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Editorial

Suicide – the Social Media Paradox

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IN THIS ISSUE

Editorial
Suicide - the Social Media Paradox

According to data provided by the World Health Organization (WHO), someone dies by suicide somewhere in the world every 40 seconds. This amounts to over 800 000 deaths per year which is more than the number of people dying by war and homicide put together. Worldwide 79% of the suicides occur in low- and middle-income countries (LMIC). In 2016, Sri Lanka was ranked among the top 30 countries with the highest suicide rates. Although suicides are seen in all age groups, the mortality burden appears higher in younger persons. It is distressing to know that suicide is the second leading cause of death among 15 to 29-year-olds. Sadly, these numbers represent only the tip of the iceberg. For every adult who dies by suicide, there are 20 more who attempt to take their own life.

In the general population, a previous suicide attempt is the single most important risk factor for suicide. Other well-known risk factors include, the presence of a psychiatric disorder, hopelessness, social isolation, family history of suicide and mental disorders, substance abuse, experiencing a stressful life event such as bereavement, military service, suffering from a chronic or terminal disease and belonging to a sexual minority. In addition to these established risk factors, recent research has shown screen-on time and social media could also be linked to depression and suicide particularly in younger age groups. A study in the USA has revealed that there has been an exponential rise in the incidence of depression and suicide among adolescents from 2010 to 2015, corresponding with the increased use of social media.

It is undeniable that our social fabric has changed drastically with the advent of social media. At the beginning, these platforms were tools people used to stay connected with one another; reconnect with a schoolmate who you have not met in years or share a photo with a family member miles away. However, overtime they have evolved into multipurpose complex instruments; receptacles of vast amounts of data, marketplaces for all kinds of goods and services as well as major media outlets surpassing all other conventional forms of mass media. Today, people are consuming news and information more on social media than through any other form of printed or broadcasted media. At the click of a button, now we have unrestricted access to a vast expansile repository of information that one could have never even dreamt of 20 years ago. It is nothing short of a miracle. But how could this marvellous invention ever do any harm?

The answer lies in understanding how modern social media work. In addition to being a fantastic information hub, it is also a money making machine. Profits are made by increasing user engagement with its content; the more the users visit particular links or react to its contents, the more money made. Therefore, these platforms are engineered using complex algorithms to show users posts that they are likely to read more about. For example, if one has searched for "environmental pollution" once, his or her subsequent newsfeeds would show more items related to "environmental pollution". Moreover, it would be further customised according to the geolocation of the person, the trends seen among other users with similar demographic profiles and many other factors. Therefore, no two users, even if they are in the same locality will get the same newsfeed. On the other hand, an individual will keep seeing similar content over and over again, giving the illusion that what appears on his or her screen is the "reality". This apparent "user friendly" feature in social media inadvertently leads to polarization of societies and radicalisation. It can take users down confusing rabbit holes, detaching then from real life, replacing it with a virtual reality. A person who repeatedly receives a negative message will believe that all is bleak and gloomy. This existential threat is augmented by the lack of regulation of information on social media and rampant disinformation.

On the other hand, all humans desire to be liked and approved. Social media has now become the fashionable device to gauge one's popularity. It is easy to comprehend how one could feel good about themselves by being "liked" by many on social media. It acts as an instant pacifier for someone who is looking for a quick boost of self-esteem. This trend in behaviour has been postulated to result in poor coping mechanism and hinder development of appropriate social skills, leading to a vicious cycle of over-dependence on social media. Some users' fear of missing out ("FOMO") drives them to post more and more content with the hope of getting more "likes" from others. There is constant social comparison among users and devotion to impression management instead of building real-life relationships. In extreme cases, body dysmorphism disorders (BDD) have been reported due to perceived dissimilarity between their actual appearance and their selfies. Furthermore, users may become victims of cyberbullying and even cyber abuse as they post personal information online. As someone once said, the only two industries which refer to its clients as "users" are the illicit drugs industry and social media. Similar to addiction to drugs, "dependence" or "addiction" to social media could have far-reaching consequences on mental health.

However, social media platforms have done an irrefutable service to mankind. It has allowed free exchange of information across the globe, increasing accessibility even in the most remote parts of the world. It connects people across continents. In the context of the current global COVID-19 pandemic, it has been instrumental in keeping people connected with their friends and loved ones. It can also serve as an educational tool and drive social movements for the greater good. These are just a few of the beneficial uses. But then again, human history is riddled with many similarly useful inventions which have been weaponised or misused. Should we allow the same to happen with social media?

How we use these technological advances today will shape the world our children live in tomorrow. Several organisations across the world are campaigning to promote ethical and humane use of technology and healthy use of social media. As doctors we must strive to understand the changing landscape of our societies and take pre-emptive action to safeguard the mental wellbeing of the public. We have a responsibility to explore effective remedial measures, increase public awareness and institute policy and regulatory changes in order to identify and address these problems early. Similar to all technological advances, we will have to self-learn or be taught on how to use and manage social media instead of becoming its tool.

President's Message

Dear Members of the Sri Lanka Medical Association,

Road crashes, suicides and substance abuse have drawn considerable attention in the middle of the COVID pandemic. World Suicide Prevention day falls on 10th of September, number of deaths due to road crashes is on the rise and there is an ongoing heated debate regarding legislation of cannabis. Road traffic accidents and suicides are among the leading causes of death in Sri Lanka while the emergence of substance abuse as a predominant challenge in the country is undisputed, especially among the youth. Most importantly, all three issues are preventable.

Road crashes claim more than 3,000 lives and severely disable more than 40,000 yearly. This massive loss of human lives and injuries demand diversion of funds for post-crash management, money that could have been used for social development. A 3% - 5% of GDP is lost from these accidents each year, which is equal to the allocation for education by the government. Despite this massive and largely preventable human and economic toll, action initiated to combat this challenge has continued to be ineffective principally due to lack of information, focus, direction and a positive approach. Inability to develop a unified national plan due to a lack of coordination and leadership in and among the policy makers is the main reason for this failure. Most of the plans drawn up to date were "reactive" to situations, but not "strategic" to arrest root causes, contributing to the continuous loss of human lives.

Suicide has been a major public health concern in Sri Lanka for many decades. In 1995, Sri Lanka had the highest rate of suicides in the world. Self-harm due to self-poisoning is found not only among young adults in their prime time of life, but the elderly as well. Addressing this important health concern needs a thorough understanding of the problem and a well-coordinated plan. Whilst celebrating the World Suicide Prevention day on the 10th September, themed "Working together to prevent suicide", it is of utmost importance to highlight the most essential ingredient for effective nationwide suicide prevention; collaboration. The SLMA expert committee on Suicide Prevention recently published a book on "Suicide Prevention in Sri Lanka: Recommendations for Action", containing effective measures to be implemented and it was handed over to His Excellency the President of Sri Lanka and health officials.

Substance abuse has become a serious social and health problem in Sri Lanka. Heroin and cannabis are the most commonly used drugs in the country, while cannabis is the most widely used psychoactive product in Sri Lanka and the world. It is also the most commonly used illegal drug by young people around the world. Despite claims of medical benefits, there are only a few illnesses that respond to cannabis-based medicines whereas other effective medicines for such aliments are already available. On the contrary, cannabis causes many harmful effects on health including mental disorders such as depression and schizophrenia, cannabis use disorders and serious lung aliments. In this setting, further legalizing cannabis cultivation in Sri Lanka will only add to the existing excessive burden of substance abuse due alcohol and tobacco, which are legal addictive substances and heroin, which is illegal.

The three issues are interconnected. Individuals who engage in substance abuse are more likely to attempt suicide while substance abuse undoubtedly is associated with road traffic injuries. The mentioned interconnected issues have one feature in common; the key for prevention is multisectoral involvement. Multisectoral actions including actions undertaken by non-health sectors are essential in the context of inter-linkages between three dimensions of sustainable development: economic, social, and environmental. Strengthened collaboration between the general public, health-care sectors, and governmental and non-governmental organisations, with prevention and early detection need to be priority strategies.

Professor Indika Karunathilake
President, Sri Lanka Medical Association

Annual Career Guidance Seminar for Junior Medical Officers 2020

Dr. Dinesh Koggalage, Secretary/ Convener, Health Management Committee - Sri Lanka Medical Association

The 28th Annual Career Guidance Seminar of the Sri Lanka Medical Association (SLMA) for junior Medical Officers was successfully concluded on Sunday, the 30th August 2020 from 8.00am to 1.45pm at the Professor N.D.W. Lionel Memorial Auditorium, SLMA. Every year this Seminar is organised by the Health Management Committee of the SLMA which is currently chaired by Dr. Ruvaiz Haniffa.

With many evolving medical specialities and sub-specialties, it is a difficult task for young doctors to decide on which career they should choose. The SLMA's aim was to give them an overview of facts to be considered when selecting a career and assist them in taking this decision. Therefore, the objectives of the seminar were to make junior doctors aware of the vacancies available in the Ministry of Health cadre, to make junior doctors aware of the opportunities available outside the Ministry of Health, to increase awareness of the advantages and disadvantages of working in different specialties in the state and private sector and to help guide junior doctors in the selection of their future career.

There were about 50 participants who were mostly pre and post interns from state and foreign medical faculties. Professor Indika Karunathilake, the President of the SLMA welcomed the participants to the seminar and highlighted the importance of this seminar for young doctors who are about to embark on a medical career. The Seminar comprised of four main sessions. Each session was conducted by a panel of 5 or 6 specialists from different medical specialties who introduced key attributes of the speciality and shared the challenges and benefits of choosing the speciality.

