REGISTERED AT THE DEPARTMENT OF POST QD/30/NEWS/2016

November 2016, VOLUME 09, ISSUE 11

SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

Meeting the Challenge of Social Responsibility: The Role of the SLMA

"To Cure Sometimes, To Relieve Often, To Comfort Always"

Antimicrobial Resistance: Current Situation and Practical Problems

National Autism Awareness Campaign

Opening of newly refurbished SLMA office

MALARIA COUNT 2016 **37**

SLMA 2016

Sri Lanka Medical Association

SCAN THIS CODE TO READ ONLINE

EFFICACY

The golden poison dart frog from Columbia, considered the most poisonous creature on earth, is a little less than 2 inches when fully grown. Indigenous Emberá, people of Colombia have used its powerful venom for centuries to tip their blowgun darts when hunting, hence the species' name. The EFFICACY of its venom is such that it can kill as much as 10 grown men simply by coming into contact with their skin.

Knowing the importance of EFFICACY in the world of medicine, GSK, after years of research and development, developed Augmentin, the antibiotic with a high EFFICACY rate in healing people.

AUGMENTIN®

amoxicillin/clavulanate potassium

Your Trusted Partner

gsk GlaxoSmithKline

Further information available on request from:

GlaxoWellcome Ceylon Ltd.

121, Galle Road, Kaldemulla, Moratuwa, Sri Lanka. Tel:2636 341 Fax:2622 574

30 Years

From Strength To Strength

SLMA President

Dr. Iyanthi Abeyewickreme

MBBS (Ceylon),
Diploma in Venereology (London),
MSc, MD (Colombo),
FCVSL, Hon. Senior Fellow PGIM
Consultant Venereologist

Editorial Committee 2016

Official Newsletter of
The Sri Lanka Medical Association

No. 6, Wijerama Mawatha, Colombo 7.
Tel: +94 112 693324
E mail: office@slma.lk

Our Advertisers

Glaxosmithkline Pharmaceuticals Ltd.
Reckitt Benckiser.
Mireka Homes (Pvt) Ltd.
Union Assurance PLC.
Blue Ocean Group of Companies.
Tokyo Cement Company (Lanka) Plc.
Fonterra Brands Lanka.
Emerchemie NB (Ceylon) Ltd.

Publishing and printing assistance by:

This Source (Pvt.) Ltd,
Suncity Towers, Mezzanine Floor,
18 St. Anthony's Mawatha, Colombo 03.
Tel: +94 117 600 500 Ext 3521
Email: info@thissource.com

CONTENTS

PRESIDENT'S MESSAGE

Another month of educational activities was completed at the SLMA. The Regional Clinical Meeting with the Ruhunu Clinical Society,which also happened to be the annual academic session of the society, was held on 16th November. The SLMA has had a long and a productive association with the Ruhunu Clinical Society and the joint sessions between these two organizations have become a much-anticipated annual event. Joint clinical meetings were also held with the Avissawella and Wathupitiwala clinical societies. All the technical sessions were of remarkably high quality and it was encouraging to note the large numbers of doctors attending these continuous professional development activities. I take this opportunity to acknowledge our hosts for the excellent organization of the joint meetings and for the hospitality extended to the SLMA members who attended these meetings. I hope that more of our members would participate in the future as our hosts take immense effort to organize the regional meetings.

At the request of the SLMA, the Hon Minister of Health agreed to a meeting to discuss the proposal to include health as a fundamental right in the new constitution. The SLMA delegation described the contents of its statement and emphasized the importance of considering the right to health, over and above mere provision of adequate levels of healthcare. The Hon Minister was in agreement with the concept. However, the Minister expressed the need to choose the appropriate wording of the proposal, so that it discourages unwarranted litigation being brought against the state. The Director General of Health Services stated that many countries have included health as a fundamental right, and its inclusion will be beneficial to achieve better health.

The renovations and refurbishments taking place at Wijerama House are almost over and I thank the Council and the Board of Trustees for approving the changes. The Manager SLMA, Ms.Chathurani Illaperuma had to liaise endlessly with the contractors to get the renovations done and I thank her for her efforts.

The medical dance will be held on 9th December at Cinnamon Grand hotel. Few tickets for the dance are still available at the SLMA office. Therefore, those of you who have not yet purchased your tickets please do so, as I assure you that it is going to be a night to remember.

With best wishes,

Dr. Iyanthi Abeyewickreme

MEETING THE CHALLENGE OF SOCIAL RESPONSIBILITY: THE ROLE OF THE SLMA

E.M. Wijerama Endowment Lecture

The Dr. E.M. Wijerama Endowment Lecture, was initiated to honour Dr. E. M. Wijerama, who donated his mansion, Wijerama House to the SLMA. This year, the E.M. Wijerama Endowment Lecture was delivered by Dr. Suriyakanthie Amarasekara, Consultant Anaesthetist and Past President SLMA (2006). The oration, which describes one of the most important social responsibility activities that the SLMA has conducted, is given below.

Meeting the Challenge of Social Responsibility – The Role of the SLMA

Dr. Suriyakanthie Amarasekera
Consultant Anaesthetist,
Past President of the SLMA-2006

When the destructive tsunami hit the South East Coast of Sri Lanka on the 26th of December 2004, the horrendous loss of human life and property amounted to a national disaster of unprecedented magnitude. Most of us had not even heard the word tsunami and this unspeakable tragedy left us shaken and heart sick.

The SLMA was quick to respond to the need of relief work, and under the leadership of Dr. Preethi Wijegunawardane who was the President SLMA in 2002, a group of volunteers went down to Galle on the 28th of December to offer our services.

I remember being shaken to the core by the heart wrenching tragedies we encountered.

Contd. on page 03

Contd. from page 02

Meeting the Challenge...

We went to several Relief Camps set up in temples and schools, helping in any way we could, dressing wounds, dispensing drugs when appropriate, giving medical advice and offering much needed words of comfort.

We returned to Colombo late that night, bone weary and sad at the sights we had seen and the tragic tales we heard. Prof. A. H. Sherrifdeen who took over as President SLMA in January 2005, summoned an emergency Council meeting and a decision was made to set up a Disaster Relief Fund to help health care workers affected by the tsunami. A Sub Committee comprising of Prof. A. H. Sherrifdeen, Dr. Maxie Fernandopulle, Dr. Vajira Dissanayake, Dr. Lucian Jayasuriya, Prof. Nandani de Silva, Prof. Jennifer Perera, Dr. Indika Karunatillaka, Prof. Harsha Seneviratne and myself was set up to administer the tsunami Disaster Relief Fund. Dr. Maxie Fernandopulle functioned as the coordinator. Letters appealing for help were sent to SLMA members, Overseas Medical Associations, and Sri Lankan doctors living abroad. The response was tremendous. Many donations were received making a total of Rs. 9,913,874.98.

Information on doctors and other health care workers affected by the tsunami were obtained from the Provincial Directors of Health Services and Directors of Hospitals in the affected areas. Those affected were contacted and asked to apply for assistance giving details of losses / damages suffered by them. Applications were verified individually and assistance given in the form of cash, household equipment, text books, medical equipment, furniture and clothes.

I recall being entrusted with the task of buying sarees for young doctors who were left with just the clothes they were wearing on the 26th of December 2004. A sum of Rs. 223,009.84 was spent to replace blood pressure apparatus, stethoscopes, and other medical equipment and Rs. 233,672.40 to purchase medical text books lost by doctors. A total of Rs. 3,000,000.00 was given to 34 doctors to repair / replace damaged vehicles. A total of Rs. 1,594,135.00 was given to 14 doctors to repair their houses, Rs. 95,285 to two doctors for repair of dispensaries, Rs. 2,174,258.00 to 32 doctors to replace household items. A direct donation of Rs. 306,000.00 was given to the family of two deceased doctors.

Assistance was also given to 81 nurses, who were given a cash donation of Rs. 20,000/- each. A donation of Rs. 100,000/- was also made to the CT Scanner Fund of General Hospital, Matara. A total of Rs. 9,578,963.38 was spent in the effort of providing help to health care workers.

I took over the post of President SLMA in January 2006, and my vision was to set up an ongoing Disaster Relief Program for children affected by the tsunami. It was now over one year after the tsunami disaster, and donations received by the SLMA had reduced to a trickle. Lack of funds to initiate any long term program seemed to be an insurmountable obstacle and my vision seemed to be an unattainable dream.

The President of the Malaysian Medical Association Dr. Siang Chin Tao had been in Sri Lanka in 2005 and had witnessed the havoc caused by the tsunami. He was also aware of the involvement of the SLMA in relief work. When the Confederation of Medical Associations of Asia and Oceania, which included 16 member countries in the region, met for the mid-term council meeting in November 2005, he proposed that a donation be made to the SLMA for relief work and a sum of US $ 50,000 was considered. It is noteworthy that this was in spite of the fact that Sri Lanka had ceased to be a member of the CMAAO from 1997 by failing to pay the Annual Membership Subscriptions. These sentiments were conveyed to me in May 2006 which was indeed an answer to my prayers. I appealed to the CMAAO to waive off the arrears in membership fees and obtained Council approval to join the CMAAO as a new member.

The very generous donation of US$ 50,000/- was received in August 2006, making it possible for my dream of setting up a scholarship for children affected by the tsunami to become a reality. Council approval was obtained for the setting up of a scholarship in September 2006. The President of CMAAO, Dr. Jae Jung Kim of Korea was informed of our intentions. A Disaster Relief Committee comprising of Prof. A H Sherrifdeen, Dr. Anuja Abayadeera, Dr. Maxie Fernandopulle, Dr. Vajira Dissanayaka, Dr. Gamini Walagampaya and myself, was set up to plan the management of funds available. Having obtained Council approval, the US $ 50,000/- was invested as a fixed deposit, renewable every 5 years with 'Central Finance' with a guaranteed fixed monthly interest of Rs. 51,561.90. Approval was obtained from the Central Bank for this arrangement.

