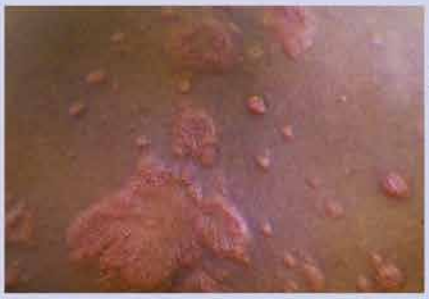
SLMA NEWS+

The eMagazine of the Sri Lanka Medical Association

Induction of the President 2020

VISION FOR 2020

- Professional Development for Quality Enhancement in Healthcare
- Enhancing Healthcare Delivery through System Improvement
- Health Promotion, Lifestyle Modification and Disease Prevention
- Innovative Application of Technology for Healthcare
- Teamwork and Collaboration



LEPROSY
BEYOND THE MYTH

Page 22

Symposium on
"Infections in the elderly: the challenges"

Page 28

JANUARY 2020 | VOLUME 13 | ISSUE 1

SERETIDE
salmeterol/fluticasone propionate

gsk

COUNTS EVERY DOSE

Innovative Dose Counter

Keeps count of the number of doses left

- The dose counter helps in determining the remaining doses inside the inhaler device. [1]
- Trusted for almost 17 years. [2]
- Seretide offers improved outcomes vs doubling the dose of ICS therapy. [3]
- With Seretide, 83% of patients* who achieved control remained controlled after 1 year. [4]

References:
1. Guidance for Industry Integration of Dose-Counting Mechanism to MDI Drug Product, U.S. Department of Health Services Food and Drug Administration Center for Drug Evaluation and Research (CDER) Clinical Medical, March 2013.
2. Launch date, 2002.
3. Lemanske RF, et al. N Engl J Med 2010;362(11):975-985.
4. Bateman ED, et al. Am J Respir Crit Care Med 2004; 170(8):836-844.

SLMA NEWS+

Wijerama House, No. 6, Wijerama Mawatha, Colombo 07
Telephone: +94 112 693 324
Email: office@slma.lk

SLMA NEWS+ is published by the Sri Lanka Medical Association (SLMA). The views expressed in it are not necessarily those of the SLMA. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the Editor. Permission may be sought directly the SLMA, Wijerama House, No. 6, Wijerama Mawatha, Colombo 07 via telephone +94 112 693 324 or E-mail: office@slma.lk

ISSN : 8100 - 4016

EDITOR-IN-CHIEF
Dr Chiranthi K Liyanage

EDITORIAL COMMITTEE
Dr.Nimani de Lanerolle
Dr.BJC Perera
Dr.Sarath Gamini de Silva
Dr.Ruwan Ferdinando
Dr.Clifford Perera
Dr.PSMJU Samarakoon

A Message from the Editor-in-Chief

SLMA NEWS+ is the official newsletter of the Sri Lanka Medical Association. In keeping with the SLMA embracing more eco-friendly practices this year, SLMA NEWS+ will be published as an online magazine. We invite all SLMA members to contribute to SLMA NEWS+ with articles, letters, poems, cartoons, quizzes or any material you wish to share with the other members. We welcome your views on the content published in SLMA NEWS as well.
Please forward them by e-mail to office@slma.lk or by post to Editor-in-chief SLMA News, Sri Lanka Medical Association,
No. 6, Wijerama Mawatha, Colombo 7.

Dr. Chiranthi K Liyanage

In this Issue

President's Message

Dear Members of the Sri Lanka Medical Association,

I would like to express my heartfelt gratitude to all of you for the singular honour bestowed on me to serve as the President of the SLMA. I joined the SLMA twenty years ago in 1999. I have served it since in various capacities. Being appointed the President is the pinnacle of a long journey for me. It is indeed a privilege to hold office as the 126th President of this hallowed institute and I pledge to take SLMA to even greater heights of achievement and recognition.

We set forth from an excellent foundation laid down by our past presidents and council members through their hard work and dedication. The outgoing President, Dr Anula Wijesundere made 2019 a memorable year for the SLMA. She diversified the SLMA's interests and worked with exemplary commitment.

While celebrating our past achievements we need to look towards the future. The progress of any organization depends on its ability to incorporate new energies and new ideas to adapt to changing needs and demands. The wisdom and experience that comes with age are indispensable. However, admixing youthful energy, enthusiasm and novelty can make the ordinary extraordinary.

My priority for the year 2020 will be to establish a system of continuous professional development for medical doctors. We have planned out a series of events for this year. The first council meeting was held on the 3rd of January 2020. The highlight of SLMA activities this year will be the 133rd Anniversary International Medical Congress, which will be held in July 2020. We have an exciting year ahead of us.

I invite all of you to join us in this journey and value the contributions of each and every one of you. I am confident of your fullest support and cooperation.Let us work together and ensure that the SLMA grows from strength to strength.

Professor Indika Karunathilake
President, Sri Lanka Medical Association

Induction of the SLMA President - 2020

The ceremonial induction of the 126th President of the Sri Lanka Medical Association (SLMA) was held on Saturday, 18thJanuary, 2020 at the New Auditorium of the Postgraduate Institute of Medicine (PGIM) Academic Centre, Colombo. Professor Indika Karunathilake was inaugurated as the President of the SLMA for the year 2020 by the Immediate Past President, Dr Anula Wijesundere at this occasion. This event was attended by over 300 invitees.

Indika Mahesh Karunathilake (MBBS (Col.), DMedEd (Dundee), MMedEd (Dundee), FCGP (Hon., SL), FHEA (UK), FCME (SL), FRCP (Edin.) is a leading medical educationists, renowned both nationally and internationally. He is the first ever professor in Medical Education in the University of Colombo, Sri Lanka.

In his capacity as a medical educationist, Professor Indika Karunathilake has made significant contributions to changing the landscape of medical education in Sri Lanka. His expertise in medical education has been recognized at regional and international level. This includes his contributions to several leading international organization such as World Health Organization (WHO), World Bank, Asia Pacific Academic Consortium for Public Health (APACPH), Asia Pacific Action Alliance on Human Resources (AAAH), South East Asia Public Health Education Institutes Network (SEAPHEIN) and South East Regional Association for Medical Education (SEARAME). He is currently the Head of the Department of Medical Education at the Faculty of Medicine, University of Colombo, which is one of the three WHO Collaborating Centres for Medical Education in the South-East Asian region.

Professor Karunathilake has contributed immensely to postgraduate medical education in Sri Lanka. In 2009, he was a pioneering member of the team that established the then unheard-of specialty, medical education at the Postgraduate Institute of Medicine (PGIM), University of Colombo. Professor Karunathilake has provided his expertise to all boards of study at the PGIM through numerous workshops.

Professor Karunathilake is an outstanding researcher in his field, with over 50 publications in peer reviewed international journals and a citation count of over 900. He has made over 200 research presentations at international and national level. In recognition of his notable contributions in research, he has been awarded many accolades including the President's Award for Scientific Publications, the highest national level research award, and the National Research Council (NRC) Merit Award for Scientific Publications. Professor Indika Karunathilake has edited several series publications and monographs and he is also the Editor-in-Chief of the South East Asian Journal of Medical Education (SEAJME).

Professor Indika Karunathilake has held many prestigious positions in national and international organisations. He is the Vice President of Asia Pacific Academic Consortium for Public Health (APACPH), the first Sri Lankan to hold this prestigious position. Professor Karunathilake is also a founder member of the Forum of Sri Lankan Medical Educationists (FOSME). He was appointed as the President of FOSME in 2014. Under his leadership, FOSME achieved the status of an academic college named the College of Medical Educationists in Sri Lanka and Professor Karunathilake became its founder President.
Professor Indika Karunathilake's interests are varied and its breadth extends beyond the field of medical education. He was instrumental in development of the Diploma in

Disaster Management offered by the Faculty of Medicine, University of Colombo, the first online degree programme offered by a Sri Lankan Medical Faculty. He also has a keen interest in public health, medical informatics and health communication and he has reached the general public through print and electronic media with over 60 published feature articles, television appearances and radio programmes. He is an ardent cricket enthusiast, playing for the Faculty of Medicine, University of Dundee, Scottish cricket league and Sri Lanka Doctors cricket. Hiking is one of his passions and he has climbed most of the mountain ranges in Sri Lanka and Scotland. Professor Indika Karunathilake's association with the SLMA has been long standing, spanning a period of two decades. He was first appointed to the SLMA council in December 2004. Since then, he has held several key positions including the Assistant Secretary (2005, 2006, 2007), Editor of the SLMA newsletter from 2005 to 2008 and then 2015 and Vice President in 2015. He has held the office of the Secretary of the SLMA in 2008 and 2010. Over the years, Professor Karunathilake has ensured that his contributions to the SLMA have gone beyond the stipulated duties of his official positions.

The Presidential Address delivered by Professor Indika Karunathilake, at the Induction Ceremony focused on the SLMA's theme for 2020 "Continuous Professional Development (CPD) for quality Enhancement of Healthcare".

Presidential Address

Dr Anula Wijesundere, outgoing President, Patrons, Past Presidents, Council Members and Members of Sri Lanka Medical Association, all distinguished invitees representing government ministries and institutions, academia, UN agencies, statutory bodies, international organizations, professional colleges and associations, academic colleges, ladies and gentlemen.

At the very outset, I wish to express my heartfelt gratitude to all members of the SLMA for this singular honour and privilege bestowed on me to serve you as the President for the year 2020. I am deeply grateful for this opportunity.

For me, being appointed as the President is the pinnacle of a long journey. I joined the SLMA in 1999, two decades ago. I have been a council member of the SLMA since 2005. I have known and worked with all of you. I have listened to you and I have learned from you. In short, SLMA is like home for me. I return to the SLMA office determined and more inspired than ever about the commitments, tasks and the future that lies ahead.

