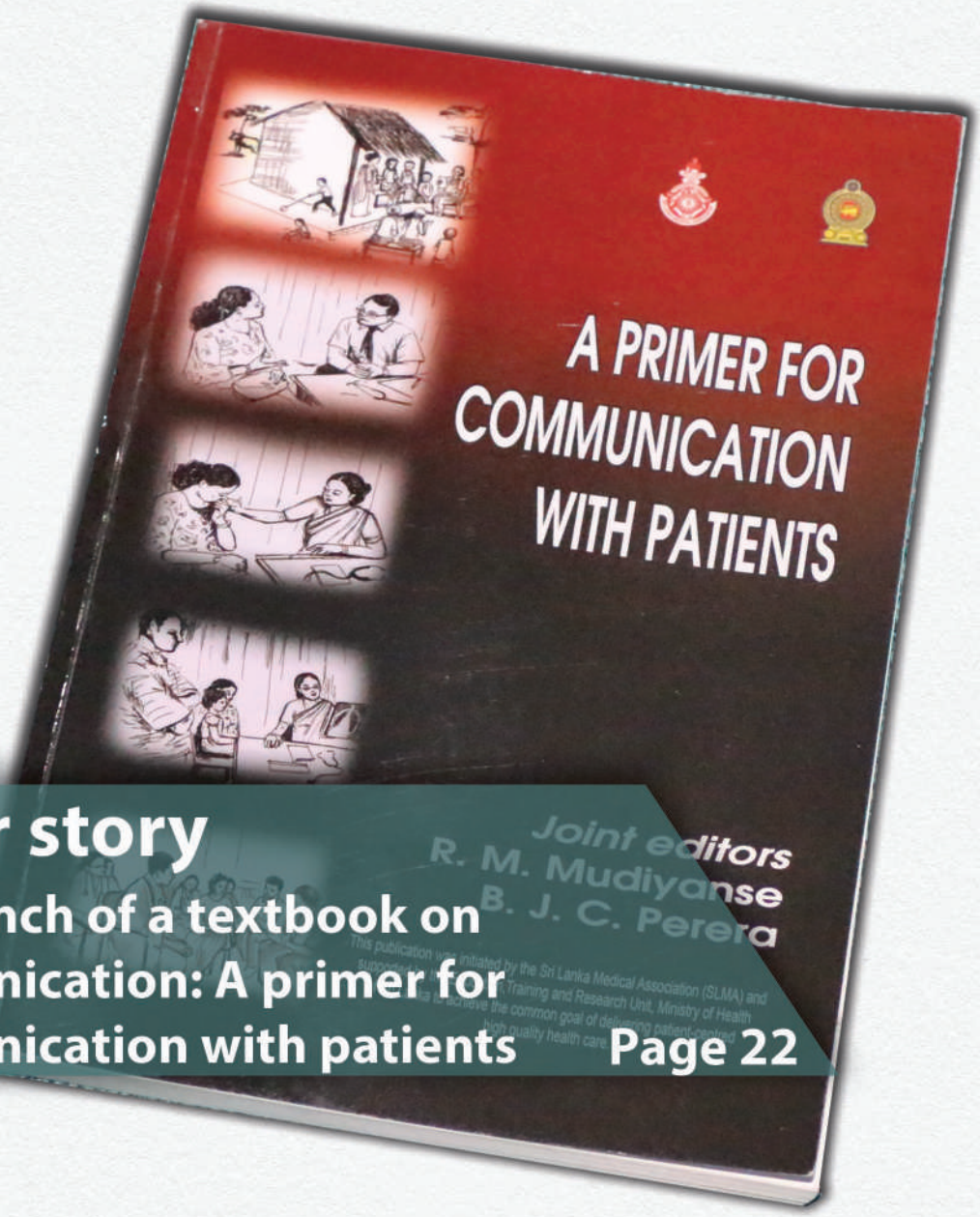
SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

FEBRUARY 2019, VOLUME 12, ISSUE 02



Cover story

The launch of a textbook on communication: A primer for communication with patients Page 22

Inside

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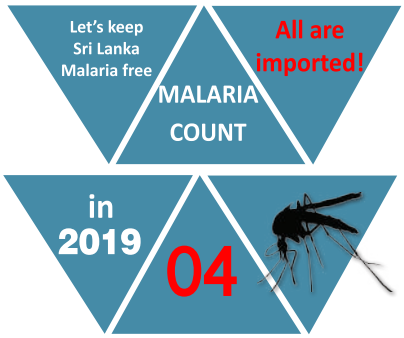
CONTENTS



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

I'm happy to inform you about the progress of the SLMA in the past month since I assumed office. In keeping with the theme for the SLMA for 2019 "Facing the Challenges and Forging Ahead for Better Health Outcomes", we have already established a task force for the development of a standardized training module for treating dengue in pregnancy and infancy. Two meetings have been already held and we hope to complete the training module within the next two months. The task force is headed by Dr. Hasitha Tissera, Head Dengue Control Unit of the Ministry of Health. A new subcommittee on reducing the burden of suicides in Sri Lanka headed by Professor Samudra Kathriarachchi will begin its activities in late February. Dengue fever and suicides were two of the ten challenges I mentioned in my Presidential Address as challenges we need to overcome, for better health outcomes.

A special programme introduced this year is the monthly health awareness programmes for the media and the public, based on UNO/ WHO declared days on health issues. The monthly awareness meeting in January was held to commemorate the National Day against Child Abuse on the 9th of January 2019. Professor Harendra de Silva and Professor Asvini Fernando were the Guest Speakers. The SLMA commemorated the World Cancer Day on the 1st of February 2019. The Guest Speakers were Dr. Suraj Perera, Dr. Sudath Samaraweera and Dr. Dehan Gunasekera. Both seminars were well attended and followed by lively discussions.

You will recall that the Ministry of Finance and Mass Media had requested the public opinion for the budget proposals of 2019 to improve the economy and enrich the people of Sri Lanka. In response, the SLMA has written to the Ministry of Finance and suggested :-

(1). to refrain from reducing the price of beer

(2). to increase the taxation of tobacco company in line with rising inflation

(3). to refrain from granting tax concessions to sweetened beverages

(4). to reassess the need for insuring school children.

The monthly Joint Clinical Meeting in January was held with the Sri Lanka College of Paediatricians. This was held at the Lady Ridgeway Hospital, was devoted to Palliative Care and included case discussions on Paediatric Palliative Care. The Guest Speakers were Dr. Amanda Fernando and Dr. K. W. D. A. Anuradha. Over 80 doctors from the Lady Ridgeway Hospital participated.

The first Regional Meeting of SLMA for the year 2019 was held with the Kotelawala Defence University on the 21st of February. The entire day's proceedings were devoted to Palliative Care. Dr. Suraj Perera, Dr. Udayangani Ramadasa and Dr. Dilhar Samaraweera represented the SLMA. Dr. J Balawardena, Dr. Eranga Perera, Dr. Sachini Rasnayake and Dr. Priyamali Jayasekera represented the Kotelawala Defence University. The timing of these programmes on Palliative Care is important as the government has begun seeking suggestions from the public and civil society organizations to formulate the National Strategic Framework for Palliative Care Development in Sri Lanka by 2022.

