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President's Message

SLMA, as the apex professional medical association of Sri Lanka, needs to take up and deliver on its leadership role to serve as the academic, professional, moral and ethical compass of the profession.

Let me begin by wishing you all a peaceful, prosperous and a productive 2018.

I thank the members of the SLMA for electing me as the 125th President of the SLMA for the year 2018. I am aware that being the President of this prestigious association comes with much responsibility. I will commit myself, with the support of my Council, to serve to the best of my ability and be worthy of the trust the members have placed in me.

Our profession is passing through a time of turbulence due to a myriad of reasons. It is in such times that the SLMA, as the apex professional medical association of Sri Lanka, needs to take up and deliver on its leadership role to serve as the academic, professional, moral and ethical compass of the profession. The SLMA has the greatest and longest tradition of serving as a forum for all grades of doctors to express even diverse views on professional matters without being intimidated or suppressed. We need to maintain this tradition. We must ensure that our collective views are conveyed to our colleagues in the profession without fear or favour and disseminated to the general public, to enable the policy makers to have the best information available to make decisions which will affect our profession and country. This would of course be in keeping with our motto Lankadipassa Kicesu Ma Pamajji (To act without delay for the betterment of our nation). The Council and I will need the widest possible inputs from the membership in this regard. The SLMA will continue to organize its routine academic and continuous professional development activities, namely, monthly clinical meetings every third Tuesday at the Lionel Memorial Auditorium of the SLMA, together with Guest lectures/Workshops/Symposia and Regional Meetings. The social and sporting activities organized by the SLMA will also continue. I take this opportunity to invite all members to actively take part in all these, which will be communicated to you through our e-Bulletin, monthly Newsletter and our website. The editor of ‘SLMA News’ encourages our members to write in with their opinions on matters concerning the profession and also welcomes short articles for publication in the Newsletter. The members are also invited to submit their names to serve in the Expert Committees and Working Groups of the SLMA in the prescribed form appearing in this newsletter. These Committees and Working Groups constitute the backbone of the SLMA playing an indispensable role in the SLMA, maintaining its leadership role within the medical fraternity both locally and internationally.

The 131st Anniversary International Medical Congress will be held from 26th to 29th July, 2018 at The Galadari Hotel, Colombo under the theme “Shifting Focus from Diseases to Patients: Todays Vision, Tomorrows Reality.” The Chief Guest at the Congress will be Prof. Dinesh Bhugra, President of the British Medical Association and the Guests of Honour will be Dr. Donald Li, President of WONCA, World Executive Council and our very own Professor Vajira H. W. Dissanayake, President of the Commonwealth Medical Association. The SLMA Run and Walk, which will be held on Sunday 24th June 2018 at a venue to be decided very soon, will precede the Congress. The Foundation Sessions are due to be held in late October or early November 2018. The much looked forwarded to Medical Dance 2018 will be held on Friday, 14th December 2018 at the Shangri-La Hotel, Colombo. I do hope you will note these dates down in your busy schedules and make every effort to be a part of these events which are organized for the benefit of SLMA members and the medical profession at large.

I take this opportunity to keep you informed of a landmark event which will take place on Sunday 25th February 2018: the launch of the book ‘A History of Medicine in Sri Lanka’ Volume II published by the SLMA along with the C. G. Uragoda History of Medicine Lecture to be delivered by Dr. Sankha Randenikumara, MBBS, PGDip (Tox), PGDip (Archaeology) on the topic ‘Hospital Architecture in Sri Lanka: A Historical Review’. As attendance at this event is ‘by invitation only’, I urge you to request for your invitations as early as possible. Invitations will be made available on a first come first served basis by our office staff due to the limited seating capacity at the Lionel Memorial Auditorium of the SLMA.

Finally, as your President and members of your Council, we will do our best to promote and act upon the aims and values of the SLMA at all times and we would welcome your counsel at all times.

Dr. Ruvaiz Haniffa
President
SLMA
First SLMA Council Meeting of 2018

The first Council meeting of the year was held on 5th January, 2018 at the Council Room, SLMA. The meeting commenced with the lighting of the traditional oil lamp by the President, Secretary and Members of the Executive Committee, which was followed by the National Anthem. As the first item of the agenda, a photograph of the Immediate Past President, Professor Chandrika Wijeyaratne was ceremonially unveiled by the current President, SLMA, Dr. Ruvaiz Haniffa, following which, the meeting was called to order.
Induction of the SLMA President 2018

The ceremony to induct the SLMA President for 2018 was held on 20th January, 2018 at the HNB Towers. Dr. Ruvaiz Hanif was inducted as the 125th President of the SLMA by the Immediate Past President, Professor Chandrika Wijeyaratne. The Presidential Address delivered by Dr. Ruvaiz Hanif, focusing on the SLMA theme for 2018 ‘Shifting Focus from Diseases to Patients: Today’s Vision, Tomorrow’s Reality’ is given below.