There was still the obstacle of getting formal approval for this project from the CMAAO Council. With this object in view, I attended the 42nd General Assembly and Council Meeting of the CMAAO held in Singapore in November 2006. Incidentally I had the privilege of being the first President of the SLMA to attend such a meeting and was given the opportunity to present a country report detailing the activities of the SLMA to an international audience.

This report was published subsequently in the Journal of the Japan Medical Association. At the council meeting that followed, when I presented the project proposals for the scholarship, strong member countries like Singapore, Hong Kong and Japan held the view that the CMAAO donation should be used to put up a new building or repair a damaged building concerned with Health Care with acknowledgment of the donor.

Contd. on page 04

Contd. from page 03

Meeting the Challenge...

I appealed to the council to approve the setting up of a Scholarship for children affected by the tsunami and stressed that the continuing education of these children will be a living monument of the generosity and benevolence of the CMAAO which is of greater value than a plaque on a building acknowledging the donor.

I was fortunate that the President of the Malaysian Medical Association and the President Elect of CMAAO Dr. Wonchat Subachathuros of Thailand supported my view and the CMAAO Council approval was obtained for setting up of the CMAAO/ SLMA Joint Scholarship for children affected by the tsunami disaster.

The next step was to determine the selection criteria for the recipients of the scholarship, and it was decided to restrict it to children who had lost one or both parents in the tsunami disaster. As the total interest received monthly from the fixed deposit was around Rs. 50,000/-, it was decided to award a maximum of 24 scholarships of Rs. 2,000/- monthly, leaving sufficient funds to cover bank charges and postage. An application form was designed in all 3 languages calling for personal details of the child to be filled by the surviving parent or guardian. Applicants were to be requested to submit the completed form accompanied by the birth certificate, the death certificate of parent/parents, a letter from the 'Grama Sevaka', affirming the above and a letter from the principal of the school the child is attending.

It was also decided that the call for applications should not be advertised in newspapers as it could result in an overwhelming response that would make it difficult to be processed by the limited staff of the SLMA. Council approval was obtained to contact the Regional Directors of Health, The College of General Practitioners and College of Paediatricians, and also to advertise in the SLMA newsletter requesting that potentially eligible candidates be directed to the SLMA Office. The applicants who fulfilled the eligibility criteria would be selected on a first come first serve basis. By the end of December 2006, we had received and processed 17 applications, and were able to launch the CMAAO / SLMA Scholarship, each child receiving Rs. 2,000/- monthly. The parent or guardian of the beneficiaries was requested to open a joint savings account with the child to enable us to remit the funds.

By the middle of 2007 there were a total of 23 scholarship recipients.

- **07 children from Galle** (13 year old twins who lost both parents, two 11 year old siblings, a 10 year old, two siblings of 8 and 7 years old who lost both parents)
- **10 children from Hambanthota** (two 15 year olds, two 12 year olds, two siblings of 11 and 9 years of age, an 8 year old,a 6 year old, a 5 year old and one of the youngest, a 4 year old)
- **01 child from Ambalanthota** (a 7 year old)
- **01 child from Sooriyawewa** (4 years old)
- **01 child from Tangalle** (11 years old)
- **03 from Kandy** (three siblings of 16, 13 and 11 years. These 3 children lost both their parents when they travelled to the South Coast on that fateful day. The children were left in the care of their grandparents.)

In addition to the monthly award of Rs. 2,000/-, the scholarship recipients were given a sum of Rs. 1,000/- in December commencing in 2008, to facilitate purchase of books , uniforms, shoes etc. We were happy to increase this special allowance to Rs. 2,000/- from December 2010.

All the scholarship recipients were asked to furnish a progress report certified by the school principal confirming that they were attending school at the beginning of each year, in order to continue to be eligible for the scholarship. If they had discontinued schooling, but were engaged in any educational activity, or vocational training, they were requested to furnish proof of the same, course fees paid, and a letter from the head of the institution, confirming the above.

Since the inception of the CMAAO/ SLMA scholarship in December 2006, 10 students have had their scholarship terminated. Of these, the 18 year old from Galle, having taken up his O/Levels in 2008, followed an 8 month technical course for school leavers in motor mechanics organized by the Department of Education in 2009, and found gainful employment by January 2010. The 23 year old from Kandy, having taken up his A/Levels in 2011, followed a 3 year Diploma course in graphic design at a multimedia training center in Kandy, which he completed in 2014 and is gainfully employed. The other two siblings from Kandy continued to receive the scholarship till they completed their respective courses. Seven students having come up to O/Levels, ceased to communicate with the SLMA in spite of repeated letters: 4 in 2012, 1 in 2013 and 2 in 2015, and we were compelled to conclude that they are not engaged in any educational activity. Their scholarships were terminated having given them a grace period of 6 months. We were informed by the parent of one 18 year old girl that she had eloped and is no longer going to school, and her scholarship was terminated in 2013.

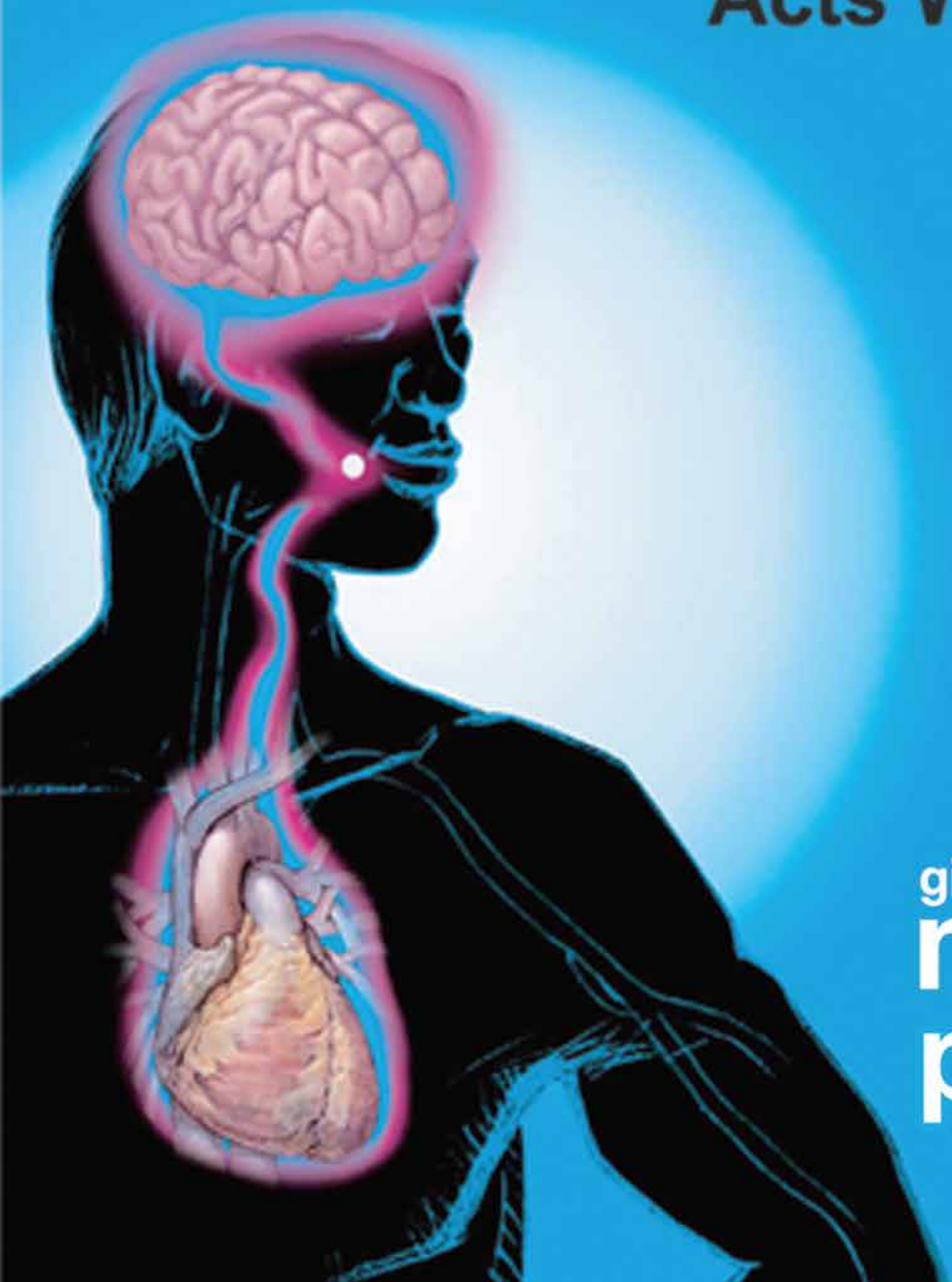
The reduction in the number of scholarships enabled us to award **2 more scholarships to two siblings from Moratuwa in 2010, a 16 year old and a 10 year old,** making a total of 24 scholarship recipients by April 2010. The reduction in the number of scholarships also enabled us to increase the Scholarship Award in 2012 from a flat rate of Rs. 2,000/- for all to Rs. 3,000/- to those who study beyond O/Levels, Rs. 2,500/- to those who come up to Grade 11, while maintaining Rs. 2,000/- for the balance. At present there are 15 CMAAO / SLMA Scholarship recipients and an anonymised brief resume of each of them is given below.

Contd. on page 06

Cardiprin® 100

Rapidly dissolves on the tongue

Acts Within 15 mins[1]



gives
maximum protection
for **24 hours**

Contd. from page 04

Meeting the Challenge...

