

# SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

NOVEMBER 2019, VOLUME 12, ISSUE 12



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amoxicillin/clavulanate potassium



### Cefuroxime sodium injection



Month of preparation - March 2017

SRI/CAM/0006/17



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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

**It was an eventful year – it is now time to say: Thank you and Good bye!**

It is with a true sense of joy, satisfaction and fulfilment that I pen this message for the last time as the President of the SLMA. It was indeed a privilege and a great honour to be the 125<sup>th</sup> president of the Sri Lanka Medical Association, which I accepted with humility and courage. I hope I have done justice to the confidence placed in me by the Past Presidents and Members of the SLMA who selected me to this high post in late 2017. Concluding my office in late December 2019, it is time to reflect, reminisce and recall the SLMA's programme of work, service to the profession, and the nation, for the year 2019.

The theme for the SLMA for 2019 was "Facing the challenges and forging ahead for better health outcomes". I outlined ten challenges we face which included reducing the burden of non-communicable diseases, reduction of alcohol, tobacco consumption and dangerous drugs utilization, preventing suicides in Sri Lanka and reducing mobility and mortality from dengue fever. In addition, prevention of road traffic crashes, facing the challenges of our ageing population, elimination of HIV/AIDS, maintaining the malaria free status of Sri Lanka and reducing the burden of chronic kidney disease of unknown aetiology (CKDu). Much work has been done in meeting and overcoming these challenges. However no inroads could be made into AIDS and overcoming the challenge of CKDu due to lack of time. However other stakeholders are actively involved in these issues.

## Easter Sunday Bombings

Three significant events which occurred in Sri Lanka in 2019, in which the SLMA was actively involved, are worthy of special mention. The major catastrophe that rocked the nation was the Easter Sunday serial bombings which shattered the decade of peace in Sri Lanka following the decimation of the LTTE in May 2009.

During this period of unprecedented violence, the members of the medical profession have rallied round the clock and done their utmost to treat the injured and alleviate the suffering of the affected patients. Psychological counselling was also provided to the grieving relatives by trained counsellors and psychiatrists.

## Introduction of the death penalty

The next event that caused a furore in the country was the introduction of the death penalty for execution of prisoners accused of drug peddling. The council of the SLMA issued a press statement in this regard, questioning the justification of the death penalty, stating that the widespread problems prevalent in our legal system and the lack of access to legal recourse especially in poorer classes was disproportionately high. We also pointed out that it was unethical for doctors to take part in the process of execution of prisoners in any manner whatsoever. We recommended a healthy debate of all stakeholders to overcome the curse of dangerous drugs instead of hastily implementing the execution of prisoners awaiting the death penalty.

## The alleged sterilizations at the Kurunegala Hospital

The third event which received special attention of the SLMA was the uproar in May 2019 regarding the malpractice of alleged sterilizations conducted in the Kurunegala Hospital. The SLMA issued a press statement in this regard urging all members of the medical profession to refrain from making hasty and ill-conceived statements until the true facts were established, indicating that such action would only aggravate the already troubled situation in the country.

## Annual International Medical Congress

The highlight of this year's academic activities was the 132<sup>nd</sup> Anniversary International Medical Congress held from the 22<sup>nd</sup> to the 27<sup>th</sup> of July at the

Galadari Hotel, Colombo. The Chief Guest was the Honourable Minister of Health while Professor Malik Peiris was invited as the guest of honour. There were six Pre-Congress Seminars, two Post-Congress Seminars, one Keynote Address, 12 plenaries, 23 Symposia and 5 Seminars and a Debate on the death penalty. We broke new ground this year by organizing a public colloquium on "Unplanned Pregnancies" with the participation of dignitaries representing all religions of Sri Lanka, Government Ministers, Members of Parliament, Lawyers, members of civil societies and the media. I am happy to note that despite the economic fallout after the Easter Sunday bombings we managed to achieve a profit of Rs. 7.5 million from our Medical Congress.

## New task force and three new expert committees

Three new Expert Committees and one new Task Force of the SLMA were formed this year. The Task Force on reducing the morbidity and mortality on Dengue fever has already completed its task with the compilation of "National Guidelines – Clinical Management of Dengue Infection in Pregnancy". This task force was headed by Dr Hasitha Tissera, Head of National Dengue Control Programme with the participation of all stakeholders. The book was handed over to the Minister of Health at the Annual Academic Sessions for printing and distribution among the hospitals.

The new Expert Committee on Suicide Prevention in Sri Lanka headed by Professor Samudra Kathriarachchi has already produced a document titled "Suicide Prevention in Sri Lanka Recommendations for Action". The initial framework document was handed over to officials of Ministry of Health on World Mental Health Day in September 2019. The full publication will be handed over to the Minister of Health shortly. The next aim of this expert committee is to abolish the use of pesticides profenofos and carbosulfan associated with high mortality among farmers in the Rajarata.

Contd. on page 05



## President's...

The other new Expert Committee on "Elimination of violence and corporal punishment in schools" was formed under the leadership of Dr Tara De Mel, former Secretary, Ministry of Education. The terms of reference of this Expert Committee has already been indicated in the President's Message in the November SLMA newsletter. This Expert Committee of the SLMA has now written to all the Presidential aspirants to publicly condemn and renounce all forms of physical, sexual and emotional violence in universities and genuinely pledge to take remedial action to eliminate violence in our universities.

Due to the persistent requests from members of the medical profession, the concerned public and civil organizations demanding accountability regarding alleged sterilizations conducted in Kurunegala hospital for the alleged malpractice, the SLMA introduced a new Expert Committee on "Clinical Governance" under the leadership of Professor R.M. Mudiyanse. The committee has already begun its task, introducing clinical governance and accountability at all regional meetings of the SLMA, emphasizing the need to perform clinical audits in hospitals to evaluate critically the quality of clinical care provided to patients.

The Expert Committee on Prevention of Road Traffic Crashes has been activated with invitations to all stakeholders for their active participation. These include members of the traffic police, media, municipality, safe racing drivers, Rotary and Lions Clubs etc. A media conference was held in August 2019 titled "Safe Sri Lanka". We hope that our request for the formation of a presidential task force on prevention of road traffic crashes will soon be a reality.

The SLMA has now written to His Excellency, President Gotabaya Rajapakse for a discussion about ending violence in universities in Sri Lanka, formation of a Presidential Task Force on reducing road traffic crashes in Sri Lanka and banning of two pesticides associated with high mortality, as mentioned above.

### Monthly Clinical Meetings & Regional Meetings

The regular monthly clinical meetings with the other societies and colleges were held in the usual manner meticulously arranged by Dr Sajith Edirisinghe. Regional Meetings of the SLMA were held with the clinical societies of Horana, Homagama, Matara, Kuliyaipitiya, Ratnapura, Polonnaruwa, Vavuniya, Negombo, Ruhunu Clinical Society, Asiri Group of Hospitals and the Kotelawala Defence University. Dr Thathya De Silva organized these meetings in an admirable manner. The presentations at these regional meetings were of high quality. However, sadly, the participation of members of the SLMA Council was minimal.

