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COVER STORY

Launch of the SLMA 2025 Road Map

In line with the Presidential Theme for the year 2025 **'Health Equity, Across Life Course, Resilient Pathways, Empowered lives'**, Dr. Surantha Perera, President SLMA launched the roadmap for the SLMA, comprising of three major policy priorities including,

- Pathways for Transforming Lives
- Enablers for Sustainable Progress
- Cross Cutting Priorities for Holistic Impacts

This visionary policy statement highlights the ways in which SLMA would prioritize and implement key health policies, strategies and interventions during the year 2025. Under each policy domain, several interventional areas have been identified.

- Pathways for Transforming Lives
  - Pathway to Potential (P2P)- A Head Start for Children in Poverty
  - The Way Forward in Adolescent Care
  - Wellness- A United Focus for Sustainable Health
- Cross Cutting Priorities for Holistic Impacts
  - Climate Resilient Health Sector; the Future Role of the SLMA
  - Paving the Way for Safer Roads
  - Neglected Tropical Diseases - Snake Envenoming in Sri Lanka
  - Preventing Chronic Kidney Disease in Sri Lanka
- Enablers for Sustainable Progress
  - How prepared are we to provide better primary care in Sri Lanka?
  - Lifestyle Medicine Healthcare Model Using Combined Group Consultations Promotion Approach
  - Clinical Governance
  - The SLMA Health Policy Forum: Bridging Science and Policy for National Progress
  - Influencing the Policy Decisions: The Role of Expert Committees of SLMA
  - Advancing professionalism and engaging communities for health equity
  - Medical Research for Advancement of Clinical Practice
  - Sri Lanka Forum of Medical Editors (SLFOME)
  - Medical Writers Society

> "This visionary policy statement highlights the ways in which SLMA would prioritize and implement key health policies, strategies and interventions during the year 2025."

- AI in Health: Transforming Care, Empowering Equity, Shaping Futures

SLMA would mobilize its own expertise together with experts, industry specialists, professionals and activists from other sectors to materialize these initiatives, bringing together a holistic and cohesive approach. Further, these initiatives would continue throughout next two years, ensuring sustainability and accountability towards the beneficiary communities of these initiatives.

The President and the Council of the SLMA 2025, invites all members and interested parties to join hands with us in this transformative journey in achieving tangible outcomes that would help the country to attain highest levels of health and wellbeing for our citizens.

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Joint Media Conference on 'Tobacco, Cannabis and other Substances, Industries and Current Challenges to the Wellbeing of Sri Lankans
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From the Editors

LET'S CELEBRATE THE NEW BEGINNINGS!

Dr. Lahiru Kodithuwakku
Co-Editor

Dr. Kumara Mendis
Co-Editor

As SLMA steps in to the new year with renewed energy and commitment to serve, we at the editorial desk is embracing change too. We will be assuming our roles as the co-editors of the 'the SLMA Monthly', the new face of SLMA news bulletin created to propagate SLMA's mandate towards a wider audience.

The new format, designed to align SLMA's monthly bulletin with global best practices in knowledge dissemination, will feature several novel ideas for impact. Readers will get the opportunity to read an opinion by an expert on a contemporary issue of public health interest. Moreover, a new feature article authored by an eminent scholar with subject expertise, will disseminate knowledge updates on global health trends and beyond. Additionally, a new article dedicated to our colleagues working in peripheries, will feature regional health issues and challenges. Apart from these additions, routine segments like SLMA news will be featured in a new out look to enhance reader engagement.

We invite all our membership to join with us in this new journey, expanding our horizons far and beyond. We also invite you all to contribute to ' the SLMA Monthly' through your creative writing skills, as we open our doors to articles by the membership.

Let us take this opportunity to thank our outgoing Editor of the SLMA Newsletter, Dr. Sumithra Tissera for her untiring work and dedication and all the learned members of the Editorial Board for their continued guidance.

Looking forward to an engaging and productive year ahead!

Dr. Lahiru Kodituwakku
Dr. Kumara Mendis

Co-Editors

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PRESIDENT'S MESSAGE

Dr. Surantha Perera

131st President of Sri Lanka Medical Association

Dear Members,

I stand before you as the 131st President of the Sri Lanka Medical Association with immense pride and humility.

When I first applied for and obtained Life Membership of the SLMA on 2nd November 1997, shortly after qualifying as a doctor, I never imagined that I would assume the coveted position of SLMA Presidency 25 years later. It is a singular honour, especially as a medical professional who has devoted much of my life to promoting the health and well-being of communities beyond the public and private health sectors and academia. I sincerely thank the Past Presidents and members of the SLMA for the confidence and trust they have placed in me to hold this prestigious post.

Health Equity Across the Life Course: Resilient Pathways, Empowered Lives

This year, the vision of the Sri Lanka Medical Association will centre on advancing the theme: "Health Equity Across the Life Course: Resilient Pathways, Empowered Lives." This theme emphasises our commitment to a holistic approach, addressing the diverse but interconnected factors that shape health outcomes at various life stages. The SLMA aims to cultivate systems and policies that guarantee equitable access to top-quality healthcare, empowering individuals and communities to lead healthier and more fulfilling lives by embedding key concepts such as honesty, commitment, resilience, empowerment, inclusivity, and sustainability.

This vision will be the foundation for presenting our plans and initiatives, driving a dedicated quest towards meaningful change within our profession and the broader healthcare landscape.

A Legacy of Care and Transformation

Sri Lanka's healthcare roots date back to the 3rd century BC and are deeply intertwined with cultural and religious traditions following the introduction of Buddhism. These early systems established a foundation of holistic care and well-being. The Portuguese, Dutch, and British colonial occupation introduced significant changes in the country, as well as allopathic medicine and institutionalized healthcare. By the mid-20th century, Sri Lanka had made remarkable progress, with universal adult franchises driving the expansion of health and education services. This culminated in a state-led welfare model that continues to impact our nation positively.

