

SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

MARCH 2019, VOLUME 12, ISSUE 03



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tion and Current Status
ical Ethics in Sri Lanka

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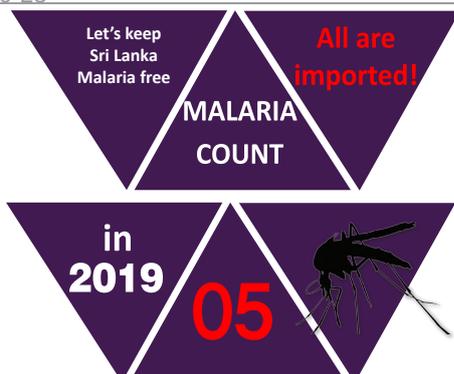
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SLMA Theme 2019

Facing the challenges and forging ahead for better health outcomes

OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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President's Message

Dear Members,

Time flies and we have now reached the end of March. I am happy to inform you about the progress of the SLMA in the past month.

A landmark agreement was signed between the SLMA and World Bank on 11th February 2019 to commence the "Primary Healthcare System Strengthening Project" (PSSP). The total cost of the project is estimated to be USD 200 million. The teaching modules for this project will be provided by the College of General Practitioners of Sri Lanka and the Open University of Sri Lanka. The Ministry of Health will provide the Digital Health Platform to convert the course material to a distant learning mode. The programme will begin with 100 doctors from the Kalutara district. It will be conducted island-wide in the future.

The guest lecture for February was delivered by Dr. Kamal Gammampila, MPhil, PhD, DIC, an Independent Scientist on "Heavy metals are the probable cause of CKD". This was indeed a thought provoking lecture and suggested that the contaminated water from the hill country diverted to the North Central Province was the probable cause of CKD. This lecture will be published in the next issue of the SLMA newsletter.

The Monthly Clinical Meeting for February was held in collaboration with the Sri Lanka College of Haematologists on the 20th of February. The topic for the meeting was "Enigma of eosinophil related disorders". The speakers who participated

were Dr. Thusitha Kumarasiri, Senior Registrar, Clinical Haematology and Dr. Sujeewa Athapattu, Senior Registrar, Clinical Haematology. It was heartening to note that most of the newest bio markers to diagnose haematological disorders are now available in Sri Lanka. The meeting was well attended by postgraduate trainees in haematology, pathology and general medicine.

The monthly therapeutic update lecture organised by the Medicinal Drugs Committee of the SLMA was held on the 22nd of February. The speaker was Dr. Ruwan Ekanayake, who spoke on "Cardiometabolic: Evidence based management". The meeting was well attended and a lively discussion followed.

The C.G. Uragoda Lecture 2019 was delivered by Emeritus Professor Anoja Fernando on 26th February at the Professor NDW Lionel Memorial Auditorium. The 'History of Medicine' lecture was instituted in 2012 by the Council of the SLMA on a recommendation made by Professor Vajira H.W. Dissanayake to mark the 125th anniversary of this historic meeting. Since then it has become a tradition of the SLMA. Professor Fernando's topic for this year was "The Evolution and Current Status of Biomedical Ethics in Sri Lanka". The lecture was comprehensive, informative and was greatly appreciated by all.

The second Regional Meeting for 2019 was a joint venture between the SLMA, the Clinical Society, Base Hospital Homagama and the Anti-malaria Campaign. This was

held on 27th February at the Homagama Base Hospital. The Homagama hospital was represented by Dr. Thusith Gunawardena, Dr. Wasantha Vithana and Dr. Arunajith Peiris. The Anti-Malaria Campaign was represented by Dr. Devanee Ranaweera, while, I represented the SLMA. The meeting was very well attended and included a very welcome musical interlude during the tea break.

The meeting organized by the Expert Committee on Communicable Diseases of the SLMA was titled "Who convert the savior to a killer?". This symposium was addressed by Dr. Rohini Wadanambi, Dr. Mahen Kotelawala and Dr. Ranil Jayawardena. The symposium ended with a lively discussion with the active participation of members of the audience.

The SLMA Run and Walk will take place on 9th June at BMICH. The SLMA Children's Art Competition will be held in parallel for the 4th consecutive year. The theme of the competition will be "දරුවන් සුරකීම - අනතුරු වළකීම". The programme for the Annual Academic Sessions is now being finalized. Dr. Panduka Karunanayake, Vice President, is working hard to produce an interesting and multi-faceted programme. We look forward to your active participation in all events of the SLMA.

Best wishes.

Dr. Anula Wijesundere
President, SLMA



Brain Teasers

1. Turn me on my side and I am everything. Cut me in half and I am nothing. What am I?
2. I am heavy and hard to pick up, but backwards I am not. What am I?
3. If you have me, you want to share me. If you share me, you don't have me. What am I?
4. It is flat as a leaf, round as a ring, has two eyes, yet cannot see a thing. What is it?
5. Which type of cheese is made backwards?
6. I have keys without key locks. I have space without rooms. You can enter but you cannot go outside. What am I?
7. When I'm first said, I'm quite mysterious, but when I'm explained, I'm nothing serious. What am I?

Answers available on page 23.



