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SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

SLMA Health Run & Walk

Pre-congress workshops at 129th Anniversary International Medical Congress

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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
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PRESIDENT'S MESSAGE

It is with a lot of hope and optimism that I send this brief message for the July newsletter. The SLMA office has been a hive of activity in the last few weeks to make the 129th Anniversary International Medical Congress a success. The scientific committee, the pre-intern demonstrators, the volunteers and the staff of the SLMA office have worked late in to the night to ensure that all preparations are on track for the Congress. As the President, I thank them most sincerely and wish to say how deeply we appreciate their passion, dedication and commitment for undertaking such an enormous task of developing the varied and exciting scientific programme.

I look forward to welcoming the Chief Guest, Emeritus Professor, Harshalal R. Seneviratne of the University of Colombo, and the Guest of Honour, Professor Graham Taylor, from Imperial College Hospital, London, UK. On behalf of the SLMA, I also welcome and thank most sincerely all the local and overseas speakers who have agreed to share their expertise and knowledge by accepting our invitation to be resource persons for the medical congress.I hope our overseas visitors will enjoy their stay in Sri Lanka.

The theme for this is year is "Moving from Millennium Development Goals to Sustainable Development Goals". The Sustainable Development Goals or SDGs mark the beginning of a new era in global development. The health-related targets are centred in Goal 3, but health will affect or be affected by each of the 17 SDGs. The scientific programme of the 129th Anniversary International Medical Congress has been designed to incorporate topics within Goal 3 that are most relevant to Sri Lanka and I hope that the variety of symposia, guest lectures and workshops that have been arranged will enlighten all, about the importance of the selected topics. This year,as a new initiative we have organized an Emergency Skills Training as a parallel session during the Congress. It will be conducted by four specialists in emergency medicine from Australia. Although only 24 participants can be accommodated for the training, the SLMA office has been inundated with requests for participation.

Finally, I hope all of you will attend the 129th Anniversary International Medical Congress and that this year's academic and social programme will be an enlightening and an enjoyable experience.

Best wishes
Dr.Iyanthi Abeyewickreme

PRESIDENT ELECT NOTICE

IMPORTANT NOTICE

Any member of the SLMA who considers himself/herself suitable to guide the SLMA in the year 2018 as President is kindly requested to contact a Past President of the SLMA, before 30th September 2016.

Dr J B Peiris
Past President Representative of the SLMA Council
(Tel: 0777 320375)

HANDY TIPS TO FACE LEGAL AND ETHICAL DILEMMAS IN CLINICAL PRACTICE

By Dr. A. Dayapala
Consultant Judicial Medical Officer
Base Hospital, Avissawella

Doctors have to address various legal and ethical issues while fulfilling their primary duty as health care providers. Irrespective of the specialty, each practitioner must have adequate knowledge about those issues to avoid inconvenience to patients, guardians, colleagues and oneself.

Medico-legal Examination

In cases with a history or suspicion of assault, accident, poisoning or abuse, in addition to necessary medical care, doctors must think of the possibility of future legal repercussions. To facilitate legal actions, patients have to undergo a **specific medico-legal examination**. Therefore it is the responsibility of the attending clinician/s **to inform the police** who will then issue medico-legal examination forms (MLEF) to such patients. [1]Then the patients can be examined by a judicial medical officer for medico-legal purposes. Here the issue of medical **confidentiality** may arise. If patients consent to informing the police, there is no issue and such action can be considered as part and parcel of the 'duty of care'. Even in the absence of such consent however, clinicians can inform the police as **under Sections 112 and 199 of the Penal Code, such divulgence of information is legal. [2]The Sri Lanka Medical Council (SLMC) guidelines also allow such action** as an exception to the general principle of confidentiality. [3]

When cases of attempted suicide are admitted, it may not be necessary to get the police involved in all cases as it may increase the psychological distress of the patients. It is prudent not to inform the police unless the lives of the patients are in imminent danger or any other criminal circumstances are suspected. Therefore **in cases of attempted suicide purely due to mental illness, the clinician must only provide necessary medical care and make the referral for psychiatric treatment.**[4] The same dilemma occurs when **cases of criminal abortions** are encountered. Here the SLMC advises not to inform the police if such an attempt has been carried out by the woman herself voluntarily or by a family member with her consent unless the life of the patient is in danger. [3] However if a clinician gets to know that an illegal abortionist is in operation putting lives of the public in danger, he must inform the police for his duty towards society overrides the issue of confidentiality towards a single patient. [3]

Unless a patient has undergone specific medico-legal examination, courts usually order clinicians to attend to the patient's medico-legal requirements when a necessity arises. The clinicians have to oblige to those requests which may include compiling medico-legal reports and attending the court to give oral evidence.

The aame principles are applicable to cases of all types of sexual assault, child abuse, domestic violence etc.