The Alma Ata Declaration of 1978 inspired efforts to restructure healthcare with a primary care focus. However, implementation challenges highlighted the need for more cohesive and sustainable approaches. The National Health Policy 1996 introduced targeted reforms, emphasizing preventive care, yet systemic gaps persisted, particularly in addressing the growing burden of non-communicable diseases.

The National Health Policy 2016–2026 has marked a pivotal paradigm shift in recent years. This policy represents a bold commitment to reorganise primary care, integrate preventive and curative services, and use data-driven innovations. Supported by the Asian Development Bank and the World Bank, which contributed to strengthening the infrastructure of primary care facilities, the WB projects (PSSP) initiatives, such as grievance redress mechanisms and citizen engagement tools, have demonstrated the potential for transformative change.

This year, the vision of the Sri Lanka Medical Association will centre on advancing the theme:

"Health Equity Across the Life Course: Resilient Pathways, Empowered Lives."

This theme emphasises our commitment to a holistic approach, addressing the diverse but interconnected factors that shape health outcomes at various life stages.

Current Challenges: A Call to Action

Today, our healthcare system is at a conglomerate of crossroads. While we navigate immediate challenges such as pandemics, food insecurity, and drug shortages, more profound systemic and social crises demand our attention. These include disparities in resource distribution, access inequities, and service delivery inefficiencies. To address these issues, we must adopt a multidisciplinary approach prioritising health equity, resilience, and sustainability.

The theme of health equity across the life course provides a guiding framework for our efforts. It emphasizes the need to address disparities at every stage of life—prenatal, childhood, adolescence, adulthood, and old age—thereby ensuring equitable access to healthcare resources and interventions tailored to the unique needs of each phase.

A country like ours requires evidence-based, incremental policy reforms to build a resilient healthcare system capable of addressing health challenges at the grassroots level. Our policies must be grounded in the aspirations and needs of Sri Lankan people, focusing on reducing financial risks that impact health outcomes while fostering overall well-being. By aligning healthcare strategies with universal healthcare (UHC) principles, we can create a system that empowers individuals and communities to thrive.

The WHO's health systems framework identifies six key building blocks for strengthening health systems: *service delivery, health workforce, health information systems, medical products and technologies, financing, and leadership/ governance*. Strengthening these components ensures efficient, equitable, high-quality health services supported by robust data systems, sustainable financing, and effective policy and oversight. This approach aims to achieve sustainable health improvements and equity by integrating technical expertise with strategic governance. The WHO complements this framework with tools for monitoring and evaluation to guide investments, assess performance, and measure the impact of health reforms.

We wish to incorporate another essential building block: "people." We must engage them in our decision-making processes and consider their concerns to move forward and realise the concept of one country, one health.

As members of Sri Lanka's apex medical organization, we are eager to fulfil our responsibilities while advocating for policy refinements. I want to highlight key thematic areas in this highly complex, concept-driven process to achieve the best outcomes.

Pathway to Transforming Lives: A Life-Course Approach

By tailoring interventions to different stages of life, we aim to empower individuals, families, and communities to overcome barriers and achieve their full potential.

Strategic Interventions Across the Life Course

1. Childhood – A Head Start for Success
   - Early childhood interventions will focus on nurturing cognitive, emotional, and social development, providing impoverished children with the tools they need to succeed in school and life.

2. Adolescence – Sexual Health and Mental Well-Being
   - Programmes will prioritize adolescent health by addressing sexual and reproductive health and offering mental health support to build resilience during this critical stage of development.
3. Middle Age to Old Age – Lifelong Wellness
   - For adults and the elderly, we promote holistic wellness to ensure healthy ageing, focusing on preventive care and empowering individuals to lead fulfilling lives.

Cross-Cutting Priorities for Holistic Impact

These initiatives are integrated with three cross-cutting issues critical to improving outcomes:

1. Mitigation of Climate Effects: Addressing the potential health impacts of climate change to create sustainable, resilient communities.
2. Preventing Road Traffic Accidents: Promoting road safety to reduce injuries and fatalities.
3. Tackling Neglected Tropical Diseases: Enhancing public health through preventing and managing these diseases.

Enablers for Sustainable Progress

To drive success, the programme emphasizes:

1. Professional Development: Empowering health professionals with skills, knowledge, and leadership to make a meaningful impact.
2. Data and IT Integration: Leveraging technology and data-driven insights to monitor progress and adapt interventions effectively.
3. Strengthened Governance: Ensuring accountability, transparency, and stakeholder collaboration to sustain results.

Let me discuss a few chosen topics that can potentially transform the health sector to a new level—a new vision of expanding new horizons.

1. Pathway to Potential: Breaking the Cycle of Poverty Through Early Childhood Empowerment

Early childhood is crucial for breaking the cycle of poverty. During this period, children develop vital skills, emotions, and aspirations. However, children experiencing poverty often lack the essential opportunities needed to flourish, perpetuating a cycle of generational poverty. This issue is fundamental to achieving global objectives, including the first Sustainable Development Goal: "No Poverty."

Sri Lanka's history as a welfare state has provided free education and healthcare, along with poverty aid programmes such as Jana Saviya, Samurdhi, and Aswesuma. Yet, these initiatives primarily focus on financial assistance, often fostering dependency rather than equipping families to achieve self-sufficiency. Notably, they fail to address the specific needs of children in poverty, which is critical for breaking the cycle.

The Sri Lanka Medical Association (SLMA) is leading the way in this challenge with its Pathway to Potential (P2P) programme, a transformative initiative designed to empower children and families to escape poverty. The P2P programme envisions accessible daycare, preschool, and after-school facilities in impoverished communities established through government support, public-private partnerships, or non-profit organizations.

Core Components of the Pathway to Potential

- Personalized Care: Each child will have an Individualized Nurturing Care Plan (INCP) tailored to their unique strengths, needs, and environment.

Strategic Interventions Across the Life Course

- A Holistic Approach: The programme supports children, families, and caregivers, ensuring a nurturing environment where children can overcome barriers and thrive.
- Skills Development: Focused activities to enhance language, cognitive, and social skills, replacing feelings of failure with confidence and success.
- Positive Relationships: Building trust with authority figures and role models to foster a sense of security and belonging.
- Quality Over Quantity: Prioritizing comprehensive, high-quality programmes for a smaller group rather than spreading resources too thinly.

