SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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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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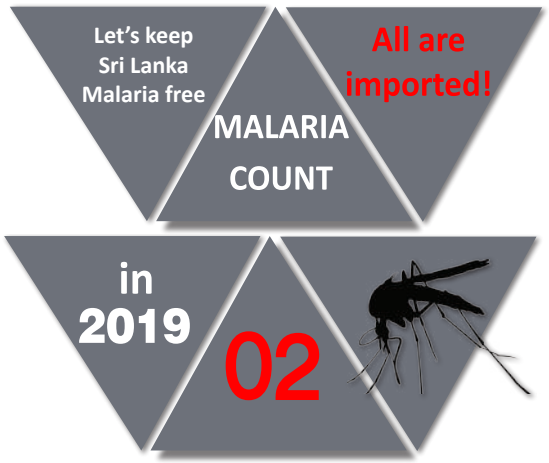

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President's Message

"Lankadipassa Kiccesu Ma Pamaji"
(Work for the good of Sri Lanka without delay)
Serving the Profession – Serving the Nation with Honour, Dignity & Humility

Dear Members,

The Sri Lanka Medical Association has bestowed on me a great honour by electing me as the 126nd President of the SLMA. I accept this prestigious post with humility and courage. It is indeed a great accolade and a privilege to be the President of the SLMA as it embarks on its 132nd year. I will serve the SLMA to the best of my ability and fulfil all the aims and the objectives of the association. The Past Presidents of the SLMA have worked with great commitment and steered the association to the great heights it has now reached. With the help of my Council, I will do my best to prove to be their worthy successor.

The ceremony to induct the President was held at the Sri Lanka Foundation Institute, Independence Square on the 12th of January. Vidyajyothi Prof. Janaka de Silva graced the event as the Chief Guest. The ceremony was a great success with the presence of a large and distinguished gathering.

The theme I have selected for the SLMA for 2019 is "Facing the challenges and forging ahead for better health outcomes".

Some of the health challenges we face at present are

1. Reducing the burden of non-communicable diseases
2. Reducing the burden of tobacco and alcohol dependence
3. Reducing the abuse of dangerous drugs
4. Reducing the incidence of deliberate self-harm/suicides
5. Controlling morbidity and mortality of dengue fever
6. Elimination of HIV/AIDS by 2020
7. Reducing the incidence of road traffic accidents
8. Maintaining the malaria-free status
9. Facing the socio-economic challenges of our ageing population
10. Reducing the burden of chronic kidney disease of unknown cause (CKDu).

The SLMA will engage with the medical professionals, Ministry of Health, the media, the public and all other stake holders to carry forward the programme of addressing these challenges. We will also provide advocacy to the Ministry of Health and provide advice regarding resource allocation for these important challenges. Special emphasis will also be laid on these challenges at the Annual Scientific Congress of the SLMA to be held from 24th to 27th July 2019.

The details of the activities of the SLMA for 2019 have already been scheduled. The theme for the children's art competition, that is due to be held on Sunday 2nd June, is "Protect children by injury prevention". The theme for the SLMA Run & Walk, due to be held on the 9th of June, is "A healthy life without smoking, alcohol and drugs". I look forward to your active participation in these events.

The Monthly Clinical Meetings with other associations, Guest Lectures, Regional Meetings and Symposia on Current Problems will continue as in previous years.

President
Dr. Anula Wijesundere
MBBS (Cey), MD. (Cey), MRCP (UK), FRCP (Lond), DCH (Lond), DGM. (Lond), FCCP
Hony FRACP
Consultant Physician
Founder Professor, Medicine, Sir John Kotelawala Defence University
Member, Technical Support Group, Anti Malaria Campaign

A special programme introduced this year is the conduct of Monthly Meetings for the Media and the Public on health related issues. The first in this series was a seminar to commemorate the National Day Against Child Abuse, held on the 9th of January 2019. The next programme will be held on the 1st of February to commemorate the World Cancer Day.

It is my fervent hope that many SLMA members will actively participate and contribute to achieving the objectives of the association.

Finally I wish you all a peaceful, happy and a healthy 2019.

Dr Anula Wijesundere
President SLMA

The first Therapeutic Update for 2019

The first Therapeutic Update organised by the Medicinal Drugs Committee of the Sri Lanka Medical Association will be held on **Friday 22nd February 2019 from 12 noon -1.00 pm** at the Lionel Memorial Auditorium of the Sri Lanka Medical Association.

Topic – **Cardio-diabetes: Evidence based management**

Delivered by - **Dr Ruwan Ekanayaka, Consultant Cardiologist**

Induction of SLMA President 2019

The ceremony to induct the SLMA President for 2019 was held on 12th January, 2019 at the Sri Lanka Foundation Institute. Dr. Anula Wijesundere was inducted as the 126th President of the SLMA by the Immediate Past President, Dr. Ruvaiz Haniffa. Vidyajyothi Professor Janaka De Silva graced the occasion as the chief guest. The Presidential Address delivered by Dr. Anula Wijesundere, focusing on the SLMA theme for 2019 'Facing the challenges and forging ahead for better health outcomes' is given below.

Facing the challenges and forging ahead for better health outcomes

Venerable Gatahette Sobitha Thero, the Chief Incumbent of Asokaramaya and other respected members of the Maha Sangha, Bishop Chikera, our Chief Guest Vidyajyothi Professor Janaka De Silva, the immediate Past President of the SLMA, Dr. Ruvaiz Haniffa, members of the Board of Trustees, Past Presidents, Council Members of the SLMA, Lt. General Mahesh Senanayake, Commander of the Sri Lanka Army, my teachers from the Faculty of Medicine University of Colombo and Visakha Vidyalaya, Colombo, distinguished invitees.

I thank Vidyajyothi Professor Janaka De Silva for accepting our invitation and gracing this occasion as the Chief Guest. You are one of the most distinguished medical professionals in Sri Lanka and I am indeed honoured by your presence at this ceremony. I thank Dr. Ruvaiz Haniffa for the kind and generous introduction. I congratulate you on the excellent work done during your period of presidency. I am sure that you are happy, satisfied and relieved of a task very well completed.

Ladies and gentlemen, the Past Presidents of the SLMA have bestowed a great honour on me by selecting me as its 126th President. I accept this prestigious post with humility and courage. It is indeed a great honour and privilege to be the President of the SLMA which embarks on its 132nd year. I will serve the SLMA to the best of my ability to fulfil the objectives and the aspirations of the association.

I salute the work of Past Presidents who have worked tremendously hard and steered the association to the great heights which the SLMA has now reached. I know it is a daunting task but I will do my utmost with the help of the council members to prove to be their worthy successor.