One boy from Hambanthota who was just 4 years old when he lost his mother is now 14 years old and a grade 9 student at Gonnoruwa Kanitu Viduhala Hambanthota. He is a good student with a keen interest in cricket and cycling, and spends his spare time helping his father who is a farmer.

Another boy from Sooriyawewa who was also 4 years old when he lost his father is now a 14 year old in grade 9 at Sooriyawewa National School. He is a good student maintaining a position within the first 4 in his class and is also good in sports.

A boy from Hambanthota is now 15 years old and a Grade 10 student at Tsu Chi National School Hambanthota.

A boy from Moratuwa is now 16 years old and has been awarded a scholarship to Wesley College by the Methodist Church of Sri Lanka from year 2014 and will be taking up his O/Levels in December this year. He was awarded the prize for the most deserving student at the College Prize-giving in 2015 and 2016.

A 16 year old girl from Galle is in Grade 11 at Hambanthota Vidyalaya, is a good student, showing leadership qualities as the class president and is a valuable member of the school netball team.

A 17 year old boy from Ambalanthota was successful at his O/Levels in August 2015, obtaining 5 “A”s, 1 “B” and 3 “C”s and is now studying for his A/Levels at Vijayaba National School, Hungama.

A boy from Galle who is now 18 years old did extremely well at his O/Levels, scoring 9 “A”s in 2014. His 17 year old brother followed closely, obtaining 6 “A”s and 3 “B”s at his O/Levels in 2015. Both are reading for their A/Levels at Richmond College, Galle.

An 18 year old boy from Hambanthota was successful at his O/Levels in 2015 and is now in Grade 12 reading for his A/Levels at Tsu Chi National School Hambanthota.

Another boy from Hambanthota who is now 19 years old, passed his O/Levels in 2012, and having attempted his A/Levels in 2015, is now following a 6 month course at The Tech Vision International Training College in Gallagedara as a baco loader operator.

A 21 year old girl from Kandy passed her O/Levels in 2012, and having attempted her A/Levels in 2015, has embarked on a diploma course in hair and beauty culture at an Academy in Kandy.

A boy from Kandyis now 23 years old, passed his O/Levels in 2009 and A/Levels in 2012. He is following a diploma course in graphic design at the Multimedia Training Center in Kandy from 2014 and is expected to obtain his qualifications as a 3D animation designer by the end of this year.

A 21 year old girl from Hambanthota was successful at the O/Level examination in 2012, securing 4 “A”s. She attempted her A/Levels in August 2015 from St Mary’s College Hambanthota, offering Arts subjects, and has taken up the exam again in August this year.

A girl from Moratuwa who studied at the Roman Catholic Girls' School in Kotahena and is now 22 years old, passed her O/Levels in 2012, securing 2 “A”s, 3 “B”s, 3 “C”s and an S in mathematics. She repeated her mathematics and English in 2013 and was able to improve her grade to a C and a B respectively. She is now following a course at the Association of Accounting Technicians in Sri Lanka (AAT) and has been successful at the first two examinations in the Sinhala medium. She has taken up her A/Levels as a private candidate in August 2016 with a view to improving her opportunities for a career in banking.

I have saved the best for the last. A girl from Galle is now 23 years old. She was a student at Southlands College, Galle where she excelled in her studies obtaining 9“A”s in her O/Levels in 2008. She was awarded the Prize for the ‘Best Muslim Student’ at the school prize giving in the year 2010 and was appointed as a School Prefect.

Her first attempt at A/Levels was in 2011 and she secured “B”s in Biology, and Chemistry and a “C” in Physics, with a Z score of 1.4257 and an area ranking of 254. As her ambition was to pursue a career in medicine, she took her A/Levels again in 2012, again securing 2 “B”s and a “C”. Being a courageous girl, she did not give up and secured an “A” and 2 “B”s with an improved Z score of 1.6355 and an area ranking of 165 In 2014. Unfortunately this too was not good enough to follow her dream. She was offered a Bachelor Degree Course in Management and Information Technology at the University of Kelaniya, which she accepted and is now an undergraduate at the University of Kelaniya. She has maintained high standards obtaining A+ Grades in 6 of the modules and A grades in 6 of the modules at the assessments in the first year. Her scholarship award has been increased to Rs. 5,000/- monthly from January 2016, to enable her to meet the additional expense of living in a hostel.

Throughout the past 10 years, the SLMA has received touching letters of gratitude and greeting cards during the Sinhala and Tamil New Year, Vesak and Christmas.

Though the 25 children we have been able to help in a small way during the past decade may not have made a difference in the world, I like to think that we have made a world of difference in each of their lives.

The SLMA is privileged to have had the opportunity of touching and changing the lives of these young children who have already faced sadness and experienced financial hardship, shedding even a small a ray of hope in their lives. Their continuing education is indeed a living monument to the generosity and good will of the CMAAO.

Thank you.

Welcome to *City* life!

Havelock City is pleased to introduce the launch of two new luxury apartment towers.

In the heart of Colombo you'll find Havelock City – Sri Lanka's largest, fully integrated development. Enjoy the good life with luxurious residential living, an unmatched retail experience and state-of-the-art entertainment facilities.

This is not just your home, this is your own private city within the city.

To book your home in the city,
call Dilkushi +94 77 326 2950,
Sanjeev +94 77 780 9497,
Shanesh +94 77 321 9898 or
Sajid +94 77 211 4125

HavelockCity
Come home to the City

OUR BANKING PARTNERS

COMMERCIAL BANK | HNB | SEYLAN BANK PLC | UNION BANK | DFCC BANK Keep Growing | PUBLIC BANK | Nations TrustBank

HOTLINE: +94 11 250 5100

www.havelockcity.lk

"TO CURE SOMETIMES, TO RELIEVE OFTEN, TO COMFORT ALWAYS": THE ROLE OF MEDICAL HUMANITIES IN MEDICAL EDUCATION

Below is the speech made by the Chief Guest Professor Jennifer Perera, President SLMA 2015 at the inauguration of the Foundation Sessions of the SLMA 2016, on 20th October 2016.

Professor A.H. Sheriffdeen, Guest of Honour tonight, Dr.Iyanthi Abeywickreme, President of the Sri Lanka Medical association, Members of the Board of Trustees, Past Presidents, Council members, members of the Sri Lanka Medical Association, E.M. Wijerama Orator for this evening, Dr.Suriyakanthi Amerasekera, distinguished invitees, ladies and gentlemen, thank you for inviting me as the chief guest for this important event of the Sri Lanka Medical Association and I thank the president for the kind words of introduction.

When I was requested to speak for 15 minutes as the chief guest I wondered what I should speak on. Speaking to you on microbiology related topic, my area of specialization, may not be interesting as few would appreciate its importance in Health and Medicine although we are in the process of moving towards a pre-antibiotic era due to the current epidemic of antibiotic resistance. Being a teacher for medical undergraduates for well over three and a half decades, I decided to talk on something related to medical education, which is common to all. As you all know, medical teachers, both in the faculties and hospital settings, have an enormous responsibility in ensuring that the graduates we produce not only become competent doctors but also compassionate and caring individuals.

For the past two decades the Faculty of Medicine, Colombo has endorsed this need in our mission statement by the three Cs, competent, compassionate and caring graduates. But we have not been too successful in ensuring that our products are compassionate and caring enough, with our current methods of teaching and learning. If I am to analyse this point further, what are the attributes of a good doctor? If I summarize this in one slide primarily they should be able to make sound technical judgments through scientific knowledge and understanding to make decisions on optimum treatment. There is no controversy on this need. If the decisions regarding patients were to be confined to technical judgments in this day and age, an advanced software application aided by a robot can provide that service. But this is not so simple when dealing with patients who have beliefs and perspectives mold by their respective cultures, socio economic status and religious environments. These make every patient a unique individual. What is required is a humane doctor who has the insight and the ethical sensitivity to appropriately apply the scientific knowledge to this unique individual called the patient. To understand this, the doctor has to have insight regarding their own values and knowledge of themselves, to enable dissociation of your own values in judgment of patients. Also doctors need to have the insight into the problems and contexts of patients' lives. This is humane judgment. This would enable a doctor to exercise good clinical judgment that would benefit the patients for a particular problem at that point in life of this individual patient. This takes many years of experience naturally as you learn their contexts and cultures through real patients. In the process one may harm the patient through incorrect decisions and judgments. However, this knowledge could be achieved in a shorter period and in a safer environment by the use of medical humanities in medical education.

The General Medical Council, in their document titled 'Tomorrows Doctors' published in 1993 recognized that medical education needed to rethink radically. They recommended that the new generation of undergraduates needed education rather than training. There is scientific evidence that learning arts and humanities will make a sound contribution towards this end and enable us to have educated doctors rather than trained doctors who will gain wider experience in a more relaxed and enjoyable setting. In the next few minutes I want to make a case for introducing medical humanities to medical education settings in Sri Lanka to enable development of more humane doctors.

What are medical humanities? There are many definitions. Briefly it is the exploration of medical subject matter through the humanities and related social sciences. Medical humanities are more broadly defined as an interdisciplinary specialty that draws on the creative and intellectual strengths of diverse disciplines such as literature, art, creative writing, drama, film, music, philosophy, ethics, anthropology, and **history**, in pursuit of medical educational goals.

How can arts and humanities play a role? Works of art and literature may help to introduce students to problematic life situations, which are unfamiliar to them. This would help them to experience these problems before having to deal with them as doctors in a real life clinical situation.It makes the students more experienced to deal with the actual setting and decrease their stress when having to make difficult decisions. When doing case studies of real patients in literature, through the skill of the writer, our imaginations are stimulated and sympathies are aroused. This mode of learning provides space for working in a "safe environment" for both patients and students.

