

SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

MAY 2019, VOLUME 12, ISSUE 05



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Tobacco and Lung Health

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CHOOSE HEALTH NOT TOBACCO

31 MAY WORLD NO TOBACCO DAY #NoTobacco



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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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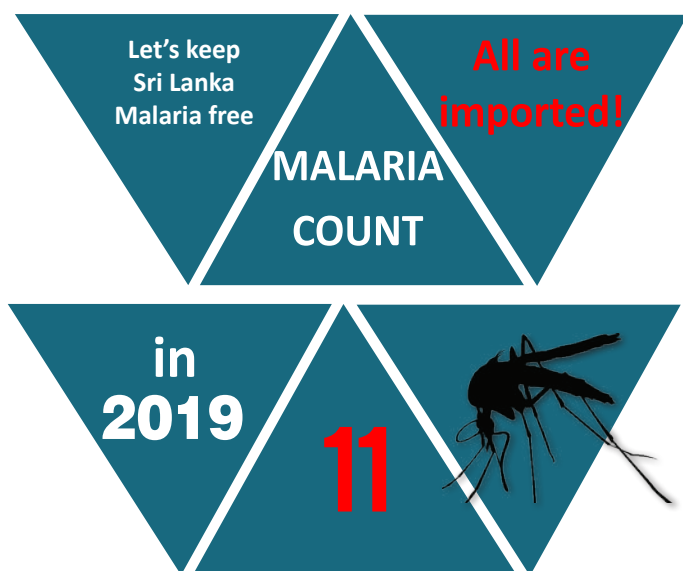
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The Way Forward from the Easter Terror and Tragedy

Dear Members,

The tragic events on Easter Sunday compelled me to release the following press statement which appeared in the Daily News of the 25th of April and the Daily Mirror of the 27th of April 2019.

“The Sri Lanka Medical Association (SLMA), the apex body of all professional medical associations of Sri Lanka, is deeply saddened by the horrific acts of terrorism which have resulted in the barbaric massacre of over 250 fellow citizens of our country and foreign nationals.

At this moment of unprecedented violence, the members of the medical profession have rallied round the clock and done their utmost to treat the injured and alleviate the suffering of the affected patients.

The SLMA extends its heartfelt condolences to the families of the deceased and hope the injured will recover speedily. Along with all peace loving citizens of our country, we condemn this terrible act of violence and hope that the government will introduce effective measures to prevent repetition of further catastrophes of this nature.

*Dr. Anula Wijesundere,
President, SLMA.”*

The country was emerging from a prolonged vacation after the Sinhala and Tamil New Year celebrations when terror struck on holy Easter Sunday morning. These bombings rocked the nation by the sheer magnitude and precision of multiple, coordinated and deadly attacks simultaneously in three churches and three luxury

hotels in Colombo. The massacre resulted in a total of 243 deaths including 42 foreigners. Over 500 received multiple severe injuries.

In 2009, Sri Lanka had ended a 30 year war with the LTTE terrorists. May 19th, 2019 would have heralded 10 years after our armed forces eliminated the most powerful, sophisticated and gruesome terrorist group in the world at that time, the LTTE. Sri Lanka needed and deserved a respite from the tight security that prevailed during the conflict period. However unfortunately, we transformed from maximum security to zero security with absolute complacency. The extremist Islamic terrorists took full advantage of this security lapse. They caused carnage with simultaneous bombings resulting in the barbaric massacre of locals in prayer and unsuspecting tourists enjoying Easter Breakfast.

Today people of Sri Lanka are under a cloud of extreme anxiety, tremendous stress and immense fear despite having survived a 30 year terrorist war. People are now virtually paralyzed by fear after a single day of terrorist activity. The attendance in offices has now slowly returned to normal and traffic is now returning back to the deserted streets. However, parents do not send their children to school still, three weeks after the explosions, unlike during the period of LTTE terror when school attendance was near normal.

This is possibly due to the 30 year protracted war, resulting in some Sri Lankans becoming desensitized to death and destruction. Furthermore, people felt safer, as most of the destruction was in the Northern and Eastern provinces and not so much in the heart of the capital city as the present bombings.

The unsung heroes of Easter Sunday.

The staff of National Hospital (NHSL), Colombo and General Hospital, Negombo worked with dedication, efficiency and meticulous precision at very short notice in the wake of the bombings. Dozens of ambulances were dispatched to sites of explosions and the injured brought for urgent attention. “Triaging” took place in the receiving areas of the accident service with the most seriously injured sent

for resuscitation, multiple trauma patients sent to operating theatres and those with minor injuries sent to the wards. Intensive care units, high dependency units and operating theatres were opened up. Immediate attention was given to each and every victim brought to hospital. All categories of hospital staff worked with tremendous commitment and must be commended for their devotion to duty at this time of national crisis.

The Armed Forces

In the immediate aftermath of the bombings the Sri Lankan police and the armed forces worked at great risk to their lives, despite three policemen succumbing to injuries at the hands of suicide bombers in Dematagoda. Since then, they have swiftly tracked down suspects, detected and unearthed weapons, explosives, ammunition and swords. They have also gathered vital information from every province. Vigilance by the public is of paramount importance and all information must be conveyed to the armed forces for necessary action. The entire nation owes a debt of gratitude to our Armed Forces for their dedication and commitment in eradicating all forms of terrorism in our country.