I would like to place on record the excellent foundation laid by all past presidents and council members through their dedication, commitment and hard work. The

SLMA has grown from strength to strength due to the contributions by all of you. Dr Anula Wijesundere, Madam, you made 2019 a memorable year for the SLMA. Your unique approach to work, dedication and commitment were exemplary.

The Sri Lanka Medical Association (SLMA) is the national professional medical association in Sri Lanka. It is the oldest professional medical association in Asia and Australasia, with a proud history that spans over ten decades. The main role of the SLMA is to bring all medical practitioners of all grades and all branches of medicine together to march towards excellence in professionalism and health care delivery. The contribution of the SLMA towards professional development of medical doctors in Sri Lanka is beyond measure.

In keeping with this immense contribution, the main theme of the SLMA 2020 Vision will be "Professional Development for Quality Enhancement in Healthcare". The SLMA will strive towards this through education and life-long learning, enhancing the healthcare delivery through system improvement, health promotion, lifestyle modification and disease prevention, innovative application of technology for healthcare, collaboration and teamwork.

Education, life-long learning and continuous professional development

The continuum of education extends from early childhood, to primary and secondary education, higher education, postgraduate education and finally continuous professional development. As an educationist, I take this opportunity as my forum to establish lifelong education for medical professionals. With this vision, I have selected continuous professional development for medical doctors as a priority area for the SLMA in 2020.

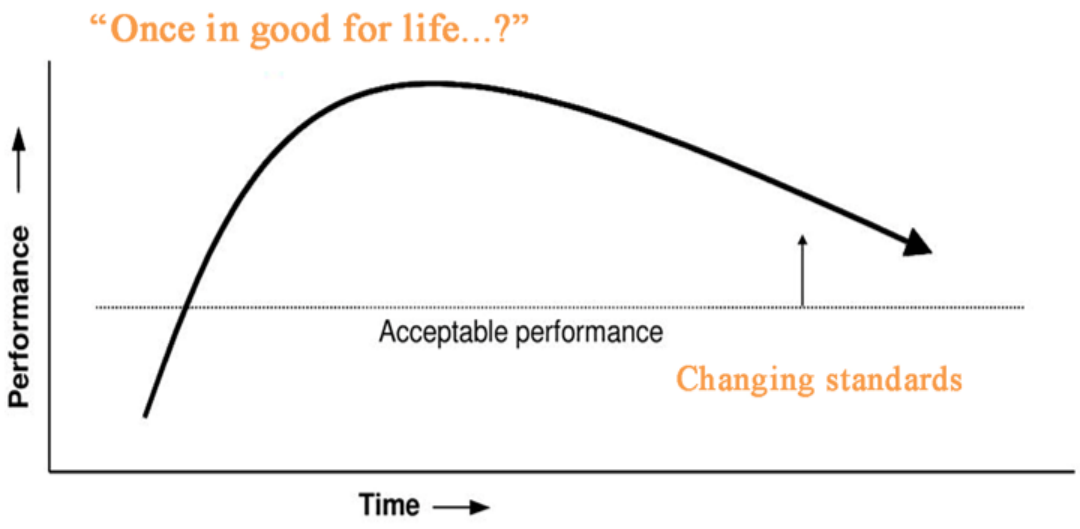
In the past, undergraduate medical education was considered sufficient to practice medicine throughout a clinician's career.

1. Medical knowledge is expanding exponentially.
2. Practice of medicine is ever changing and evolving.
3. Changing expectations of patients.

This notion of "once in, good for life" is no longer accurate or acceptable. The need for all physicians to be up to date through Continuing Medical Education (CME) and Continuous Professional Development (CPD) to ensure good medical practice is now well established.

Therefore, physicians are expected to become lifelong learners. This is due to three reasons;

''This notion of "once in, good for life" is no longer accurate or acceptable. The need for all physicians to be up to date through Continuing Medical Education (CME) and Continuous Professional Development (CPD) to ensure good medical practice is now well established''



Ballistic (Attributional) Model of Competence

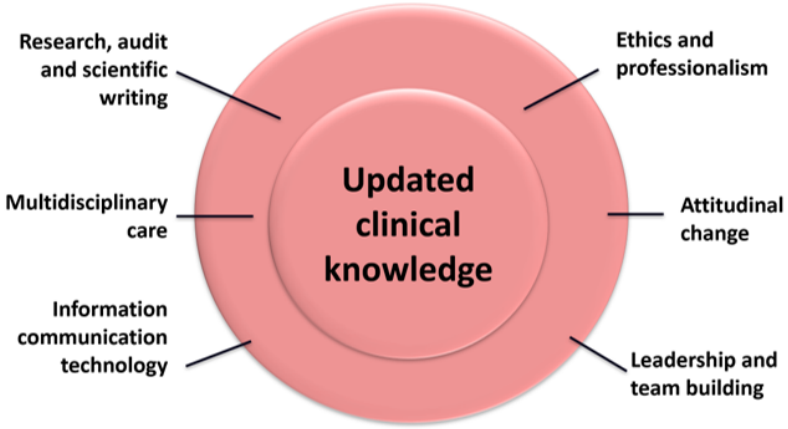
The constant stream of advances in healthcare means that medicine in the 21st century is vastly complex. The increasing quantum of knowledge in medicine no longer allows physicians to retain all knowledge that is necessary to provide quality patient care. Over 34000 references are added to MEDLINE each month from 4000 journals, and the doubling time of medical knowledge is estimated to be approximately 5 years. Knowledge is expanding faster than the ability to assimilate and apply it effectively. [1]

Advances in technology, demographic and epidemiological transitions, a rapidly ageing population, double burden of non-communicable diseases and emerging new infectious diseases all make practice of medicine ever changing and evolving. Within a short time, management guidelines learnt during medical school not only become obsolete, but wrong as well! One good example is how the management of dengue has changed with availability of new knowledge and the changing pattern of the disease. [2]

At the same time, patients' needs and expectations are changing. Very rightly, patients want and need to know that they are getting the best care possible. This means that the role of the Medical Council in ensuring the quality and safety of care given to patients has become tougher than ever before.

At the same time, patients' needs and expectations are changing. Very rightly, patients want and need to know that they are getting the best care possible. This means that the role of the Medical Council in ensuring the quality and safety of care given to patients has become tougher than ever before.

In this context, physicians are committed to become lifelong learners. The solution is to establish a sustainable system for Continuing Medical Education (CME) and Continuous Professional Development (CPD).



Expected Outcomes of CPD

Continuing Medical Education (CME) and Continuous Professional Development (CPD) - Do they mean the same?

The terms Continuing Medical Education (CME) and Continuous Professional Development (CPD) have been used interchangeably in most of the countries. CPD is open to many interpretations and the term CME differs from CPD. However, there seems to be much overlap in the way CME and CPD are defined by accreditation bodies.[3,4]

The regional guidelines on CME/CPD for South Asia, published by the World Health Organization (WHO) define CPD as follows; "CPD is beyond clinical update, includes a wide-range of competencies like research and scientific writing, multidisciplinary context of patient care, professionalism and ethical practice, communication, leadership, management and behavioural skills, team building, information technology, audit, and appropriate attitudinal change". In comparison, CME is defined as "updating clinical knowledge". Thus, CME is a component of CPD and CPD involves a wide range of skills required for the practice of medicine.

The CPD credit system is the single most accepted method of documenting CPD activities. However, there is no internationally accepted standardised system of using CPD credits as evidence of participation in CPD activities. Awarding of CPD credits for different activities seem to vary among countries. Furthermore, it is noteworthy that the number of CPD credits required for relicensing and the consequences of noncompliance differ between countries.

Current status of CPD for Medical Doctors in Sri Lanka

Compared to the past, frequent nationwide CPD activities are conducted by many organisations such as the SLMA, Ministry of Health, professional medical colleges, PGIM, universities and clinical societies. Unfortunately, these CPD providers work independently and the CPD schemes and CPD provision systems vary across the organisations.

Sri Lanka Medical Association (SLMA) has played a pioneering role in introducing CPD and CME to Sri Lanka. SLMA has been providing CME opportunities for doctors since its inception. The National CPD committee under the SLMA has taken a lead role in establishing CPD since the year 2000.

The National CPD Certificate programme was implemented in 2010. This certificate is issued by the SLMA indicating the CPD status of an individual doctor. At present, the certificate is entirely voluntary. Therefore, an individual doctor can apply for the National CPD Certificate, and the CPD certificate will be issued by the SLMA once the criteria are fulfilled. Doctors are required to collect 50 CPD credits annually to apply for the above certificate. The certificate is valid for three years and renewal should be done every three years while continuing CPD activities and submitting annual portfolios that include evidence of participation in CPD activities .[1]

Much more remains to be done. The CME/CPD activities provided by many organizations including the SLMA and the professional colleges are not conducted under a recognized national framework or authority. The roles and responsibilities of the SLMA, Sri Lanka Medical Council (SLMC), Ministry of Health and professional colleges are to be defined and assigned.

Establishing an island wide CPD program would be a challenging task. Lack of infrastructure, resources and many logistical problems are to be foreseen.

Challenges faced by doctors such as difficulties in traveling, obtaining leave from clinical commitments, poor access to resources, maintaining work-life balance and negative perceptions regarding CPD are some factors that need to be addressed if we are to implement a successful CPD framework.

