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July 2014, VOLUME 07 ISSUE 05

SLMA NEWS

THE OFFICIAL NEWSPAPER OF THE SRI LANKA MEDICAL ASSOCIATION

127th Anniversary International Medical Congress of the Sri Lanka Medical Association

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SLMA NEWS
THE OFFICIAL NEWSPAPER OF THE SRI LANKA MEDICAL ASSOCIATION
July, 2014 Volume 07 Issue 05

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SLMA news Editorial Committee-2014

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President's message

Message from the President of the Sri Lanka Medical Association

I am truly delighted to send a brief message to this issue of our monthly newsletter which will mainly highlight the programme of the127th Annual International Congress being held in mid July. First of all we are deeply privileged and honoured to welcome our President, His Excellency Mahinda Rajapakse, who in spite of his extraordinarily busy schedule, consented to inaugurate the Congress as our esteemed Chief Guest. We also value the presence of our Hon. Minister of Health, Mr. Maithripala Sirisena, who has always been a friend, guide and a great supporter of the Sri Lanka Medical Association. I also wish to welcome our Guest of Honour, Prof Tissa Kappagoda, a brilliant product of Colombo, a leading cardiologist and a highly esteemed researcher in health promotion and prevention of cardiac illness. I also wish to welcome all of the other distinguished scholars, academics and practitioners both from Sri Lanka and abroad. It is a great privilege for us to host them and benefit from their knowledge and wisdom.

The theme selected for the year is, "Globalizing the paradox of Sri Lanka's health achievements and challenges", and we will showcase the remarkable health gains that Sri Lanka has made in the past few decades and highlight how Sri Lanka has been able to consistently deliver good health at low cost. We will also share the current challenges and try to draw lessons from those countries that have been addressing them rather successfully. Even here, some of the work that are currently going on in Sri Lanka to address the non communicable diseases that are gradually dominating the disease burden are worthy of wider dissemination. We are fortunate that some of the best scientists, practitioners and researchers in health sciences from Sri Lanka and around the world have consented to contribute as resource persons and orators at this years' International Medical Congress of the SLMA and they are sure to offer a rich assortment of lectures, symposia and workshops. I welcome all of them to Sri Lanka and hope they will enjoy their stay in our country.

In addition to the resource persons from overseas we are truly honoured to host the delegates of the Medical Associations from almost all the South East Asian countries this year and here I want to express my deep gratitude to my WHO colleagues in these countries and to the Regional Director of the WHO. I hope this affiliation and friendship will grow and become a regular feature with time as we can learn so much and benefit from each other's expertise and experiences in health development. The Council, the Organizing Committee of the Sri Lanka Medical Association and the multitude of our energetic supporters rallied round willingly and with passion and have undertaken an immense amount of demanding work to develop an exciting and educative programme. As the President I wish to thank all of them very sincerely and want to say how deeply we are indebted to all of them for their valuable contributions.

Finally I hope all of you will enjoy the programme of activities, including the attractive social programmes that have been lined up by the Committee. Once again a very warm welcome and all the very best.

Dr. Palitha Abeykoon

Sleep Hygiene: A necessary ingredient in the treatment of Insomnia

Dr. D S Jayamanne MBBS(Cey), MD(USA), Dip in Pulmonology(USA)

Sleep hygiene refers to specific behaviours that are conducive to or incompatible with normal sleep. Knowledge of this topic is extremely useful in analyzing and helping people with Persistent Insomnia as well as other sleep disorders.

Before embarking on the specifics, let me present a brief overview of sleep and the fascinating sleep-wake cycle that we go through every day. Sleep is an essential component of living. It allows us to function well while awake. Sleep deprivation makes for a miserable daytime and it also has been used as torture. Without sleep, eventually, we will die. On the brighter side, good normal sleep allows us to be functional and efficient. It also improves our mood and facilitates good cheer.

Life proceeds in a cycle: the sleep-wake cycle. At birth and soon thereafter, we sleep for about 16 hours and are awake for about 8 hours. By adulthood (or even slightly before) this cycle is completely reversed; i. e. we are awake for 16 and are asleep for 8 hours. In humans, being awake and asleep is a function of the brain. Imagine, therefore, the changes the brain has to go through from the time of birth to accomplish this necessary feat so that we can be socially engaged and functional. The study of sleep and the sleep disorders that afflict us i.e. Sleep Medicine is a vital component of a good Medical Education and should be an integral part of a good Medical School curriculum.

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Sleep Hygiene ...

The sleep-wake cycle is a circadian rhythm; i. e. it lasts about a day (circa means about, and dian means a day). This rhythm is a result of a "master circadian clock" which resides in the Supra Chiasmatic Nucleus (SCN) located in the Anterior Hypothalamus. A "free running" sleep-wake cycle does not exactly coincide with 24 hours. Therefore, external stimuli are needed to synchronize the master clock. This, in sleep terminology, is called entrainment. By far the biggest stimulus for entrainment is the light-dark cycle. This physiological process is also referred to as photic entrainment. Photic entrainment occurs mainly via the Retino-Hypothalamic tract. Hence, being born blind results in significant sleep-wake disturbances.

