



# SLMA NEWS+

The eMagazine of the Sri Lanka Medical Association

Editorial  
**What about us?**  
**Doctors need caring too!**

**Sri Lanka's health  
response to COVID-19:  
Stories from the frontline**

**18**

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**Medical Education in  
Sri Lanka: Looking forward  
to the future**

# Please Adhere to the Following Simple Steps to Prevent COVID-19 in Your Workplace



Wear a mask.



Maintain distance of one meter with everyone.



Wash hands with soap and water or sanitize with a hand sanitizer.



Cover coughs and sneezes with the elbow



Do not allow any person having fever with or without respiratory symptoms to report for work.



Frequently disinfect commonly contacted surfaces by staff or customers.



Avoid exchange of equipment, utensils or any other items between workers. If exchanged disinfect them before and after exchanging.



Avoid sharing personal items between workers. If shared disinfect them before and after sharing.



Ensure good ventilation and use air-conditioning only if necessary.



If your duty involves close contact or touch customers, (Eg. Barber, Tailor) wear an eye shield or a goggle and sanitize hands immediately afterwards.



If your duty involves using instruments that touches customers (Eg. Measuring tape, Comb) disinfect them after use.



For details please refer to the “Operational guidelines on preparedness and response for covid-19 outbreak for work settings” published by the Ministry of Health. Visit [health.gov.lk](http://health.gov.lk).



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## Editorial

### What about us? Doctors need caring too!

The practice of medicine is a tough job. Quite often, it becomes a way of life than a simple occupation; a life we chose to live and be committed to, with no fixed age of retirement. However, we sometimes make it harder than it should be by neglecting our own needs and wellbeing. Across the world, there is ample evidence showing that medical doctors are at a higher risk of many mental health issues including burnout, anxiety and depression. In some studies, the prevalence of depression among doctors is as high as 12 to 20 percent. Suicide rates are also among the highest of any profession. In the USA, it is more than twice that of the general population and it is estimated that one doctor commits suicide every day. Although the figures in Sri Lanka are not well published or known, we cannot deny that we too are in a somewhat similar boat. Over the last few months, the Sri Lankan medical community has been shaken by several such suicides and outraged by some felonious incidents. Then again, there is a haunting suspicion that these are just occasional manifestations of a much greater problem that is brewing under the surface, hidden from view by a façade of the so-called 'professional dignity'.

It is often forgotten that doctors face the same health risks as patients do: they are at risk of acute and chronic illnesses just like their patients, and they can be victims of aggression or trauma like any other person. However, doctors are at additional risk, working in the frontline and subject to certain potentially deleterious consequences, including exposure to infections as was evident in the current COVID pandemic. The nature of the job is such that the high demand to ensure a favourable outcome, the lack of control, inevitable uncertainty, the high personal responsibility, as well as the vicarious trauma from witnessing pain and suffering, add to their mental strain. Excessive workload, lack of supplies, poor rewards, and negative impact on personal relationships, are also important contributors. Amidst these stressors, a doctor is expected to care for his or her patients, with no margin for error as they are responsible for the lives of others. The profession demands reliance on profound professionalism and exceptional coping abilities. Yet for all that, is it realistic or reasonable to expect the same from every individual doctor?

There will be significant individual variations in personality, coping mechanisms and strength of character even among a seemingly homogenous cohort of doctors. In a country where the only qualification needed to study medicine to become a doctor is an exceptional ability to memorise and recall, with a tinge of problem-solving skills, the personal attributes required to practice medicine "effectively and safely" are almost never assessed. Although these are not assessed at the

point of entry, we cannot overlook the fact that we do get multiple opportunities to observe, support, report and correct behavioural and mental health issues throughout a doctor's career. On average a medical student spends 5 to 6 years interacting to different degrees with a faculty of teachers and academics during his or her undergraduate training. Following graduation, internship provides even more intimate contact with a supervising consultant. As medical officers, almost all doctors work in healthcare teams with many others who could potentially observe them. Post-graduate trainees are again overseen by trainers for extended periods of time. Therefore, even isolated incidents of self-harm or delinquency, if and when they do occur, become percolations of failures of the system at multiple levels.

Sri Lanka lacks an institutional framework to support the mental wellbeing and health of its doctors and other healthcare professionals. There is no formalised appraisal system which assesses the aptitude of doctors to continue to practice after the initial professional registration. Consequently, monitoring, evaluation and instituting supportive or remedial measures for those with difficulties have become solely reliant on spontaneous voluntary reporting and whistle-blowing by others. However, human nature is such, that we shy away from conflict and difficult situations. Therefore, many incidents that warrant further investigation to assess a doctor's mental wellbeing or fitness to practice go unreported and consequently, unevaluated.

Workplace based support systems should be initiated within a broad framework of formalised guidelines for monitoring, detection and reporting of mental health and behaviour issues of doctors. There should be systematised mechanisms to promote their mental wellbeing and health. Increasing awareness and training of trainers to identify and appropriately deal with such problems is also of paramount importance. Introduction of a formal periodic appraisal system would ensure self-review and upkeep of professional standards. These appraisals should not only assess a doctor's knowledge, clinical competence and skills but also the mental wellbeing and fitness to practice medicine.

Medicine is a demanding profession and sometimes it seems to ask for more than what is humanly possible. The weight we carry on our shoulders could easily break our backs unless we care for ourselves. A sick doctor cannot care for the sick. As doctors, we have a responsibility to support colleagues in need as well as to ensure the safety of patients. Looking away is not an option. There is never a more opportune time to act.



## President's Message

Dear Members of the Sri Lanka Medical Association,

Every dark cloud is said to have a silver lining; so it is for COVID-19. Over the past few months Sri Lankans experienced many changes, and most have been positive behavioral changes. Several positive changes were observed in the education, higher education systems, corporate sector and health system.

The conventional education system in Sri Lanka is mostly confined to classroom settings. In the current epidemic situation, a congested and confined classroom is a high-risk environment. Online teaching has been adopted by many schools and universities as a response to the present situation. However, lack of equity remains a major concern in this approach. A well-coordinated mixed methods approach using available resources such as radio, television and print media while combining new technology with traditional approaches such as learning in more spacious external environments will improve quality and equity of learning.

The COVID-19 pandemic has led to rapid digitization of work environments, supported by several newly developed platforms in addition to existing technologies for documentation and communication. This is a positive trend allowing provision of services in a manner that is more efficient, effective and less time consuming.

Health concerns brought to the forefront by COVID-19 have affected the transport system of Sri Lanka in a positive manner. During the lockdown period, a marked reduction of road traffic accidents, road congestion and air pollution was noticeable. However, the situation is gradually changing with the relaxation of restrictions and as more people return to work and other daily activities. The congested public transport system of pre-COVID era will be completely unacceptable if we are to adapt to the new world. Strengthening the public-private partnership within the transport sector and commuter-centered regulations are crucial at this juncture of development.

With the pandemic, there is improved public awareness on basic public health measures such as hand washing, hand sanitizing, wearing masks properly and adhering to cough etiquette. This is a positive approach as it would limit the spread of other respiratory infections as well. There is a need of sustained and ongoing public health education.

There has been a praiseworthy increase in the number of initiatives and innovations aiming at effective delivery of healthcare. There has been extensive collaboration among bio-medical experts, engineers, and technical experts in order to ensure the quality and safety of these innovations.

The months ahead are critical as the Sri Lankan community seeks to establish a balance between adapting to the new normal while minimizing the spread of COVID-19.

Professor Indika Karunathilake  
President, Sri Lanka Medical Association

## Celebrating 150 Years of Excellence in Medical Education

Dr. Ashwini De Abrew

### A Morning Of Celebrations

1st June 2020 marked the Sesquicentennial Anniversary of the Faculty of Medicine, University of Colombo. In the midst of lockdowns, curfews and widespread uncertainty caused by the COVID-19 pandemic, this historic occasion was commemorated in a fitting manner by staff, students and alumni of the Faculty.

The morning commenced with a ceremony in the Faculty quadrangle, graced by the Minister of Health, Nutrition and Indigenous Medicine, the Hon. (Mrs.) Pavithra Wanniarachchi and the Hon. Dr Bandula Gunawardane, Minister of Higher Education, Technology and Innovation. Preceded by a solemn procession of senior academic staff, the distinguished invitees were escorted to the celebratory pavilion by the Vice-Chancellor of the University of Colombo, Professor Chandrika Wijeyaratne

and Vidyajyothi Professor Vajira H.W. Dissanayake, Dean of the Faculty of Medicine. The event commenced with the Honourable Ministers hoisting the National Flag and the Flag of the University of Colombo. A Na sapling (Mesua nagassarium, Ceylon Ironwood) was planted near the entrance to the quadrangle as a living monument and a symbol of the historic milestone reached by the Colombo Medical Faculty.



Secretaries of the Ministries of Health and Higher Education, President of the Sri Lanka Medical Association (SLMA), Professor Indika Karunathilake, Chairman of the University Grants Commission (UGC), Professor Sampath Amaratunge, Director General of Health Services, Dr Anil Jasinghe, Deans of the fellow faculties of medicine and Directors of the Colombo group of hospitals were among the distinguished invitees.

The ceremony was jointly hosted by the Colombo Medical School Alumni Association (CoMSAA). Vidyajyothi Professor Rezvi Sheriff, President of CoMSAA delivered the welcome remarks, highlighting the illustrious history of the Faculty. Immediate past Dean, Professor Jennifer Perera addressed the gathering, detailing the events that took place over the past few months to honour and reminisce the institution that provided unmatched leadership in medical education, health services and research. This included the Colombo Medical Congress



that took place between 12th - 15th February 2020 and the launch of the 150th Anniversary Volume. Professor Perera acknowledged the hard work and dedication of all staff and students in the celebratory events and the donations by the families of the founder academic staff as well as alumni residing in Sri Lanka and overseas.

Professor Vajira H.W. Dissanayake, the newly elected Dean of the Faculty spoke of the pioneer medical practitioners and teachers who left lasting impressions on all who passed through the hallowed premises of this great institution. Moving from the past to the future, Professor Dissanayake emphasised the need for digital transformation in the Faculty, not only during the Corona virus pandemic, but to also to face future expectations and challenges. He acknowledged the need for research and innovations in every speciality of medicine so that Sri Lankan doctors can continue to take pioneering roles in the future.



It was indeed fitting that an alumna and Senior Professor of the Faculty, Professor Chandrika Wijeyaratne holds the post of Vice Chancellor of the University of Colombo during this landmark year. Sharing her thoughts on the occasion, Professor Wijeyaratne praised the founders of the Faculty for their vision that melded together health and education to meet an essential need of the country.

The Honourable Minister of Health, Mrs. Pavithra Wanniarachchi addressed the audience, praising the achievements of distinguished alumni in provision of health services, medical education and research. She commended the academics and researchers whose findings had been invaluable for evidence based decisions and policy making at the Ministry of Health and went on to praise the dedication of doctors in the frontlines during the recent outbreaks of dengue and COVID-19.

His Excellency, President Gotabaya Rajapaksa had graciously sent a message of felicitation to the Dean, staff, students and alumni of the Faculty. His Excellency highlighted the unique position of the Colombo Medical Faculty in the history of health and education in Sri Lanka, and made special mention of contribution towards the management of malaria, kidney disease, organ transplantation, genetics, vascular surgery, medical education, promotion of breast feeding, reproductive health, biomedical informatics and non-communicable diseases. The message was read by the Hon. Dr. Bandula Gunawardane, who additionally extended his own words of congratulation.