The next Regional Meeting will be held with the Homagama Clinical Society and Anti Malaria Campaign at the Homagama Hospital on Wednesday, 27th February. The initial preparations for the Annual Academic Sessions to be held from 24th to 27th of July 2019 are already underway. Dr. Panduka Karunanayake and Professor Ariaranee Gnanathasan are Co-Chairpersons of the Scientific Committee. A very comprehensive programme has been organized with the participation of local and foreign experts. We look forward to your active participation in all events organized by the SLMA in 2019.

Best wishes,

Dr. Anula Wijesundere
President SLMA

Note from the Editor-in-Chief and the Editorial Team

Dear SLMA member,

I trust that you would have received the January issue of the SLMA newsletter by this time, though regretably it would have been greatly delayed in reaching you.

This delay was due to unavoidable complications faced with the publishing and printing partners of the newsletter.

Though these circumstances were beyond the control of the Editorial Team, we do wish to place on record our sincere regret for any inconvenience caused.

Yours sincerely,
Dr. Amaya Ellawala
Editor-in-Chief
For and on behalf of the Editorial Team

SLMA Presidential Address 2019

The continuation of the SLMA Presidential address 2019 on the theme 'Facing the challenges and forging ahead for better health outcomes'

6. Elimination of HIV/AIDS by 2030

HIV/AIDS is a major global public health problem, having claimed over 34 million lives so far. At present around 36.7 million people globally are affected with HIV AIDS. Today, Sri Lanka is named as a low prevalence country for HIV/AIDS. The challenges facing HIV AIDS in Sri Lanka

1. To bring down the low prevalence rate to a point of near elimination
2. Ensure all patients with HIV/AIDS the right to universal healthcare
3. To facilitate the leading of a normal life in the community without being marginalized or discriminated by the local community

Magnitude of the HIV AIDS problem in Sri Lanka

Prevalence rate is 0.01%. First detected in Sri Lanka in 1987.

Number of deaths from HIV AIDS so far exceeds 400.

Approximate number of infected with AIDS living in Sri Lanka - 3,500

Currently identified and receiving treatment in STD clinics - 1,299

No. of school children affected with HIV under 15 in Sri Lanka - less than 50

(Source: National STD/AIDS control programme December 2017).

Target of HIV AIDS programme in Sri Lanka

To reduce prevalence from 0.01% to overall goal 0% - target to be achieved by 2030
The fast track initiative program is referred to as 90-90-90 and aims to achieve the following:

1. Diagnose 90% of the people infected with HIV.
2. Treat 90% diagnosed with anti-viral treatment
3. Ensure undetectable HIV in 90% of patients treated with anti-viral drugs

Prevention of HIV AIDS

1. Sexual education of young people is mandatory regarding sexual health, sexual responsibility and the need to practice safe sex with the use of condoms.
2. Advising the young to engage in sexual activity with one trustworthy partner only.
3. Screening of all pregnant mothers for HIV AIDS. This is likely to be a most cost-effective venture.
4. Among drug addicts - avoidance of sharing needles for injecting drugs.
5. Advice suspected cases of HIV AIDS to avail themselves of freely accessible STD Clinics in the government sector and confirm the HIV status confidentially at no cost.
6. Protection of the baby during pregnancy from HIV infected mothers.

7. Reducing the Burden of Road Traffic Accidents

The stark reality of road traffic accidents in 2018 was that approximately 3,000 Sri Lankans died on the roads. On average, 1 death occurred every 3 hours or 8 deaths occurred daily. The government expenditure on each death including basic treatment, ICU care, investigations, legal workout and post mortem etc, was approximately Rs. 1 million per victim. The WHO's ambitious goal is to reduce the deaths from RTA by 50% by 2030. To ensure this, the government will have to enforce strict laws and implement them without any exception via the "National Road Safety Council" to ensure the country's roads are safe for its citizens.

Analysis of fatal road traffic accidents in 2016 revealed the following information. Total number of road traffic deaths - 2961. This comprised 1,157 motorcyclists, 877 pedestrians, 720 motorists and 244 cyclists. These figures confirm that roads in Sri Lanka are extremely deadly.

Consequence of road traffic accidents

Deaths from road traffic accidents often involve the bread-winner of families often at the peak of their lives. These deaths also spell economic disaster for the families as invariably all financial resources are utilized for treatment of these victims. Invariably these victims who survive from road traffic accidents are left with severe degrees of disability ranging from partial to total paralysis, totally dependent in vegetative states.

Prevention of road traffic accidents include

1. Primary prevention of road traffic accidents before it occurs. This includes education of the public, engineering and law enforcement.
2. Secondary prevention - management of injuries
3. Tertiary prevention - disability limitation and rehabilitation

Prevention of road traffic accidents - the way forward

All road users should act with civic responsibility and obey road rules at all times. They should not drink and drive or drive when tired and sleepy. The insurance premium should be increased for reckless driving. Other important measures are withdrawal of license for 6 months for drunken driving and implementation of strict fines for dangerous driving, most importantly, without any exceptions and exemptions.

The SLMA has already initiated a programme to increase public awareness of road traffic accidents and their consequences and I hope to give greater emphasis to this programme during my year of presidency.

8. Keeping Sri Lanka Malaria Free

Sri Lanka was certified malaria free on the 5th of September 2016. This was exactly 4 years after the last endogenous case of malaria was detected in a "Ranaviru" at a Sri Lanka army camp in Mullativu. This was exactly 100 years after the British setup the first ever malaria field station in Kurunegala in 1912. During this period, Sri Lanka was plagued by a devastating epidemic of malaria in 1935.

Contd. on page 06

Contd. from page 05

SLMA Presidential...

This epidemic affected about 80% of the total population of Sri Lanka, which was 5 million at that time. The maternal mortality during the epidemic was 5,000 per 100,000 live births and the infant mortality rate was 458 per 1,000 live births.

Sri Lanka was free of malaria temporarily in 1963. However, based on poor advice from the powers-that-be, unremitting vigilance was not maintained and malaria re-emerged in the late 60s. Minor epidemics of malaria occurred from 1970 to 1974 and from 1986 to 1988. During this period 1986 to 1988, malaria was the leading cause of admission of patients to the government hospitals in Sri Lanka. This was the period that I worked at the Polonnaruwa Base Hospital where ⅓rd of all admissions to the medical and paediatric wards were of patients sick with malaria.

Patterns of Malaria Epidemics in Sri Lanka

Elimination of Malaria

With the decline in cases to 124 in 2001 with global funds the task of elimination of malaria began. This was achieved through

1. Integrated and targeted vector control (mosquito larvae) in major irrigation channels and agricultural projects.
2. Adult vector control by targeted spraying in high risk areas, indoor residual spraying and use of long-lasting insecticide sprayed bed nets.
3. Parasite control with mobile clinics for active and passive case detection and treatment of patients at all levels.

Despite elimination of malaria in Sri Lanka, we remain receptive and vulnerable to reintroduction of malaria. Receptivity to malaria results from

1. The eco systems of the country favouring a high prevalence of malaria mosquitoes due to suitable temperature and humidity.
2. Presence of vectors in most parts of the country in irrigation projects, streams, quarry pits and water pools.
3. Real danger of a new vector Anopheles stephensi in the Northern Province imported from India. This vector could cause major epidemics of urban malaria if it reaches the Western Province.