The Role of Religious Leaders

In the aftermath of the Easter Sunday carnage, His Eminence, Malcolm Cardinal Ranjith has become the toast of all Sri Lankans, for the role he played in ensuring peace in the wake of the horrendous fate that overcame the Catholic community in the country on Easter Sunday. The composure he maintained amidst grave provocation and his request to the people not to harm a single Muslim person came in for much praise from all quarters.

The members of the Maha Sangha too appealed to the public to exercise maximum calm and restraint in this period of great crisis, and to engage in day to day activities while maintaining peace and unity among all Sri Lankans.

The way forward

The government must now halt the propagation of all extremist racial and religious ideologies in all forms.

Contd. on page 05

The Way Forward...

What the country expects from all politicians is to rise above party politics and work as true statesmen. They should stop the blame game and work together to elevate Sri Lanka from the current abysmal depths the country has now fallen into.

It is up to the government to strengthen the security forces to defeat and eliminate the menace of all terrorists' organizations in the country. They should then collectively focus on all efforts to build the lost confidence and ensure peace and security

of our people.

Sri Lanka now lies at a critical juncture. It is imperative that all Sri Lankans strive for peace, inter communal harmony and maintenance of law.

In conclusion, it must be remembered that Sri Lanka is a resilient country of courageous people. We have overcome centuries of foreign invasions. We have recovered from the tsunami disaster of 2004 and two JVP insurrections. We success-

fully concluded a 30 year protracted terrorist war. I'm confident that in time, with improvement of the security situation, Sri Lanka can rise again and become the true pearl of the Indian Ocean, reaching the top position amongst tourist destinations as depicted in the "Lonely Planet" review, in the not too distant future.

Dr. Anula Wijesundere,
President, SLMA

SLMA Guest Lecture: A Security Update

Dr. Amaya Ellawala
Asst. Secretary, SLMA

In light of the prevailing security situation in the country, the SLMA invited a senior officer of the Military Intelligence to deliver the Guest Lecture for the month of May 2019. The lecture titled 'Current security situation in Sri Lanka', was held on 16th May 2019 at the Professor NDW Lionel Memorial Auditorium of the SLMA.

The event began with a brief note of welcome from the President of the SLMA, Dr. Anula Wijesundere, who expressed her sincere gratitude to the Armed Forces and the Police for their

untiring efforts in ensuring the safety of the Sri Lankan people. The video titled 'Api venuven api' was then played as a tribute to the Armed Forces and Police. The Military Intelligence Officer briefed the audience about the security measures that have been implemented since the 2019 Easter Sunday attacks. He urged the citizens of the country to resume normal daily activities. However, he highlighted the need for constant vigilance and compliance with national security measures. His parting message to the audience was the futility and injustice of generalising the devastating actions of an extremist minority to the larger community. He emphasised the need for all Sri Lankans to unite in order to maintain peace during these turbulent times.



SLMA

SRI LANKA MEDICAL ASSOCIATION

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28.05.2019

Media Statement

The Sri Lanka Medical Association statement on the incident reported from Kurunegala Hospital

The Sri Lanka Medical Association, the apex body of the medical profession in Sri Lanka, is deeply concerned about the situation which has arisen following the allegations made against a medical professional from Teaching Hospital Kurunegala.

We expect that the ongoing investigations will be conducted methodically by the relevant authorities and completed without delay.

We urge all, especially the members of the medical profession, to refrain from making hasty and ill-considered statements until the true facts are established. Such actions could aggravate the already troubled situation in the country at present.

Anula Wijesundere

Dr. Anula Wijesundere
President - Sri Lanka Medical Association
(On behalf of Council of the Sri Lanka Medical Association)

World No Tobacco Day 2019: Tobacco and Lung Health

Dr. Sajeeva Ranaweera

Expert Committee on Tobacco, Alcohol and Illicit Drugs, Sri Lanka Medical Association

The theme for the World No Tobacco Day 2019 is "Tobacco and Lung Health".

Tobacco use is the single most preventable cause of death. Smoking is a leading risk factor for early death and disability and is attributed to 76 different illnesses. It is estimated to kill 8 million people each year. Eighty percent of the almost billion people estimated to be current daily smokers come from low and lower middle-income countries such as Sri Lanka.

In Sri Lanka tobacco is used as cigarettes, 'beedi' and different smokeless tobacco products. The economic costs of cancers related to tobacco in Sri Lanka for 2015 was estimated to be US\$ 662 million. This included direct costs incurred by the health system and indirect costs of loss of work and premature deaths. In Sri Lanka, deaths due to NCDs were estimated to be around 75% of total deaths. Therefore, the contribution of tobacco to this disease burden is considerable.

World Health Organisation STEPS Survey of Sri Lanka in 2015 found the prevalence of current smoking to be 29.4% for males

and 0.1% for females. This survey also found that 26.0% of males and nearly 5% of females currently used smokeless tobacco. The WHO Global Youth Tobacco Survey 2015 showed that 3.2% of boys and 0.2% of girls between 13 and 15 years of age smoked at least once during the 30 days preceding the survey.

There are several evidence-based policy interventions that will reduce tobacco use and its harm. Complete ban on advertising and sponsorships, smoke-free public places and optimum taxation of tobacco products are most effective, along with community empowerment. Sri Lanka has comprehensive laws on advertising of tobacco and on smoking in public places which will be further strengthened through amendments to the National Authority on Tobacco and Alcohol Act, which is expected this year. What Sri Lanka needs currently at policy level is a transparent policy on optimum tobacco taxation. Such a policy will reduce tobacco consumption while increasing government revenue from taxes. Currently there are only ad-hoc tax increases which are shown to be benefiting the tobacco industry. The SLMA and NATA held a joint press conference last year to discuss this issue.