The SCN also plays an important role in the regulation of several hormones, including Melatonin and Corticosteroids, the former enhancing sleep and the latter a necessary hormone for activity. Multiple neurotransmitters are involved in the normal functioning of the SCN, chief amongst which is Gamma Amino Butyric Acid or GABA.

Sleep begets wakefulness and wakefulness begets sleep. It is, thus, equally important to discuss the wakeful state in order to understand sleep. The wakeful state is maintained by widespread activation of the cerebral cortex via neurons that project from the brain stem, mainly the Reticular Formation. Both Thalamic and Extra Thalamic pathways projecting to the cortex have been identified. Furthermore, Hypothalamic connections to the Autonomic Nervous System also plays a role in this process. The neural networks involved in maintaining sleep and wakeful states, by and large, are of two types: Excitatory and Inhibitory neurons/neurotransmitters. It is a balance between these that promotes sleep and wakefulness.

The wakeful state may be thought of as having several "degrees", described as Awake, Attentive, Alert, Vigilant and Hyperaroused. The state of arousal can be attributed, according to some authors, to sensory, cognitive or cortical causes. Enhanced sensory processing around sleep time may prevent optimal sleep onset.

Hyperarousal is thought to play a role in the genesis of Insomnia. Wakeful state is also a thoughtful state. And wakefulness begets thoughts and thoughts beget wakefulness. While it is not within the domain of this article to examine the process of thinking, it nevertheless is useful to understand the close connection between the two; i.e. wakefulness and thoughts. Anyone who has attempted meditation, specially Buddhist Meditation, will soon have recognized the difficulty in "getting rid of thoughts" that "cross the mind" while awake. Thoughts, then, are extremely pertinent to maintenance of wakefulness, and attempts to modify the thought process is of fundamental relevance to sleep hygiene.

Insomnia that is persistent is one of the more disabling medical problems encountered by patients.

Anyone who has spent a few nights "counting sheep", rolling around in frustration, getting in and out of bed and the toilet, waiting for dawn to start "doing something", knows the agony of not being able to sleep night after night. Although in some countries, Psychiatrists are given the responsibility of handling these patients, it is only in a few situations that sleep disorders are clearly due to a Psychiatric illness. A thorough knowledge of sleep and sleep disorders will go a long way in helping these unfortunate patients by focusing on their sleep in addition to their Psychological state.

Chronic Persistent Insomnia, may be broadly defined (since some clinical parameters are needed) as insomnia occurring more than 3 nights per week and lasting more than 3 to 6 months. Its major features are;

1. Delayed time to sleep onset or delayed sleep latency
2. Time spent awake in between short sleep episodes.

The magnitude of the prolonged sleep latency and awake time after sleep onset will, in general, give some idea about the severity of the condition. This disorder necessarily has daytime consequences in the form of lethargy/fatigue, excessive sleepiness and poor daytime functioning. An insomniac may, with time, develop mood disorders as a consequence and not as a primary feature of the disease. This is where the diagnosis may be missed and the patient diagnosed as, say, having depression.

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Sleep Hygiene ...

A good clinical history will show that the sleep disturbance came before the changes in mood and that the main diagnosis is Chronic Persistent Insomnia (not depression).

Chronic Persistent Insomnia is a disabling clinical condition and is perhaps the most important entity wherein good sleep hygiene is essential to achieving successful therapeutic results. There are many interacting factors that are involved in its genesis and some authors broadly categorize them into 3 groups – the Predisposing, Precipitating and Perpetuating factors (or the 3 Ps). However, it is recognized that anyone of the Predisposing factors may also be, at times, a Precipitating factor or a Perpetuating factor.

Hyperarousal is considered an underlying physiological state in chronic insomnia. These patients may have clinical evidence of this manifesting as higher heart rate, metabolic rate, and higher levels of ACTH. Other evidence of chronic stress responses such as higher Norepinephrine and Melatonin levels may also be found.

Thus, patients with high trait levels of cognitive arousal may need less activation to prevent sleep onset.

Another salient feature seen in most patients with Chronic Insomnia is a tendency to ruminate during the day about their poor sleep. It is thought that the tendency to ruminate goes hand in hand with "over reaction" to life's stressors. Poor handling of life's stresses and a lack of the ability to cope well in difficult situations is frequently encountered as a personality trait in these patients. These are some of the Predisposing factors.

An acute stress situation such as a death in the family or financial loss may act as Precipitating factors for Chronic Insomnia. Once established, Chronic Persistent Insomniacs may begin to worry and ruminate over the consequences of sleep loss. Such worrying tends to worsen the situation and become a Perpetuating factor.