The Monthly Clinical Meeting of the SLMA - February, 2019

Dr. Sajith Edirisinghe,
Assistant Secretary - SLMA

The Monthly Clinical Meeting of the SLMA for January, 2019, organised in collaboration with The Sri Lanka College of Haematologists, was held on

20th January 2019 at the Lionel Memorial Auditorium of the SLMA. A Case Scenario Oriented Discussion on Enigma of Eosinophil related disorders was conducted by Dr. Thusitha Kumarasiri, Senior Registrar, Clinical Haematology and Dr. Sujeewa

Atapattu, Senior Registrar, Clinical Haematology. The meeting was well attended by Medical Officers, Postgraduate Trainees and medical undergraduates. The meeting was chaired by Dr. Anula Wijesundere, President, SLMA.



Regional Clinical Meeting in Collaboration with the Sir John Kotelawala Defence University

Dr. Thathya de Silva
Assistant Secretary - SLMA

The first SLMA Regional Meeting, organized in collaboration with the Faculty of Medicine, Sir John Kotelawala Defence University, was held on 21st February 2019 with an attendance of approximately 100 participants. The programme commenced with the welcome addresses delivered by Prof. Rezvi Sheriff, Senior Professor of Medicine, KDU and Dr. Anula Wijesundere, President SLMA.

The theme for the meeting was "Palliative Care" and the programme consisted of two sessions. The first session started with a lecture by Dr. Suraj Perera, Consultant Community Physician from the National Cancer Control programme on "Introduction to palliative care & palliative care initiatives in Sri Lanka". This was followed by lectures on "Patient communication in palliative care in an oncological setting" by Dr. Jayantha Balawardana, Senior Consultant



Oncologist, Faculty of Medicine, KDU and "Palliative care in non-oncological settings" by Dr. Udayangani Ramadasa, Consultant Physician, TH Ratnapura. The session was chaired by Dr. Anula Wijesundere and Dr. Ranjith Ellawala.

The second session included lectures by Dr. Sachini Rasnayake, Consultant Oncologist and Senior Lecturer, Faculty of Medicine, KDU, Dr. Priyamali Jayasekera Consultant Physician and Dr. Ranga Perera,

Consultant Onco-surgeon from KDU and Dr. Dilhar Samaraweera, Consultant Physician, CSH. They delivered lectures on "Symptom management in palliative care", "Management of palliative care emergencies" and "End of life care and ethical considerations" respectively. The session was chaired by Dr. Suraj Perera and Dr. Jayantha Balawardana.

The meeting concluded with the vote of thanks by Dr. Thathya de Silva, Assistant Secretary, SLMA.

All participants were awarded a certificate of participation. The meeting was sponsored by Hemas Pharmaceuticals Pvt. Ltd.



Stories from the field



Primary health care in Sri Lanka: on the road to UHC

“Health is a human right because people don't seek healthcare when they want it; they seek it because they need it. It's a need and it's our job as healthcare providers to provide them quality care.”

These are words from Dr Ruvaiz Haniffa, President of the Sri Lanka Medical Association (SLMA), which represents all state and private medical practitioners.

SLMA has been working with the Ministry of Health and Indigenous Medicine (MoHNM)* and WHO to bring about much-needed change in the Sri Lankan health system to focus on primary health care (PHC) in order to achieve UHC.

Sri Lanka's journey to UHC

More than 50 years ago, before the 1978 Alma Ata Declaration, the country made a commitment to provide primary health care to its citizens**.

The need for comprehensive and expanded financial and geographical access was clear, and Sri Lanka prioritized community health and successfully met the needs of that time.

The system specifically catered to maternal, child health and communicable diseases and delivered exceptional progress in maternal and child health.



Public Health Midwives in Sri Lanka are frontline PHC workers
Photo: WHO

It also successfully eliminated several communicable diseases such as malaria, filariasis, neonatal tetanus, measles and polio.

However, like many other lower-middle income countries, Sri Lanka is now undergoing an epidemiological transition, with a rise in non-communicable diseases, a rapidly ageing population, changing societal expectations of health care and urbanization.

Contd. on page 07

The SLMA News Editorial committee notes the following:

*Ministry of Health, Nutrition and Indigenous Medicine

**Sri Lanka began offering primary health care services to its people long before 1978, though the adoption of primary health care was ratified after 1978 when the Alma Ata Declaration came into being

January 2019



Strengthening PHC

The Ministry of Health recognizes that the health system needs to change to sustain its gains and continue its journey towards UHC. Business as usual is not an option for Sri Lanka. The country has endorsed strengthening PHC as the means of addressing the emerging challenges to UHC.

WHO has supported the development of an Essential Services Package and the service delivery model based on the Cabinet-approved policy on health service delivery for UHC. This ensures that all populations have guaranteed access to a package of quality services throughout the country.

The Sri Lankan Ministry of Health identified WHO as the technical lead adviser in the PHC reorganization and WHO rallied support by engaging various stakeholders across sectors.

A key player is the Sri Lanka Medical Association (SLMA), the oldest professional medical association in Asia.

Starting in 2018, SLMA partnered with WHO to take forward the UHC agenda by organizing a series of activities from policy advocacy to raising awareness of health providers in the field.

WHO provided close mentoring and resources for SLMA to increase awareness of health providers on UHC during their provincial meetings and academic sessions.

In July 2018, an advocacy session on UHC was organized in the Parliament of Sri Lanka, resulting in Parliamentarians making a UHC pledge.