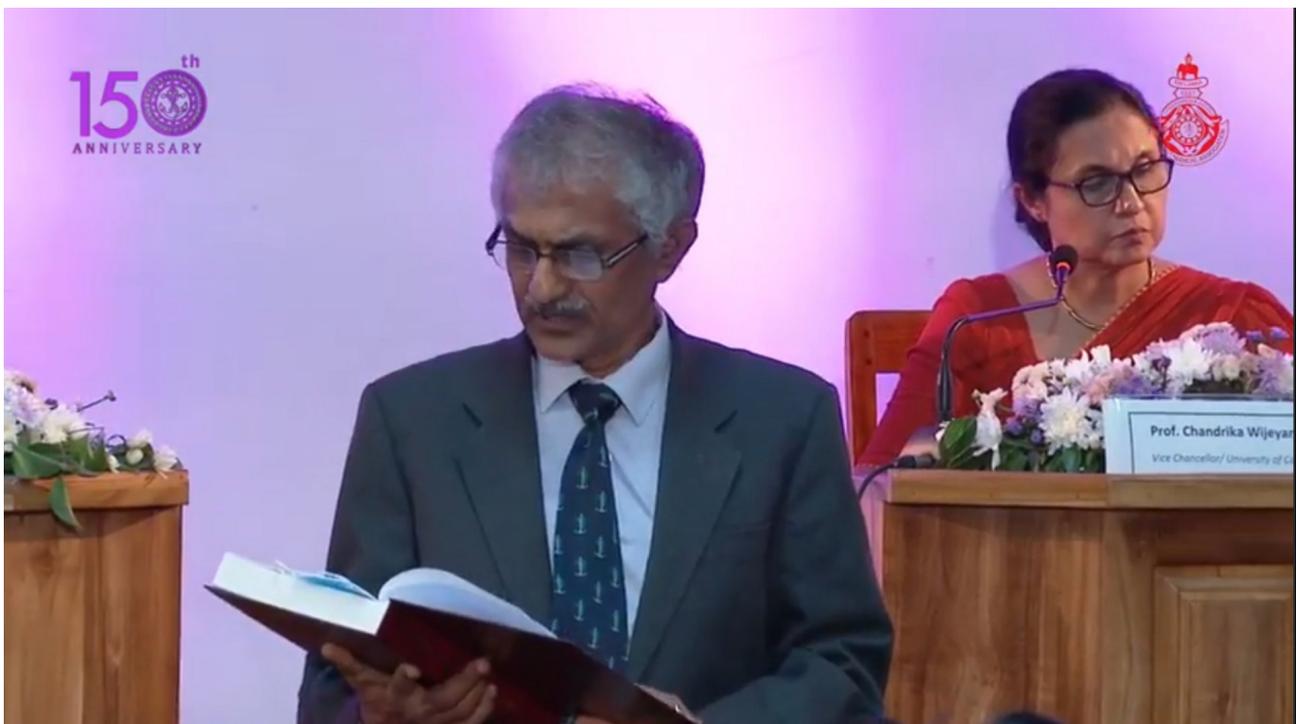
The 300-page Anniversary Volume titled "Colombo Medical School at 150: Celebrating our Heritage" was ceremoniously presented to the distinguished invitees by the joint editors Professor Priyadarshani Galapaththy, Dr. Enoka Corea, Dr. Dinithi Fernando and Dr. Chiranthi Liyanage and the convenor of the Colombo Medical Faculty Publishers, Dr. Hermali Silva. Dr Prasad Katulanda, President Elect of CoMSAA proposed the Vote of Thanks, and the ceremony concluded with the Faculty Song.

## The Virtual International Conference

The Sri Lanka Medical Association together with the Faculty of Medicine, Colombo co-hosted a Virtual International Conference on the evening of 1st June 2020. Marking the 150th Anniversary Celebrations of the Faculty, the Conference provided a platform for distinguished alumni to highlight how learning experiences at the Faculty positively affected nations around the world. The Conference was Chaired by Professor Indika Karunathilake, President of the SLMA, Professor Vajira Dissanayake, Dean of the Faculty of Medicine, Colombo and Professor Chandrika Wijeyaratne, Vice-Chancellor of the University of Colombo. This Virtual Conference was the first of its kind hosted in Sri Lanka, featuring an in-studio audience of distinguished alumni

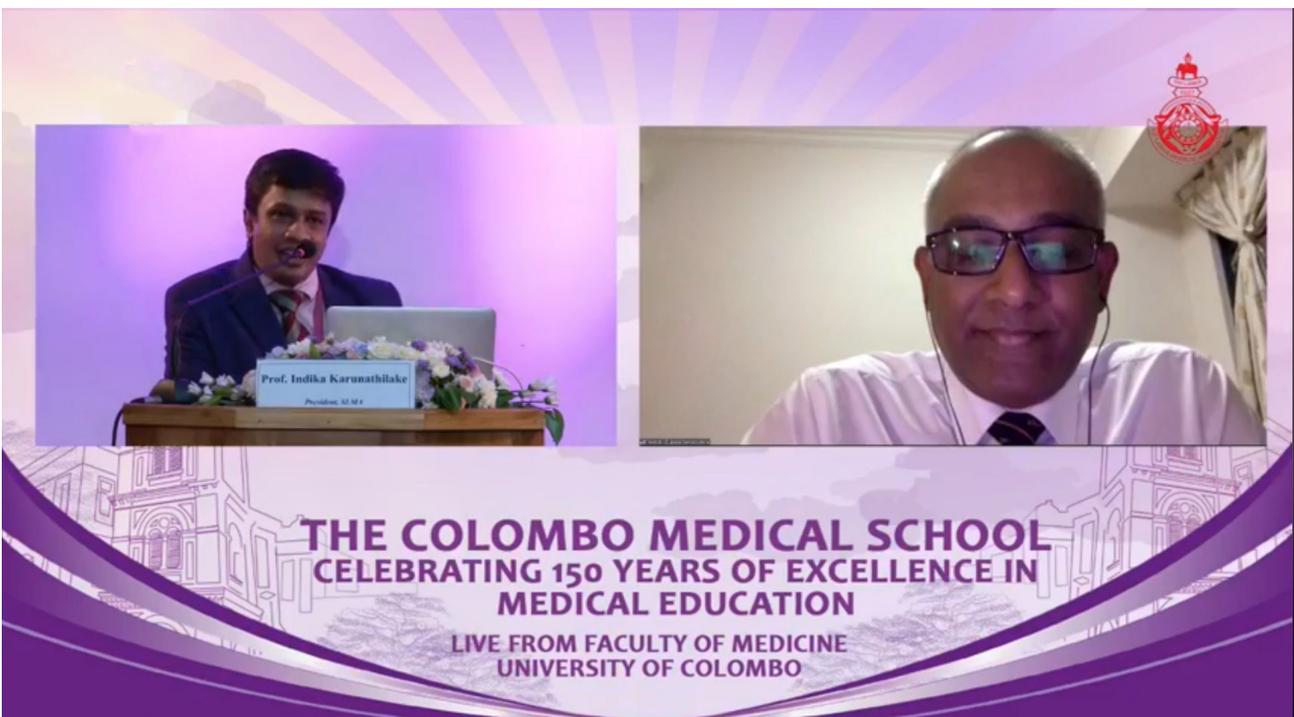
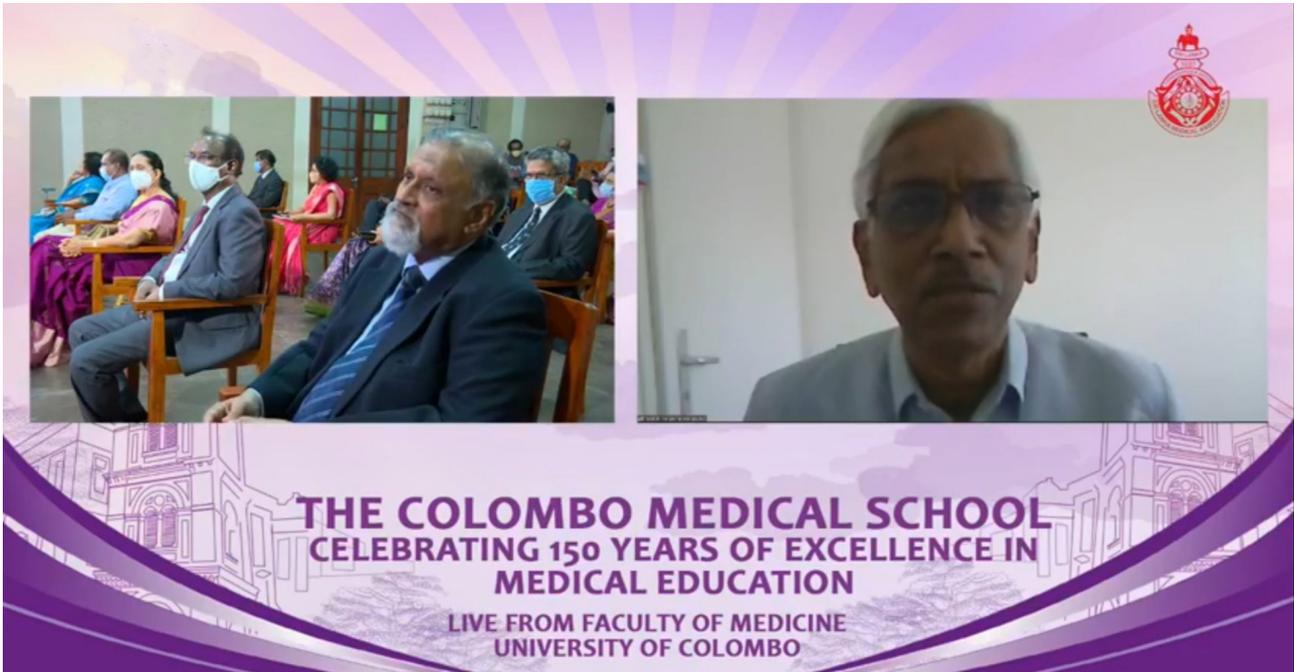
and over 600 virtual participants from 17 different countries. Speakers included alumni from Australia, Bhutan, Canada, Singapore, UK, USA as well as the World Health Organisation.

The Conference commenced with the launch of a collection of historic documents from the time period between 1870 - 1960, compiled by Emeritus Professor Laal Jayakody. Following the presentation of his volume, Professor Jayakody spoke of the difficulty in locating and accessing such documentation which inspired him to compile these primary sources which would be of value to future researchers.



The main symposium was on "Reflections on how education at the Colombo Medical School moulded their future". Speakers included Professor Dushyantha Jayaweera, Associate Professor Siri Kannangara, Professor Mahesan Nirmalan, Associate Professor Padmini Ranasinghe, Dr. Dujeeva D Samarasekera,

Professor Suranjith Seneviratne and Professor Krisantha Weerasuriya. While reminiscing on the time spent as the Colombo Medical Faculty, the speakers highlighted exemplary practices in medical education including the dedication of the teachers, variety of clinical experience and the advantages of merit based free education.





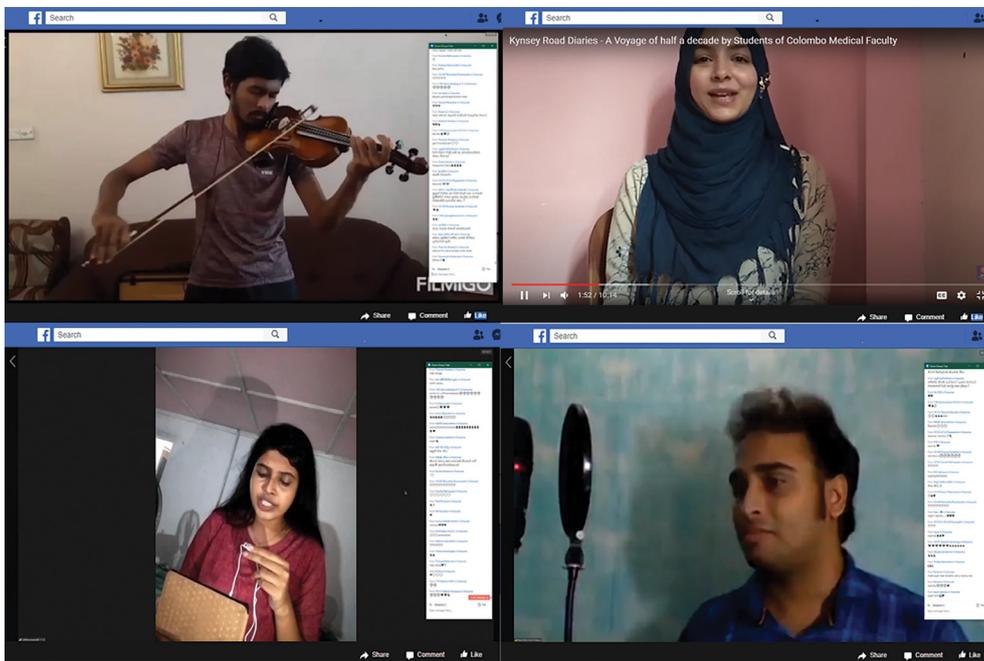
The symposium was followed by brief responses from the online Global Panel of Expert Alumni, which included graduates from the traditional as well as innovative curricula of the Faculty. Dr. Karma Tenzin, represented the alumni from Bhutan and commented specifically on the positive impact made by Colombo Faculty alumni who are working throughout the healthcare system in Bhutan.