Ladies and gentlemen, our motto is "Lankadipassa kiccesu ma pamajji" - work for the good of Sri Lanka without delay. Let me begin with a brief history of this prestigious association. The SLMA is the apex national academic, professional, apolitical and non-trade union association representing all grades and specialities of doctors practising in Sri Lanka, both in the state as well as in the private sector.

History of the SLMA

The SLMA is the oldest of all national professional medical associations of Asia and Australasia.

In 1987 - established as the Ceylon branch of the British Medical Association

1951 - name changed to Ceylon Medical Association following the declaration of independence in 1948

1972 - renamed as the Sri Lanka Medical Association with the promulgation of the new Democratic Socialist Republic of Sri Lanka.

The SLMA was housed at the Ceylon Colonial Library for 73 years.

Later, it was moved to the Consultants' Lounge at the former General Hospital Colombo.

Since July 1964 the "Wijerama House" became the home of the SLMA through the magnanimous donation of Dr. Edmund Medonza Wijerama and Mrs Wijerama at No. 6, Wijerama Mawatha. This donation was made during their life time.

The first event that was carried out in the 132nd year of the SLMA was to conduct

an alms-giving and a pirith pinkama. This was performed as an expression of our remembrance, gratitude and to offer merit to Dr and Mrs. E. M. Wijerama.

Ladies and gentlemen, working from this historic edifice since then, the SLMA has grown in strength not only in numbers but immensely in prestige serving the profession and serving the nation with honour, dignity and humility.

Objectives of SLMA

1. Enhance capacity and advocacy for comprehensive, curative and preventative health service.
2. Promote professionalism, good medical practice and ethical conduct.
3. Disseminate knowledge and provide opportunities for continuous professional development.
4. Encourage ethical medical research.
5. Education of public on health related matters.
6. Enhance collaboration with all professionals allied to healthcare.
7. Provide advocacy role for health related issues.
8. Provide assistance in times of natural disasters.

(From the corporate plan, Presidency of Professor Lalitha Mendis, 2009)

Ladies and gentlemen, The SLMA, is the apex professional and scientific organization of all categories of medical doctors. At present there are 55 medical organizations registered with the SLMA. Therefore, the SLMA has the duty and the right to strive for the highest standards of medical professionalism, ethical conduct and provide an advocacy role for better healthcare for the people of Sri Lanka.

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Induction of SLMA President...

Therefore, becoming President of this vibrant association is an enormous responsibility which I accept with humility and courage and hope to fulfil with the cooperation of the Council Members of SLMA.

The history of medicine, ladies and gentlemen is as old as the history of man himself from the time of Sushrutha, the father of ancient medicine and Hippocrates, the father of modern medicine. The advances of medicine have been breath-taking and spectacular and have improved the lifestyle and life span of mankind. We live in a time when due to Information Technology (IT) and internet, the public are well informed, knowledgeable and up-to-date. These changing perspectives among patients result in increased expectations of quality healthcare from medical professionals and sufficient communication from doctors regarding their illnesses. During the past year, the SLMA with the assistance of the Ministry of Health has embarked on a programme to improve communication skills among the doctors. This was pioneered by Professor Rasnayake Mudiyanse and ably assisted by Dr. B. J. C. Perera. Workshops have been held throughout last year and this project will continue in 2019 as well. An excellent book on communication skills with inputs from over 30 authors has been released. This is a must-read book for all medical practitioners.

Sri Lanka has witnessed an amazing improvement of our health indices over the past 10 decades.

Comparison of health indices of Sri Lanka - 1917 and 2017

The above visuals show the decline of

1. The maternal mortality rate from 2045 per 100,000 live births in 1917, to 38 per 100,000 in 2015.
2. The infant mortality rate from 160 per 1000 live births to 9.7 per 1000 in 2015.

The Director General of the WHO Dr. Tedros Adhanon Ghebrayesus proclaimed at the World Health Day on 7th of April 2018 that the Sri Lankan health services are one of the best not only in Asia but in the world.

	1917	2017
Population	4262	21444
Percentage of the population above 60 years	2.2% (census 1911)	12.2% (census 2012)
Infant mortality Rate (IMR)	160/1000 live births (29% of all deaths)	9.7/1000 live births (2015)
Under 5 Mortality Rate	47.2% of all deaths	10/1000 LB (2013)
Maternal Mortality Ration (MMR)	2045/100,000 live births (RG)	38/100,000 LB (2017)
Deaths: Diarrheal diseases	11463	58 (2014)
Deaths: Intestinal parasitic diseases	5611	0 (2014)
Deaths: Malaria	1277	0 (2014)
Deaths: Tuberculosis		328
Life expectancy at birth	32.6 (M) 30.6 (F)	72 (M) 78.6 (F)
Literacy (above 10 years)	56.4% (M) 21.2% (F)	96.9% (M) 94.6% (F)

(Source: Epidemiology Bulletin, Ministry of Health)

He stated that the reason behind the high quality of health in Sri Lanka was because it was the free availability with clear guidance given to the Sri Lankan health services by successive governments of the country. Speaking on this occasion Dr. Poonam Ketrapal Singh, the WHO Director for the South East Asian Region congratulated Sri Lanka on achieving some of the sustainable development goals well ahead of the targets set for 2030.

Current Health Profile of Sri Lanka

Sri Lanka has good health indicators in many areas.

1. Achieved high life expectancy (72M/78F)
2. Low maternal and child mortality
3. Elimination of major diseases such as malaria, polio, congenital rubella, diphtheria and neonatal tetanus with excellent vaccine coverage.
4. Lower levels of leprosy and measles etc.

Free education was introduced to Ceylon in 1942 followed by free health services in 1951. Health indices show that we are world leaders in achieving 100% immunisation and have also achieved the best breast-feeding practices in the world. We have a literacy rate of 93.8% and life expectancy of 74.9.

What then are the challenges we face in achieving universal health coverage for Sri Lanka?

Ladies and gentlemen, this brings me to the theme I have chosen for the SLMA for the year 2019.

"Facing the challenges and forging ahead for better health outcomes"

The challenges we face at present are

1. Reducing the burden of non-communicable diseases (NCD)
2. Reducing the burden of tobacco, alcohol and dangerous drugs.
3. Reducing the curse of dangerous drugs in Sri Lanka.
4. Reduce the incidence of deliberate self-harm/suicides in Sri Lanka.
5. Controlling the morbidity and mortality from dengue fever.
6. Elimination of HIV/AIDS by 2020.
7. Reducing the incidence of fatal road traffic accidents.
8. Maintaining the malaria free status in Sri Lanka.
9. Facing the socio-economic challenges of our ageing population.
10. Reducing the burden of chronic kidney disease of unknown aetiology (CKDu) or chronic interstitial nephritis in agricultural communities (CINAC).

1.Reducing the burden of non-communicable disease (NCD)

What are NCDs?