Another aspect of tobacco control that

needs attention is preventing the constant interference of the tobacco industry on the formulation, approval and implementation of effective tobacco control measures. This is a well-documented phenomenon internationally. There are many examples of such interferences in Sri Lanka, which are documented in the Website of the Centre for Combating Tobacco (CCT) of the Faculty of Medicine, University of Colombo. SLMA is a technical partner of CCT. This Centre functions as an observer for tobacco industry activities, records and reports such activities with evidence on their website "Tobacco Unmasked".

The Sri Lanka Expert Committee on Tobacco, Alcohol and Illicit Drugs of the Sri Lanka Medical Association has worked closely with National Authority on Tobacco and Alcohol (NATA) over the past years as a technical partner. It has provided support on training, policy advocacy and programme implementation to NATA on tobacco control including smokeless tobacco control and alcohol control. The landmark research project on Costs of the Tobacco and Alcohol in Sri Lanka which was published last year was a collaboration between NATA, SLMA and WHO. SLMA will conduct a joint press conference with NATA and the College of Pulmonologists for the World No Tobacco Day on 29th May 2019.

How tobacco endangers the lung health of people worldwide

World No Tobacco Day 2019 will focus on the multiple ways that exposure to tobacco affects the health of people's lungs worldwide.

These include:

Lung cancer. Tobacco smoking is the primary cause for lung cancer, responsible for over two thirds of lung cancer deaths globally. Second-hand smoke exposure at home or in the work place also increases risk of lung cancer. Quitting smoking can reduce the risk of lung cancer: after 10 years of quitting smoking, risk of lung cancer falls to about half that of a smoker.

Chronic respiratory disease. Tobacco smoking is the leading cause of chronic obstructive pulmonary disease (COPD), a condition where the build-up of pus-filled mucus in the lungs results in a painful cough and agonising breathing difficulties. The risk of

developing COPD is particularly high among individuals who start smoking at a young age, as tobacco smoke significantly slows lung development. Tobacco also exacerbates asthma, which restricts activity and contributes to disability. Early smoking cessation is the most effective treatment for slowing the progression of COPD and improving asthma symptoms.

Across the life-course. Infants exposed in-utero to tobacco smoke toxins, through maternal smoking or maternal exposure to second-hand smoke, frequently experience reduced lung growth and function. Young children exposed to second-hand smoke are at risk of the onset and exacerbation of asthma, pneumonia and bronchitis, and frequent lower respiratory infections.

Globally, an estimated 165 000 children die before the age of 5 of lower respiratory infections caused by second-hand smoke. Those who live on into adulthood continue to suffer the health consequences of second-hand

smoke exposure, as frequent lower respiratory infections in early childhood significantly increase risk of developing COPD in adulthood.

Tuberculosis. Tuberculosis (TB) damages the lungs and reduces lung function, which is further exacerbated by tobacco smoking. The chemical components of tobacco smoke can trigger latent infections of TB, which around a quarter of all people are infected with. Active TB, compounded by the damaging lung health effects of tobacco smoking, substantially increases risk of disability and death from respiratory failure.

Air pollution. Tobacco smoke is a very dangerous form of indoor air pollution: it contains over 7 000 chemicals, 69 of which are known to cause cancer. Though smoke may be invisible and odourless, it can linger in the air for up to five hours, putting those exposed at risk of lung cancer, chronic respiratory diseases, and reduced lung function.

World No Tobacco...

DON'T LET TOBACCO TAKE YOUR BREATH AWAY



CHOOSE HEALTH NOT TOBACCO

31 MAY WORLD NO TOBACCO DAY [#NoTobacco](#)





9TH INTERNATIONAL CONFERENCE ON BIRTH DEFECTS AND DISABILITIES IN THE DEVELOPING WORLD

23-26 OCTOBER 2019
COLOMBO, SRI LANKA

CALL FOR ABSTRACTS



ABOUT THE CONFERENCE

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

ABSTRACT SUBMISSION

We are now accepting abstracts for the 9th International Conference on Birth Defects and Disabilities in the Developing World to be held from 23 - 26 October 2019 in Colombo, Sri Lanka.

Professionals, policy makers, researchers and students working in the areas related to the theme and topics of this conference are invited to submit abstracts for consideration.

IMPORTANT DATES



CALL FOR ABSTRACTS

01 February 2019



SUBMISSION DEADLINE

30 April 2019



ACCEPTANCE NOTIFICATION

30 June 2019



REGISTRATION DEADLINE

15 August 2019



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A Reflection on the Communication Skills Teaching Workshop for the ASIRI Group of Hospitals

SLMA Joint Clinical Meeting in Collaboration with the Asiri Group of Hospitals

Professor Rasnayaka M Mudiyanse
Chairman of the SLMA Core Group on
Communication in Healthcare

SSLMA conducted a Communication Skills Teaching Workshop for doctors of the ASIRI Group of Hospitals on 3rd May 2019, at the Auditorium of the Asiri Surgical Hospital. From the perspective of a teacher, I see this one-day workshop as a slightly different experience from the series of routine workshops that the Core Group has been conducting over the past year. Therefore, reflection on this teaching experience is considered to be a useful exercise.

Planning and accomplishing a successful experiential learning session to teach communication skills is a challenge for any teacher, mainly due to many uncertainties involved in the process. The extent of acceptance, the enthusiasm of the participants and contributions made by the collaborators and resource persons, have a major impact. The logistical requirements are different to any other educational activity, and evaluation of the programme is even more difficult and not performed most of the time due to the complexities involved.