If one considers literature as an example, it reinforces the importance of the subjective, which we have got used to ignoring, as it is not evidence based. It provides access to human experience in a non-technical language and deepens the understanding.

Contd. on page 09

Contd. from page 08

"To cure sometimes...

Literature helps acquire a more expressive language. Literature makes learning biomedical content, more enjoyable and memorable. As stated by Prof. Femi Oyebode "Like every other skill, our moral imagination, that is our empathy, needs to be exercised and tested and literature provides a safe way of doing this". Additionally, exposure to medical humanities will allow space for group work, which will enable us to engage student feelings and imaginations and expose their hidden prejudices and fears and allow discussion of issues. History will teach students the importance of evidence and how it could be manipulated to give a fraudulent view of the truth. History of medicine also tells us about the transient nature of the medical knowledge and importance of keeping up to date with evidence. It will help students to understand culture and context. **Philosophy** can teach students the skill of constructing an argument to reach a logical conclusion. These are essential skills in arriving at a diagnosis, where the doctor must gather information, and go through logical steps to reach a conclusion.

Art is aesthetic and serves as a means of experience. Art serve visual learners in particular. Art will teach students empathy. This is a well known painting 'The doctor' by Sir Luke Fildes how much does it convey to you regarding non verbal modes of communication (Fig 1). You can see that the doctor is standing over the sick child with a look of deep concentration on his face. The light in the picture focuses on these two central characters, while parents seem to remain unnoticed. This painting by the same artist says a thousand words about a 'widower' (Fig 2).

We have our own **literature**. Learning biomedical sciences through literature will be an enjoyable and memorable experience. The songs express both grief and joy. This song conveys the thoughts of a dumb child who has been abandoned by his mother as he is disabled (Fig 3). 'Balha Gilano', a book authored by a famous play writer and actor, Henry Jayasena, depicts the perspectives of a patient with cancer. Henry Jayasena was suffering from colonic cancer at that time. This song sung by T M Jayaratne 'anduru kutiya thula, doragulu lagana….' provides a very powerful message by sensitizing us to challenges of poverty and working class people.

I believe that Medical humanities enrich medical education. As stated by the educational theorist R. S. Peters, "The educated is not to have arrived: it is to travel with a different view". The value of humanities in personal development is unarguable. When literature is used for learning it demands an emotional response from learners. The students will discover their own hidden values and prejudices and learn to challenge them and learn to become empathic towards perspectives and values of other people.

By allowing the study of humanities in medical curriculum, we shall at the very least improve breadth and allow students to consider different ways of perceiving the world in general and patients in particular. Arts, literature, drama and music in all their many forms are expressions of human creativity; they reflect human joy and sorrow. Moral development is another bonus of learning medical humanities.

Medical students often have the impression and are encouraged by teachers themselves that they have intellectual superiority over other students. This is also helped by the fact that entrance requirements for medicine are among the highest in the university systems for some reason. Medical course is also uniform in most instances making it insular and everyone follows the same course. The medical humanities will help students to reduce this isolation and may help foster better relationships between doctors, healthcare team and outer world.

Although the disciplines of medicine and the humanities sometimes demonstrate diametrically opposed modes of thinking, they share a focus on the human. The separation of clinical care from the 'human sciences' is a professional mistake, and the growth of medicine as an economic and rational profession has paradoxically contributed to the deterioration of this noble profession.

There are many models by which medical humanities can be introduced without overloading the curriculum, which is a separate topic, and I will not delve too much into it at this moment. Literature is abound with information on implementing medical humanities curriculum without overloading the existing curriculum. Briefly, **Integration** is the buzz word. World over students have positively appreciated the introduction of medical humanitiesas per available evidence.

We need to understand that bio medicine, which was once seen as a potential cure-all, has not only limits but dangers that are now more clearly understood. The public reaction to this perceived danger is particularly well illustrated by the acceptance of non-evidence-based alternative medicine. In view of this limitation, one can always strive to draw from medical humanities. At this point it is relevant to quote from Jill Gordons paper on medical humanities published in the Australian Medical Journal in 2005 "to cure sometimes, to relieve often, to comfort always"

Ladies and gentlemen In view of these global developments in medical education and considering the current needs of the society, we in the Faculty of Medicine have established a new department, Department of Medical Humanities, a department with equal status and in par with all other specialties, medicine, surgery, pediatrics etc . The department of Medical Humanities was gazetted as a new department on 9th August this year and we believe that this is a great milestone in the history of medical education in Sri Lanka.

Contd. on page 10

Contd. from page 09

"To cure sometimes...

A young team led by Prof. Saroj Jayasinghe was instrumental in realizing this dream for our faculty. I believe that I have brought forth a reasonable argument and where possible evidence, to justify the development of a department of medical humanities or in the very least including a learning module in medical humanities in all medical education settings in Sri Lanka. I invite Sri Lanka Medical Council and Sri Lanka Medical Association to take leadership in this venture.

In conclusion I thank the President of the SLMA and the council for the honour and wish you all a very productive Foundation Scientific Sessions during the next two days.

Thank you.

Fig 1 : 'The Doctor' by Luke Fildes

Fig 2 : 'The Widower' by Luke Fildes

Fig 3: 'Golu Daruwek'(The Dumb Child)

MONTHLY CLINICAL MEETING OF THE SLMA - OCTOBER 2016

By Dr.Kushlani Jayatilleke,
Assistant Secretary-SLMA

The monthly clinical meeting of the SLMA for October 2016, in colloboration with the College of General Practitioners of Sri Lanka, was held on 18th of October from 12 noon to 1.30pm at the SLMA Auditorium. The topic was "Care of the elderly in general practice". The lecture was delivered by Dr. M. R. Haniffa, Consultant Family Physician, Faculty of Medicine, University of Colombo. Case presentations were discussed by Dr. Erandi Ediriweera, lecturer in Family Medicine, Faculty of Medicine, University of Colombo. The meeting was chaired by Dr. Iyanthi Abeyewickreme, President, SLMA.

OPENING OF THE NEWLY REFURBISHED SLMA OFFICE

The SLMA office at Wijerama House, Colombo 07 was renovated and refurbished recently to make it more user friendly, efficient and aesthetically appealing. A simple house-warming ceremony was held on Friday 28th October 2016, with the participation of past presidents, council members and office staff of the SLMA.

This was followed by chanting of Pirith to invoke blessings and to offer merit to late Dr. E M Wijerama and Mrs.Wijerama as well to the departed members of the SLMA. 'Ata pirikara' and other offerings were made to the Venerable monks from Vajirarama temple, Colombo. Photographs of the event are given below.

ANTIMICROBIAL RESISTANCE (AMR): CURRENT SITUATION AND PRACTICAL PROBLEMS

Dr Kushlani Jayatilleke,
Consultant Microbiologist,
Sri Jayewardenapura
General Hospital,
Nugegoda

World Antibiotic Awareness Week was held from 14th to 20th November.

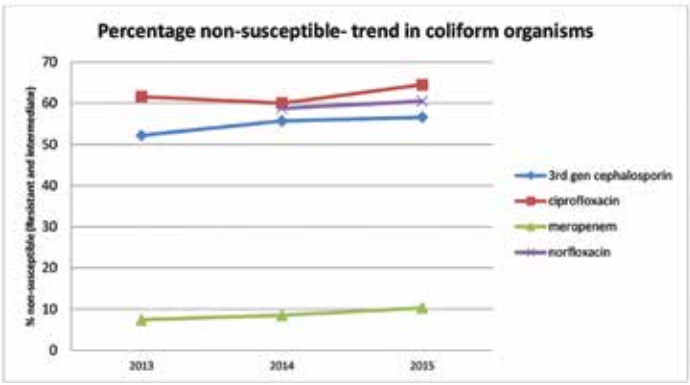
Antimicrobials are a very useful group of medicines which are effective in treating and preventing infections. The invention of antibiotics and other antimicrobials has made it possible for complicated surgery and other medical interventions such as chemotherapy and transplant to be performed.

As soon as antibiotics were invented bacteria started developing resistance to these drugs. Today our hospitals are invaded by antibiotic resistant bacteria due to overuse of antibiotics. There is a slowdown of development of new antibiotics by researchers after the 1960s. Therefore in the very near future we may not have antibiotics to treat some of the serious infections effectively. **Already, The United States of America has reported a bacterium which is resistant to all available antibiotics. In Sri Lankan hospitals, especially patients in Intensive Care Units, get colonized and develop infections due to *Acinetobacter* species, *Klebsiella* species and other Enterobacteriaceae which are resistant to all available antibiotics.**

In Sri Lanka the first National Surveillance Project on Antimicrobial Resistance was started in 2008 by the Sri Lanka College of Microbiologists. Due to practical problems, in its first stage only significant gram negative blood culture isolates from seven centres were taken for analysis. In 2009 data was published in The Ceylon Medical Journal.[1] Later, this surveillance was expanded to other centres and gram positive organisms were also included. The funds received for this surveillance project were used to improve the quality of microbiology laboratory facilities. In 2011 another surveillance project was initiated by the Sri Lanka College of Microbiologists in collaboration with the Ministry of Health. This was named the 'National Laboratory Based Surveillance of Antimicrobial Resistance' and through this significant urine culture isolates were analysed using WHONET software.