The SLMA and the Ministry of Health are considering the option of online CPD to ensure adequate CPD opportunities for all doctors working in Sri Lanka. The potential for online CPD in Sri Lanka is supported by research findings, and the SLMA has already initiated an online CPD portal. [5]

Implementation should be a collaborative effort at national level to ensure sustainability and the SLMA is fully committed towards this national responsibility

Enhancing Healthcare Delivery through System Improvement

Despite being a country with limited resources, Sri Lanka has achieved a unique status in the world with health indicators that are comparable to developed countries. Our country has achieved this progress within a few decades. In the 1930s, this island nation had a maternal mortality rate of over 200 deaths per 10000 live births. By the 1950s, Sri Lanka had reduced its maternal mortality rate to 50 to 60 per 10000 live births. But that was just the start. Today, it is at 2.7 per 10000 live births, which is far less than the Asian or the world average. The same applies for many other health indicators as well. [6]

Sri Lanka achieved this through a range of long-term interventions including providing education and healthcare free of charge, training of healthcare workers, developing public health infrastructure in rural areas, improving sanitation, nutrition and immunization coverage. However, there are many challenges and areas for improvement arising from ongoing changes in the social and economic situation in the country. They include the double burden of diseases, double burden of malnutrition, disability, mental health and natural disasters. The health system is challenged by disparities in providing healthcare, issues of human resources, inequity in accessibility to services , lack of infrastructure, inadequacies in health financing and quality.[7]

"Amidst these challenges, the health system is changing, driven by advances in technology, increasing costs, diversity of providers and settings, changing expectations of patients and the public (including professionalism, ethics and communication) and the commodification of healthcare."

There is improved accessibility to healthcare and more emphasis on the use of technology. The expansion of private sector has both positive and negative implications. With the change of disease burden, there is a growing emphasis on health promotion and healthy lifestyles. A well-balanced health system with community-based health promotion and institutional-based curative health care delivery is required for the country.

Changes in patients' expectations

As the accessibility to information increases, patients are well informed about health, diseases and available treatments options. They no longer wish to be the passive recipients of medical opinion but prefer shared decision-making. Many want to play an active role in their treatment process. Therefore, doctors should learn to adapt to practice in a positive manner.

Patients expect accountability and responsibility. They increasingly inquire regarding the efficacy and cost effectiveness of treatment. Therefore, the adoption of best evidence-based medicine is important.

"Many recent examples show that society in general has become less tolerant of real or perceived deficiencies in healthcare delivery, and rather than being quiescent has become increasingly litigious."

The SLMA expert committee on clinical governance has embarked on a mission to enhance the already established good practices of clinical governance in health care institutions in the country. We would like to explore existing practices and identify gaps and needs for strengthening such practices based on the seven pillars of Clinical Governance; education and training, clinical audit, clinical effectiveness, research and development, openness, risk management and information management.

Health promotion, lifestyle modification and disease prevention

Health promotion, environmental protection, lifestyle modification and disease prevention are priority areas. Of these, prevention of road traffic accidents will be an area of special focus.

Each year, road traffic crashes claim more than 3000 lives in Sri Lanka while severely disabling over 40,000 road users. This important but side-lined public health problem, demands channelling of funds for post-crash management, including the transfer of the injured, pre-hospital care and treatment at hospitals, which otherwise could have been utilised for social development. This "unnecessary economic burden" to the government, estimated at 3% - 5% of the Gross Domestic Product is equal to or greater than what is spent on education by the government of Sri Lanka. Action initiated to combat this man-made epidemic has continued to be insufficient mainly due to the lack of information, focus, direction and a positive approach.8

Reasons for this failure are many; not having reliable, accurate and timely data, inability to develop a unified national plan due to the hierarchical layers among the policy makers and the reluctance of the key players to discuss the issue at a common forum are some of them. Most of the efforts address or react to situations and are not "strategic" to identify and treat root causes of the problem.

The Expert Committee on Prevention of Road Traffic Crashers (PRTC) of the SLMA has identified the gravity of the issue and we are working towards controlling the situation with short, medium- and long-term strategic plans. One such initiative is the "SAFE SRI LANKA" project, which was launched to prevent and control road traffic accidents in Sri Lanka. We have joined hands with many governmental organizations such as the Sri Lanka Traffic Police, Colombo Municipal Council (CMC), Urban Development Authority (UDA), Registration of Motor Vehicle Department (RMV), Non-communicable Disease Prevention Unit (NCD unit) of the Ministry of Health, professional bodies such as the College of Surgeons Sri Lanka, service organizations including the Rotary and Lions clubs in this cause.

Innovative application of technology for healthcare

Over the last 25 years, information and communications technologies (ICT) have changed the way in which medicine is practiced and taught. Research has shown that ICT has significantly changed patients' habits in recent years. Not only do they use ICT to better understand medical issues, but they also use networking to inform each other, rate their doctors, question medical procedures and launch malpractice suits. With the advent of the Internet, medical knowledge is no longer the prerogative of health care experts. Use of technology in medicine has advanced; medical investigations (especially imaging), decision support systems, patient care and alert systems (monitoring), telemedicine, electronic medical records and futuristic nanotechnology and robotic surgery are just some examples.1

The importance of information technology as a tool for life-long learning and accessing information has been realised. There are many technologies currently being used in medical education including simulation, e-learning/m-learning, virtual patients/virtual communities, virtual and augmented reality, artificial intelligence, sharing information and networking.

These goals cannot be achieved without teamwork and collaboration. I am looking forward to working in collaboration with government ministries and institutions, academia, UN agencies, statutory bodies, international organizations, professional colleges and associations, academic colleges, trade unions and the general public.

Throughout the history of the Sri Lanka Medical Association, many eminent members of the profession have held office and made it grow in to a national umbrella body that brings together all medical professionals across the country. To date, it continues to be the center for dissemination of knowledge with continuous professional development and the focal point of promoting the interests of the profession.

Once again, I thank all of you and humbly pledge to serve you in my fullest capacity and to take the SLMA to even greater heights of achievement and recognition. I am confident of your fullest support and cooperation. Let us work together and ensure that the SLMA grows from strength to strength.

References

1.Karunathilake IM. Technology Enhanced Learning with Limited Resources-Transforming Limitations into Advantages. South-East Asian Journal of Medical Education. 2017;11 (1)1-2.

2.Beetham H. Sharpe R. (Eds.) Rethinking pedagogy for a digital age: Designing for 21st century learning. Routledge; 2013.

3.Jayarathne YG. Karunathilake IM. Marambe KN. Are South East Asian countries ready for revalidation process of physicians through mandatory continuing professional development (CPD) activities?. South-East Asian Journal of Medical Education. 2016;10 (1)1.

4.Jayarathne YG. Karunathilake IM. Marambe KN. Development of Continuing Professional Development (CPD) Provision Framework for Sri Lankan Grade Medical Officers. South East Asian Journal of Medical Education. 2016;10 (1):27-29.

5.Pathirana TI. Karunathilake I. Palagama SP. Nazeer I. Developing an online CPD module on management of breast cancer for general practitioners in Sri Lanka-A need analysis. South East Asian Journal of Medical Education. 2015;9 (1):59.

6. Karunathilake IM. Health changes in Sri Lanka: benefits of primary health care and public health. Asia Pacific Journal of Public Health. 2012; 24 (4): 663-71.

7.Central Bank. Sri Lanka Socio Economic Data. Central Bank. 2018.

8.Department of Census and Statistics. Statistical Abstract. Transport and Communication. Department of Census and Statistics. 2018.


SLMA
Mission


President of the
Sri Lanka Medical Association


SRI LANKA MEDICAL ASSOCIATION
PRESIDENTIAL INDUCTION
2020
SLMA 2020 Vision


SLMA 2020 Vision


President of the
2020

THE SLMA COUNCIL 2020

President
Prof. Indika Karunathilake

MBBS (Col.), DMedEd (Dundee), MMEdEd (Dundee), FHEA (UK), FCGP (SL), FCME (SL), FRCP (Edin.)
Head, Department of Medical Education, Faculty of Medicine, University of Colombo
Head, WHO Collaborative Centre for Medical Education

Immediate Past President
Dr. Anula Wijesundere

MBBS (Cey), MD. (Cey), MRCP (UK), FRCP (Lond), LRCP, MRCS (Lond.), DCH (Lond), DGM. (Lond), FCCP, Hony. FRACP
Consultant Physician
Founder Professor in Medicine, Sir John Kotelawala Defense University
Member - Technical Support Group, Anti Malaria Campaign

President Elect
Dr. Padma Gunaratne

MBBS (Peradeniya), MD (Colombo), FRCP, Consultant Neurologist

Vice President
Prof. R.M. Mudiyanse

MBBS, DCH, MD, MRCP (UK), FAIMER Fellow (USA)
Professor in Paediatrics
Department of Paediatrics
Faculty of Medicine
University of Peradeniya

Honorary Secretary
Dr. Sumithra Tissera

MBBS (Col), PG Dip in Health Development, MSc (London)
Vindana Reproductive Health Centre

Vice President
Dr. M.C. Weerasinghe

MBBS, MSc, MD
Consultant Community Physician; Professor and Head, Department of Community Medicine, Faculty of Medicine, University of Colombo

Hony. Assistant Secretary
Dr. Nimani De Lanarolle

MBBS (Col.)