The Conference concluded with remarks and discussions with the in-studio audience of distinguished alumni, which included former Deans of the Faculty, former Presidents of the SLMA, Senior Professors, and Heads of Departments

### An Eve Of Melophiles

The Medical Students were second to none in the optimisation of technology to celebrate the 150th Anniversary of the Faculty. Although separated by distance and behind screens an evening of entertainment was coordinated and streamed live through Facebook by the Aesthetic Circle of the Faculty and the MFSU.

The interactive session was moderated by the students themselves and featured songs, instrumentals, batch videos and light-hearted discussions with the live audience online.



The Colombo Medical School was established in response to an epidemic that led to depopulation of large parts of the country; circumstances led to the marking of the 150th Anniversary in the midst of a global pandemic. Recommendations on social distancing and public gatherings limited the number that could be physically

present during the event. However, state of the art technology ensured that the ceremony was livestreamed in high definition though Zoom, YouTube and Facebook, bringing together over 22,000 participants from all over the world.

## SLMA's response to COVID-19

The Sri Lanka Medical Association has continued its efforts in advocacy of evidence-based best practices and continues to work in close collaboration with governmental authorities and other stakeholders to contain the spread of COVID-19 whilst attempting to resume routine activities in the country.

The SLMA played a pivotal role in consultations held with the Elections Commission and recommendations were made by the SLMA and other professional colleges on conducting the General Election 2020 adhering to preventive health measures in the "New Normal". The main objectives were to minimize the risk of novel corona virus transmission during election campaigns, to minimize the risk of novel corona virus transmission during the processes and procedures of conducting the election and to conducting a fair, transparent and equitable election process adapting to the "new normal".

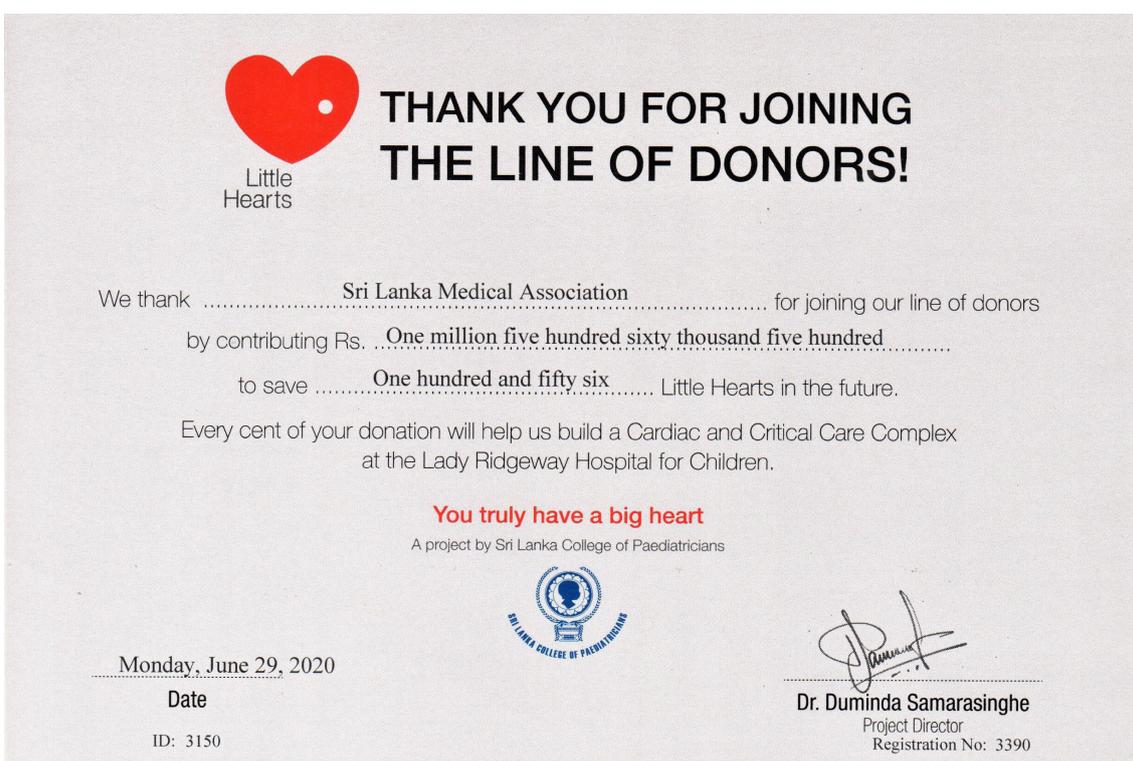
Based on the recommendations made, the Elections Commission conducted a trial election successfully on the 7th of Jun 2020.





## Contribution of Rs 1,561,000 to the “Little Hearts Project” of the Lady Ridgeway Hospital by the SLMA.

Dr Anula Wijesundere, Immediate Past President of the SLMA initiated this worthy project as part of the co-operate social service projects of the SLMA for the year 2019. When this 8 storied building is completed, it will be possible to conduct 1500 cardiac surgeries for children affected with congenital heart diseases each year and save their valuable lives. The greatest benefactor for this project was Dr. Nimal Menon of the UK who contributed Rs 400,000. The total collection was received from members of the medical profession and other philanthropists. This contribution was handed over to Dr. Duminda Samarasinghe, Neonatal Cardiologist who pioneered this worthy project.



## Medical Education in Sri Lanka: Looking forward to the future

Dr. Asela Olupeliyawa, Senior Lecturer, Department of Medical Education, Faculty of Medicine, University of Colombo

Sri Lanka has achieved remarkable successes in healthcare. Many of these successes are due to talented and committed medical professionals who have emerged through 150 years of medical education, pioneered by the Colombo Medical Faculty. What does the future hold? Healthcare delivery is changing; transformations ranging from advances in personalized medicine and automation to multidisciplinary care models. Higher education is changing, with reforms ranging from competency-based education in preparation for professional practice to student-centered and digitalized learning environments. The interface between healthcare and education itself is changing, as we see in the present COVID-19 pandemic where physical distancing measures have resulted in a rapid growth of online learning. With such dynamicity, it is impossible to predict the next 150 years, so let us be modest and envisage the implications for medical education in the next few decades.

### Competency-based teaching/learning and assessment for the needs of the Sri Lankan society

Medical education should address the needs of the society, and the Sri Lankan public expect technically competent, ethical and professional practitioners. These expectations will further evolve with the growth in health information available in the public domain and expansion of social media. Up to date evidence-based practice, patient-centred decision making with patients as partners, and collaboration between different professionals for holistic and personalized care will soon become standard expectations. Medical education should therefore be competency-based; focusing not only on the scientific basis of practice but also on communication, teamwork, ethics and professionalism. Competencies related to life-long learning and research should also be inculcated from the beginning of medical student education. Clinical training should become more systematic to develop these multitude of competencies, embracing educational strategies such as Entrustable Professional Activities (EPAs) i.e. competence certification in patient care tasks made through trust-based decisions. Interprofessional Education (IPE) along with collaborative peer learning as medical students should blend into work-based training in Communities of Practice as postgraduate trainees. Clinical training during crisis situations such as the current COVID-19 pandemic should supplement these

measures innovatively. For instance, longitudinal clerkship models where students are embedded long-term with a clinical team and a defined patient population will reduce exposure as well as enhance situated learning. In order to facilitate such competency development, medical teachers of the future should move beyond the traditional medical professionals to include other health professionals as well as patients, for instance simulated patients. In assessing students and trainees, these diverse competencies should be targeted through programmatic assessment and assessment for learning.

*"Collaboration between different professionals for holistic and personalized care will soon become standard expectations. Medical education should therefore be competency-based; focusing not only on the scientific basis of practice but also on communication, teamwork, ethics and professionalism."*

### Accreditation and student selection for global and local demands

Addressing the needs of the society also involves ensuring quality standards and producing medical graduate numbers appropriate for the nation's health system. The global drive for accreditation in medical education will have a direct impact on Sri Lanka from as early as 2024, by which time our MBBS programmes must be prepared for the rigorous processes of international accreditation. Selection of students, which Sri Lanka is already conducting based on the proven concepts of academic merit and equity, can be further enhanced to screen for potential candidates' capacity to develop the competencies described earlier particularly with a focus on professionalism. The numbers selected should be sustainable in terms of health resources and the skills mix among different health professions to deliver holistic care.

*"The global drive for accreditation in medical education will have a direct impact on Sri Lanka from as early as 2024, by which time our MBBS programmes must be prepared for the rigorous processes of international accreditation."*

## Adapting technology-driven curriculum areas and educational strategies while preserving humaneness

Healthcare systems are becoming increasingly technology driven from point-of-care devices to personalized medicine, while today's students of Generation Z are adaptable and demand technology driven education. This digital transformation, which is already seen in medical education, has progressed due to the COVID-19 pandemic, and it should evolve further to support the educational aims of the programmes. For instance, the Learning Management Systems that Colombo Medical Faculty introduced a decade ago and is now ubiquitous with the 'new normal', needs to transform to personalized virtual learning environments with e-portfolios and digital assessments that supplement competency-based education. Simulation-based education and Virtual Reality should become integral components, particularly in learning of emergency care, transprofessional care and difficult communication situations. Bioinformatics and clinical informatics should be incorporated with areas such as genetics education and epidemiology if the doctors of the future are to be prepared for handling

of big data and personalized medicine. The limitations of technology should also be considered. The ability to recall knowledge no longer needs to be rigorously evaluated in a world where information is at your fingertips. However, domains where the human element is critical, for instance decision making under uncertainty as well as humane skills such as empathy, must be developed.

*"The ability to recall knowledge no longer needs to be rigorously evaluated in a world where information is at your fingertips. However, domains where the human element is critical, for instance decision making under uncertainty as well as humane skills such as empathy, must be developed. "*

## A way forward towards greater achievements

Over the past 150 years, medical education in Sri Lanka has evolved with the changing needs and global trends, with notable milestones such as the 1995 curriculum reforms at the Colombo Medical Faculty which introduced an integrated, student-centred model. The demands of the future will require a greater paradigm shift. With internationalization of medical education, medical teachers should contextualize global best practices and

engage in scholarship of local innovations. Educational reforms should be supported by a national dialogue, institutional leadership and a professionalized medical education workforce. As a profession we should all encourage and guide our future students and trainees to take Sri Lanka's remarkable achievements in healthcare to even greater heights!

### 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](mailto: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**

## Euthanasia for Animals, Food for the Masses

Dr. Sarath Gamini De Silva, Senior Consultant Physician

Euthanasia, also called mercy killing, is defined as an act or practice of painlessly putting to death persons suffering from painful and incurable disease or incapacitating physical disorder or allowing them to die by withholding treatment or artificial life support measures. A few countries have legalised this practice provided that the strict criteria laid down have been adhered to. However many societies have placed restrictions on the practice as it can obviously be abused for sinister purposes.

However I am intrigued by the way this word is abused nowadays. I read recently in the Western media how millions of animals in farms were killed and discarded ("euthanized" is the word used), the reason being that the farmers were deeply distressed that they were unable to put "the meat on the table" due to COVID 19 related lockdown! They seem to justify killing large numbers of animals for human consumption. Similarly the word is often used to describe putting to death of animals like race horses after injuries, not because they are incurable but are no longer of any use to their owners!

A big hue and cry is made about people in some Eastern countries who are alleged to sell live wild animals in wet markets for consumption as food. It is claimed that the recent epidemics of viral infections arose from such practice. Killing dogs for meat in certain societies is despised by others as dogs make very good pets, and are quite useful to human beings. Yet it is often forgotten that young goat, lamb, calves, piglets etc could also be very friendly playthings for children if they are ever given the chance to be so.

Animal farming for food is among of the cruelest industries one can think of. How animals of all kinds are genetically modified, artificially produced, chemically fed, injected with hormones, given antibiotics and confined to small spaces is well known. To be commercially viable, they are designed to put on weight so much until they are too heavy to move around on their own. Their distress throughout this process is palpable. Newly born calves are forcibly taken away screaming from their mothers and developed separately to be sold as veal. How distressed the animals would be to see their own kind getting killed on the production line need not be stressed. In this regard, the concept of introducing humane methods of killing animals is laughable, as all forms of killing should be treated as inhuman.

It is well established that animal farming is one of the biggest contributors to environmental pollution and hence global warming. This is now believed to be a major cause of natural disasters and pandemics. Large extents of arable land are used up for producing grains as animal feed while malnutrition is rampant in vast populations in the developing world. As recorded to have happened in ancient history, a time may come when human beings have to be "euthanised" to relieve their suffering from malnutrition!