In a multi-centre surveillance in 2009, Extended Spectrum Beta Lactamase (ESBL) producing *Escherichia coli* and *Klebsiella pneumoniae* accounted for 23.15% of the total gram negative bacterial isolates in blood cultures.[1] Same surveillance was carried out in 2013 in which 20% of *E. coli isolates* and 28% of *Klebsiella* isolates from blood cultures were ESBL producers.[2] Carbapenem resistance was not seen in coliforms from blood cultures during the 2009 surveillance, but in the 2013 it was very high *(E. coli 5-9%, Klebsiella 28-36%).*[1,2]

There is an upward trend in resistance rates to different antibiotics in *Enterobacteriaceae* isolates of urine cultures in Sri Lankan hospitals.[3]



In a study carried out in a tertiary care hospital, Methicillin Resistant *Staphylococcus aureus* (MRSA) constituted 50.5% (n=195) of *S. aureus* out of all clinical sample isolates and 7 of the 18 (38.9%) *S. aureus* isolates from blood cultures.[4] MRSA strains have shown a high level of resistance to antibiotics such as erythromycin and clindamycin (54% and 44% respectively) and ciprofloxacin 34.3%.[4]

Streptococcus pneumoniae which is an important pathogen causing serious infections such as meningitis, pneumonia and otitis media is now becoming resistant to penicillin and 3rd generation cephalosporins. The percentage of isolates resistant to penicillin has ranged from 41.3 to 91.3 in different studies.[5,6,7] In one of these studies, 47.83% of *S.pneumoniae* isolates were resistant to 3rd generation cephalosporins (cefotaxime).[7]

Vancomycin resistant enterococci were reported (5%) from an Intensive Care Unit of NHSL.[9]

Antibiotic resistance was also reported in animals raised for human consumption (food animals) such as broiler and cattle in Colombo district.[8] This may indicate the use of antibiotics in food animals.

When this data is compared with other countries it is marginally better than or equal to other Asian countries. However, The United Kingdom where antibiotic prescription is controlled, have much lower rates of antibiotic resistance. Antibiotic susceptibility data for *E. coli* bacteraemia in, England, Wales and Northern Ireland during 2009-2013, is reported as 11% resistance to 3rd generation cephalosporins and 0.1% resistance to carbapenems in *E. coli.*

The World Health Organisation (WHO) in April 2011 under the theme "Combat Drug Resistance" called for urgent and concerted actions by governments, health professionals, industry, civil society and patients to slow down the spread of drug resistance, limit its current impact and preserve medical advances for future generations. The world is on the brink of losing these miracle cures," said WHO Director-General Dr. Margaret Chan. "In the absence of urgent corrective and protective actions, the world is heading towards a post-antibiotic era, in which many common infections will no longer have a cure and, once again, kill unabated."

Contd. on page 14

Have you prescribed **a plan to increase your wealth?**

Union Wealth Care brings comprehensive relief to wealth management with no negative side-effects and significantly improved investment performance.

The anatomy of this unique 5-year investment solution will be the catalyst for the transformation of time and money, into life and wealth, with clinical focus and surgical precision.

We would be happy to offer you a free consultation at your convenience. Our prescription could be well worth your time and your money.

A & I RESOURCES

Union Assurance PLC. (PQ 12),
No. 20, St. Michael's Road, Colombo 03, Sri Lanka.
Website: www.unionassurance.com

Call us on 0112 990 990

union assurance
Trust in your tomorrow, today.

Note:
Union Wealth Care is an Investment Platform and it is a composite of the best of various Life Insurance plans – tailored to suit the needs of busy professionals from the medical field.

Contd. from page 12

Antimicrobial Resistance...

The Health Ministers of member states of the WHO South-East Asia Region (SEAR), participating at the 29th Health Ministers' Meeting (HMM) in Jaipur adopted the 'Jaipur Declaration' to combat anti-microbial resistance in 2011. The Health Ministers of 11 member countries, including Sri Lanka, India, Bangladesh, Bhutan, DPR Korea, Indonesia, Maldives, Myanmar, Nepal, Thailand and Timor-Leste agreed to 18 points mentioned in the 'Jaipur Declaration' to fight against anti-microbial resistance.

Alerted to this crisis, the May 2015 World Health Assembly adopted a global action plan on antimicrobial resistance, which outlines five objectives:

- To improve awareness and understanding of antimicrobial resistance through effective communication, education and training;
- To strengthen the knowledge and evidence base through surveillance and research;
- To reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures;
- To optimize the use of antimicrobial medicines in human and animal health;
- To develop the economic case for sustainable investment that takes account of the needs of all countries and to increase investment in new medicines, diagnostic tools, vaccines and other interventions.

This action plan underscores the need for an effective "one health" approach involving coordination among numerous international sectors and actors, including human and veterinary medicine, agriculture, finance, environment, and well-informed consumers.

In 2015, Ministry of Health, in collaboration with the WHO, appointed the National multi-sectoral coordinating group for combating antimicrobial resistance in Sri Lanka.

This comprised of officials from the Ministry of Health, Ministry of Veterinary Sciences, different professional colleges of medical professionals, pharmacologists, pharmacists', representatives from veterinary and agriculture sector and was chaired by the Director General of Health Services. The National Action Plan for Combating Antimicrobial Resistance based on the Global Action Plan of WHO was developed through this group and is currently being implemented in stage wise manner. National policy for combating antimicrobial resistance was drafted and is currently being discussed among different stakeholders before being approved by the Cabinet of Ministers.

What can we do as doctors to reduce antibiotic resistance?

- Promote rational use of antimicrobials in healthcare settings to minimise development of acquired resistance to antimicrobials.
- Reduce the incidence of infection through effective sanitation, hygiene and other infection prevention measures
- Improve awareness and understanding of antimicrobial resistance through effective communication, education and training
- Strengthen the knowledge and evidence on AMR through surveillance and research

To promote rational use of antimicrobials in the healthcare setting, 'Antibiotic Stewardship Programmes' are recommended and the Ministry of Health of Sri Lanka plans to introduce such programmes in the country.

Antimicrobial stewardship: An ongoing effort by a health service to optimise antimicrobial usage in order to improve patient outcomes, ensure cost-effective therapy and reduce adverse sequelae, including antimicrobial resistance.[11]

Main items identified in such stewardship programmes:

- **Indications** for use should be documented.
- **Dosage, frequency and duration** of antimicrobial therapy should be documented.
- **Appropriate samples** for microbiology investigations should be collected prior to commencement of antimicrobials.
- Clinicians should follow **national or local antibiotic guidelines**[12] where applicable.
- **Authorization levels** for prescription of antimicrobials are introduced. The name of the person responsible for authorization should be entered in the order form.
- All patients who are on antimicrobials should be **reviewed** by the clinical staff **after 48 hours** of commencement, to see the need for continuation of antimicrobials and to **streamline or de-escalate** antimicrobial therapy based on the results of the investigations.
- Patients on antimicrobials should be evaluated routinely to **look for side effects** (eg: antibiotic associated diarrhoea) and for monitoring the adequacy of dosage and response to treatment, clinically as well as with appropriate laboratory testing. Eg. **Monitoring** renal functions when on renal toxic drugs and monitoring serum levels of antibiotic when required.
- Intravenous drugs should be **converted to oral** when appropriate.
- **Surveillance and feedback** on antibiotic **utilization and local resistant pattern** should be conducted regularly by the antibiotic stewardship team.
- **Identified process and outcome indicators should** be monitored.

Current problems:

1. Antibiotics are dispensed without prescription though the legislation says otherwise.
2. Unqualified personnel prescribe antimicrobials though no formal data are available.
3. Though the Department of Animal Production & Health has banned number of pharmaceutical products including antibiotics from use on animals raised for human consumption (food animals) and use of antibiotics for growth promotion in the country, there is no proper system for market vigilance, adverse reaction reporting and residue monitoring.

Contd. on page 15

Contd. from page 14

Antimicrobial Resistance...

4. Lack of data on antimicrobial **resistance** in pet animals or animals raised for human consumption, antimicrobial **consumption,** antimicrobial **dispensing without prescription,** prescribing patterns and antibiotic use **in other health sectors,** prescribing patterns and **antibiotic use** in **pets, animals raised for human consumption** and **agriculture** etc, **prescribing practices/ belief** in human and animal health, agriculture and environment etc.
5. Limited facilities to check for quality of antimicrobials.
6. Availability of high level antimicrobials freely in community Eg: oral cefixime, linezolid
7. Lack of monitoring and enforcement of legislation
8. Lack of awareness among public and healthcare staff on AMR
9. Not having adequate resources for Antibiotic stewardship and Infection Prevention and Control- eg human resources such as adequate number of microbiologists, pharmacists and infection control nurses, not having good quality alcohol based hand disinfectants in all healthcare facilities etc.