The first session which was chaired by Professor Karunathilake consisted of brief presentations on Postgraduate Training Programme by Dr. Himani Molligoda, Dermatology by Dr. Kanchana Mallawaarachchi, Surgery & Sub-specialties by Professor Ranil Fernando, Venerology by Dr. Chitran Hathurusinghe and Anaesthesiology by Professor Anuja Abayadeera. The second session chaired by Dr. Ruvaiz Haniffa consisted of presentations on Medicine & Sub-specialties by Dr. Upul Dissanayake, Obstetrics & Gynaecology by Dr. Rukshan Fernandopulle, Paediatrics by Professor Vasantha Devasiri, Health Informatics and opportunities in Universities by Professor Vajira Dissanayake. Dr. Rani Fernando chaired the Third Session which consisted of presentations on private sector opportunities by Dr. Samanthi De Silva, Ministry of Health cadres by Dr. Dileep De Silva, Radiology by Dr. Rupa Kannangara, Community Medicine by Dr. Kapila Jayarathne, Microbiology by Dr. Dhammika Vidanagama and Ophthalmology by Dr. K.A. Salvin. The final session was chaired by Dr. Sarath Samarage and it contained presentations on Psychiatry by Dr. Suhashini Ratnatunga, Otorhinolaryngology by Dr. Ravi Dayasena, Forensic Medicine by Professor Ravindra Fernando, Medical Administration by Dr. Sudath Dharmarathne, Pathology by Dr. Dulani Beneragama, Opportunities in Armed Forces by Col. (Dr) Saveen Semage and General Practice by Dr. Dilini Baranage. At the end of each session there was a question and answer session where the participants were given an opportunity to clarify their queries from the resource persons.

This year's Career Guidance Seminar concluded successfully, and we trust it would help the junior Medical Officers to make informed decisions on the career pathways they would select.




Presentation of the publication 'Prevention of Suicide in Sri Lanka: Recommendations for Action' to His Excellency the President and to the Ministry Officials

Dr. Ruwan Ferdinando - Secretary, Expert Committee on Suicide Prevention, Sri Lanka Medical Association

One of the main mandates of the Expert Committee on Suicide Prevention - ECSP - (initially named the Suicide Prevention Task Force) of the SLMA was to develop policy guidelines for suicide prevention in Sri Lanka. Up until now there was no policy document or a well-coordinated plan available for suicide prevention in the country. The ECSP publication "Prevention of Suicide in Sri Lanka: Recommendations for Action" which has taken into account the myriad of approaches to suicide prevention in a scientific way was developed in order to support the strategic directions in suicide prevention in Sri Lanka. The first copy of this publication was handed over to His Excellency the President Gotabhaya Rajapaksha on 28th of August 2020 at the Presidential Secretariat. Professor Indika Karunathilake, Professor Samudra Kathriarachchi, Dr. Padma Gunaratne and Dr. Ruwan Ferdinando participated in this meeting on behalf of the SLMA.

Later on the 9th of September 2020, the members of the ECSP met the Acting Director General of Health Services Dr. S. Sridharan, Additional Secretary Medical Services, Dr. Sunil de Alwis and Additional Secretary Public Health Services Dr. Lakshmi Somathunga to discuss the strategic actions to be taken in this regard and also to hand over the publication. Professor Indika Karunathilake, Dr. Anula Wijesundere, Professor Thilini Rajapaksha and Dr. Ruwan Ferdinando participated in these discussions.


In a quest towards prevention of Sri Lankan suicides: The need for multi-sectoral action

Senior Professor Samudra T. Kathriarachchi
Chairperson, SLMA Expert Committee on Suicide Prevention in Sri Lanka

Prevention of self-harm and suicide are extremely important, but yet are the least discussed public health concerns in the world. Sri Lanka is no exception. The World Health Organization (WHO) World Suicide Prevention Day fell on the 10th of September 2020, and the theme of the World Mental Health Day on the 10th of October 2020 is Mental Health for All - Greater Investment - Greater Access[1]. COVID -19 pandemic has brought about devastating effects on the stability of the world, adding more stressors on people of all strata in life [2]. Young adults as well as older people are more vulnerable during these challenging times.

It is reported that a person takes his or her life intentionally every 40 seconds, and the number of persons who harm themselves are 20 times higher [3]. Suicides rank among the first three causes of death among the world youth in 2016; the other two being road accidents and interpersonal violence [4]. Increasingly alarming rates of maternal suicides is also observed in Sri Lanka; 26 maternal suicides were reported in 2017, major reasons being found to be due to psychiatric and psycho-social factors [5]. A rising trend of suicides among older males is another observation in Sri Lanka [6]. This calls for a well-coordinated approach to prevent devastating effects on bereaved families. In this backdrop, it is timely to discuss not only the prevention of suicides, but also means of improving quality of life of citizens in Sri Lanka, particularly in vulnerable groups.

It is also timely to discuss interventions at this time, as the government is taking steps to improve the quality of life and sustainable livelihood of people. These should go hand-in-hand with suicide prevention measures already drawn up by the Expert Committee on Suicide Prevention of the Sri Lanka Medical Association [7]. That will be a reality in the foreseeable future. At this important juncture, it is imperative that the medical fraternity who are the front runners of the health care delivery system in Sri Lanka, possessing a thorough understanding of the nature and the magnitude of the problem, goals of interventions, ways of achieving the set goals by multi-sector collaboration and improving skills to detect and offer appropriate support needed to those whom they come into contact with.

In understanding the nature and magnitude of the problem, the attitude of the general public plays a pivotal role in propagating suicide culture in the country. This is due to the prevalent permissive attitude allowing people with interpersonal conflicts to use a mal-adaptive coping style such as self-harm, which may lead to untimely death even without having suicidal ideation. During clinical practice, it is often observed that many young adults who use pesticides, weedicides or over-the-counter medicinal products to overdose themselves, regret later, but lose their lives due to lethality of the substances used. The blame and guilt of close persons are often intensified by some irresponsible media reporting, and several like-minded others copy such behaviours due to glamorization of the event and the deceased. This culture needs to be changed.

"At this important juncture, it is imperative that the medical fraternity who are the front runners of the health care delivery system in Sri Lanka, possessing a thorough understanding of the nature and the magnitude of the problem, goals of interventions, ways of achieving the set goals by multi-sector collaboration and improving skills to detect and offer appropriate support needed to those whom they come into contact with."

Although substantial proportion of suicides in Sri Lanka are due to impulsive overdoses resulting from inter-personal conflicts and poor coping skills, a significant proportion of suicides occur due to undetected or partially treated mental health issues, notably undiagnosed depression, drug and alcohol use [8], painful physical conditions such as cancer and personality disorders. Non-recognition of distress by the loved ones and medical professionals is a major reason for mental health issues not being properly addressed and thereby leading to suicides. This is more evident in mothers during pregnancy and peuperium. Preventing maternal suicides is important to prevent devastating effects on the family, the infant and other children. Other reasons for high suicide rate in Sri Lanka include, poverty and unemployment, lack of care giver support for vulnerable individuals, loneliness of the elderly and frustration among young people, all of which demand urgent socio-political attention to bring about a sustainable solution. The alarmingly high suicide rate, about 10 deaths per day in 2015 in Sri Lanka [9] is only the tip of the iceberg. Number of self-harmed persons is under-reported, some are treated by the general

"Non-recognition of distress by the loved ones and medical professionals is a major reason for mental health issues not being properly addressed and thereby leading to suicides."

practitioners while other serious ones are admitted to acute care units. Only a fraction of these persons receives the appropriate care they need. Hence, well planned public health awareness campaigns, properly planned gate-keeper training programmes and skills development programmes for the medical practitioners need to be carried out to reduce suicide rate and improve the quality of life.

"That is the substantial increase of self-harm attempts and increasing trend of suicides in elderly males [6]. A step towards reducing this new trend needs urgent attention."

The national problem of the high suicide rate in Sri Lanka, which has diverse contributory factors, warrants a multi-modal approach to bring about a sustainable solution. Previous attempts to reduce the burden by different stakeholders over the past few decades include Presidential Task Force on Suicide Prevention in 1997, which advocated restricting the import and sale of lethal pesticides with good results. Other significant contributions by multiple stakeholders include, teaching psychiatry as a final year subject in the medical faculties of the country with self-harm assessment and management being a component of teaching, several initiatives with media personnel regarding responsible media reporting of suicides, decriminalization of suicidal attempts and providing student counselling in schools. A significant reduction of suicide rate was observed as a result, from 48/100,000 in 1995 to 16/100,000 in 2016 [10]. However, another phenomenon is observed. That is the substantial increase of self-harm attempts and increasing trend of suicides in elderly males [6]. A step towards reducing this new trend needs urgent attention.

"Attitude of the consultant, as the team leader matters to save a life."

Response of the SLMA to the need

In responding to this national need, the Sri Lanka Medical Association (SLMA) in 2019, convened the Expert Committee on Suicide Prevention (initially named as the Suicide Prevention Task Force of the SLMA) to identify solutions [7].The mandate of the Expert Committee included identification of factors that contribute to high rate of suicide and self-harm in Sri Lanka, mapping successful programmes and activities that contribute to prevention, developing a policy document on the prevention of suicides and self-harm and providing a framework to address long-term issues of sufferers. The expert committee completed the report in 2019, which is now published. The report is based on how services can be planned and implemented using strengths of multiple stakeholders to bring about a sustainable solution to reduce suicides in Sri Lanka. The Expert Committee carried out several important interventions in 2019, with a view to establishing sustainable development in several domains of suicide prevention. Among them were a media conference to promote responsible media reporting, an activity to improve coping skills among young adults in a university, a joint conference with the Ministry of Agriculture and Ministry of Health to discuss means of reducing the availability of some lethal pesticides (carbosulfan and profenofos) and dissemination of knowledge among the public and medical fraternity on preventive strategies and available support services such as helplines [7].