Issuing cause of death and Ordering Inquests

Clinicians are empowered to issue the Certificate of Cause of Death Forms (Registration B12) or the Declaration of Death Forms (Registration B33) under the Birth and Death Registration Act. [5, 6] Such forms should be issued only when the cause of death is known AND the underlying cause of death is natural. [6] Here the clinicians must clearly understand the meaning of 'underlying cause of death'. It must not be the mode or mechanism of death such as cardio-respiratory failure or heart failure, shock etc. but "the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury". [6, 7]

If the cause of death is not known or the underlying cause of death is unnatural or the clinician has not attended the deceased during the last illness, or there is a possibility of legal issues such as an allegation of negligence, an inquest must be ordered and the police must be informed without issuing B12 or B 33 Forms. [6]

The Criminal Procedure Code specifically mentions that inquests have to be held for,

- deaths due to suicide
- deaths caused by animals, machinery or by accidents
- deaths in police custody, in mental or leprosy hospitals
- deaths by violence
- deaths due to rash or negligent acts
- deaths under suspicious circumstances
- deaths due homicides
- sudden unexpected deaths without known cause

There is no legal requirement for inquests on deaths occurring within 24 hours of admission unless they come under above mentioned categories. Even if an inquest is ordered, the clinician can document the cause of death on the bed head ticket (BHT), if it is known. It may help the Inquirer into Sudden Deaths (ISD) to release the body without an unnecessary autopsy if the circumstances permit him to do so. It should be noted that inquirers into sudden deaths are empowered to ask for any document including the BHT or can ask any person to appear before him at the inquest. If such a request is made by an ISD or a magistrate, the clinicians must oblige.[1]

The Ministry of Health circular (General circular 01-25/2011) has made it compulsory to hold inquests in all maternal deaths without issuing declaration of death forms and a Ministry of Justice circular has made it compulsory to subject all maternal deaths for postmortem examination.

Though it is not compulsory by law, it is prudent to ask for inquests for deaths occurring during or immediately after surgical or invasive procedures unless the guardians have already acknowledged the possibility of death as one of the complications.

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Handy tips...

Pathological postmortems

Pathological postmortems can only be done when the cause of death is known AND it is natural. The written consent of the guardians must compulsorily be obtained and the retention of organs or body parts requires special consent. Pathological postmortems are carried out usually by the hospital pathologist or the clinician himself to assess the extent of the disease process or to assess the effect of the treatment. They should never be arranged for deaths where inquests are indicated under CPC. [6]

Medical certificates

Doctors are legally entitled to issue medical certificates for their patients. As medical certificates can be used in legal proceedings extreme care must be exercised in issuing them. False or improper medical certificates can be challenged in a court of law and the SLMC can take disciplinary action against the practitioner who has issued such faulty certificates. These certificates may be issued for leave from employment, excuse from attending courts, for the assessment of fitness or disability as well as for the assessment of testamentary capacity. Clinicians must be truthful and base their recommendation only on medical grounds irrespective of demands of patients. [6]

In government hospitals, medical certificates can be issued for a maximum periodof one month initially and can be extended for another month subsequently. In the third and fourth extensions, only two weeks leave can be granted at a time. If the person has to apply for more than 3 months leave, he has to appear before a medical board except in the cases of maternity leave or leave for tuberculosis. Backdating a medical certificate for more than three days must not be done, except in the case of in-ward patients. In certificates issued for excuse from court attendance, backdating must be avoided altogether. If the patient has undergone an elective procedure purposefully to avoid court attendance, this must be conveyed to the court in the event of issuing the medical certificate. **A private practitioner can issue a medical certificate for a maximum of two weeks for a government servant as an outpatient.** [6] A communiqué issued by the SLMC on 3rd December 2007 to all medical practitioners under the heading " Issue of medical certificate" has reminded that entries such as **'Not for legal purposes' 'Not to be produced in courts' on medical certificates are not acceptable. The certificate must bear the name, qualifications and the address of the doctor and the date of issue in addition to the identification details of the patient.** A copy of the certificate has to be kept with the clinician for future reference, if necessary. [6]

Consent

As a general rule, no examination, investigation or treatment should be done without valid informed consent unless in an emergency situation. Again the extent of information that must be provided is debatable and it must be done with the best interest of the patient in mind. [4, 8]

All persons aged 18 years or more are presumed in law to have the capacity to consent for treatment unless there is evidence to the contrary such as incapacitation, intoxication or mental illness. The validity of the consent on behalf of an adult by another is not binding though desired and doctors can act for the best interest of the patient. In dilemmas such as a woman in labor with complete placenta previa refusing Cesarean section, the doctor cannot be expected to abide by the irrational refusal and has to act in the best interests of the patient and the baby. [3, 4] Compulsory treatment for mental disorders is limited to the mental illness and other treatments have to be withheld except in emergency situations. **All mental disorders DO NOT diminish the capacity to give valid consent. [3] Children between 12 years and 18 years may be able to give consent for treatment** depending on the nature of the treatment and the child's ability to understand the pros and cons in particular circumstances. [3, 8] In the children of married couples both parents have equal parental responsibility. **Neither parent loses parental responsibility on divorce. [3] In unmarried couples, only the mother has parental responsibility.** For children lacking capacity to consent, anyone with parental responsibility or a local authority with parental responsibility can give consent.

Though implied consent is adequate for routine care, informed written consent should be taken for invasive investigations, treatments and procedures. Failure to get informed consent may give rise to charges of negligence. [8]

Confidentiality

In Sri Lanka, the issue of confidentiality remains essentially an ethical issue rather than a legal one. [3] It is ethical not to disclose the information of a patient to a third party without the consent of the patient unless indicated as a statutory requirement (e.g.Notifiable diseases) or as in medico-legal cases as discussed above. [3]

When dealing with HIV/AIDS patients which are not notifiable**, even spouses should be informed without the consent of the patient only when both parties are cared for by the same doctor.** Here also the patient must be warned beforehand. [3] But doctors must always try their best to educate and persuade patients to inform their spouses or sexual partners. **When considering color blind drivers or epileptics applying for driving licenses etc., the doctor must inform the relevant authorities even in the absence of the consent of the patient,** as the duty towards the public over rides the duty towards a single person.[3,4]