There is evidence to show that consumption of meat products is a significant cause for the current epidemic of non-communicable diseases like high blood pressure, diabetes and heart disease. There are numerous epidemics of infection spread by animal products. Hormones and other chemicals used to fatten animals cause various undesirable physical changes in those, especially young children, who consume the meat. Wide spread use of antibiotics in animal farming causes antibiotic resistance among disease causing organisms making many such life saving drugs useless. This is all the more worrying as newly developed antibiotics are hard to come by.

It is erroneously believed, or conveniently ignored, that killing fish is acceptable though it still is a form of taking away animal life. Eating fish is known to be beneficial in many respects and is less likely to cause disease and may even be good at preventing some. Both fresh water and marine fish are a useful source of proteins, beneficial fatty acids and vitamins. The fishing industry may be considered less harmful to the environment although over-fishing of certain varieties has led to their near extinction.

Cow's milk (or milk of other animals like goat, camel etc in various cultures) is not essential for human nutrition at any age. It should be noted that perhaps human beings are the only species that consume the milk of another species! However in many instances when other sources are limited, milk could provide proteins, fat, calcium and vitamins like B 12 essential for adequate nutrition. Similarly eggs are considered a source of good quality protein, fat and other essential nutrients. It is claimed that egg yolk does not raise levels of disease causing fats like cholesterol in blood.

Vegetarianism is spreading fast among various populations in the world, especially among the youth and on religious grounds. The belief that not eating animal meat inevitably gives rise to nutritional deficiency is a myth propagated by those "addicted" to eating meat and the industries thriving on the market. The notion that some vegetable oils are unhealthy due to their composition of fatty acids is not borne out by evidence. Such misinformation is often propagated by commercial interests. Perhaps they may be so when taken together with excess animal fat. At times getting adequate amounts of protein or vitamins like B 12 may not be possible in a pure vegetarian diet in quantities one can consume. Hence their supplementation may become necessary. A purely plant based balanced diet is however wholly possible. Those with doubts will do well to look at the millions of vegetarians and all herbivores in the animal kingdom that enjoy disease free longevity. Organic agriculture with minimum contamination with chemicals will make the planet a safer and healthier place for all.

It is unfortunately difficult to get a proper understanding of the relative benefits and harm of various items of food. This is because the findings in such research studies are often manipulated by the industries trying to gain financially by distorting them. It is well known that extensive advertising promotes harmful food specially among children.

Proper utilization of the grain, fruit and vegetable produced remains an ongoing problem. Much is allowed to perish before it reaches the consumer, thereby making them more expensive to the consumer. It is the duty of the authorities to ensure that there is planned cultivation of various food items, facilities for storage and transport

is made available and ways of long term storage like canning are instituted. The political authorities in our country with a traditional agricultural economy are responsible for ignoring this vital aspect over the years. It is sad to see farmers undergoing much hardship when their efforts are wasted due to lack of these essential facilities. The export of such produce, which is only a trickle at present, could be a valuable source of foreign exchange to bolster our sagging economy.

Let markedly reduced dependency on animal meat, and an increased consumption of plant based food, be an essential part of the human behavioural changes envisaged in the post-COVID "New Normal".



## 133<sup>rd</sup> Anniversary International Virtual Medical Congress Virtual Pre-Congress Workshop

2020 - Year of the Nurse & the Midwife: Health Workforce  
Development beyond COVID-19 Pandemic

22<sup>nd</sup> July 2020 from 09.00 to 11.00 am

| Title  | Resource   |
|--|--|
| Global & regional perspective of sustaining essential MCH services in the COVID-19 & Beyond  | Dr Anoma Jayathilaka,<br>Medical Officer Maternal and Reproductive Health,<br>WHO/SEARO                      |
| Improving quality of Midwifery services in RMNCAH care COVID-19 outbreak and beyond: Lessons learned and Key actions for Sri Lanka | Dr Chithramali de Silva,<br>Director Maternal and Child Health ,<br>Family Health Bureau, Ministry of health |
| Addressing the need for capacity development among nurses in face of the pandemic  | Mrs Asoka Abeynayake<br>Director / Nursing, Ministry of Health   |
| Tools and technologies for Professional development in "New normal" in the context of nursing and midwifery in Sri Lanka           | Dr Sudath Samaraweera,<br>Deputy Director General/Education , Training<br>and Research, Ministry of Health   |
| Discussion   |  |

Organized by World Health Organization, Ministry of Health in collaboration with SLMA

For further details - Email - [office@slma.lk](mailto:office@slma.lk) SLMA office - 011-2693324

Online Registration Link - <https://slma.lk/workforcedevelopment>

## Sri Lanka's Health Response to COVID-19 : Stories from the frontline

Compiled by Dr. Chiranthi K Liyanage

Just over 6 months have passed since COVID-19 came into international notice. As the virus spread across continents, nearly all countries in the world were forced to wage war against a common enemy; SARS-COV-2. The war is still raging on in different fronts as the world attempts to resume its functions in a "New Normal". In Sri Lanka, the total case count is now approaching 2000 with 11 deaths. Community spread is still unlikely and the recently reported new cases are either returnees from abroad, their close contacts or are from a known local cluster. This containment of spread of COVID-19 is a remarkable achievement, especially in the backdrop of the arduous struggle some of the richest and the most powerful countries are facing today. This article aims to highlight how Sri Lanka continues to tackle the current pandemic, with some narratives from healthcare personnel who are in the frontlines of this battle in different arms of the health sector.

### Preventing the spread

During a pandemic, control and preventive measures play a pivotal role in curtailing its spread. These control measures include early case detection, contact tracing, quarantining of contacts and disease surveillance through active case detection of close contacts and follow-up. In Sri Lanka, the Epidemiology Unit carries out these functions through a well-established island-wide network of Provincial and Regional Directors of Health Services, Regional Epidemiologists, Medical Officers of Health (MOH) and their staff.

### What we do at the RDHS office, Colombo

*Dr. Janaka Weragoda, Consultant Community Physician, Regional Director of Health Services office (RDHS), Colombo*

The main aim of COVID -19 management at district level is prevention of disease transmission. Identification of high risk or suspected individuals, implementation of quarantine procedures for designated people and public awareness are the main activities carried out to achieve this objective.

COVID-19 management at district level is carried out by a team headed by the Regional Director of Health Services (RDHS). The other members of the team are Deputy RDHS, Consultant Community Physicians (CCP), Regional Epidemiologist (RE), Medical Officers (planning, maternal and child health, mental health focal point), Regional Dental Surgeon (RDS), and Divisional Registered Medical Officers.

The RDHS provides necessary administrative support such as logistic management, human resource management as well as monitoring and supervision of field activities related to prevention of COVID-19 transmission. The district health team works closely with other sectors such as the District Secretariat, the Police and the tri forces during different situations.

At district level, the focal point for communicable disease prevention is the Regional Epidemiology (RE) Unit. The RE unit coordinates with the Epidemiology unit, district level offices and the MOH on technical aspects and provides guidance related to prevention. It supports training of relevant hospital and public health staff on prevention of COVID-19 transmission, assists in contact tracing and quarantining and carries out monitoring and supervision of field activities.

At the field level, the Medical Officer of Health (MOH) offices and curative sector institutions (base hospitals, divisional hospitals and primary care units) are functioning. All positive cases of COVID -19 are officially informed to the RE unit of the relevant district by the Epidemiology unit. Those details are then conveyed to the relevant MOH. The MOH with the support of the public health inspectors carry out contact tracing and recommend self/home quarantine according to the guidelines. In addition, the MOH visits hospitals where cases are reported, for contact tracing in the hospital (both staff members and patients) and make necessary recommendations for quarantine. The police also work closely with the MOH to ensure quarantine procedures are followed. For those who complete the quarantine period, a "certificate of completion of quarantine for COVID -19" is issued.

The institutions in the curative sector also play a major role in the prevention of COVID-19 transmission. Careful patient triaging at the entry point, suspected-patient isolation and providing transport to send them to designated hospitals, improving infection prevention and control measures as well as increasing public awareness are main activities carried out by these institutions.

We faced many limitations and challenges when carrying out our duties during the curfew in the country. Routine services such as clinic services were disrupted. Innovative methods to overcome these challenges should be sought as we plan and prepare for similar health crises in the future.



**Contact tracing in the community**

### **Working at field level in times of Corona**

*Dr. M.B.M.Ratnadurai, Assistant Medical Officer of Health, Maharagama*

Prevention is known to be better than cure, and the COVID-19 pandemic has forced our communities to see its true value. The Medical Officer of Health (MOH) Office comprises of a team of doctors, public health nursing sister (PHNS), supervising public health midwife (SPHM), supervising public health inspectors (SPHI), public health midwives (PHMs) and public health inspectors (PHIs). We are the grassroot level institution that strives for prevention of diseases.

The COVID-19 outbreak changed our daily routines drastically. Each development revised our roles and schedules. A confirmed case in the area requires a team visit for quick contact tracing, quarantine and containment. In these trying times, we work as one with the police, the tri-forces and the local authorities.

Technology is our ally. A list of contacts of confirmed cases arrives by email each morning from the regional epidemiologist. Faxes of lists of returnees from abroad pour in from police stations. Information is shared

swiftly through staff chat groups. These details are communicated to the relevant PHIs for investigation. Most quarantined individuals are scared, and some are reckless. The stigma of being an "untouchable" weighs on them as much as the threat of contracting the illness.

They rely on our compassion and advice. Public compliance saves precious time and helps us focus on educating and reassuring a worried community. We get many calls from the community to clarify their doubts, which are often cleared at supervisory levels.

Maternal and childcare services have evolved to facilitate the protection of its communities. A usually bustling polyclinic is prioritized to care for high risk pregnancies and family planning. Our vigilant PHMs continue registration of new pregnancies and conduct home visits for the most vulnerable. A contactless delivery of Thriplosha or a month's worth of prenatal supplements is provided to those unable to collect it.



**Maternal and childcare clinics**

A curfew imposed during a pandemic amplifies the fears of the public. Shortages of protective wear is every healthcare worker's nightmare. Each clinic or home visit is a venture into the unknown, a risk to themselves and their families. Here, the doctors and supervisors provide our staff with knowledge, strength and guidance to fulfil their duties.

### Caring for the sick

While the preventive measures undoubtedly facilitated curtailing the pandemic, early detection, diagnosis and appropriate management of confirmed patients has been central in reducing the morbidity and mortality due to the disease. All levels of curative healthcare have been put to the test during this pandemic. Everybody, from Primary care physicians, who are the first contact

The huge strides made in public health have not got its due in the community. This pandemic tests the public's contribution towards the success of public health. It is a reflection of a country's investment on education, economy and health of its people. We feel that together, the public and the health workers can overcome the greatest threat of our times.

doctors in the community, to the specialists in tertiary care hospitals, have been at the forefront in this battle against COVID-19. The following are narratives by doctors who have actively been engaged in the curative sector at different levels during this pandemic, giving an insight in to their experiences.

### An unexpected meeting with an expected

*Dr. Nishan Siriwardena, National Cancer Institute*

Sunday 08th March 2020 was another busy weekend. After a late lunch with my wife, I sat behind my desk in my private practice following a brief breather. It was business as usual, meeting and greeting familiar faces with familiar ailments. I have been working as a part-time general practitioner in Mattegoda for the past ten years and I know most of them by their names.

Ever since the identification of the Chinese lady with COVID-19 in Sri Lanka, I always felt a bit edgy when I see patients with respiratory tract infections. As a habit, I am a bit overly concerned about hand hygiene; even my friends used to make fun of me due to that habit. After the entrance of COVID into our daily life, even without a single Sri Lankan being detected, I started to take all possible precautions to prevent potential exposure. During the early days when my patients saw me wearing a mask, some even poked fun at me. I felt that most of them were unaware of the imminent danger posed by the virus. However, I noticed some school kids practicing good sneezing and coughing etiquette which they have learned in school. I felt that it was something to be positive about during these trying days.