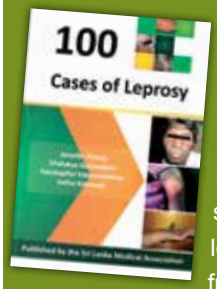
Future Plans:

- Implement the National Action Plan
- Reduce the level of antimicrobial resistance to a very low level

References:

- ARSP Working Group, The Sri Lanka College of Microbiologists,A multi centre laboratory study of Gram negative bacterial blood stream infections in Sri Lanka; Ceylon Medical Journal; Vol. 58, No. 2, June 2013.
- National Surveillance of Antimicrobial Resistance; Report to Ministry of Health by the Sri Lanka College of Microbiologists; SLCM ARSP & NLBSA Technical
- Report on National Laboratory Based Surveillance on Antibiotic Resistance (NLBSA) of Sri Lanka College of Microbiologists – Data of urine culture isolates- 2015
- Jayatilleke K , Bandara P; Antibiotic sensitivity pattern of Staphylococcus aureus in a tertiary care hospital of Sri Lanka; Sri Lanka Journal of Infectious Diseases 2012 Vol.2(2);13-17
- Jae-Hoon Song et al;Antibiotic-Resistant Pneumococci in Asian Children ; Clinical Infectious Diseases 2001; 32:1463–9
- Jae-Hoon Song et al; High Prevalence of Antimicrobial Resistance among Clinical Streptococcus pneumoniae isolates in Asia (an ANSORP Study); Antimicrobial Agents and Chemotherapy, June 2004, p. 2101-2107
- R. Batuwanthudawe, K. Karunarathne, M. Dassanayake, S. de Silva, M. K. Lalitha, K. Thomas, M. Steinhoff, and N. Abeysingha; Surveillance of Invasive Pneumococcal Disease in Colombo, Sri Lanka; Clinical Infectious Diseases 2009; 48:S136–40
- K. Jayatilleke, E. Asanthi, G. Subasinghe; Antibiotic resistance of enteric bacteria in food animals and humans in a selected population in Colombo district, Sri Lanka (2013 data); 10th International Symposium on Antimicrobial Agents and Resistance / International Journal of Antimicrobial Agents 45 S2 (2015) S59–S143
- C Kannangara, P Chandrasiri, E corea; Vancomycin resistant enterococci colonisation among patients in intensive care units at the National Hospital of Sri Lanka and genotype/s responsible for resistance; 10th International Symposium on Antimicrobial Agents and Resistance, abstract in Journal of Antimicrobial Agents, volume 45, Supp 2, May 2015; page 568
- Antibiotic susceptibility data for reports of E. coli bacteraemia, England, Wales and Northern Ireland: 2009-2013; https://www.gov.uk/government/statistics/escherichia-coli-e-coli-bacteraemia-annual-data
- Antimicrobial Stewardship Clinical Care Standard; Australian Commission on safety and quality in Healthcare
- http://slmicrobiology.net/antibiotic-guidelines-2016/

Collect Your Free Copy



The book named "100 cases of Leprosy" is available for SLMA members interested in the subject. Please collect your free copy from the SLMA office by providing your SLMA membership number.

Thank you,
Dr.Hasini Banneheke,
Secretary-Expert Committee on Communicable Diseases of the SLMA

REPORT OF MEDICINES EVALUATION COMMITTEE OF THE NATIONAL MEDICINES REGULATORY AUTHORITY (NMRA)

Dr. Sarath Gamini De Silva
SLMA representative
Council member-SLMA

Given below is the report on the meeting of the Medicines Evaluation Committee of the the National Medicines Regulatory Authority (NMRA) held on 27th September, 2016.

Decisions taken at the above meeting were as follows.

1. Registration of recommended cough syrups is to be delayed until comments from the Sri Lanka College of Paediatricians are available.
2. Adverse reactions to intravenous Ciprofloxacin manufactured by Claris Life Sciences Ltd, India have been reported. The committee awaits the evaluation report.
3. A committee will be appointed to assess bioequivalence data.
4. Ineffective filgastrin generic preparation is available in government hospitals. It was decided to withhold registration until re-evaluation is done. Local agents are being requested to conduct clinical trials locally.
5. The role of NMRA in preventing antimicrobial resistance was discussed. The manufacturers should be encouraged to conduct bioequivalence studies in Sri Lanka. Suggestion was made to regulate pharmacies to stop dispensing antibiotics without prescriptions.

Blue Ocean Group of Companies

Sri Lanka's Largest Condominium Developer for Total Integrated Solution Including

Real-estate, Construction and Facilities Management

S.Thumilan | Group Chairman
ACA, ACMA (UK), ACCA, CGMA, MCSI (UK), CPA, (AUS), FMAAT (SL), ACS

The trend of condominium development in Sri Lanka's property market has been given a boost by Blue Ocean Group of Companies one of Sri Lanka's largest and most respected conglomerates, headed by Group Chairman Mr.Thumilan, with some unique Investment Property, Holiday Home and Luxury Living concepts.

The Group's Chairman S. Thumilan, who owns an illustrious portfolio himself, is instrumental to the Group's extensive diversification that include Education, Engineering and Construction, Real estate, corporate Consultancy, Trading, Electrical and Engineering Consultancy. "To be the most respected, ethically sound and socially responsible company," has been the base of conglomerate's many endeavours, explains S. Thumilan.

The Group live by the concept of simultaneous pursuit of differentiation and cost leadership. Blue Ocean Strategy describes how to create growth and profit by being innovative in a created uncontested environment. Value innovation with continuous perseverance for differentiation with low cost, and understanding of the big picture of the competition and its weaknesses thereby being constantly in line with honesty, ethics and transparency to differentiate with low cost structures are but only a few ingredients of the highly acceptable Blue Ocean concept in the context of today's world. Following the Blue Ocean concept and adopting the same name, Blue Ocean Group of Companies strives to be the most ethical, innovative and constructive company in Sri Lanka.

Blue Ocean Group is an expert at quality constructions and their every project is BOI (Board of Investment, Sri Lanka) certified. All apartments that Blue Ocean has constructed are monitored and governed by ISO 9001-2008 quality systems and they are in most prestigious locations in Sri Lanka. Currently, Blue Ocean alone is conducting over 28 condominium projects with more than 850 condo units while our company Link Engineering works on several government projects.

Link Engineering is one of the first few construction engineering companies in Sri Lanka which boasts approximately four decades of experience in the field. They have enjoyed many local and international awards for their excellence in construction over the years, and they continue their invincible records with much expectation for the future as well. The award winning company specialises in constructing buildings, highways and bridges, water supply projects, and in carrying out irrigations, land reclamations, electrical engineering, plumbing, carpentry and joinery, interior decorations as well as floor finishing works.

The key factor that helps Blue Ocean rise majestically from its industry competitors is that in addition to fulfilling a property seeker's requirements by providing them with a dream home, they also maintain their properties with the help of a sophisticated construction management company named Blue Ocean Facility Management by serving, all facilities such as Building Maintenance Service and Wealth Management. Hence one could say that Blue Ocean is a total package that provides all real estate services from condominium development to maintenance thereby obtaining worldwide recognition as Sri Lanka's largest and the most convenient Condo Developer.

In addition, the group ensure that the living spaces add value to customers. Currently, their apartments have appreciated 50-70 per cent in value. One of their main concepts is the holiday home idea, which they use it whenever they visit Sri Lanka, for leisure, business or even herbal medical treatment. They like coming to Sri Lanka because of our hospitality and they prefer these properties to hotels due to privacy.

With regards to the newly introduced 2017 budget proposal, the government has taken measures to fuel condominium living by opening up condominium properties for foreigners enabling them to buy any floors with no restriction and hidden government levy. In addition to that Foreigners are able to buy condominiums with a loan up to 40% of the value. Through the 2017 Budget, foreign investors are able to benefit from the interest rate differential.

Of course the reliability of the developer is a key factor that determines the success of a project. The developer's credentials and past track records are of paramount importance in this regard, and Blue Ocean apartment has already proved that they are the top most performers that redefine the sky of the fast developing metropolis of Colombo, Sri Lanka with its past, present and future luxury condos and apartment projects.

Discover the Locations that Embraces the Extraordinary

Luxury Living • Holiday Home • Investment Property

First Class Condos @

- No. 73, Gergory's Road, Colombo 07
- No. 06, 19th Lane, Colombo 03
- No. 121, Inner Flower Road, Colombo 03
- No. 45, Alfred House Gardens, Colombo 03
- No. 15A, Layard's Road, Colombo 04
- No. 02, Glenfall Road, Nuwara Eliya

Scan our QR bar code for more exciting information

www.blueocean.lk / www.link.lk

Business Class Condos @

- No. 25, Frankfurt Place, Colombo 04
- No. 502, Havelock Road, Colombo 05
- No. 08, Jayasinghe Road, Colombo 05
- No. 06, De Alwis Avenue, Mount Lavinia
- No. 34/2, De Serem Road, Mount Lavinia
- No. 30, Hotel Road, Mount Lavinia
- No. 35/29, Mulgampola, Kandy
- No. 216/A, George E De Silva Mw, Aniwatte, Kandy

Economy Class Condos @

- No. 23, Moor's Road, Colombo 06
- No. 22, Boswell Place, Colombo 06
- No. 31, De Alwis Place, Dehiwala
- No. 05, Railway Avenue, Nugegoda
- No. 37/2, Beach Road, Mount Lavinia
- No. 15, Lillian Avenue, Mount Lavinia
- No. 19, Barnes Avenue, Mount Lavinia

For Locals & Foreign Citizens

Easy Interest Free Installment Scheme or Bank Loan can be obtained through Tripartite Agreement. (*Conditions Apply)

HNB · BOC · Sampathbank · Standard Chartered · COMMERCIAL BANK · NDB bank · Our Payment Terms

8+ Cities · 28+ Projects · 850+ Apartment units

Sri Lanka's Largest Condominium Developer

Real Estate • Construction • Facilitiy Management

Head Office - Sri Lanka
#32, 1st & 2nd Floors, Galle Road, Dehiwala, Sri Lanka

Branch - United Kingdom
#11 Meadow Close, Bexleyheath, Kent, DA6 7HB, UK

Branch - Australia
No. 02 City View Road, Pennant Hills, NSW 2120, Australia

City Office - Sri Lanka
#281, 4th Floor, RA De Mel Mw, Colombo - 03, Sri Lanka

Branch - United Arab Emirates
Office 1403, Al Manara Tower, Burj Khalifa District, Business Bay, UAE

Branch - Canada
#1 Helicon Gate, Toronto, Ontario, M1G3R7, Canada

Blue Ocean™ GROUP OF COMPANIES

+94 777 546 546 | +94 777 755 323 | +94 777 402 070 | +94 772 216 617 | +94 777 121 916

NATIONAL AUTISM AWARENESS CAMPAIGN

Dr. Samanmali P. Sumanasena
Senior Lecturer & Honorary
Consultant Paediatrician
Disability Studies Department
Faculty of Medicine
Ragama

The Sri Lanka Association for Child Development (SLACD) in collaboration with the Ministry of Health (MoH), the College of Paediatricians, College of Child and Adolescent Psychiatrists and the College of Psychiatrists, launched a national autism awareness campaign through the print and electronic media on the 18th of October 2016. This campaign was funded by the Citizens Development Business and Finance (PLC) organisation.