Shifting Focus from Diseases to Patients: Today’s Vision, Tomorrow’s Reality

I wish to begin by thanking Professor Chandrika N. Wijeyaratne, Immediate Past President, and her Council for the tremendous work they put in during 2017 to achieve the Mission, Vision and Objectives of the SLMA. They had to grapple with some critical issues, which have the potential to impact the way medicine will be practiced in Sri Lanka. Professor Wijeyaratne personally gave leadership to uphold the core values of the SLMA in dealing with these issues. This enabled the SLMA to live up to the motto of ‘Lankadipassa Kigcesu Ma Pamajit’ (to act without delay for the betterment of our nation). Furthermore, her leadership under the guidance of her Council helped the SLMA preserve its undisputed role as the academic, professional, moral and ethical guardian of the Sri Lankan medical profession. Councils henceforth should be extremely mindful of this role, which only the SLMA can provide as the apex national, apolitical, non-trade union professional association representing all grades and specialties of doctors in Sri Lanka, both in the state and the private sector. This milieu gives the SLMA its greatest asset; diversity within the medical profession, which enables it to capture and represent the widest and broadest possible ideas, views, concerns and expectations of the Sri Lankan medical profession.

Ladies and Gentlemen, the topic I have chosen for this year’s presidential address and the theme for our activities during the year is “Shifting Focus from Diseases to Patients: Today’s Vision, Tomorrow’s Reality.”

Sir Robert Hutchinson in his Physician’s Prayer states ‘.......... from treating patients as cases and making the cure of the disease more grievous than endurance of the same, Good Lord Deliver us’. Bertolt Brecht in his work ‘A worker’s speech to a doctor’ states “… As to the cause of our illness, one glance at our rags would tell you more. It is the same cause that wears our bodies and our clothes”.

In today’s medical practice the focus on the holistic/comprehensive care of the individual (as opposed to the patient) has become subservient to attempting to treat/manage illness in patients. The concept of preserving good health by incorporating and practicing preventive and curative aspects of medicine to achieve physical, mental and social well-being in individuals, families and communities by medical professionals adhering to the highest possible standards of professional ethical conduct seems to be a utopian ideal instead of a practical day-to-day reality. Of course, there are numerous reasons for not being able to achieve this desired state, but the problem is that over time, we in Sri Lanka seem to be moving away from this ideal at a rapidly increasing speed. We as doctors are forgetting why patients come to us and we are imposing our superior knowledge and skills on patients more often than not in an unsolicited manner. We have in short, developed and come to accept as normal, a system of doctor-centred care in which a medical condition/disease has become the fundamental issue needing the doctor’s attention.

We have lost the art of focusing on the holistic health needs of patients. A minuscule amount of these health needs will definitely require addressing medical conditions/diseases. This is why we need to shift our focus back to patients, now more than ever.

Table 1: Comparison of selected demographic and epidemiological factors in Sri Lanka in 1917 and 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (1000)</th>
<th>Percentage of the population above 60 years (Census 1911)</th>
<th>Infant Mortality Rate (IMR)</th>
<th>Under 5 Mortality Rate</th>
<th>Maternal Mortality Ratio (IMR)</th>
<th>Deaths: Diarrheal diseases</th>
<th>Deaths: Intestinal parasitic diseases</th>
<th>Deaths: Malaria</th>
<th>Deaths: Tuberculosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1917</td>
<td>4262</td>
<td>2.2%</td>
<td>160 / 1000 live births (29% of all deaths)</td>
<td>47.2%</td>
<td>2045 / 100,000 live births (RG)</td>
<td>11463</td>
<td>5611</td>
<td>1277</td>
<td>328 (2014) 8619 cases</td>
</tr>
</tbody>
</table>

Table 1: Comparison of selected demographic and epidemiological factors in Sri Lanka in 1917 and 2017
For all patients with fever, always check travel history. If patient has travelled overseas recently, test for Malaria.