"Having prior knowledge on service providers in the locality such as legal, psychological, drug and alcohol rehabilitation facilities and elderly care is valuable."

The "Suicide Prevention in Sri Lanka: Recommendations for Action" document entails a detailed description of goals and measures to combat the problem in a practical and holistic manner. It encompasses WHO recommendations on prevention of suicides, namely,

- be adapted to the local community and involve local stakeholders from the beginning
- include engagement of the media
- be monitored for efficacy and acceptability, together with community feedback.

The proposed actions are under four main categories.

1. Restriction and safe use of pesticides, weedicides and medicinal drugs
2. Community based interventions to reduce suicides and to improve coping
3. Collaborating with media to address suicides
4. Minimizing self-harm among adolescents and young people.

It emphasizes the need for a collaborative approach in decision-making and implementing the programmes at every level, especially at the grass-root level. Different stake holders like the Ministry of Health, Ministry of Education, Ministry of Justice, SLMA, professional colleges in the medical profession and the media industry need to be main partners in programme delivery. To facilitate integrating these activities, it is recommended that an authority be established, sooner rather than later.

Lastly, the medical practitioners serving different sectors such as policy makers, directors, consultants in hospitals, medical officers of health, general practitioners and medical educators need to be knowledgeable on detection and appropriate management of patients who are in distress.

"1926 toll free, 24/7 mental health helpline is dedicated to provide up-to-date information on mental health services in Sri Lanka."

I conclude this article with clarification of some myths that warrant urgent attention.

Myth	Reality
Doctors should not ask about suicidal thoughts, intent and plans from those who are in distress, as it may increase the risk of suicide.	Contrary to the popular belief, empathetic and sensitive exploration of suicidal thoughts, intent and plans often relieves and helps the patient. Often the person has difficulty in communicating distress, and when a doctor inquires in an empathetic manner, person feels it is easy to communicate with the professional who is non-judgmental and trust worthy.
Patients admitted with self-poisoning are not worthy of our attention and treatment, as they are normal people who intentionally harm themselves. Other patients deserve our attention.	Attitude of the consultant, as the team leader matters to save a life. It is our responsibility to attend to the person who seeks our help in our health care setting, irrespective of the presentation. If the hospital employees are unkind and not helpful in this most vulnerable time of the individual's life, the person in distress may complete the suicide on the next occasion, without seeking appropriate help. He is a patient under your care, and can be helped by carrying out a proper psycho-social assessment after the acute care is over.
We do not have time to listen to their stories, more important work needs attention.	The most important task of a doctor is to understand and help his patient. Appropriate noticing of underlying distress or mental health issue does not take much time. It needs open minded and objective observation, empathetic exploration of symptoms and correct instructions to the team to gather relevant information in a professional manner.
Even if we notice psychological distress, nothing can be done.	There are several agencies that can help. Having prior knowledge on service providers in the locality such as legal, psychological, drug and alcohol rehabilitation facilities and elderly care is valuable. If the case is complex, or suspected to have mental health issues, psychiatrist led teams could offer more support. Do not hesitate to refer to a psychiatrist led team and if they are not available in close proximity, refer to a MO Mental Health.
We cannot reach mental health services during difficult times.	1926 toll free, 24/7 mental health helpline is dedicated to provide up-to-date information on mental health services in Sri Lanka. This service is managed by trained nurses supervised by a V Consultant Psychiatrist, and is able to support clients, counsel them and is able to link the person with the service providers in any region of the country.
Discussions on suicide prevention will increase the tendency of self-harm among the general public.	The methods used, giving undue attention, stigmatization of loved ones and unethical reporting has to be terminated. However, rational discussions on identification of suicidal behaviour as a mal-adaptive way of coping during difficult times, introducing appropriate methods of coping, detection of distress signals and providing appropriate help and/or referral is highly recommended to be discussed at public fora.

During this global crisis due to the post COVID-19 pandemic, reducing suicides and improving quality of life will be a reality for vulnerable groups in the near future. It is hoped that the government will take new steps in the right direction with regard to suicide prevention in Sri Lanka. We, as medical practitioners can give leadership to many initiatives to work in collaboration with several other stake-holders. However, medical practitioner's main duty and interest is with the patients, who depend on us in the most vulnerable times of their lives, to diagnose their predicament and to receive appropriate intervention. Improving skills in detection of mental distress and disorders, and to provide appropriate help has to be a part of our continuing medical education goal. I believe, the SLMA membership will be able to contribute in a significant manner to bring about a sustainable benefit to the country in reducing the high suicide rate among vulnerable groups in Sri Lanka. Adding value to life should be our goal in each and every encounter with a distressed individual who is suicidal.

"Improving skills in detection of mental distress and disorders, and to provide appropriate help has to be a part of our continuing medical education goal."

"To facilitate integrating these activities, it is recommended that an authority be established, sooner rather than later. "

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A Message from the Editor-in-Chief

SLMA NEWS+ is the official e-magazine of the Sri Lanka Medical Association. We invite all SLMA members to contribute to SLMA NEWS+ with articles, letters, poems, cartoons, quizzes, medically relevant photographs, drawings or any material you wish to share with the other members. We also welcome your views on the content published in SLMA NEWS+.

Please send them by e-mail to office@slma.lk or by post to Editor-in-chief SLMA NEWS+, Sri Lanka Medical Association, No. 6, Wijerama Mawatha, Colombo 7.

Dr. Chiranthi K. Liyanage

Mahindra
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Professor Colvin Goonaratna - the best among equals

Dr Anuruddha M Abeygunasekera
Urological Surgeon, Colombo South Teaching Hospital and Emeritus Editor of Ceylon Medical Journal

For more than 25 years I have had the privilege and pleasure of enjoying a close friendship with Professor Colvin Goonaratna, a great medical teacher, skilled and inventive researcher, practical and efficient manager, and Sri Lanka's unrivalled medical editor and writer. I count our friendship, which commenced from my interest in clinical research and writing, as one of the blessings of my life. We rejoice that he is still bristling with ideas for research and writing although he is now over 80 years. Doing justice to his life and work requires a lengthy essay. I trust that the editor would please oblige by publishing this article, for "The history of the world is but the biography of great men" as Thomas Carlyle has asserted.

Colvin Goonaratna (CG) was born in September 1937 to Louis de Fonseka Warnasooriya Goonaratna of Kalutara and Olivia Charlotte Fernando of Moratuwa. His primary education was at a vernacular Temple School in Rawatawatta and Prince of Wales' College in Moratuwa. His secondary education was at Royal College Colombo. He had to pass separate competitive examinations to enter the two Colleges, unlike today, when bogus documents produced by parents and kickbacks often given to school authorities are known to yield satisfactory results.

Colvin Goonaratna entered the Faculty of Medicine of the University of Ceylon at his first attempt in 1957, and qualified MBBS in 1962, with Second Class Honours in the 2nd, 3rd and Final examinations. After his internship year at the General Hospital Colombo (now NHSL) he was transferred, with his consent, to the General Hospital Badulla as Senior House Officer to the Consultant Orthopaedic Surgeon, Dr. T N Shanmugalingam. Doctors were in short supply at that time, so within six months he was also appointed Acting Judicial Medical Officer for the Badulla District. This gave him the opportunity to travel widely in his second-hand Ford Prefect (2 Sri 8192) within the Uva Province for many open-air post-mortem examinations. Some of them were performed after walking long distances in bear and leopard infested jungles, accompanied of course by two police constables (of whom one carried a firearm), the coroner, and the man who does the dissections. He vividly recalls two such post-mortems: one performed after trekking for about three miles through jungle to a remote village off Siyambalanduwa, and the other after motoring up to Namunukula Estate at the mountain's summit in his Ford Prefect, with the usual gang of four enclosed in it.

After a thoroughly enjoyable and educative three years at G H Badulla, he was transferred to the Leprosy Hospital, at Hendala. There he discovered a neglected stone inscription, overgrown with weeds, indicating the year (1708) in which the Leprosy Hospital first started to function during the period of Dutch Governor Hendrick Becker (1707-1716). This stimulated CG to write two well-researched articles on the history of leprosy in Ceylon during the Dutch Period (1658-1791) and its history before it. Both articles were published by the peer-reviewed British journal Medical History.

As a consequence of a difference of opinion CG had with the Superintendent of the National Leprosy Campaign regarding the leprosy control programme, he was sent on a disciplinary transfer as D.M.O. District Hospital Kitulgala. There he took a number of steps to improve the management and administration of that beautiful little hospital with the Kelani river forming one of its boundaries. After about two years at Kitulgala he was selected to the Physiology Department of the Faculty of Medicine in Colombo as a Demonstrator, and within one year or so, appointed Probationary Lecturer, with Professor K.N. Seneviratne as Head of the Department.