The educational environment constitutes human as well as non-human factors. Among the latter, availability of facilities, audio-visuals, space and furniture were optimal. Enthusiasm shown by the administration contributed to the success



of the event immensely, and the presence of top administrative officers at the venue was encouraging. It was noted that there had previously been an on-going communication skills training programme that aligned well with our approaches like patient centeredness. Such an initiative created a more conducive environment for teaching/learning. Preliminary arrangements like preparation of reading material and hand-outs were well attended to. All participants came on time. Formalities like the inauguration, lighting of the oil lamp consumed minimal time and we managed to rearrange seating in a manner conducive towards experiential learning, without wasting much time.

The resource team dedicated their time and energy in advance by preparing and practicing scenarios. Their enthusiasm and performance were commendable and appreciated by participants unambiguously.

They had to sacrifice their time and energy to travel all the way to Colombo in spite of tensions due to the recent atrocities. Sacrifices made on family commitments were perceived as a little too much and would have been best avoided. Therefore, in future, it would be better to have trained facilitators and simulated patients dedicated to teaching communication skills within each and every institution. The initiative of the Core Group, the Training of Trainers Programme in 10 major hospitals in the country, is expected to contribute towards this need. It would be beneficial if the Private sector could also follow this initiative to develop such teams.

A shorter version of the reading material was prepared, extracted from the formal SLMA text book "A primer for communication with patients". The book will be made available for learners in the future so that the process of learning will continue.

The enthusiasm of participants was an indication of their desire to learn communication skills, probably driven by the greater necessity for this skill in working in the private sector. They were ready to share their experience during interactive lectures and volunteered to perform in the centre of small groups in experiential learning sessions, generating much required teaching/learning opportunities. The intriguing question "How to handle situations when the opinion of consultants and first contact doctors are in conflict?" was a great opportunity for learning for the resource team as well.



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A Reflection on the...



Evaluation of the success of the communication skills workshop should have been routine practice. However, we failed to even obtain feedback from learners. Therefore, in future, communication skills training programmes should be evaluated by assessment of participants' perceptions, acquisition of skills as well as the impact of the changes on their clinical practice by evaluation of patient satisfaction, empowerment and change of patient behaviours like therapeutic adherence. However, such research

activities demand the commitment and dedication from institutions as well as multiple stakeholders. Private sector health care institutions such as the ASIRI Group of Hospitals would be an ideal place to initiate such an activity. Involvement of patients in research activities is vital as clinical practice is about patients. There is a need for them to be partners rather than participants. Such approaches would support us in looking after patients' interests as well as overcoming barriers in obtaining ethical approval.



Sri Lanka Medical Association

132nd Anniversary International Medical Congress 2019

PRE-CONGRESS SESSIONS	
June 27-28, 2019	
Third Annual Workshop Wound Care College of Surgeons of Sri Lanka Auditorium	
July 22, 2019	
Workshop Establishing and Maintaining Meaningful Patient- and Public-Involvement and Engagement (PPIE) in Research – Workshop II ClinMARC 3 rd floor lecture hall, NHSL	
July 22-23, 2019	
Workshop Communication Skills Postgraduate Institute of Management (PIM) Auditorium	
July 23, 2019	
Workshop Introduction to Medical Research: From Proposal to Paper ClinMARC 3 rd floor lecture hall, NHSL	
Wednesday 24 July 2019 Galadari Hotel, Colombo	
Workshop Evidence-Based Medicine for Busy Clinicians	Public Colloquium Unplanned Pregnancy: The Continuing Controversy
Ceremonial Inauguration	
SLMA Oration	

MAIN CONGRESS		
Thursday 25 July 2019 Galadari Hotel Colombo		
Health and Disease in the Tropics	Preparing for the Future	Special sessions
Symposium Sepsis	Symposium New Technology in Medicine	Masterclass Headache Prof Tissa Wijeratne
Symposium Nutrition in the Tropics	Symposium New Diagnostics	Seminar Medicines Registration in Sri Lanka: What has been Achieved/Not Achieved in 25 Years? Prof Krishantha Weerasuriya
Symposium Dermatology in the Tropics	Symposium Primary Care: The Challenge of Multi-Morbidity	Free paper sessions
Symposium Tropical Infections	Symposium Measuring Human Capital Development: Global and Regional Perspectives	Free paper sessions
Plenaries <u>Keynote address</u> OneHealth: the way forward Prof Malik Pieris Keeping Sri Lanka malaria-free Prof Kamini Mendis	Plenaries Public investments and best practices: addressing health challenges in middle income agenda Dr Ajay Tandon Radiology as a diagnostic tool in cancer Dr Shantanu Sen	Free paper sessions

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Sri Lanka Medical Association...