The Pathway to Potential programme goes beyond aid. It builds resilience, nurtures potential, and offers a sustainable path out of poverty. Together, we can give every child a chance to succeed, ensuring a brighter future for them and Sri Lanka.

2. Promoting Wellness: A Unified Focus for Sustainable Health

Wellness is not merely the absence of illness but a holistic state encompassing physical, mental, emotional, and social well-being. It reflects how individuals perceive their lives across various stages, even while managing chronic conditions. Promoting wellness must become the cornerstone of healthcare, emphasizing person-centred care and empowering individuals to take responsibility for their well-being.

Despite the availability of clinical guidelines for managing non-communicable diseases, the adoption of preventive and health-promoting behaviours remains limited. Addressing this gap requires fostering wellness from early childhood to healthy ageing through initiatives such

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Cross-Cutting Priorities for Holistic Impact

as parenting education, school-based programmes, and targeted interventions for youth and the elderly.

Health professional organizations play a crucial role in promoting wellness among Sri Lankans by:

- Enhancing professional comprehension of wellness and its integration into clinical care.
- Advocating for government policies that prioritize wellness as a national focus.
- Raising public awareness about self-empowerment and the importance of wellness.
- Enhancing public health initiatives and encouraging collaboration across sectors.

By championing wellness, we can foster a healthier, more resilient society where every Sri Lankan is empowered to lead a fulfilling life.

3. Climate Resilient Health Sector- Climate-smart Green Hospitals

Sri Lanka's health sector faces escalating challenges from climate change. Extreme weather events cause natural disasters, widespread morbidity, mortality, and economic losses. As a nation highly vulnerable to climate impacts, building a climate-resilient health sector is an urgent need and a strategic priority. The Sri Lanka Medical Association (SLMA) is leading all efforts to address these challenges by establishing the Expert Committee on Planetary Health and Climate Effects to advocate nationally. This multidisciplinary team of experts will focus on evidence generation, advocacy, and capacity building to shape policies and actions for a climate-resilient health sector.

Key Initiatives

1. Policy Development and Advocacy:
   - Facilitating comprehensive policy dialogue among stakeholders.
   - Advocacy for strong governance structures to mitigate and respond to climate impacts on health.
   - Aligning national objectives with global climate frameworks and SDGs.
2. Climate Smart Green Hospitals:

   This initiative, launched in 2025, will transform Sri Lankan hospitals into sustainable, climate-smart institutions equipped to tackle climate challenges.

   Focus Areas:
   - Governance structures promoting environmental health.
   - Energy efficiency with renewable energy solutions.
   - Sustainable water management and green procurement practices.
   - Safe pharmaceutical and waste disposal.
   - Sustainable design, construction, and maintenance of hospitals.

   Over six years, the initiative will build processes and partnerships to embed these practices across the health sector, creating a robust foundation for long-term resilience.
3. Interactive Platform and Policy Launch:

   The SLMA will develop a dynamic online platform to share insights, resources, and progress on climate-resilient health strategies. This will engage stakeholders, foster collaboration, and support public education. The launch of a national policy for a climate-resilient health sector will underscore SLMA's commitment to action.

Ladies and Gentlemen, this year, we intend to focus on establishing longer-term programmes, allowing future Presidents to build upon this by encouraging a life course approach, developing resilient health systems, and empowering communities for better health.

The key strategic paths include professional growth through knowledge enhancement, responsibility for effective practice, person-centred care, and support throughout life. In a concerted effort to enhance community understanding and practices for well-being, we are creating a platform to advocate critical policy matters for a resilient health system that will ensure equitable health gains.

Enablers for Sustainable Progress

> "Sri Lanka's health sector faces escalating challenges from climate change. Extreme weather events cause natural disasters, widespread morbidity, mortality, and economic losses.

SLMA invites stakeholders, partners, and passionate advocates to join us and embark on this transformative journey with us. By taking decisive action now, we can protect Sri Lanka's health sector from the effects of climate change, ensuring a healthier and more sustainable future for everyone.

I, along with my Council, commit to pursuing this noble mission, and I seek your support as fellow professionals and Sri Lankan citizens who cherish our Nation.

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Let's work for the good of ALL Sri Lankans without delay

Dr. Surantha Perera

MBBS (Col), DCH (SL), MD Paediatrics (SL), DCH (UK), FRCP (Edin), FRCPCH (UK)

President, SLMA

OPINION

Emeritus Professor Indralal De Silva

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Visiting Fellow, Australian National University, Canberra (1990-91)
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Research Fellow, National University of Singapore (2004)
Executive Director (Acting- 2017) & Associate Director (2019), RCSS, Colombo
Senior Research Fellow, NCAS (2014-16; 2018)

IMPACT OF COVID-19 AND ECONOMIC RECESSION ON THE FERTILITY TRENDS IN SRI LANKA

The COVID-19 pandemic has markedly affected the global economy, in comparison to many previous public health crises, as it disrupts supply chains, reduces confidence in financial markets, forces scaling-back or closure of businesses, and increases job losses. In Sri Lanka, economic recession and uncertainty are some of the important dimensions of the COVID-19 pandemic that have significant potential to impact fertility trends, patterns, and choices. Other mechanisms by which recessions might negatively impact fertility include declines in real wages which reduces the affordability of providing for children, and increased difficulty in acquiring adequate housing. The migration of youth to other countries has been increasing significantly during the recent past, primarily due to the increase in youth unemployment in the country, and that is also expected to impact on marriage and fertility. Further, fertility could decline due to the outbound migration of younger adults in addition to the youth of Sri Lanka.

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> The country’s lockdown situation and restrictions on public gatherings had a major effect on delaying marriages until the crisis settled.