Sri Lanka is vulnerable to reintroduction of malaria due to the tremendous increase in the migrant population, with possibility of importing the malaria parasite to Sri Lanka from other endemic countries and delay in the detection and treating these imported malaria cases.

These high-risk groups include

1. Sri Lankan gem traders to Madagascar and Mozambique.
2. Businessmen who travel to Asia and Africa.
3. Pilgrims to India.
4. Sri Lankan security forces in foreign missions.
5. Migrant workers, refugees and asylum seekers.
6. Tourists from malaria endemic areas and Sri Lankans on leisure trips to South Africa

There have been no indigenous cases of malaria since August 2012, confirming zero local transmission since then. In 2018, there were 47 imported cases and one introduced case in a Sri Lankan who contracted malaria from an Indian worker in Moneragala.

To keep malaria free an important message to all doctors:

1. Always obtain a travel history of patients who present with fever
2. Perform blood tests repeatedly to confirm a diagnosis of malaria.
3. Remember thrombocytopenia is common not only in dengue but in malaria as well.
4. Always follow the national guidelines during treatment.
5. Inform all cases of malaria to the hotline 011 7 626 626.

Ladies and gentlemen, if you develop fever after visiting a malaria endemic area, please remind your doctor that it could be malaria. Malaria is not dead. So, let's work together to keep Sri Lanka malaria free. Always obtain anti-malarial prophylaxis free of charge from the Anti-Malaria Campaign, Colombo 5 or from the regional malaria officer in the various provinces.

9. Facing the Socio-Economic Challenges of Our Ageing Population

Sri Lanka has one of the fastest ageing populations in the world with 19% of population belonging to the elderly population group by 2030.

With the decrease in the birth rate and rising of the expectation of life and the geriatric population, the government will have to shift it's healthcare allocation from the paediatric to the geriatric age groups.

Geriatric population of Sri Lanka

Over 60 years	No. of persons	% of population
2012	2.5 million	12.5%
2021	3.6 million	16.7%
2030	4.3 million	19%
2041	4.8 million	20%
2050	6.2 million	25%

Increase in the dependency ratio and the shrinking of the working population will consequently cause a tremendous burden on the government.

Possible Innovations to Mitigate the Adverse Effects of the Rising Geriatric Population

1. Increase the retirement age and encourage older workers to remain longer in the labour force.
2. Introduce phased out retirement schemes.
3. Promote voluntary pro social behaviour, craft and artistic work among the elderly.
4. Provide support for independent living for the elderly.
5. Adaptive transport, housing and rehabilitation.

Contd. on page 07

Contd. from page 06

SLMA Presidential...

6. Prepare for management of age-related diseases - NCDs, dementia, osteoporosis, osteoarthritis, and Alzheimer's disease.
7. Establishment of day care centres, psychogeriatric clinics, dementia care centres etc.

People living longer and leading productive lives is the crowning achievement of our health services. It is certainly a challenge which must be properly planned and executed. Ladies and gentlemen, our aim should be to add life to years and not years to life and to enter the silver age, healthy and productive.

10. Reducing the burden of chronic kidney disease of unknown aetiology in Sri Lanka (CKDu)

In the history of our nation spanning over 2500 years, agriculture and the paddy farmer has had a special bearing on our economy. It is believed that the migration of the Raja Rata from Anuradhapura to Polonnaruwa and subsequently to Dambadeniya resulted from the devastating effects of malaria in these kingdoms. Today, the high prevalence of CKDu in the North Central province (NCP) has nearly crippled this agricultural heartland, causing a steady outmigration of people and is slowly but surely destroying the agricultural based civilization of our country.

The following data highlight the stark reality of this malady.

1. The age standardized prevalence of CKDu is 15%
2. Population at risk in NCP - Medavachchiya, Padavi-Sripura and Weli-Oya areas around 500,000
3. Numbers severely affected with CKDu fearing death 75,000
4. Estimated death toll so far 24,000
5. Estimated daily deaths is 2 per day

In 2009, the following were defined as criteria for case definition of CKDu

1. No past history of or current treatment for diabetes, chronic hypertension, snakebite or urological disease of known aetiology or glomerular nephritis
2. Normal glycosylated haemoglobin (HBA1C) levels below 6.5.
3. For blood pressure below 160 by 100 mm untreated or blood pressure below 140 by 90 mm mercury up to 2 hypotensive drugs used (Ministry of Health Sri Lanka , 2019).

Main features of CKDu include an insidious onset, slowly progressive chronic interstitial nephritis which predominantly affects, poor rural male farmers in agrochemical intense form of cultivation. The heavy sun exposure in these areas leads to increased sweating. This factor, along with reduced water intake leading to dehydration further aggravate this toxic nephropathy with unique geographical distribution which appeared in Sri Lanka in the mid-1990s.

CKDu has been associated strongly with the following factors.

1. Consumption of hard water containing magnesium and calcium
2. Spraying of glyphosate (Round up), the most widely used herbicide in disease endemic areas with unique metal chelating properties.
3. Use of fertilizers with heavy metals – Eg:- arsenic lead, cadmium, chromium
4. Severe exposure to sun and dehydration

All these factors associated with agriculture have resulted in change of the name of CKDu to Chronic Interstitial Nephritis of Agricultural Communities (CINAC).

(Source: Int. J. Res. Public Health 2013, Page 2137. C.N. Jayasumana et al.)

Prevention of CKDu/CINAC

1. Fast track provision of safe water to communities living in affected areas -

   Provision of reverse osmosis water purifiers at community levels in common places eg: markets, community centres temples, Pradeshiya Sabha Grounds etc
2. Safe water to school children by installing water filters to schools in affected areas
3. Minimize use of agro-chemicals - herbicides, weedicides
4. Avoid use of chemical fertilizers
5. Encourage farmers to engage in traditional methods of agriculture by using compost etc
6. Population screening and surveillance for very early detection of CINAC

It has now been proved beyond doubt that reverse osmosis by water purifiers is the only effective answer to prevent CKD/CINAC. Reverse osmosis removes all suspected causative elements of this malady eg: removes arsenic, cadmium, glyphosate, fluoride, calcium, magnesium. Reverse osmosis is therefore the only effective answer to prevent CINAC.

It is my intention as President of the SLMA to invite all stakeholders eg: College of Nephrologists, Ceylon College of Physicians and sociologists to form a consensus group to advise the government of Sri Lanka to control the devastation caused by CINAC in the Rajarata.

The work of the task force

1. Provide guidelines for case management
2. Guidelines for entry into renal replacement program
3. Development of human resources - as a prerequisite to develop effective services to tackle the epidemic
4. Establishment of a centre for academic research at the heartland of the epidemic in Anuradhapura – at the University of Rajarata. This is the obvious choice. This centre should work closely with the renal care and research centre of the Ministry of Health
5. Provision of social welfare - the devastation of the farming community in the NCP as a result of the epidemic deserves a special budget to provide social and financial support.

Contd. on page 08

Contd. from page 07

SLMA Presidential...