They are chronic long-term diseases which can be controlled but cannot be cured definitely. They are cardiovascular diseases (heart attacks, high blood pressure and high cholesterol), diabetes mellitus, chronic lung diseases, cancers and strokes.

What is the importance of NCDs?

They are the number 1 killer and the prime cause for disability globally. In Sri Lanka NCDs account for over 70% of all hospital deaths. Heart attacks are the leading cause of death in Sri Lanka, followed by cancers and strokes.

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Induction of SLMA President...

One in four adults in Sri Lanka have high blood pressure but 50% are untreated.
One in five adults in urban areas have diabetes mellitus.
One in three adult women are obese in urban areas.
One in four adult males are obese in urban areas.

How can NCDs be prevented?

Prevention is always better than cure. Prevention of NCDs must commence from childhood. A healthy diet of vegetables, fruits, protein, starch and fat in the correct proportions together with vitamins and minerals are essential. Engagement in physical activity is crucial to maintaining an ideal BMI. Adequate rest and sleep, avoidance of stress as far as possible and stoppage of smoking and alcohol are essential.

Sri Lanka has the political will and the commitment to reach the SDG of the universal health coverage and reduce deaths due to NCDs by ⅓rd in 2030. The government has provided its people with 75% of universal health coverage. Hence positive measures are being taken to reduce death and disability from NCDs. It has 12 years to march forward to achieve these goals and save the future generations of Sri Lankans from NCDs.

Magnitude of diabetes

Out of our population of 22 million, 1.2 million (5%) have diabetes. Annually 16,000 deaths occur in Sri Lanka directly due to consequences of diabetes. In urban areas, the incidence of diabetes is much higher at 10%. The challenge is to diagnose diabetes early, treat adequately and prevent the worst complications of diabetes such as heart attacks, chronic kidney disease and peripheral vascular disease leading to gangrene of digits and limbs.

2.Reducing the burden of tobacco and alcohol

National level of tobacco smoking among the males in Sri Lanka is 33.4%. Fortunately, the incidence of smoking among women is less than 0.5%. Tobacco is the single biggest cause of deaths worldwide resulting in 7 million deaths globally via direct and passive smoking effects. In Sri Lanka, smoking causes approximately 20,000 deaths annually from lung cancer, ischaemic heart disease and chronic bronchitis, which are directly related to smoking.

The burden of smoking has been reduced in Sri Lanka by the introduction of very high tax bands on tobacco sales exceeding 70% which is more than advocated by the WHO guidelines. The introduction of plain packaging and graphic warning covering up to 70% of the packet has also been beneficial. The restriction of sale of loose cigarettes, as proposed for the near future would be most helpful.

In Sri Lanka the incidence of smoking has decreased overall, especially among the professionals and the higher social strata. However, smoking remains unacceptably high among low socio-economic groups. Thus, smoking worsens health inequality and exacerbates poverty in this group. We must continue to address the public about the hazards of smoking.

The burden of alcohol dependence in Sri Lanka

Alcohol dependence is a major health and social problem in Sri Lanka. The magnitude of the problem can be assessed by the following information:-

1. Around 18,000 men die annually in Sri Lanka, directly or indirectly, due to alcohol consumption.
2. 40% of Sri Lankan males have consumed alcohol during their lifetime
3. In low income families, 1/3rd of their family income is spent on alcohol.
4. The per capita consumption of alcohol in Sri Lanka is 3.5 litres. This is the highest consumption among SAARC countries.
5. The per capita consumption among males alone is 7.4 litres.
6. Government expenditure on diseases related to alcohol consumption is Rs. 140 billion annually.

Source: Chairman's report National Alcohol and Tobacco Authority, 2017

Consequences of alcohol dependence

I will not dwell on the medical, psychological and social consequences of

alcoholism which are well known to this august audience. However, road traffic accidents under the influence of alcohol, violence, homicide and crimes committed under the influence of alcohol must be severely dealt with. Sexual harassment and violence against women and children are worthy of special mention. These are particularly prevalent in the rural areas of Sri Lanka.

Reducing the burden of alcohol dependence in Sri Lanka

1. Immediately stop the issue of new liquor licenses.
2. Cancel all liquor licenses issued to outlets situated within one-kilometre radius of schools and places of worship.
3. Increase minimum age for purchase of alcohol to 21 years.
4. Restrict the hours and days that alcohol is sold in outlets.
5. Stop all tax concessions to distilleries in state and private sectors.
6. Revise the excise policy of the government and prevent any reduction of price of alcohol at all cost.
7. Encourage health education programmes advising public about the physical, mental and social problems of alcohol dependence.

Ladies and gentlemen, believe it or not, annually the government of Sri Lanka spends a staggering Rs. 209.03 billion on diseases directly and indirectly due to alcohol and tobacco consumption. However, the government only earns Rs. 143 billion in taxes from tobacco and alcohol sales.

Source: *Economic and social costs of tobacco and alcohol in Sri Lanka - National Authority on Tobacco and Alcohol, World Health Organization, SLMA Expert Committee on Tobacco, Alcohol and Illicit Drugs, Health Intervention Technology Assessment Programme, Thailand.*

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Induction of SLMA President...

3. Reducing the curse of dangerous drugs in Sri Lanka

There are approximately 45,000 users of heroin and 200,000 uses of cannabis based on the supply and demand in Sri Lanka. Despite these alarming figures, the number of persons seeking help to overcome this awful habit is a dismal less than 2,500 per year. The use of heroin is the primary source of destruction of youth of our nation. The regular use of heroin soon leads to the development of physical and psychic dependence, development of tolerance, addiction and the occurrence of withdrawal effects on stoppage.

Despite high awareness programmes and high literacy among the youth and some school children, they become addicted to products such as babul, beda, marwa and haas. Recently, it is noteworthy that "party drugs" have arrived in Sri Lanka. These comprise amphetamines, methamphetamines, LSD and ecstasy. These are freely available not only in Colombo but in rural areas as well. The medical hazards of party drugs include cardiovascular collapse, respiratory arrest and toxic encephalopathy, all of which can lead to death. The catastrophe that occurred among the youth British rugby players and the deaths at the drug party in Wadduwa are stark examples of the dire consequences of party drugs.

Overcoming the problem of dangerous drugs in Sri Lanka

1. Improve socio economic status - reduce the incidence of poverty, unemployment, violence and abuse.
2. Increase Counselling Services by trained Psychological Counsellors regarding consequences of dangerous drugs.
3. Medical and psychological management of drug withdrawal problems.
4. Greater availability of drugs for detoxification from these addictive drugs in hospitals.
5. Greater awareness of the consequences of dangerous drugs and treatment protocols among the medical profession.
6. Create awareness of the availability of drug rehabilitation centres in the government sector and religious centres. Example Ven. Bodhananda Rehabilitation Centre in Embilipitiya, Ratnapura and Kandy. NGOs - Melmedura, Sri Lanka Sumithrayo.