Dr. Surantha Perera
MBBS(Col) DCH(SL) MD

Paed(SL) DCH(UK) FRCP(Edin) FRCPCH(UK), President, Perinatal Society of Sri Lanka, Council Member, Sri Lanka College of Paediatricians, Consultant Paediatrician & Neonatologist

Hony. Assistant Secretary
Dr. E.A. Sajith T Edirisinghe

MBBS(USJP), CTHE(USJP), MSc in Clinical Genetics(Colombo), EMSc in Health Administration (Malaysia)
Lecturer in Anatomy and Clinical Geneticist
Department of Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura

Hony. Assistant Secretary
Dr. Pandula Siribaddana

MBBS (Col.), PhD
Senior Lecturer, Postgraduate Institute of Medicine, University of Colombo

Honorary Treasurer
Dr. Asela Olupeliyawa

MBBS(Colombo), PG.Cert.Med. Ed(Dundee), PhD.(UNSW)
Senior Lecturer, Department of Medical Education, Faculty of Medicine, University of Colombo

Honorary Assistant Treasurer
Dr. Pamod M. Amarakoon

MBBS (Sri Jayawardenepura), MSc (Biomedical Informatics), EMSc (Health Admin), PGCert(MedEd), CEH
Registrar in Health Informatics
Ministry of Health

Public Relation Officer
Dr. Kalyani Guruge

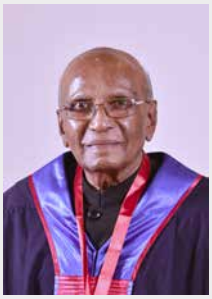
MBBS (Ceylon),
MD (Paediatrics

Social Secretary
Prof. Vajira H.W. Dissanayake

MBBS, PhD, FNASSL
Medical Geneticist; Chair Professor of Anatomy;
Director, Human Genetics Unit;
Chairperson, Specialty Board in Biomedical Informatics;
University of Colombo

Social Secretary
Dr. Pramilla Senanayake,

MBBS, PhD, FRCOG, FACOG, FSLCOG
Medical Consultant
Reproductive Health



Past President's Representative
Prof. Wilfred Perera

MJF, MBBS, FRCS(Ed.), FRCS(Eng.), FRCOG, FSLCOG, FAOFOG, FSLCS, Hon. FCGP (SL.)
Consultant Obstetrician & Gynaecologist

Co-Editor (Ceylon Medical Journal)
Prof. A. Pathmeswaran

MBBS, MD
Faculty of Medicine
University of Kelaniya

Co-Editor (Ceylon Medical Journal)
Prof. Senaka Rajapakse

MBBS, MD, FRCP, FCCP, FACP
Professor in Medicine
Consultant Physician

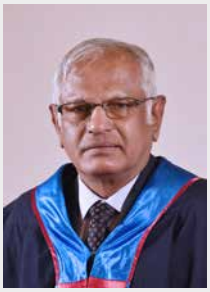
Council Members

Dr. Chandana Atapattu

MBBS (Col.), MCPG
Assistant Registrar, Sri Lanka Medical Council

Dr. Yasas Abeywickrama

MBBS (Col.), MS
Consultant Surgeon, Colombo South Teaching Hospital



Dr. Sarath Gamini de Silva

MBBS, MD, FRCP, FRACP, FCCP,
Consultant Physician Colombo

Dr. Samath D. Dharmaratne

MBBS, MSc, MD
Consultant Community Physician; Associate Professor and Head, Department of Community Medicine, Faculty of Medicine, University of Peradeniya

Dr. Garumuni Eric Deepal De Zoysa

MBBS, PhD
Senior Lecturer, Faculty of Medicine, University of Ruhuna

Dr. Christo Fernando

MBBS, MACEP, Dipl. Hosp. Admin. MBA
Chairman, New Philip Hospital (Pvt) Ltd.
Kalutara South.
Vice President - Colombo Medical School Alumni Association (CoMSAA)

Dr. Ruwan Ferdinando

MBBS, MSc, MD (Com. Med.), Dip. Web. Eng., MA (Sociology), Adv. Dip. Psychology, Adv. Dip. Psychological Counselling and Psychotherapy. Consultant Community Physician, Deputy Director (Training), National Institute of Health Sciences, Nagoda, Kalutara

Dr. Inuka Kishara Gooneratne

MBBS (Col.), MD (Col.), FRCP
Constant Neurologist
Secretary, Ceylon College of Physicians

Dr. Kapila Jayaratne

MBBS, MSc, DCH, MD (Com Med)
Consultant Community Physician
Secretary - Sri Lanka Medical Association
National Programme Manager - Maternal & Child Morbidity & Mortality Surveillance
Family Health Bureau - Ministry of Health

Dr. Achala Jayatilleke

MBBS (Peradeniya), PhD (Tokyo), MSc (Tokyo), MSc-BMI (Colombo), MBA (Peradeniya)
PGDIPISM (Colombo)
Senior Lecture, Postgraduate Institute of Medicine, University of Colombo
Director of Studies, Faculty of Graduate Studies, University of Colombo
Secretary, Health Informatics Society of Sri Lanka

Dr. Lucian Jayasuriya

MBBS (Cey), DTPH (London), Honorary Senior Fellow of the PGIM (Col)

Prof. Saroj Jayasinghe

MBBS, MD, FRCP, FCCP, MD (Bristol), PhD (Col) Consultant Physician,
Chair & Professor of Medicine, Faculty of Medicine, University of Colombo

Dr. B. Kumarendran

MBBS (Jaffna), M.Sc in Com. Med. (Col.), MD in Com. Med. (Col.), FRSPH (UK).
Consultant Community Physician and Senior Lecturer, Faculty of Medicine, University of Jaffna

Dr. Chiranthi K. Liyanage

MBBS (Col), MD (Col), PGCert (MedEd)
Lecturer, Department of Pharmacology
Faculty of Medicine, University of Colombo

Dr. Niroshan Lokunarangoda

MBBS (Col.), MD (Col.), FRCP
Senior Lecturer, Faculty of Medicine, Rajarata University of Sri Lanka

Prof. Kumara Mendis

MBBS (Col), DFM (Col), MD Family Medicine (Col), MSc Medical Informatics (Netherlands), FCGP (SL), FACHI (Australia)
Cadre Chair and Head Dept of Family Medicine, Faculty of Medicine, University of Kelaniya

Dr. Roshini Murugupillai

MBBS (Manipal CMS, Nepal), PhD (Col)
Senior Lecturer in Pharmacology, Faculty of Health-Care Sciences
Eastern University, Sri Lanka

Dr. V. Murali

MBBS, MD
Ministry of Health
Sri Lanka

Dr. B. J. C. Perera

MBBS(Cey), DCH(Cey), DCH(Eng), MD(Paed), FRCP(Edin), FRCP(London), FRCPCH(UK), FSLCPaed, FCCP, FCGP(SL)
Consultant Paediatrician

Dr. U.C.P. Perera

MBBS, DLM, MD, MA, LLB, DMJ, MFFLM (UK), Attorney at Law, Medico Legal
Specialist Senior Lecturer and Head, Department of Forensic Medicine,
Faculty of Medicine,
University of Ruhuna

Dr. Sankha Randenikumara

MBBS (SJP), PDAR (Kel), PgDTox (Col)
MCGP, Family Physician, Medical Officer - Planning and Quality Management, Base Hospital, Panadura
Regional Chair - WONCA Young Doctors' Movement, South Asia

Dr. Udayangani Ramadasa

MBBS (Hons), MD (Medicine), FCCP, Diploma in Palliative Medicine, RACP
Consultant Physician
Base Hospital
Balangoda

Dr. R.M. Sanath Rajakaruna

MBBS (Colombo), DDM (Colombo), MRCEM (UK), MD Emergency Medicine (Colombo),
Actg. Consultant Emergency Physician
Provincial General Hospital, Kurunegala

Dr. S.B. Anuraddhika S.M. Rathnayaka

MBBS (Peradeniya),
MSc in Community Medicine (Colombo),
FRSPH (UK),
Registrar in Community Medicine

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

MBBS (C MBBS (Col), Diploma in Medical In Microbiology (Col)

Dr. Sashika Sandaruwani

MBBS(Col)
Postgraduate Diploma in Healthcare Quality and Safety (Col)
MO Technical Evaluation Committee Coordinating Unit, Ministry of Health

Dr. Sunil Seneviratne Epa MD

MBBS, MD, MRCP(UK), FRCP (LONDON), FCCP (SL)
Consultant Physician, Matara Nursing Home, Matara

Dr. Asitha Kosala Thannippuliarachchi

MBBS (Col)
MO - Mental Health,
District Hospital, Kekirawa

Prof. C. Nirmala Wijekoon

MBBS(Col), MD(Col), MRCP(UK), FRCP(Edin), FRCP(Lond), FCCP
Professor in Pharmacology and Specialist Physician
Faculty of Medical Sciences University of Sri Jayewardenepura

Dr. Thilina Wanigasekera

MBBS, MSc Clinical Genetics,
MSc. Med Ad, MD Med Ad Trainee
MPA, PGD Diplomacy & World Affairs
Human Rights (cer)

New Year Celebrations

Dr. Nimani de Lanerolle, Assistant Secretary, SLMA

The year 2020 started off at the Sri Lanka Medical Association (SLMA) with new year celebration on the first of January. This event commenced with a traditional new year tea table which was attended by the SLMA council members and the staff. It was attended by the immediate Past President, Dr Anula Wijesundere and the President, Professor Indika Karunathilake. The gathering also included Dr Padma Guneratne, the President-elect, Dr Kalyani Guruge, Public relations officer and Dr Sumithra Tissera, the Secretary.

Professor Indika Karunathilake addressed those present and emphasised on the role of the SLMA in advocacy for eco-friendly strategies to improve environmental health. It was decided during this gathering that the SLMA will no longer use plastic bottles of water for its functions. The more environmentally friendly alternative, filtered water and glasses would be made available instead.

In keeping with SLMA's objective of Going Green, this was followed by a tree planting session which was presided by both Dr Anula Wijesundere and Professor Indika Karunathilake.

The First SLMA Council Meeting of 2020

Dr. Nimani de Lanerolle, Assistant Secretary, SLMA

The first Council meeting of the Sri Lanka Medical Association (SLMA) for the year 2020 was held on 3rd January 2020. The meeting commenced with the National Anthem and the lighting of the traditional oil lamp by the President, immediate Past President, Secretary and members of the executive committee. As the first item of the agenda, a photograph of the immediate Past President, Dr Anula Wijesundere was ceremonially unveiled by the President, Professor Indika Karunathilake. The first council meeting focused on the vision and way forward for year 2020.

Leprosy: beyond the myth

Dr. Indira Kahawita
Consultant Dermatologist, Base Hospital Homagama
President, Sri Lanka College of Dermatologists

World leprosy day falls on Sunday 26th January; hence January is the ideal month to reminisce about leprosy. Leprosy has been known to mankind since the Biblical times and has been a source of considerable fear due to its consequent disability and disfigurement.