Friday 26 July 2019 Galadari Hotel Colombo		
Chronic/Non-Communicable Diseases	Cancer	Special Sessions
Symposium Atherosclerotic Vascular Disease	Symposium New Diagnostics in Cancer	Orations NDW Lionel Memorial Oration S Ramachandran Memorial Oration SC Paul Memorial Oration
Symposium Chronic Kidney Disease	Symposium New Therapies in Cancer	Workshop Saving Brain: From Acute Care Through Rehabilitation to Public Health Prof Tissa Wijeratne and team
Symposium Obesity	Symposium Controversies in Screening and Preventing Cancer	Free paper sessions
Plenaries Food allergy and anaphylaxis Prof Suranjith Seneviratne	Plenaries Changing paradigm in myeloma in Sri Lanka Dr Prasad Abeysinghe	Free paper sessions

Saturday 27 July 2019 Galadari Hotel Colombo		
Reproductive Health	Behaviour and Medicine	Special Sessions
Symposium Maternal Health and Disease	Symposium The Challenge of Tobacco, Alcohol and Substance Abuse	SLMA Debate: Proposition: The death penalty should be imposed for drug-trafficking
Symposium Perinatal Medicine	Symposium Accidents: The Epidemic Taken-for- Granted	Seminar Meditation Dr Sarath Gunatilake
Symposium Subfertility	Symposium Promoting Good Health Lifestyle	Seminar CPD Points: The Way Forward
Symposium Human Sexuality Revisited	Symposium Changing Unhealthy Behaviour	Seminar Perinatal Mental Health Dr Trudi Seneviratne
Plenaries Infant mortality trends in Sri Lanka Dr Kapila Jayaratne	Plenaries Tobacco industry interference in health, financial and social policies Dr Mahesh Rajasuriya	Free paper sessions
Doctors' Concert		

Please refer to conference.slma.lk for the detailed programme

Unsung heroes of Easter Sunday 2019

When some aim to kill, doctors never give up on saving lives

By someone who was there

Extracted from Daily News May 1, 2019

issue

It must have been just 9.15 in the morning on Easter Sunday, April 21, when I received a call from my wife to inform me that there had been bomb attacks on some churches.

She wanted me to come home immediately. I was examining my last patient at a private hospital. I got into the car and was driving along the main road when I received a text message. Usually, I would not have looked at it immediately, but in the light of the information given by my wife, I stopped the car by the side of the road and read it. It was a SOS from a medical academic organisation asking doctors to go immediately to the Accident Service of the National Hospital in Colombo and the General Hospital, Negombo, to help with treating the injured. The message did not have any details, but the nature and tone of it was such that it implied a major catastrophe. I phoned my wife and told her that I was going to the Accident Service and drove straight there.

When I got there, the scene was one of absolute mayhem. Scores of injured people were being brought in by ambulances. Most of the injured had horrendous injuries and there was blood everywhere. There were trails of blood following the patients on trolleys who were wheeled into the treatment area. The carnage caused by the attacks was so devastating in its sheer brutality, content and magnitude. The paramedics of the ambulances had initiated basic resuscitation measures and most of the patients were on saline drips and some already had blood transfusions in progress.

Every injured person was attended to immediately. There were large numbers of casualties who were being brought in. Some were fighting for their lives, some were unconscious, some were able to tell us about their symptoms, but the majority were in medical shock. That is a condition that is invariably fatal unless treated very promptly. There were teenagers and young people who had all kinds of dreadful injuries. It was reminiscent of the scene



in a war-time battlefield.

We had to sort out those who were not severely affected from those who had life-threatening injuries. This was done as soon as they were brought to the Accident Service and the not-so-badly injured were promptly admitted to the wards. Those who were desperately ill had at least eight to ten doctors around each of them.



Many basic examinations and manoeuvres had to be undertaken and most importantly, everything had to be documented. Internal injuries with bleeding into the chest, abdomen and head were the conditions that needed to be attended to promptly. Those who had evidence of internal bleeding were rushed to the operating theatres where consultant surgeons were working continuously and frantically to save the lives of these patients. It is to the eternal credit of everybody working in the Accident Service that, as far as I know, no person brought with his or her heart beating died in the receiving area of the Accident Service. Several of them had perished later in the wards, but the attention provided at the receiving area of the Accident Service was absolutely first class. Then, at around 11.00 am, we started to

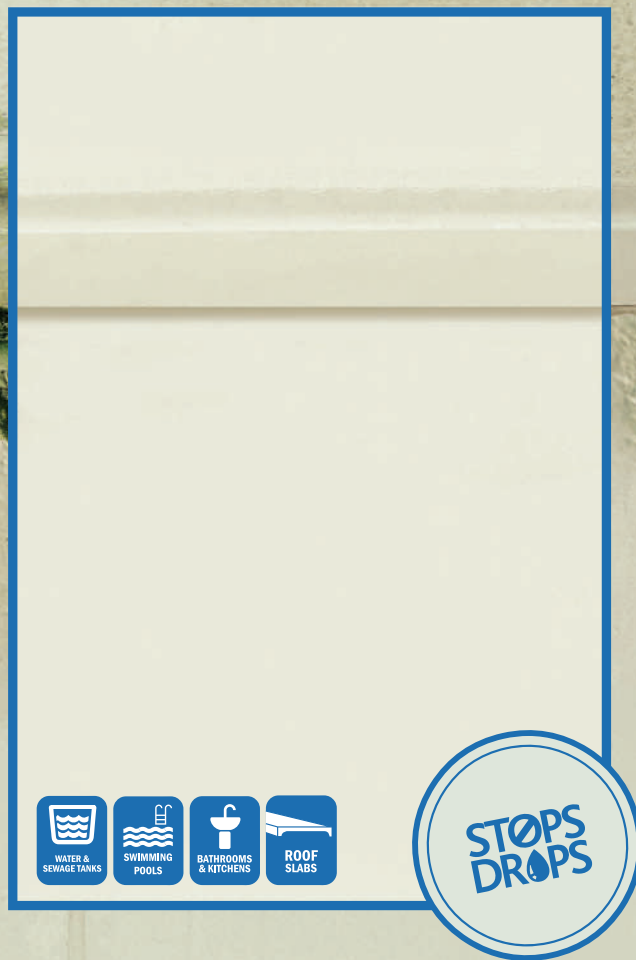
receive cases that were being transferred from the Negombo Hospital and its surrounding medical institutions. These were very severely ill patients who had been resuscitated there, had some tests done and were transferred for specialised attention. There were patients with base of skull fractures, major chest injuries and severe abdominal trauma. All these need to be handled with great care.