The prevalence of autism is on the rise globally with the rates in USA ranging from 1: 65- 85. The local figures in 2009 is 1: 93. Autism if detected before 2 years of age and provided intensive home based intervention is likely to have an excellent outcome. The presentation of autism in early years may be very subtle but can result in many social communication and behaviour adversities in later life. This could result in many draw backs during schooling, forming relationships and at the work place. Therefore it is essential that all children who present to you with parental concerns following these media messages undergo thorough assessment.

The SLACD together with the MoH conducted capacity building workshops for paediatricians, psychiatrists, speech and language therapists and occupational therapists from 23 districts.

The list of Autism management teams are provided for your kind attention.

https://www.facebook.com/SLACD/?fref=ts

For Call Centre -Autism Teams in Government Hospital Settings

OPD- Out Patient Department Clinic

Province	Districts	work places	Consultants	Clinic Days and Time	Possible areas of referrals	Availability of teams
Northern	Jaffna	Jaffna Teaching Hospital	Dr. Gita Satyadas: Consultant Paeditrician Dr. Sivayokan: Consultant Psychiatrist	Wednesdays 8 am Paeditric Clinic-OPD	Kilinochchi Mannar Mullaitiv	Assessment, diagnosis and early and long term interventions
Northern	Vavuniya	Vavuniya District Hospital	Dr.Amila De Silva-Consultant Paediatrician	Tuesdays -2pm to 4 pm	Kilinochchi Mannar Mullaitiv	Confirmation of diagnosis and early intervention for children 0-12years
Northern	Mannar	Mannar District Hospital	Dr.S.N.Roshanth Consultant Paediatrician	Thursdays -8am in Paediatric clinic OR Wednesdays- 2pm at well baby clinic	Mannar	Confirmation of diagnosis
North Central	Anuradhapura	Anuradhapura Teaching Hospital	Dr.Anuradha Ellepola – Consultant Psychiatrist Dr. Apeksha Hewageegana-Consultant Child Psychiatrist Dr.Damita Chandradasa – Consultant Paediatrician	Saturdays 8am – 1 pm Room 33 in front of the OPD: Psychiatry clinic Paediatric clinic - Fridays at 8am -ward 25	Anuradhapura Polonnaruwa	Assessment, diagnosis and early and long term interventions
North Central	Polonnaruwa	Polonnaruwa District Hospital	Dr. Ranjani Edirisooriya-Consultant Paediatrician	Tuesday 10am to 12 noon Well baby clinic	Polonnaruwa	Confirmation of diagnosis and early intervention for children 0-8 years
North Western	Puttalam	Puttlam District Hospital	Dr. Neelika Dissanayake-Consultant Paediatrician Dr. Buddhi Jayasekara-Consultant Psychiatrist	Wednesday 8am -12 noon Mental Health Clinic room Wednesday 8 am-12noon	Puttlam, Kurunegala, Chilaw	Confirmation of diagnosis and intervention for children 0-12years
North Western	Kurunegala	Kuliyapitiya Base Hospital	Dr. Pushpa de Silva-Consultant Psychiatrist Dr. Aruni Wijesinghe, Consultant Paediatrician	Tuesdays : mental health clinic	Puttlam, Kurunegala, Chilaw	Assessment, diagnosis and early and long term interventions
Central	Kandy	Kandy General Hospital	Dr. Shyama Arambepola - Consultant Psychiatrist Dr. Arambepola - Consultant Paediatrician	Child Psychiatry clinic 1st Saturday and 3rd Saturday 4th Saturday -Parental clinic	Central Province	Assessment, diagnosis and early and long term interventions
Central	Kandy	Sirimavo Bandaranay	Dr.Rasitha Perera- Consultant Psychiatrist	All week days Child Psychiatry clinic	Central Province	Assessment, diagnosis and early and long

For Call Centre -Autism Teams in Government Hospital Settings

OPD- Out Patient Department Clinic

		aka Childrens' Hospital	Dr.Jagath Munasinghe-Consultant Peadiatric Neurologist	8-12		term interventions

Contd. on page 17

Contd. from page 16

National Autism...

Province	Districts	work places	Consultants	Clinic Days and Time	Possible areas of referrals	Availability of teams
Central	Kandy	Digana Rehabilitation Hospital	Dr. Wasantha Dissanayake--Consultant Paediatrician	Wednesdays 8am- 12noon Paediatric clinic	Kandy and Matale District	Confirmation of diagnosis and intervention for children 0-12years
Central	Nuwaraeliya	Nuwaraeliya District Hospital	Dr.Anula Indrani Fonseka-Consultant Paediatrician	Tuesdays and Thursdays 8am Paediatric clinic	Nuwaraeliya district	Confirmation of diagnosis and intervention
Eastern	Batticaloa	Batticaloa District Hospital	Dr. Chitra Vamadewan-Consultant Paediatrician Dr. Gadambanadan-Consultant Psychiatrist	OPD-Paediatric Clinic Tuesdays -9am to 12noon	Trincomalee, Batticaloa and Ampara	Assessment, diagnosis and early and long term interventions
	Ampara	Ampara District Hospital	Dr.Hiranya Wijesundera-Consultant Psychiatrist Dr. Meheshaka- Consultant Paediatrician	Paediatric Clinic Monday and Wednesday 8 am	Batticaloa, Ampara	Assessment, diagnosis and early and long term interventions
Western	Gampaha	Medical Faculty-Ragama	Dr.Samanmali Sumanasena-Consultant Paediatrician Dr. Asiri Rodrigo -Consultant Psychiatrist	Multi-Disciplinary Clinic(MDT) room A8 Mondays 2pm-4pm	Gampaha district	Assessment, diagnosis and early and long term interventions
Western	Gampaha	Wathupitiwala Base Hospital	Dr.Manel Panapitiya-Consultant Paediatrician Dr. LakshiniWickramasinghe-Consultant Psychiatrist	Wednesdays 10am at ward 16 clinic room	Wathupitiwala, Kegalle	Confirmation of diagnosis and intervention for children 0-12years
Western	Colombo	Lady Ridgeway Hospital for Children	Dr.Swarna Wijethunga-Consultant Psychiatrist Dr.Sudarshi Seneviratne-Consultant Psychiatrist	Room number 22-Tuesdays 8am-12noon OR Mondays, Tuesdays,Thursdays and Fridays- ward 19-8am to 12 noon	Western Province	Assessment, diagnosis and early and long term interventions
Western	Colombo	Colombo South Teaching Hospital, Kalubowila	Dr.Saraji Wijesekara-Consultant Paediatric Neurologist Dr. Malika Weerasinghe-Consultant Psychiatrist Dr.Dasanthi Akmeemana -Consultant Psychiatrist	Room 1 -Paediatric Neurology clinic 1st Friday and last Friday of the month	Colombo District	Confirmation of diagnosis and intervention for children 0-12years

For Call Centre -Autism Teams in Government Hospital Settings

OPD- Out Patient Department Clinic

Western	Kaluthara	Kaluthara District Hospital	Dr. Anoma Weerasinghe-Consultant Paediatrician	1st Wednesday 2 pm onwards Autism Clinic	Kaluthara district	Confirmation of diagnosis
Sabaragamuwa	Ratnapura	Rathnapura District Hospital	Dr. Kumuduni Cooray – Consultant Paediatrician Dr. Ananda Senakumara-Consultant Psychiatrist	Room Number 52 Tuesdays -8am to 4 pm	Rathnapura District	Confirmation of diagnosis and intervention for children 0-12years
Uva	Badulla	Mahiyanyangana Base Hospital	Dr. Priyani Gamage-Consultant Paediatrician Dr.Ayodhya Malalagama-Consultant Psychiatrist	Thursdays 2pm-4pm Ward 6 Paediatric ward	Badulla district	Confirmation of diagnosis and intervention for children 0-12years
Uva	Monaragala	Monaragala District Hospital	Dr. Upul Nawaratne-Consultant Paediatrician	Paediatric Clinic, OPD Thursday 8am **(or paediatric ward)**	Moneragala	Confirmation of diagnosis and early intervention for children 0-12years
Southern	Galle	Karapitiya Teaching Hospital	Dr.Udena Attigala – Consultant Psychiatrist Dr. Gemunu Hewapathirana-Consultant Paediatric Neurologist	Wednesdays 9am -12noon Karapitiya Child and Adolescent Development clinic	Southern Province	Assessment, diagnosis and early and long term interventions
Southern	Hambantota	Hambantota District Hospital	Dr.Hemantha- Consultant Paediatrician Dr. Manoj Herath- Consultant Psychiatrist	Wednesdays 2- 4pm	Hambanthota, Matara	Confirmation of diagnosis and early intervention for children 0-12years

The green highlighted rows are indicative of teams' already fully fledged and conducting intervention.

PRESCRIBING B COMPLEX VITAMINS

Dr. Rizvi Hasan,
Senior lecturer,
Faculty of Medicine,
University of Kelaniya
Family Physician, Kandana
Email: rizvii2003@gmail.com
Mobile: 077-7351860/ 077-7905907

Symptoms are just the sign of an issue, not the problem itself. Simply treating symptoms means we aren't really listening to what our bodies are trying to communicate to us. Often, uncomfortable symptoms arise from a deficiency in essential vitamins or minerals like vitamin A, B, C, D, K, folic acid, calcium, iron and zinc.