Ladies and gentlemen, CINAC, is a national catastrophe, perhaps unparalleled in recent history. If we do not act now and do our utmost to reduce the incidence by preventing or restricting the use of agrochemicals, we will be judged by history as uncaring, insensitive and indifferent people who ignored this catastrophe while the Rajarata was poisoned to extinction.

I hope to address these challenges by educating the medical professionals, media, public and by changing the attitude of health law makers.

We intend to play an advocacy role to the Ministry of Health and ensure proper allocation and utilization of health resources. We hope to conduct regular programmes for the media and public regarding these challenges and update the doctors with workshops, symposia etc on these topics.

The theme for the SLMA walk in June 2019 will be "A healthy life without smoking alcohol and drugs". These challenges will also be specially emphasised at the Annual Scientific Congress in July 2019. Furthermore, task forces will be established for the important challenges.

Before I conclude I would like to recite a part of the poem, "IF" written by Professor K. Rajasuriya. He was our professor of medicine at the Faculty of Medicine University of Colombo and inculcated in us the value of obtaining a detailed history and conducting a thorough physical examination to arrive at diagnosis instead of relying too much on high powered investigations.

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 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 profession's summit
And which is more - you'll die content, my son!

With apologies to Rudyard Kipling and Prof. Rajasuriya

Acknowledgements

This presentation would not have been possible without the help of our son Prashan, who typed the entire script and did the power point presentation. Vihanga Silva, the IT Executive at SLMA did the internet search and improved on the layout. Our daughter Asangi, made the final presentation with many improvements. I thank them all for their great help. To Prof. Chandanie Wanigatunga, my sincere thanks for a job well done in compering.

I thank the SLMA staff, the pillars on which the SLMA stands on. I thank the SLFI for all arrangements and Dr. Lasantha Malavige for the beautiful floral arrangements. I thank Dr. Kapila Jayaratne our secretary for assistance rendered in organizing the induction ceremony.

There are many people to whom I have to thank for helping to bring me up this position I am today. The teachers of my alma mater Visakha Vidyalaya who taught us with much devotion. To them, teaching was more than a profession; it was a life of commitment as teachers. All of my A/Level teachers are in the audience today and I convey my heartfelt thanks to them. To my teachers at the Faculty of Medicine and General Hospital Colombo, I am eternally grateful for all the knowledge imparted to us and the clinical skills taught, which enable us to practice the art and the science of medicine. Dr. R.S. Thanabalasundaram deserves special mention as he was my first clinical teacher, a tough task master from whom I learnt the ABC of clinical medicine, especially the correct physical examination of the different systems which I have continued to teach medical students for four decades.

To my dearest parents Mr. A.D.H. and Susila Samaranayake, I owe a great debt of gratitude. They taught Akka, Malli and me the value of honesty, integrity, loyalty and hard work and the value of education. They were both great social workers and inculcated in us the value of helping the less fortunate by example.

I remember Ammi, Thaththi and my sister Manthri today as I do every day with much love and gratitude. My brother Hemanatha too has always been supportive. Our three children Prashan, Asangi and Dishni and sons in law Andrew and Navoda and our four grandchildren, have brought much joy and happiness to our lives. My husband Ajita has been a true life partner to me supporting me in all my academic, social and national work and I am ever grateful to him for his support at all times. Finally, I thank you ladies and gentlemen, for being such a wonderful and attentive audience on this special day of my professional life. I wish you good health, happiness, peace and contentment in 2019.

I will now conclude with stanzas from the Dhammapada.

Sabba papassa akaranam
Kusalassa upasampadha
Sachiththa pariyopadanam
Ethan budhdhanusasanam

Refrain from all evil
Continue to do merit
Cultivate your mind
This is the teaching of all the Buddhas

Thank you.

Therapeutic update - March 2019

Topic : Therapeutic Update on 'What is New in Management of Thyroid Disease? by Prof Thilak Weeraratne,
Professor in Medicine, University of Ruhuna
Date : 29th March 2019 at 12.00 noon
Venue : NDW Lionel Memorial Auditorium, SLMA
Organised by : Medicinal Drugs Committee of the SLMA

Seminar on 'Overdiagnosis – Too Much Medicine'

Organised by the SLMA
26th March 12 – 2 pm
NDW Lionel Memorial Auditorium, SLMA
Speakers: Dr Neomali Amerasena, Dr Dulani Kottachchi, Dr. Ananda Wijewickrama, Dr Kantha Samrawickrama, Dr Udana Ratnapala, Prof. A. Pathmeswaren, Prof. Kumara Mendis

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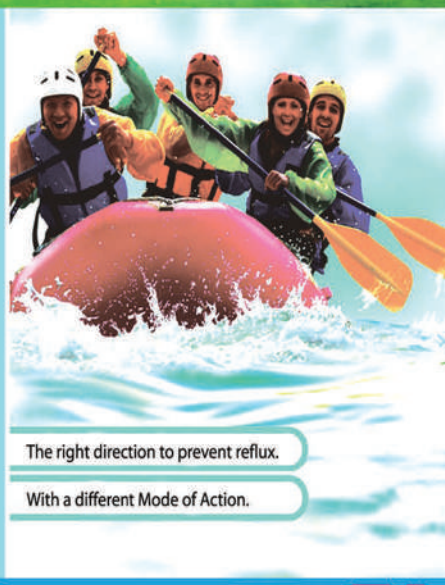

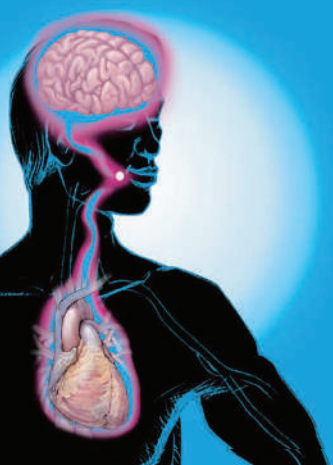

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Feature Article

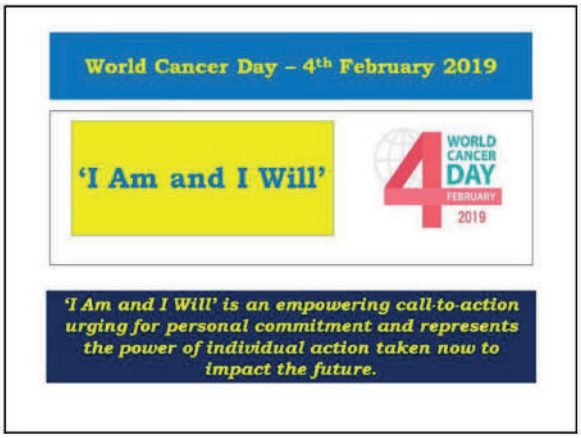
World Cancer Day – 4th of February

'World Cancer Day' is celebrated globally on 4th of February to encourage people to fight against the global epidemic of cancer. World Cancer Day was introduced by the Union for International Cancer Control (UICC), as an international day of commemoration to obtain the support of governments, non-governmental organizations, civil society organizations and the general public.

In the year 2012, the National Cancer Control Programme introduced the commemoration of 'World Cancer Day' to Sri Lanka. The main activities conducted have been the issuing of a Health Ministry Circular signed by the Director General of Health services requesting active participation of health care workers at each level during the month of February. Media Seminars and Social Media Campaigns have also been conducted to disseminate the message of cancer control with the theme of the World Cancer Day of each year. Several community participation activities including 'cancer walks', awareness programmes, early detection clinics etc. were also conducted each year to commemorate the day at district level.