There is also an alternate view about worry and insomnia. Some authorities argue that insomniacs are not asleep because of worry. Rather, they worry because they are not asleep. Different models of insomnia have been postulated and the behavioural model contrasts with the neurocognitive model among authorities on this subject. Regardless, what is most helpful in this setting is a good history regarding sleep habits and the patient's own attitude and the thought process about the problem in formulating a treatment plan. Thus, the importance of sleep hygiene.

Good Sleep Hygiene for adults, especially those with insomnia should start with;

1. Regular sleep and wake times day after day and week after week. A fixed time to wake up is just as important as a fixed sleep time. This enables the Circadian Clock to stabilize and assist in regulating the sleep-wake cycle.
2. Avoid stimulants such as Caffeine and Nicotine for several hours before bedtime.
3. Avoid Alcohol around bedtime. Although it may enhance sleep onset, it is known to fragment sleep and therefore the resulting sleep is non-restorative.
4. Exercise regularly. For insomnia, the best time to exercise is late afternoon or evening.

   Sleep onset occurs when the body temperature is on a downward slope and it may take up to 4-6 hours for the metabolic heat production to slow down.
5. Solve problems and arrive at a solution before going to bed. Trying to solve problems while waiting to fall asleep is not a good idea.
6. Relax and unwind for about an hour before sleep. This is most applicable to those who have stressful occupations. Meditation can be recommended as well.
7. Use the bed for sleep. TV watching in bed is discouraged. Also reading books in bed is discouraged for patients with long sleep latencies.
8. The bedroom should be dark, quiet and comfortable.
9. Never "try" to sleep. The harder one tries, the worse the result. Sleep should come naturally and easily.
10. If sleep onset does not occur quickly, then leave the bed and do something boring. Do not stay in bed trying to sleep.

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Sleep Hygiene ...

11. Initially, at least, keep realistic expectations about insomnia. The patient may not see great results initially. A little better sleep should be encouraging. So keep at it.

12. Do not make poor sleep a catastrophe and a reason to ruminate. That only makes matters worse.

13. During awake hours, do not think about the forthcoming sleep. Do not worry that you may "not sleep at all tonight".

14. Learn to use a sleep diary. Note the time to bed, approximate sleep latency and the number and duration of wake times.

15. Stick to routines for exercise and meals, especially dinner. At least 2 to 3 hours should elapse after dinner before going to sleep.

16. A warm bath (may not be practical in Sri Lanka) one to two hours before sleep may enhance sleep onset. The same principle that a downward temperature slope enhances sleep onset applies here.

Although not in text books, it is good sleep hygiene to expose oneself to the daily variations of ambient light at dawn, noon and dusk. This allows the SCN to function appropriately. It is commonly observed that individuals who live in a confined space such as the elderly or patients in ICU settings in hospitals have significant sleep problems because the intensity of environmental light tends to remain about the same throughout the day. Therefore, being outside (if weather etc. permits) for sometime during the day helps.

It is to be clearly recognized;

1. That there may be other behavioural factors not mentioned above that delay and interfere with sleep

2. That not all of the above are applicable to every patient. The history will dictate which area needs to be explored in more detail in each clinical situation.

Sleep hygiene for children and adolescents, in principle, remain similar to those enumerated above. However, it must be emphasized that there are significant differences in sleep habits in Western cultures compared to the Eastern cultures. Foremost among these is the attitude of parents towards sharing the bed with their children to sleep. From infancy onwards, children in Western countries sleep in separate beds from their parents. In contrast, most parents in the East, whether from cultural habits or for reasons of available sleeping space or cribs/cradles, are quite comfortable sharing their bed with their children.

Indeed it is not uncommon, in the East, for the entire family to be sleeping in very close quarters. Undoubtedly, this very remarkable difference is quite pertinent to the problems that may be encountered in children around the world because behaviours play such an important role in obtaining good sleep.

The availability of technological products (phones, tablets and video game players etc) in the hands of children may also play a significant role and account for some variability to sleep hygiene in these two societies. Commonly these "gadgets" engage and stimulate the mind to a considerable extent, sufficient to delay sleep and cause practical clinical problems.

In general, it is good to keep in mind that the SCN has to adjust the increasing wake time and the corresponding decrease in sleep time of the growing child. Erratic sleep times are not uncommon during the growing phase partly because of this and young children staying awake till late at night is commonly encountered in the West. In these instances the same principles of sleep hygiene apply. It would be very interesting research to compare the benefits/problems that pertain to the contrasting sleep habits and behaviours of children in different cultures.