One of the regular visitors to my practice, was a tour guide who spoke very fluent Italian as he had lived in Italy for about 10 years before moving permanently to Sri Lanka. Being a very cheerful person, he used to share a joke and have a quick chat with me during the consultation on many things including politics and economics

However, on this particular day he looked a far cry from his usual healthy self. He walked in with an ill-looking face and had some breathing difficulty. He had a high-

grade fever, sore throat, cough and severe headache. He told me that he had obtained treatment twice before he came to me. Even though it looked like a lower respiratory tract infection at first glance, my persistent expectation of COVID-19 made me ask a few more questions from him. When I inquired about his whereabouts preceding to the present illness; all my doubts got confirmed. He told me that he came straightway from the airport after dropping off a few "suddas". The next question was from where these "suddas" came from and his answer jolted me profoundly. His guests had come from Italy two weeks back. His clinical presentation and history perfectly matched the COVID-19 infection. Even though there was not a single Sri Lankan COVID-19 patient at that time, I believed my gut feeling and told him to rush to IDH without going back to his residence.

On 9th March, I called him to inquire about his condition and came to know that he was being treated for respiratory tract infection. My daughter called me on 11th March morning to inform me that the patient I have described to her, is indeed positive for COVID-19.

Mattegoda is a densely populated area with more than 1100 houses in the housing scheme and 5th Regiment of Sri Lanka Army also situated nearby. Many garment factory workers live in shared accommodation in and around Mattegoda. With an estimated population of 5000 people moving around makes Mattegoda a highly vulnerable area during an epidemic. The mere fact that this patient accepted my advice to get admission to IDH immediately may have prevented many hundreds of people getting exposed to COVID and creating the biggest cluster during this epidemic.

## COVID -19 Pandemic in Sri Lanka – Perspective of an Emergency Physician

*Dr. Indika de Lanerolle, Consultant Emergency Physician, National Hospital of Sri Lanka*

A day in the life of an Emergency Physician at the National Hospital of Sri Lanka (NHSL) is challenging to say the least. Each day is different and exciting in the Emergency Department (ED). Yet at the end of the day, it is rewarding since you are saving lives of those with potentially life-threatening conditions.

The COVID-19 pandemic has made working in the ED more complicated worldwide. My workplace at NHSL is no exception. Our problems are further compounded by the sheer number of transfers from other hospitals. Frontline healthcare professionals including doctors, nurses and support staff are watching this outbreak unfold up close and in real time. Fortunately, in Sri Lanka we have so far escaped the tragedies seen in some countries, thanks to the measures taken in time to prevent community transmission.

The biggest challenge in the ED is to deal with all patients without knowing their COVID19 status and maintaining the standards of care. To ease this burden a questionnaire is used to screen all patients. It is however a problem when a critically ill patient who can hardly give a history arrives or when the history is not divulged in the ED. This has become a frequent occurrence, generating great anxiety amongst healthcare workers.

Preparedness is the key to overcoming challenges. Whilst the epidemic was unfolding in China, in early February, we commenced organizing our unit in anticipation of COVID patients. The arrival of significant numbers of expatriates at the NHSL during this time was an eye

opener. Our department was zoned into high-risk and low-risk areas. Outside the usual treatment area, a separate zone was identified and upgraded to resuscitate critically ill COVID patients. Another area was designated to identify and treat high-risk patients. We sought donations for personal protective equipment (PPE) and other equipment like video laryngoscopes in anticipation of the impending problem. We conducted several training sessions with simulations to train staff to handle different scenarios. The enthusiasm shown by the doctors, nurses and support staff during these unprecedented times, is very deeply appreciated.

Despite our best laid down plans, it is a daily struggle to maintain the standards of care. One big problem encountered frequently is significant delays in the transfer of resuscitated COVID-19 'suspected' patients. This has resulted in stifling the spirit of the ED staff. Engaging in conflict resolution on a daily basis has become the norm since the pandemic began.

As much as I would like to believe otherwise, I still feel that this problem is far from over. Our biggest challenge may be yet to come. The monsoon rains are starting, signalling the fever season. Resurgence of dengue and influenza outbreaks will compound the picture further. More concerted steps are needed to ensure uncompromised care of non-COVID patients.

Despite the challenges and obstacles, I am cautiously optimistic. We as a nation can draw a lot of inspiration from our past. We will survive and rise up.



**Emergency treatment unit, National Hospital of Sri Lanka**

## Experience in a Medical unit during the pandemic

*Dr. Pubudu Jayawardena, Senior Registrar in Medicine, National Hospital of Sri Lanka*

When this outbreak started to spread in early March, our unit was completely transformed. Our usual ward which accepted patients on casualty night was converted into a ward in which suspected COVID-19 patients are admitted. The ward was covered with glass doors and glass panels and a public announcement system was installed. To start working in a such a ward was a novel experience for us.



**Working in the medical units of the National Hospital of Sri Lanka**

The most difficult part was getting into the personal protective equipment (PPE) and all the protective gear which took almost a half an hour or more at the beginning. Working while wearing the suit was also very difficult as it restricted your movements and the heat inside was unbearable at times. This was a challenge most of us had to endure. The face shield usually got covered with mist within minutes. Therefore, we always tried to be quick about it and try to finish all work before the shield got fogged because after that it was almost like working without sight.

All the staff were very helpful and dedicated and did their best to make the hospital stay of those patients as pleasant as possible. Patients were provided with snacks, drinks, towels and other essentials which were arranged by the hospital authorities and through donations. We are thankful to the many generous donors for their kindness.

Our aim was to get the tests done in suspected patients as soon as possible and send home those who tested negative and fit to be discharged as soon as possible. But sometimes, there were delays and some had to stay overnight until reports were available.

By the end of the first week of working in this new setting, I too developed respiratory symptoms and had to be tested for COVID-19 as decided by the consultant in charge of the ward. Being a patient myself in the same ward was a completely different experience. It was a lonely and an anxious wait until the test results came. Thankfully, I was tested negative and was discharged to be self-quarantined for 14 days.

## The IDH story

*Dr. Hasitha Attanayake, Director, National Institute of Infectious Diseases*

The National Institute of Infectious Diseases (NIID), popularly known as IDH, has been the focal point for clinical management of infectious diseases for nearly two centuries in Sri Lanka. As of late, NIID has demonstrated its expertise and resilience in handling "horrifying" and challenging situations created by highly transmissible, man-to-man infectious diseases such as COVID-19.

Although the COVID-19 outbreak erupted in Sri Lanka in early March 2020, the preparations for a possible outbreak of an infectious disease were made following the announcement of Ebola as a public health emergency of international concern by the World Health Organisation (WHO) in early July 2019.

Based on recommendations by the Management Committee, the renovations of the existing isolation unit began in December 2019 to upgrade its ventilation, lighting and drainage systems.

Doctors, nurses, paramedics and health assistants took part in simulation drills conducted by the Planning Unit with the objective of improving knowledge and practices in core areas such as the use of personal protective equipment (PPE), standard precautions and occupational hazards. These stimulations were videoed and reviewed by a panel of consultants and protocols were revised accordingly. Based on the recommendation by the Infection Control Committee, cleaning of the isolation units was removed from the out-sourced janitorial service and handed over to the Health Assistants under the supervision of the nursing staff. Steps were taken to improve the availability of PPE. However, when the "true pandemic" began in late January 2020, NIID realized that further improvements were required to manage the possible surge in patient numbers.



**Isolation rooms at the National Institute of Infectious Diseases (NIID)**

Additionally, a unit of 16 rooms were put up within 09 days by the Sri Lanka Air force strengthening the isolation capacity. The Sri Lanka Navy and the Institute of Engineers Sri Lanka assisted in upgrading the Mechanical Ventilation and Air Conditioning system (MVAC) of the Intensive Care Unit with negative pressure created in each isolation cubicle. High Efficiency Particulate Air (HEPA) filters were inserted to the air conducting system. Both the Sri Lanka Army and the Navy assisted in converting

the High Dependency Unit (HDU), into a new Intensive Care Unit (ICU 2), thus the ICU bed strength was increased up to ten. The radiology department was provided with a dedicated mobile X-Ray machine for COVID-19 positive patients and a Computed Tomography scan machine (CT scanner). Sri Lanka Navy assisted in putting up a building to house the CT scanner and other logistics. Computerized radiography was introduced to improve both technical and functional quality.



**The new isolation unit of 16 single isolation room**

Fully automated point of care biochemistry and haematology analysers were provided to the newly set up high-risk laboratory and a separate molecular laboratory was set up with facilities for polymerase chain reaction (PCR) testing. Moreover, ten doctors and fifteen nurses trained in critical care were recruited for the ICU. Additional staff including pharmacists, radiographers and health assistants also joined the NIID.

The curfew which was imposed to curtail the spread of COVID-19 made matters worse for the operational management of the institution. Transport facilities were provided for those staff members who travelled from home. Temporary lodging facilities were provided for those who preferred to stay back in the institution. The management provided all meals and transport for the staff free of charge.

However, the high spirits of the NIID staff dwindled when a Public Health Medical Officer was found to be positive for COVID-19 on 22.03.2020. Several steps were taken to prevent hospital staff from contracting COVID-19. Close contacts of the infected doctor were quarantined. All meetings were postponed. Staff was rostered deploying minimum numbers per duty shift. Stringent infection control methods including hand hygiene, social distancing and surface disinfection were followed. Thankfully none acquired COVID-19 thereafter.

Activities to boost the morale of NIID staff including distribution of care packets and refreshments as well as print, electronic and social media reports commending their commitment were initiated. Grievance handling was practiced at all levels.

By the mid of May 2020, NIID has provided services for more than 1000 patients (both local and foreign), of whom 321 were positive for COVID-19. More than 60% of the positives had already been discharged at this point of survey, keeping the mortality rate to less than 2%. Being the "mother hospital" in managing infectious diseases NIID played a pivotal role in training more than 300 healthcare personnel in 30 other hospitals to share the workload at the peak of the outbreak.

Today, NIID receives the highest respects and praises from all concerned owing to its timely preparedness, attentive patient care and unwavering team spirit that made this feat possible.

It is indeed as its moto claims, "much more than saving lives".

### Laboratory Diagnosis

The current COVID-19 pandemic has demonstrated how confirmation of diagnosis of suspected cases plays a crucial role in containing the spread through isolation, stringent contact tracing, and quarantining. Similarly, the laboratory services in Sri Lanka has contributed immensely to the country's success in containing the spread of COVID-19.

#### Microbiology laboratory's contribution during COVID-19 pandemic

Dr. N.S. Chandrasiri, Consultant Microbiologist, President - Sri Lanka College of Microbiologist  
Dr. Y.C. Waniganayake, Senior Registrar in Medical Microbiology  
Dr. P.S.M.J.U Samarakoon, Registrar in Medical Microbiology  
Dr. P.G.R.U.M. Welagedara, Registrar in Medical Microbiology  
Dr. K.D.D.S. Wijeweera, Registrar in Medical Microbiology

#### The real time reverse transcription PCR assay

The COVID-19 RT-PCR test is a real-time reverse transcription polymerase chain reaction (rRT-PCR) test approved by FDA and the World Health Organisation (WHO) for the qualitative detection of nucleic acid from SARS-CoV-2 in upper and lower respiratory specimens collected from individuals suspected of COVID-19 (1).

In Sri Lanka, suspected patients are subjected to PCR for the diagnosis. Positive patients are subjected to another two PCR tests before discharge. Therefore, a minimum of 3 PCR tests are performed for a COVID -19 confirmed case. In Sri Lanka this PCR facility is available at Medical Research Institute (MRI), National Hospital Kandy, Teaching Hospital (TH) Anuradhapura, TH Karapitiya, Apeksha Hospital, National Infectious Disease Hospital (IDH), North Colombo Hospital, Provincial General Hospital (PGH) Rathnapura, PGH Badulla, TH Batticaloa, TH Jaffna, TH Rathnapura as well as Sri Jayawardanapura University, University of Colombo, Kothalawala Defense Academy, University of Jaffna and University of Kelaniya. In addition to these, a few private sector laboratories also offer this service now.

#### The Gene Xpert Assay

The Gene Xpert SARS-CoV-2 (Xpert Xpress SARS-CoV-2) test which received FDA approval recently, is an automated in vitro rapid diagnostic real-time RT-PCR test for qualitative detection of nucleic acid from SARS-CoV-2 in nasopharyngeal swab, nasal wash, or aspirate specimens collected from individuals suspected of COVID-19 during acute phase of infection. Gene Xpert SARS-CoV-2 will provide results within 45 minutes. Positive results are indicative of active infection with SARS-CoV-2. Gene Xpert PCR machines are available at 34 locations in Sri Lanka. However, cartridges are not available in the country for testing at the moment.