Risk Groups
- Pilgrims
- Foreign Nationals
- Asylum seekers, refugees, Sri Lankan returnees from India
- Sri Lankan Business travellers & gem traders
- Sri Lankan Armed forces engaged in UN Missions

Contact for information & services:
Anti Malaria Campaign, Ministry of Health
Public Health Complex, 555/5, Eivitigala Mawatha, Colombo 5.
Telephone: 0117 626 626, 0112 368 174, 0712 841 767 (24 Hours)
I shall endeavour to analyse the past and present of the Sri Lankan health system and attempt to answer the following two questions and lay out a few proposals for change and how I see the SLMA’s role in bringing about such changes:

1. Why do we need to shift focus from disease to patients?
2. Why do we need to begin now?

Currently very high (80.7%), is projected to remain high by 2030 (81.8%). Furthermore, 35% of Disease Adjusted Life Years (DALYs) in Sri Lanka in 2015 was from 3 risk factors — poor diet, uncontrolled blood pressure and uncontrolled blood sugar and more than 50% of the risk factors contributing towards DALYs in 2015 were found to be amenable to behaviour interventions/changes. What this data shows is that risk factors which contribute to the highest morbidity and mortality in Sri Lanka are not disease-specific but are patient-specific, requiring patient-specific general measures rather than disease-specific interventions.

Sri Lanka is said to have a health care facility within 3.6 km of a household which delivers free health care at the point of delivery. Hence, the question we in the health system should be asking ourselves is, What should these free healthcare facilities and the staff in them be doing to improve the individual/family and community health status in a rapidly changing society with increased expectations of quality care in terms of personalized care?

**Brief Overview of the Healthcare System.**

![Population pyramid 2015](image1)

![Population pyramid 2050](image2)

As seen from Table 1, Figures 1 and 2, Sri Lanka over the past 100 years has transformed and continues to change in terms of demography and epidemiology. Sri Lanka has the highest aging population in the world and 1.7 million persons will be added to the elderly cohort during the next 15 years (2017 to 2032). Relative contribution from mortality due to Non-Communicable Disease (NCD) which is

**Overview of Western Healthcare**
- Teaching Hospitals: 16
- Specialized Hospitals: 11
- Provincial General Hospitals: 03
- District General Hospitals: 20
- Base Hospitals - type A: 24
- Base Hospitals - Type B: 47
- Divisional Hospitals: 475
- Primary Medical Care Units: 500
- Healthy Lifestyle Centers: 830
- Medical Officer of Health Units: 354
- Private Hospitals: 225
- Specialists: 1703
- Medical Officers: 20458
- Dental Surgeons: 1416
- Nursing Officers: 32499
- Technicians: 4101

**Table 2: Institutional and selected human resources overview**

Particular attention should be drawn to the 830 Healthy Lifestyle Centres, 500 Primary Care Units (PMCs) and 354 MOH Units spread throughout Sri Lanka (Table 2). These are the points of delivery of Primary Ambulatory Curative and Primary Preventive Care. The Healthy Lifestyle Centres and PMCs are severely under-utilized due to poor quality of care they currently offer leading to the ‘by-passing phenomenon’. As shown in Fig 4 the state hospital based Out-Patient Departments (OPD) accounted for 54,652,070 patient encounter episodes in 2015.

![Healthcare system in Sri Lanka](image3)
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gives maximum protection for 24 hours

YOUR HEART WILL GO ON
The overwhelming majority of these visits were primary ambulatory curative care visits, which do not require secondary/tertiary hospital based ambulatory care. As further seen in Fig 4 the private out-patient encounters' (vast majority provided by state medical officers working as ‘General Practitioners’ after hours, in the private sector) accounted for 46,556,467 patient encounters in 2015. The trend analysis shown in Fig 5 confirms that over the years health care has been, is and will be overwhelmingly consumed in the primary ambulatory curative care setting. In this setting, the focus of attention should be the patients rather than the diseases, in terms of screening for NCDs and treating minor health issues and referring patients to higher levels of care for disease-specific health interventions and follow-up.

**Table 3: Summary of health consumption data in Sri Lanka**

<table>
<thead>
<tr>
<th></th>
<th>Sri Lanka</th>
<th>Thailand</th>
<th>Malaysia</th>
<th>Australia</th>
<th>Sweden</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate (Per 1000 live births)</td>
<td>8</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Maternal Mortality Rate (Per 100000 Population)</td>
<td>29</td>
<td>26</td>
<td>29</td>
<td>6</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Neonatal Mortality Rate (Per 1000 live births)</td>
<td>5.4</td>
<td>6.7</td>
<td>3.9</td>
<td>2.2</td>
<td>1.6</td>
<td>2</td>
</tr>
<tr>
<td>Under 5 Mortality Rate</td>
<td>10</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Life Expectancy (at birth)</td>
<td>75</td>
<td>75</td>
<td>74</td>
<td>83</td>
<td>82</td>
<td>82</td>
</tr>
<tr>
<td>Per Capita Health Expenditure (US $)</td>
<td>127</td>
<td>228</td>
<td>456</td>
<td>6031</td>
<td>6808</td>
<td>3935</td>
</tr>
<tr>
<td>Total Health Expenditure as % of GDP</td>
<td>3.5</td>
<td>4.1</td>
<td>4.2</td>
<td>9.4</td>
<td>11.9</td>
<td>9.1</td>
</tr>
<tr>
<td>OPE as % of Total Health Expenditure</td>
<td>42.1</td>
<td>11.9</td>
<td>35.3</td>
<td>19</td>
<td>14.1</td>
<td>9.7</td>
</tr>
</tbody>
</table>