In conclusion, all of us benefit from a good normal sleep-wake cycle because good sleep allows us to function well through the day. Poor sleep causes daytime sleepiness, fatigue and even changes in mood that may, as mentioned earlier, be misinterpreted as being primarily a psychiatric problem. Furthermore, every medical illness (that I can think of) is adversely affected by poor sleep. Also true is the corollary; i.e. sleep consolidation and rest are an important part of the treatment plans for any acute medical illness, because of their salutary effect on clinical outcomes. The relevance of Sleep Medicine in clinical practice cannot be overemphasized.

A good approach to solving sleep problems, especially insomnia, is to start with a close look at sleep hygiene of the effected individual and to assess which of the principles are violated or ignored and what corrective measures need to be instituted to obtain a satisfactory result.

Anyone who has spent a few nights "counting sheep", rolling around in frustration, getting in and out of bed and the toilet, waiting for dawn to start "doing something", knows the agony of not being able to sleep night after night. Although in some countries, Psychiatrists are given the responsibility of handling these patients, it is only in a few situations that sleep disorders are clearly due to a Psychiatric illness.

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127th Anniversary International Medical Congress of the Sri Lanka Medical Association

15th to 18th July 2014

Inauguration
of the
127th Anniversary International Medical Congress of the
Sri Lanka Medical Association

15th July, 2014
Bandaranaike Memorial International Conference Hall
Colombo 07

"Globalizing the Paradox of Sri Lanka's Health Achievements & Challenges"

PROGRAMME

5.45 pm	**Guests take their seats**
6.00 pm	**Arrival of the Chief Guest**
6.05 pm	**Introduction of Council Members to the Chief Guest**
6.15 pm	**Ceremonial Procession**
6.20 pm	**National Anthem**
6.25 pm	**Lighting of the Oil Lamp**
6.30 pm	**Welcome Address** **Dr. Palitha Abeykoon** *President, SLMA*
6.45 pm	**Address by the Guest of Honour** Professor Tissa Kappagoda
7.00 pm	**Address by the Chief Guest** His Excellency the President of the Socialist Democratic Republic of Sri Lanka, Mahinda Rajapaksa
7.20 pm	**Launch of 'History of Medicine in Sri Lanka'**
7.30 pm	**Vote of Thanks** **Dr. Ruvaiz Haniffa** *Honorary Secretary, SLMA*
7.40 pm	**The SLMA Oration 2014** **"Hallucinations: tele-creations of the haunted mind"** *Professor Nimal Senanayake*
8.25 pm	**Cultural Display and Reception**
8.30 pm	**The Procession Leaves the Hall**

127th Anniversary International Medical Congress of the Sri Lanka Medical Association

Bandaranaike Memorial International Conference Hall (BMICH), Colombo

15th-18th July 2014

"Globalizing the Paradox of Sri Lanka's Health Achievements & Challenges"

Sunday, 13th July 2014, BMICH Front lawn

6.00 am onwards	SLMA 127th Anniversary Run and Walk

15th July 2014, BMICH

6.00-7.30 pm	Inauguration
7.30-8.30 pm	SLMA Oration
8.30-9.00 pm	Cultural Show

Pre-Congress Workshops

Monday, 14th July 2014, BMICH

Workshop I	Global Burden Of Disease
Workshop II	WHO- ASCEND Programme
Workshop III	Workshop on Disability

Tuesday, 15th July 2014

Workshop IV	Advances in Immunology: Implications for Vaccination
Workshop V	Road Traffic Crash Prevention
Workshop VI	Cardiovascular Care
Workshop VII	Sexual Medicine

Post-Congress Workshops

Management of children with cerebral palsy	
21st and 22nd July 2014	New auditorium, LRH, Colombo 8
24th and 25th July 2014	New auditorium, Peradeniya Teaching Hospital, Kandy

Wednesday, 16th July 2014

Time	Hall A	Hall B	Hall C	Hall D
8.00-8.30 am	Registration			
8.30-9.15 am	Key Note Address: Sri Lankan paradox: time to celebrate and move forward			
9.15-9.45 am	Guest lecture 1 NCD Prevention	Guest lecture 2 Achievements & challenges in MCH	Guest lecture 3 Emerging challenge of HIV	Guest lecture 4 Emerging Infectious diseases
9.45-10.30 am	Professor N D W Lionel Memorial Oration			
10.30-11.00am	Tea and poster viewing			
11.00-11.30 am	Guest Lecture 5 Evidence based health policy & Management	Guest Lecture 6 Parkinson's Disease	Guest Lecture 7 Sexual Medicine	Guest Lecture 8 Infectious diseases :need for innovative research
11.30 am-1.00 pm	Symposium 1 Obesity prevention	Symposium 2 Women's health	Symposium 3 Elderly Medicine	Symposium 4 Vector Borne Diseases
1.00-2.00 pm	Lunch			
2.00-3.30 pm	Free paper sessions 1-4			
3.30-5.00 pm	Symposium 5 Cardiology	Symposium 6 Mental Health	Symposium 7 Dermatology	Symposium 8 Management of Dengue
5.00-5.30 pm	Tea			
7.00 pm	Doctors' Concert			