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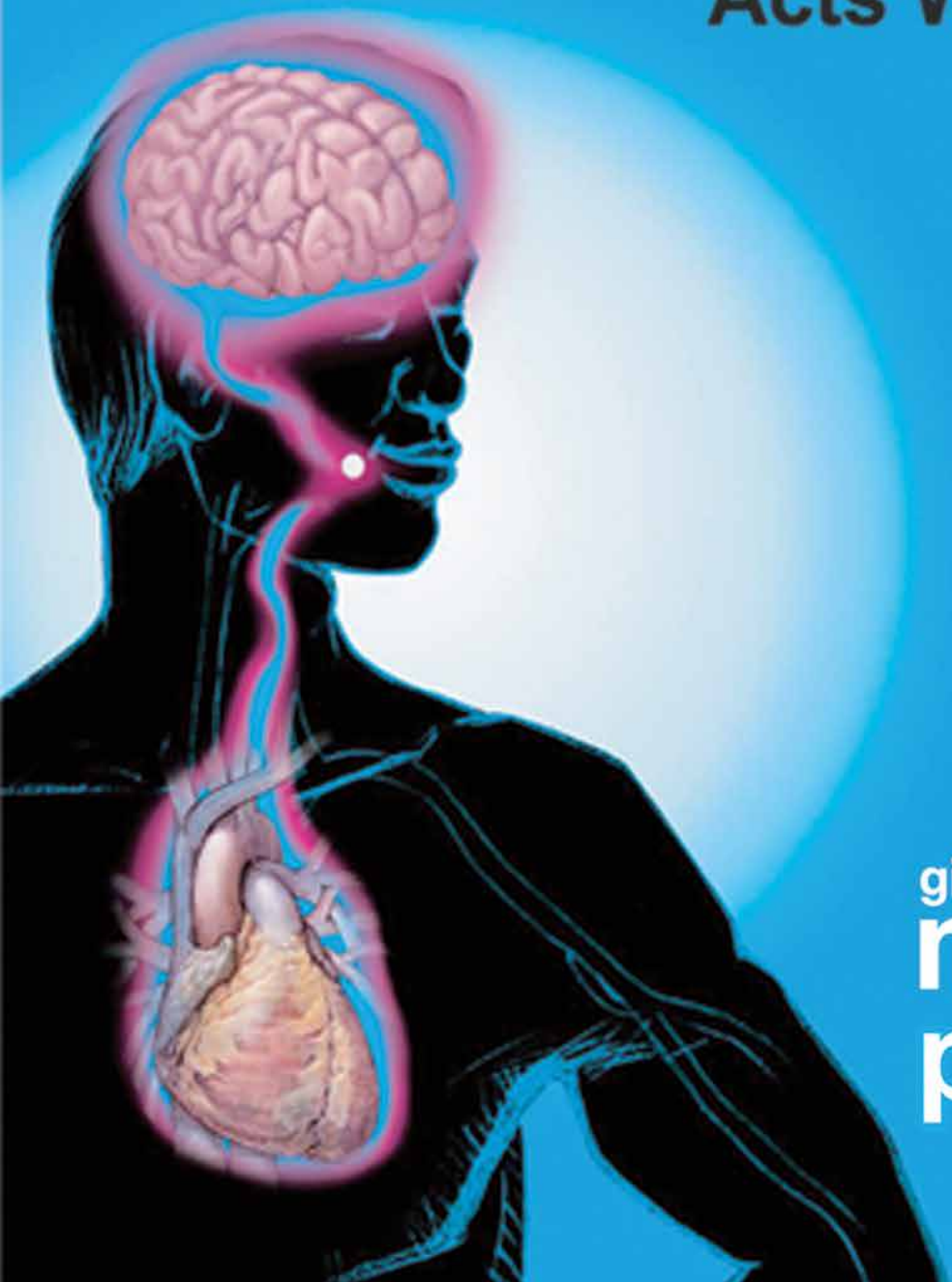

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Handy tips...

Medical negligence

Medical negligence is **the breach of a duty to care towards a patient, by an act of commission or omission,** which results in harm to a patient. [8] Failure to cure an illness, failure to prevent death or misdiagnosis is not necessarily considered negligence if the doctor has acted according to the accepted practice and in good faith with the best interests of the patient in mind. **The law does not expect one to possess the highest expertise but to have ordinary skills of an ordinary man practicing that particular art.** If the doctor has acted in accordance with the practice accepted as proper by a responsible body of medical men skilled in that particular art, a doctor cannot be found guilty even if there is a body of opinion who would take contrary view. [8] **Therefore acting according to the guidelines accepted by the medical council, professional colleges and the Ministry of Health would be helpful in avoiding negligence charges.** Errors in judgment irrespective of proper history taking, examination, investigations etc. and inevitable accidents or misadventures even after following correct procedures are not considered as negligence. [8]

To prove a negligence charge, the plaintiff has to prove that there is duty to care by a particular doctor, there is a breach in duty either by commission or omission, and there is harm to the patient due to that breach of duty. But some acts such as failure to remove gauze packs after surgery and not following accepted practices such as sterility etc. are considered presumptive negligence and the doctor may have to defend himself in such situations. If the treatment given to a patient is so grossly negligent as to be described as reckless, wicked or showing complete disregard for the life and safety of the patient and if the death occurs as a result of such treatment, it is called **'criminal negligence'** and **the doctor can be charged for culpable homicide.** [2, 8]

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[1]. Criminal Procedure Code of Sri Lanka, Act No. 15 of 1979.