The Presidential Task Force for controlling alcohol, tobacco and dangerous drugs in 2015, established by President Maithripala Sirisena endeavours to create a drug free society by 2020. In reality however, to eradicate drugs and create a drug free country in 2020, will require a super efficacious criminal justice system. However, it is common knowledge today that judicial delays constitute a major stumbling block in the speedy dispensation of justice to those engaged in criminal activities of drug trafficking.

Recommendations of the Presidential Task Force to reduce the dangerous drug menace in Sri Lanka, established by President Chandrika Kumaratunga in 2000, recommended the following.

1. Necessary political will and firm resolve to eliminate the drug menace in Sri Lanka
2. Severe punishments to be imposed on those convicted
3. Implementation of the death penalty in all cases convicted of drug peddling in whom the death penalty has been passed by court
4. Confiscation of all assets and properties of those convicted of drug peddling.
5. Immediate destruction of all dangerous drugs discovered in the presence of the local magistrate, the government analyst and superintendent of police of the area.

However, most unfortunately, we rarely see any dangerous drugs discovered being destroyed in public view. I have a strange feeling that these dangerous drugs may go back into the community with disastrous effects and many people would be making a fast buck down the line.

Source - *Mr. Chandra Wickramasinghe, Member Presidential Task Force for control of drugs and former senior adviser to the President 2000*

4. Reducing the burden of suicides in Sri Lanka

In 1995, Sri Lanka had the highest suicide rate in the world with deaths from suicide at 25 per day, reaching an alarming rate of 47 per 100,000. Fortunately, the rate of suicides has decreased in Sri Lanka to 14 per 100,000 and we have now improved our status to the 22nd position in global suicide ranking.

Although suicides have decreased in Sri Lanka, the number of attempted suicides or para-suicide rate is unacceptably high. The main causes leading to para-suicide are alcohol dependence and depression. Analysis of suicides in 2017 indicate that the highest number died by hanging themselves followed by drinking pesticides and insecticides. The 3rd, 4th and 5th causes were jumping in front of moving trains or vehicles, setting themselves on fire and wilful drowning.

Reduction in suicides has been achieved in Sri Lanka mainly through the abolition of the most poisonous organo-phospherous insecticides such as monocotophos, diaminophos and 34DPA. Furthermore, improved hospital management of poisoning and the improved and faster transport to hospital have also been very beneficial. The humble three-wheel driver must be thanked for the rapid transport to hospital.

Ladies and gentlemen, how can we help towards reducing the suicide rates? If you ever meet a depressed person, please spend a little time; take a minute, spend a minute, talk a minute and refer the depressed patient to a trained counsellor. Ladies and gentlemen, the take home message for all is to create awareness that there is an acute national need to provide support for our youth.

Suicide rates in Sri Lanka

Year	No. committing suicide annually	No. committing suicide daily	Suicide rate per 100,000	World rank in suicides
1995	8449	25	47	1
2006	4504	14	25	
2016	3025	10	20	
2017	1597 (Jan to June)	8	14	22

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4phases...

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Induction of SLMA President...

Yearly dengue incidence (The Island 4th April, 2017)

Year	No. of cases	Case rate per 100,000	No. of deaths	Case fatality rate
2016	55,150	250	97	0.290
2017	186,101	930	440	0.23
2018	50,163	250	56	0.110
Target levels		100		< 0.1

(Source: Dr. Hasitha Tissera, Head Dengue Control Unit, Ministry of Health 2019)

5. Controlling the morbidity and mortality of dengue fever

Dengue fever has been prevalent in Sri Lanka since 1962 and has progressed at a slow rate until 2004 when the incidence rose dramatically to become a major public health problem in Sri Lanka in 1917. This shows catastrophic rise of dengue in 2017 with over 186,000 cases and more than 440 deaths from dengue. Despite the National Dengue Control Programme comprising several government departments including the Ministry of Health, the Central Environment Authority, the police and the armed forces co-ordinating at the highest level, control of dengue has continued to be a major public health problem.

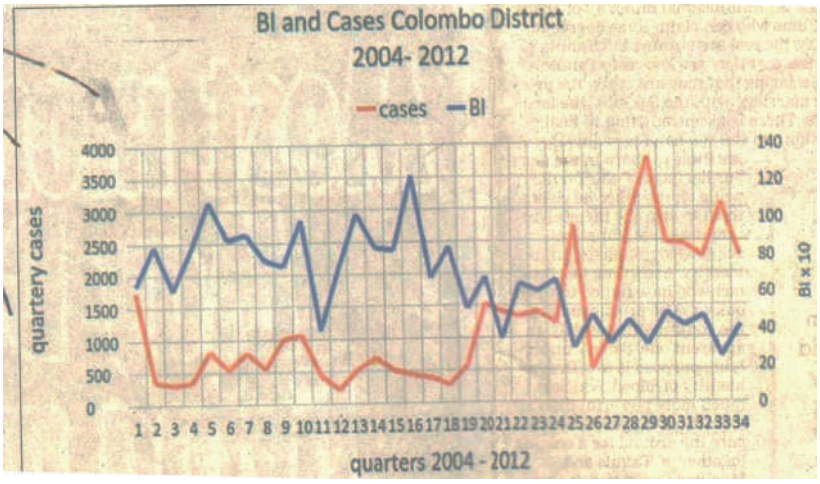
Preventive methods

So far, much of the preventative methods have focussed on elimination of the vector Aedes egypti mosquito and not the root cause of dengue, which is the dengue flavi virus. The following graph shows that there has been a progressive decline in the number of dengue breeding sites in an area around Colombo since early 2005. However, despite the decrease in the mosquito population, the number of dengue cases has actually risen. Therefore, vector control alone is insufficient for dengue control. Even Singapore, with a quarter of our population, less than 1.5% of our land area, and 5 times are economy could not eliminate dengue by vector control. Therefore, we must now re think our strategy; vector control alone is insufficient. We should proceed to accelerated methods of dengue virus control.

Improvement of vector control as judged by B1 index

- B1 Index = Presence of mosquito breeding sites X 100
  No. of premises examined

B1 and dengue cases in Colombo



Source: Dr. Lal Jayasinghe Public Health Expert in Sri Lanka and the UK, the Island 6th May 2017

Rethinking our strategy to control dengue fever

1. Virus control: In the absence of specific anti-viral therapy and lack of effective vaccine, the elimination of the dengue virus should be our main strategy to control dengue. Therefore, the use of bed nets is essential to prevent transfer of infection from the sick to the healthy. Application of insecticide repellents to family members, neighbours and especially school children is essential when dengue fever occurs in the neighbourhood.