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Other countries : 150 USD

Day registration : Rs. 1200
Session registration: Rs. 500
Pre/Post-Conference Workshops : Rs. 1000

Thursday, 17th July 2014

Time	Hall A	Hall B	Hall C	Hall D
8.00-8.30 am	**Registration**			
8.30-9.00 am	**Plenary:** Challenges Against Emerging Infections in Sri Lanka			
9.00-10.30 am	**Symposium9** Epilepsy	**Symposium 10** Health Economics	**Symposium 11** Stem cell Therapy	**Symposium 12** Training of medical doctors
10.30-11.00 am	**Tea and poster viewing**			
11.00-11.30	**Guest lecture 9** Delirium & Coma	**Guest lecture 10** Poverty and Health	**Guest lecture 11** Magic of Stem Cells in Regenerative	**Guest lecture 12** CKD – integration into the global NCD agenda
11.30-1.00 pm	**Free paper session 5-8**			
1.00-2.00 pm	**Lunch**			
2.00-3.30 pm	**Symposium 13** Management of Hypertension	**Symposium 14** Tobacco and Alcohol	**Symposium 15** Genetics	**Symposium 16** Primary health care
3.30-5.00 pm	**Symposium 17** Poisoning and Toxicology	**Symposium 18** Respiratory Medicine	**Symposium 19** e-Health & M- Health	**Symposium 20** Palliative care
5.00- 5.30 pm	Tea			
5. 30 pm	**Dr S C Paul oration**			

Friday,18th July 2014

Time	Hall A	Hall B	Hall C	Hall D
8.00-8.30 am	**Registration**			
8.30-9.00 am	**Plenary:** Advances in Surgery			
9.00-9.30 am	**Guest lecture 13** Cochlear Implantation	**Guest lecture 14** Hematological malignancies		
9.30-10.15 am	**Dr. S Ramachanchran Memorial Oration**			
10.15-10.45 am	**Tea and poster viewing**			
10.5-12.15 pm	**Symposium 21** Management of Trauma	**Symposium 22** Hematology	**Symposium 23** Immunology update	**Symposium 24** Nirogi Lanka
12.15-1.15 pm	**Lunch**			
1.15-2.45 pm	**Symposium 25** Military Medicine	**Symposium 26** Maternal care	**Symposium 27** HPV Related dis-ease	**Symposium 28** Quality & safety in Health care
2.45-4.15 pm	**Symposium 29** Intensive care	**Symposium 30** NAFLD	**Symposium 31** Nano-technology	
4.15 pm	**Tea**			
7.30 pm	**Banquet**			

awatha, Colombo 07, Tel: 0112 693324/ 0777 772872, Email: office@slma.lk

The SLMA Oration 2014

"Hallucinations: tele-creations of the haunted mind"

by

Professor Nimal Senanayake
MD, PhD, DSc, FRCP, FRCPE, FCCP, Fellow, Americal Academy of Neurology
Emeritus Professor of Medicine
Faculty of Medicine, University of Peradeniya

on

Tuesday, 15th July, 2014 at 7.30 pm
At Committee Room B
Bandaranaike Memorial International Conference Hall (BMICH)
Colombo 07

Professor N D W Lionel Memorial Oration

"Generating evidence for clinical practice: the role of the clinical pharmacologist"

by

Professor Asita de Silva
MBBS, DPhil (Oxon), FRCP (Lond)
Clinical Trials Unit, Department of Pharmacology
Faculty of Medicine, University of Kelaniya
Ragama

on

Wednesday, 16th July, 2014 at 9.45 am
At Committee Room B
Bandaranaike Memorial International Conference Hall (BMICH)
Colombo 07

Dr S C Paul Oration

"Leishmaniasis: a newly established vector borne disease in Sri Lanka"

by

Dr Yamuna Deepani Siriwardana
MBBS, PhD
Senior Lecturer, Department of Parasitology, Faculty of Medicine,
University of Colombo

on

Thursday, 17th July, 2014 at 5.30 pm
At Committee Room B
Bandaranaike Memorial International Conference Hall (BMICH)
Colombo 07

Dr S Ramachandran Memorial Oration

"Accreditation of Medical Schools (Local and Foreign) in Sri Lanka: Issues, Concerns and possible solutions"

by

Vidyajyothi Professor Rezvi Sheriff
MD, FRCP, FRCPE, FRACP, FCCP, FNASSL, FSLCGP, FIMACGP
Senior Professor of Medicine, University of Colombo,
Councilor – Sri Lanka Medical Council

on

Friday, 18th July, 2014 at 9.30 pm
At Committee Room B
Bandaranaike Memorial International Conference Hall (BMICH)
Colombo 07