Table 1: Themes of the 'World Cancer Day 2012 - 2013

Year	Theme
2012	*'Together it is possible'*
2013	*'Cancer Myths - Get the Facts'*
2014	*'Debunk the Myths'*
2015	*'Not Beyond Us'*
2016 - 2018	*'We can. I can.'*
2019 - 2021	*'I Am and I Will'*



The theme for the year 2019 is *'I am & I will'*. This same theme will be used for three years up to 2021.

This year, to commemorate the 'World Cancer Day', a media seminar was conducted on first of February 2019 at the SLMA auditorium by the National Cancer Control Programme in collaboration with Sri Lanka Medical Association, Health Promotion Bureau, Sri Lanka College of Oncologists and Sri Lanka Cancer Society. During the period of commemoration of 'World Cancer Day – 4th February' and 'International Childhood Cancer Day – 15th February', it is essential to obtain a snapshot view of the country's Cancer Control Programme.

Table 1: Numbers of newly registered cancer patients at Government Cancer Treatment Centres 2008 -2018

A. Main Cancer centres

Cancer Treatment Centre	Year										
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
NCI - Maharagama	11,163	11,756	11,513	12,403	12,550	12,689	13,247	13,890	14,248	13,651	14,171
TH-Kandy	3,648	3,634	4,046	5,042	3,717	3,516	4,000	4,023	3,877	4,150	4,042
TH -Karapitiya	1,764	1,866	1,793	2,193	2,158	2,455	2,479	2,394	2,595	2,585	2,652
TH–Jaffna/BH Telippalai	412	479	659	1,055	1,048	1,061	1,032	1,100	1,099	1,103	1,186
TH- Anuradhapura	712	551	641	698	803	850	1,114	1,300	1,131	1,214	1,483
PGH - Badulla	753	794	858	1,430	2,152	2,203	1,527	2,285	2,225	2,015	2,151
TH - Batticaloa	Unit not opened.	169	565	727	1,094	932	897	900	1,325	1,048	876
TH - Kurunegala	538	804	806	1,174	1, 122	1,042	1,238	1,680	1,863	2,062	2,206
PGH – Rathnapura	319	485	636	735	808	767	807	902	1,094	1,103	1,076
*Total	**19,309**	**20,538**	**21,517**	**25,457**	**25,452**	**25,515**	**26,341**	**28,474**	**29,457**	**28,931**	**29,843**

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World Cancer Day...

B. District cancer centres

	District Cancer Centre	Year		
		2016	2017	2018
1	DGH Gampaha		153	580
2	DGH Chilaw	91	239	455
3	DGH Ampara	164	140	111
4	DGH Polonnaruwa		648	699
5	DGH Monaragala	125	136	413
6	DGH Vavuniya		26	223
7	DGH Kegalle	183	276	243
8	DGH Trincomalee		702	568
9	DGH Nuwaraeliya	238	236	203
10	DGH Hambanthota		177	312
11	NCTH Ragama		Commenced in 2018	747
12	DGH Kalutara			480
13	DGH Avissawella			76

Since new patient registration at cancer treatment centres may have included duplicate entries, more accurate data on the burden of cancer needs to be obtained through the cancer registry data base.

Table 2 Numbers of cancers reported per year and crude incidence rate in Sri Lanka based on Sri Lanka Cancer Registry

Year	No. of cancers identified	Crude incidence rate (per 100,000 population)
1985	5,012	31.6
1990	6,063	35.7
1995	7,325	40.4
2000	10,925	56.4
2005	13,372	67.9
2006	14,080	70.9
2007	13,635	68.0
2008	16,511	81.6
2009	16,888	82.6
2010	16,963	82.1
2011	17,482	83.7
2012	Not published yet	Not published yet
2013	Not published yet	Not published yet
2014*	23,105*	98.1*

*interim report

Table 3 Number of deaths due to cancer, crude incidence rate of cancer deaths and Proportional Mortality Rate

Year	No. of deaths	Crude incidence rate of cancer deaths (per 100,000 population)	Proportional mortality rate
1990	4479	26.4	4.6
1995	5710	31.5	5.5
2001	8063	42.9	7.1
2002	7986	42.0	7.1
2003	8393	43.6	7.3
2004	9127	47.0	7.9
2005	9403	47.9	7.1
2006	10386	52.3	8.8
2009	11,286	55.2	8.8
2010	11,836	62.8	9.1
2013	12,954		10.2

Table 4 Leading Incident Cancers - Males (No. & Age Standardized Incidence rate per 100,000).

Site of cancer	2005	2006	2007	2008	2009	2010	2011	2014*
Lip, Tongue & Mouth (C00 – C06)	730 (8.3)	1010 (11.3)	992 (11.0)	1179 (13.1)	1311 (14.0)	1389 (15.1)	1524 (16.4)	1712 (15.6)
Trachea, bronchus & lungs (C33 –C34)	666 (7.7)	691 (7.9)	723 (8.3)	814 (9.3)	875 (10.0)	806 (9.0)	788 (8.8)	1032(9.6)
Oesophagus (C15)	498 (5.8)	486 (5.7)	530 (5.9)	664 (7.5)	656 (7.3)	574(6.5)	608 (6.7)	828 (7.7)
Colon & Rectum (C18-C20)	388 (4.4)	371 (4.2)	409 (4.5)	477 (5.3)	489 (5.8)	567 (6.2)	523 (5.7)	746 (6.9)
Unknown primary site (C26, C39,C48,C76,C80	257 (2.9)	303 (3.3)	326 (3.8)	423 (4.7)	404 (4.5)	436 (4.8)	489 (5.3)	624 (5.7)

Contd. on page 14

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Contd. from page 12

World Cancer Day...

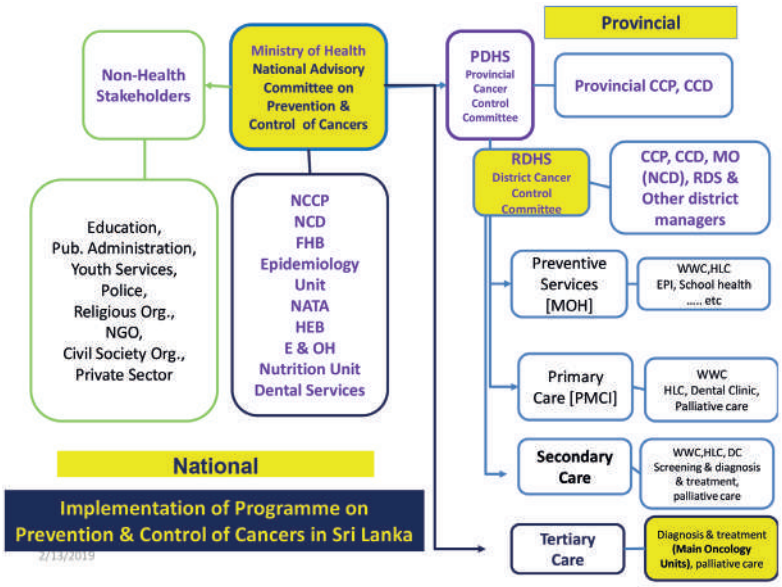
Prostate gland (C61)	303 (3.5)	321 (3.8)	305 (3.6)	396 (4.6)	381 (4.4)	480 (5.5)	480 (5.5)	705 (6.7)
Larynx (C32)	324 (3.7)	341 (3.9)	343 (3.9)	393 (4.4)	393 (4.4)	384 (3.7)	454 (4.9)	549 (5.1)
Lymphoma C81-C85,C96)	360 (3.9)	369 (3.9)	363 (3.8)	434 (4.6)	408 (4.3)	419 (4.3)	442 (4.5)	547 (5.2)
Leukaemia C91-C95)	313 (3.3)	329 (3.5)	332 (3.6)	344 (3.7)	378 (4.0)	354 (3.7)	374 (3.9)	420 (4.2)
Stomach (C16)			224 (2.5)	239 (2.7)			285 (3.1)	
Bladder (C67)					260 (2.9)	269 (3.0)		384 (3.6)
Brain (C70- C72)	171 (1.8)							