#### Point of care PCR tests

This is very new for COVID-19. But considering the point of care nature and the future needs, these small mobile units with the testing items should be considered for expansion of testing. Further information on the methodology will be available in the near future.

#### Rapid Antigen detection

Direct SARS-CoV-2 antigen detection tests detect viral components present during the infection in samples such as nasopharyngeal secretions. The Foundation for Innovative New Diagnostics (FIND) which works in collaboration with the WHO had listed several such tests. The WHO referral laboratories for COVID-19 are currently in the process of validating such commercial assays.

## Antibody Testing

Several ELISA kits for detection of IgG/IgM antibody in serum are also being developed for research purposes. Antibody tests have limited usefulness for early diagnosis as it can take 10 days or more after symptom onset for detectable antibodies to form and they may persist long after the infection is cleared. According to WHO recommendations, immunochemistry is for research purposes only at the present time and with the current research it may not take long to develop a reliable test.

In Sri Lanka, the capacity for testing for COVID-19 was gradually increased to meet the needs of the country. As the situation in Sri Lanka evolves, we will strive to serve our nation to mitigate the pandemic based on up-to-date evidence-based practices and recommendation by maintaining the highest standards of laboratory diagnosis of COVID-19.

## Conclusion

A country's health response to challenging situations like a pandemic is determined by its prevailing healthcare structure and available resources. Sri Lanka's has responded to COVID-19 with an admixture of rigorous preventive measures including stringent contact tracing and meticulous care of confirmed cases supplemented by timely diagnostic services. This strategy has thus far been successful. The health sector has worked in unison with the armed forces, the police and other local and national governmental organisation to accomplish this great feat. We also witnessed an overwhelmingly generous and positive response from private citizens and institutions making commendable contributions in this endeavour.

As we bask in the glory of our success, we must not forget that this pandemic is far from over. Continuing vigilance and persistence of all preventive measures whilst upholding the top-most standards of laboratory services and patient care are crucial to truly win over this novel pandemic.

## EDITORIAL COMMENT

**This article is published as a tribute from the Sri Lanka Medical Association, to the dedicated, committed and selfless services provided by all frontline healthcare workers.**

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It is hereby called for applications for the following awards and grants for year 2020

**CNAPT Award:** Applications are invited from doctors and others for the best research publication (article, book chapter or book) in medicine or in an allied field, published in the year 2019, for the Richard and Sheila Peiris Memorial Award. Five copies of the research proposal should be submitted.

**GR Handy Award:** Applications are invited from Sri Lankans, for the best publications in cardiovascular diseases published in the year 2019 for the G R Handy Memorial award. Five copies of the research proposal should be submitted.

**Glaxo Wellcome Research Award:** Applications are invited from members for research proposals on topics related to medicine. Five copies of the research proposal should be submitted.

**Professor Wilfred SE Perera Fund:** Applications are called from life members of the SLMA, requiring financial support to attend an academic conference, provided an abstract has been selected for presentation at the event. Five copies of the application should be submitted.

**SLMA Research Grant:** This grant is offered for research proposals on topics related to any branch of medicine. The maximum financial value of the grant is LKR 100,000.00. The grant is targeted at young researchers in their early career, for proposals on applied research that could be initiated (e.g. pilot study) or completed (e.g. audit) with the grant. Five copies of the research proposal should be submitted. The project should have a supervisor.

**Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care:** This grant is offered for a research project with relevance to the advancement of Intensive and Critical Care in Sri Lanka. The maximum financial value of the grant is LKR 100,000.00. Five copies of the research proposal should be submitted.

**FAIRMED:** This grant is offered for a research project with relevance to the advancement of Neglected Tropical Diseases in Sri Lanka. The maximum financial value of the grant is LKR 350,000.00. Five copies of the research proposal should be submitted.

**CLOSING DATE: 31<sup>st</sup> July 2020**

**For further details please contact:**

The Honorary Secretary, SLMA  
"Wijerama House", 6, Wijerama Mawatha,  
Colombo 7  
Telephone: 2693324

## SRI LANKA MEDICAL ASSOCIATION

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Applications are invited for the following Orations to be held during 2020.

- 1.Sir Nicholas Attygalle Oration
- 2.Murugesar Sinnetamby Oration
- 3.Sir Marcus Fernando Oration

The Murugesar Sinnetamby Oration should be preferably on a topic pertaining to Obstetrics & Gynaecology.

Five (5) copies of the scripts should be submitted. Of these, two (2) copies should be with the name of the author and three (3) copies should be without the name of the author.

Each copy should be accompanied with a brief résumé in one sheet of paper (A4 size) indicating salient contributions made to advances in knowledge on the subject.

The curriculum vitae of the author and a covering letter should be submitted along with the scripts.

Further particulars may be obtained from the SLMA office.

**CLOSING DATE: 31<sup>st</sup> July 2020**

For further details please contact:

The Honorary Secretary, SLMA  
"Wijerama House",  
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# SLMA 133<sup>rd</sup> Anniversary International Medical Congress

Programme at a Glance

“Professional Development for Quality Enhancement of Healthcare,  
beyond COVID-19 Pandemic”

## Day 1: Friday 24th July 2020 06.00 pm: Inauguration and SLMA Oration

| Day 2 – 25 <sup>th</sup> Saturday July 2020  |  |  |  |
|--|--|--|--|
| 09.00 – 09.30 am   | <b>Key Note Address: Quality Enhanced of Healthcare during “New Normal” – Dr. Thiru Thirukamoorthy</b>   |  |  |
| 09.30 – 10.15 am   | <b>Prof. NDW Lionel Memorial Oration</b>   |  |  |
| 10.15 – 10.30 am   | <b>Tea</b>   |  |  |
| 10.30 – 12.00 pm   | <table border="1"> <tr> <td style="text-align: center;"> <b>Symposium 1</b><br/> <b>Response to the COVID-19</b><br/> <b>Pandemic: Lessons Learnt</b><br/>                     Experiences from Sri Lanka, UK, USA<br/>                     &amp; Singapore                 </td> <td style="text-align: center;"> <b>Symposium 2</b><br/> <b>Are we forgetting the other Communicable Diseases?</b><br/>                     Leptospirosis/ Influenza / TB                 </td> </tr> </table> | <b>Symposium 1</b><br><b>Response to the COVID-19</b><br><b>Pandemic: Lessons Learnt</b><br>Experiences from Sri Lanka, UK, USA<br>& Singapore | <b>Symposium 2</b><br><b>Are we forgetting the other Communicable Diseases?</b><br>Leptospirosis/ Influenza / TB                         |
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| 12.30 – 01.30 pm   | <b>Lunch break and digital poster viewing</b>  |  |  |
| 01.30 – 02.30 pm   | <table border="1"> <tr> <td style="text-align: center;"> <b>Free Papers session 1</b> </td> <td style="text-align: center;"> <b>Free Papers session 2</b> </td> </tr> </table>   | <b>Free Papers session 1</b>   | <b>Free Papers session 2</b>   |
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| 02.30 – 03.00 pm   | <table border="1"> <tr> <td style="text-align: center;"> <b>Guest Lecture 3</b><br/>                     Looking Good in the “New World”                 </td> <td style="text-align: center;"> <b>Guest Lecture 4</b><br/>                     COVID &amp; Sexual Health                 </td> </tr> </table>   | <b>Guest Lecture 3</b><br>Looking Good in the “New World”  | <b>Guest Lecture 4</b><br>COVID & Sexual Health  |
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| 02.30 – 04.00 pm   | <table border="1"> <tr> <td style="text-align: center;"> <b>Symposium 3</b><br/> <b>Challenges faced in managing Covid-19</b><br/>                     Laboratory diagnosis/ Prescribing / Treatment                 </td> <td style="text-align: center;"> <b>Symposium 4</b><br/> <b>Emerging &amp; Re-emerging Infections</b><br/>                     Global Scenario/ Public Health Response to<br/>                     infection prevention                 </td> </tr> </table>          | <b>Symposium 3</b><br><b>Challenges faced in managing Covid-19</b><br>Laboratory diagnosis/ Prescribing / Treatment                            | <b>Symposium 4</b><br><b>Emerging &amp; Re-emerging Infections</b><br>Global Scenario/ Public Health Response to<br>infection prevention |
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| 04.00 – 05.00 pm   | <b>Health Innovation Awards</b>  |  |  |
| 05.00 pm   | <b>Tea &amp; End of Day 2</b>  |  |  |

| Day 3 – Sunday July 26 <sup>th</sup> 2020  |   |  |   |
|--|---|--|---|
| 09.00 – 09.30 am   | <b>Plenary –Professional Development – Dr. Lawrence Shermann</b>  |  |   |
| 09.30 – 10.15 am   | <b>Dr. S Ramachandran Memorial Oration</b>  |  |   |
| 10.15 – 10.30 am   | <b>Tea</b>  |  |   |
| 10.30 – 12.00 pm   | <table border="1"> <tr> <td style="text-align: center;"> <b>Symposium 5</b><br/> <b>Leaving No one behind: Improving access</b><br/> <b>to SRH and quality of care for ALL</b> </td> <td style="text-align: center;"> <b>Symposium 6</b><br/> <b>Impact of COVID-19: Policy Implications</b><br/>                     Primary Healthcare, NCD &amp; Migration                 </td> </tr> </table>  | <b>Symposium 5</b><br><b>Leaving No one behind: Improving access</b><br><b>to SRH and quality of care for ALL</b>  | <b>Symposium 6</b><br><b>Impact of COVID-19: Policy Implications</b><br>Primary Healthcare, NCD & Migration   |
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| 12.00 – 12.30 pm   | <table border="1"> <tr> <td style="text-align: center;"> <b>Guest Lecture 5</b><br/> <b>Gender Equity &amp; Rights during</b><br/> <b>emergencies</b> </td> <td style="text-align: center;"> <b>Guest Lecture 6</b><br/> <b>Effects on Nutrition during emergencies</b> </td> </tr> </table>  | <b>Guest Lecture 5</b><br><b>Gender Equity &amp; Rights during</b><br><b>emergencies</b>   | <b>Guest Lecture 6</b><br><b>Effects on Nutrition during emergencies</b>  |
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| 12.30 – 01.30 pm   | <b>Lunch break and digital poster competition</b>   |  |   |
| 01.30 – 02.30 pm   | <table border="1"> <tr> <td style="text-align: center;"> <b>Free Paper Session 3</b> </td> <td style="text-align: center;"> <b>Free Paper Session 4</b> </td> </tr> </table>  | <b>Free Paper Session 3</b>  | <b>Free Paper Session 4</b>   |
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| 04.00 – 04.45 pm   | <b>Dr. SC Paul Memorial Oration</b>   |  |   |
| 07.00 -10.00 pm  | <b>Doctors’ Concert</b>   |  |   |



# SLMA 133<sup>rd</sup> Anniversary International Medical Congress

Programme at a Glance

“Professional Development for Quality Enhancement of Healthcare,  
beyond COVID-19 Pandemic”

## Local Faculty

- Dr. Nihal Abeysinghe - Consultant Epidemiologist, Deputy Director, IRD, for Health & Social Care
- Dr. Panduka Karunanayake – Consultant Physician, Senior Lecturer in Clinical medicine
- Dr Chandimani Undugodage - Lecturer, Department of Physiology, University of Sri Jayawardenapura, Consultant Respiratory Physician, CSTH
- Dr Neranjan Dissanayake - Consultant Respiratory Physician, Teaching Hospital Ratnapura
- Dr. Nayani Madarasinghe - Consultant Dermatologist
- Dr. Ananada Wijewickrema - Chief Consultant Physician, National Infectious Disease Hospital.
- Prof. Chandanie Wanigatunge - Professor of Pharmacology, Department of Pharmacology, University of Sri Jayawardenapura
- Dr. Jude Jayamaha - Virologist, Department of Virology, Medical Research Institute (MRI)
- Prof. Manuj Weerasinghe - Senior Lecturer, Department of Community Medicine, University of Colombo
- Dr. Vindya Kumarapelli - Director Non-Communicable Disease, Ministry of Health, Sri Lanka
- Dr. Manuj Gunawardena
- Dr. Vajira Dharmawardena – Consultant Psychiatrist, Teaching Hospital, Ratnapura
- Prof. Piyanjali de Zoysa - Professor in Clinical Psychology, Department of Psychiatry, Faculty of Medicine, University of Colombo