2. Vector control: This would require destruction of the adult vector by targeted spraying in high risk areas and elimination of mosquito larvae breeding sites. Firm political commitment is necessary to reduce rapid unplanned urbanization and control of over population in the urban areas.

The National Dengue Control Programme must be enhanced with co-ordination of all stakeholders at all levels. Change of mindset regarding control measures will help to keep the incidence of dengue fever at a minimum low level.

3. Long term control: This needs alteration of the structure of all buildings to be made conducive for healthy living. Covering of windows with fine mesh, elimination of roof gutters and covering ponds and wells with fine mesh are some of the essential changes. These structural changes require close co-operation between town planners, architects, engineers and public health personnel.

If all these recommendations are implemented to the letter, Sri Lanka can certainly prevent further major epidemics of dengue and prevent loss of precious lives in the future.

To be continued in the February issue...

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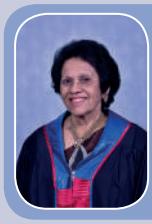

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Induction of the SLMA President *in photos*

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Feature Article

This year, the SLMA has embarked on a new initiative to focus on a particular health-related issue each month, based on a healthcare theme that is commemorated within the month. The SLMA proposes to highlight this theme by arranging a monthly meeting on the issue for the media and public and by including a feature article in the SLMA Newsletter.

The 4th of January marked the National Day Against Child Abuse and in keeping with this theme a meeting on Violence Against Children, was held on 9th January at the NDW Lionel Memorial Auditorium, SLMA. The speakers at this event were Professor Harendra De Silva Emeritus Professor of Paediatrics, University of Colombo and Professor Asvini Fernando, Associate Professor in Paediatrics, Faculty of Medicine, University of Kelaniya. The event was attended by doctors, members of the public and several representatives of media organisations.

Violence Against Children

Professor Asvini D Fernando
MBBS (Colombo) MD (Colombo) FRCP (London) FSLCPaed
Associate Professor in Paediatrics, Faculty of Medicine, University of Kelaniya
Consultant Paediatrician, Colombo North Teaching Hospital, Ragama,
Chairperson, Child Protection Committee, Sri Lanka College of Paediatricians

Violence against Children includes all forms of violence against those between the ages of 0-17 years. Violence may be perpetrated by parents or other caregivers, peers, romantic partners, or strangers. Globally, it was estimated that up to 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence or neglect in 2015 (1).

Types of violence against children

According to the World Health Organization most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child's development (2).

1. **Child Maltreatment** (also referred to as child abuse and neglect) involves physical, sexual and psychological/emotional violence and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.

2. **Bullying** (including cyber-bullying) is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.

3. **Youth violence** occurs most often in community settings between acquaintances and strangers, which includes bullying and physical assault with or without weapons, and may involve gang violence.

4. **Intimate partner violence** (or domestic violence) involves physical, sexual and emotional violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called dating violence.

5. **Sexual violence** includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact; acts of sexual trafficking committed against someone who is unable to consent or refuse and online exploitation.

6. **Emotional or psychological violence** includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.

The vicious cycle of violence and its impact on children

Transgenerational transmission of violence

Research evidence shows that parents who were psychologically and/or physically abused in childhood by their parents have a higher probability of following the exact model of violence on their children (3).

Impact of intimate partner violence in pregnancy on fetus and child

Violence can affect children even before they are born. Intimate partner violence during pregnancy, defined as physical, sexual, or psychological harm by an intimate partner during pregnancy was known to cause higher rates of intrauterine growth retardation. (4) Evidence is emerging that women's exposure to such violence during pregnancy may be associated with behavioral problems of their children (5). The effect of maternal mood on fetal brain development has been shown.

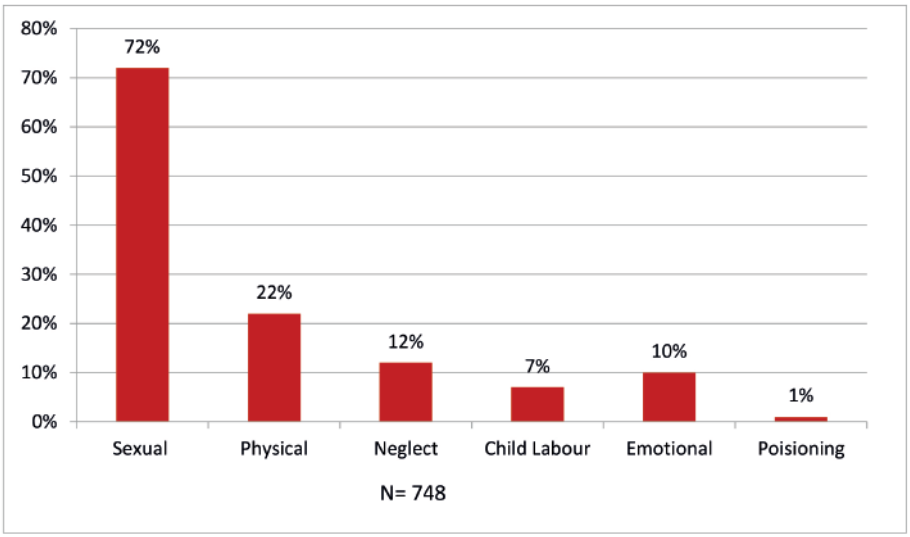

Figure 1: Types of abuse in the 748 children

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Violence Against...

Child maltreatment/ (child abuse and neglect)

This article will concentrate mainly on child maltreatment, out of all types of violence against children.

The WHO definition of child abuse (1999)

Child abuse constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

The different types of maltreatment

Physical abuse: intentional use of physical force against a child that results in harm to the child's health, survival, development or dignity. The objective may be the intent of intentionally harming the child or for instilling of discipline (corporal punishment).

Child sexual abuse: involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not truly understand, to which they cannot give informed consent, which violate accepted social norms and are against law.

Neglect: ongoing failure to meet a child's basic needs: provide nutrition, clothing, housing and provision of adequate health care, supervision and safeguarding.

Emotional abuse: a pattern of behavior by parents/ caregivers that can seriously interfere with the child's cognitive, emotional, psychological or social development. Blaming and shaming, routine labeling and humiliating, negative comparisons with others, frequent yelling, threatening or bullying will affect mental health and social development.

Exploitation: categorized in to 4 types

i. **Child labour**
ii. **Munchausen syndrome by proxy**
iii. **Intentional drugging and poisoning**
iv. **Conscription of children for armed conflict**

Figure 1 depicts Hospital based data from two University Paediatric Units of Karapitiya (1993-1999) and Ragama (2000-2018) and Lama Piyasa (a special facility for children who have faced maltreatment) from April 2015 – December 2018.