### The SLMA Art Creation

Dr Kalyani Guruge our Public Relations Officer, organized the annual art creation based on the theme "Protect our children by injury prevention". For the second time in the history of the SLMA, the Lionel Memorial Auditorium was full of children, a very welcome and wonderful sight. She was ably assisted by our assistant secretary Dr Sajith Edirisinghe in this admirable venture. Over 4000 children participated in this all island art creation.

### Seminars for the media & public on health related issues

A new venture this year was the monthly seminars for the media and the public on health related matters based on the World Health days as declared by the World Health Organization. These seminars were conducted in the following manner: January – violence against children, February – world cancer prevention day, March – world birth defects day. In April we celebrated – Health for all, in May – world no tobacco day, in July – world hepatitis day, in September – suicide prevention day and world humanities day in November.

### Materia Non-Medica

The Materia Non-Medica seminar organized in November with presentations

on doctors in the cinema, Buddhist temple paintings and art and medicine proved to be very popular with the participants. The December meeting on this topic – paintings of Leonardo Da Vinci was splendid and a privilege to listen to. The Polonnaruwa experience during LTTE and JVP terrorism and service to the nation was greatly appreciated by the audience.

### Social activities of the SLMA

The two main social events for this year, the Doctors Concert and the SLMA Medical Dance were by far the best ever. Dr Christo Fernando our genius concert master was at his best. Dr Pramila Senanayake's superb organization resulted in a memorable dance, greatly enjoyed by all. My profound thanks are due to our two wonderful social secretaries Pramila and Christo for their dynamic commitment to all social activities of the SLMA.

### Social service responsibility

As a humanitarian organization, the council of the SLMA has carried out many social service projects in 2019. These include provision of exercise books to children of Kilinochchi affected by floods, costing Rs 37,000. We donated Rs. 30,000 for the International White Cane day. I envisage to collect around Rs 150,000 from members of the SLMA for contribution to the Little Hearts' project of the Lady Ridgeway Hospital. We have also conducted free medical clinics in remote villages of Trincomalee district in July and December 2019 and in Mannar, Vanni and Padavi Sripura areas in August.

Educational scholarships worth Rs. 3500.00 per child per month were provided for 7 children who lost one or both parents in the Zion church bombings on Easter Sunday in Batticaloa. The scholarship programme has already commenced with payment from the SLMA Disaster Relief Fund. We hope to utilize profits from the medical dance of the SLMA 2019 so that scholarships could be continued until these children complete their primary education.

## President's...

### Improvements of the SLMA.

The year 2019 witnessed a face lift for the Wijerama House with potted plants and planting colourful foliage in the empty bed alongside the boundary wall. A new name board of the SLMA was installed and the boundary walls were painted. All the chairs of the auditorium were refurbished, railings and a new carpet installed. Three new LED screens will also be installed in the auditorium soon. All these improvements were possible due to the profits accrued from the scientific sessions.

### Expression of gratitude

I extend my sincere thanks to Dr Amaya Ellawala, the Editor-in-Chief of all SLMA publications this year for a job superbly done with great commitment. Our Vice President, Dr Panduka Karanayake, was the tower of strength behind the successfully completed International

Medical Congress. Dr Kapila Jayaratne our energetic secretary is acknowledged for mustering support of numerous international organizations for the benefit of the SLMA. Dr Pamod Amarakoon's services in producing the sponsorship document and arranging webinars are greatly appreciated. I thank all the Council Members and members of the Expert Committees who served with dedication in carrying out their duties.

I thank all members of the administrative staff of the SLMA, Mr Perera, Jayarani, Nadeera, Nirmala, Vihanga, Justin and Samararatne the pillars on which the SLMA administration rests on.

The SLMA is eternally grateful to our great benefactor Dr E M Wijerama who donated the magnificent edifice, the Wijerama House to the SLMA during his lifetime. Dr Wijerama will always be remembered and cherished with deep

affection.

It has been an honour and a privilege for me to serve the SLMA as its 125<sup>th</sup> President. I fervently hope that I have justified the trust that was placed in me by the membership. It has indeed been a memorable year and I have truly enjoyed my tenure as President of this wonderful institution.

I wish you all a happy, healthy and a peaceful new year.

I will now end with the motto of the SLMA.

"Lankadipassa kiccesu ma pamaji" - Work for the good of Sri Lanka without delay

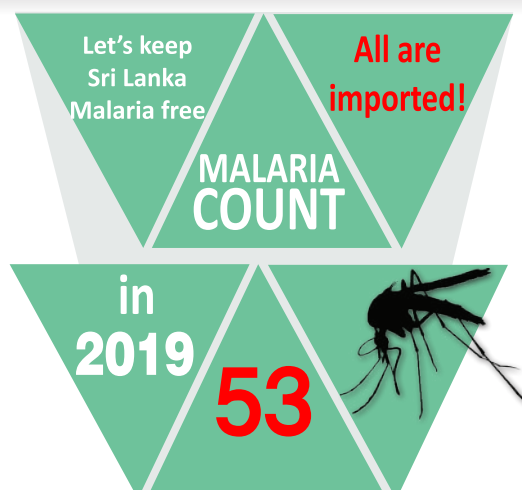
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Dr Anula Wijesundere,  
President,  
Sri Lanka Medical Association

## The Monthly Clinical Meeting of the SLMA for November, 2019

Dr. Sajith Edirisinghe,  
Assistant Secretary-SLMA

The Monthly Clinical Meeting of the SLMA for November, 2019, organised in collaboration with the Sri Lanka College of Dermatologists, was held on 26<sup>th</sup> November 2019 at the Lionel Memorial Auditorium of the SLMA. The topic of the meeting was "Unravelling the tapestry of adolescent self-harm: An overview. The speakers were Dr. Dulangi Dahanayake, Senior Lecturer in Psychiatry and Consultant Child & Adolescent Psychiatrist, Faculty of Medicine, Colombo, and Dr. Samindi Samarawickrama Senior Registrar in Child & Adolescent Psychiatry, Lady Ridgeway Hospital for Children, Colombo. The meeting was well attended by Medical Officers, Postgraduate Trainees and medical undergraduates. The meeting was chaired by Dr. Keerthi Gunasekera, Vice President, SLMA.