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[8] Fernando R, De Silva LC. (1996). Basic Principles of Medical Negligence.The Institute of Health Studies: Colombo.

TO THE EDITORS:

COMMENDABLE RESPONSE BY SLMA PRESIDENT

Dr. Sumith Warnasuriya

Consultant Obstetrician and Gynaecologist

I am writing with regard to the highly commendable response to the Lancet by the President of Sri Lanka Medical Association (SLMA) through the News Letter of May 2016 (Vol. 9, Issue 5) in response to the biased and distorted article titled "Sri Lanka's war wounds run deep" by Chris McCall (Lancet Vol. 387 0f 14th May 2016).

To begin with, the response by the President of SLMA would undoubtedly have drawn admiration from all right thinking individuals not only in Sri Lanka, but from all around the world and need a big round of applause. Most of us in the medical fraternity who had a high regard for this well known and reputed journal could not believe the level it has gone down to tarnish the image of countries like Sri Lanka, a nation with limited resources recovering from a traumatic past. In this context, the SLMA president's response is loud and clear as well as being brave, bold and patriotic. Her response echoes the feelings of all peace loving Sri Lankans.

She very rightly reminds the Lancet that the present leader of the opposition of the Sri Lankan parliament is from Tamil based parties representing the former war affected areas (though his Alliance does not even represent 1 / 10th of the total seats in parliament), mainly due to the 'generosity' of the 2 main Sinhalese dominated political parties. Then again, the Chief Justice of Sri Lanka, a very honourable person who hails from Tamil community is highly respected by the Sinhalese majority throughout the country. However, according to the Lancet article, it is appalling to note that the definition of a terrorist appears to have been given different meanings depending on the country affected. It appears that according to the Lancet, a group of mass murderers of innocent civilians in a country like Sri Lanka should not be classified as terrorists whereas if it was in a western country where the authors of this despicable article full of untruths have the freedom to enjoy a higher quality life at the expense of exploiting conflicts in other countries, a relatively trivial offence would be branded as terrorism!

In this regard we all should admire the SLMA President for her bold assessment of the scenario and without mincing her words, having the guts to call a terrorist a terrorist! She has also presented the post war rehabilitation work done by the Government of Sri Lanka in general with special emphasis on the provision and advancements of health care facilities to the affected areas in its true context.

We are proud and fortunate to have an individual of such caliber leading the SLMA.

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CORRESPONDENCE: SOME REFLECTIONS ON THE ARTICLE TITLED

'Critical Care Medicine in Sri Lanka- Needs Licensed Competent Full Time Pilots'

Dr. Kanishka Indraratna
President-College of Anaesthesiologists and Intensivists of Sri Lanka

Dr. Ramya Amarasena
Chairperson-Board of Study in Anaesthesiology, PGIM

Dr. Asoka Gunaratne
Chairperson-Specialty Board in Critical Care PGIM

Dr. Shirani Hapuarachchi
Head-Faculty of Critical Care Anaesthesiologists and Intensivists of Sri Lanka

We the College of Anaesthesiologists and intensivists of Sri Lanka and its Faculty of Critical Care, The specialty board in critical care medicine, The Board of study in anaesthesiology wish to comment and reflect on some points brought out by the authors of the above article.

First of all, we want to make our views absolutely clear on this matter. We are of the view that there should be a separate specialty in Critical Care Medicine and the Intensive Care Units of this country should be managed by such specialists. This is the very reason why the specialty Board in critical care medicine was established. This is also the reason that we have included intensivists in our College.

Training of Specialists takes a minimum of five years at the best. In the UK it's 7 years. The PGIM, the Board of Study in Anaesthesiology and the College of Anaesthesiologists and Intensivists of Sri Lanka recognized the need for a separate specialty in Critical Care medicine which resulted in the PGIM establishing a separate specialty board in Critical Care medicine under the Board of study in Anaesthesiology.

The task of this specialty board is to produce fully trained, specialists in Critical Care medicine. It is required that the candidates first obtain the MD in Anaesthesiology or Medicine. As it is widely known most of the Consultant Intensivists in the world are with an Anaesthetic background followed by some with a background in Medicine. This international practice is followed in Sri Lanka too by the PGIM. After the MD, these candidates are required to undergo intense and complete training in Critical Care for two years, including a period of at least one year at a recognized centre abroad. Therefore the complete training of these specialists will take over five years. The first batch of these fully qualified and trained Specialist Intensivists are expected to be board certified in 2017. At the moment there are 11 trainees undergoing training in the United Kingdom in very reputed training centres like Oxford, Cambridge and Kings College hospital. Altogether there are 22 trainees in training so far. It would therefore be absurd to bemoan that, there are no specialists in Intensive Care as yet. There cannot be any short cuts for the training of specialists. As the authors of this article rightly point out, the main concern of the Ministry of Health are the patients.

To be fair by the Ministry of Health and other stakeholders, nobody is in support of the open concept of ICU anymore. In any project there is and has to be a transient period, which we are now going through. I am sure that the authors are not advocating that some are to be labeled overnight as Specialists in Intensive Care and charged to manage critically ill patients.

To quote from the article "Critical Care Medicine is a separate specialty in developed countries and also in most developing countries. The General Medical Council adopted a stand in 2010 to offer a separate certificate of completion of training……" The authors have forgotten that Sri Lanka is still not categorized as a developed country (We have a quite way to go) and the GMC adopts it only in 2010, and according to the article, we in Sri Lanka in 2011. Is this a major lapse?