Examining past pandemics, researchers have predicted that COVID-19 will bring about a significant fertility decline. According to research conducted in high-income countries, the pandemic has been accompanied by a significant drop in crude birth rates. Similarly, the COVID-19 pandemic impact extends beyond the increased morbidity and mortality and economic recession in Sri Lanka. The country’s lockdown situation and restrictions on public gatherings had a major effect on delaying marriages until the crisis settled. The reported rising trend of proportional maternal deaths due to COVID-19 infection in 2020 and 2021, and a high proportion of mothers detected positive for COVID-19 infection in the same period led the health authorities to even request the public to delay pregnancies until vaccination is completed. As a result, some women in the reproductive age might have decided to delay their pregnancy. This purposeful delay in conceiving could have led to a reduced number of live births in the past few years. The vaccination programme against COVID-19 was affected to some extent by the infodemics and misconceptions associated with it, especially driven by social media. For example, there was a misconception regarding the COVID-19 vaccine that it could negatively impact early pregnancy and could have negative foetal effects. These factors could have led to reduced marriages and fertility during the COVID-19 pandemic.

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> Over 319,000 births reported in 2019 in Sri Lanka dropped to 257,000 by 2023, which is a decline of over 62,000 or 19%

There are frequent claims that the COVID-19 pandemic will result in a “baby boom” and result in a high fertility rate globally in the short term. These claims were based on a reduction in work-life balance due to COVID-19 pandemic restrictions which resulted in increasing family union time due to lockdown situations and the work-from-home concept. Even people who worked abroad returned to their families after years. This increase in the family reunion would have a marginal positive impact on fertility. Meantime, the healthcare system had a crisis where the accessibility to reproductive health services declined. Further, during the COVID-19 pandemic, child mortality has been negligible, removing one of the main drivers of the fertility rebounds observed in the combined mortality-fertility crises. However, this school of thought of increased fertility due to the above factors did not materialize as we observe a significant downward trend in fertility in Sri Lanka and many other countries.

Whether the COVID-19 pandemic causes a temporary depression in the total fertility rate (TFR), or a longer-term downward impact on cohort fertility is likely to depend on the severity and duration of the crisis. Although the COVID-19 issue has been managed satisfactorily in Sri Lanka, the resultant economic depression has more serious implications. During the post-COVID-19 era, a large number of people lost their employment, some engaged in part-time employment and, particularly youth, encountered serious unemployment problems in the labour markets. The figure of over 319 thousand births reported in 2019 in Sri Lanka, dropped to 257 thousand by 2023, which is a decline of over 62 thousand or 19 per cent. Presumably, the present total fertility rate (average number of births per woman) of Sri Lanka would have reached below the replacementlevel and mainly due to this trend the size of the Sri Lankan population is on the decline since 2022.

FEATURE ARTICLE

Dr. Rameshkumar Thevarajah

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AGE OF (MIS)INFORMATION

The information age; the period from the mid-20th century, drastically changed how information is accessed, consumed and shared, with the advent of modernized information systems and the internet. This led to rapid, global dissemination of information with near instantaneous access to vast amounts of data with minimal barriers to entry into the relevant portals. Yet for all that, one of the challenges inherent to the above is the ease with which misinformation and disinformation spread. This phenomenon is deep-rooted in many spheres, most prominently in politics where it has even been weaponized.

Health misinformation has been seen in recent years in both the international sphere and within the country. COVID-19 was an important watershed moment which reflected how pervasive misinformation was, from people being inclined to not adhering to face mask mandates, refusing the COVID-19 vaccine and using unproven treatments. In the national media, misinformation is seen on topics like taxation in alcohol sales and the use of herbal remedies and supplements. Harassment and violence against health professionals and other workers have been reported as a result of misinformation. It also leads to the reduced willingness of people to get effective treatment for cancer and autoimmune diseases etc, with significant opportunity costs.

Common terminology used in literature is given below. [1]

- Misinformation - false information that may or may not be intentional
- Disinformation - intentional dissemination of false information
- Fake news - fabricated, false information disseminated in the format of official news
- Infodemic - information overload that happens in the setting of outbreaks or crises

Misinformation is not only seen in the general media like news and social media, but it is also seen in academic communications including peer-reviewed journals. According to Retraction Watch; a database on retracted scientific papers, 505 journal articles on COVID-19 have been retracted. Unfortunately, some of these articles continue to be cited even after their retractions as well.

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Types of misinformation and disinformation include [2]

- Fabricated Content: Completely false content
- Manipulated Content: Genuine information or imagery that has been distorted
- Imposter Content: Impersonation of genuine sources, e.g. using the branding of an established agency
- Misleading Content: Misleading information, e.g. comment/opinion presented as fact
- False Context: Factually accurate content combined with false contextual information, e.g. when the headline of an article does not reflect the content
- Satire and Parody: Humorous but false stories passed off as true. There is no intention to cause harm but readers may be fooled.
- False Connections: When headlines, visuals or captions do not support the content
- Sponsored Content: Advertising disguised as editorial content
- Propaganda: Content used to manage attitudes, values and knowledge
- Error: A mistake made by established new agencies in their reporting

With the advent of artificial intelligence, new forms of misinformation have arisen including, speech synthesis, voice-cloners and deepfakes etc, which have a tremendously high potential to deceive.

There are several theories as to why people believe in misinformation. Cultivation theory explains that repeated and regular exposure to the same information leads to people believing it without questioning its credibility. Fear reasoning explains human minds fear uncertainty and tend to accept most irrational facts.[3] The spread of misinformation in social media is facilitated because these platforms incentivize sharing to get likes and comments and reward engagement rather than accuracy. Emotionally charged misinformation spreads like wildfire, even more than emotionally neutral content.[4] Also, due to the algorithms of these platforms, the content shown to a person is based on popularity or previous content seen by that person, thus reinforcing one’s misunderstanding. The stream of congruent information created by filter bubbles and echo chambers makes the person believe, even in impossible theories. [5]

According to a systematic review, conspiracy thinking, religiosity, conservative ideology, and conventional party identification confer more susceptibility to health misinformation.[6] In another study, susceptibility to misinformation was strongly predicted by low health literacy, distrust in the healthcare system, and positive attitudes toward alternative medicine.[7]

Major organizations have called up action to tackle the problem of misinformation/ disinformation. In 2022, the Secretary General of the United Nations released a report titled “Countering disinformation for the promotion and protection of human rights and fundamental freedoms” with several recommendations to the member states.[8] It concludes that countering disinformation requires lasting investment in building societal resilience and media and information literacy.