# SLMA Expert Committee for Prevention of Suicides and Self-Harm

## Recommendations for Action

### A. General Recommendations

SLMA, Ministry of Health, National Secretariat for Elders, Ministry of Social Empowerment and Welfare and the Sri Lanka Colleges of Psychiatrists, General Practitioners and Community Physicians to:

1. Identify addressing suicides as a national priority based on the significant morbidity, mortality, social and economic costs of deliberate self-harm and suicides and a barrier to meet Sustainable Development Goals.
2. Advocate for establishing an independent authority that is exclusively responsible for addressing prevention of suicide through multi-sector partnerships.
3. Work towards integrating prevention of suicide as an agenda in the existing relevant national legislations, policies, plans, partnerships and programmes, especially related to health (including child, adolescent and maternal health), social welfare & elder-care and strengthen interventions for alcohol control.
4. Take steps to improve health information and develop surveillance systems to gather data and promote research on suicides. This is required for development and implementation of effective interventions for prevention.

### B. Collaboration with Media

SLMA, the Ministry of Health and the Sri Lanka College of Psychiatrists in consultation with media professionals to:

1. Initiate/Strengthen discussions with media organizations in establishing a collaborative process to improve suicide reporting in print and electronic media through collective efforts.
2. Identify and address the barriers to the process of including appropriate/responsible reporting of suicide into training curricula of journalists.
3. Collaborate with Ministry of Mass Media to establish a system of surveillance of reporting suicides in print and electronic media and providing feedback and recommendations to the media institutions and agencies.
4. Support the Telecommunications Regulatory Commission (TRC) and Sri Lanka Computer Emergency Readiness Team (SL-CERT) to monitor and control material promoting suicides and cyber bullying in social media and Internet.

### C. Community level Interventions

Medical Faculties, SLMA, Ministry of Health and the Colleges of Psychiatrists, Community Physicians and General Practitioners to:

1. Include preventive and clinical approaches to suicide prevention in curricula of general practitioners, nurses and primary care staff training programmes. In addition, in-service refresher courses to be carried out by the College of General Practitioners, the National Institute of Health Sciences and RDHS offices.
2. Establish a system for proactive collaborative follow-up of those discharged from hospital following self-harm. Strengthen collaborative approach in providing continuity of care through primary care teams and GP practices, incorporating a shared care model in the management of patients with high risk of suicide.
3. Strengthen maternal mental health services through Ministry of Health
4. Work with the Postgraduate Institute of Medicine and the College of Obstetricians and Gynaecologists to include measures to address maternal suicide including screening for mental illnesses and improving mental health literacy and to link up community level suicide prevention activities with maternal health programmes.
5. Ensure that community mental health promotion programmes be considered as a component of policies and programmes aimed at preventing suicides.

### D. Helplines

SLMA, Ministry of Health and the Sri Lanka College of Psychiatrists to:

1. Provide technical assistance to train staff of all helplines that handle issues related to mental health, in both the government and non-government sectors, to handle callers at risk of suicide and self-harm and carry out appropriate interventions.
2. Ensure, in collaboration with the managers of the helplines, to avoid giving publicity to help-lines in a manner which would not promote suicide.

### E. Addressing use of pesticides and weedicides and pharmaceutical drugs for suicide

#### Priority recommendations on pesticides and weedicides

SLMA and Ministry of Health, in collaboration with the Ministry of Agriculture to initiate action to:

1. Modify recommendations for use of Carbosulfan, which would limit its use for specific requirements only. The recommendations for use of Profenofos was modified recently to restrict its indications for use, resulting in significant reduction of its use.
2. Issue Carbosulfan and Profenofos only on prescription by Agriculture Instructor for essential situations.

3. Conduct a stakeholder meeting to discuss the modalities of restricting use or discontinuing selected lethal pesticides currently in use, and the practicalities of making available alternative chemical and other methods of pest and weed control. Prevention of illicit use of these pesticides and increasing toxicity of the pesticides by mixing other substances too should be addressed through this forum.

#### Priority recommendations of pharmaceuticals

SLMA in collaboration with the Ministry of Health and the National Medicinal Regulatory Authority to collaborate with pharmacists to:

1. Initiate process to monitor and address deliberate self-harm using pharmaceuticals.
2. Commence gate-keeper training for those involved in retail of pharmaceuticals.

#### Other recommendations

SLMA and Ministry of Health, in collaboration with the Ministry of Agriculture to:

1. Provide other less lethal pesticides and pest control methods to farmers at a subsidized rate.
2. Encourage research on disease resistant crops.
3. Conduct sustained gate-keeper training for prevention of suicides in agricultural communities.
4. Empower farming communities to use pesticides and weedicides in a responsible manner. This includes limited use and proper disposal of pesticides and weedicides to prevent easy access to those at risk of self-harm
5. Conduct awareness campaigns through mass media on responsible pesticide and weedicide use.

#### Members of the Expert Committee

Prof Samudra Kathiriarachchi - Chairperson

Dr Anula Wijesundere - President Sri Lanka Medical Association

Dr Lakmi Seneviratne - Secretary

Dr Ruwan Ferdinando - Convener

Prof Thilini Rajapakse

Dr Sajeeva Ranaweera

Dr Jayamal De Silva

Dr Prabath Wickrama

Dr Kapila Jayaratne

Dr Madhava Gunasekera

Dr Sudath Samaraweera

Dr T. Suveendran

Dr Champika Wickramasinghe

Mrs Kumudini Hettiarachchi

Mrs K.S.A.D.H.S. Wickramasinghe



# SLMA Annual General Meeting 2019

The Annual General Meeting of the SLMA for 2019 was held on 20<sup>th</sup> December, 2019 at the NDW Lionel Memorial Auditorium, SLMA. President, Dr. Anula Wijesundere, in her address, described the activities conducted during the year and acknowledged the numerous individuals and institutions that had supported the SLMA during the year. SLMA Honorary Secretary, Dr. Kapila Jayaratne and Honorary Treasurer Dr. Yasas Abeywickreme then presented their reports. Prof. Indika Karunathilake was subsequently elected as SLMA President 2020 following which, the Office Bearers and Council Members for the year were also appointed.



## Navigating rough waters: Building teams to initiate palliative care services in hospitals

*Training Workshop on Palliative Care Team Building in referral hospitals in Western Province*

**Dr. Sankha Randenikumara**  
Hony Secretary  
Palliative and End of Life Care Task Force  
SLMA

One of the main objectives of establishing the Palliative and End of Life Care Task Force of the SLMA (PCTF) is to assist in the training of multidisciplinary teams of trainers in the field of Palliative and End of Life Care, in collaboration with the Ministry of Health. Within the very first year of its inception, the PCTF strived hard and launched the, 'Palliative Care Manual for Management of Non-cancer Patients'. This was the first and only guide developed in Sri Lanka on palliative care for healthcare professionals, which serves as a handbook for practising clinicians and a textbook for trainees. In addition, members of the PCTF engaged in dissemination of knowledge all over the country by being resource persons for many SLMA and regional societies' clinical meetings and sessions.