*interim report

Table 5 Leading Incident Cancers - Females (No. & Age Standardized Incidence rate per 100,000).

Site of cancer	2005	2006	2007	2008	2009	2010	2011	2014*
Breast (C50)	1859 (18.3)	2 102 (20.6)	1914(18.8)	2220 (21.8)	2293 (22.2)	2401(23.0)	2419 (23.3)	3085 (24.3)
Cervix uteri (C53)	881 (8.9)	934 (9.6)	732 (7.4)	858 (8.6)	879 (8.7)	847 (8.4)	839 (8.2)	1049 (8.2)
Thyroid gland (C73)	592 (5.6)	683 (6.4)	656 (6.1)	815 (7.4)	816 (7.4)	832 (7.4)	760 (6.8)	1373 (11.3)
Ovary (C56)	596 (5.9)	672 (6.7)	529 (5.3)	637 (6.2)	698 (6.8)	680 (6.7)	681 (6.7)	900 (7.2)
Colon & rectum (C18 –C20)	353 (3.6)	372 (3.8)	405 (4.1)	508 (5.2)	517 (5.5)	516 (5.1)	591 (5.8)	894 (6.9)
Oesophagus (C15)	524 (5.5)	610 (6.4)	534 (5.6)	617 (6.4)	608 (6.2)	496 (5.1)	518 (5.3)	661 (5.0)
Lip, Tongue & Mouth (C00 – C06)	253 (3.5)	296 (3.0)	293 (3.0)	360 (3.6)	417 (4.2)	425 (4.3)	417 (4.1)	487 (3.7)
Uterus (C54-C55)	237 (2.4)	268 (2.8)	263 (2.7)	397 (4.1)	397 (4.1)	386 (3.9)	411 (4.1)	578 (4.5)
Leukaemia (C91-C95)	257 (2.8)	257 (2.8)	275 (2.9)		310 (3.2)	290 (3.0)	323 (3.3)	
Unknown primary site (C26, C39,C48,C76,C80				236 (3.0)	289 (2.9)		311 (3.1)	401 (3.1)
Lymphoma (C81-C85,C96)	243 (2.5)	251 (2.5)	257 (2.6)	288 (2.8)		275 (2.6)		389 (3.3)

*interim report



The Monthly Clinical Meeting of the SLMA

Dr. Sajith Edirisinghe,
Assistant Secretary-SLMA

The Monthly SLMA Clinical Meeting for January, 2019, organised in collaboration with the Palliative & End of Life Care Task Force of the SLMA and the Sri Lanka College of Paediatricians, was held on 16th January 2019 at the New Auditorium, Lady Ridgeway Hospital for Children, Colombo. A Case Scenario Oriented Discussion on Paediatric Palliative Care was conducted by Dr. Amanda Fernando, Palliative Care Staff Specialist, St. Joseph's Hospital, Auburn, NSW, Australia and Dr. K.W.D.A. Anuradha, Senior Registrar in Paediatric Respiratory Medicine, Professorial Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo. The meeting was well attended by Medical officers, Post graduate trainees and medical undergraduates. Media coverage for the meeting was provided by Associated Newspapers of Ceylon Limited and Life TV. The meeting was chaired by Dr. Anula Wijesundere, President, SLMA.




Sri Lanka Medical Association

Call for Applications
Dr. C. G. Uragoda Lecture on the History of Medicine 2020

This Lecture was established in the year 2012, the 125th anniversary year of the Sri Lanka Medical Association (SLMA), to mark the meeting attended by a group of doctors at the Colonial Medical Library in Colombo on 26th February 1887 to discuss the formation of the Ceylon Branch of the British Medical Association, which later became the Sri Lanka Medical Association.

The lecture was renamed the Dr. C. G. Uragoda Lecture on the History of Medicine in the year 2017 to honour the lasting contribution made by Dr. C. G. Uragoda to document the History of Medicine in Sri Lanka.

The lecture is delivered on the 26th day of February of every year.

Applications are called for the lecture to be delivered on 26th February 2020. Applicants should submit a short abstract of the proposed lecture (no more than 1 A4 page) and a brief curriculum vitae (no more than 3 pages). The speaker should have been considerably associated with and contributed to the field of medicine in his/her chosen topic.

The SLMA wishes to encourage lectures in areas of medicine that have not been covered in previous lectures. A list of past lectures can be found on the SLMA website – http://www.slma.lk. Applicants should bear in mind that they must make themselves available to deliver the lecture on 26th February 2020 at the SLMA Auditorium as this is a lecture delivered to mark the founding of the SLMA.

Applications should be submitted to the Honorary Secretary, SLMA, on or before 30th June 2019.

A new taxonomy for alcohol

Dr Mahesh Rajasuriya
Senior Lecturer,
Department of Psychiatry, Faculty of Medicine, University of Colombo
Consultant Psychiatrist,
University Psychiatry Unit,
National Hospital of Sri Lanka
Director, Centre for Combating Tobacco,
Faculty of Medicine, University of Colombo
Chairman, Alcohol and Drug Information Centre Vice-Patron, Nest

Intoxication, teetotaller, harmful use, dependence, abstinence and relapse are some of the commonly used technical terms from the lexicon of alcohol and drug terms published by the World Health Organization (1). Since Edwards and Gross revolutionised addiction psychiatry (2), it is not quite different from what Kraeplin did to psychiatry in general (3). By operationalizing the loose term 'addiction', we have made little advance in taxonomy in addiction psychiatry.

Therefore, a complete revision of the full taxonomy is required; however this is only an attempt to introduce two additions to the current taxonomy.

1. Value

This term is proposed to be used in its simplest meaning in the simplest way possible. 'Value' means the worth of the index entity to the perceiver. For example, the 'value of health' is how much health is worth to a particular person who is concerned with health. A teacher, who is suddenly forced to retire as she has developed a stroke, may say "I would part with all my savings to walk and talk normally again, if it is at all possible." She may have made a different comment six months ago in response to her doctor's advice: "Stroke or heart attack? Many of my friends have got them. This is old age! Everybody will have to die of something… I don't care. I've had diabetes and blood pressure for decades!" This highlights the way in which the value she had given to her health six months back has dramatically changed now.