B vitamins are important for an amazing range of body functions, in part because there are so many different B vitamins that have an impact on the body's performance. With a deficiency of any of these, your health could be at stake.

Simply asking the patient to take more B vitamins isn't effective. In order to really understand what's going on, you need to know the differences between the B vitamins, and the effects they have on your body. It's very likely that you may have heard or read more about some of these B vitamins than others, but they are all important for the body's day to day metabolism and upkeep. Let's take a brief look at each of the B Vitamins.

B1 (Thiamine) – Thiamine aids in changing carbohydrates into energy in the body, while also being necessary formuscle contraction and conduction of nerve signals. Thiamine deficiency results in a wide range of symptoms, including weakness, fatigue, nerve damage and sometimes even psychosis. People who abuse alcohol are at particular risk of being unable to absorb thiamine from food.

B2 (Riboflavin) – Another essential B vitamin is riboflavin. Like many B vitamins, riboflavin is water soluble, meaning excess amounts are excreted in urine. Riboflavin must be replenished daily. Riboflavin works in conjunction with other B vitamins, and is important for growth and the production of red blood cells, as well as helping to release energy from proteins in the body. Though deficiency is uncommon due to the abundance of riboflavin available through food, a severe deficiency may cause mouth sores, skin disorders, sore throat and swelling of mucus membranes.

B3 (Niacin). Niacin helps with the functioning of your digestive system, skin and nerves and is important in converting foodin to energy. Links between cardiovascular disease and niacin deficiency have led to small daily doses of nicotinic acid being used to treat unbalanced cholesterol levels. A niacin deficiency can cause pellagra, which includes digestive issues, inflammation of skin, and mental impairments. But too much B3 is also a problem, and can cause such serious issues such as liver damage, increased glucose levels, and peptic ulcers.

B5 (Pantothenic acid) and B7 (biotin). These two water soluble B vitamins help the body metabolize your food, which makes them important for the growth process and in manufacturing fatty acids. B5 is also connected to the production of hormones and cholesterol, and the conversion of pyruvate to acetyl CoA. Though extremely rare, a B5 deficiency can cause tinglingsensation in the feet commonly referred to as paresthesia. Lack of B7 can manifest as muscle pain, dermatitis, or swelling of the tongue. Neither has known side effects from large doses, with the exception of possible diarrhoea from too much intake of B5.

B6 (Pyridoxine). Vitamin B6 aids in the production of antibodies, maintaining nerve functioning, breakdown of proteins, keeping blood sugar within normal ranges and producing haemoglobin which carries oxygen to tissues. Though deficiency is uncommon, symptoms can include confusion, depression, irritability and mouth and tongue sores. When taken in excess, difficulty in movement, numbness and sensory changes may occur.

B9 (Folic Acid). Folic acid is one of the most talked about B vitamins. Folic acid helps the body create healthy cells, and helps produce DNA. It is particularly important before and during pregnancy, to help prevent birth defects in the baby's brain or spine. A deficiency in folic acid can cause fatigue, irritability, poor growth and anaemia. In severe cases, it can also contribute to low white blood cell and platelet counts.

B12 (Cyanocobalamin). As we age, our bodies encounter difficulties in absorbing vitamin B12 from food. Digestive disorders can also be a contributing factor for such. B12 is important in metabolizing proteins, forming red blood cells, andthe maintenance of the central nervous system. B12 deficiency can result in a macrocytic megaloblastic anaemia, vertigo, numbness in your limbs and generalized weakness.

By enriching your knowledge in the symptoms to watch for, and by maintaining a diet rich in all of the B vitamins, it would be less likely that your health will be at stake. There are many whole, unrefined food sources for B vitamins, including lean meats, especially organ meat like beef liver, dairy products, legumes, leafy green vegetables, fruits, nuts, and whole grains. Mushrooms, potatoes, brown rice and fish also contain some B vitamins.

Thus it is imperative that the next time you go out marketing you must get yourself sufficient amounts of these healthy foods.

NEW LOOK, NEW OFFERINGS,
UNCOMPROMISED QUALITY, GUARANTEED.

TOKYO SUPERLIGHT
LOW WEIGHT | HIGH STRENGTH

LIGHT WEIGHT CONCRETE BLOCK

ORDINARY PORTLAND CEMENT • PORTLAND POZZOLANA CEMENT • CELLULAR LIGHTWEIGHT CONCRETE
INTERNAL & EXTERNAL PLASTER • SELF LEVELLING FLOORING COMPOUND • PREMIXED CONCRETE
WATERPROOFING SOLUTION • TILE ADHESIVES • BLOCK MORTAR • SCREED MORTAR

www.tokyocement.lk

TOKYO CEMENT GROUP

☎ **077 395 1513** / 0112 558 100 / 0112 500 466 / 0112 592 308 @ sales@tokyocement.lk

ANNUAL GENERAL MEETING: 23RD DECEMBER 2016

The Annual General Meeting of the Sri Lanka Medical Association will be held at 7.00 p.m. on Friday, 23rd December 2016, at the Lionel Memorial Auditorium, "Wijerama Mawatha, Colombo 7. All members are cordially invited to be present.

Any proposals/ resolutions to be taken up at the AGM should reach the Honorary Secretary, SLMA on or before 25th November 2016.

The agenda of the meeting is given below.

Dr. Neelamanie Punchihewa
Honorary Secretary, SLMA

Agenda for the Annual General Meeting: 23 – 12 – 2016

1. Reading of the notice calling for the Annual General Meeting
2. Observation of I minute silence for departed members of SLMA
3. Adoption of the minutes of the last Annual General Meeting held on 17th December 2015.
4. Confirmation of new members of the SLMA who joined in 2016
5. Resolutions
6. President's address
7. Secretary's Report for 2016
8. Treasurer's Report for 2016
9. Election of Office Bearers and Council members for the year 2016.
10. Appointment of Auditors
11. Address by the new Presidents
12. Any other business

DONATION OF WHITE CANES

In response to a request made by the Sri Lanka Federation of the Visually Handicapped (SLFVH), the members of the SLMA council donated funds and 70 white canes were purchased. The President of the SLMA, Dr. Iyanthi Abeyewickreme presented the white canes to the President of the SLFVH at the Wijerama House premises.

Cartoon of the Month

"This prescription won't make you feel better but it will stop your whining and make everyone else feel better."

MALARIA COUNT 2016

37
Cases for 2016

All cases are imported !
Let's keep Sri Lanka Malaria free

Thanks to your support, we're creating more prosperous dairy farmer families - together.

We've opened Sri Lanka's first ever demonstration and training farm for dairy farmers - a pioneering private sector investment to support the Sri Lankan dairy industry.

In February 2016 we opened the demonstration and training farm to share our dairy expertise and best practices with our farmers. This helps them increase milk quality and productivity, enabling the local dairy industry to take a big step forward.

It's all thanks to you - our loyal consumers, business partners, and farmers. With your continued support, we can make a difference together.

DEMONSTRATION FARMS AND TRAINING CENTRES

- Built and operated by Fonterra in partnership
- Aimed at creating economically sustainable farming families

MILK COLLECTION CENTRES

- New chilling and milk 'finger printing' technology
- Milk quality incentives
- Farmer and community engagement

SUPPLIER RELATIONS OFFICERS

- Training and extension services to support farmers directly
- Linked with farms and collection centres for training and support

Fonterra™

Dairy for life

Affording INSPIRATION to RESPIRATION

Versatile spectrum of powder inhalation preparations manufactured in Sri Lanka under worldclass standards by EMERGEN Life Sciences (Private) Limited

Quality +++

Efficacy +++

Safety +++

Dependability +++

Affordability +++

FORMOHALE 400
FORMOTEROL FUMARATE
BUDESONIDE

FLUTIHALE 250
SALMETEROL
FLUTICASONE PROPIONATE

FORMOHALE 200
FORMOTEROL FUMARATE
BUDESONIDE

FLUTIHALE 500
SALMETEROL
FLUTICASONE PROPIONATE

Slickhaler

SALHALE 400
SALBUTAMOL

BECLOHALE 200
BECLOMETASONE DIPROPIONATE

SALHALE 200
SALBUTAMOL

IPRAHALE 40
IPRATROPIUM BROMIDE

BECLOHALE 400
BECLOMETASONE DIPROPIONATE

Manufacturing Facility
667, Biyagama Road, Pethiyagoda,
Kelaniya, Sri Lanka.

EMERGEN
Emerge Enrich Enliven

Emergen Life Sciences (Private) Limited

Head Office:
60, Maligawatte Road, Colombo 10,
Sri Lanka.

Whatever the reason.
Whatever the season.

Avamys™

fluticasone furoate

Allergic rhinitis relief

The Most prescribed Asthma and COPD treatment of all time!*

SERETIDE

salmeterol/fluticasone propionate

Breathe easy. Stay that way.

* Thorax 2012;67:266e267. doi:10.1136/ thoraxjnl-2011-201522
* Top 100 Selling Drugs of 2013. Medscape. Jan 30, 2014.

gsk do more feel better live longer

For the use of medical professionals only.

Glaxo Wellcome Ceylon Ltd.
121, Galle Road, Kaldemulla, Moratuwa, Sri Lanka.
Tel: +94 11 2636341-2 Fax: +94 11 2622574

M- 88

Inland Postage Paid

SLMA NEWS

THE OFFICAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

To

.....

.....

.....

.....

If undelivered return to:

Sri Lanka Medical Association. No 6, Wijerama Mawatha, Colombo 7

Registered at the Department of Post Under No: QD/30/NEWS/2016