In Sri Lanka too, in the near future the board certified Specialists in Intensive Care will have their primary and only specialty as Critical Care Medicine. The UK, USA and other countries also went through the same transient phase. Critical Care specialists were not produced overnight.

The article expounds the need for minimum hours of training for pilots and draws a parallel with the training required for specialists in intensive care. This is absolutely true and this is exactly what the PGIM and the specialty board in Critical care medicine have achieved with their training programme. This is the exact reason, that it takes time to produce these specialists. Nobody in Sri Lanka has disputed the requirement for multidisciplinary input. Even now, ICUs in major hospitals are managed with multi disciplinary input.

It is not correct to state that the MOH is promoting shared clinical care. As we have stated throughout in this reply of ours it is the transient phase.

The authors call for advertising of these posts. They, at the same time say the holders of these posts should be trained the way pilots are, without any short cuts or compromise. They also say in the same paragraph that it is mandatory that training of intensivists conform to international standards. The fallacy, error and poor logic in their argument is obvious.

The PGIM has laid down a well planned training programme to provide specialists in critical care trained to international standards. Illogical, ad hoc, haphazard ideas and plans spelt out by Drs Gunasekera and Dissanayake are disturbing, as whilst preaching about international standards they are advocating short cuts and implying by their arguments that untrained or partially trained medical officers be given these consultant posts. The bias and the brief they are carrying for medical officers who have been trained to diploma level, which is a level of training to ensure a minimum level of competency is quite obvious in their statement in the last paragraph.

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Some Reflections...

The Diploma in critical care is an examination which was designed to allow promotions to a higher salary scale for medical officers working in ICUs. The examination which is conducted by the specialty board in critical care medicine ensures a minimal level of competency of medical officers working in the ICUs.

Many doctors, even the most qualified have left the country for greener pastures, and it has absolutely nothing to do with the fact that Sri Lanka still does not have specialists in critical care. It would be interesting if Drs Gunasekera and Dassanayake can provide details of doctors who have obtained Consultant in Critical Care appointments abroad with the Diploma in Critical Care.

We fully agree with the last sentence of the article, but that objective cannot be achieved with the ideas and suggestions of Drs Gunasekera and Dassanayake.

We consider that it is the responsibility of the Board of Study in Anaesthesiology and the specialty board in critical care medicine and the College of Anaesthesiologists and Intensivists of Sri Lanka to produce fulltime specialists in critical care medicine and to help provide establish intensive care units conforming to international standards. We fully intend to do so with properly planned suggestions and ideas with the interest of the patient as the one and only concern.

CME OF THE SLMA IN KANDY

By Dr. Sumithra Tissera
Assistant secretary-SLMA

The 4th SLMA joint clinical meeting for the year 2016 was held at the Auditorium of the Kadugannawa Training Centre, Kadugannawa, on 21st of June 2016 with an attendance of over 50 public health staff including medical officers (Medical Officer of Health, Medical Officer of Maternal & Child Health), Public Health Nursing Sisters (PHNS) and Public Health Inspectors (PHI). The programme commenced with welcome addresses by Dr. Ruvaiz Haniffa, VicePresident of SLMA, and Dr. Kumudu Bandara, Consultant Community Physician, PD Office, Kandy.

During the first session, lectures were delivered by Dr. Sardha Hemapriya, Consultant Gynaecologist at Teaching Hospital, Kandy on 'Gender-based violence: Identification and

management at the Primary Care Setting' and Dr. S. Arambepola, Consultant Psychiatrist, Teaching hospital, Kandy on 'Mental illnesses among children'.

The lectures delivered in the second session were on 'Healthy food plate' by Dr. Bhanuja Wijayatilaka, Consultant Community Physician, Ministry of Health, 'Under weight and overweight among children: nutritional aspects' by Dr. Ranil Jayawardena, Clinical Nutritionist/Senior Lecturer, Faculty of Medicine and 'Sexuality in midlife and beyond' by Dr. Lasantha Malavige.

Dr. Ruwan Jayasinghe, Medical Officer, Training, delivered the vote of thanks on behalf of the Provincial Director's Office.

The meeting was sponsored by Astron Limited.

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SLMA HEALTH RUN & WALK HELD SUCCESSFULLY ON 17TH JULY 2016

Dr. Seneeth Peramuna
Project Co-Ordinator 2016

Dr Harini Fernando
Project Manager for SLMA sessions 2016

The 5th successive annual Health Run and Walk, one of the highlights of the anniversary celebrations of the Sri Lanka Medical Association (SLMA) flagged off successfully on Sunday, 17th July at the Viharamahadevi Park in Colombo with the presence of Hon. Sudarshini Fernandopulle, State Minister of City Planning and Water supply as the chief guest and Hon. A. H. M. Fouzi, State Minister of National Integration and Reconciliation and Hon. Faizal Cassim, Deputy Minister, Ministry of Health, Nutrition and Indigenous Medicine as guests of honour. The event was supported by a bevy of corporate entities including Platinum Sponsors Brandix and Nestlé and media partners MBC/MTV of The Capital Maharaja Organization Limited and Wijeya Newspapers Limited.

The event Comprised of a 3.8 km competitive run for registered participants and a 2.9km walk that was open to members of the public, the event was the culmination of a series of activities including a week-long campaign from 11th to 16th Julytitled 'Take the Test'organised by the SLMA to promote screening for diabetes and an art competition for children to create better awareness of healthy lifestyles.

Participants in the run and walk had the benefit of free health screening, medical and physiotherapy advice, healthy food and refreshments, demonstrations of yoga and warm up exercises, an attractive T-shirt and many more.