Sexual abuse was the commonest type with a total of 540 with 82% occurring in girls and 18% in boys. The highest age group (both sexes) was 10-17 years. Youngest girl was 18 months and the youngest boy was 3 years. There were 26 pregnancies. Recent trends highlight adolescents facing sextortion (blackmail in which sexual information/ images are used to extort sexual favors) and intimate partner violence.

Studies done in the community reveal that boys face significant sexual abuse (6,7). However, there is significant underreporting, highlighting that boy child sexual abuse is taken less seriously. Abuse took place mainly in their own homes and neighbourhoods with 96% abused by known trusted individuals.

Figures 2 - 3 and box 1 gives examples of case scenarios of corporal punishment at home and school from the hospital based cohort. Corporal punishment is defined as the use of physical force with the intention of causing a child to experience pain so as to correct misbehaviors (8).

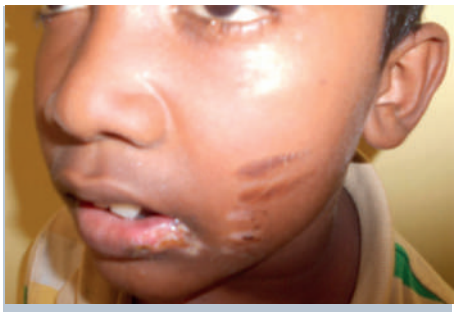

Figure 2.a Physical Abuse of an 8 year old boy at home. Corporal punishment inflicted by father resulting in burn marks from heated fork placed over left cheek and lips

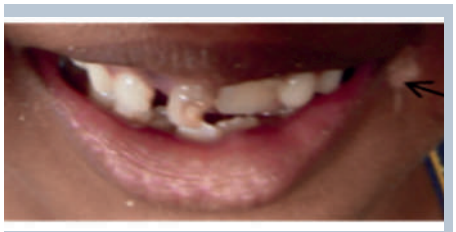

Figure 2.b

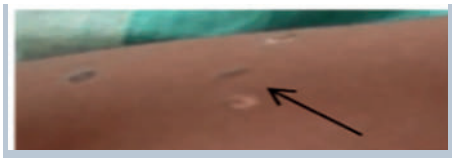

Figure 2.b Physical Abuse of a 6 year old girl at home. Mother inflicts corporal punishment using incense sticks.

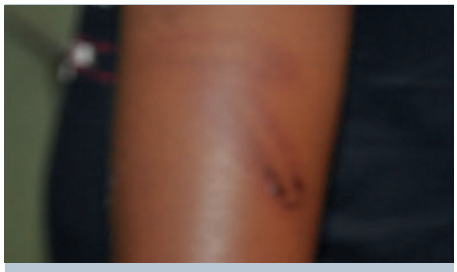

Figure 2.c Corporal Punishment in schools. A 15-year-old deaf and dumb boy assaulted with a pipe for alleged misbehavior. All four limbs were covered with marks shown in the left arm.

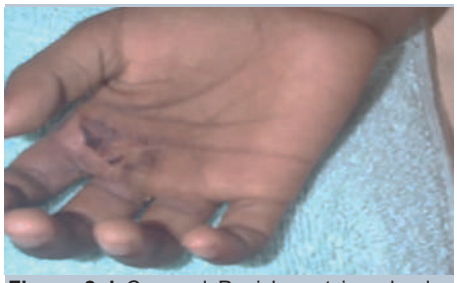

Figure 2.d Corporal Punishment in schools. Hand of a 5 year old boy a few days after incion and drainage of abcess under general anesthesia. Corporal punishment inflicted with a piece of wood led to a splinter being lodged in hand.

1. Sexual Abuse

(i)

A 16 year old girl, admitted to a surgical ward with abdominal pain. Ultrasound scan revealed a pregnancy. Long term sexual abuse by her father disclosed. Mother was aware of the abuse. Psychosocial rehabilitation was done and she was supported through the pregnancy. The newborn given for adoption, legally. The girl was placed in a child development center and sat the ordinary level examination.

(ii)

A 12 year old boy was diagnosed to have Human Papilloma Virus infection by the Venereologist. He disclosed gang rape by a group of older boys on a playing field 2 years previously. He had revealed the incident to his mother who took no action.

Box 1

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Violence Against...

Epidemiology

Data from the Women's and Children's Bureau of Sri Lanka Police, indicates an increase in reportage. Effective response by all sectors to the reported cases and effective prevention programmes are the next pre-requisites in attempting to curb the problem.

The Management of Child Maltreatment

The important first step in management is initial recognition.

Health care professionals and other individuals working with children should have a high degree of suspicion to identify child abuse.

Warning signs in history

- Deteriorating school performance
- Undue anxiety
- Depression and low self-esteem
- Extreme behavior such as being too obedient or too demanding
- Somatization phenomena (headache, abdominal pain)
- Attempted deliberate self-harm
- Delayed presentation for medical treatment
- Incompatibility of history with injuries seen/developmental age of child
- Changing history from time to time

Warning signs on examination

- Features of associated neglect
- Poor eye contact
- Presence of bruises, unexplained/unusual injuries
- Multiple injuries of different stages of healing
- Long bone spiral fractures in infants
- Metaphyseal and posterior rib fractures
- Foreign body in vagina
- Assumed menarche without secondary sexual characteristics

Multi-sectoral management of children who have faced violence.

Key to successful management is a coordinated multisectoral approach. In 2012, the Child Protection Committee of the Sri Lanka College of Paediatricians launched a project titled 'Creating Safe Communities for Children' with an aim to protect children from abuse, exploitation, violence and neglect. In 2013, with involvement of all national level stakeholders guidelines titled *'National Guideline for the management of Child Abuse and Neglect: A Multi-sectoral Approach'* was launched (9).

Key points in management:

Children brought to hospital by police are presented to the JMO who takes a detailed history and examines the child. The child is admitted to the Paediatric ward where a routine paediatric history and examination are done. A history regarding the abuse will not be taken.

The Clinical Case Conference (CCC) for the multi-disciplinary management in the health sector was introduced to prevent re-victimization, by repeated history taking and examination. Within 24 hours of admission a CCC is held, chaired by the JMO. Paediatrician and Psychiatrist participate routinely. When indicated other specialists are invited. The JMO shares the history with others and a plan of management is made. Multi-sectoral management begins after the CC C.

The Institutional Case Conference (ICC) is conducted next with participation of all sectors; **Medical:** Paediatricians, Psychiatrists JMOs, other relevant medical specialists, medical and nursing officers. **Legal:** Police officers of Women's and Children's Desks.

Social: Probation officers, Child Rights Promotion Officers, officers of National Child Protection Authority (NCPA).