**Out of Pocket Expenditure (OPE) on Health**

A comparison of Sri Lanka’s health status internationally is given in Table 4. Most of the health indicators are on par with developed countries. What is even more remarkable is that we seem to be achieving these indices at a fraction of the per capita health expenditure as compared to others. But, what is most alarming is that Sri Lanka has a high OPE on health (42.1%). This is of extreme concern and given the demographic, epidemiological and health consumption/utilization patterns, has the potential to push vulnerable sections of our society into catastrophic health spending. This ironically is taking place in a state sponsored health care system that is supposed to be free at the point of delivery!!!!

According to the Household Income and Expenditure Survey (HIES) of 2012/13, the average OPE for health ranges from Rs 213.88 to Rs 7,323.68 with a mean of Rs 1,488.28 per month for the total sample. For households which incurred any health expenditure during the study period, the OPE for health ranged from Rs 609.16 to Rs 9,419.44 with a mean of Rs 2,557.03 per month.
Induction of...

Taking the OOPE per household as Rs 1,488.28 per month, the total OOPE for Sri Lanka in 2012/13 was Rs 96 billion (excluding other indirect costs such as transport, cost of ‘by standers’ etc).

Table 5: Comparison of average Health Expenditure (HE) for specific disease and population groups

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive</th>
<th>HE &gt; 10% of HE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rs 1488.28 (sample of 20540)</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>8522</td>
<td>2279.13</td>
</tr>
<tr>
<td>Elderly Persons</td>
<td>7860</td>
<td>2227.52</td>
</tr>
<tr>
<td>Eiders with Chronic disease</td>
<td>4561</td>
<td>2811.12</td>
</tr>
<tr>
<td>Children</td>
<td>10884</td>
<td>1157.68</td>
</tr>
</tbody>
</table>

Table 6: Health system shortcomings and strategies to overcome shortcomings

<table>
<thead>
<tr>
<th>Shortcomings of healthcare system</th>
<th>Strategies to overcome shortcomings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inverse care</td>
<td>Universal coverage reforms</td>
</tr>
<tr>
<td>Impoverishing care</td>
<td>Service delivery reforms</td>
</tr>
<tr>
<td>Fragmented/Fragmenting care</td>
<td>Public policy reforms</td>
</tr>
<tr>
<td>Unsafe care</td>
<td>Leadership reforms</td>
</tr>
<tr>
<td>Misdireced care</td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Health system shortcomings and strategies to overcome shortcomings

A quick review shows that,

1. We have come to be very good at treating disease – eliminating polio, malaria and control of communicable diseases to a point that these no longer are a major cause of mortality across the age groups.
2. We seem to be measuring the health status of our population based on the presence or absence of disease and infirmity. – IMR, MMR, rates of hospital admission, number of ‘cases’ of a specific disease.
3. The number of disease-based health indicators we get are based on number of patients who decide to seek ‘treatment’ from a healthcare facility geared to ‘treat’ illness (as opposed to facilities predominantly focused on preserving health while of course treating illness’) (Fig 6)
4. We seem to have little emphasis on ‘wellbeing’ of the population as a health indicator and even less emphasis on ‘taking care of the whole person’ in our healthcare system.

A conceptual framework for what needs to be done:

Fig 6: Individual health seeking behaviour

1. Need to shift from the concept of identifying, understanding and managing health from one of ‘absence of diseases’ to one which identifies, understands and manages health from a perspective of ‘wellbeing’
2. Need to shift from measuring disease as health to measuring wellbeing as health
3. Need to address these health issues within and without the health system in a patient centred manner.

Fig 7: Patient cented care – 4-Dimensional (4D) model.
The application, implementation and practice of the Universal Health Care (UHC) in a sustainable manner within the Sri Lankan health system will allow today’s vision of shifting focus from diseases to patients to become tomorrow’s reality. I will now layout what I think the role of a national medical association ought to be in this process.