After two years of sensitizing health staff on the relatively new field of palliative care, the Task Force decided to facilitate building 'palliative care teams' in referral hospitals which would enable those



hospitals to initiate palliative care services gradually. This pilot project was planned in alignment with the National Strategic Framework on Palliative Care developed by the Ministry of Health, in collaboration with National Cancer Control Programme (NCCP). Six referral hospitals in the Western province, two from each district, were selected after considering the feasibility of carrying out the project. World Health Organisation extended their helping hand in funding according to their policy on integrating palliative care within the continuum of care in the existing healthcare system.

As the first step, a consultative meeting was held to discuss the scope



and the curriculum of the workshop. A multidisciplinary team encompassing all aspects of palliative care and supportive services, gathered to Galle Face Hotel for this purpose. The Directors of the selected hospitals were also invited for this meeting to analyze the current situation in their hospitals, understand their expectations and to make them aware about the programme. The successful discussion ended with compiling the two-day workshop structure and finalizing resource persons.

The two-day workshop on palliative care team building was held on 19<sup>th</sup> and 20<sup>th</sup> of September 2019 at Hotel Taj Samudra.

Contd. on page 09



## Navigating rough...



Six teams from selected hospitals, representing Colombo South Teaching Hospital, Sri Jayewardenepura General Hospital, Colombo North Teaching Hospital, District General Hospital Gampaha, District General Hospital Kalutara and Base Hospital Panadura participated in the workshop. Each team from the invited hospitals had around 10 members, consisting of hospital administrators, specialists, medical officers, nursing officers, physiotherapists, speech therapists, pharmacists, counsellors and social workers. Dr Champika Wickramasinghe, Deputy Director General of Health Services (NCD) and Dr Suraj Perera, Consultant Community Physician of the NCCP attended as special guests. Dr Udayangani Ramadasa, convener of the PCTF introduced the basic concepts on palliative care and principles of symptom control. A few lecture discussions on must-know symptoms like pain, gastrointestinal symptoms, breathlessness and neurological symptoms were then delivered. Rest of the schedule consisted of case-based discussions on various conditions requiring palliative care. Those were presented according to the systems involved including cardiovascular system, respiratory system, central nervous system, gastrointestinal system and genitourinary system. In addition, cases were discussed on special topics such as pain management, wound care, psychological aspects and ethical aspects, allowing the teams to participate actively in discussions.

All topics were covered by experts in relevant fields with the support of other health staff. Few special sessions were blended with the above, to sensitize the participants on the role of the supportive staff (physiotherapists and the social workers) in palliative care and importance of nursing aspects. Those nursing considerations were delivered with essential practical tips about mouth care, skin care, ostomy care and catheter care. All team members actively participated in group activities and interactive sessions, unveiling their enthusiasm in palliative care. After two days of palliative care training, participants expressed their utmost willingness to initiate palliative care services in their own hospitals soon after.

We, as the Palliative and End of Life Care Task Force too learnt a lot from this two-day workshop on palliative care team building. It was a fruitful effort well received by most of the healthcare staff. The feedback received from the participants would definitely be used in improving the quality and the palatability of similar workshops we are planning to conduct in the near future. Task Force also wishes to be in touch and extend the maximum support to the trained teams in establishing palliative care services in their respective hospitals.





# The SLMA Medical Dance 2019

**Dr. Christo Fernando**  
**Social Secretary, SLMA**

The Medical Dance was held on 6<sup>th</sup> December 2019 at the Oak Room, The Cinnamon Grand. All appropriate arrangements, logistics and the finer details, were worked out by the two social Secretaries Dr. Christo Fernando & Dr. Pramilla Senanayake together with the Dance Committee.

The Dance was initially cancelled due to many reasons but the Council decided to go ahead with just one month left for preparations. It was never an easy task and I must very sincerely congratulate Dr. Pram Senanayake for having all the Hotel arrangements done to perfection. We had a few meetings with a myriad of matters being discussed at those gatherings.

The evening began with preliminary

mocktails from 7.30 to 8.00 pm. This helped to facilitate camaraderie and bonhomie amongst the participants. The dance proper started at 8.00 pm to the scintillating music provided by "Flame". They set the tempo for the rest of the evening and DJ Kosala joined in with an equally dazzling repertoire of his own. The band and DJ took turns at short intervals to provide excellent and continuous fare for the participants of the dance and this led to the dancers enjoying an alluring night to remember. The fabulous and plush six-course formal dinner, augmented by coffee and chocolates, was served from around 10.00 pm. During the dinner, Seasonal Christmas Carols were presented by the band Flame, who were joined by the audience. There were more than 30 prizes on offer including Air Tickets for the Entrance, Table Raffle Draws. There

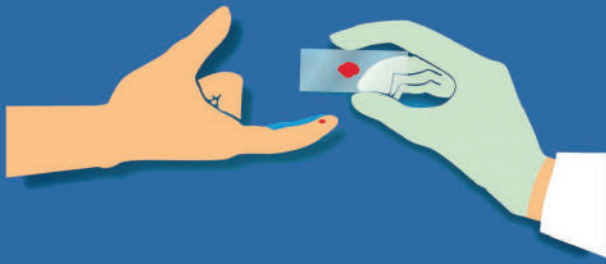
were also prizes for the Baila Competition which was won by Dr. Ajitha Wijesundera (Husband of our President Dr. Anula Wijesundera) and his Daughter.

The dance concluded around 2.30 am and the opinion of many who attended the Dance was that it had been one of the best ever Medical Dances held so far.

This magnificent event was made possible through the exceptional efforts of all members of the Dance Committee, especially Dr. Christo Fernando and Dr. Pramilla Senanayake, who looked into every aspect of the dance with meticulous attention to detail. Some of the logistical arrangements and other details were capably attended to by the dance committee members. The participation was excellent and overall it was a great night to remember.







# Reduce the Delay

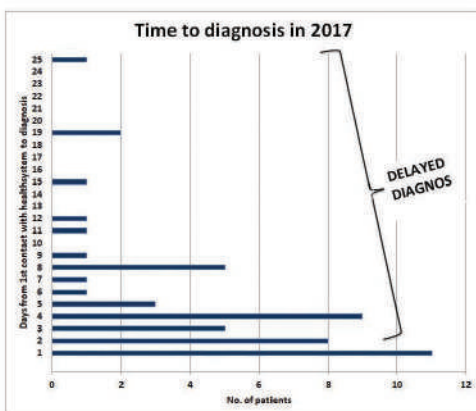
## in diagnosing imported **Malaria**

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

# SLMA Expert Committee on Communication in Healthcare

## *Inaugural Annual Conference on Communication in Healthcare*

**Prof. RM Mudiyanse**

**Chairperson**

**Expert Committee on Communication in Healthcare**

The Expert Committee on Communication in Healthcare is the youngest expert committee of the SLMA. This committee was initiated in December 2018 as the Core Group on Communication in Healthcare, and was later re-named as the Expert Committee on Communication in Healthcare. The Committee held 13 meetings from December, 2018. The vision of the committee is to be a leader in fostering humanitarianism in health care and it is portrayed as a venture "to foster devotion to human welfare, empathy, patient-centeredness and patient empowerment through facilitating the process of teaching and learning communication skills among health care professionals". We are gratified by, and are proud of, the achievements over the period of just one year of existence. Therefore, it is worth reflecting and sharing what was done along with all those who contributed to all these endeavours.