A parliamentarian signing a national UHC pledge following an advocacy session. Photo: WHO

Powered by the
Joint working team for UHC

Change is inevitable and necessary. Meet a change-maker working on the ground who shares WHO's vision of universal health coverage.

Dr Ruvaiz Haniffa, President of the Sri Lanka Medical Association (SLMA) reflects on progress in Sri Lanka.

"The SLMA, the Ministry of Health and WHO share the same vision of a need to shift from disease-oriented care to people-centered care. Change cannot happen overnight. We first wanted people to understand why we need to change and we needed to engage policymakers - the people with the power to decide on change.

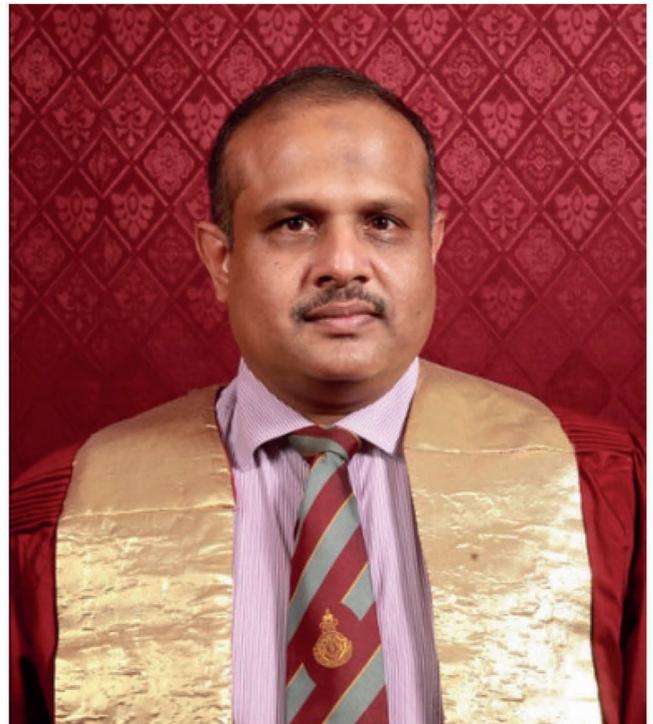
"WHO supported SLMA to host a parliamentary session with over 65 parliamentarians to sensitize them to the concept of UHC and take steps necessary for Sri Lanka to fulfil SDG3. The highlight of this event was the signing of the UHC pledge by parliamentarians, representing all political parties in the country.

“ WHO has expanded our horizon, by providing us a global platform to learn from others and build on what we have. They are a resource we simply can't do without.”

"We had the international expertise we needed because WHO was able to find us the right people for the right job, and their technical guidance was invaluable. For example, at the parliamentary session we had Dr Somsak Chunharas, President of National Health Foundation and former Deputy Minister of Health in Thailand speak. That sharing of experiences is exactly what we needed.

"SLMA, in collaboration with the Ministry of Health and WHO, also studied the gaps in the system and the different needs of different demographics. We have meticulously followed the health-seeking behaviour trends of the population. Based on these studies it became apparent that most people seek health care in an ambulatory setting as opposed to a hospital-based setting.

"Since 2008, several models of care have been tested to nudge the system to change. An integral component of Sri Lanka's early healthcare was the robust and effective nature of Primary Health Care services.



Dr Ruvaiz Haniffa, President of the SLMA
Photo: SLMA

Sri Lanka is at a turning point and it must turn to its roots and facilitate the need to restructure services. We feel certain that we can attain UHC through a PHC model, however when we looked at our healthcare delivery it is predominately hospital-based.

"WHO has expanded our horizon, by providing us a global platform to learn from others and build on what we have. They are a resource we simply can't do without. We know their commitment to the health and wellbeing of the citizens of Sri Lanka, and Dr Tedros himself celebrated World Health Day here in Sri Lanka. They believe we can do this and it is our time to prove them right.

"As President of SLMA my personal vision is to ensure all healthcare providers are well-rounded individuals with a hunger to better provide for our people. WHO is a constant source of support for us, sharing their best practices, their lessons learnt and bringing in international expertise to Sri Lanka; they are like a friend you call when in doubt."

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SLMA Signs MOU With World Bank to Strengthen Primary Curative Care in Sri Lanka

Dr. Ruvaiz Haniffa

Immediate Past President, SLMA

The World Bank Board has approved a Primary Health Care System Strengthening Project (PSSP) in the amount of US\$ 200 million for the Government of Sri Lanka. It has three components: (i) PHC system reorganization and strengthening strategies through the routine health sector planning and budget execution systems; (ii) Project implementation support and innovation grant through direct project financing to MOH; and (iii) a contingent emergency response component as a way of reallocating or channeling funds in case of an emergency. The World Bank financing will be supplemented by the GoSL.

The first phase of Component (i) is to build capacity among Medical Officers to improve their competencies in the delivery of Primary Curative Care based on the principles of Family Medicine/General Practice. The Ministry of Health and SLMA will be partnering with the College of General Practitioners of Sri Lanka (CGPSL) to train a group of 100 Medical Officers in the Kalutara District using the Distance Education Format through the Digital Academy set by the Ministry of Health. All logistical and academic plans including course content developed by a team of doctors from the SLMA and CGPSL are ready to be launched through the Ministry of Health Digital Academy by the 3rd week of March 2019.