All attendees sign an attendance sheet and a confidentiality clause. Decisions taken are: placement of child, medical management, psychosocial rehabilitation, school/vocational training and follow up plan. The probation officer submits recommendations of the ICC to courts.

***Lama Piyasa* (A place where abuse ends and healing begins)** was opened at the North Colombo Teaching Hospital, Ragama in April 2015. It has 10 beds and provides in-house management for children who have faced maltreatment. Priority is given to psycho-social rehabilitation and reintegration. A video evidence recording studio is available for the recording of evidence to courts. Paediatricians, Psychiatrists and Judicial Medical Officers of the Ministry of Health and Faculty of Medicine Ragama, provide services. One medical officer, six nursing officers, three minor staff members are trained to provide care.

Since its opening to date (26.12 2018), 392 children have been admitted. Majority had faced sexual abuse. There were 15 pregnancies. After delivery 6 children are schooling and 2 are attending vocational training. One is still awaiting delivery.

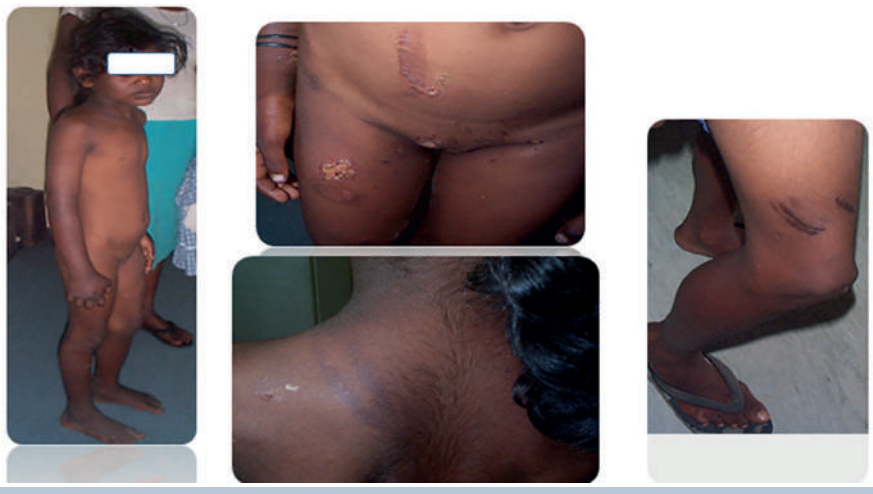

Figure 3: 7 year old girl with multiple injuries of different stages of healing.
Evidence of associated neglect: body covered in dirt, uncombed, matted hair with lice.

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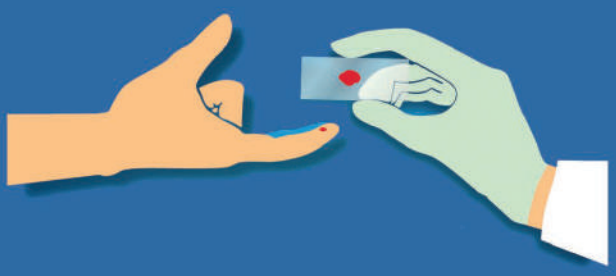


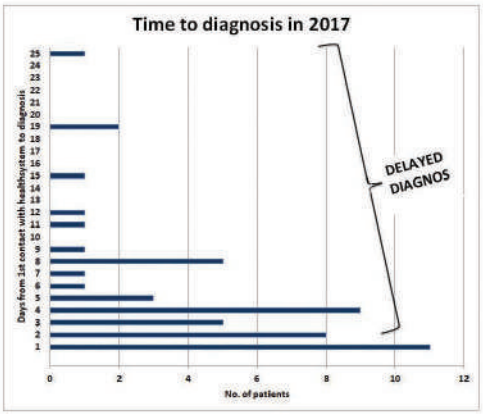
Reduce the Delay in diagnosing imported Malaria

Every single day that a malaria patient is left untreated,

* **His/her chances of survival decreases, &**

* **He/she can transmit the disease to others & re-introduce malaria to Sri Lanka**

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



Your role:

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

Anti Malaria Campaign Headquarters
Public Health Complex, 3rd floor, 555/5,
Elvitigala Mawatha, Colombo 05
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Violence Against...

Risk factors

Risk factors identified in the hospital based cohort were dysfunctional families (e.g. mother employed abroad, parents separated/divorced), poor parenting practices, children with learning disabilities, alcoholic fathers and lack of extended family support.

Effects of violence against children

Early experiences of violence including the time spent in the womb can have long-term adverse impacts on health, wellbeing and productivity.

The Adverse Childhood Experiences Study (10) is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes.

ACEs included were: Physical, sexual and emotional abuse; physical and emotional neglect; Intimate partner violence, mother treated violently, substance misuse within household, household mental illness, parental separation or divorce and incarcerated household member.

The results revealed that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan.

Sri Lankan Laws and Circulars

- Legal age for consensual sex is 16 years
- Legal age for marriage is 18 years
- Corporal punishment in schools is banned by an Education Ministry circular
- Age of compulsory education is 16 years
- Minimum age of employment is 14 years (soon to be increased to 16)

Prevention of violence against children

Sri Lanka needs to formulate its own prevention programme taking into consideration the risk factors already known. It should be designed with all stakeholders at national level. Building cohesive families and protective communities are essential prerequisites. Children should be taught to protect themselves starting from preschool. They should be taught to recognize good/ bad touch. This should continue in the school system with healthy sexual and reproductive health education being introduced in early adolescence. There should be a concerted effort to stop corporal punishment in homes and schools.

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A Message from the Editor-in-Chief

We invite the membership of SLMA to contribute to SLMA News with articles, poems, cartoons, quizzes etc. We also welcome your views regarding the content of the newsletter. Please forward them to:

e-mail: amayaellawala@gmail.com

Postal: Editor-in-chief SLMA News,
Sri Lanka Medical Association,
6, Wijerama Mawatha,
Colombo 7.

The Sri Lanka Medical Association (SLMA) Doctors Concert will be held on 27th July 2019 in the Ballroom of Hotel Galadari.

Anyone interested in performing at this Concert is kindly requested to contact the SLMA office on office@slma.lk on or before 30th April 2019.

First SLMA Council Meeting of 2019

The first Council meeting of the year was held on Friday 4th January, 2019 at the Council Room, SLMA. The meeting commenced with the lighting of the traditional oil lamp by the President, Secretary, Council and the staff of the SLMA. This was followed by the National Anthem. As the first item of the agenda, a portrait of the Immediate Past President, Dr. Ruvaiz Haniffa was ceremonially unveiled by the incumbent President of the SLMA, Dr. Anula Wijesundere, following which the meeting was called to order.






Helping children affected by floods in Killinochchi

The Council Members of the SLMA donated a consignment of exercise books worth Rs. 30,000.00 for distribution among the children affected by floods in Killinochchi. The exercise books were handed over by Dr. Anula Wijesundere, President SLMA, to ***Manusath Derana*** on 27th December, 2018.