In the year 2021, the Surgeon General of the United States

AGE OF (MIS)INFORMATION

Feature article by

Dr. Rameshkumar Thevarajah

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issued a health advisory declaring health misinformation as a serious threat to public health. Several recommendations were put forward to build a healthier information environment in the same advisory.[9]

As individuals, when using social media, before posting or sharing a post we should spend some time verifying the information and checking whether the original source is trustworthy. Also, if your family or friends have any misperception, you can try to understand rather than pass judgment by listening with empathy, establishing common ground, asking gentle questions and providing alternative explanations and sources of information.

In educational institutes, programmes on media, science, digital literacy and health literacy should be implemented at all levels of education. Also, they should be taught to discern the credibility of news and other content, information overload, challenges of content moderation, algorithmic bias and artificial intelligence-generated misinformation, and visual verification skills. Students should also be taught on misinformation tactics like presenting unqualified people as experts, misleading with logical fallacies, setting impossible expectations for scientific research, cherry-picking data or anecdotes, and introducing conspiracy theories.

As health professionals, we should interact with patients to understand their knowledge, values and beliefs and when possible correct misinformation in personalized ways. Also, the promotion of health literacy should be undertaken at any and every opportunity. Professional Associations can equip their members as subject matter experts for journalists and effectively communicate peer-reviewed research and expert opinions online.

Media organisations should train journalists, and editors as well, to recognize, correct and avoid amplifying misinformation. Also, when discussing conflicting views on an issue, the public should be given a view of where the scientific community stands and how strong the available evidence for different views is. When reporting on scientific breakthroughs before the academic publication, one should carefully describe findings and should provide readers with context. Also, they should use headlines and images that inform the public rather than provide shock or provoke. For example, if the headline is designed to fact-check a rumour, always lead with the truth instead of simply repeating the details of the rumour. Often these headlines and images are easily manipulated in social media to spread misinformation by using them out of context.

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Media organisations should train journalists, and editors to recognize, correct and avoid amplifying misinformation. Also, when discussing conflicting views on an issue, the public should be given a view of where the scientific community stands and how strong the available evidence for different views is.

Social media companies can control the spread of misinformation by attaching warning labels, removing content and banning user accounts. They should also take necessary steps to amplify messages from trusted sources and subject matter experts to reach target audiences. They should also ensure protection for health professionals and journalists from online harassment. Governments should find appropriate legal and regulatory measures that address health misinformation while protecting user privacy and freedom of expression.

There are several toolkits available to raise awareness and educate about misinformation. Tackling misinformation is an important step towards building a healthier, kinder, and more connected world.

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“The mark of wisdom is to discern the truth from whatever source it is heard.”

– Thirukkural 423 (300 BCE)

References

1. Mikati IKE, Hoteit R, Harb T, et al (2023) Defining Misinformation and Related Terms in Health-Related Literature: Scoping Review. J Med Internet Res 25:e45731. https://doi.org/10.2196/45731
2. (2022) Factsheet 4: Types of Misinformation and Disinformation
3. Banerjee D, Sathyanarayana Rao TS (2020) Psychology of Misinformation and the Media: Insights from the COVID-19 Pandemic. Indian J Soc Psychiatry 36:S131. https://doi.org/10.4103/ijsp.ijsp_112_20
4. Brady WJ, Gantman AP, Van Bavel JJ (2020) Attentional capture helps explain why moral and emotional content go viral. J Exp Psychol Gen 149:746–756. https://doi.org/10.1037/xge0000673
5. Tang L, Fujimoto K, Amith M (Tuan), et al (2021) “Down the Rabbit Hole” of Vaccine Misinformation on YouTube: Network Exposure Study. J Med Internet Res 23:e23262. https://doi.org/10.2196/23262
6. Nan X, Wang Y, Thier K (2022) Why do people believe health misinformation and who is at risk? A systematic review of individual differences in susceptibility to health misinformation. Soc Sci Med 314:115398. https://doi.org/10.1016/j.socscimed.2022.115398
7. Scherer LD, McPhetres J, Pennycook G, et al (2021) Who is susceptible to online health misinformation? A test of four psychosocial hypotheses. Health Psychol 40:274–284. https://doi.org/10.1037/hea0000978
8. (2022) Countering disinformation for the promotion and protection of human rights and fundamental freedoms - Report of the Secretary General
9. General O of the S (2021) Confronting health misinformation: The US surgeon general’s advisory on building a healthy information environment [Internet]

SLMA COUNCIL 2025

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PHARMACEUTICALS AND TOXINS ASSOCIATED WITH SEIZURES

Introduction

Seizures associated with toxins and pharmaceuticals are generalized. The most common causes of seizures in poisoned patients are agents with stimulant properties such as amphetamines, tramadol and venlafaxine. Seizures related to ethanol or benzodiazepine withdrawal are also common. The presence of focal or partial seizures indicates a focal neurological disorder that is either a complication of poisoning or is due to a non-toxicological cause, and warrants further investigation. Delays in onset of toxic seizures are as a result of extended-release formulations of several of these agents. In certain poisonings such as chloroquine, propranolol, salicylates, theophylline, and tricyclic antidepressants, seizures herald severe intoxication and the prognosis is grave unless definitive care is rapidly instituted.

Mechanisms of Seizures

Multiple complex mechanisms are responsible for the development of toxicological seizures. The most common causes include a decrease in activity of the neuro-inhibitory pathways (primarily gamma aminobutyric acid (GABA) receptors) or an increase in excitatory pathways (glutamate and N-methyl-D-aspartate (NMDA) receptors). Other neurotransmitter pathways involved include noradrenaline, dopamine, serotonin, acetylcholine, histamine and adenosine. Secondary hypoxia, hypotension and metabolic disturbances can also lead to the development of seizures.