The documents pertaining to the Pilot Project to be launched in the Kalutara District were signed at a simple ceremony in the Council Room of the SLMA between the SLMA, World Bank and the College of General Practitioners of Sri Lanka on 11th February 2019.

The PSSP aims to improve health and social protection systems to address the challenges of the demographic transition of the country. As NCDs impose pressing challenges in ageing populations with lifelong economic and health burdens, healthy ageing is important in ensuring that the working-age populations remain



Dr. Anula Wijesundere, President SLMA exchanging the MoU with Dr. Jayasundara Bandara Director PSSP. Looking on are Dr. Ruvaiz Haniffa, Immediate Past President of the SLMA and Dr. Jayantha Jayatissa, President CGPSL. Also in the picture (Left to Right) Dr. Eshani Fernando (MoH), Dr. Kapliya Jayaratne (Secretary SLMA), Dr. Palitha Abeykoon (Senior Advisor to the PSSP), Dr. Micky Chopra (Global Lead on Health, World Bank), Dr. Deeplika Ayttygala (Health Specialist, World Bank) Dr. Sudath Samaraweera (MoH), Dr. Indika Jagoda (MoH), Prof Nandani de Silva (CGPSL)

productive and healthy. One of the targets for 2030 under SDG 3 is to 'reduce by one-third premature mortality from NCDs through prevention and treatment'. Investment in early detection and management of NCDs, the primary focus of this project, is crucial to the achievement of this SDG target. The project also contributes to the SDG 3 target for universal health coverage, ensuring that all people have access to needed promotive, preventive, curative, and rehabilitative health services. These services need to be of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for them, by increasing the utilization and quality of necessary PHC services as well as ensuring the availability of essential medication.

Building of capacities of Medical Officers working in Primary Care settings

is one of the main goals of PSSP. Aligning with the project objectives, capacity building of primary health care human resources has a special focus on management of non-communicable diseases. The Sri Lanka Medical Association has already worked closely with the Ministry of Health and other stakeholders to develop clinical teaching modules to be delivered in mixed mode. These now need to be further refined and assessed to ensure that they are aligned with the overall objectives of the PSSP.

In the medium term, the PSSP Implementation Unit intends to have a MoU with the SLMA to support the MOH in the carrying out of its responsibilities for the above referenced health programme. In the short term it is necessary to initiate the activities.



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Dr. C.G. Uragoda History of Medicine Lecture

The Dr. C.G. Uragoda History of Medicine Lecture, 2019 was held on 26th February, 2019 at the Professor NDW Lionel Memorial Auditorium, SLMA. The lecture was delivered by Professor

Anoja Fernando, MBBS (Cey), MRCP (UK), BA (OU, UK), FRCP (Lond), Emeritus Professor of Pharmacology University of Ruhuna, Member of the UNESCO International Bioethics Committee and Past President,

SLMA. The title of the lecture was 'The evolution and current status of Bio (medical) ethics in Sri Lanka'.



Meeting of the Expert Committee on Snakebite

Dr. Christo Fernando

Member – Expert Committee on Snakebite

The SLMA Expert Committee on Snakebite held a meeting at the CRTM, Medical Faculty, Peradeniya on 1st March 2019.

The meeting was very well attended and members from areas as far away as Jaffna and Polonnaruwa were present.

The Co-Chairs, Professors Kolitha Sellahewa and SAM Kularatne conducted the meeting.

Many valuable topics pertaining to Snakebite and its treatment were discussed at great length.

Professor SAM Kularatne and his team extended great hospitality and ensured that all members were comfortable.

This was the second such meeting held in Peradeniya.

This meeting was made possible by the indefatigable Dr. Malik Fernando, Convenor of the Committee, who took a lot of pains and efforts towards making this meeting a success.





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Birth Defects – a Major Cause of Infant Deaths in Sri Lanka.



Dr. Kapila Jayaratne
Honorary Secretary, SLMA

Birth defects (BD) are emerging as a leading cause of infant and childhood mortality in Sri Lanka. This was revealed at the World Birth Defects Day activity organized jointly by the Family Health Bureau – Ministry of Health, Sri Lanka Medical Association (SLMA), Perinatal Society of Sri Lanka, Human Genetics Unit, Sri Lanka College of Paediatricians, Sri Lanka Association for Child Development and other non-governmental organizations. The event took place on 5th March, 2019 at the NDW Lionel Memorial Auditorium, SLMA.

Birth defects (BD) are structural or functional anomalies of organs, systems or parts of the body that occur during intrauterine life, caused by genetic or environmental factors or both, evident before birth, at birth or later on in life.

The event started with a song performed by a group of children with Down syndrome, coordinated by Mr. Nadun Hettiarachchi, a teacher from Homagama Central College.

Dr. Chithramalee De Silva, Director – Family Health Bureau and Dr. Anula Wijesundere, President – Sri Lanka Medical Association delivered Welcome Addresses.

Dr. Kapila Jayaratne, Consultant Community Physician in charge of child morbidity and mortality surveillance at Family Health Bureau presented the latest birth defects related data of the country. Around 360,000 pregnancies are registered in the country in a year and about 326,000 babies are born alive. Out of them, around 5800 are born with a birth defect.