What is leprosy?

Leprosy is a chronic infection of the skin and peripheral nerves caused by the intracellular bacterium Mycobacterium leprae. The bacterium, shed in the nasal and oral secretions of persons affected with multibacillary leprosy, enters susceptible individuals via the respiratory system. The majority of people who are infected will not develop the disease. In approximately 10% of those infected who develop the disease, the incubation period is long, sometimes extending up to about 10 years in cases of multibacillary leprosy.

Leprosy in Sri Lanka

Sri Lanka achieved WHO target of "Elimination of leprosy as a public health problem" (prevalence of less than 1 per 10000 population) in 1995. Leprosy was handed over to the general medical services in 2000. At present all cases of leprosy are managed and diagnosed by dermatologists. Approximately 2000 new cases are diagnosed every year in Sri Lanka

> *"Approximately 2000 new cases are diagnosed every year in Sri Lanka."*

About 40% of cases occur within the Western province while the coastal belt and Anuradhapura and Polonnaruwa districts are the other high endemic areas (source: Anti Leprosy Campaign).

About 10% of these are children below 15 years of age. Since the paediatric cases are indicative of ongoing transmission, this relatively high rate has implications for leprosy control in Sri Lanka. Only about 45% of Sri Lankan patients are diagnosed within 6 months of appearance of symptoms. This delay in presentation may result in a high rate of visible disability.

> *"About 10% of these are children below 15 years of age. Since the paediatric cases are indicative of ongoing transmission, this relatively high rate has implications for leprosy control in Sri Lanka."*

About 10% of these are children below 15 years of age. Since the paediatric cases are indicative of ongoing transmission, this relatively high rate has implications for leprosy control in Sri Lanka. Only about 45% of Sri Lankan patients are diagnosed within 6 months of appearance of symptoms. This delay in presentation may result in a high rate of visible disability.

Immunopathology

The immunopathology of leprosy is the key to its spectrum of clinical presentations. When there is good cell mediated immunity (CMI) against M. leprae there will be only a single orfew skin lesions (Tuberculoid leprosy) while in the lepromatous pole there will be no cell mediated immunity against M. leprae, giving rise to diffuse skin involvement. Between these two polar forms of leprosy, there are the borderline forms with varying degrees of skin involvement. The CMI defect in lepromatous leprosy is unique by being exclusively against M. leprae without there being a generalized immune deficiency.

Clinical presentations

> *"Leprosy may have varying clinicalpresentations.As the bacillus prefers a cooler temperature, certain areas of the skin like the scalp are less likely to be involved"*

Leprosy may have varying clinical presentations. As the bacillus prefers a cooler temperature, certain areas of the skin like the scalp are less likely to be involved

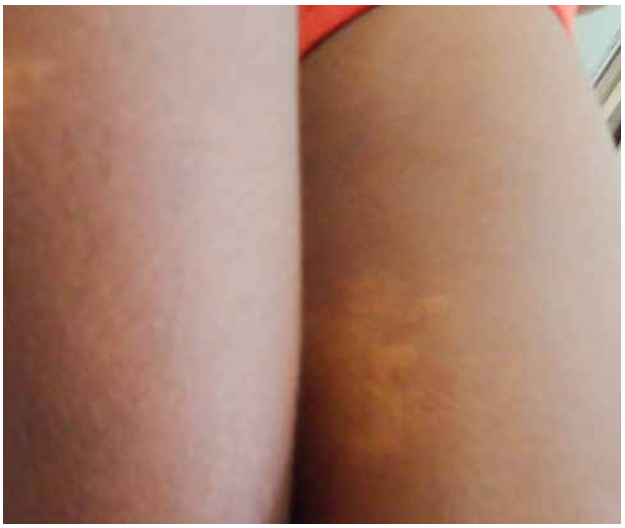


Figure 1. Two hypopigmented anaesthetic patches in mother and son

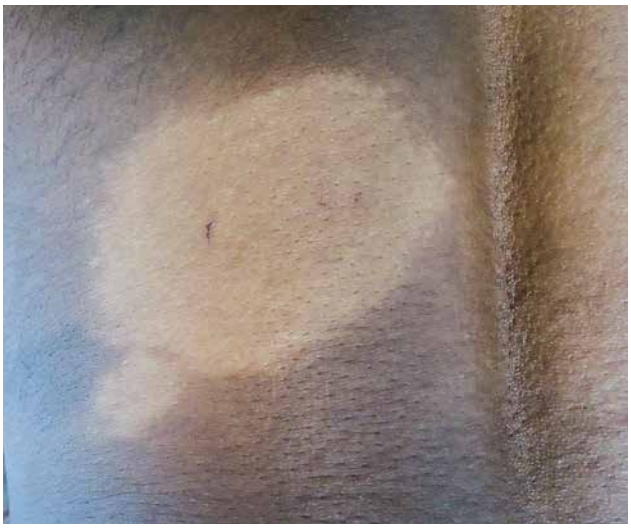


Figure 2. Larger copper coloured patch with formation of pseudopodia (indicative of disease spread)

The commonest skin lesion is the hypo pigmented anaesthetic patch, which is usually single (figure 1, 2). Early lesions may show impairment of sensation only. Facial lesions may not show sensory impairment. The bacillus affects the skin appendages thus leading to dryness and loss of hair within the lesion. When a lesion overlies a bony prominence (e.g. elbow, wrist), tapping on the skin lesion gives rise to a deep pain. This is called the "tap sign". Sometimes, cutaneous nerves leading to the skin lesion may be thickened. A major nerve trunk in the vicinity of the skin patch may be thickened, e.g. a skin lesion in back of the elbow may be associated with a thickened ulnar nerve.

The lesion at the back of the elbow is important because it is a common location, less likely to be observed by the patient, and likely to give rise to ulnar nerve involvement (figure 3).

Multiple hypopigmented patches may resemble Pityriasis versicolor (figure 4). Since the two conditions may co-exist, always review the patient after treatment with antifungals if in doubt (figure 5).

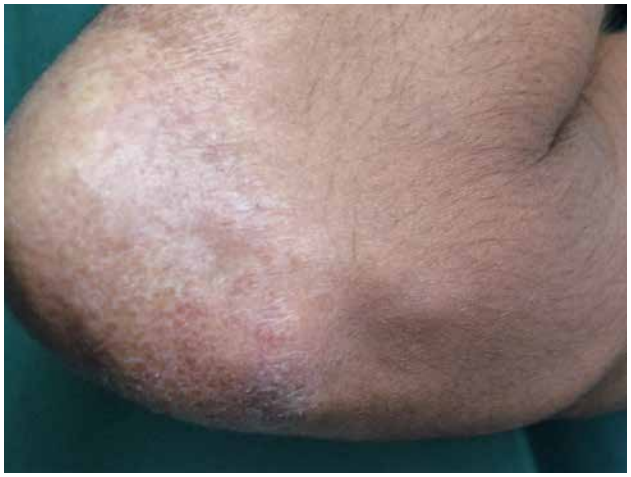


Figure 3. Dry anaesthetic patch in back of elbow

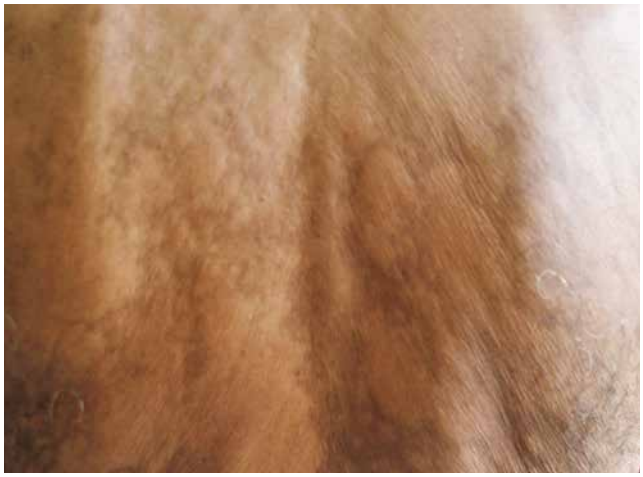


Figure 4. Multiple hypopigmented patches in the trunk

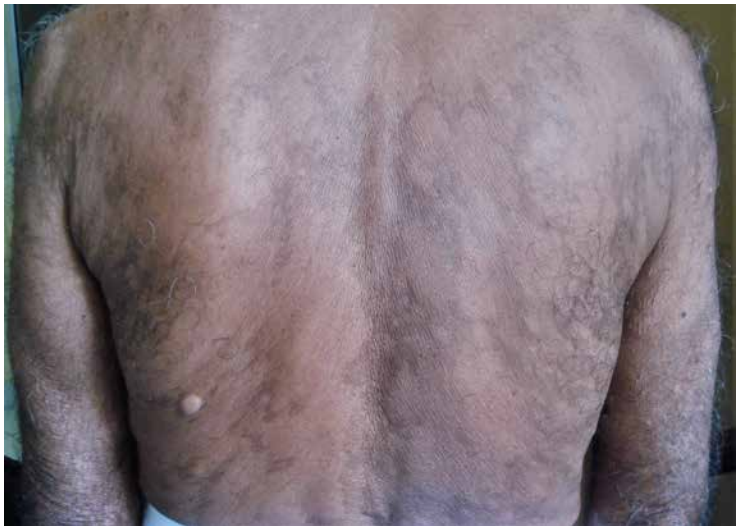


Figure 4. Multiple hypopigmented patches in the trunk

The number of lesions and the thickness of the lesions will increase over the spectrum from tuberculoid to lepromatous leprosy. In borderline and borderline lepromatous forms, skin coloured plaques and nodules may occur. These lesions are unlikely to have sensory impairment. The typical lesion in borderline leprosy is a skin coloured plaque with central clearing, "doughnut lesion" (figure 6).Lepromatous leprosy is characterized by facial changes. The "leonine facies" includes diffuse involvement of the facial skin, earlobe nodules, loss of eyebrows and nasal bridge collapse in some cases (figure 7). There may be diffuse thickening of the truncal skin or multiple skin coloured nodules or plaques and peripheral neuropathy