Toxicological causes of seizures

Antidepressants
Bupropion
Citalopram
Escitalopram
Venlafaxine

Hypoglycaemic
Insulin
Sulfonylureas

Local anaesthetic agents
Bupivacaine
Lidocaine
Ropivacaine

Opioids
Dextropropoxyphene
Pethidine
Tramadol

Anticonvulsants
Carbamazepine
Topiramate

Antimalarial agents
Chloroquine
Hydroxychloroquine
Quinine

Sympathomimetic agents
Amphetamines and amphetamine-like substances
Cocaine
Synthetic cannabinoids

Withdrawal syndromes
Alcohol
Barbiturates
Benzodiazepines

Antidysrhythmic agents
Quinidine

Antipsychotic agents
Atypical antipsychotics
Butyrophenones
Olanzapine
Phenothiazines
Quetiapine

Non-steroidal anti-inflammatory agents
Mefenamic acid
Baclofen
Isoniazid
Tricyclic antidepressants
Propranolol
Salicylates
Theophylline
Antihistamines

Specific Toxins and Seizures

Amphetamines and Amphetamine-like Substances

Amphetamines and amphetamine-like substances produce prominent central and peripheral sympathomimetic effects. In addition, many emerging analogues have prominent hallucinogenic and serotonergic effects. Seizures are a feature of acute presentation. MDMA at recreational doses can induce the syndrome of inappropriate antidiuretic hormone secretion (SIADH), leading to profound hyponatraemia, seizures and coma.

Photo by Freepik

Tricyclic antidepressants (TCA)

QRS widening is best studied in the setting of TCA poisoning. A QRS duration >100 ms indicates blockade of cardiac fast sodium channels, and in combination with right axis deviation of the terminal QRS, it is virtually pathognomonic. A QRS >100 ms is associated with seizures.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Acute overdose of NSAIDs is generally benign except mefenamic acid overdose and massive ingestions of the other agents which are associated with seizures and coma. In the case of children, all mefenamic acid ingestions are referred to hospital because of the increased risk of seizure.

Selective Serotonin Reuptake Inhibitors (SSRIs)

Deliberate self-poisoning with the selective serotonin reuptake inhibitors (SSRIs) is common and usually has a benign course. Seizures are usually brief and self-limiting and the risk of seizure following overdose with these agents is greater than that of dysrhythmias.

Pregabalin

Although pregabalin is used for conditions including neuropathic pain, anxiety and mood disorders, it has been increasingly used recreationally for its euphoric effects. The main toxic effects in overdose are sedation and myoclonus and seizures are uncommon but can occur at relatively low doses.

Bupropion

This is used in smoking-cessation and weight-management programmes and is only available as an extended-release preparation. Bupropion has a narrow therapeutic index and seizures can occur with any overdose especially if there is a pre-existing lowered seizure threshold or co-ingestion of other centrally acting sympathomimetic or serotonergic agents.

Antihistamines (Sedating)

Overdose is characterized by dose-dependent sedation and anticholinergic effects. All agents lower seizure threshold, but seizures are infrequent.

Cyanide

Acute cyanide exposure, whether by ingestion of cyanide salts or inhalation of hydrogen cyanide gas, can be rapidly lethal. Death can occur before arrival at hospital. Cyanide poisoning should be considered in the patient presenting with seizure, coma and haemodynamic instability with persistent severe lactic acidosis.

Lithium (Chronic Poisoning)

Neurological features are more prominent chronic lithium toxicity as equilibration between serum and CNS levels of lithium has occurred. It occurs when renal lithium excretion is impaired for any reason. Seizure activity is an indication of severe toxicity that carries a risk of permanent neurological sequelae.

Ethanol

Ethanol causes the rapid onset of dose-related CNS depression and is commonly ingested during deliberate self-poisoning. Seizures may occur in the setting of ethanol intoxication or withdrawal. The alcohol withdrawal syndrome usually occurs within 6–24 hours of cessation or reduction in alcohol consumption in dependent individuals.

Benzodiazepine

Benzodiazepines are commonly involved in deliberate self-poisoning. Administration of flumazenil when a history of benzodiazepine dependence or co-ingestants predicts a risk of seizure.

Management

Seizures of any cause are treated as a matter of priority. Prolonged seizure activity has a very high chance of being associated with irreversible CNS injury and also likely to cause secondary hypoxia, acidosis, secondary hyperpyrexia and rhabdomyolysis leading to dehydration, hyperkalaemia, renal failure, dysrhythmias and multiorgan failure.

The first-line treatment for toxicological seizures is benzodiazepines, preferably by the intravenous route. Midazolam and diazepam (e.g. midazolam or diazepam 5–10 mg; children 0.1–0.3 mg/kg over 3–5 minutes) are most commonly used. Barbiturates (phenobarbitone 100–300 mg slow IV) are recommended as second-line therapy for refractory seizures in acute poisoning. Based on limited published data, propofol is another option for treatment of refractory seizures. Pyridoxine is indicated in isoniazid poisoning.

Attention to airway, breathing and circulation is paramount and proceeds along standard guideline. Rapid-sequence intubation and ventilation needs to be considered if the conscious state does not recover promptly. Check bedside blood glucose level and correct hypoglycaemia if present.

Phenytoin is contraindicated in the management of seizures related to acute poisoning because of poor efficacy and the potential to exacerbate sodium channel blockade, which may be a causative mechanism. Other anticonvulsant agents such as levetiracetam have a limited role in the management of acute toxicological seizures.

Conclusion

Seizures are always generalized when they are due to toxicological causes and benzodiazepines are the first-line therapy.

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> Seizures are always generalized when they are due to toxicological causes and benzodiazepines are the first-line therapy.