In June 1970 Lord Rosenheim, Professor of Medicine at the University of London and University College Hospital Medical School (UCHMS), and President, Royal College of Physicians of London, came to Ceylon as primus inter pares from among 22 of the world's most distinguished medical luminaries invited as the Guests of Honour to the Centenary Celebrations of the Faculty of Medicine (1870-1970) of the University of Ceylon. Quite unknown to CG, his Head of Department Professor Seneviratne had arranged for him to be Lord Rosenheim's "honorary chauffeur" in Colombo during his entire stay here. CG's duty was to pick him up daily from Galle Face Hotel at 08:30, take him to wherever he had to go for numerous meetings or lectures, and return him to the GFH at about 17:30 in his Ford Prefect.

On the evening of the last day of his visit, Lord Rosenheim offered CG a glass of sherry at the GFH, and told him that he had arranged a supervisor for his PhD at the request of Professor Seneviratne. The supervisor's name was Professor Oliver Wrong, the then Professor of Medicine of the Faculty of Medicine of the University of Dundee, about 80 km north of Edinburgh. CG joined Professor Wrong's Medical Unit in Dundee as a Clinical and Research Fellow in September 1970, and registered for a PhD in that University. As Lord Rosenheim had predicted in Colombo, Dundee was very cold, bleak and unfriendly, but mercifully, Professor Wrong moved to the University of London as Professor of Medicine, and Head of the Medical Unit of the University College Hospital Medical School (UCHMS), around August 1971, where CG was again appointed as a Clinical and Research Fellow.

CG says that he found London to be much warmer than Dundee and more cosmopolitan, where people actually spoke to one another, with a large number of cheap but clean restaurants serving a wide variety of cuisines, and a brisk night-life.

CG recalls that he surprised Professor Wrong and members of his Unit when he passed the MRCP (London) at his first attempt. Further surprises awaited them, when the External Examiners for the PhD in Dundee recommended awarding him the degree with exemption from the viva voce examination, which is an extremely rare privilege. He reminisced while talking to me some years ago about his academic and professional successes in UK in the early 1970s, that Hon SWRD Bandaranaike, former Prime Minister of Ceylon, had written somewhere that the only way to win the regard of British people was to do better than your equivalent British natives. When he had achieved his diploma and degree in quick succession, the former PM's words had flashed across his mind, for a couple of people in Professor Wrong's Medical Unit, including a Senior Lecturer, had failed the MRCP examination at that time. CG recollected with modest pride that when he returned in January 1974, he was the only doctor with both the MRCP and a PhD in Ceylon. CG was appointed as the Founder Professor and Head, Department of Physiology at the Faculty of Medicine, in the Ruhuna University in 1984, and held that post till 1990, when he was appointed Professor and Head of the Physiology Department at the Faculty of Medicine, University of Colombo.

When I entered the Faculty of Medicine in Colombo in 1982, on our very first day, the first lecture in the Faculty was delivered by CG on the concepts of the body's internal environment, body fluids, and homeostasis. It brought home to us in microcosm the fundamental physiological principles of life. Coming to electrolyte compositions in blood he emphasised, among other important matters, that maintenance of the serum K+ concentration within the narrow range of 3.5 - 5.0 meq/l was crucial for life, and that if it exceeded 7.0, even the self-acclaimed all-powerful President of the country would not be able to prevent death, making a jolting remark about him that took our breath away, being "freshers" to Faculty life. So, our first lecture was both expansive and truly exhilarating. CG was a master at explaining complex systems in a structured and simplified way. His lectures on acid-base balance, for instance, a subject that both undergraduates and postgraduates alike often found perplexing, were models of explanation and exposition. He taught undergraduates of the Faculties of Medicine in Colombo and in Ruhuna for a total period of over 30 years. On the occasion of his retirement from the University of Colombo, then Dean had mentioned in his speech, that annual students' anonymous evaluations of their lecturers showed each and every year, CG as number 1,2 or 3 from among a total number of over 130 or more. Over a period of about 15 years he also taught postgraduate doctors taking the Primary FRCS or the local PGIM equivalent examinations in General Surgery, ENT Surgery, Ophthalmic Surgery and Oral-Maxillary Surgery, his particular specialty, namely Clinical Physiology, which most postgraduates remembered long after their examination successes. He was also an Examiner at the PGIM for the relevant postgraduate examinations over the same period.

CG did not confine his teaching to medical undergraduates and postgraduates. After he was appointed Registrar of the Ceylon Medical College Council (CMCC) in 1999, he implemented the necessary procedures to have well-structured teaching/learning programmes for Pharmacists, and to update and formalise their examinations according to modern concepts of medical education. Under his management the confidential and certification aspects of examinations for all Allied Health Professionals coming within the purview of the CMCC were strengthened and protected from outside interference.

His commitment towards encouraging research and medical writing among the medical community is enormous. Two notable hallmarks of his work that will be remembered forever are the *Ceylon Medical Journal (CMJ)* and the *Sri Lanka Clinical Trials Registry (SLCTR)*. At a time when the CMJ was about to be "derecognised" by the Index Medicus for irregular publication and poor editorial standards, Dr C.G. Uragoda and Professor Colvin Goonaratna resurrected it by publishing the long overdue volumes in quick succession, by following the *International Committee of Medical Journal Editors (ICMJE)* specifications to the letter, and by proper editing and copy editing. CG was an editor of the CMJ for 18 years (1988 to 2006), first as co-editor to Dr. Chris Uragoda and later as the senior editor. CG's skills in editing and copy editing are legendary.

By organising regular workshops for doctors on medical writing and giving lectures whenever he was invited by provincial hospitals and professional associations, he was successful in increasing the number, and improving the quality, of articles submitted to the CMJ. The number of rejections also increased a little, usually because of their poor quality, and this irked some influential doctors, but the editors were able to withstand their misguided criticism. The quality of the CMJ continued to rise, and that is what the two of them wanted, according to CG. Within a short time, the CMJ became a much-improved medical journal by local as well as international standards. CG's wit, irrepressible irreverence and editorial experience made CMJ Editorial Board meetings, held on the third Saturday of every month, an eagerly awaited event by members. His elegant English style, and passion for clarity and brevity in scientific writing are things I can only envy. I have enjoyed even his rare criticisms as a Member of the Editorial Board.

When ICMJE demands, that were endorsed by the WHO, made national clinical trials registries mandatory for monitoring trials' genuineness, because the giant pharmaceutical manufacturing industry had successfully made a mockery of the basic concepts of clinical trials, CG recognised the urgent need for a Sri Lanka Clinical Trials Registry (SLCTR), and pressed the Sri Lanka Medical Association (SLMA) to spearhead one. Since it was a very new concept, unfamiliar to the Sri Lankan medical fraternity at the time, his request was initially side-lined. However, as usual, he continued to press the issue, and the SLMA finally accepted the need for an SLCTR, and in 2018 CG was invited to be its Founder Chairman. Due to the untiring efforts of CG, the SLCTR flourished handsomely and became the fourth CTR in the world to be approved by the WHO. The SLCTR is today a Primary Registry of the WHO. Sometimes I wonder how many SLMA's recent leading lights are aware of its own history. How many of us are aware that SLCTR is the only CTR in the world based on a national professional association, thanks to CG's foresight. All other national CTRs in the world are Health Ministry based. The SLCTR is now registering clinical trials from several foreign sovereign states in addition to Sri Lankan ones.

CG is also the senior editor of *Sri Lanka Prescriber (SLP)* from 1993 - to date. SLP provides expert and independent opinions on clinical pharmacology, and therapeutics

and management of disease. When we were medical students the SLP was small in size, tatty and a notably irregular publication. In 1993 CG resurrected it, made it a regular quarterly journal of A4 paper size, and ensured its free distribution to all medical doctors in the country. This increased its international recognition and helped SLP to become a member of the International Society of Drug Bulletins (ISDB). Publication of the SLP continues to be sponsored by the State Pharmaceuticals Corporation of Sri Lanka.

CG is a prolific medical writer and his articles have been published in many leading journals such as the *British Medical Journal* (including one editorial), *Clinical Science and Molecular Biology, Medical History, Journal of Evidence Based Medicine, Indian Journal of Physiology and Pharmacology,* and the CMJ. He has authored with co-authors five books: *Physiology and Biochemistry in Clinical Medicine, Gastroenterology Update, Sri Lanka Patients' Formulary and Medicine in the Elderly Volumes 1 and 2,* along with leading Consultants, both local and foreign.

The jewel in the crown of his publications is *A Doctor's Quest for Justice - Professor Priyani Soysa vs Rienzie Arsecularatne*, which has become a frequently consulted reference on medical negligence among the legal and medical fraternities of Sri Lanka. It has been written with objectivity, accuracy, and comprehensively, with mastery of legal matters, and fearless criticism. The book is critical of several aspects of the Sri Lankan judiciary and some of its personalities. Publishers were reluctant at first to accept it for publication due to Companies being legally advised regarding possible actions for libel and contempt of court. However, when his book was endorsed by the Chief Justice of Sri Lanka at the time, who wrote a Foreword to it, one famous publisher quickly agreed to publish it. Subsequently, CG was invited by the Editors of the prestigious law journal, Law College Law Review, to write an article titled "*Medical Negligence: Where are we Going?*". It was published in 2005 and encompasses virtually all aspects of medical negligence including matters pertaining to patients, doctors, lawyers and the Sri Lankan judicial system.

The book, Medicine in the Elderly in two volumes with chapters authored by specialists in the appropriate fields was another arduous project, and the book was published at a time when geriatric medicine was rarely, if ever, heard of among decision makers and health planners of this country. The book was a wake-up call for all concerned, and Geriatric Medicine was accepted as a specialty by the Ministry of Health, and training of postgraduates in the subject was commenced by the Postgraduate Institute of Medicine, after his book was published.