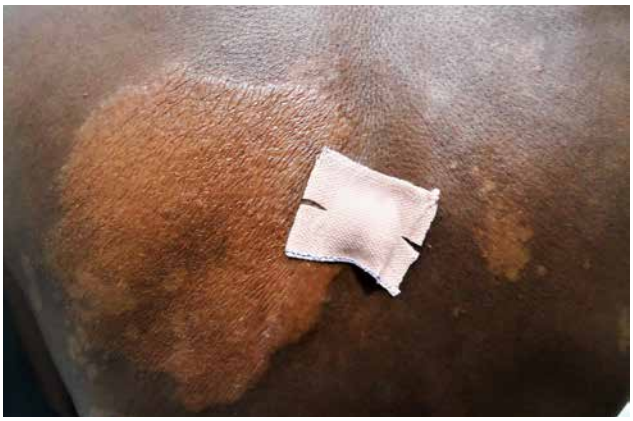


Figure 5. Coexistence of leprosy (thick copper coloured lesions) and Pityriasis versicolor (flat pale lesions)trunk

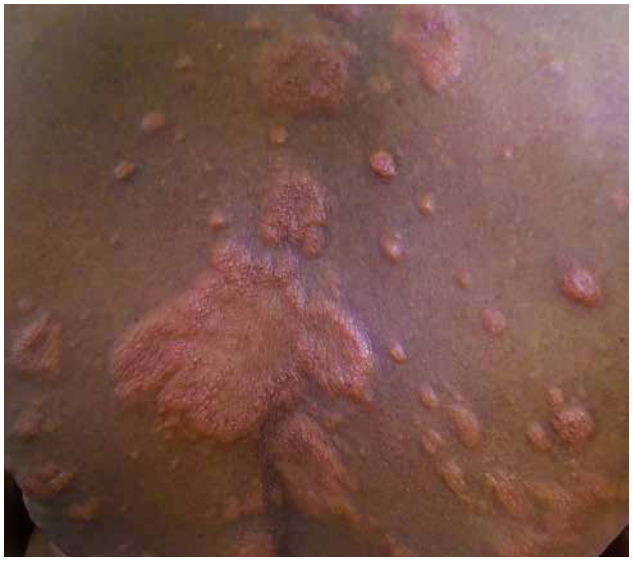


Figure 6. Copper coloured plaques with doughnut appearance

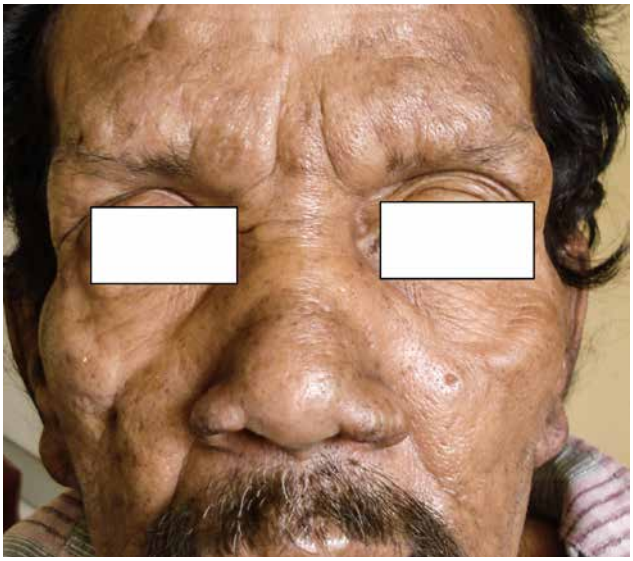


Figure 7. Leonine face with diffuse facial thickening and loss of eyebrows

Nerve involvement in leprosy

In tuberculoid leprosy, the most likely nerve lesion is a single nerve involvement (irregularly thickened nerve) with sensory or motor impairment (figure 8). In lepromatous leprosy, peripheral nerve involvement occurs with trophic ulcers in the hands and feet (Figure 9). Leprosy may sometimes present as a "pure neural" form with a single nerve involvement without skin lesions. In such instances, the diagnosis may depend on investigations like nerve conduction studies, ultrasonography of the nerve or even nerve exploration and biopsy from an affected area.

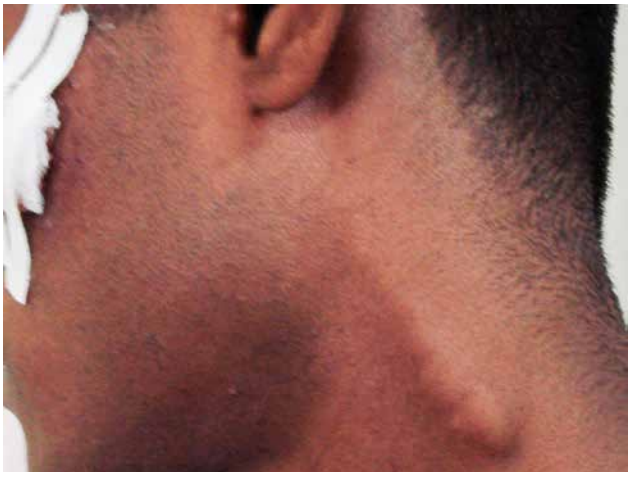


Figure 8. Irregularly thickened greater auricular nerve

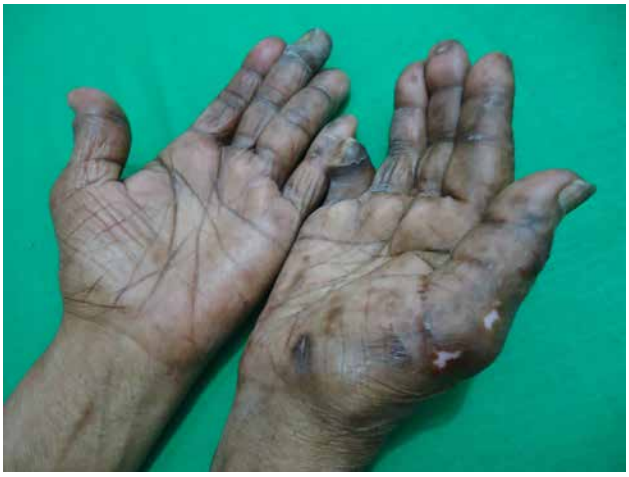


Figure 9. Anaesthetic hands with trophic ulcers, clawing of digits and loss of phalanges

Lepra reactions

Reactions are immunological phenomena due to the release of M. leprae antigens. Type I reactions are characterised by inflammation of the skin lesions and the nerves, which may give rise to new nerve impairment and nerve tenderness. Type II or erythema nodosum leprosum (ENL) reactions present as crops of tender subcutaneous nodules which may be associated with fever, joint pain, bone pain, iridocyclitis and other systemic features. ENL reactions are likely to run a chronic course.

Diagnosis of leprosy

The diagnosis of leprosy is mainly clinical and based on the presence of one of the three major criteria given in Box 1. Slit skin smears and skin biopsies may be used to support the diagnosis. There are no serological tests that can be used in general clinical practice. The presence of anti-phenolic glycolipid-I (PGL I) antibodies has been demonstrated but cannot be used as a routine diagnostic test. Polymerase chain reaction (PCR) techniques can be used to demonstrate the presence of M. leprae DNA but these tests are not used in regular clinical practice. Nerve conduction studies and ultrasonography are useful in the diagnosis of neural leprosy.

BOX 1 - Diagnostic criteria for the diagnosis of leprosy

Diagnosis of leprosy is based on the presence of at least one of the following 3 cardinal clinical signs

1. Definite loss of sensation in a pale (hypopigmented) or reddish skin patch
2. Thickened or enlarged peripheral nerve with loss of sensation and/or weakness in the muscles supplied by that nerve
3. Presence of acid-fast bacilli in slit skin smear

Management of leprosy

Leprosy is treated with multidrug therapy (MDT), a combination of antibiotics which is supplied free of charge by the World Health Organisation (WHO). Pauci bacillary leprosy (PB) with less than 5 skin lesions or involvement of 1 nerve, is treated with monthly rifampicin and daily dapsone for 6 months. Multi bacillary leprosy (MB) is treated with monthly rifampicin, daily dapsone and daily clofazimine for 12 months. According to the 2018 WHO guidelines, this 3-drug regimen has been recommended for all patients, 6 months for PB leprosy and 12 months for MB leprosy. Sri Lanka has not yet adopted these recommendations.

Lepra reactions are managed with prednisolone as the first line therapy. Second line drugs for type I reactions include azathioprine and ciclosporin, while thalidomide is the best second line drug for type II reactions. Neurological impairment due to leprosy need supportive therapy including pain relief and physiotherapy.

Multidrug therapy can be used safely in pregnant and breast-feeding women. Dapsone induced haemolysis, hepatitis and dapsone hypersensitivity syndrome (fever, organomegaly and skin rash with eosinophilia occurring within 4 - 6 weeks of starting MDT) are the best described adverse effects. Orange discoloration of urine due to rifampicin and dry skin and brown discolouration of the skin due to clofazimine are other benign adverse effects.

Public health considerations

Leprosy is a notifiable disease and the public health aspects are being handled by the Anti Leprosy Campaign. A routine investigation is carried out by the Public Health Inspector for each notification. The main aims of this investigation are to ensure that the patient is compliant to the treatment and to facilitate examination of household contacts. It has been shown that in Sri Lanka, 1 in 5 index cases has at least one other person affected by leprosy within the household. Hence contact examination is a major activity in leprosy control.