Most of the top Administrators of the Health Ministry were present. This included the Health Services Director-General and the National Hospital Director. They did all the organisation of the administrative details without getting in the way of the treatment and curative procedures. They stayed out of the way and outside the treatment area. There were plenty of transport trolleys and beds in the wards which had been efficiently organised by the administrators.

Then, politicians started to arrive to see what was happening. The Health Minister came too and was apprised of the situation. Some of them visited the wards as well.

I was an unknown entity with a stethoscope around my neck to most of the staff in the Accident Service. I am in a different speciality, far removed from surgery. What was needed was to attend to the basics of resuscitation for the severely-afflicted patients. A few young doctors recognised me, but even those who could not make me out were quite happy to have the facility of anything that I could do to help.

Contd. on page 16



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Unsung heroes...

All the administrators, of course, knew me. When I quietly left around 2.00 pm, there was some easing of the pressure in the Accident Service. The doctors of all grades, nurses, non-academic staff and all the other employees of the Accident Service and the National Hospital rose to the occasion in a herculean effort to do their best for the injured men and women. We do not have the most-privileged and enviable reputation as one of the best health services in the region for nothing. The staff showed their colours most vividly, but ever so unpretentiously that day. Commands were given and orders complied with, ever so promptly. When something was asked for, it materialised even from nowhere. The staff worked like Trojans and the more the casualties that were brought in, the harder they worked. They put their collective shoulder to the wheel. No one pulled rank on the others. There were even consultants who pushed trolleys. X-rays and all types of scans were done without any delay. In all the chaos that prevailed, the patients came first and the necessary medical attention was not delayed for anyone. The staff in the Accident Service



worked without food; they just had water. Only when the pressure eased slightly, albeit, after a few hours, was there a little bit of time for some biscuits and plain tea.

There are many people in other professions who rendered yeoman service in those hard times. The Armed Forces and the Police worked at great risk to their own lives. They need to be treated like God's own gift to mankind. However, it must not be forgotten that all grades of staff in the Accident Service and the Colombo National Hospital played a significant and crucial role in dealing with the aftermath of this unspeakable calamity that was a

national tragedy. They were indeed the nameless, faceless and unsung heroes and heroines of that fateful Easter Sunday. This writer saw it with his own eyes. They were the guardian angels of the injured who required their assistance so desperately in their hour of need. None of the wounded persons was left wanting.

Please, do ask any of the patients who survived. They would be the first to acknowledge the way they were looked after. The staff members who toiled so hard in the Accident Service that day richly deserve a resounding encomium and the tributes of our entire nation.

Sometimes

Sometimes we must leave in order to arrive
Sometimes we must go up to know we belong on the ground
Sometimes we bow to know why we should stand
Sometimes you have to be apart to know you belong together
Sometimes we need to see something small to know what is great
Sometimes to know what is right we need to see what is wrong

BECAUSE, SOMETIMES YOU HAVE TO SEE TO BELIEVE.

Friends,

We as a nation have now seen enough.

SO, LET US START BELIEVING IN OUR COMMON SRI LANKAN (SLK) IDENTITY.

Dr. Ruvaiz Haniffa
Immediate Past President, SLMA

Dr. A. T. W. P. Jayawardena



Dr. A. T. W. P. Jayawardena, affectionately known to all of us as Dr. Thistle Jayawardena, is no more. That doyen of medical and surgical intensive care in Sri Lanka breathed his last on the sixth of May 2019, after 90 years of an illustrious sojourn on this planet. It was a solemn and peaceful end to a sublimely productive and immensely successful life of a leading light of the medical profession of Sri Lanka.

We grieve the loss of one of the greatest sons of Mother Lanka who was a model of academic brilliance, innovativeness, creativity and entrepreneurship, as well as a renowned archetype of humility. A man with a heart as large as his imposing physique, he was the father of, and the Godfather for, that most laudable venture of establishing Intensive Care Services to seriously ill patients in the whole of this emerald isle.

Young Dr. Jayawardena, following his postgraduate training and fresh from the acquisition of the coveted Fellowship of the Royal College of Anaesthetists of the United Kingdom, returned to the island in 1964. He was posted as the Consultant Anaesthetist to the Badulla General Hospital. After that and following a short stint in the Kurunegala General Hospital, he was appointed as the Consultant Cardio-Thoracic Anaesthetist to the General Hospital, Colombo. The latter hospital then was planning to start open-heart surgery and a team of five consultants and a nurse were sent to the United States of America for training in that venture. Dr. Thistle Jayawardena was one of the two Consultant Anaesthetists in that team.

On their return, Dr. Jayawardena had categorically stated to the hierarchy of the Ministry of Health that no open-heart surgery could be successfully performed without the services of an Intensive Care Unit. They agreed and entrusted the task of setting up the unit to Dr. Thistle Jayawardena. He worked ever so hard to set up the unit and on that historic day of the 15th of June 1968, the Colombo General Hospital, as it was then known, saw the birth of its Surgical Intensive Care Unit. This was the very first Intensive Care Unit in the entire island.

