of anatomy came to fruition when the Peradeniya school made the bold decision to replace its vision from the study of Medicine with the study of Man in Health and Disease that included a reoriented





basic sciences curriculum.

Prof Eugene had the distinction of being the President of Section A of the Sri Lanka Association for the Advancement of Science (SLAAS) in 2006.

She has conducted several seminal research projects on Genetic studies of the Veddhas in Sri Lanka. In 2002, she published a comprehensive review of research studies on two groups of Veddhas from Uva-Bintenna over the period of 1971 to 1996 in the Journal of the Royal Asiatic Society of Sri Lanka. Later her research interests expanded into biometry, male Infertility and human sociality.

She was an exceptional medical teacher who had taught generations of medical students, anatomy and in particular genetics in her own unique style.

Although she was a strict disciplinarian students loved her for her motherly mentorship and her genuine interest to help all the students.

With the wide repertoire of knowledge that she possessed she was able to critically analyse almost any subject ranging from medicine, anatomy, science, arts, philosophy to literature and summarize the essentials in coherent terms. Making Peradeniya her academic home for nearly four decades,

Madam Wikramanayake along with her illustrious husband, the late Professor Tommy Wikramanayake, enriched the academic and socio-cultural life of the Peradeniya campus in multiple ways during those halcyon days.

Her retirement signified an important milestone in her academic career which she generously dedicated to the Peradeniya Medical Faculty nurturing, as was her pride and joy, many generations of medical students. All of them continue to hold her in deep reverence with genuine gratitude.

Retirement afforded her more freedom and space to engage in some of her other keen interests, primarily meditation and research into her favourite themes and participate in continuing education activities, and of course spend more time with the family.

While residing in Colombo she immersed herself deeply in the wide spectrum of CPD activities of the SLMA (and the SLAAS, Nutrition Society and the Royal Asiatic Society) and was one of the keenest attendees at the varied weekly academic programmes of the SLMA. In fact it would amaze many that during PA's Presidency of the SLMA she participated in all of the joint clinical meetings in outstation hospitals bar one,

unluckily missing that because she could not get to the SLMA premises in time for the bus! This unending thirst for knowledge and her consummate desire for academic stimulation and lifelong learning was a distinguishing quality that should serve as a wonderful example for all of us in the medical profession.

She was a devoted mother, wonderful colleague and a loyal friend who displayed the noblest of human qualities that in today's fast-paced world, are either low on priority or are forgotten by many. She was a PhD supervisor of VW who recalls the many kind offers of personal support he and his wife received in their early post nuptial days.

We have observed with admiration how she was always willing to make the extra effort to help a person in need and how she always stood up strong in defense of the vulnerable and the disadvantaged. We will miss her. May she attain the supreme bliss of Nibbana!

Dr. Palitha Abeykoon (PA)

*Consultant Community Physician,
a past president of the SLMA
and*

Prof. Vajira Weerasinghe (VW)

*Senior Professor of Physiology,
University of Peradeniya*

Dr Palitha Abeykoon: Appointed Special Envoy on COVID-19

by the Director General of the WHO - 8th January 2021

Sri Lanka like the rest of the world going through gloomy times of the COVID-19 pandemic, woke up to a ray of good news on the morning of Saturday, 9th January 2021. I had received an e mail from the Hony. Secretary - SLMA overnight, conveying this news to us in the medical fraternity in Sri Lanka. This was more than a ray of good news in terms of a colleague being recognized and called upon to serve in the global response to deal with the ongoing pandemic for those of us who know and do not know Dr Abeykoon.

As per the press release from no lesser person than Dr Tedros Adhanom Ghebresyesus himself, '(Dr Abeykoon) will be working in tandem with an elite panel of international experts in providing strategic advice as well as top-level political advocacy and engagement in different parts of the world.'

If you know Dr Palitha Abeykoon, MBBS(Cey), M.S(S. Cal), MPh(Harv), DPS (Geneva), FCCPSL, FCMASL, FCGP (SL) then you know the story about how he became the first medical student to be registered at the newly established medical school at the Peradeniya Campus of the University of Ceylon.

It was purely due to chance, simply because his surname happened to be ABeykoon and the authorities were following the English alphabet to register students!!