"It has been shown that in Sri Lanka, 1 in 5 index cases has at least one other person affected by leprosy within the household. Hence contact examination is a major activity in

EXCLUSIVELY FOR SLMA MEMBERS

Offers from HNB exclusively for VEHICLE PERMITS and other facilities

Letter of Credit (LC) Facilities

- NIL margin
- No Commission*
- Hassle-free documentation and speedy issuance.
- Best rates at the LC retirement.

Personal Loans

Period	Direct Salary (Salary Smart)	Standing order
1 - 5 years	12.25%	12.50%
6 years	12.25%	12.75%
7 years	12.25%	13.00%
8 years	12.50%	13.25%
9 years	12.75%	13.50%
10 years	13.00%	13.75%

- No guarantors required
- No Loan Protection Cover required upto 55 years and for loans upto Rs 5 Mn.
- No penalty charge for early settlement/Part payments

Leasing

Period	Direct Salary (Salary Smart)	Standing order
3 - 5 years	11.75%	12.50%
7 years	12.25%	12.75%

- 100% future interest rebate on early settlement
- Life cover up to Rs 4.0 Mn for Insurance from HNB Assurance Plc
- Flexible payment plans
- Lowest monthly rental
- Best rate in the market

Home Loans

Period	Direct Salary (Salary Smart)
5 years	11.75%
10 years	12.00%

Scan QR Code

Exclusive door step service through dedicated relationship representatives.

*Rates subject to change at Bank's discretion
*Conditions apply.

Kaveesha - 076 4370446

HNB
YOUR PARTNER IN PROGRESS

Fitch Rating: AA-(lka) Hatton National Bank is a Licensed Commercial Bank supervised by the Central Bank of Sri Lanka. Hatton National Bank PLC – PQ 82

Symposium on "Infections in the elderly: the challenges"

Dr. Sashika Sandaruwanie, Council Member, SLMA

The symposium on "Infections in the elderly: the challenges" was organised by the Expert Committee on Communicable Diseases of the Sri Lanka Medical Association (SLMA) and it was held on Thursday, 9th January 2020 at the Lionel Memorial Auditorium, Wijerama House, Colombo 07. The programme comprised of three lectures on the topics of "Why are the elders more susceptible for infections?", "Variations in the clinical presentation and challenges in management of infections in the elders" and "Multi drug resistant infections in elderly: tackling the nightmare". Dr. Chamila Dalpatadu, Consultant Physician, Senior Lecturer in Physiology, Faculty of Medicine, University of Colombo, Dr. Pandula Karunanayake, Consultant Physician, Senior Lecturer in Medicine, Faculty of Medicine, University of Colombo and Dr. Bhagya Piyasiri, Consultant Microbiologist, Teaching Hospital Karapitiya participated as

resource persons, delivering very informative and interesting talks. Senior Fellow of the Postgraduate Institute of Medicine (PGIM) and Former Additional Secretary of the Ministry of Health, Dr. Lushan Jayasuriya chaired the session. Approximately 70 doctors including medical officers, postgraduate trainees and specialists attended this symposium.

KEY MESSEGES

With a fast aging population, Sri Lanka is in need of a comprehensive strategy to address health issues in the elderly. Infections in geriatric populations present unique challenges to attending clinicians and lead to significant morbidity and mortality. The following key points on this topic were highlighted during this symposium.

- Immunosenescence causes increased susceptibility to infections in the elderly by affecting both innate and acquired immunity.
- There is complex interrelationship between change in gut microbiota, immunosenescence and poor nutrition.
- Multimorbidity and iatrogenic causes also increase the susceptibility to infections in the elderly.
- Nutrient supplementation, pro/prebiotics and exercise can boost the immunity in the elderly to fight immunosenescence.
- Prevention of infections by diligent hand-washing and personal hygiene practices by physicians and patients, vaccines and antibiotic stewardship to prevent multidrug resistant infection play a key role in combating this issue

VACANT POSITIONS IN SLMA COMMITTEES

Vacant positions in the following SLMA committees are hereby advertised.

Communicable Diseases
Communication in Healthcare
Ethics
Health Innovations, Research and Practice
Health Management
Media
Medicinal Drugs
Medical Education
Non-Communicable Diseases

No formal qualifications are required from the applicants. Preferably the applicants should be life members of the SLMA. However few positions will be available for non members who have demonstrated a keen interest and dedication towards the subjects of relevant committees. The deadline for submitting the applications is 31st March 2020. Please send the duly filled application form to the following address.

Honorary Secretary
Sri Lanka Medical Association
Wijerama Mawatha
Colombo 07

Alternatively the information can be e-mailed to office@slma.lk
The final decision regarding selection of committee members will be taken by the SLMA Council. A sample application form is shown below.

Sample application form

Name with initials : .....

Hospital/Institution (Address): .....

Designation : .....

E-mail and Phone Number : .....

Special Interests : .....

SLMA membership number : .....

Preferred committee (1st three preferences)

1. .....

2. .....

3. .....

.....
Signature

Sri Lanka Medical Association

History of Medicine Lecture - 2020

"Progression of Paediatrics: From ancient times, to the modern era"

by

Dr. B. J. C. Perera

MBBS(Cey), DCH(Cey), DCH(Eng), MD(Paed), MRCP(UK), FRCP(Edin), FRCP(Lon), FRCPCH(UK), FSLCPaed, FCCP, Hony FRCPCH(UK), Hony. FCGP(SL)
Specialist Consultant Paediatrician and Honorary Senior Fellow,
Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.
Joint Editor, Sri Lanka Journal of Child Health
Section Editor, Ceylon Medical Journal
Founder Chairman, Sri Lanka Forum of Medical Editors 2016
Past President, Colombo Medical School Alumni Association (CoMSAA) - 2015
Past President, Sri Lanka Medical Association (2013).
Founder President, Sri Lanka College of Paediatricians (1996-97)

Date : Wednesday, 26th February 2020
Time : 6.30 p.m.
Venue : Lionel Memorial Auditorium, 6, Wijerama Mawatha, Colombo 7

By invitation only

Calling for Applications SLMA Doctors Concert 2020

The SLMA Doctors Concert at the 133rd Anniversary Medical Congress is scheduled for Friday 24th July at 7.00 PM at the Hotel Galadari, Colombo.
The number of performances this year is limited to 20. This will include an array of performances by previous and new performers.
This is your opportunity to showcase your talents as a musician/singer/dancer or actor.
Each person will be allowed only one item in the entire programme and no one will be allowed to present an item and then join a duet or group (except the council members).
Please send in your application on or before the 31st March 2020 to office@slma.lk.
If you have any clarification please don't hesitate to call me on 077 25 32 184.

Information Required;
Name & contact details
The type of performance (singing/playing a musical instrument/ dancing, etc)
Number taking part (solo/ duet/ group)
Have you performed at any previous Doctors Concerts & when?

Looking forward to your early response.

Thank you
Dr. Sumithra Tissera
Secretary - SLMA (on behalf of the Doctors Concert Organizing Committee)

PS. The committee's decision on selection of the performers would be considered as final

SRI LANKA MEDICAL ASSOCIATION CALL FOR ABSTRACTS

The Sri Lanka Medical Association invites you to submit abstracts for the 133rd Anniversary International Medical Congress - 2020.

The deadline to submit abstracts is 15th April 2020 23:59 Sri Lankan Time.

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

INSTRUCTIONS FOR ONLINE ABSTRACT SUBMISSION

1.Creating an author profile

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

2.Submitting an abstract

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

Guidelines

- The title of the paper should be concise and the SLMA reserves right to modify the title if necessary.
- The author(s) name(s) should be in the format of last name followed by initial(s). Please DO NOT use prefixes such as Mr/Dr/Prof. (E.g. Perera AB)
- Please DO NOT include the title, names of the authors, institutions, sub-headings or any tables/graphs/figures or references within THE body of the abstract. Only the text of the abstract should be included.
- The abstract must be structured as follows:
  - Introduction and objectives
  - Methods
  - Results
  - Conclusions
- The body of the abstract MUST NOT exceed 250 words.

(iii) Please select the relevant submission category (Eg: Dermatology, Family Medicine...etc) from the drop down list in the abstract submission form.

(iv) When uploading the abstract as a MS Word document, please format as below.

- Title: BOLD CAPITAL LETTERS
- Authors: Last name followed by initials, with the presenting author underlined. A superscript number should be placed after each name to refer to the respective affiliations. (eg.:- Perera AB1, Silva CD2)
- Affiliations: must be listed below the authors
- Body of the abstract: Structured with subheadings: Introduction and Objectives, Method, Results and Conclusions.
- Font: Times New Roman
- Font size: 12, single line spacing

3.Important notices:

- Modifications to the abstract can be made until submission. Please note that NO amendments to the submitted abstracts (including the authors list) would be entertained after closing of submission.
- Abstracts not conforming to the above instructions will be rejected.
- Accepted abstracts will be published in the Ceylon Medical Journal Supplement containing the abstracts.

A panel of reviewers will review abstracts anonymously and the decision of the Scientific Committee will be final. Successful applicants will be notified via email by 31st May 2019.

The presenting author is required to register for the sessions upon acceptance of the abstract.

Please provide a name of a second presenting author (in case of a situation where the original presenting author is unable to attend).

Failure to make a presentation (oral or poster) once participation is confirmed will be considered an episode of academic/scientific misconduct and the authors will be liable for punitive action.

The deadline to submit abstracts is 15th April 2020 23:59 Sri Lankan Time. Please make note that the deadline for submitting abstracts will not be extended.

AWARDS FOR FREE PAPERS AND POSTERS

The following prizes will be awarded for free papers and posters accepted for presentation at the 133rd Anniversary International Medical Congress 2020.

1. E. M. Wijerama
2. S. E. Seneviratna
3. H. K. T. Fernando
4. Sir Nicholas Attygalle
5. Wilson Peiris
6. Daphne Attygalle (Cancer)
7. Sir Frank Gunasekera (Community Medicine and Tuberculosis)
8. Kumaradasa Rajasuriya (Research Tropical Medicine)
9. Special prize in cardiology
10. The SLMA prize for the best poster
11. S. Ramachandran (Nephrology)

Please note that all submissions should be made electronically through the online abstract submission system. More details can be found on the SLMA conference website (http://conference.slma.lk/).