The rest of course is history. A few years after the opening of the Surgical Intensive Care Unit, a Medical Intensive Care Unit too was established in the Colombo General Hospital. From then onwards, the specialties of Intensive Care and Critical Care expanded and developed in leaps and bounds. The one person who virtually single-handedly took great pains and all necessary steps to establish these specialties was Dr. Thistle Jayawardena. Today virtually every large hospital in our motherland can boast of an Intensive Care Unit for adult patients and quite a few have been able to extend that facility to Paediatric Intensive Care as well. All these units have become the pride of the curative services of our Ministry of Health. Anaesthesia and Intensive Care are not 'glamorous' specialties in the general sense of the phrase. Those consultants are often people who work very quietly, unobtrusively and without fanfare. As a rule, for many of our general populace, all these very fine consultants are quite unknown entities. This is perhaps with the exception of Dr. Thistle Jayawardena, as I am quite sure that many people knew him. Yet for all that, they really are the experts at this calling of treating critically ill patients.

To a veritable legion of patients who were fighting for their lives, Dr. Thistle Jayawardena was perhaps the classical face of their Guardian Angel. Countless numbers of patients have benefitted tremendously from those golden healing hands of this distinguished virtuoso. His services were there for all, irrespective of any and every other mundane consideration such as caste, creed, wealth, political affiliations etc. There must literally be a multitude of

Specialist Consultants and other grades of doctors that Dr. Jayawardena had trained. They have continued to carry the torch that Dr. Jayawardena lit and so lovingly handed over to them by providing them with the finest of training that could ever be given to them.

Dr. Jayawardena was also involved in a multitude of other service portals in the medical profession. These are quite a throng but three would stand out above the others. The first was the Presidency of the Sri Lanka Medical Association, the oldest medical association of Asia and Australasia, which he held with dignity and aplomb in 1991. The second was his stint as the Vice - President of the Sri Lanka Heart Association where he made very significant contributions to cardiology and cardiac surgery. The third is the yeoman service he provided as the Honorary Treasurer of the Sri Lanka Medical Library. These organisations are three of the finest in the medical profession.

Charming and kind to the core, Dr. Thistle Jayawardena was the personification of the ideal doctor. Suavely and nattily dressed always, mostly in a two-piece suit of shimmering whiteness, he was a soft-spoken doctor who always, without any exceptions whatsoever, had the welfare of his patients at heart. As for me, he was a most wise mentor. I have always loved the occasions in which I have had the pleasure and the privilege of pursuing many a fruitful conversation with this incomparable persona grata. Yet for all that, it breaks my heart to be forced to talk about him in the past tense; for he is a man who will live in our hearts forever, a man for all seasons.

Our profound condolences go out to the family members of this wonderful soul. Needless to say that we will miss him forever more.

May the turf lie ever so gently on him and may he rest in eternal peace with his creator.

Dr. B. J. C. Perera

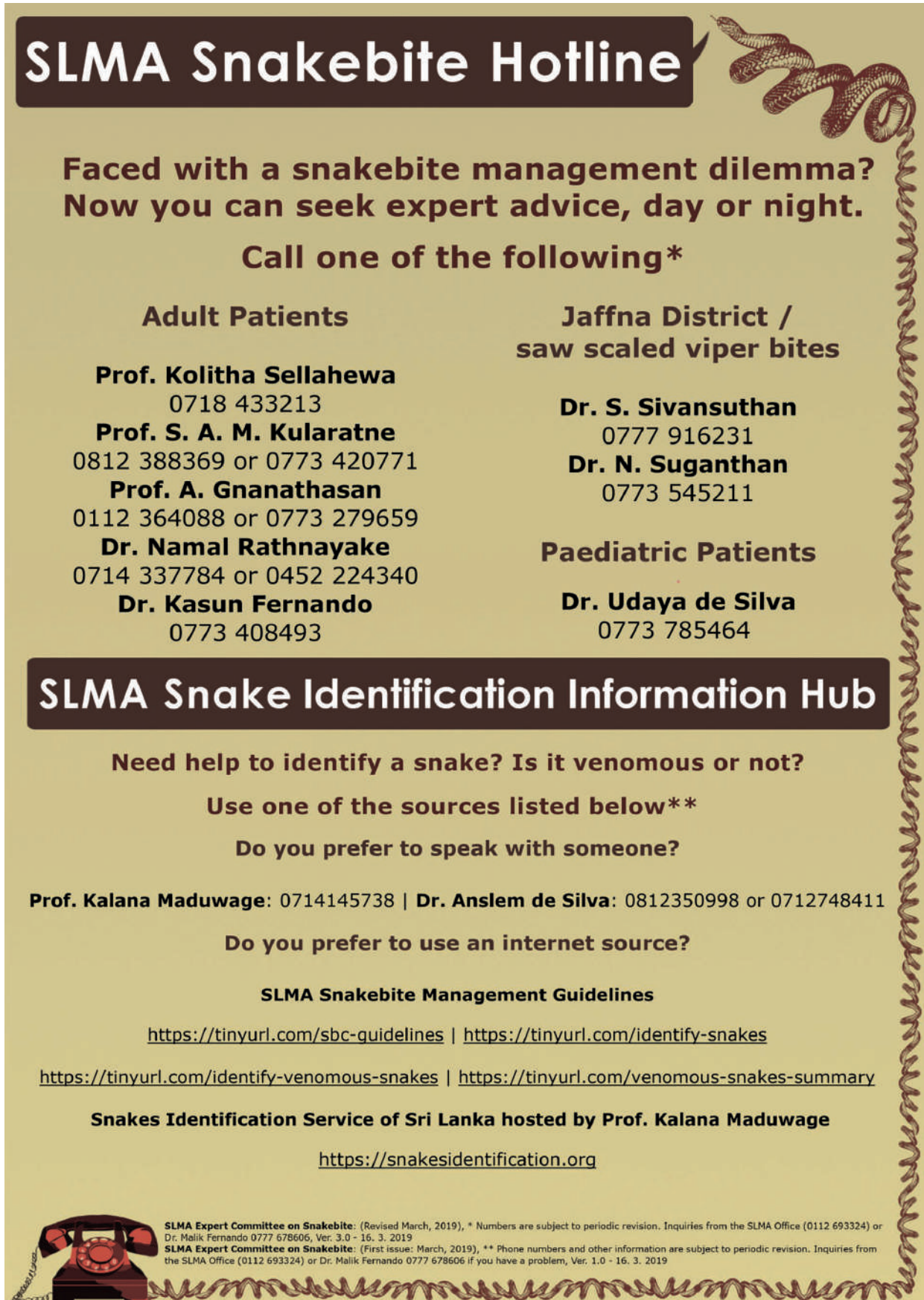
*Specialist Consultant Paediatrician
Past President SLMA – 2013*