## International Faculty

- Prof. Zafar Iqbal - Associate Medical Director Public Health in our sister teaching trust of the Keele University, UK
- Prof. TEO Yik Ying - Dean of the Saw Swee Hock School of Public Health at the National University of Singapore
- Dr. Elahe Nezami - Associate Professor of Clinical Preventive Medicine and Medical Education & Associate Dean for Undergraduate, Masters and Professional Programs, Keck School of Medicine, USA
- Prof Michael Kidd - Principal Medical Advisor & Deputy Chief Medical Officer, Government Department of Health, Australia
- Prof. Bruce Maycock - Professor of Health Promotion at the School of Public Health, Curtin University, USA
- Prof. Malik Peiris - Chair Professor, Department of Microbiology, the University of Hong Kong, Faculty of Medicine, Hong Kong
- Dr. Dujeepa Samarasekara - Course Director of Masters in Health Professions Education - Singapore & the Chair Faculty Teaching Excellence Committee, School of Medicine NUS, Singapore
- Professor Dr. Wah-Yun Low - Deputy Executive Director (Research & Internationalization), Asia-Europe Institute at the University of Malaya, President, APACPH
- Associate Prof. Thiru Thirumoorthy – Group Chief Medical Officer at the IHH Healthcare Berhad, Malaysia & College Master and Faculty for the Academic Clinical Programme at Duke-NUS Medical School, Singapore
- Dr. Lawrence Shermann – World Health Organization

## The Glorious 150 years of the Colombo Medical School

By Dr. Anula Wijesundere nee Samaranyake

In the year 2020, the month of June,  
Heralds 150 years of the Colombo Medical School!  
The diseased and depopulated Vanni, in the 1860s  
Lead to the birth of the medical school in 1870

During governor Hercules Robinson's reign,  
In the surgical ward of Colombo General, the school began,  
The colonial Northern Province surgeon, Dr. James Loos,  
Was the first principal of the Colombo Medical School

The names of the first teachers three,  
Were doctors James Loos, E.L. Koch and R. Andree.  
Initially the medical course was a mere years three,  
Was extended to four, in eighteen seventy three.

In 1875, the school moved to its new abode,  
To land gifted by Samson Rajapakse on Kynsey Road.  
J.W. Charles de Soysa, Simon Fernando & Wimala  
Gunawardana,  
Were the other generous donors who joined the  
benefactors role.

Mr. C. H. De Soysa, the great benefactor with much generosity,  
In 1879, built the lying - in - home, for mothers to be:  
The mothers were delivered and the students taught  
midwifery,  
His statue at Lipton Circus stands as gratitude to his  
philanthropy!

The early buildings of the medical school exist no more,  
As landmarks change & new structures galore!  
All that remains of the oldest of the old stock,  
Is the towering Dr. Edwin Koch memorial clock!

In 1870, beginning with mere 25 students on roll,  
In 2020, bursting at seams, now over 1200, the toll!  
In 1870, which began as an elementary medical school,  
In 1880, was raised to college status we are told.

In 1873, the course from 3 to 4 years was extended,  
In 1885, the LMS title with pride was appended,  
In 1892, women were admitted to the medical school,  
Miss de Boer, was the first female licentiate to bloom!

Doctors E. L. Koch, Vandersarten, were the second and third  
principals  
For twenty years, Dr. Vandersarten remained invisible  
The book - "Diseases in children" he was the sole author,  
To outstation medical students, he was almost a father!

The early requirements to enter the school,  
Were merely English, native language and arithmetic too;  
In the present date, to enter the esteemed gate,  
Needs a minimum of three high 'A's, my mate!

From 1898 to 1915, Sir Allan Perry, took the reins,  
In his period the school flourished in stature and fame.  
Sir Aldo Castellani who discovered sleeping sickness and  
parangee,  
In 1903, this Italian rose to the first chair in pathology.

The pioneer surgeons were Andree, Spittel, S.C. Paul and  
Rockwood,  
Among physicians, Fowler, Marcus Fernando & Garvin Mac-  
tall they stood.

These skilled teachers then worked as surgeons and  
physicians,  
Unlike the present days of ultra and super specialization.

In 1920, heralded the golden jubilee of our school,  
Was celebrated at home with much pomp and glow!  
The chief guest on that day was Governor Henry Manning,  
Awarded prizes and diplomas to doctors outstanding

In 1923, Dr. Francis O'brien rose to the first chair in physiology,  
Many years later the physiology block became a "Koch & Bull's  
glory". In 1927, Dr. Gordon Smith became the first professor of  
anatomy, P.S.S. Panditharathne, the longest serving professor,  
a 23 year old story!

In 1924, the medical school, to college status flowered,  
In 1942, the college to university status towered!  
The rise of the Faculty of Medicine, owes much gratitude,  
To Sir Ivor Jennings, for his foresight, attitude and great  
fortitude!

With university status the faculty then acquired,  
The LMS degree, to the MBBS, now transpired.  
Professor W A E Karunaratne was the first to the deanery,  
He pioneered the subjects of public health and pathology

In 1933, Dr. Wickramasuriya of malaria fame was first chair  
in obstetrics. In the same year Dr. Milroy Paul became the first  
professor of surgery  
Dr. P.B. Fernando followed as the first professor of medicine in  
Nineteen thirty six,  
In 1949, Dr. C.C. de Silva became the founder professor of  
paediatrics.

In 1951, first chair in legal medicine was taken by Dr. de Saram  
JMO,  
In 1956, Dr. Sivalingam was appointed founder professor,  
of parasitology Dr. Hoover, first professor of bio chemistry in  
1958,  
served 40 years galore, Same year Dr. T.E.D. Chapman rose to  
the founder chair of bacteriology.

In 1945, the medical school was then seventy five,  
Sir Nicholas Attygalle, the next dean, was considered as fine,  
The Chancellor of the University, the Governor - was the chief  
guest An exhibition by medicos was held with much zest!

Sir Nicholas Attygalle, during his period as dean,  
Commenced the M.S and M.D - post graduate degrees,  
In 1945, the medical course to five years was extended,  
Four subjects for the third MBBS - were then created,

Professor O.E.R. Abhayaratne, was the third dean,  
From 1954 to sixty seven, for years thirteen,  
He was the pioneer professor of public health,  
To purchase the electron microscope, he gathered much  
wealth

In 1958, Dr. Senaka Bibile became the first professor of pharmacology.  
He presented the national formulary and formed the SPC,  
He pioneered supply of safe, effective, cheap drugs of quality,  
Was hailed as a visionary and great benefactor to humanity.

From 1967 onwards, Prof. Stanley Dissanaïke was our dean,  
He was the first faculty professor to be awarded the D.Sc.  
He did pioneering research on filariasis and echinococcosis,  
In 1970, he appointed Dr. Channa Wijesinghe as new chair in psychiatry.

In 1970 June, our glorious century was a great celebration,  
An event of great magnitude, that deserved much commemoration  
Mr. William Gopallawa, the Governor General, on that day unveiled,  
A tablet from the first 1870 building was then proclaimed!

In October 1969, we were the hundredth intake,  
I was the hundredth student among one hundred and fifty mates,  
In the grand medical exhibition held for one week in our faculty,  
I explained the DNA model of scientists Watson and Crick.

In the centenary year, Professor Bibile delivered our commencement lecture,  
"Current student unrest" was the title of his great lecture  
I delivered the vote of thanks on that day, by popular gesture,  
By coincidence, at 150 years, I was invited to deliver the same lecture.

Of our clinical teachers who played a significant role,  
Prof. Rajasuriya and Dr. H.H.R. Samarasinghe are of special note,  
The legendary Prof. Carlo Fonseka combined physiology with fire  
While Prof. Jayawardene's anatomy, was a study to admire.

Professors Lionel and Kottegoda - pharmacologists of great stature,  
While Profs. Nava, Geri J. and Sheriffdeen taught us surgical matter,  
Profs. Priyani Soysa and Jasmine Nanayakkara trained us in paediatrics,  
While Profs. Ranasinghe, Visva and Thavarasa were our masters in obstetrics!

In research at the forefront was the department of parasitology  
With Professor Kamini Mendis heading research in malariology,  
Professor Mahroof Ismail transformed world therapy for filariasis  
While Professor Karunaweera pioneered research in leishmaniasis.

In 1985, the Colombo Medical School introduced renal transplantation,  
Profs. Sheriffdeen, Geri J. & Rezvi Sheriff pioneered the innovation.  
The Ox-Col project conducted by the faculty with University of Oxford,  
New therapy for snake bite and yellow oleander since then emerged.

From 1917 onwards for the next half century,  
Eleven great deans guided our schools' destiny  
From 1970 to 82 Prof. Kottegoda was the longest serving dean,  
Was famed for his great love of nature and photography.

Professor Daphne Attygalle, our professor of pathology  
Was the next dean from 1982 to nineteen eighty six,  
Professor Earl de Fonseka, the great conductor of symphony fame,  
From 1986 to 1988, took over our faculty reins.

Deshamanya Professor Kodagoda was the next dean to arrive,  
This forensic expert & Sinhala lyricist composed the school song so fine,  
Professor Ismail of filarial fame was next at the helm,  
Followed by Vidya Jyothi Lalitha Mendis who led the SLMA, SLMC & PGIM.

From 2002, Prof. Lamabadusuriya was dean for the next four years  
This paediatrician promoted palatal surgery and was awarded the MBE.  
Professor Dulitha Fernando, the dean in 2005 was an expert statistician,  
In 2008 came Professor Harsha Seneviratne, the renowned obstetrician.

In 2011, the genial Vidya Jyothi Prof. Rohan Jayasekera, came to the fore,  
This geneticist transformed the anatomy dept. with Prof. Vajira as never before.  
Popular Professor Jennifer Perera was our dean at one hundred & fifty years,  
She added four new departments and empowered the medical career.

In 2020, our dear medical school was hundred and fifty years  
A rare event of great magnitude that needed much celebration!  
The Colombo Medical Congress and banquet were held with great cheer  
But sadly, the Corona pandemic cancelled other celebrations, oh dear!

In the coming century, may our great school continue to soar,  
Realize the aspirations of our founders and continue to roar!  
Let our medicos emulate wisdom, generosity and zest,  
May our medical school by all faiths - forever be blessed!

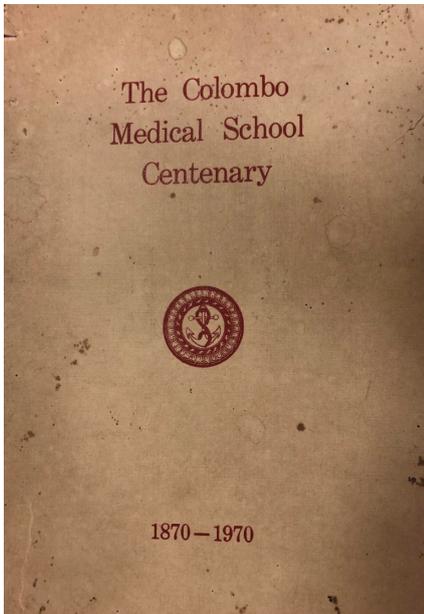
The Motto of the Colombo Medical School -  
Competence, Compassion, Care  
"Chirang Jayathu" -  
Long Live the Colombo Medical School!