Nearly 30% of babies with birth defects have a serious problem affecting their day to day life. Nearly 650 of them die before their first birth day, placing birth defects as the second leading cause of infant mortality. Out of the 1900 babies dying in utero after 28 weeks of gestation (still births), approximately 35% die due to genetic or other congenital abnormalities.

Director General of Health Services, Dr. Anil Jasinghe, said over the years, maternal mortality, infant mortality and deaths due to birth defects have decreased. Congenital defects of the heart is the major cause of birth defects. Limb defects, cleft lip/palate, genetical disorders, neural tube defects and thalassaemia are the other leading birth defects reported in Sri Lankan children. Dr. Jasinghe elaborated that so far the country was focusing on secondary prevention, which is the process of caring for and treating the baby with a birth defect once he or she is born. Now it is high time for Sri Lanka to focus on the other two preventive strategies; primary and tertiary prevention. In primary prevention, the causes of birth defects are identified and prevented. In tertiary prevention, disability limitation and rehabilitation are focused on.

“Birth defects may be of genetic, environmental or complex in origin. Several environmental, nutritional, genetic, familial and maternal factors either alone or in combination cause them”, Dr. Surantha Perera,

President of The Perinatal Society of Sri Lanka said.

Prof. Vajira Dissanayake, Head of Human Genetics Unit, Faculty of Medicine, University of Colombo explained the need for genetic testing in women with recurrent miscarriages, foetal loss and birth of a baby with a congenital abnormality. He said that making the general public aware of the availability of genetic testing and genetic counselling is crucial.

Dr. Duminda Samarasinghe, Consultant Paediatric Cardiologist of Lady Ridgeway Hospital for Children presented a video on the Little Heart Project to construct a specialized centre for heart diseases in children at the Lady Ridgeway Hospital.

Dr. Saraji Wijesekera, President of Sri Lanka Association for Child Development, described the care arrangements made for children with disabilities and the need for community involvement.

This event was attended by children with disabilities, key stakeholders on birth defects, community level workers and media personnel.



Contd. on page 16



ICBD
Sri Lanka
2019

23 - 26 October 2019
Cinnamon Grand
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SAVE THE DATE ANNOUNCEMENT

9th International Conference on Birth Defects and Disabilities in the Developing World

*Health for All: Accelerate Efforts for
Birth Defects Prevention and Care*



ABOUT THE CONFERENCE

Recognizing the need to build capacity in lower-income countries for the prevention of birth defects and preterm birth and care of those affected, the goal of these biennial conferences has been to provide specific practical tools and approaches that developing country participants can use to implement and strengthen surveillance and health care delivery and influence policy and funding in support when they return to their respective countries.



PREVIOUS CONFERENCES

Colombia (2017), Tanzania (2015), Philippines (2013); Poland (2011); India (2009); Brazil (2007); China (2005); South Africa, (2001).



WHO SHOULD ATTEND

Health care providers, policy makers, researchers, donors, parent-patient organizations, other NGOs and youth volunteers from across the world interested in strengthening reproductive, maternal, newborn and child and adolescent health, with a focus on the prevention of birth defects, preterm birth and associated disabilities.



Check www.icbd.marchofdimes.org
in May 2018 for more information
about the conference.



Sri Lanka Medical Association
www.slma.lk



www.marchofdimes.org

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www.cdc.gov/ncbddd



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Birth Defects...



Sudden Cardiorespiratory Arrest Following Sri Lankan Snake Envenoming

Dr. Kalana Maduwage
Member, SLMA Expert Committee on Snakebite

Sudden cardiorespiratory arrest following envenoming after bites by venomous snakes have been reported from around the world. Such instances have not been reported in Sri Lanka.

During the past six months, three paediatric cases of sudden cardiorespiratory arrest have been reported following authenticated Russell's viper and hump-nosed viper envenoming (Wijerathne et al., 2018). In-addition, another three cases (two cases of Russell's viper and one case of hump-nosed viper envenoming) have been reported through personal communication by relatives of the victims. In all six cases, the victims had developed cardiorespiratory arrest within the first 10-15 minutes after the bite, before commencement

of antivenom and other interventions. Out of six cases two patients died on the way to hospital and the rest were successfully resuscitated and treated with antivenom and other supportive care.

These cases show the possibility of developing sudden cardiorespiratory arrest following Sri Lankan snake envenoming, particularly following Russell's viper and hump-nosed viper bites. It is possible that sudden cardiorespiratory arrest very soon after a bite would have prevented admission to a hospital to enable resuscitation and management, explaining the under-reporting of such cases. The six cases reported here highlights the importance of resuscitation of patients following snakebite. It is critically important that doctors who work in hospital primary care units and emergency treatment units are aware of the possibility of such sudden cardiorespiratory arrest following snakebite and

exercise the utmost vigilance.

Sudden cardiorespiratory arrest following snake envenoming may be explained by the development of severe acute reactions—such as anaphylaxis—caused by the inoculated snake venom, or by the vascular or cardio-toxic effects of the snake venom. Explaining the exact mechanism of sudden cardiorespiratory arrest following snake envenoming will require systematically collected clinical data and basic laboratory experiments.

References

Wijerathne S, Adihetty D, Maduwage K. Cardiorespiratory arrest following a Russell's viper (*Daboia russelii*) envenoming: First authenticated case report from Sri Lanka. *Proceedings of the Sri Lanka Emergency Medicine Conference (SLEMCON)*, 2018. Page 35.