THE SRI LANKA MEDICAL ASSOCIATION

Presents

Doctor's Concert 2014

A variety entertainment by Doctors and their Families
on 16th July 2013 at 7.30 p.m.
at the Bandaranaike International Memorial Conference Hall (BMICH), Committee Room B

Magic Show
Nishika Pieris

"රනබෙර" - Sri Lankan Drum Ensemble
Devishka, Buvaneshka and Thivanka Chandrasekera

"ආත්තම්මා නිවන් ගිහින්"
Desh and Dili Dissanayake

"Obladi-Oblada" and "හෙළ ජාතික අභිමානේ"
Devishka, Buvaneshka and Thivanka Chandrasekera

"Place in my Heart"
A medley of English songs by Dr Thushini Goonewardene

"Let it go" from the movie "Frozen"
Dr Yamuna Rajapakse

"More than I can say"
Sung by Dr Suran Kuruppu (Accoustic Guitar)
Dr Christo Fernando (Drums) , Dr Farzad Nazeem (Keyboards) , Dr Isha Prematilleke, Dr Gananath Dasanayaka (Sax), Ray Gomes (Bass)

"When you tell me that you love me"
Sung by Dr Isha Prematilleke
Dr Christo Fernando (Drums), Dr Farzad Nazeem (Keyboards), Dr Gananath (Sax), Dr Suran Kuruppu (Accoustic Guitar), Ray Gomes (Bass)

"Quando Quando"
Sung by Dr Farzad Nazeem (Keyboards)
Dr Christo Fernando (Drums), Dr Suran Kuruppu (Accoustic Guitar), Dr Gananath Dasanayaka (Sax), Ray Gomes (Bass), Dr Isha Prematilleke

"Save the last dance"
Sung by Dr Gananath Dasanayaka (Sax)
Dr Christo Fernando (Drums), Dr Farzad Nazeem (Keyboards), Dr Isha Prematilleke, Dr Suran Kuruppu (Accoustic Guitar), Ray Gomes (Bass), Prof Srinath Chandrasekera

"කලේ උකුලෙ තියාලා" and "Cock a doodle do"
Dr Asoka and Mihiri Gunaratne

"The Trip"
Dr Sankha Randenikumara, Dr Lahiru Haturusinghe, Dr Rukshani Edirisinghe, Mr Anushka Ginneliya, Dr Chitranga Kariyawasan, Dr Isha Prematilleke [In order of appearance]

"හන්තානෙට පායන සඳ" and "රෑ පැල් රකලා"
Dr Ranjith Ellawalla

"Harmonium Presentation with a Song "නුඹේ නමින් මා දුක්වී ගොතනා කවි වැල්..."
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"Sukiyaki" and "සැනසෙන්න නැලවෙන්න සුදෝ"
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Price Control for Services Provided by Consultants and Private Hospitals & Private Healthcare Centres

With regard to the above subject matter and the price lists compiled with 'Maximum' charges for channel consultations and services of private hospitals for diagnostic & surgical procedures, I wish to put forth the following aspects in making the above determinations.

Channel Consultation Fee

These are professionals with specialized expertise with varying degrees of experience, skill, interpersonal skills, who have over the years built up a reputation and good will. In effect they are a brand themselves in the healthcare services market place in their respective specialty. Based on these factors different consultants will have different degrees of demand and this demand based on the availability of the consultant will determine the price the consultant will charge.

Once a 'Maximum' price is set, all consultants will resort to charging this maximum across the board, irrespective of their experience, individual skill level etc. In the long run this would lead to the decline of the quality of the consultants.

Fee of Private Hospital and Medical Centre Diagnostic & Surgical Procedures

In this category we need to consider

- Not all private hospitals and medical centres have equal infrastructure facilities in terms of plant and machinery, buildings. Some may have plush waiting areas with air-conditioning, spacious comfortable consultation chambers, etc., while other may have not so great facilities. This will be reflected in the differing overhead costs incurred by such differing institutions.
- The equipment deployed by different institutions for diagnostics & surgical procedures will have great disparity in-terms of technology and quality. Based on these the capital investments will differ, the accuracy of the results generated will vary. This will have direct impact on the treatment and recovery of the patients. This disparity in standard has to be addressed.
- The surgical procedures and methodologies adopted are different by different consultant surgeons at different institutions based on the surgeon's knowledge, experience and skill and available technology and infrastructure.
- Different institutions will maintain different quality practices, some will have accreditations from local and international bodies, with continuous participation and evaluation by external quality control bodies while some may not have any or at a lesser degree. Some institutions will have a policy of upgrading to new technology as and when it evolves at regular intervals while others may continue to use the same instruments and equipments for years and years.