References:

1. Chen HY, Albertson TE, Olson KR. Treatment of drug-induced seizures. British Journal of Clinical Pharmacology 2016; 81(3):412–419. doi:10.1111/bcp.12720 PMID: 26174744
2. Kunisaki TA, Augenstein WL. Drug- and toxin-induced seizures. Emergency Medical Clinics of North America 1994; 12(4):1027–1056. PMID: 7956886
3. Reichert C, Reichert P, Monnet-Tschudi F et al. Seizures after single-agent overdose with pharmaceutical drugs: analysis of cases reported to a poison center. Clinical Toxicology 2014; 52(6):629–634. PMID: 24844578
4. Shah ASV, Eddleston M. Should phenytoin or barbiturates be used as second-line anticonvulsant therapy for toxicological seizures? Clinical Toxicology 2010; 48:800–805. PMID: 20923393
5. Buckley NA, Dawson AH, Whyte IM. Relative toxicity of benzodiazepines in overdose. British Medical Journal 1995; 310:219–221. PMID: 7866122
6. Balali-Mood M, Critchley JA, Proudfoot AT et al. Mefenamic acid overdose. Lancet 1981; 1:1354–1356. PMID: 6113321
7. Cairns R, Schaffer AL, Ryan N et al. Rising pregabalin use and misuse in Australia: trends in utilization and intentional poisonings. Addiction 2019; 114(6):1026–1034. PMID: 30098227
8. Hayes BD, Klein-Schwartz W, Clark RF, Muller AA, Miloradovich JE. Comparison of toxicity of acute overdose with citalopram and escitalopram. Journal of Emergency Medicine 2010; 39(1):44–48. PMID: 19081700
9. Friedman PD. Alcohol use in adults. The New England Journal of Medicine 2013; 368:365–373. PMID: 23343065
10. Boehnert MT, Lovejoy FH. Value of the QRS duration versus the serum drug level in predicting seizures and ventricular arrhythmias after an acute overdose of tricyclic antidepressants. New England Journal of Medicine 1985; 313:474–479. PMID: 4022081
11. Baud FJ, Borron SW, Mégarbane B et al. Value of lactic acidosis in the assessment of the severity of acute cyanide poisoning. Critical Care Medicine 2002; 30(9):2044–2050. PMID: 15917146
12. Baird-Gunning J, Lea-Henry T, Hoegberg LCG et al. Lithium poisoning. Journal of Intensive Care Medicine 2017; 32(4):249–263. PMID: 27516079

SLMA IN JANUARY

Highlights

Ceremonial Induction of the President of the Sri Lanka Medical Association

Dr. Surantha Perera, Consultant Paediatrician was inducted as the 131st President of the Sri Lanka Medical Association on 12th January 2025 at the Cinnamon Grand Hotel, Colombo.

The ceremony was attended by a distinguished gathering comprised of the Past Presidents and council members of the SLMA, top policy makers of the Government of Sri Lanka, representatives of the Ministry of Health, academics, representatives of the UN and other development agencies and professional colleges.

Ushering a new era, this ceremony symbolized the smooth transition leadership at the country's premiere professional organization for doctors.

Launch of the 'SLMA 2025 Road Map; Health Equity, Across Life Course, Resilient Pathways, Empowered lives"

In line with the Presidential Theme for the year 2025, Dr. Surantha Perera, President SLMA launched the roadmap for the SLMA, comprising of three major policy priorities including,

- Pathways for Transforming Lives
- Enablers for Sustainable Progress
- Cross Cutting Priorities for Holistic Impacts

This visionary book highlights the ways in which SLMA would prioritize and implement key health policies, strategies and interventions during the year 2025.

New Year religious observances and unveiling of the photograph of the Immediate Past President

A multi religious ceremony was organized at the SLMA premises to invoke blessings to the membership and in remembrance of the late Dr. E M Wijerama.

In keeping with the traditions of the SLMA, President Dr. Surantha Perera unveiled the photograph of the Immediate Past President Dr. Ananda Wijewickrama at the SLMA premises.

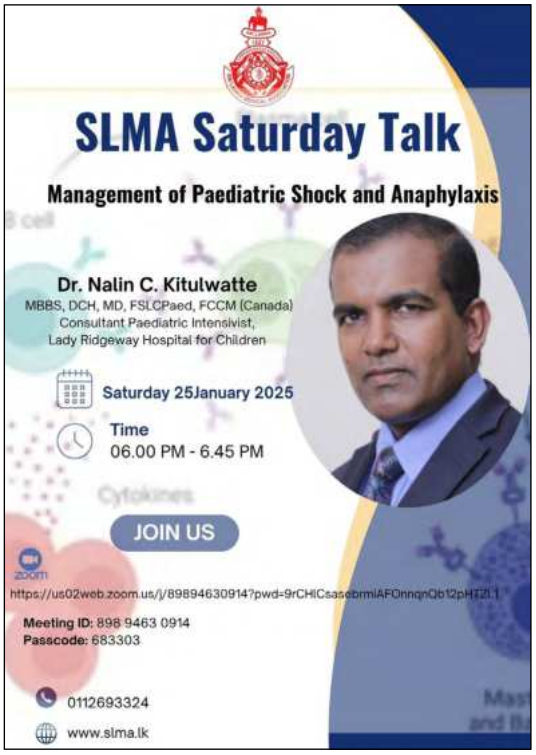
Media Conference on Global increase in viral respiratory diseases

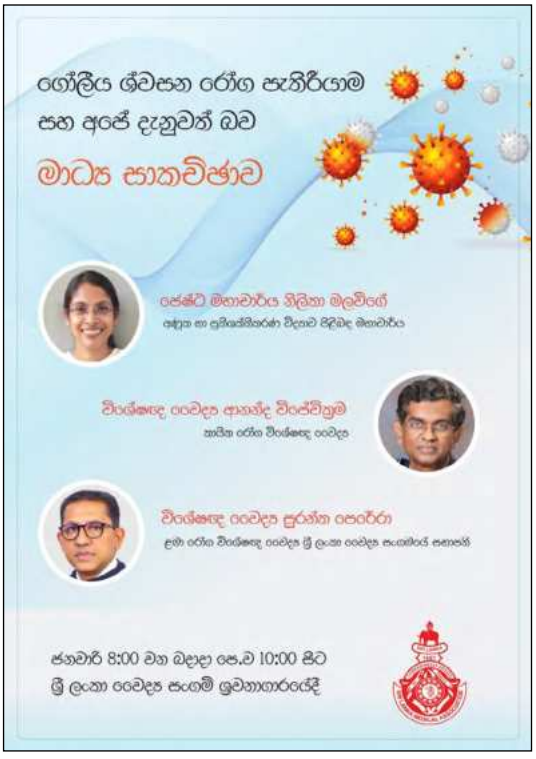
Given the public discourse on recent increase in cases of metapneumovirus in China and elsewhere, SLMA conducted a timely media conference to educate the media personnel and public alike regarding the disease. During the conference it was emphasized that there is on immediate risk to the public, however experts urged the public to adhere to basic health precautions.