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Guidance from the SLMC for Doctors

Financial Conflicts, Commissions & Unethical Payments

A Compilation on behalf of the SLMA Ethics Committee

Dr. Lilanthi Subasinghe
SLMA Ethics Committee member

The Ethics Committee of the Sri Lanka Medical Association wishes to draw the attention of Medical Professionals to the following excerpts from the Sri Lanka Medical Council publication Guidelines on Ethical Conduct for Medical & Dental Practitioners Registered with the Sri Lanka Medical Council (July, 2009). This document is now distributed to all newly registered doctors. However, it is possible that some of the older practitioners do not have access to this. The Ethics Committee hopes that the information in this article would help readers to avoid unethical practices. Only selected items relating to financial matters (fees, commissions, commercial dealings etc.) are presented here under the various headings. (This is the first of two compilations reproducing an SLMC publication.)

CODE OF ETHICS RECOMMENDED BY THE SLMC (Pages 17 and 18)

1. "Fee splitting (Fees accepted on behalf of colleagues or other staff) is unacceptable and unethical."
2. "They should also not direct patients to a particular pharmacy or laboratory for personal gain."
3. "A physician shall not give, solicit or receive, nor offer to give, solicit or receive any gift, gratuity, commission or bonus, in consideration of or return for the referring, recommending or procuring for any patient medical surgical or other treatment. These provisions shall apply with equal force to the referring, recommending or procuring by a physician or any person, specimen or material for diagnostic or other study or work. Nothing mentioned here however shall prohibit payment of salaries by a qualified physician to other duly qualified persons rendering medical care under his supervision."

GOOD MEDICAL PRACTICE (Pages 19 to 35)

"Financial and commercial dealings" (Pages 33-34)

- "69. You must be honest and open in any financial arrangement with patients. In particular,
- a) You must inform patients about your fees and charges, wherever possible before asking for their consent to treatment,
 - b) You must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services,
 - c) You must not encourage patients to give, lend or bequeath money or gifts, that will directly or indirectly benefit you,
 - d) You must not put pressure on patients or their families to make donations to other people or organisations,
 - e) You must not put pressure on patients to accept private treatment, and
 - f) If you charge fees, you must tell patients if any part of the fee goes to another healthcare professional."

"Conflicts of interests" (Page 35)

- "72. You must act in your patient's best interest when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe, treat or refer patients. You must not offer such inducement to colleagues
- "73. If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe, treat or refer patients
- "74. If you have financial or commercial interests in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest."

"CONFLICT OF INTEREST IN PATIENT CARE (Page 52)"

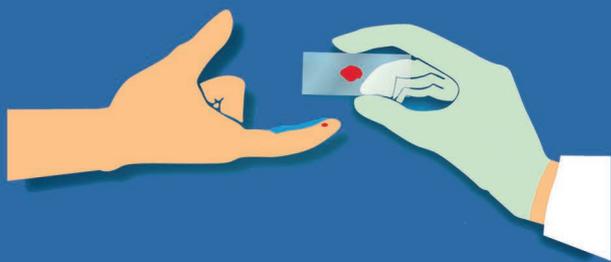
"You must act in your patient's best interests when making referrals and providing or arranging treatment or care. Hence, you must not ask for or accept any inducement, gift or hospitality, which may affect or be seen to affect your judgement. You should not offer such inducement to colleagues."

"Financial interests in hospitals, nursing homes and other medical organisations"

1. "If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe, treat or refer patients.
2. "If you have financial or commercial interests in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest.
3. "Treating patients in an institution in which you or members of your immediate family have a financial or commercial interest may lead to serious conflict of interest. If you do so, your patients and anyone funding their treatment must be made aware of the financial interest. In addition, if you offer specialist services, you must not accept patients unless they have been referred by another doctor who will have overall responsibility for managing the patient's care. If you are a general practitioner with a financial interest in a residential or nursing home, it is inadvisable to provide primary care services for patients in that home, unless the patient asks you to do so or there is no alternative. If you do this, you must be prepared to justify your decision."

Colombo

31.1.2019



Reduce the Delay

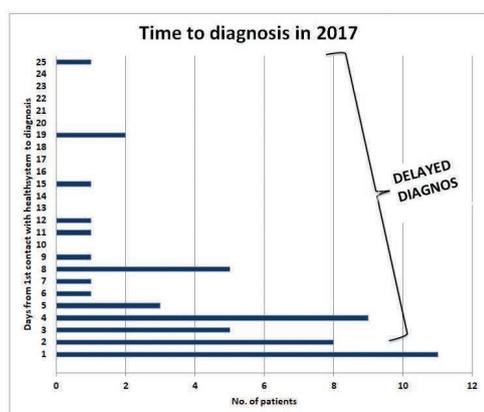
in diagnosing imported **Malaria**

Every single day that a malaria patient is left untreated,

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



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



Your role:

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

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

Call now for free advice, treatment and drugs
011 7 626 626
www.malariacampaign.gov.lk

PRESS RELEASE

Recommendations for budget proposals of 2019 on alcohol

The Ministry of Finance and Mass Media has called upon all stakeholders to make proposals for the budget of 2019 as a contribution to ensure the introduction of a successful budget to build a strong economy and an enriched country.