Proper and optimal communication is the all-important key to effective efficient and supportive delivery of health care. It is a competency that involves cognitive, affective, psycho-motor and interpersonal skills. Everybody possesses some degree of this valuable competency but many of them need further enhancement to achieve a professional level of this all important aptitude. It is a trainable facility only when experiential learning with professional feedback and reflective practices support it.

Communication skills are driven by commitment, altruism and empathy, intrinsically intertwined with many essential competencies like expertise in health care, professionalism, advocacy, collaboration, management and scholarship. As such, expected benefits extend beyond enhancement of patient satisfaction and therapeutic successes.

The process of training needs, cognitive input combine with the mandatory component of experiential learning.

The process would be an introduction to a real-life learner-centred activity in education. Use of simulated patients, as an essential component, will add-on to the challenge while providing an opportunity to experience the value of professional feedback from a patient.

In such a scenario, the Sri Lanka Medical Association (SLMA) as a guiding apex professional body, would be a leader in inculcating communication skills among the healthcare professionals by facilitating advocacy and research.

Our objectives were firstly to promote and facilitate teaching and learning skills in communication and related attributes such as empathy, humanism and patient empowerment. Other goals were, just to mention a few, to propagate optimal skills in communication at national and regional levels and to promote research in the field of communication, inculcation of empathy and humanitarianism and thirdly to advocate teaching/learning communication at all stages of learning; undergraduate, graduate and post graduate phases and try to extend these ideas to the school curriculum as well.

We have embarked on several activities with a significant national impact. The most extensive project was to disseminate communication in 10 selected general hospitals through a process of cascade training initiated with a Trainer Training Workshop conducted in Colombo. Communication Skills Training Programme in 10 Hospitals in collaboration with the Ministry of Health through dedicated workshops were conducted for 20 doctors and 20 nurses in 10 hospitals around the country over the course of the year to provide training in effective doctor-patient communication. Initially, a resource pool from each hospital was trained by the Expert Committee. This resource team conducted the workshops in their respective institution. The workshop series was evaluated through various methods.

Objective Structured Clinical Examination (OSCE) to evaluate the communication skills gained through the Communication Skills Training

Programme, separate OSCE's being held to evaluate the communication skills of doctors and nurses following the training programme, were employed to assess the results.

Narrative Competitions for medical and allied health students was yet another significant activity. As an initiative to promote the development of empathy among medical and allied health undergraduates, Narrative Competitions were held, first at the institutional level and finally at the national level, to provide students with the opportunity to narrate authentic patient stories. The best presentations in Sinhala, Tamil and English were selected and rewarded.

As an expert committee, we recognized the value of engaging in research as much as facilitating research. Recognition of the essential doctor-patient communication skills to be included in local undergraduate medical curricula, through a consensus conference with the participation of all relevant stakeholders is an important on-going research activity. In parallel to that we coordinate another research endeavour to recognize the essential skills related to patient communication, for nursing officers, in the local context.

We have under taken the task of the development of an Electronic Journal – 'Archives of Patient Narratives' – a quarterly publication of the SLMA, to include the narratives presented by students in the Narrative Competition.

Finally, we felt the necessity of holding an Annual Conference with the objective of reflecting on what was done while rewarding those who have done committed jobs during the year. The inaugural Conference on Communication in Healthcare was well attended with the participation of 10 hospitals that have conducted Communication Skills Training Programmes and they were invited to display their achievements to an expert panel which recognized the winners of this activity based on their performance as a disseminator of knowledge.

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## SLMA Expert Committee...

Winners of the Narrative Competition were awarded and top 5 performers were given an opportunity to present their narratives during this conference.

Performance by Simulated Patients added colour to the event. Symposia on "Communication in Healthcare" gave a comprehensive evaluation on why, what

and how to teach communication skills. The Chief Guest, Dr Alexander Thomas from India was very impressed with our activities.



## Meeting of the SLMA with the Director General of Health Services

Dr Anula Wijesundere,  
President, SLMA

A meeting of the SLMA with the Director General of Health Services, Dr Anil Jasinghe was held on the 22<sup>nd</sup> of November at the Ministry of Health. The DGHS, Dr Lal Panapitiya, Dr Paliawadana, Dr Sudath Samaraweera, Dr Batuwanthudawa & Dr Chandraratne represented the Ministry of Health. The SLMA was represented by Dr. Anula Wijesundere, Dr Kapila Jayaratne, Dr Dilhani Samarasekera, Dr Pamod Amarakoon, Dr Thilina Wanigasekera, Dr Sashika Sandaruwani, Dr Dinesh Koggalage, Dr Enoke Corea and Dr Indira Kahawita.

The following matters were presented by the President, SLMA

1. The issue of proper "diagnosis cards" to discharged patients who leave against medical advice from government hospitals
2. The exponential rise of reported cases of cutaneous Leishmaniasis in Sri Lanka was mentioned by Dr Indira Kahawita, President, Sri Lanka College of Dermatologists. She also mentioned absence of national focal point for Leishmaniasis and the shortage of the drug of choice Miltefosine, though it is in the national drug formulary
3. The issue related to protocol and consent forms for surgical procedures
4. The allegation of unconsented sterilizations in Kurunegala District

5. The inclusion of melioidosis as a notifiable infection in Sri Lanka – Dr Corea, Past President, Sri Lanka College of Microbiologists introduced the status of melioidosis in Sri Lanka

6. The establishment of Hospital Ethics Committees

The Director General of Health Services recommended the following

1. *Diagnosis cards* - The DGHS stated that it was the right of all patients to receive diagnosis cards complete with all relevant details – investigations and treatment protocols. He agreed to issue a special circular in this regard

2. *Leishmaniasis*:

DDG (PHS) said that the Epidemiology Unit acts as the focal point for Leishmaniasis.

Chief Epidemiologist said that one CCP has been assigned the task of controlling Leishmaniasis.

DGHS advised to have a detailed programme to control Leishmaniasis under the epid unit or a prevailing campaign Eg: Anti Malaria/ Filaria.

DDG (MSD) was advised to look into shortage of drug of choice.