He also served patients immensely by contributing a weekly one-page article to two national newspapers (Divayina and later Lankadeepa), comprising of replies to patients and their relatives' health-related queries. This has now continued for 25 years without interruption, indeed a rare achievement. His insight and perception of the role of health education for everybody, in the context of the total health care problems of a developing country, is an asset which is as rare as it is valuable.

In 1982 he was selected by the higher-ups in the Sri Lanka Freedom Party to be the Honorary Consultant Physician to the Party's Presidential candidate, Mr. Hector Kobbekaduwa. In the candidate's car CG toured the island, attending over 200 raucous and unruly election meetings. The SLFP's candidate lost the election. As a result of subsequent developments in the political arena and false allegations of a Naxalite type of conspiracy, CG was mandated to attend long interrogation sessions on the 4th floor of the CID on several days a week over many months. Due to the terrible strain this inflicted on his family, he left to India, using a brand-new passport, to relieve his family's emotional trauma. After three tense and impecunious months in India he took up a job as an Associate Professor at the King Khalid University Hospital Medical School, Saudi Arabia, that was arranged for him by his friend and senior colleague, Professor Carlo Fonseka. He returned to Sri Lanka in 1984 to accept the post of Professor of Physiology at the University of Ruhuna.

For someone with a devotion to several academic responsibilities that demand sustained intellectual energy and expenditure of a great deal of time, CG has been remarkably versatile. In 1994, CG was appointed as Chairman of the State Pharmaceuticals Corporation (SPC). CG showed his skills as an efficient manager, administrator and a reasonable task-master during his tenure. During the eight years as the Chairman SPC, he converted the nett loss-making SPC to be a profit-making Corporation, increased the number of Osu Sala pharmacies and Franchise Osu Sala outlets, and ensured that drug shortages were extremely rare. He made SPC a model State enterprise. Although he was a little tough on discipline, his honesty, efficiency and transparency ensured that there were no Trade Union Actions by the staff of SPC during his tenure. In 1997 a Trade Union of medical doctors carried out a vociferous and vituperative campaign stating that CG was in conflict of interest regarding the award by the SPC of a tender for Triple Vaccine (DPT). A Presidential Commission exonerated him of all allegations and charges.

In addition to the above posts, CG held many other important posts at various times and served the medical community and the country with honour and dignity. In 1988 he was elected President of the Galle Medical Association. He was elected President of the Sri Lanka

Medical Association (SLMA) in 1996. CG was also elected President of the Sri Lanka Association for the Advancement of Sciences (SLAAS) in 2003, which is the apex body in Sri Lanka for all scientists. With the help of two like-minded colleagues CG organised highly popular SLAAS Science Day Programmes in schools in many distant places of Sri Lanka over a period of 10 years to promote science education among rural schoolchildren, because they believed that that would be the best way to improve and upgrade the socioeconomic status of the future society of the country. In appreciation of this work he received the Visva Prasadini National Award from the Honourable Prime Minister. He was a member of the Sri Lanka Medical Council (SLMC) from 2011 to 2016, and became its President from October 2017 to July 2018.
In addition to the MBBS, MRCP and PhD Degrees, he has won several fellowship awards: Fellowship of the Royal College of Physicians of London; Fellowship of the National Academy of Sciences of Sri Lanka; Fellowships (Honoris Causa) of the College of Surgeons of Sri Lanka, and the College of General Practitioners of Sri Lanka; and the Doctor of Science award from the University of Colombo. He had assignments on several occasions as Adviser for national and foreign WHO programmes on Clinical Trial Registries or on Medical Editing. He had an assignment by the World Bank for a 12- month stint to produce a thesis on the Sri Lankan Statutes on health-related matters.

CG was Her Excellency the President's nominee for the Constitutional Council of Sri Lanka (2003 - 2005). CG was appointed by His Excellency the President as Chancellor of the Open University of Sri Lanka in 2016, for a period of 5 years. He had never lobbied for any of the above elected positions, or the awards by three separate Heads of State of Sri Lanka, or for his appointments to Medical and Scientific Associations or Academic positions in Universities.

He has won many National Awards from Heads of the State in appreciation of his services rendered to the nation and to the medical community. These include Prime Minister's award *Vishva Prasidini* in 1996, President's National Award *Vidya Jyothi* - the highest National Award for Science in Sri Lanka in 2005, and the President's National Award of *Deshamanya* in 2016, which is the highest national lifetime award for services to the nation. In all probability, CG is the only Sri Lankan who has won these national awards from three Heads of State.

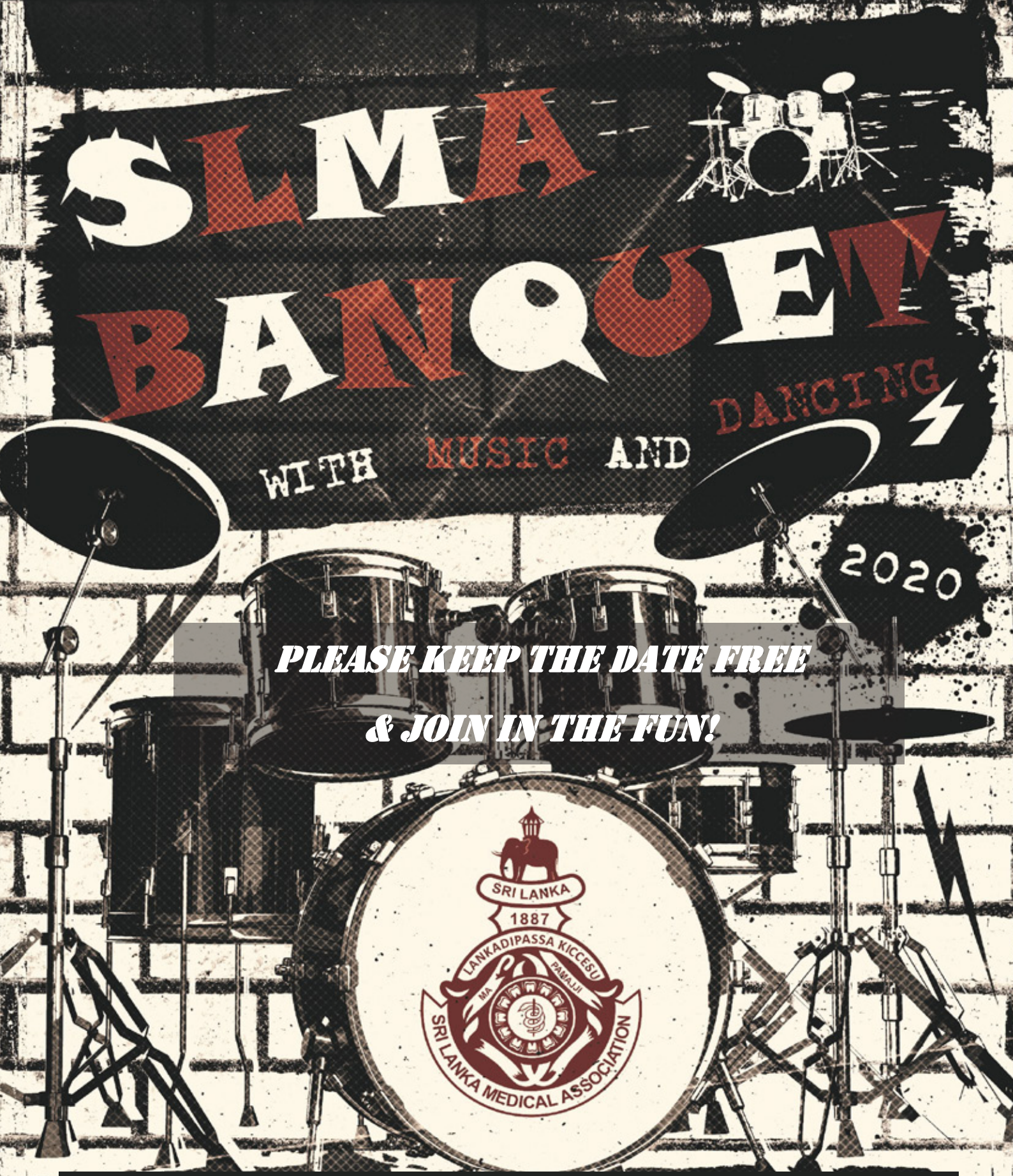
An important quality that I learnt from him was his skill in performing and managing several projects at any given time with equal skill and proficiency, and achieving perfect outcomes. A good example is that during a space of two years (2003 and 2004) he was the President of SLAAS, Professor and Head of a Department of Physiology, Editor of the CMJ, Senior Editor of the SLP and sole author of the major publication, *A Doctor's Quest for Justice.*

CG has never showed bias whatsoever on gender, ethnicity or religion issues during his life. He ensured that all groups were represented fairly in the Editorial Board of the CMJ. His report and his recommendations, as Chairman of the team that visited the Internally Displaced Persons' camps in Cheddikulam, at the request of the Health Ministry after the civil war had ended, is a clear message about upholding principles of equity and compassion even at times of powerful ethnic and social calamities.

Only a few of you will be aware that, in his second year at Royal College, at age 14, CG lost completely the vision from one eye, resulting from an accidental injury sustained during a game of hockey. So, he is living testimony that vision from one eye is not a barrier to achieve professional and academic excellence.