Several leading hospital groups such as Nawaloka, Asiri, Lanka Hospitals, Durdans and Hemas joined by Vision Care Opticians, Wickramarachchi Hearing Centre, the College of Pulmonologists, the Nutrition Society, the Sports Medicine Unit and the Department of Physiotherapy offered advice and free checks at this event.

Leading companies in the food and beverage, personal care and pharmaceutical sectors, such as CIC, Nestlé, Ceylon Biscuits, Unilever, Dilmah, George Steuart Health and Linkwas also presented at the location to offer their products.

Commenced at 6 am and extended till noon, thiscelebration of healthy living included interactive sessions for adults and children, such as storytelling, tips on healthy cooking and a talk on healthy living by a doctor. The event ended with the presentation of awards to the winners of the competitive run and the children's art competition.

"We expected this event to provide something of interest to every member of the family," Dr.IyanthiAbeyewickreme, President of the SLMA said. "The concept of a healthy lifestyle has to engage children and adults equally, and our event is designed to promote this concept while providing an opportunity for participants to enjoy some wholesome fun."

The 'Take the Test' campaign, art competition and Health Run & Walk-preceded the 129th Anniversary International Medical Congress of the Sri Lanka Medical Association which was held successfully from 24th to 27th July 2016 at Hotel Galadari.

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SLMA Run & Walk...

















CHILDREN'S ART COMPETITION

in conjunction with the SLMA 'Health Run and Walk' 2016

Dr.Sajith Edirisinghe
Dr.Amaya Ellawala
Council members-SLMA

This year, for the first time in history the Sri Lanka Medical Association organized a Children's Art competition in conjunction with the 129th Anniversary "Health Run and Walk". This was an all island art competition open to all local school children. The contestants ranged from pre-schoolers to school children up to the age of 12 years, who were categorised into 3 age groups: less than 5 years, 6 to 8 years and 9 to 12 years.

The main purpose of this Children's Art competition was to convey the message of good health habits among the younger generation of our nation. The topics were open ended and allowed children to harness their own artistic insights and express their thinking pattern freely.

The competition was held prior to the SLMA Health Run and Walk. Participants were asked to submit their entries in pastel medium and with the help of Atlas (Pvt) Ltd., the best artwork was selected. The task was made quite difficult with the large amount of high quality artwork received, which was evidence of the abundance of talented young artists in the country. Out of a total of 1452 drawings, the 50 best entries including first, second and thirds places were selected from each age category.

The selected 150 works of art were displayed at the Viharamahadevi Open Air Theater on the day of the SLMA Health Run and Walk. All winners, together with their families, were invited to the event, where each child was awarded a certificate and a valuable gift pack.

Ceylon Pencil Corporation (Atlas) and Ceylon Biscuits Ltd. (Munchee biscuits) were the sponsors of this art competition and provided their maximum support to make this event a great success.

PRE CONGRESS WORKSHOPS PRECEDING 129TH ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS OF THE SLMA

Three pre congress workshops were held over 4 days from 20th to 23rd July 2016. The workshops 1 and 2 were held at the Lionel Memorial Auditorium of the SLMA whereas the third workshop was held at Hotel Kingsbury, Colombo.

Workshop titles were,

Workshop 1-Political initiatives impacting health – have we succeeded in our advocacy?

Workshop 2-Interactive workshop on medical research

Workshop 3-Training tomorrow's medical leaders

The summaries of the workshops are given below.

PRE-CONGRESS WORKSHOP 1: POLITICAL INITIATIVES IMPACTING HEALTH – HAVE WE SUCCEEDED IN OUR ADVOCACY?

Dr. Ruvaiz Haniffa,
Vice President, SLMA

The pre congress workshop on "Political initiatives impacting health- have we succeeded in our advocacy?" was held on Wednesday 20th July 2016 from 9am to 1pm at the Lionel Memorial Auditorium of the SLMA. The SLMA invited members of political parties, members of the SLMA and officials of the Ministry of Health, members of the academic staff of Faculties of Medicine and post graduates attached to the post graduate institute of medicine to attend the workshop.

The objectives of the workshop were;

- to understand the health policy formulation process within political parties.
- highlight gaps in health policy formulation which exists from the perspective of the general public, health professionals and officials of the Ministry of Health.

The President SLMA, in her welcoming remarks gave an overall view of the advocacy role the SLMA plays in health policy issues with policy makers and the general public. The SLMA is able to do so because it is the apex professional medical body in the country representing all grades, specialties of doctors in both the state and private sector.

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Political initiatives...

She illustrated with examples the role played by the SLMA in the policy of successive governments in the control and regulation of tobacco and alcohol use, the advocacy role of the SLMA in establishing the National Medicines Regulatory Authority of Sri Lanka and the leadership role the SLMA plays on the issue of trade in services in trade agreements.

Prof. Ravindra Fernando, Past President of the SLMA, in his introductory comments to the workshop, noted the importance of having a continuous dialogue between the SLMA and the policy and decision makers in the health sector. He stressed the importance of the concept of 'health in all policies'. He reminded the audience that the SLMA way back in 2006 had developed a National Health Policy which was made available to all political parties at the time to serve as a reference document.

Prof .Saroj Jayasinghe, Professor of Clinical Medicine, Faculty of Medicine, University of Colombo, in his presentation gave a detailed analysis of the determinants of health with a particular reference to social aspects. He graphically illustrated the impact of seemingly unconnected decisions taken by a government and its effects on the health status of the population. He highlighted the importance of determining 'causes of causes' and proposed the implementation of 'a health impact assessment' of policies. He noted that Sri Lanka has a health system and structure that works well at providing good healthcare at low cost to its citizens and this system and its infrastructure should be further developed and sustained.