3. *Issue related to protocol and consent forms for surgical procedures*

DGHS informed that the NHSL developed a detailed consent form a few years back and mentioned that this should be put to proper use. He also advised the SLMA to prepare a proper consent form and

forward this to the MOH for implantation.

4. *Allegation of unconsented sterilization in Kurunegala District*

The Chief Epidemiologist stated that there is an ongoing epidemiological study on this subject in the Kurunegala Hospital as ordered by the magistrate. This committee includes Dr S Ginige and Dr Deepa Gamage of the Epidemiology Unit and Dr Loshan Munasinghe of the Family Health Bureau. Report of this committee will be available by the end of December 2019.

5. *Inclusion of melioidosis*

The DGHS instructed to appoint a committee headed by Dr Enoke Corea to send a detailed document about Melioidosis so that they could proceed to make Melioidosis a notifiable disease. The committee members appointed were Dr Panduka Karunanayake, Dr Lilani Karunanayake, Dr Enoke Corea and Dr Lakkumar Fernando.

6. *Hospital Ethics Committees*

The document sent by Dr Malik Fernando regarding the establishment of hospital ethics committees was forwarded to Dr Sudath Samaraweera. A meeting will be arranged on 27<sup>th</sup> December 2019 at the Ministry of Health to discuss this further with the DDMS and the hospital directors. The chairperson of the Ethics committee of the SLMA and Dr Malik Fernando, Past President will be invited to take this project forward.



**S**SLMA News is an e-newsletter published monthly. The newsletter contains reports on activities of the SLMA and its sub-committees and articles on medical and related topics that would be of interest and use to the general medical community. In addition, the newsletter includes other items such as poetry, puzzles, cartoons, humour etc. submitted by the medical community. Synopses of SLMA orations and lectures are also included. Advertisements are included subjected to general conditions/limitations that apply to medical journals.

### Guidelines for publishing in the newsletter are as follows

- Submissions for a particular month must reach the Editor-in-Chief by the 10<sup>th</sup> day of the respective month.
- Submissions must be provided in an editable electronic format (MS Word). They can be emailed directly to the Editor-in-Chief (slmanews@gmail.com) or the SLMA Office (office@slma.lk).
- Articles may comprise a maximum of 2,000 words.
- Images, tables, graphs etc. may also be included, provided they are of high resolution.
- Synopses of SLMA orations/lectures can be published. However, the full text of such speeches will not be accepted, due to limited space.
- All material received will be published once approved by the Newsletter Editorial Committee.
- The Editorial Committee reserves the right to perform necessary editorial revisions on articles submitted.
- The Editorial Committee will provide necessary review comments for revision of articles when appropriate.
- The decision of the committee regarding editorial revisions and acceptance of articles, shall be final.

## Social service projects of SLMA – December 2019

Dr. Anula Wijesundere,  
President, SLMA

Free medical clinics were carried out in the Trincomalee district on the 13<sup>th</sup> and 14<sup>th</sup> December 2019 as a joint social service project of the Sri Lanka Medical Association and SUCCESS, Colombo (Society for the Upliftment and Conservation of Cultural, Economic and Social Standards) and the Faculty of Medical Sciences, University of Sri Jayewardenepura. The first clinic was held at the Somadevi Maha Vidyalaya for residents of Siri Mangalapura, Kallar, Somapura, Dehiwatte, Neelapola, Seruwila, Kavantissapura, Serunuwara. The clinic which commenced at 10 am ended around 5.00 pm until the last patient was seen.

About 15 new doctors recently qualified from the Sri Jayewardenepura University (SJU) participated in the clinic. This participation was facilitated by Dr Sajith Edirisinghe, Assistant Secretary, SLMA and Senior Lecturer, Department of Anatomy SJU. Later, we had the opportunity of visiting the “Marble Beach” Trincomalee and the historical Seruvavila Rajamaha Viharaya.

The second clinic was held on Sunday at Jayanthipura Vidyalaya from 10 am to 7 pm for residents of Van Ela,



Jayanthipura Muslim Colony, Suryapura, Pansal Godella. Over 1000 patients were treated at both clinics. Before the start of each clinic, a ‘Janahamuwa’ was held. Dr Anula Wijesundere, President, SLMA delivered health education talks on NCDs with emphasis on stoppage of alcohol, smoking and chewing betel. Advice on infant feeding was provided to mothers. Women who attended the clinics were taught the technique of self-examination of breasts.

Dr Sajith Edirisinghe spoke on the serious consequences of the careless discard of polythene bags and bottles and how it affects even newborn babies. The diseases commonly encountered were anaemia, respiratory tract infections, lumbago, gastritis, gastroenteritis, hypertension and diabetes. Illustrated books on ‘Injury Prevention in Children’ produced by the



SLMA in conjunction with the All Island Art Creation 2019 were distributed to all children who attended the clinics. Posters on Injury Prevention in Children printed by the Health Education Bureau of Ministry of Health were distributed to all schools in the Trincomalee district. We thank Colonel Sarath Gunasekara, Civil Affairs Officer and Sri Lanka Army Brigade Trincomalee for inviting us to conduct these clinics, providing logistics support, transport and the excellent arrangements.

# Where there is love of Art there is love of Medicine

Dr F H D Shehan Silva

Consultant Physician,  
National Institute of Mental Health

(An excerpt of the talk on the November Materia Non Medica delivered at the SLMA on 14<sup>th</sup> November, 2019)

Medical professionals hardly ever or never pause and reflect on the service that ought to be provided. There is hardly any precedence for understanding the sick role of a patient rather than his disease. Furthermore, self-satisfaction and learning experience is not accounted for rather than financial remuneration. Our profession needs to be salvaged by infusing humaneness.

Medicine has an equal measure of art and science. The Art of Medicine is the practice of applying an individualised approach to patient-care involving integrity and altruism, honest concern and compassion, investing appropriate time, communication and etiquette. Thus, medicine needs a human touch. Humanities encompasses history, art, religion and philosophy. It is indeed a deeper understanding of humanities that revoke the humane touch in an individual: the quest to study Mankind.



*Allegory of Medicine (1914), Robert Auer*

In the painting of the Allegory of Medicine by Auer, a virginal woman represents the initial humaneness of medical science to cure disease and help people. This is the art of medicine. To the left is a skull, which represents the lives that disease has taken. Embracing her is a sharp looking man who represents the moral neutrality and science of medicine. Finally, the snake coiled around a candle which represents the final product of art and science of medicine: lightening up lives and curing patients.