It is a matter of exquisite pleasure and pride for me to write this account on the life and work of CG - a man who has flown higher than all his contemporaries. I wrote this to set down some thoughts longing for expression in my head and my heart to be offered as "To Sir with Love".

(Part of this article was published in the June 2020 issue of the Ceylon Medical Journal)



Date:	**11th December 2020**
Venue:	**Oak Room, Cinnamon Grand Hotel, Colombo**
Time:	**07.30 PM – 01.00 AM**
Ticket Price:	**Rs. 8000.00**

Foundation Sessions 2020

6th & 7th November 2020

Professor EM Wijerama Endowment Lecture

Date: **6th November 2020**
Time: **06.00 pm onwards**
Venue: **Professor NDW Lionel Memorial Auditorium**

Orator – Professor Narada Warnasuriya (Past President SLMA 2010)
Topic – "Personal reflections of a Professional Career"
(By invitation only)

SLMA Foundation Session 2020

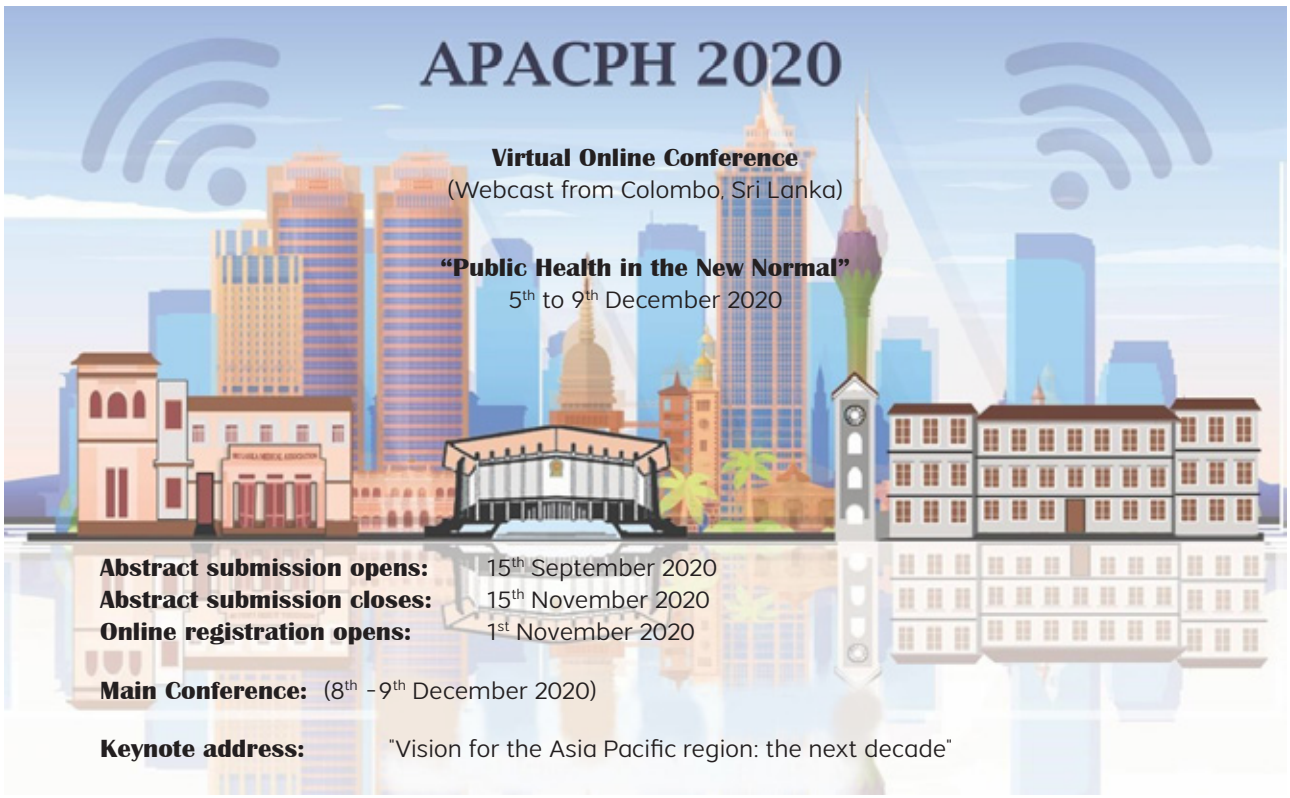
Date: **7th November 2020**
Time: **08.30 am onwards**
Venue: **Professor NDW Lionel Memorial Auditorium**

Time	Topic & Resource Persons
08.30 am	Registration
09.00 - 10.30 am	Symposium 1 - Stay strong: Live long Nutrition Exercise Stress
10.30 - 11.00 am	Morning Tea
11.00 - 12.30 pm	Symposium 2 - Neurology: True companion of your health - Scenario Based discussion Headache Stroke Infections
12.30 - 01.30 pm	Lunch
01.30 - 03.00 pm	Symposium 3 - Safety is No accident Ophthalmology Orthopedic Burns
03.00 - 04.30 pm	Symposium 4 - Know Your Heart Beat - Scenario Based discussion ECG Imaging Interventional cardiology
04.30 pm	Evening Tea

Registration for Sessions - Rs. 2000.00

Registration can be obtained by visiting SLMA office during weekdays from 09.00 - 04.00 pm

As **ONLY A LIMITED NUMBER** will be accommodated at the sessions this year, due to the prevailing COVID-19 situation in the country, **PLEASE BOOK YOUR PLACE EARLY!**



Abstract submission opens: 15th September 2020
Abstract submission closes: 15th November 2020
Online registration opens: 1st November 2020

Main Conference: (8th -9th December 2020)

Keynote address: "Vision for the Asia Pacific region: the next decade"

Plenary lectures (2);

Public Health beyond COVID-19: The New Norm
Emerging public health problems in the Asia Pacific Region

Symposia (5);

Non-Communicable Diseases: Global overview
Prevention of Injury and Violence
Ethics and Professionalism in Health Delivery
Women's Health
Current Trends in Public Health Education

Call for Applications
Deshabandu Dr. C. G. Uragoda Oration on the History of Medicine 2021

Applications are called for the oration to be delivered on 26th February 2021.

Applicants should submit a short abstract of the proposed oration (no more than 1 A4 page) and a brief curriculum vita (no more than 3 pages). The speaker should have been considerably associated with and contributed to the field of medicine in his/her chosen topic.

The SLMA wishes to encourage submissions in areas of medicine that have not been covered in previous lectures. A list of past lectures can be found on the SLMA website – http://www.slma.lk.

Applications should be submitted to the Honorary Secretary, SLMA, on or before 31 October 2020.

Regional Meetings

9th October 2020 – With Kandy Society of Medicine, Kandy

27th October 2020 – With Clinical Society Homagama

13th & 14th November 2020 – With Gal-oya Nimna Clinical Society, Ampara

18th November 2020 – With Ruhunu Clinical Society, Matara

Clinical Meetings in October 2020 in collaboration of the following colleges;

6th – Perinatal Society of Sri Lanka

15th – College of Anaesthesiologists & Intensivists of Sri Lanka

20th – Sri Lanka College of Obstetricians & Gynaecologists

29th – College of Dermatologists

Call for Nominations for Election to the SLMA Council 2021

Dear members,

I hereby call for nominations for the posts of Council Members (28 positions) of the Sri Lanka Medical Association. Nomination Form for Election to the SLMA Council – 2021 can be obtained from the SLMA office or downloaded from the SLMA web site (https://slma.lk/).

Eligibility and other details regarding submission of nominations

- The nominee should be a member of the Sri Lanka Medical Association for more than **three years since obtaining SLMA membership.**
- Each nomination should be proposed and seconded by a member eligible to vote and shall bear the candidate's name and signature confirming his/her willingness to be so nominated.
- There are three categories of council members:
  a) Four (4) members within 10 years of full registration with the Sri Lanka Medical Council.
  b) Sixteen (16) members who are over 10 years of full registration with the Sri Lanka Medical Council.
  c) Eight (8) members who shall be resident at the time of application in the Eight Provinces of the Island other than the Western Province (one (1) each from each province) only.
- A member can stand for election under one category (a, b or c) only.
- The Council shall verify the accuracy of the information furnished.

For any further details, please contact the SLMA office.
Thank you,
Yours Sincerely,
Dr. Sumithra Tissera
Honorary Secretary - Sri Lanka Medical Association

The duly completed Application Form should reach Dr. Sumithra Tissera, Honorary Secretary, No.06, Wijerama Mawatha, Colombo 07 by post or delivered by hand ***on or* before 15th November 2020 4.00 pm.**

The AGM will be held on ***21st December 2020 at 7.00 pm*** *at the Professor N. D. W. Lionel Memorial Auditorium of the Sri Lanka Medical Association.*

Sri Lanka Medical Association

serving the profession - serving the nation

Seminar on

Overdiagnosis - Too Much Medicine, 2020

13th October 2020

12 -1.30 PM

SLMA Auditorium

Welcome

President of SLMA Prof. Indika Karunathilake

Introduction

What package for an annual check up?

Prof Kumara Mendis

Pill for Every Ill; where are we going wrong?

Dr Shamila T De Silva

Making of a Patient - a modern epidemic

Prof Saman Gunatilake

Older adults: Do they deserve more?!

Dr. F H D Shehan Silva

Treatment of joint pain - Gone too far!