His retelling of this story in essence summarizes the most important quality in him - LOYALTY. Loyalty to his hometown (Giriulla), to his alma mater (Trinity College, Kandy), to



Dr Palitha Abeykoon handing over the a copy of History of Medicine in Sri Lanka 1948 to 2017 to Dr Tedros Adhanom Ghebresyesus during his visit to Sri Lanka in 2018. Also, in the picture is Dr Iyanthi Abeywickrma Past President SLMA.

his university (Peradeniya) and to the organisations which he served and continues to serve in, to his family, friends and colleagues and above all undying and genuine loyalty to his country.

The story in fact goes on. A few weeks into his medical education young Abeykoon was struck down by Tetanus. He needed mechanical ventilation over a few days until his respiratory muscles were able to in the very least support spontaneous respiration.

This was in an era of not fully developed mechanical ventilation. He takes pride in saying that his medical student colleagues literally held his life in their hands and manually 'ambued' him back to life, taking shifts to do so over several days and nights!!!!!!

If you have met Dr Abeykoon in person then you also know

about his legendary, infectious and heartwarming laughter! No gathering where he is present is considered complete until one's ears and heart are filled with it. I have also seen it used as a weapon to diffuse tense situations and bring calm and drive-in sense to agitated and senseless people.

For those of us who have not had the privilege of meeting him in person (as I was till, I met him) his legendary reputation in the field of global public health precedes him by eons.

I do not use the word 'legend' loosely (definition - an extremely famous person especially in a particular field). His decades of dedicated service in his chosen field has conferred him this status. The briefest of outlines in this regard is sine quo non.

His efforts in help setting up



Tedros Adhanom Ghebreyesus @DrTe... · Jan 8

Happy to welcome @AbeykoonPalitha as @WHO's new Special Envoy on #COVID19. Your experience in building health systems and workforces to protect people against infectious diseases across South East Asia will be vital as we #ACTogether against the pandemic.

the first medical school in Nepal is today contributing towards the health status of its citizens on an ongoing basis.

In Indonesia, Myanmar and Bhutan his contributions in creating from scratch the educational and service infrastructure for their public health systems by establishing post graduate programmes in public health is helping to improve the health status of their respective populations.

His tenure as the WHO Representative to India will go down in the annals of global public health history for the leadership he gave to the Herculean task of eradicating Polio from India.

If you have not met him, you must make the effort to meet him in person just to listen to him share his experience and stories related to this historical effort. He along with his lovely wife Nedra and family have played host to numerous Sri Lankan visitors in particular who passed through New Delhi.

I am indeed privileged to live in an era where access to information is so easy. This saves me precious space in this appreciation to avoid even mentioning in the briefest terms of the vast catalogue of academic publications, awards and citations he has received both internationally and locally. Knowing Dr Abeykoon's humbleness I am sure he will be most delighted that I have done so.

I will not also attempt the impossible by trying to capture his services to the medical profession, medical professionals

and healthcare system in Sri Lanka with particular reference to the fields of medical education, human resources for health, medical governance, medical administration and development of health-oriented research capacity.

His contribution spans the length and breadth of the state and private health sector. The impact of his contributions are seen in the most junior medical/paramedical student to the senior most consultant and allied health professionals in the Ministry of Health and the senior most non-academic/academic in the university system.

I had the privilege of serving as the Hony. Secretary of the SLMA during his Presidency in 2014. His tenure had all the trimmings and trapping of routine activities which is part and parcel of all presidential tenures. I see two singular tasks which makes his presidential tenure stand out.

The first of these is the reprinting and publication of the masterpiece of Sri Lankan medical history – History of Medicine in Sri Lanka by Dr C. G. Urugoda.

This was first published in the centenary year of the SLMA in 1987. The book had been out of print for many years, until Dr Abeykoon single handedly undertook the task of reprinting and republishing it 2014.

The second singular task of his presidency was to initiate a project to document and publish a sequel to Dr Urugoda's masterpiece. This was not an easy task by any measure.

Dr Abeykoon took up the challenge and initiated the project with a dedicated team of authors and editors. The project concluded successfully in the year 2018 with the publication of the book History of Medicine in Sri Lanka 1948-2017.

It was indeed a coincidence that the WHO had chosen Sri Lanka to celebrate its' 70th birthday with the Secretary General Dr Tedros visiting our country to take part in the global celebrations. The SLMA nominated Dr Abeykoon to present a copy of this publication to the Secretary General WHO as a memento of his visit to Sri Lanka.