Extracted from an article, printed in The Island on 09-05-2019.

Snakebite Management Hotline 2019

The SLMA Snakebite Committee is in the process of revising the Guidelines for the Management of Snakebite. The Hotline 2019 has been expanded with more names of service providers ready to offer advice if needed to resolve management dilemmas. There is also an Identification Hub to help in identification of venomous snakes. This will soon be available on the Snake Bite Committee website as well.

Text of poster edited by Dr. Malik Fernando, layout and design by Dr. Rikaz Sheriff

The poster is titled 'SLMA Snakebite Hotline' in a large, bold, white font on a dark brown background. Below the title, it asks 'Faced with a snakebite management dilemma? Now you can seek expert advice, day or night.' and 'Call one of the following*'. It lists contact information for Adult Patients and Paediatric Patients, including names and phone numbers. A section titled 'SLMA Snake Identification Information Hub' provides links to guidelines and identification services. The poster is decorated with a snake illustration on the right and a telephone illustration at the bottom left.

SLMA Snakebite Hotline

**Faced with a snakebite management dilemma?
Now you can seek expert advice, day or night.**

Call one of the following*

Adult Patients	Jaffna District / saw scaled viper bites
Prof. Kolitha Sellaheewa 0718 433213	Dr. S. Sivansuthan 0777 916231
Prof. S. A. M. Kularatne 0812 388369 or 0773 420771	Dr. N. Suganthan 0773 545211
Prof. A. Gnanathanasan 0112 364088 or 0773 279659	Paediatric Patients
Dr. Namal Rathnayake 0714 337784 or 0452 224340	Dr. Udaya de Silva 0773 785464
Dr. Kasun Fernando 0773 408493	

SLMA Snake Identification Information Hub

Need help to identify a snake? Is it venomous or not?

Use one of the sources listed below**

Do you prefer to speak with someone?

Prof. Kalana Maduwage: 0714145738 | **Dr. Anslem de Silva:** 0812350998 or 0712748411

Do you prefer to use an internet source?

SLMA Snakebite Management Guidelines

<https://tinyurl.com/sbc-guidelines> | <https://tinyurl.com/identify-snakes>

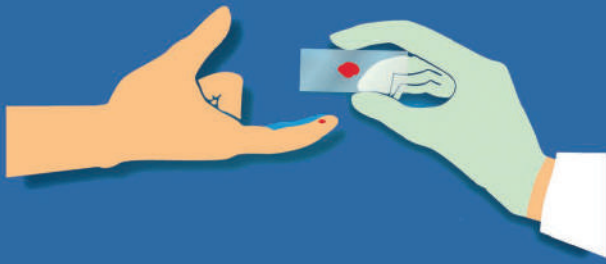
<https://tinyurl.com/identify-venomous-snakes> | <https://tinyurl.com/venomous-snakes-summary>

Snakes Identification Service of Sri Lanka hosted by Prof. Kalana Maduwage

<https://snakesidentification.org>

SLMA Expert Committee on Snakebite: (Revised March, 2019), * Numbers are subject to periodic revision. Inquiries from the SLMA Office (0112 693324) or Dr. Malik Fernando 0777 678606, Ver. 3.0 - 16. 3. 2019

SLMA Expert Committee on Snakebite: (First issue: March, 2019), ** Phone numbers and other information are subject to periodic revision. Inquiries from the SLMA Office (0112 693324) or Dr. Malik Fernando 0777 678606 if you have a problem, Ver. 1.0 - 16. 3. 2019



Reduce the Delay

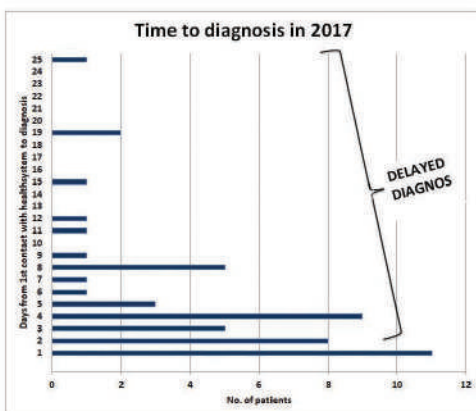
in diagnosing imported **Malaria**

Every single day that a malaria patient is left untreated,

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



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



Your role:

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

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

Call now for free advice, treatment and drugs

011 7 626 626
www.malariacampaign.gov.lk



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