Alms-giving and Pirith to confer merit on Dr. and Mrs. E. M. Wijerama

The first event undertaken by the President and the new Council was to conduct a Pirith Ceremony and an Alms-giving to offer merits to our magnanimous donors, Dr. and Mrs. E. M. Wijerama who donated Wijerama house to the SLMA in 1964 during their life time. Venerable Vengamuwe Dhammika Thero the chief incumbent of the International Buddhist Centre, Pelawatte and 3 other monks conducted the Pinkama. Council Members and Office Staff participated in this event.



SRI LANKA MEDICAL ASSOCIATION

CALL FOR ORATIONS & LECTURES

Applications are invited for the following Orations to be held during 2019.

1. The SLMA Oration
2. Prof. N. D. W. Lionel Memorial Oration
3. Dr. S. Ramachandran Oration
4. Dr. S. C. Paul Oration
5. Sir Marcus Fernando Oration
6. Sir Nicholas Attygalle Oration
7. Dr. Murugesar Sinnetamby Oration
8. Dr. Desmond Fernando Lecture

The SLMA Oration, Prof. N. D. W. Lionel Memorial Oration, Dr. S. Ramachandran Oration and Dr. S.C. Paul Oration will be held during the 132nd Anniversary International Medical Congress of the Sri Lanka Medical Association which will be held from 24th to 27th July, 2019 at The Galadari Hotel, Colombo-01.
Other orations (Sir Marcus Fernando Oration, Sir Nicholas Attygalle Oration and Dr. Murugesar Sinnetamby Oration) will be held in October/November 2019 (dates are to be decided). The Dr. Desmond Fernando Lecture will be delivered in a regional meeting of the SLMA and preferably should be on a topic related to primary care.

The SLMA Oration:

The SLMA Oration is the most prestigious oration of the Association. Instituted in 1979 it recognizes outstanding achievement in research. It is delivered at the inauguration Ceremony of the Anniversary International Medical Congress of the SLMA. Hence, the content of the oration should be appropriate for a medical audience. Substantial proportion of the work should been conducted in Sri Lanka and/ or should have relevance to medicine in Sri Lanka.

All orations:

- Substantial part of the oration should be based on original research.
- Orations based on work published in peer reviewed journals will be given priority.
- In case of multi-author research and publications, the applicant should inform the other authors of his/her presentation and provide details of the contribution to design, data collection, analysis and writing of the manuscript by the applicant.
- A separate sheet stating the publications on which the oration is based should be attached to the submission (see below for details).
- The Dr. Murugesar Sinnetamby Oration should be preferably on a topic pertaining to Obstetrics and Gynaecology.

Guidelines for submission

- A covering letter should indicate the oration/orations for which the manuscript should be considered.
- The oration should be written in full. The IMRAD format is suggested unless the content requires otherwise.
- For all research involving human or animal subjects, state 'Ethics Clearance' in the methods section. Randomized Control Trials should have been registered in a WHO recognized Clinical Trial Registry.
- The oration should be typed using Times New Roman, size 12, double line spacing. Harvard or Vancouver system of referencing can be used.
- Five (05) copies of the scripts should be submitted to the SLMA office (Hony. Secretary, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07). Of these, two (02) copies should include the name of the author and three (3) copies should NOT include the author's name.
- Each copy should be accompanied by a brief resume of the salient points on one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office.

The manuscript should be accompanied by a separate document which indicates the following:

1) The impact of the research in terms of advancing scientific knowledge, quality of clinical care and improvement of service delivery.
2) In case of multi-author research/publications, the contribution of the applicant to design, data collection, analysis and writing of publications/manuscript.
3) A declaration by the applicant that the other authors of the presented research have no objections to the submission of the oration.
4) The applicant should declare if all or part of the work included in the manuscript has already been presented as an oration.
5) Declaration of financial and other conflicts of interests.

All authors of orations should be members of the SLMA, if they are eligible for membership. (If you are not a member at present, you can apply now)

Closing date for all orations: 31st March 2019

Thank you!
Dr. Kapila Jayaratne,
Honorary Secretary, Sri Lanka Medical Association

For further details please contact:

The Sri Lanka Medical Association,'Wijerama House',
No.6, Wijerama Mawatha, Colombo-07.
Tel: +94-112-693324, Email: office@slma.lk

SRI LANKA MEDICAL ASSOCIATION

CALL FOR RESEARCH AWARDS AND TRAVEL GRANTS

The SLMA hereby calls for applications for the following research grants.

Applicant should be a life member of the SLMA, if they are eligible for membership. If you are currently not a member, please obtain SLMA membership prior to sending the application.

RESEARCH AWARDS AND TRAVEL GRANTS

- **CNAPT Award:** Applications are invited for the best research publication (article, book chapter or book) in medicine or in an allied field, published in the year 2018, for the Richard and Sheila Peiris Memorial Award. All material should be in triplicate.

  Closing date: 28th June 2019

- **GR Handy Award:** Applications are invited for the best publications in cardiovascular diseases published in the year 2018, for the G R Handy Memorial award. All material should be in triplicate.

  Closing date: 28th June 2019

- **Professor Wilfred SE Perera Fund:** Applications are called from life members of the SLMA, requiring financial support to attend an academic conference, provided an abstract has been selected for presentation at the event. Five copies of the application should be submitted. Two travel awards will be made during 2019.

  Closing date: 28th June 2019

- **Glaxo Wellcome Research Award:** Applications are invited for research proposals on a topic related to any branch of medicine. Five (5) copies of the research proposal should be submitted. The maximum financial value of the grant is LKR 50,000.00.

  Closing date: 28th June 2019

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

  Closing date: 28th June 2019

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

  Closing date: 28th June 2019

- **FAIRMED:** This grant is offered for a research project with relevance to the advancement of Neglected Tropical Diseases in Sri Lanka. The maximum financial value of the grant is LKR 100,000.00.

  Closing date: 28th June 2019

Important

1. All research projects should be completed within two years.
2. Preference will be given to proposals that could be completed with the available grant. Utilization of grant funds should commence within six months.
3. Proposals should include problem identification, detailed methodology, timeline, and itemized budget.
4. Funding requests for conference registration and travel is discouraged.
5. Ethics clearance should have been applied for when submitting the grant application.
6. The grants will be formally awarded at the SLMA Foundation Sessions in October/November 2019.
7. The application forms are available at the SLMA office and on the SLMA website.

The deadline for applications: 28th June 2019

Thank you!

Dr. Kapila Jayaratne,
Honorary Secretary,
Sri Lanka Medical Association.

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

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

31st March 2019

Visit www.slma.lk for online abstract submission

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