Dr Himantha Athukorale

All are welcome

please bring a smart phone or a mobile device

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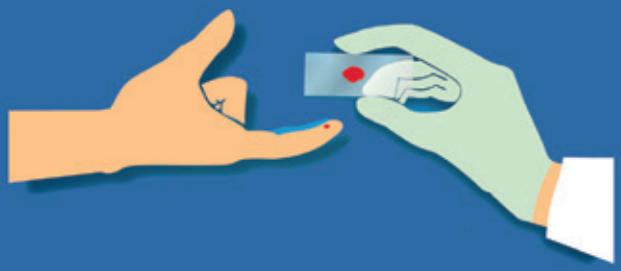


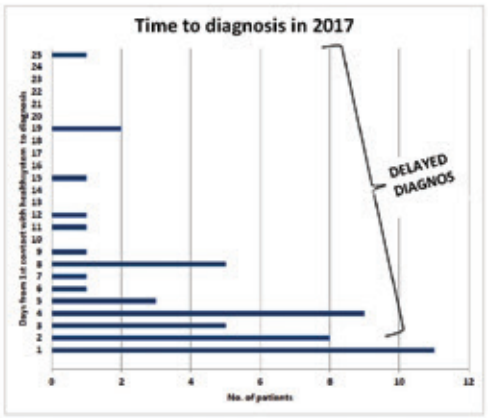
Reduce the Delay in diagnosing imported Malaria

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.**

Anti Malaria Campaign Headquarters
Public Health Complex, 3rd floor, 555/5,
Elvitigala Mawatha, Colombo 05
Tell: 011 2 588 408/ 011 2 368 173/ 011 2 368 174
Email : antimalariacampaignsl@gmail.com

Call now for free advice, treatment and drugs

011 7 626 626

www.malariacampaign.gov.lk

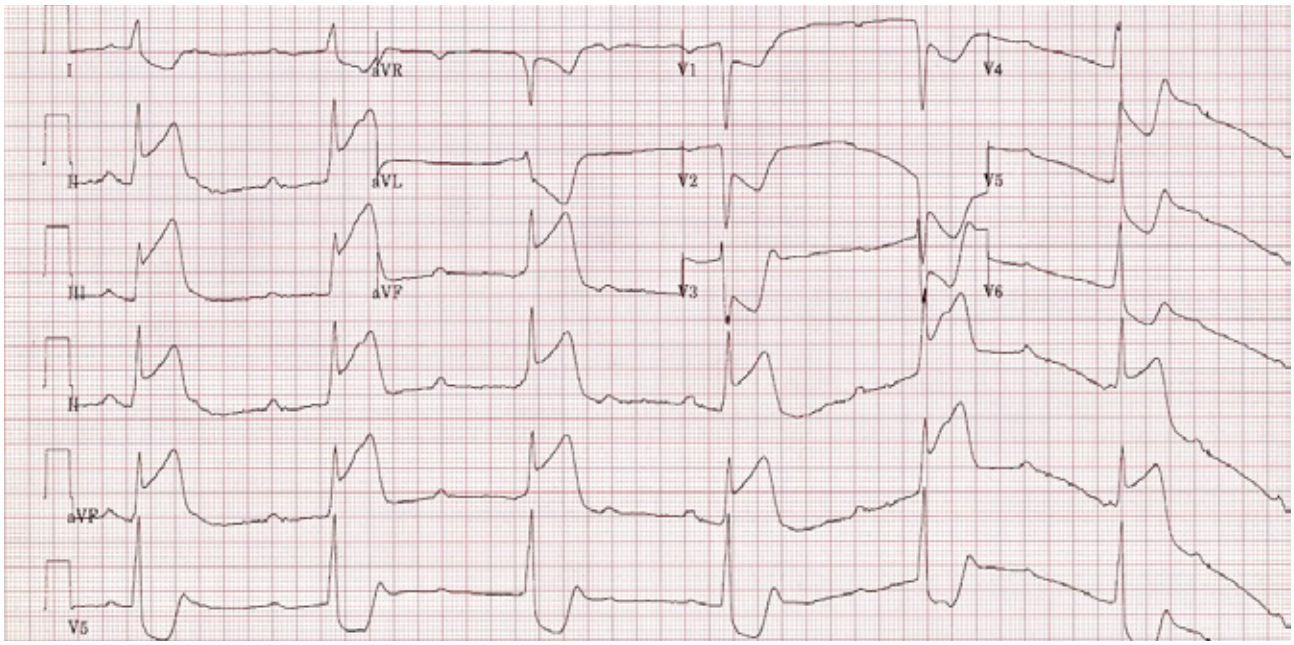
Picture Test

Dr. Diluka Liyanage, Senior Registrar in Cardiology, National Hospital of Sri Lanka

Case 1

44-year-old male who is a heavy smoker presented to the emergency treatment unit (ETU) with ischemic type chest pain for 2 hours. On admission his pulse rate was 35 beats per min and the blood pressure was 80/60 mmHg.

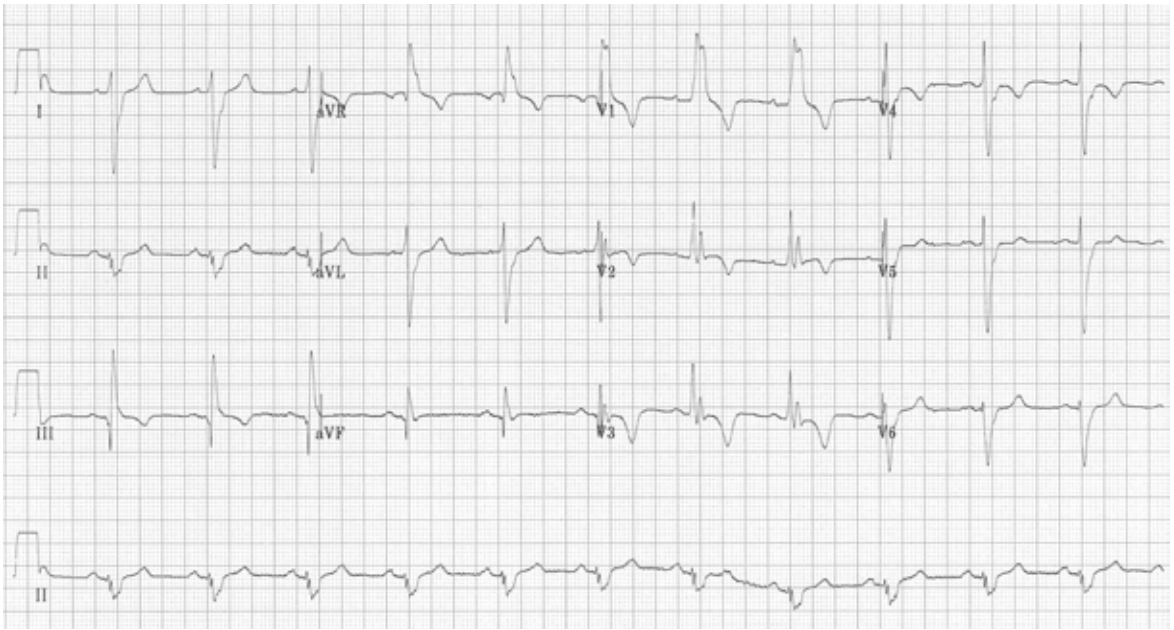
a) What is the complete ECG diagnosis?
b) What is the immediate treatment?
c) What is the subsequent treatment?
d) What is the probable culprit coronary artery responsible for the ECG changes?



Case 2

65-year-old female who was being treated at the orthopaedic ward for traumatic left sided neck of femur fracture complains of acute onset shortness of breath. She had no comorbidities and was apparently healthy before the fall. On examination she is dyspnoeic at rest with SpO2 of 86% on air and low blood pressure.

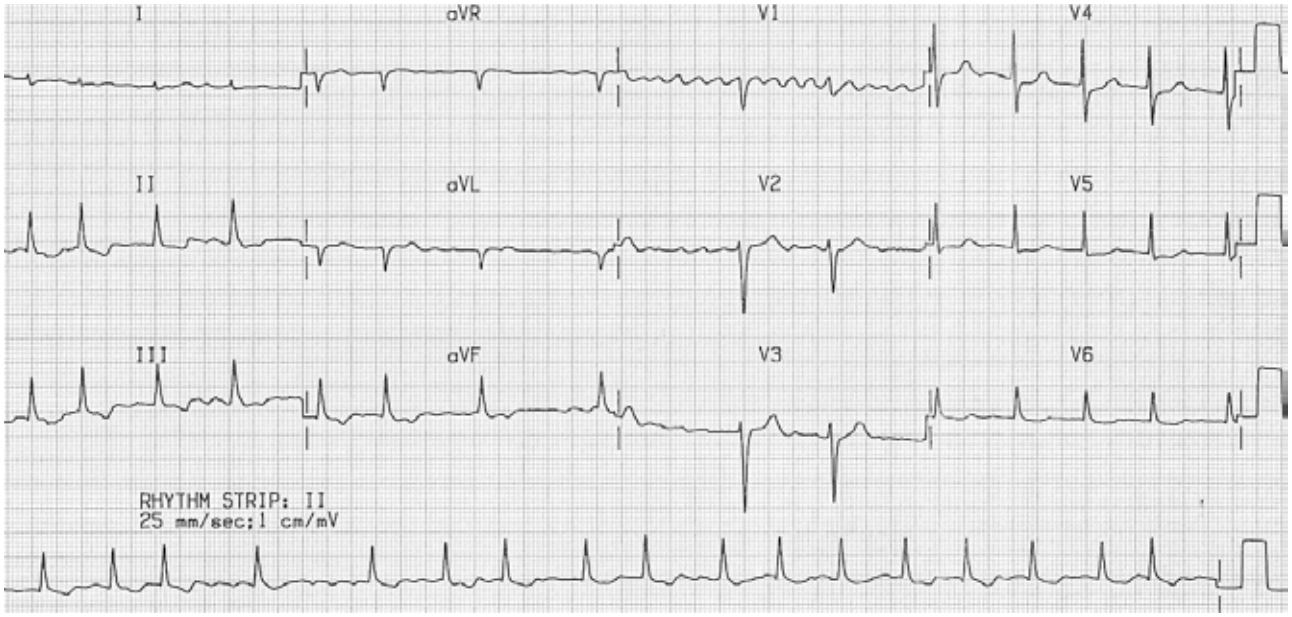
a) What is the ECG diagnosis?
b) What is the confirmatory test should be performed if this patient was haemodynamically stable?
c) What is the immediate treatment?
d) How could this condition have been prevented?