The Creation of Adam by Michelangelo, found at the Sistine Chapel, Rome, Vatican City, is a world-renowned masterpiece. The artist demonstrates the very moment where God, made communication to a body created with clay, breathing life into it. The figures and shapes portrayed behind the figure of God appeared to be an anatomically accurate picture of the human brain. Ever since the birth of man, whether one believes in creationism or evolution, the sole determinant that may have made us dominant is our knowledge and the ability to self-reflect or discern. Thus, humans hold the scientific term homo sapiens or literally the wise man. It is important to ponder whether the artist attempted to depict that all our wisdom and knowledge originate in God fons et origo. On the contrary did the artist attempt to demonstrate that all our wisdom and knowledge are indeed the characteristics of our identity and being?



*Creation of Adam, (ca 1512) Michelangelo. Sistine Chapel, Rome, Vatican City*

The first human being to reflect a rational approach to disease was Hippocrates of Cos. He separated the faith healing tradition of Aesculapius from scientific Hippocratic medicine. Hippocrates is known to have quoted the aphorism "Wherever the art of Medicine is loved, there is also a love of Humanity". This painting by Marc

Haumont is known as Hippocrates and Eve (first woman of the Judaeo Christian Tradition). Adam and Eve fell off their glory for the disobedience by eating the fruit of knowledge of good and evil. And we see that eve entices Hippocrates with an apple while the serpent of evil tries to harm him with the first bite. So much for an apple a day to keep the doctor away. The serpent has been interpreted in many ways. The shedding of skin and renewal is emphasized as symbolizing rejuvenation. Some interpret it as a symbol that expresses the dual nature of the work of the physician: life and death, sickness and health. Snake venom has been used as a poison as well as medication in the past.



*Hippocrates and Eve, (2013) Marc Haumont. Artmajeur*

There are many works of art that have portrayed the perfect human body both male and female. From Michelangelo's David demonstrating a dynamic masculine depiction to the gilded statue of Tara which induces erotic tones have varied depiction of aspects of human anatomy and physiology.

The Mona Lisa or La Gioconda was created by Leonardo da Vinci. This is an enigmatic work of art as the smile of the lady Lisa Gherardini is very illusive. There are debatable theories implying some degree of medical inference in this painting. Xanthelasma, thinned out hair, madarosis (absence of eyebrows and lashes), puffy neck, lump between the thumb and index finger (xanthoma), perplexing smile indicating lassitude. Did the artist compose with volition or otherwise a portrait with hypothyroidism with secondary hyperlipidaemia.

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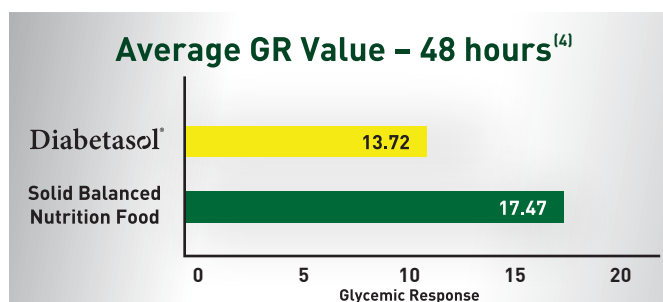
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## Where there is...

Just like the ending of the song 'Mona Lisa' A cold and lonely lovely work of art! In the same way Bathsheba at her bath is a masterpiece by Rembrandt which needs to be seen through medical lenses. If one closely observes her left breast, one could notice some puckering of the skin. There are various hypotheses speculating manifestation of pathologies such as of breast cancer, abscess due to tuberculosis and lactation mastitis.



*La Gioconda (Mona Lisa), (ca. 1507-17) Da Vinci, The Louvre, Paris, France*

No talk on art and medicine is complete without addressing this masterpiece 'The Doctor' by Luke Fildes. Fildes had an interest in portraying late Victorian scenes of common working-class life. This painting had been a response to the loss of his own child. Physicians at his time had little to offer for conditions such as meningitis, diphtheria and scarlet fever. They only had to watch and console the patients and parents. In this picture one can observe that the father of the child stands by his wife. The wife is grief struck by terminal stages of her child who is somewhat supported by the husband. She appears to be crying and possibly praying. He, however, is also helpless and peers-on at the doctor and child. The night has been a long one which is depicted by the burning lamp. There is some dawn light that trickles through the closed windows

which may represent some hope in the child surviving over the night. The room is cluttered. There half empty medicine bottles, pots and jugs, crumpled paper (which may be old prescriptions) on the floor. The child is sick and all about him wait. The poignant scene is an obvious feeling of impotence of medicine in the wake of terminal disease. However, the centre of attraction is a figure of a worried, caring, vigilant doctor in a pensive mood.



*The Doctor (1891), Luke Fildes, Tate, London, UK*

The Doubtful Hope by Frank Holl, portrayed themes of poverty and sickness in Victorian England. These were attributed to his own personal experience in childhood with loneliness and frugality. A poor young woman sits forlorn holding her baby wrapped in rags. She waits for the chemist, the apothecary, to prepare the medicine. The title of the painting and her expression on the face reflects the futility of the treatment course. The assistant writes the bill. The painter therefore demonstrates the financial burden in this dire circumstance.



*Doubtful Hope (1875). Frank Holl. The Forbes Collection, New York, USA*

Science and Charity by Pablo Picasso is a work which does not fall within his famous creations on cubism. The physician denotes the curing or scientific aspect of healing. He is portrayed as a skilful and

conscientious person. This is appreciated by the way that he feels the pulse. The nun or the nurse in the opposite side is carrying the patient's child and is offering a drink. She attends to the patient's sustenance and family needs, offering a reassuring gaze. This figure represents the caring aspect of medicine. However, the metaphorical distance and the angle that the doctor is placed not facing the patient and looking sullen may denote, science not been attuned with patient-centred care: the difference between the authority and afflicted. One can argue the fact that the nun is offering the cup to a sick individual who is too frail to hold it or even not desiring it. It may demonstrate the insensitivity or paternalistic tones of caring not being centred around the patient's perceptions.



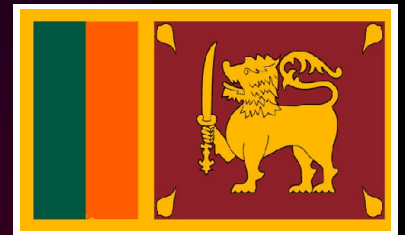
*Science and Charity (Pablo Picasso, 1897, Museu Picasso, Barcelona, Spain)*

Doctor and Doll by Norman Rockwell. This painting depicts a family physician who attempts to win the heart of his little patient by examining the doll. This is an important aspect of physician-patient relationship. The doctor is an avuncular character. His stature, dress, study and the certificate hanging above demonstrates that he is a senior, old school and well experienced person in the trade. His ruddy cheeks and smiling face expresses the willingness to be playful enough in attending to the wishes of his client even though she may be a child, in the hope of calming her. It may be even to win the confidence to treat her thereafter. The little girl is apprehensive in this encounter. She may be wanting to ensure that the doctor will not do anything invasive. This pose depicts the role. It conjures up the image of a careful, kind and much loved and respected physician.