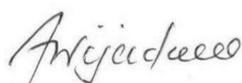
A country can most certainly be enriched by the good health status and wellbeing of its citizens. In this context, the SLMA being the apex of all academic and professional medical association of Sri Lanka, strongly urges you to refrain from granting any tax concessions to the alcohol industry.

We wish to express our concern in relation to the significant reduction in taxation of beer, which was implemented through the budget of 2017. We therefore request the Ministry of Finance to increase the taxation of beer, at least to the levels before this tax reduction was implemented. We also request that there should be no relaxation of alcohol retailing regulations at all in the budget of 2019.

The reasons for the above statement are as follows:

- It is firmly established that decreasing the prices of alcohol products will increase its consumption. It is also well established that liberalizing sales (increasing the number of outlets and relaxing retail restrictions) will increase alcohol consumption. Increasing overall consumption will increase all harmful effects of alcohol use: eg:- accidents, suicide, domestic and other forms of violence and illnesses (cirrhosis, strokes, cancers, heart attacks, etc.).
- Many false arguments have been raised directly and indirectly by the alcohol industry which firmly opposes increasing taxation. An increase in taxes and simultaneously in the price of alcohol, will increase the government revenue and at the same time reduce alcohol consumption. Such a measure will enable the government to collect more revenue and simultaneously reduce the enormous social, economic and health consequences of alcohol consumption.
- The alcohol industry uses the convenient slogan of illicit alcohol or “kasippu” to mislead successive governments to stop this effective policy measure of increasing the price of alcohol. The illicit trade should be dealt with by appropriate law enforcement (Police & Excise Department) and not by price reduction of alcohol. There are no examples where illicit alcohol production was reduced because of reduced price of licit alcohol. Estimates also show that production of illicit alcohol has decreased in Sri Lanka in the recent past.
- The majority of the adult population in Sri Lanka does not indulge in alcohol. According to the STEPS Survey 2015 of the Ministry of Health and WHO, the current use of alcohol among males over 15 years was 35%, and less than 1% among females. Presently, over 80% of the population over 15 years in Sri Lanka are not users of alcohol. We wish to reiterate that any policy measures taken on alcohol should ensure that this vast “non-drinking” population is not pushed towards use of alcohol. Prices and availability are two major forces of such consumption.
- If the spirits users are to be shifted to beer, the price difference between these types of alcohol should be increased. In the Sri Lankan context, what should be done is to increase the price of spirits and not decrease the price of beer.
- The WHO unequivocally recommends that alcohol prices should be increased to reduce the consumption. Contrary to popular belief, all alcohol users are not “addicts” - less than 10% of all alcohol users are dependent. Most “heavy” drinkers too are not dependent. The WHO states that increasing prices of alcohol will even reduce the use among heavy drinkers.
- The poorer segments of society who spend about 1/3 of their income on smoking and alcohol would reduce their consumption of these substances when the prices of these are increased. This would help to reduce health inequality and poverty.

We sincerely hope that the Ministry of Finance will take these facts into consideration and refrain from reducing the price of alcohol in the budget proposals of 2019.



Dr. Anula Wijesundere
President, SLMA

08th February 2019

Hon. Mangala Samaraweera,
Hon. Minister of Finance and Mass Media,
Ministry of Finance and Mass Media,
Lotus Road, Colombo 1.

Dear Sir,

**Re: Budget Proposal of 2019
The Tax on Food and Beverages with High Sugar Content**

Currently the prevalence of overweight and obesity has doubled among schoolchildren during last 10 years and one third of adult women are overweight in the country. As a result prevalence of diabetes is also increasing in the country which has added an enormous burden to the health sector with increasing treatment cost related to complications due to diabetes. Given the rising trends in obesity and diabetes, the SLMA has examined the factors that contribute to this syndemic.

Numerous studies have highlighted the role of sugar-sweetened beverage and high sugar containing food consumption as a key driver of this syndemic (synergy of epidemics, co-occurring in time and place, interacting with each other to produce complex sequel and share common underlying societal drivers)

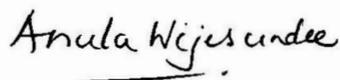
We, recommend that the tax on such products **should increase** due to the following reasons:

- Given the persistent trend of overweight and obesity, the related illnesses, disability, and death will have an increasingly adverse impact on the Sri Lankan population. Even a small increase in weight among individuals of normal weight has implications for metabolic function, diabetes, heart disease, and cancer risk.
- Beverages contain sugar are added during processing, manufacture, packaging, or preparation. These beverages include sugar-sweetened carbonated drinks, sports drinks, ready-to-drink teas and coffees, less-than-100-percent fruit or vegetable juice drinks, and other beverages that contain added sugar. At present, one third of schoolchildren are consuming these beverages in the country.
- About two-third of schoolchildren consume biscuits in Sri Lanka. As such we as the SLMA are very concerned about the added sugar content in biscuits.
- Ending Childhood Obesity by implementing of an 'effective tax on sugar-sweetened beverages' is a key recommendation issued by the WHO.
- *The Lancet* Commission Report on The Global Syndemic of Obesity, under nutrition and Climate Change released on 27th January 2019 clearly calls for comprehensive action to address Obesity within The Global Syndemic, which represents the paramount health challenge for humans, the environment, and our planet in the 21st century.