Hon. Eran Wickramaratne, MP, Deputy Minister of State Enterprise Development who spoke on behalf of the United National Party (UNP) stated that in Sri Lanka professionals and professional bodies in many fields tend not to get involved with development of policy within political parties. He noted that actually what should be happening is that professionals and professional bodies should be leading the policy dialogue to keep the politicians and public informed of the issues which should be addressed and assist the process of policy formulation, formalization, implementation and revision. This is important in the continuity of policy within the political framework and in the country. He stated that the UNP will defend state provision of medical education but at the same time will not stifle other providers and will work with all stakeholders to develop an equitable policy frame work for the provision of private health education for the citizens of Sri Lanka.

Hon. Nalinda Jayatissa, MP of the Jantha Vimulthi Peramuna (JVP), in his remarks stated that health should be viewed as a long term investment and provision of health though a great challenge should be the responsibility of the state. He noted that though Sri Lanka has an excellent healthcare delivery system, the management of this system has not been optimal. The JVP, he said as a party, was of the opinion that policy development should be based on a scientific basis and should not be approached in an ad hoc manner. He said policy (be it health or education) should be based on the needs of the country and not on personal desires of policy makers be they politicians or professionals.

Dr. Anurudha Padeniya, President, Government Medical Officers Association (GMOA), spoke on the health professional's perspective of policy development and welcomed the efforts of the SLMA in brining politicians and health professionals together to discuss these issues.

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Political initiatives...










He stressed the importance of assuring quality and equity in implementing health policies. In this context he mentioned the efforts taken in the past by the GMOA in analyzing numerous health problems which plagues the health system and the outcome based approached adopted by the GMOA in proposing solutions to the identified problems and presenting them to decision makers for consideration.

Dr. Neelamani Hewageegama, Deputy Director General of Health Services (Planning), discussed the theme from the perspective of the Ministry of Health. She noted the importance of priority setting in policy formulation from a national perspective and the need for such policy to be evidence based. She also noted the need for achieving greater awareness of a given policy among all stakeholders.

Dr. Ravi Rannan-Eliya, Executive Director and Fellow of the Institute of Health Policy (IHP), spoke of the importance of policy formulation from an economic perspective. He presented data to stress the importance of concept and need of 'risk protection' as a driving force for health policy. He cautioned that 'Health is too important to be left to politicians and health experts alone'.

Dr. Palitha Abeykoon, Past President of the SLMA, presented an overview of the 'ideal' policy evolution process. He noted that once policies are enacted through a legislative process they become equivalent to law and not adhering to them can be punishable. He noted that the process of policy evolution needs the cooperation of many and in this context he was of the opinion that by its very nature and structure the SLMA can play a huge role it this process.

A very interactive discussion took place after the presentations which was chaired by Prof. Narada Warnasuriya and Dr. Malik Fernando, both distinguished past presidents of the SLMA. Prof. Tissa Vitharana, a former cabinet minister representing the Lanka Samasamja Party (LSSP) who was a member of the audience made valuable comments on the way forward in policy formulation for political parties with the active participation of medical professionals. The Workshop was planned in a trilingual format and arrangements were made for Sinhala and Tamil translations of the presentations and discussions.

The Sinhala translations were to be handled by Prof. Narada Warnasuriya and the Tamil translations were to be done by Dr. S Sridaran, Director of the Quality Secretariat at the Ministry of Health.

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SLMA-INASP-CMJ INTERACTIVE WORKSHOP ON MEDICAL RESEARCH

Dr. Anuruddha Abeygunasekera
Co-editors of Ceylon Medical Journal
Coordinator of the workshop
Email: amabey@sltnet.lk

The pre-congress workshop on medical research organised by the Sri Lanka Medical Association (SLMA)/ Ceylon Medical Journal (CMJ)/ International Network for Availability of Scientific Publications (INASP) collaboration was held on 21st and 22nd of July 2016 (Thursday and Friday) at the Prof NDW Lionel Auditorium, Wijerama House, 6, Wijerama Mawatha, Colombo 7.

The registration fee was only Rs 3000/= per person for both days inclusive of workshop material, lunch and tea. There were 41 registered participants.

The on-line interactive Moodle for the workshop was prepared by kind courtesy of Mr. Ravi Murugesan, Programme Associate, INASP and was started 3 weeks prior to the workshop. All registrants admired the Moodle immensely as it was enjoyable as well as educational.

The workshop started at the scheduled time with the inaugural speech made by Dr. Iyanthi Abeyewickreme, President SLMA. In her speech she highlighted the commitment made by the SLMA to enhance research capabilities of the medical profession in Sri Lanka. SLMA organises an international medical congress annually to provide a forum for the young researchers to showcase their work as well as providing research grants on a competitive bidding basis. Furthermore it publishes an open access, Medline/ PubMed and ESCI (Thomson Reuters) indexed journal – Ceylon Medical Journal- quarterly so that researchers can publish their work. She further said that this biannual research workshop helps researchers to horn their skills in research methodology and writing.