Contd. on page 20



# Launching in Sri Lanka



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## Where there is...



*Doctor & Doll (1929), Norman Rockwell, Norman Rockwell Museum, Massachusetts, USA*

**Sentence of Death:** It is a traumatic process to the patient as well as the physician to reveal that the problem is incurable and will be fatal. This painting by John Collier has sombre tones to emphasise the gravity of the occasion. The patient sits in apprehension uncomfortably staring ahead isolated in grief and disdain. The facial pallor and demeanour are in contrast to that of the physician.

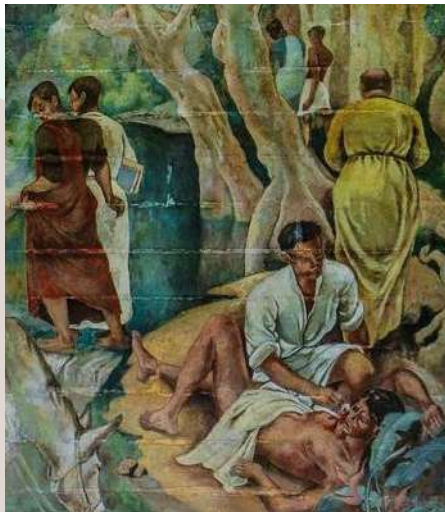
The diagnosis may have been a malignancy. This painting was based on times before the era of antibiotics. A microscope on the doctor's desk suggests perhaps the use for sputum or blood testing.



*Sentence of Death (1908). John Collier. Welcome Library, London*

This portrayal of the Good Samaritan by our very own Sri Lankan Artist David Paynter has been created on a side panel in the Chapel of Trinity College, Kandy. This is based on a parable, an allegory where Christ explained 'who one's neighbour is'. A traveller Jew who was attacked by a gang of thieves was assisted not by a passing priest or a religious cleric but was cared for by a Samaritan. Samaritans were a despised race which intermarried

non-Jews. Therefore, Jews considered them as unclean and outcasts. It is therefore noteworthy that the Samaritan attended to the vandalised and traumatised Jew. This painting was made with a background showing a stream, lined by Kumbuk trees and rocks with young lads and passers-by, a member of the despised race. A Samaritan goes to help a wounded Jew who was lying on the roadside. He painted this mural with the other mural *Washing the Feet of the Disciples* using different colours. Christ depicts the quality that no servant is greater than his master.



*The Murals of the Good Shepherd and Christ washing the feet of the disciples. David Paynter, 1957, Chapel – Trinity College, Kandy, Sri Lanka*

This painting was created by Dr Chanaka Kulatunga. The Buddha ministered unto Puttigatissa, one of his disciples who was afflicted with a blistering disorder. It could have been even leprosy. The painting demonstrates the compassion of the enlightened one on his subordinates. This is complemented by a similar mural

by David Paynter on Christ in humility washing the feet of his disciples. I am reminded of the deep teaching of these 2 great teachers.

*Buddha ministering unto Puttigatissa (2008), Dr Chanaka Kulatunga. Private Collection*



The poem by Prof. Kumaradasa Rajasuriya, *If (for a physician)*, is a beautiful composition which speaks with power the calling of a physician and the need to rise to higher levels of professionalism.

If you can bear in mind that you are dealing  
with human life & not with cases

If you can by a smile cheer up the ailing  
Or by a touch relieve a sufferer's  
pain

If you can by a word console the dying  
Who'll never taste this Earth's  
tortures again

If you can force your heart & nerve &  
sineew...

If all that counts is just the joy of serving

If you can wait & not be tired by waiting,  
For the fame that one-day perhaps  
you'll earn

If you can talk touts and keep your virtue  
Or treat big bugs, nor the poor  
lose touch

If neither wealth nor fame can yet corrupt  
you

If all beings count with you, but  
none too much,

If you can fill the unforgiving minute  
With sixty seconds of work well  
done,

You'll then have reached a noble  
professionals summit And which is more  
you'll die content, my son!

(An Excerpt)

Contd. on page 22



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## Where there is...

Medicine and art have a common goal: to complete what nature cannot bring to a finish, to reach the ideal and to heal creation. This is done by paying attention. The physician attends the patient; the

artist attends nature. If one is attentive in observing, listening and in patient waiting, then sooner or later something in the depths of ourselves will respond. Art, like medicine, is not an epiphany; it

is a pilgrimage. perhaps, we call medicine itself an art."

# SLMA Cricket November & December 2019

Dr Anula Wijesundere  
President, SLMA

## The law medical cricket encounter

The annual law medical cricket encounter was held at the CH & FC grounds on 24<sup>th</sup> November, hosted by the Bar Association of Sri Lanka this year. The lawyers beat the doctors easily although

our cricketers had beaten the lawyers twice in the Professionals' Cricket League held between June and July 2019. The organization by the Bar Association of Sri Lanka was excellent with the Honorable Chief Justice Mr. Jayantha Jayasuriya and Mr. Yasantha Kodagoda, President of the Court of Appeal in attendance at this event with around 200 lawyers.

## The doctors'/architects' annual cricket encounter

The annual doctors'/architects' cricket encounter 2019 was held at the Thurstan College Cricket Grounds on 8<sup>th</sup> December 2019. In this 40 over encounter, the doctors beat the architects easily. The match was sponsored by the SLMA this year.



## Note from the Editor

With the dawn of 2020, let me take this opportunity to express my sincere gratitude to all those who have committed their time and expertise towards compiling the SLMA Newsletter during 2019: All contributors of articles and photographs, the publishers This Source Pvt. Ltd., the SLMA President, Secretary and Council for their continued support and last but certainly not least, the Editorial Committee for their immense diligence and dedication.

I wish all our readers a Happy and Peaceful New Year!

Dr. Amaya Ellawala  
Editor-in-Chief

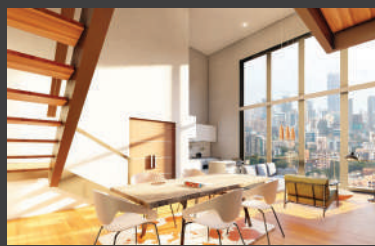
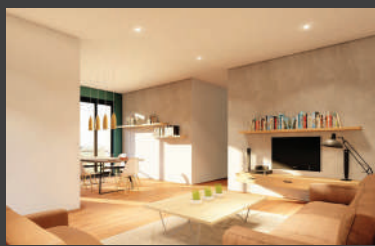
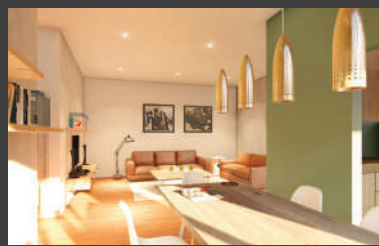


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