The Sri Lanka Medical Association (SLMA) recommends that a tax should be imposed on beverages with sugar content more than 6g per 100ml and biscuits with sugar content of 12.5 per 100mg to control the escalating high burden of non-communicable diseases in the country.

Hence, we strongly recommend that an increase in the taxation on beverages and biscuits with high sugar should form a part of a comprehensive package of interventions throughout the life-course to control NCDs in Sri Lanka.

Yours sincerely,



Dr. Anula Wijesundere
President, SLMA

07.02.2019

Hon. Mangala Samaraweera,
Hon. Minister of Finance and Mass Media,
Ministry of Finance and Mass Media,
The Secretariat, Lotus Road,
Colombo 01.

Dear Sir,

Proposal on Tobacco Taxation for the budget of 2019

Studies in Sri Lanka show that the government of Sri Lanka has lost billions of rupees of collectable tax from the tobacco industry. This has not been due to so-called “smuggling” of cigarettes but due to the haphazard and sub-optimal taxation of tobacco products, which has continued for many years in the past. This is the reason why the profits of Ceylon Tobacco Company has increased over 16 times (1,600%) since the year 2000 although the number of cigarettes sold has decreased over 30% during the same period. Therefore, the tobacco industry has benefited enormously from the current cigarette taxation scheme. Over the years, this has resulted in the government losing billions of rupees in uncollected tobacco tax. Many Ministers of Finance seem to have been misled for such a situation to persist for many years.

Tobacco kills 7 million people globally each year. Around one million of them are non-users who are exposed to tobacco smoke of others. The Ministry of Health estimates that 20,000 Sri Lankans die each year from tobacco, which is more than 50 deaths per day. Many times that number succumb from illnesses such as heart attacks, strokes and cancer. As you are already well aware, the economic, health and social consequences far outweigh any taxes collected from this deadly substance. Studies conducted in many countries, including Sri Lanka have proven this. This is the reason for respected international health and economic agencies such as the World Health Organization and the World Bank, to strongly recommend that governments take all possible steps to control tobacco use.

Among the measures recommended, optimal taxation of cigarettes is one the most important measures. Sustained increase in taxation will increase government revenue and at the same time reduce consumption. Tobacco taxes are increased in Sri Lanka only infrequently. Many studies have shown that the tobacco tax increases are far too inadequate and haphazard.

International publications highlight how the tobacco industry tries to forestall any effective taxation measures. Their main weapon is the slogan “smuggled” cigarettes. They claim that high taxes increase smuggling, and surreptitiously fund studies to back this claim. Flawed studies that fit this description are now being given wide publicity in Sri Lanka. As you are aware, smuggling of tobacco does not depend on its price - it depends on the extent of enforcements of the law.

Therefore, the Sri Lanka Medical Association requests you not to be misled by this industry that knowingly sells a product that harms its own customers for profit. They have also been shown to deliberately target school children. There is ample evidence to show that the British American Tobacco, which is the owner of the Ceylon Tobacco Company was involved in smuggling cigarettes to countries in Latin America, Africa, Asia and Europe. It is hard to imagine that such an industry will have any compassion for any country or its government, however reasonable and professional it claims to be.

In this context, we request you to:

1. Increase current taxes on all types of cigarettes to reduce their affordability. The quantum of tax should be calculated to ensure that the industry is not able to increase the price of cigarette above the tax increase, thereby increasing its income enormously, at the expense of the government.
2. Take steps to establish a transparent formula for automatic increases in cigarette taxes taking into account inflation, per-capita income or other factors which will ensure that the affordability of cigarettes is continuously reduced.
3. Abolish the practice of taxing cigarettes based on their lengths. This enables the industry to sell shorter cigarettes at significantly reduced prices, thereby making cigarettes more affordable, which offsets the benefits of tax increases.

We sincerely hope that the technical decisions on cigarette taxes are not based on the findings of seemingly “independent” studies, that are technically flawed. These studies which support the tobacco industry argues that increasing taxes will increase smuggling or will increase “beedi” consumption, both of which are totally false.

We sincerely hope you will take these facts into consideration and increase the taxation on tobacco in the budget proposals of 2019. This will further decrease the tobacco use and save our countrymen from the ill effects of tobacco use.

Thank you,

Yours sincerely,

Anula Wijesundere

Dr. Anula Wijesundere
President, SLMA

CC: Hon. Dr. Rajitha Senaratne, Minister of Health
Mrs. Wasantha Perera, Secretary, Ministry of Health
Dr. Anil Jasinghe, Director General of Health Services
Secretary, Ministry of Finance
President, College of Paediatricians of Sri Lanka
President, College of Surgeons of Sri Lanka
President, College of Physicians of Sri Lanka
President, College of Obstetricians and Gynaecologists of Sri Lanka
Chairman, Ceylon Chamber of Commerce

Answers to Brain Teasers

1. The number 8
2. Ton
3. Secret
4. Button
5. Edam
6. Keyboard
7. Riddle



132nd Anniversary International Medical Congress Sri Lanka Medical Association

24th – 27th July 2019
The Galadari Hotel, Colombo

“Facing the challenges and forging ahead for better health outcomes”

Abstract submission deadline
Extended till 15th April 2019

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**SUBMIT YOUR ABSTRACTS
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