On a personal note, I share with him the love of the sport rugby. During the rugby season even during official meetings we kept ourselves abreast with ongoing games with the use of modern technology which he adapted to, like a duck taking to water.

It was during his presidency (2014) that my son played the game for Royal College, Colombo (traditional rivals to his alma mater -Trinity College).

This led us to have a very healthy and enjoyable sporting rivalry though I was his subordinate.

I remember during the 2nd leg of the 70th Bradby Shield encounter played at Pallekale Stadium, Kandy (home ground of Trinity College), my son suffered an on-field injury. No sooner the boy had gone down and before the medics could reach him, I heard my phone ring.

It was Dr Abeykoon on the other end. In his calm voice he reassured me (actually more my wife!) that he had witnessed the incident which led to the injury from his vantage point as a spectator and he did not think that it was serious.

True to his words a few minutes later the boy was up and back in action and we all went back to enjoying the game.

I am sure that Dr Abeykoon enjoyed it a bit more than me! (For

the record the final scores of the game was Trinity College Kandy - 19 and Royal College, Colombo -18).

I conclude by quoting from the congratulatory note sent by President SLMA Dr Padma Gunaratne dated 11th January 2021 to Dr Abeykoon, on behalf of the entire membership of the SLMA.

'All of us at the SLMA are confident that you will be able to make a seminal contribution to the response of the entire world in a quest towards winning this all-

important battle against a disease that has caused indescribable havoc and mayhem. In such a scenario, the entire world would depend on a concerted response formulated by experts in the field of Public Health.'

'We take great pleasure in wishing you all success in this latest task for which you have been chosen and have no doubt whatsoever that your efforts in this endeavour would help a great deal in bringing freedom from this pandemic, economic prosperity

and peace, to the entire world. Our hearts are with you in all your efforts in this laudable venture'.

Appakā te manussesu, ye janā pāragāmnino; Athāyam itarā pajā tiramevānudhāvati.

Few are amongst men who go Beyond; the rest of mankind only run about the bank.

Dr Ruvaiz Haniffa

Past President

*Sri Lanka Medical Association
2018.*

LIFE AT THE SLMA: IN HARMONY AND FLOURISHING

Dr Kaushi Attanayakage shares her memories....

Sri Lanka Medical Association (SLMA) is the oldest professional organization for doctors in Asia and Australasia. It has given many opportunities for us medical doctors, to develop our careers, even from our medical student days. As an undergraduate I have volunteered to be a part of the 'SLMA Run and Walk' several times and I have fond memories of my batch mates performing at Inauguration Ceremonies and Doctors' Concerts in the past, which we enjoyed from the audience.

I joined the SLMA as a Pre-Intern in 2017, and it has been one of the best places to work as a junior doctor. It was a unique experience for me as I learned how to work in an office environment with a friendly and supportive staff, liaising with medical and non-medical professionals from Sri Lanka and abroad, to organize various events.

The Annual International Medical Congress is one of the main events in the SLMA calendar where, as a project coordinator, I had to harmonize with my medical teachers and other senior doctors frequently, which



gave me valuable networking opportunities. When organizing the SLMA Run and Walk and the Children's Art Competition, I had to work with other stakeholders in both the government and the private sector which was a useful experience for me. These events have helped me to fine tune my organizing and planning skills as a young doctor.

SLMA organizes many Continuous Professional Development (CPD) activities

for doctors such as Monthly Clinical Meetings, Therapeutic Lectures, Guest Lectures, etc. As a junior doctor I have most definitely augmented my knowledge when I attended these lectures. Continuous Professional Development Points were awarded at some of these lectures and by attending them I have gained some CPD Points for my professional career.

Social events are a part and parcel of SLMA. The Doctors' Concert, at the end of the International Medical Congress, which has amazing performances by juniors and seniors regardless of their specialties, is a stress reliever for everyone. The Medical Dance is an unforgettable event which I look forward to every year as we all enjoy dancing to popular tunes to relax after a hectic year of hard work in the hospitals.

SLMA has played an important role in my career by developing my professional and personal skills. I have enjoyed working and learning at SLMA and I would like to invite all the young doctors to join this esteemed organization.

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