The term value is applicable in relation to any 'entity', abstract, material or transcendent. Any 'thing' and every 'thing' has a value, ranging from a movie ticket to tonight's show (movie ticket), a cap autographed by a legendary cricketer (autographed cap), to the ability to inflict destruction on a random section of people (terrorism), or to heal people stricken with a disease (medicine). Surname, personal connections, health, skin complexion, cookery talent, and height and BMI will have varying values attached to them. Different people give different values at different times to different things.

The value one gives to alcohol is important. Similar to the above examples, this can be assessed as well. A few examples will clarify this further:

A. A banquet dinner organised at the conclusion of a medical conference spending 38% of its total budget on alcohol.

B. A civil society activist heading an anti-alcohol campaign, generously serving champagne and other alcoholic beverages at her daughter's wedding reception.

C. A young female professional not inviting her biological parents and relatives to a reception held following an international award she received, since she plans on drinking alcohol at the reception.

D. A group of young men deciding against changing the date of their school reunion despite being reminded that it is going to be a Poya Day and no alcohol would be freely available.

E. A couple deciding not to serve free alcohol at their wedding reception despite pressure to do so from relatives and friends.

F. A doctor with a glass of wine in his hand at a gala dinner responding to a question by a lay person: "Oh, the wine? I just drink it because it was somewhat tasty. All that 'alcohol is good for your heart' crap is an old woman's tale!"

Examples A to C indicate a higher value given to alcohol, while D to F do the opposite. These examples also serve as ways to help assess the value given to alcohol by certain individual/s.

2. Promotion

This is not a new term to medical practice and health sciences. However, traditionally this term is used to denote furthering of positive health concepts, such as health promotion. The term 'promotion' is proposed to be used to denote any act that directly or indirectly furthers the interests of the alcohol industry. The alcohol industry includes not only the manufacturers of alcohol, but the sellers, distributors and even the hospitality, advertising, and other trades involved with the alcohol business as well.

The alcohol industry prefers higher sales volumes, bigger profits and a better image for the industry. Some of the strategies that can potentially achieve the objectives of the industry are highlighted below:

A. Associating highly respected figures with alcohol: Serving discounted/free expensive liquors at a doctors' function where it is used liberally by doctors of all levels

B. Associating popular icons with alcohol: Featuring a celebrity in an alcohol advertisement

C. Associating warm and positive emotions with alcohol: Featuring attractive alcohol use by the protagonist in a movie (which is also called product placement)

If we are serious about countering such effective strategies of the alcohol industry, we need to adopt a different approach. A different approach would need different concepts and terms, a revised lexicon. As doctors become more aware of the concept of 'value of alcohol' and start to be more conscious in this regard, they may be more mindful in deciding if they need to be an accessory to the fact during instances of alcohol promotion by doctors such as organising alcohol-filled banquet dinners at medical conferences or not.

Conclusions:

The two terms, value and promotion, are neutral terms potentially useful in either direction in relation to alcohol: Positive and negative value given to alcohol and positive and negative (i.e. demotion) promotion of alcohol. These two terms are objective and are useful to comment scientifically on attitudes and behaviours associated with alcohol.

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Contd. from page 16

A New Taxonomy ...

Taxonomy on alcohol probably needs a complete revision as these two terms highlight the usefulness of such terms in addition to the current taxonomy on alcohol. A revised taxonomy may be the stepping stone towards a more effective approach at reversing certain alcohol promotion strategies such as promoting the image of alcohol using doctors.

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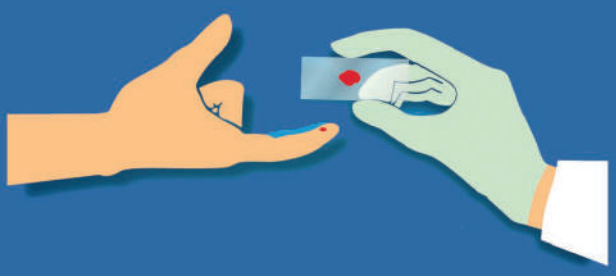

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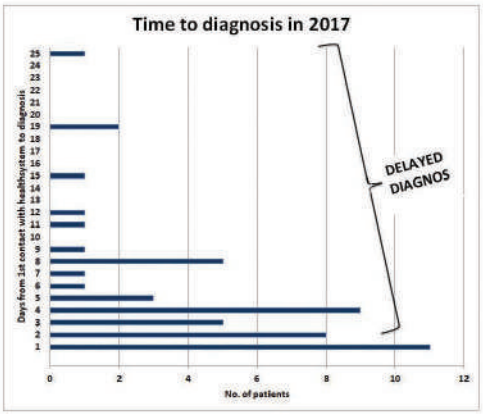

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SLT Zero One Awards
Recognizing, Honouring and Encouraging Excellence in Digital Initiatives in Sri Lanka

Professor Vajira H. W. Dissanayake was honoured with the Life Time Achievement Award Digital Excellence at the SLT ZeroOne Award Ceremony in Colombo, Sri Lanka for the yeomen contribution he has made over the years to promote and facilitate the development of digital health in Sri Lanka and internationally.

Professor Dissanayake's unique contribution to the field of Digital Health dates back to 1997 when he became a Founder Member of the Medical Informatics Committee of the Sri Lanka Medical Association, and subsequently the first Honorary Secretary of the Health Informatics Society of Sri Lanka, a year later.

On an initiative of the Health Informatics Society, which he spearheaded, the University of Colombo, established the Specialty Board in Biomedical Informatics at the Postgraduate Institute of Medicine, University of Colombo (PGIM), with Prof. Dissanayake as its Founder Chairperson. The Board runs the MSc in Biomedical Informatics and MD in Health Informatics courses that lead to Board Certification of Specialists in the field of Health Informatics in the country. Sri Lanka is only the second country in the world, after USA, to recognize Biomedical and Health Informatics as a medical specialty. Over the past decade, Sri Lanka's Digital Health ecosystem has grown around the graduates of this programme. They have spearheaded the development of a sustainable digital health ecosystem in Sri Lanka. Prof. Dissanayake has been providing leadership to these initiatives at National level since 2009.

From Left: Mr Kiththi Perera CEO SLT; Prof. Sampath Amaratunge Vice Chancellor, University of Sri Jayewardenepura, Mr. R.M.D.B. Meegasmulla Secretary to the Ministry of Posts & Telecommunications; Mr Kumarasinghe Sirisena, Group Chairman SLT; Mr Priyantha Fernandez COO SLT and Prof Vajira H.W. Dissanayake.

These initiatives that commenced in Sri Lanka were internationalized in 2016 when Prof. Dissanayake took over as the President of the Commonwealth Medical Association. The leading role that Sri Lanka is now playing globally in the field of digital health under the leadership of Prof. Dissanayake is highlighted by;

- The Commonwealth Digital Health Initiative, a programme founded by him,
- The establishment Commonwealth Digital Health Centre, which was launched during the Commonwealth Heads of Government Meeting in London,
- The setting up of W.H.O. collaborating centre for Digital Health at the Faculty of Medicine, University of Colombo, which is currently in progress, and
- The recently concluded Digital Health Week that was held in Colombo with the participation of over 600 delegates from 60 countries.