All the participants were given course material and the evaluation form at the registration desk manned by Ms. Saumya Hemasinghe, Secretarial Assistant of the CMJ office and Ms. Yashika Sandamali of the Sri Lanka Clinical Trials Registry. Subsequent events of the workshop took place according to the scheduled programme (see box below) on both days from 8 30 am to 400 pm. Dr. Carukshi Arambepola, Member of the CMJ editorial board discussed the basics in research methodology while Prof. Arunasalam Pathmeswaran, Section Editor of CMJ explained the principles behind basic statistics that are necessary for medical research. Prof. Varuni de Silva and Dr. Anuruddha Abeygunasekera, Co-editors of CMJ focused on how to write a research article to a journal. Dr. BJC Perera, Editor of Sri Lanka Journal of Child Health and Section Editor of CMJ made a presentation on ''What editors expect from authors''. All events were mixed with practical work and finally the participants wrote an abstract of a research paper on their own. When they presented their work they realised that they themselves could be good researchers and writers!

Participants included a cross section of the medical personnel of the country ranging from specialist doctors to junior doctors. Several of them had travelled from distant places like Jaffna and Matara. Most of them had done a research project while some hope to do in the near future. Some had already published papers.

During every segment of the workshop, active participation of the audience was encouraged. As many of them had already done research there was fruitful discussion at every stage. All participants were encouraged to use the resources available in the AuthorAID website for amateur researchers and writers.

According to the response given at the end of the workshop verbally and through evaluation forms, participants have been satisfied with the workshop. Almost all of them appreciated the MOODLE and the hands-on components of the workshop as the most useful. Ms. Jayarani Tennakoon, Mr. Samararathna and Mr. Justin of the SLMA staff helped us to conduct the workshop.

Basics in research methodology (day 1)

Common study designs in medical research
Observational, descriptive, analytical, experimental
Types of errors in research studies – bias and chance
Information – data collection – tools used, quality of interviews
Selection – sampling methods and randomization
Confounding – dealt with by restriction, matching or multivariate analysis
Reliability of measurements and information
Sample size calculation
Why and for what types of studies is sample size calculation important?
Information required to calculate sample size
Sample size calculation for different types of study design
Allowing for response rates and other losses to the sample
Design effect, power of a study, common "pitfalls", practical work

How to write a research article to a Health Sciences Journal (day 2)

Approaching a Writing Project, Choosing a Target Journal
The Structure of a Scientific Paper – IMRAD format
Writing the References, Preparing Tables and Figures, Cover letter
Basics in writing style, ''what editors want''
Hands on work– writing a section of a paper

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Workshop on Medical...










TRAINING TOMORROW'S MEDICAL LEADERS

At 129th Anniversary International Medical Congress of the SLMA

Dr. Sarath Samarage
Organizer of the pre-congress workshop-3

The College of Medical Administrators of Sri Lanka along with The Faculty of Medical Leadership and Management of UK joined hands with the SLMA in organizing a Pre-Congress Session on "Training tomorrows medical leaders" on the 23rd July 2016 at the Kingsbury Hotel. An Expert Panel of International and Local Resource persons led by Dr. Peter Lees, The Chief Executive and Medical Director Faculty of Medical Leadership and Management, UK conducted the workshop.

President of the College of Medical Administrators of Sri Lanka, Dr. Shanti Dalpatadu welcomed the participants. Inaugurating the Workshop SLMA President Dr Iyanthi Abeyewickreme said, "Good medical leadership is becoming increasingly vital to the provision of high-quality healthcare. Leadership development should be an essential component of the education of all medical staff. Doctors must not only be strong academically and clinically but must begin early in their careers to develop a set of knowledge, skills and behaviours that will enable them to engage and lead in highly complex, rapidly changing environments."

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Training Tomorrow's...

Professor Devaka Fernando, Consultant Endocrinologist Kingsmill Hospital and Honorary Professor University of Kent University of Kent introduced the subject and shared his experiences from Sri Lanka and UK.

Group Medical Director at Hemas Hospitals, Dr. Samanthi de Silva shared her experiences on medical leadership in private healthcare systems. Dr. S. Sridharan, Director of Healthcare Quality and Safety compared the Health Systems of Sri Lanka and UK.

The session on "Women in Health Leadership :Challenges for the Future" featured two women leaders in public and private health sector in Sri Lanka, namely Dr. Neelamani Rajapaksa Hewageegana, Deputy Director General- Planning, Ministry of Health Sri Lanka and Dr. Samanthi de Silva, Group Medical Director at Hemas Hospitals.

Prof. Devaka Fernando and Dr. Sridharan conducted a session on "Clinical Governance and Quality Improvement". Dr. Peter Lees and Dr. Sarath Samarage conducted a session on "Shared Leadership". Dr. Samarage presented 3 case studies to illustrate the importance of shared leadership. The Case studies were titled:

1. BMJ Cardiology Team of the Year 2015 by Dr.Duminda Samarasinghe, Consultant Cardiologist, LRH,
2. Amputation of a law student's arm by Dr. SamiddhiSamarakoon, Deputy Director
3. Improving productivity in a Base Hospital by Dr. Ashok Perera, Registrar in Medical Administration

Dr. Alan Ludowyke, Director, International Health Asstant Secretary CMASL delivered the vote of thanks.

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Pre Congress...

Mr. M. Rajasingham, the Administrative Officer of the Sri Lanka Medical Association retired on 31 July 2016 after 20 years of service to the Association. The past presidents had a felicitation ceremony on Friday the 5th of August. His dedication and loyalty to the SLMA was appreciated by several speakers. The SLMA thank him for his dedication and commitment and wish him good health, peace and happiness in his retirement.

Await photos of 129th Anniversary Medical congress of SLMA and Doctors' concert in the next issue.

We highly value your comments regarding the SLMA newsletter. Please feel free to write to us. Emails: nleditor.slma@gmail.com, hasini.banneheke@gmail.com.

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

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