*Acknowledgements: the late Professor Carlo Fonseka and the authors of "The Colombo Medical School at 150 years".*

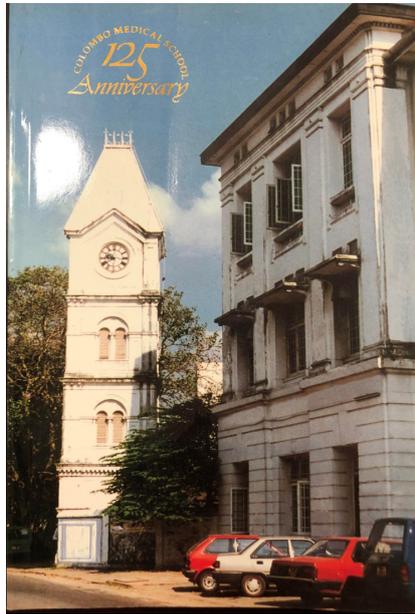
## Anniversary Celebrations of the Colombo Medical School over the years

Photographs courtesy of Dr. Ashwini De Abrew, compiled by Dr. Chiranthi Liyanage

### Anniversary Publications



1970



1995



2020

### Lighting the oil lamp



1970



1995



2020

**Address by the Dean**



1970



1995



2020

**Address by the President of the Medical Student's Union**



**1970**



**1995**

**Dignitaries at the Anniversary Celebrations**



**1970**



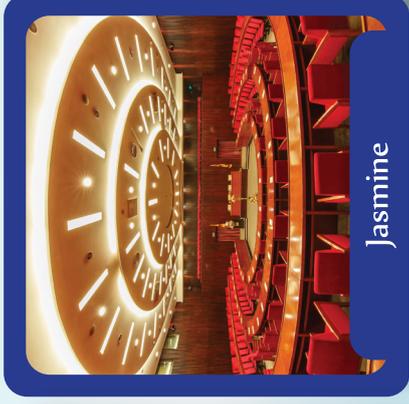
**1995**



**2020**

# BMICH

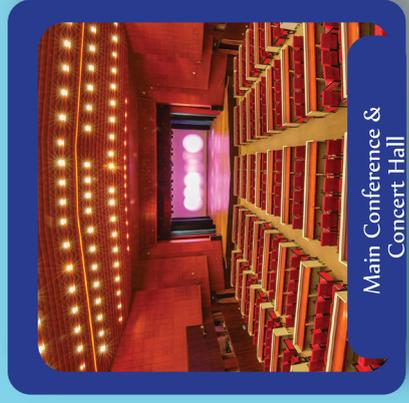
- Accommodation for delegates at the Mount Lavinia Hotel
- Free transport from hotel to conference venue and back
- Customized packages to suit your requirements
- Separate venues for coffee breaks & lunch
- Personalized attention of the CEO and leadership team



Jasmine



Sapphire Banquet Hall



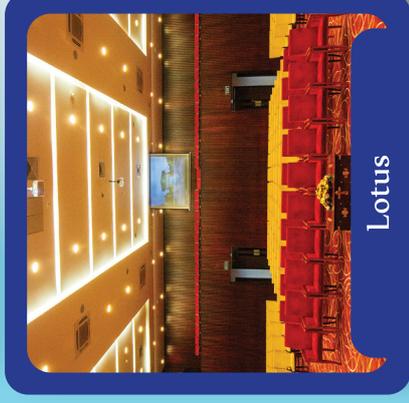
Main Conference & Concert Hall



Orchid



Lavender



Lotus



Cinema



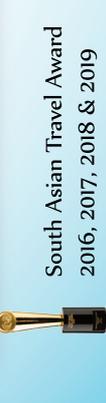
Safron



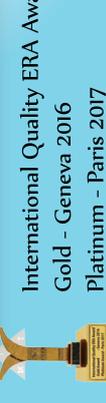
Tulip



Sri Lanka Tourism Awards 2018  
The Best MICE Venue



South Asian Travel Award  
2016, 2017, 2018 & 2019



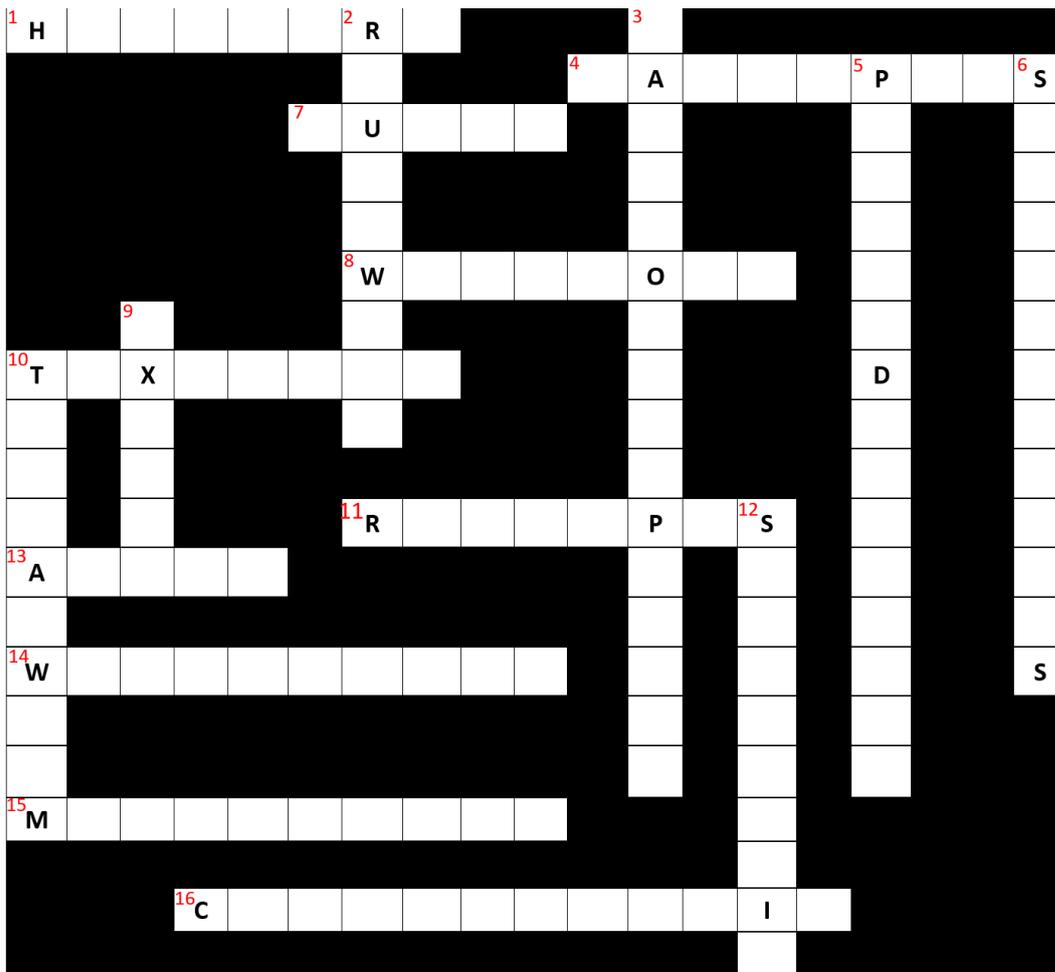
International Quality ERA Award  
Gold - Geneva 2016  
Platinum - Paris 2017

For Enquiries  
Devanthy

071 4284495

# Medical Crossword Parasites, Vectors & Fungi

By Dr. P. S. M. J. U. Samarakoon



ACROSS

- 1. An intestinal nematode that is usually acquired by walking barefoot in soil contaminated with human faeces.
- 4. Genus of the mite causing scabies
- 7. Genus of the mosquito commonly causing filariasis in Sri Lanka
- 8. An Intestinal nematode which is a greyishwhite worm, often slightly pink, which lives in the caecum and appendix. The worm is 30-45 mm long
- 9. Genus of dog tape worm
- 11. A saprophytic mould fungus which causes Mucormycosis
- 13. Genus of the mosquito commonly causing dengue in Sri Lanka
- 14. Genus of the tissue nematode which causes lymphatic blockage and gross lymphoedema,
- 15. A lipophilic yeast genus, that causes mild and often recurrent infection of the stratum corneum leading to patchy discoloration of the skin
- 16. A fungal disease of the central nervous system, seen most often in persons with AIDS

DOWN

- 1. An intestinal nematode that is transmitted faecorally. Male can be recognized by his characteristically crooked tail
- 3. Liver fluke of sheep
- 5. Commonest organism known to cause malaria in Sri Lanka
- 6. Genus of the smallest nematodes known to cause human infection.
- 9. A family of hard ticks, which have a chitinous shield (scutum) on the back
- 11. Intestinal nematodes who live in the large intestine
- 12. A chronic, pyogenic, granulomatous fungal infection of the skin and subcutaneous tissues



# ENSURING UNHINDERED EDUCATION FOR EVERY SRI LANKAN

An epidemic cannot stall life. The future has to be engineered too. Continuity in education and enrichment of our youth is critical in that endeavour.

Creating and facilitating a process that, the dreams of our aspiring children are unhindered, is of foremost importance.

Our doors are now open to help students whose higher education aspirations came to an unexpected halt due to this pandemic.

## Select one of the below options to continue your degree

### Credit Transfers

Credits already accomplished will be transferred enabling the student to complete the degree program with the credit exemptions granted

### Split Degree

Complete half of the program locally and complete the balance half at another University with the degree being offered by the latter institute

### Dual Degree

Complete half of the program (2 years) locally and complete the balance half (2 years) at another University with an option for the student to receive two degrees, from both institutions

### Specific period of study

Enable students to study locally for a predetermined period of time or a predetermined semester, to complete a pre-defined number of credits, enabling the students to continue the program at the principal institute.

### Module-wise study

Enable students to follow & complete specific modules as per their preference (module wise charge applicable)

## Appreciation: Dr Sylvia Perera

Dr Lucian Jayasuriya

Director, General Hospital Colombo 1982-84

Does though wasting in despair  
Just because a woman is fair  
Or makest pale thy cheeks with care  
Because another's rosy are

Be she fairer than the day  
Or the flowery meads in May  
If she thinks not well of thee  
What care thou how fair she be

This is an adaptation of some verses in a poem called 'Shall I wasting in despair' by George Wither, 17th century English poet, which I studied in the GCE O Level (1952- 53).

When we were in the University Catholic Hostel in in 1958, I recited it few times to a friend, a medical student hosteller when he was sulking, because Sylvia was not responding to his advances.

The verses came to my mind again, when she passed away recently.

She was Consultant Anaesthetist at the Accident Service, General Hospital Colombo, when I was Director. She was a vivacious out-spoken God loving person.

In retirement she lived in her home town Kegalle and actively supported patientcare and out-patients at the Base Hospital Kegalle.

May she rest in peace.

## A professor is not necessarily always intelligent.

(As seen on FB)

When Nelson Mandela was studying at the University, a white professor, whose last name was Peters, intensely disliked Mandela.

One day, Professor Peters was having lunch at the dining room when Mandela came along with his tray and sat next to the professor.

The professor said, "Mr Mandela, you do not understand, a pig and a bird do not sit together to eat"  
Mandela looked at him as a parent would look at a rude child and calmly replied "You do not worry professor. I'll fly away" and he went and sat at another table.

Mr. Peters, reddened with rage, decided to take revenge. The next day in class he posed the following question: "Mr. Mandela, if you were walking down the street and found a package, and within was a bag of wisdom and another bag with money, which one would you take?" Without hesitating, Mandela responded "The one with the money, of course".

Professor Peters, smiling sarcastically said, "I, in your place, would have taken the wisdom".  
Nelson Mandela shrugged and responded, "Each one takes what he does not have".

Mr. Peters, by this time was about to throw a fit, seething with fury. So great was his anger that he wrote on Nelson Mandela's exam sheet the word 'IDIOT' and gave it to the future icon.

Mandela took the exam sheet and sat down at his desk trying very hard to remain calm while he contemplated his next move.

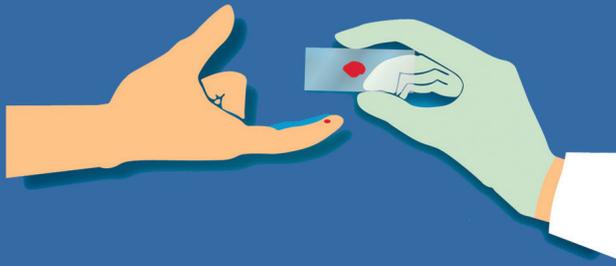
A few minutes later, Nelson Mandela got up, walked up to the professor and told him in a dignified polite tone, "Mr. Peters, you signed your name on the sheet, but you forgot to give me my grade".

The moral of the story is that unintelligent people should not even attempt to mess around with intelligent people.

It is also pertinent to add that it is only the intelligent people who can laugh at themselves.

*Believe it or not, it is from an e-mail sent by Professor Sanath P. Lamabadusuriya.*

*Extracted and compiled by Dr B. J. C. Perera*



# Reduce the Delay

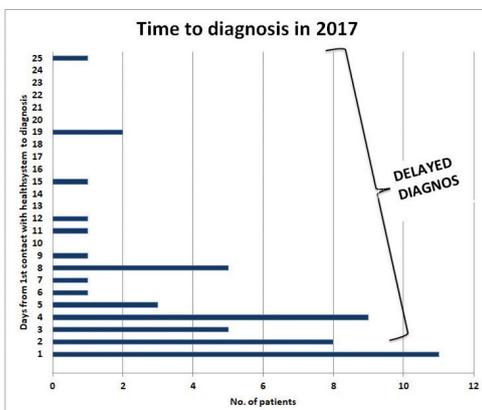
## in diagnosing imported **Malaria**

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,  
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