Professor Dissanayake holds several portfolios that exemplify the role he plays to further the development of Digital Health in Sri Lanka and internationally. He is the current,

- President of the Health Informatics Society of Sri Lanka,
- Chairman of the Commonwealth Centre for Digital Health, and
- President Elect of the Asia Pacific Association for Medical Informatics

He also serves as,

- A member of the Digital Health Guidelines Development Group on Reproductive, Maternal, Child, Newborn, and Adolescent Health of the World Health Organisation
- A member of the Working Council of the Asia eHealth Information Network, and
- A member of the Steering Committee of the Global Digital Health Index

In the field of medicine he is the;

- President of the Commonwealth Medical Association
- A member of the Executive Board of the Global Genomics Medicine Collaborative, and
- A Board Member of the Forum for Ethical Review Committees in Asia and the Western Pacific

These are in addition to the roles he plays at the University of Colombo as,

- Chair Professor and Head of the Department of Anatomy and
- Director of the Human Genetics Unit.

He has held the office of President of the Sri Lanka Medical Association in 2012.

In recognition of his outstanding contribution he was elected a fellow of the National Academy of Sciences of Sri Lanka in 2013 – the highest National honour that academics could bestow on one of their peers.

Prof. Vajira H. W. Dissanayake honoured with the SLT ZeroOne Life Time Achievement Award

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The Launch of a Textbook on Communication and initiation of the National Programme for Training in Communication Skills in Healthcare

Birth of the Communication Core-group of the Sri Lanka Medical Association

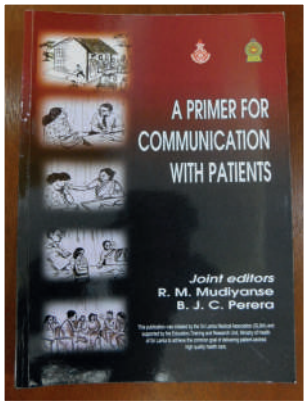
The Sri Lanka Medical Association is pleased to announce the launch of the text book on communication skills; "A PRIMER FOR COMMUNICATION WITH PATIENTS", together with the initiation of The National Programme for Training in Communication Skills among healthcare professionals and establishment of the Communication Core Group of the Sri Lanka Medical Association as remarkable achievements during the period 2018/2019.

"A PRIMER FOR COMMUNICATION WITH PATIENTS" has touched upon virtually all the different fields of medicine to provide a comprehensive guide on communication in healthcare. The book has three sections: basic concepts of communication, challenges of communication specific to a wide range of fields of medicine and how to teach communication skills, all of which elaborate on the learner-centred experiential method of teaching. Pictures drawn by Dr Thanuja Herath enhanced the messages intended to be illustrated in the book. The page designer Mr Thakshan R. Piyasiri's efforts in producing a classy cover are deeply appreciated. The book itself had a gestational period of about one year and it involved a sustained effort on the part of the two editors and 35 chapter authors to refine and produce the volume. The final product was quite pleasing to the eye and the content was commended by the world-renowned communication skills expert teacher Professor Jonathan Silverman in his foreword to the book. The Ministry of Health has undertaken to publish the book as a supplementary aid to the series of events planned to disseminate communication skills among healthcare professionals in Sri Lanka. The book was launched at the Aldo Castellani Auditorium of the Medical Research Institute with the participation of officials from the Ministry of Health, Post Graduate Institute of Medicine and the SLMA, on 27th December 2018.

The need for a programme to disseminate communication skills among healthcare professionals has been recognized in many forums. SLMA has paid special attention to making a significant contribution in that endeavour. The Education, Training and Research Unit of the Ministry of Health has come forward to join hands with the SLMA to develop a National Programme to disseminate communication skills among healthcare professionals. It is envisaged to establish 10 major healthcare institutes selected from 9 provinces as Centres for Training in Communication Skills. Eighty prospective trainers from those institutes were trained to be facilitators and simulated patients at the two-day workshop conducted by the SLMA. They are expected to conduct communication skills training workshops in those institutions. Outcomes of the entire programme would be monitored in the form of a multi-centre educational research activity by a pre-test and post-test evaluation of the performance of participants. All the institutions will also be invited to publish their activities and the best disseminators of communication skills would be recognised and rewarded at the National Conference on Communication in Healthcare, scheduled to be held towards the end of 2019. The entire programme would be supported and funded by the Ministry of Health of Sri Lanka.

The Communication Core Group of the Sri Lanka Medical Association was established with the vision to enhance humaneness in health care. The stated mission of this core group is **"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."** The communication core group will engage in multiple activities. An Inter-Faculty Narrative Competition for medical students and an Inter-Institutional Narrative Competition for other categories would be one of the highlights in the year 2019. Narrative skills will enhance and develop the capacity for deeper understanding and engagement in emotional interactions within the real-life scenarios.

It is our fervent hope that all these ventures would facilitate the path to creating good and humane doctors in our society.



Monthly meetings for media and public on health-related issues

The SLMA organised monthly meetings for the media and public on two important health-related issues, during the months of January and February. The events were attended by doctors, members of the public and several representatives of media organisations.

The first meeting, held on 9th January at the NDW Lionel Memorial Auditorium, SLMA, focused on the theme 'Violence Against Children' to mark the National Day Against Child Abuse on the 4th of January. 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 4th of February marked World Cancer Day, in view of which, the SLMA organised a meeting in collaboration with the National Cancer Control Programme, Health Promotion Bureau and Sri Lanka Cancer Society on the 'Prevention, control and treatment of cancer'. The event was held on 1st February, 2019 at the NDW Lionel Memorial Auditorium, SLMA. Dr. Sudath Samaraweera, Director, National Cancer Control Programme, Dr. Suraj Perera, Consultant Community Physician, National Cancer Control Programme and Dr. Dehan Gunasekera, Consultant in Radiation and Medical Oncology, National Cancer Institute served as the resource persons at the event.



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The scientist was very happy and continued to work. However, he was so engrossed in his project that he lost track of time. When he looked at the time, it was 9.00 pm. He felt terrible. He grabbed his jacket and rushed home. He expected disappointed long faces from his children and fireworks from the wife.

When he got home the wife was very relaxed and reading a magazine. She asked very quietly ***"Would you like a cup of coffee with me or would you like to go for dinner straightaway?"*** The man ***answered "I will have coffee with you but where are the children?"*** The wife replied ***"your boss came at 5.15 pm and took the children to the exhibition".***

The boss had gone into the scientist's office at 5.00 pm and seen him completely engrossed in his work on the project. He had known that the scientist had lost track of time and the boss did what had to be done, ever so quietly. The boss let the scientist do his work in peace and then he did what the scientist had to do for his family.

The project was completed in record time.

Would you like to guess who the boss was?

It was late Dr. A. P. J. Abdul Kalam, the former President of India; the able, capable and super-sensitive mastermind behind the Space Research and the Missiles Project of India.

Greatness is not just about rubbing shoulders with the big guys. The true quality of greatness is how we treat the apparently small and least amongst mankind whom we work with. If we truly want to achieve success, we must connect to the big and the small. At all levels, we must treat them with respect, dignity and sensitivity.

Extracted from a video sent by Professor Sanath P. Lamabadusuriya. Rearranged and compiled by Dr. B.J.C. Perera

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