Here too the setting of a 'Maximum' will lead to all private hospitals and medical centres resorting to charge the maximum irrespective of their standards which in the long run will lead to the deterioration of the private sector standards. The 'Maximum' will also act as an deterrent for new entrants planning to enter into the private health care market thus creating a burden on the government health care institutions given the growing demand. At the same time it will be a welcome sign for profiteering agents to set up private health care facilities with the minimum requirements to exploit the 'Maximum' pricing structure.

At the end the patient, whose interest we wish to safeguard ensuring the best of service will be at the receiving end of such a 'Maximum' pricing structure.

Suggestion

It may be appropriate to commission a research study in all the provinces, with regard to the facilities available with regard to consultants based on the demand for different specialties, infrastructure status of private health care institutions, the standard of technology in operation etc. prior to determining price control measures.

Also it will be helpful to study and report on the pricing structure in operation in the neighbouring countries in the region with similar demographics as Sri Lanka, which will give a clearer picture in the direction to take.

Dr D K D Mathew

45, Fairfield Garden, Colombo 08

"VIRTUAL FRIENDS"

Dr Nanda Amarasekera

1. Leaving home in the village with moist eyes
Taking leave of parents and elders, breaking family ties
To the unknown world and life in a campus
Many have done so before, hence why the rumpus?

2. Will I have friends real in this day and age
Who are familiar and down to earth as in my village
Will they know about when to till the paddies
Or home based remedies for common maladies

3. The change from the rural to the urban is traumatic
Though films and novels portray life here as romantic
Living in a hostel with neighbors unknown
Perhaps my happy days are forever gone

4. A few of the campus's fun loving folks
Opined that the batch should plan a day long trip
It won't be difficult to canvass or coax
As we should be back when the sun's rays dip

5. Boys and girls of the outgoing type
Brought drums and guitars for everybody's delight
Pop songs and tunes brought the crowd together
Are we not all birds of a feather!

6. Within two hours from the city we reached the destination
A hotel by the sea famed as worthy of adoration
Though I hoped many would be keen to make friends
They scattered hither and thither defying normal trends

7. The majority sought shade away from the crowd
To open their laptops and ipads whatever
Within minutes they were deeply engrossed
And the attraction of music lost its flavour

8. A lot of friends the majority had
Were not in the bus but far far away
People like me the disowned village lad
Gazed at the waves and sands the whole day

9. Making "virtual friends" they found common ground
Facebook and You tube keep them spell bound
This is the life that today's youth yearn
"Virtual friends" are real, we would soon learn!

10. As the high tech world marches on we have to surrender
Fellowship as we know does it exist, we wonder
More Apps you have the more you crave for solitude
Real friends do not exist in this multitude!

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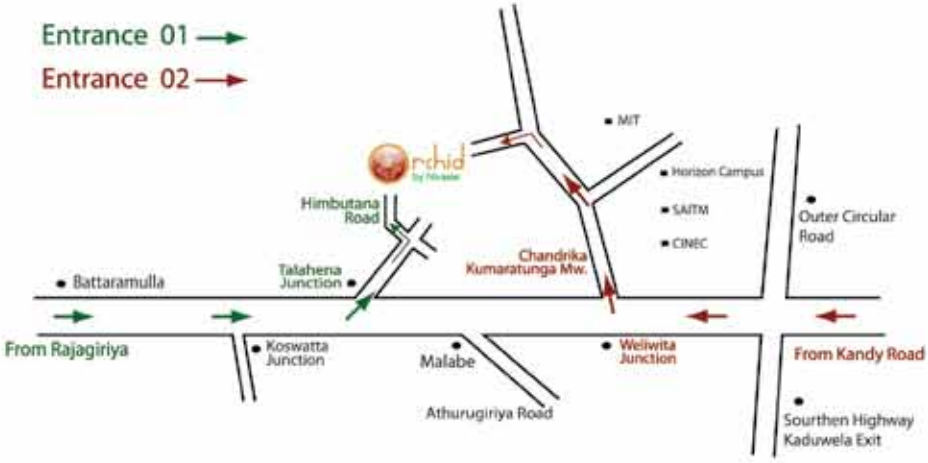

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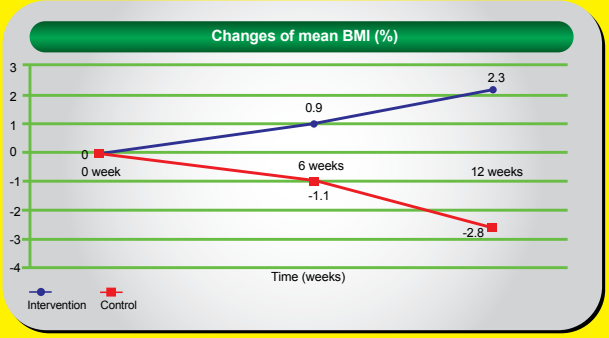