Professor Neelika Malavige Professor in Immunology and Molecular Medicine, Dr. Ananda Wijewickrama, Consultant Physician and Dr. Surantha Perera, Consultant Paediatrician contributed as resource personnel.

SLMA Saturday Talk

Dr. Nalin Kitulwatte, Consultant Paediatric Intensivist at Lady Ridgeway Hospital for Children conducted the lecture on Management of Paediatric Shock and Anaphylaxis





SLMA in JANUARY

Joint Media Conference on 'Tobacco, Cannabis and other Substances, Industries and Current Challenges to the Wellbeing of Sri Lankans

This conference was organized by the Center for Combating Tobacco (CCT) in collaboration with the SLMA, College of Community Physicians Sri Lanka, Sri Lanka College of Psychiatry, National Authority on Tobacco and Alcohol, YouPAH and NDDCB. This effort underscores SLMA's continued commitment towards protecting the general public from drug and alcohol menace.

SLMA
in JANUARY

Appointment of the new Chair of the Ethics Review Committee of the SLMA

Professor Chathurie Suraweera, Head of the Department of Psychiatry of the Faculty of Medicine, University of Colombo took over the reins of the Ethics Review Committee of the SLMA from the outgoing Chair Professor Chandanie Wanigatunge.

Reach Out and Read: SLMA and Pick a Book join hands to create a child friendly hospital environment

Pick a book, a global platform in empowering readers and young learners joined hands with the SLMA to donate nearly 400 English children's books to the library at the paediatric ward at Base Hospital Panadura. This Organizational Social Responsibility (OSR) project of the SLMA will cover similar paediatric settings across the island, creating a conducive child friendly environment for the children under treatment. The concept was initiated by Dr. Lahiru Kodituwakku of the SLMA and Mr. Ragulan Tharmakulasingam, Founder, Pick a Book Platform with the guidance of Dr. Surantha Perera.

Meeting the Governor of the Central Bank of Sri Lanka

A delegation from the SLMA including Dr. Surantha Perera, the President, Dr. Susie Perera, Vice President and Dr. Asiri Hewamalage, Hony. Secretary met Dr. Nandalal Weerasinghe to discuss how SLMA could contribute to the policy landscape of the country, with special emphasis on socio economic revival, wellness and health financing. SLMA presented its position on the right of the people for health as a core principle in any intervention that is being implemented in the country aiming at socio economic recovery.

SLMA
in JANUARY

SLMA supports our media colleagues from the Colombo Media Circle

Media professionals of Colombo district organized their Annual Friendly Cricket Match at Kotte recently, with participation of media personnel (both print and electronic) and their families. The objective was to promote exercise and sportsmanship among media colleagues, providing them a much earned respite from their busy schedules. SLMA supported the worthy cause and intends to organize several other events in collaboration with media colleagues in Colombo District. Hon. Prime Minister and Hon. Minister of Health and Media graced the occasion. SLMA was represented by Dr. Surantha Perera and Dr. Lahiru Kodituwakku.

GLOBAL FOCUS

January 2025

A rare Guillain-Barre syndrome outbreak in India

Indian authorities have reported a rare Guillain-Barre syndrome outbreak in Pune, India. Since early January around 160 cases have been reported with five fatalities. Further, 48 patients are receiving intensive care while 21 are on ventilator support. Authorities have traced back the origins to a campylobacter jejuni infection, a leading cause of foodborne infections, and the biggest driver of GBS worldwide.

Indian Health Ministry has already sent their central epidemiological teams to Pune to collaborate with state health authorities in disease surveillance and contact tracing. WHO is also supporting state health authorities to strengthen laboratories across the state, to cater for the increasing demand.

For more information:

https://bbc.com/news/articles/c2038ggnpx7o

https://www.hindustantimes.com/india-news/gbs-cases-in-maharashtra-rise-to-163-five-more-detected-in-pune-101738637609310.html

Picture Courtesy: The Economic Times

UK Government publishes first set of recommendations in UK COVID-19 Inquiry

In January British Medical Association (BMA) has published excerpts from an inquiry report published by the British Government on handling of COVID-19 pandemic in UK. Although the article is based on the evidence generated at UK hospitals and public health institutions, it also provides wide ranging recommendations that can be replicated in health system with significant government involvement, like Sri Lanka.

Recommendations include, strengthening public health services with more infrastructure, equipment and staff support, use of mapping as a tool for predicting vulnerable communities during a crisis and focusing more on population health and addressing health inequalities among different sections of the population.

The entire article can be accessed via:

https://www.bma.org.uk/news-and-opinion/only-one-piece-of-the-pandemic-preparedness-puzzle

New Bowel Cancer Prediction test for Inflammatory Bowel Disease (IBD) patients shows promising results

A new test on bowel cancer prediction for IBD patients has shown 90% accuracy in predicting people who are having high risk of developing cancer. The UK based research team has found DNA changes in pre-cancerous cells in IBD patients, when analyzed by an algorithm, were more than 90% accurate in predicting who would develop bowel cancer over the next five years. Researchers used tissue samples from IBD patients, however it is hoped their method can be used to develop a simple blood test to predict those IBD patients most at risk.

For more information:

BMJ Article -https://gut.bmj.com/content/early/2025/01/29/gutjnl-2024-333353

https://bbc.com/news/articles/c87d4e2v8l0o

Picture Courtesy: BBC News

GLOBAL FOCUS

Acknowledgement

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- British Medical Association

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