IMPORTANT DATES

Abstract submission deadline: 15th April 2020 23.59 Sri Lankan Time
Abstract acceptance notification: 31st May 2020
Registration for presenting authors: 12th June 2020

Thank you!

Dr. Sumithra Tissera,
Honorary Secretary,
Sri Lanka Medical Association.

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

Best Era Ever!!!

Some of us were born in the 40s, grew up in the 50s, teened in the 60s, learned in the 70s, worked in the 80s, matured in the 90s, reached Gold in the 2000s and made it to 2020.

We lived in 9 different decades, 2 different centuries and 2 different millennia.
We have travelled from Baiscope to YouTube, Gramophone to iPod, Postman to Email, Landlines to Smart Phones, Over the fence to WA, Fistfights to FB pokes, Lunch Lines to Uber Eats, Commuting to Working from Home, Bookshops to Amazon, Hotel rooms to Air BnB, Bank Tellers to e-Banking and many more.....

Typically, we can be termed as "Super Xennials", may be even a "cross-over generation" of people having an ANALOG Weaning and a DIGITAL Future.

Literally...our generation has lived through life and witnessed every possible dimension.....

Yes, we also walked in paddy fields, climbed trees, jumped fences, threw stones into canals, drank water off the tap, played marbles, chewed mango, flew kites, picnicked on bikes, did not attend tuition classes, played cricket on the street, enjoyed the sunset and friends' moms gave us lunch if we were out of home.....

Our children and grandchildren rarely enjoy these today.

We are really the Lucky Ones. This is our generation which has given a new paradigm to the word "CHANGE".

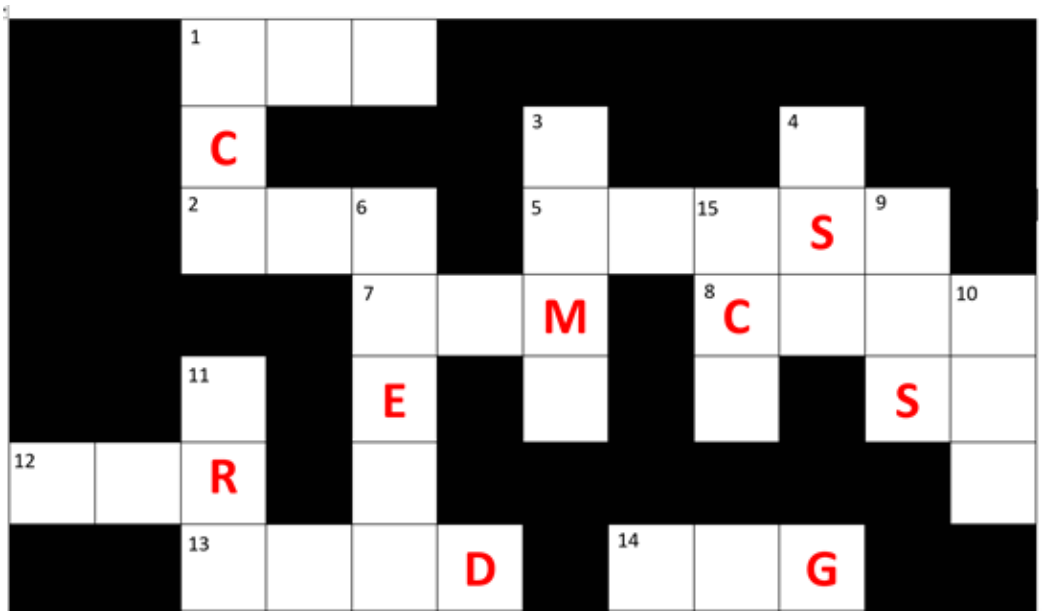
Let us thank life for everything we have had...
Surely... perhaps we might even beat out the 2020's and cross over to the 30's..., holding each other's hands....., in fun, frolic and without fanfare as we've always done before.

To those who have departed, we say 'thanks for being with us then, and RIP... till we meet again'.

Sent by Dr. B. J. C. Perera
Extracted and modified from an e-mail sent by Mrs. Esther Amarasekera

MEDICAL CROSS WORD

By Dr PSMJU Samarakoon



ACROSS

1. High blood pressure in pregnancy
2. A complication of group A streptococcal pharyngitis
5. Presence of bacteria in the blood originating from an intravenous catheter
7. A kind of sleep that occurs in the night with rapid eve movements
8. A type of surgery for triple vessel diseas
12. An image used to diagnose conditions of the chest
13. A mental health disorder triggered by a terrifying event
14. A test that detects activity of the brain

DOWN

1. Technique used to amplify a DNA sequence
3. A method of providing prolonged cardiac and respiratory support
4. A medicine used to reduce pain, fever and inflammation
6. A potentially life-threatening hypersensitivity reaction due a drug
9. Presents with abdominal pain, bloating, diarrhoea or constipation
10. An acute inflammatory polyradiculopathy
11. A substance produced by the liver in response to inflammation
12. A live attenuated vaccine

APPRECIATION

Dr. Mrs. Sarojini Perera

Sarojini, dearly beloved wife of our dear friend Dr. B. J. C. Perera, passed away after a brief illness on 6th December 2019.

I knew Saro as a very sweet girl from our junior batch at Medical College. All having surnames beginning with 'P', BJC naturally saw Saro often, and the attraction for this lovely girl, who suited him in every way, was very strong. Their love story is best related by BJC himself. BJC probably considered Saro as a gift from heaven. Like Maria von Trapp from the Sound of Music, he may have mused 'somewhere in my youth or childhood, I must have done something good'. Besides, he married into a lovely family too, a family that always supported and encouraged him, just like Saro did.

Sarojini, in addition to her work in the Ministry of Health, managed the home front superbly, giving BJC adequate time for his clinical and academic work as well as all his research projects, not to mention the tennis, which he was quite passionate about. They both showered a lot of affection on their daughter Maneesha and after Maneesha got married and had her children, the same love and affection were showered on the grandchildren too, who are now growing up to be nice kids. Little misunderstandings were all ironed out by Saro who was a person high in emotional intelligence.

One remembers Saro as a charming lady who always greeted you with a smile, the smile she wore even up to the grave. A quiet but cheerful person; a role model par excellence. Thinking of Sarojini always reminded me of that verse 'The Perfect Woman' by Patience Strong which I take this opportunity to pen. It is as follows :-

She is good, she is kind,
She is gracious and refined.
She is gentle, loyal and calm,
She is vivacious and gay.
In a quiet sort of way,
She has dignity, wisdom and charm.
Self-possessed, yet not vain,
Though she may be quite plain.
She has something no words can convey,
Sympathetic and polite.
Free from malice and spite,
She despises all vulgar display.
She is true, she is real,
The eternal ideal,
She is the woman all women can be.

Yes, I can truly say Saro fitted that description perfectly. But for that matter, Saro wasn't plain, she was quite pretty too.

How BJC must be missing his ideal companion and Maneesha and the children their most helpful and understanding mother and Nana I can truly understand. Future Sri Lanka Medical Association Doctors' Concerts will be without the singing duo - Saro and BJC.

Saro at the end of her life was full of thanks to BJC for a beautiful marriage and for providing her with everything she wanted in life. It was just a few days before she died that she said that after such a happy life, she was quite ready to leave this world.

We all miss you so much Saro. You, with your sweet smiling face, a genuine friend you were.
May be some day, somewhere in another realm, we might meet you again.

Dr. Vinitha Perera
Consultant Physician.
This article was published in The Island Newspaper on 13-01-2020

Save US!

By Imalka Weerasundara

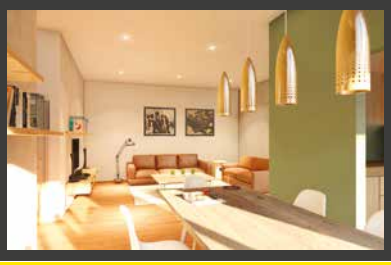
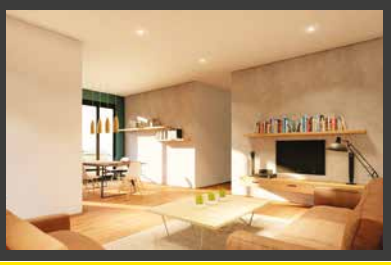
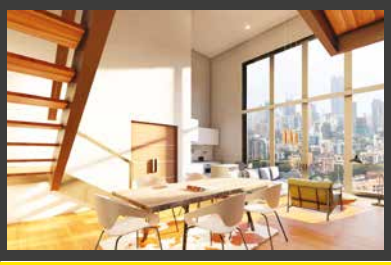
WALK TO NHSL

LINCOLN HOUSE

LUXURY APARTMENTS

Rs.32 MN ONWARDS

NORRIS CANAL Rd


IMAGINE IF YOU COULD WALK-TO-WORK

If you are a Doctor working for NHSL or aspiring to work for NHSL in the future, you wont have a second thought of the importance of residing closer to the hospital that you work. Especially when you are needed at the most and in the odd times, you wish you could avoid all the hectic traffic that Colombo daunts you with.

Lincoln House is an exclusive development of 27 luxury apartments located in Norris Canal Road, Colombo directly opposite Asiri Central Hospital commands an envious location.

AMERICAN

- PRIME LOCATION
- 27 LUXURY UNITS
- SECURED PROPERTY
- PRIVACY ABOVE ALL
- AFFORDABLE PRICES
- TRUSTED BUILDERS

070 140 7000 | 0117 946 246 | www.american.lk

WWW.SLMA.LK

NO.06,WIJERAMA MAWATHA,
COLOMBO 07, SRI LANKA.
+94(11) 269 3324
OFFICE@SLMA.LK