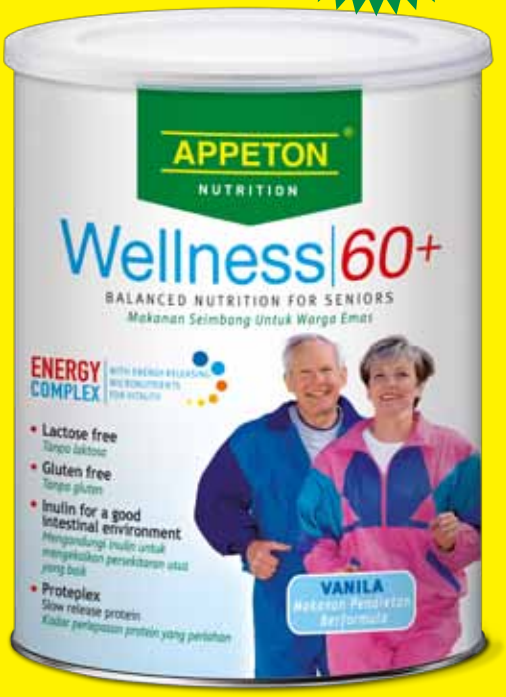

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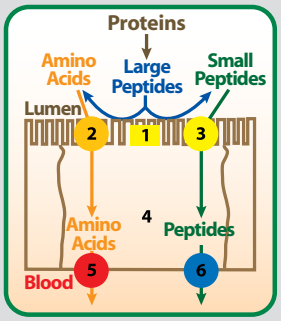

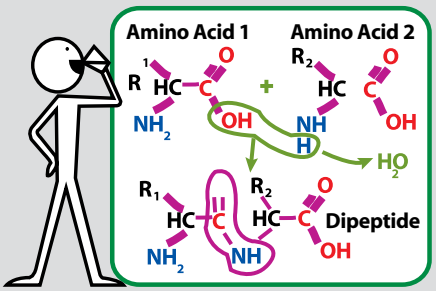

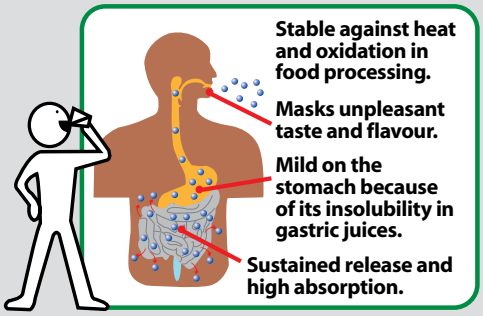

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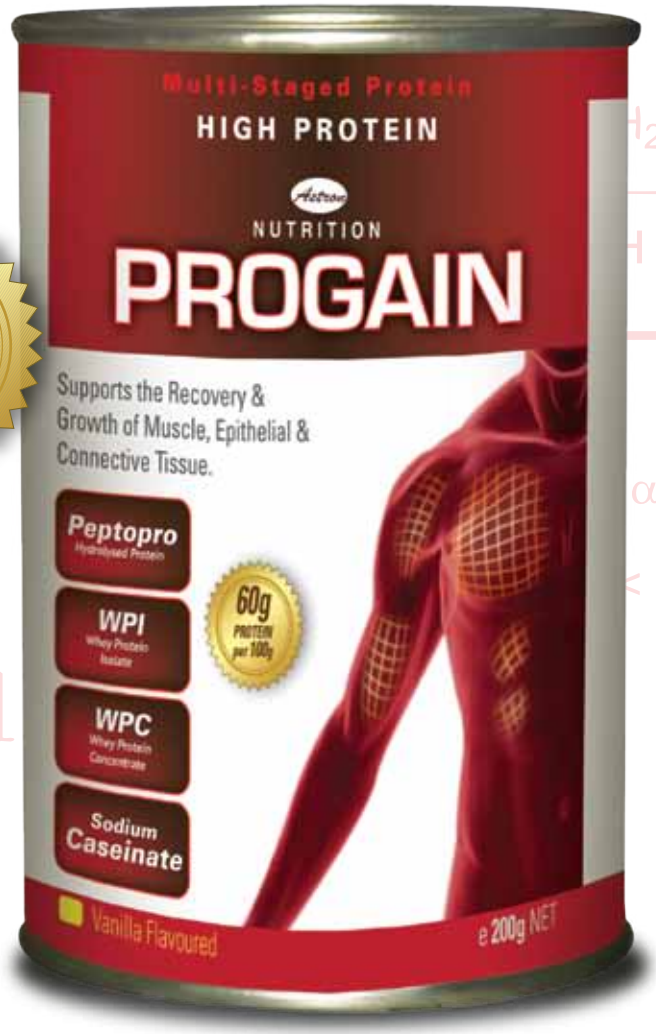

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