Case 3

55-year-old previously healthy male is admitted to the ETU with palpitations and dizzy spells for 4 hours duration. He has attended a wedding the day before the admission and had a binge alcohol intake. His pulse rate is irregularly irregular with a blood pressure of 120/70 mmHg.

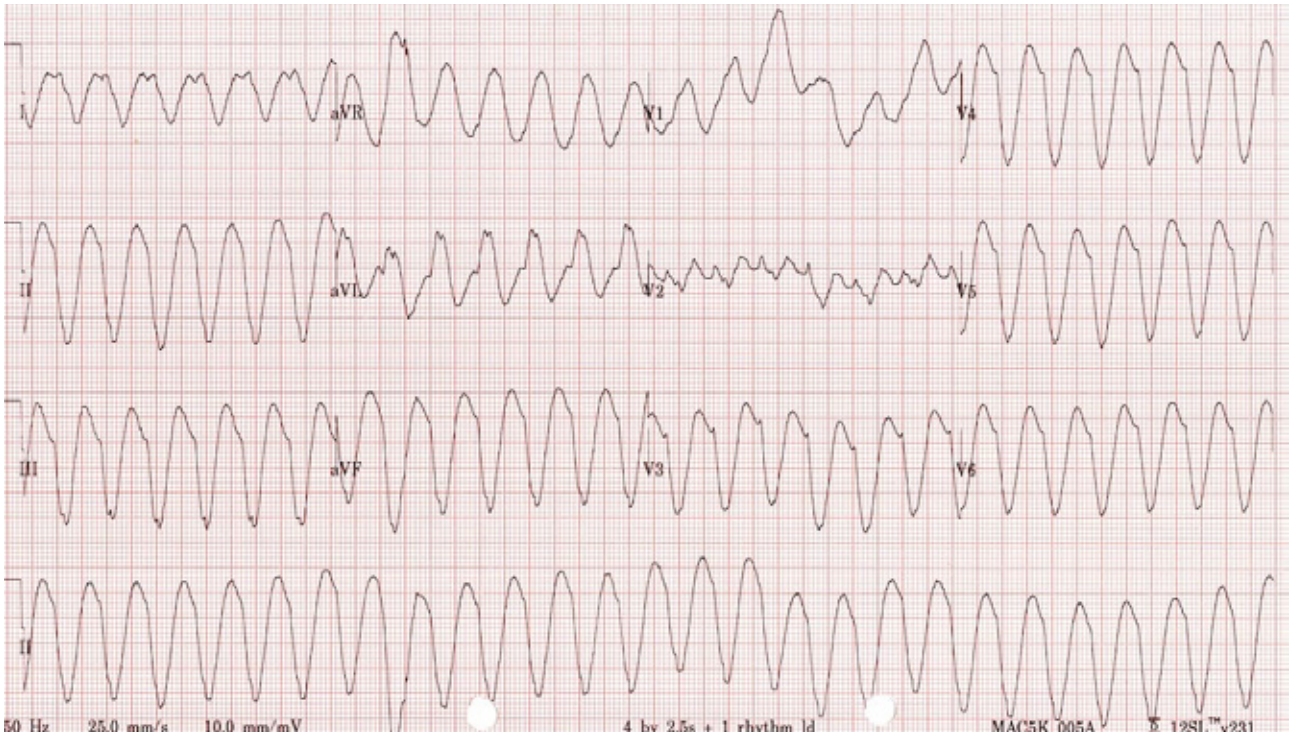
a) What is the ECG diagnosis?
b) How do you treat this patient?
c) What is the place of long-term anticoagulation in this patient?



Case 4

66-year-old male diagnosed with an anterior STEMI treated medically 5 years back presented to the ETU with a syncopal attack. On admission, his peripheral pulse could not be felt and his blood pressure was not recordable.

a) What is the ECG diagnosis?
b) What is the immediate treatment?
c) How do you manage this patient once stabilized?



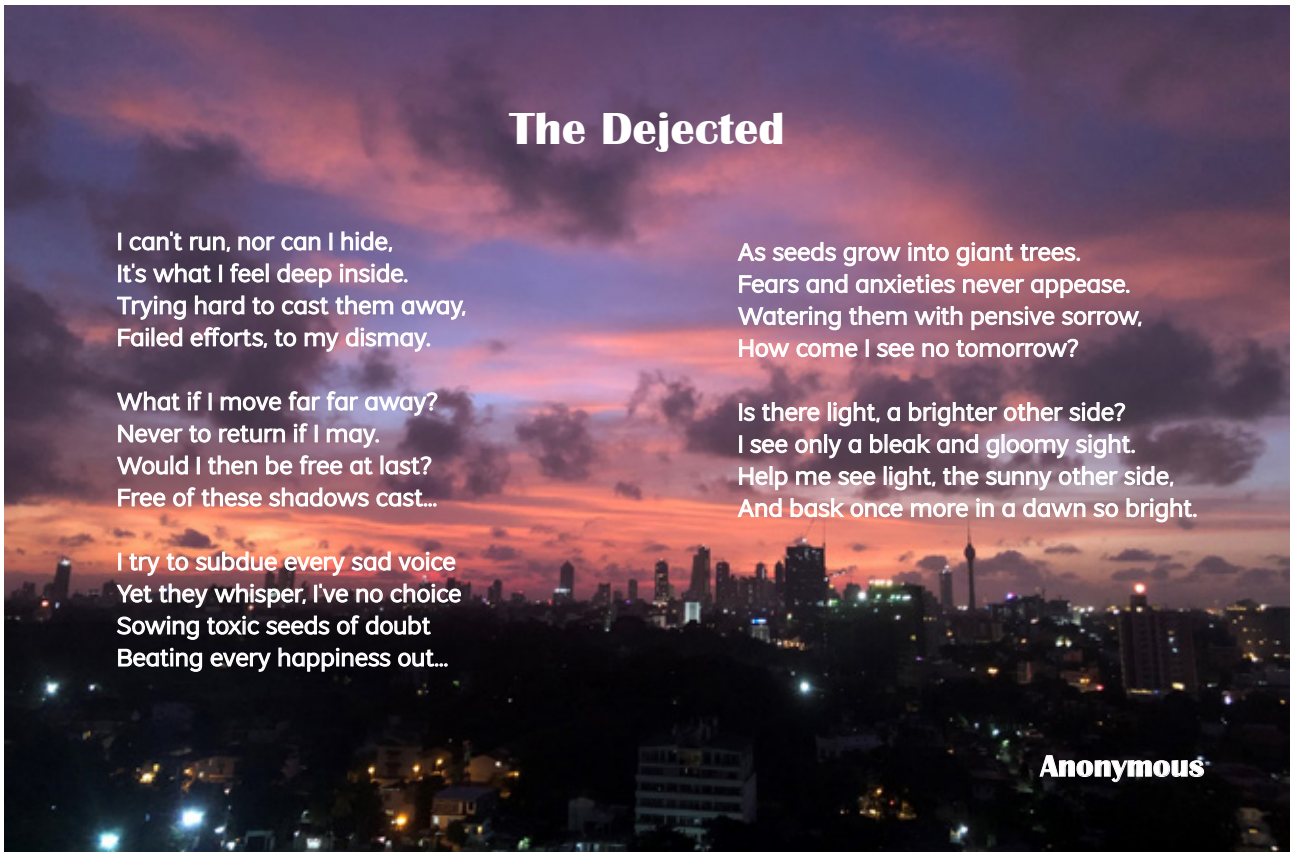
Answers

Case 1
a) Inferior STEMI with posterior extension, complicated with complete heart block
b) Fluid resuscitation with IV 0.9% Saline infusion to increase the blood pressure and stabilize the patient
c) Medical or mechanical thrombolysis
d) Right coronary artery

Case 2
a) S1Q3T3, RBBB, Right axis deviation and right ventricular strain pattern suggestive of an acute massive pulmonary embolism
b) CT pulmonary angiogram if the patient was haemodynamically stable
c) Thrombolysis followed by anticoagulation
d) DVT prophylaxis with prophylactic dose of enoxaparin

Case 3
a) Atrial fibrillation
b) Medical cardioversion with IV amiodarone
c) The CHA2-DS2-VASc Score should be calculated and long-term anticoagulation will be indicated if it is ≥ 2

Case 4
a) Monomorphic ventricular tachycardia
b) Synchronized DC Shock
c) Starting Bisoprolol or Amiodarone



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