1. Set up mechanisms to
   i. Address provision of UHC through patient centred healthcare
   ii. Create awareness and introduce healthcare innovations

2. Develop partnerships to increase access to healthcare
   i. Between systems – Primary/Secondary/Tertiary and between Western and Traditional systems
   ii. Between public and private sectors

3. Advocate at all levels for
   i. Patient centred, integrated healthcare delivery system
   ii. Team based care addressing the whole spectrum of patient needs

4. Make the change
   i. From mere generation of research evidence to innovations and development in healthcare

Address provision of UHC through patient centred healthcare

The SLMA will be called upon to function as a technical expert group for,

- Development of essential service packages for primary healthcare – same healthcare at Primary Medical Care Unit (PMCU) settings for all
- Development of technical guidelines for patient referral pathways for holistic healthcare – rational healthcare delivery guaranteeing Universal Health Care (UHC)
- Development of staffing needs based on workload as opposed to staffing needs based on cadre requirements – guaranteeing quality care

Through these developments the SLMA with other local and international partners would envisage that the next decade or more in Sri Lankan health sector development will be dedicated to the development of Primary Ambulatory Curative Care. What we foresee is depicted in Fig 8.

Creating awareness and introducing healthcare innovations

- Make the shift from evidence generation to innovations and development in health care
- Set up a Healthcare Innovations and Practices Hub (SLMA-HIPH)
- Advocacy for the necessary change in curricula for the medical fraternity
- Mechanism / process to compile and review medical innovations and bring them into policy and practice
- Linking up with the other sectors:
  - Link up MoH with MoHE with MoST
  - Traditional and complimentary systems of care
  - Engineering faculties
  - Faculties of science and technology
  - Information technology sector
  - Private sector

Developing partnerships to increase access to healthcare

- System – system partnerships
  - Western with Traditional and Complimentary systems of care

- Public – private partnerships for:
  - Effective care
  - Comprehensive care
  - Efficient care
  - More accountable care

- Integration at all levels of care with proper referral systems through protocols and guidelines in patient management

Role of the SLMA in advocacy for patient centred, integrated healthcare

- Advocating for patient centred health care as a:
  - Right of the people
  - Need of the country
  - Means of developing the human capital for Sri Lanka’s vision of becoming a developed country

Summary

- In the Sri Lankan setting of rapid demographic, epidemiological and social transformation the health system needs to change in order to meet the HEALTH EXPECTATIONS of the people as opposed to DISEASE EXPECTATIONS of doctors and people. There is a need to shift from Disease/Doctor-Centred Care to Patient-Centred Care.

- In order to do this, there must be a paradigm shift to deliver health care to where it is consumed most, ensuring accessibility, quality, cost effectiveness and affordability.
Induction of...

• In this context, the SLMA as the apex professional medical organization representing all grades and specialities of doctors, both from the government and private sectors, will have an important advisory, facilitatory and technical role to play in this process.

Acknowledgements

• Dr Padma de Silva - Consultant Community Physician and Head Department of Research WHO Collaborating Centre for Public Health Workforce Development, National Institute of Health Sciences, Kalutara Sri Lanka for his invaluable advice, inputs and guidance in preparing this address

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Felictation of Dr. Lucian Jayasuriya

Dr. Lucian Jayasuriya, Past President SLMA, who is acclaimed as a medical administrator par excellence, was honoured recently with a dedicated felicitation by the Vaccine Forum of Sri Lanka for his contributions to the field of medicine in general and vaccinology in particular.

Dr. Jayasuriya founded the Vaccine Forum of Sri Lanka (VFSL) in 2009, with the objective of promoting the knowledge and practice of vaccinology among health-care professionals and to educate the public on vaccines. The VFSL has held Annual Scientific Sessions and taken up issues regarding vaccines with the relevant authorities. It has gained recognition of the Ministry of Health and the World Health Organisation (WHO).

Dr. Lucian Jayasuriya initiated the SLMA Guidelines on Vaccines in 2001, which is used by healthcare professionals including doctors and nurses, across the country. He was the Joint Editor of all six editions of this book. The sixth edition, bearing the title ‘SLMA Guidelines and Information on Vaccines’ was launched on 1st December 2017.

SRI LANKA MEDICAL ASSOCIATION
CALL FOR ORATIONS, FREE PAPERS, POSTERS AND AWARDS

ORATIONS
Applications are invited for the following Orations to be held during 2018.

1. SLMA Oration
2. S C Paul Oration
3. Sir Nicholas Attygalle Oration
4. Sir Marcus Fernando Oration
5. Murugesar Sinnetambly Oration
6. Prof. N D W Lionel Memorial Oration
7. Dr S Ramachandran Oration

The SLMA Oration, S C Paul Oration, Prof. N D W Lionel Memorial Oration and the Dr S Ramachandran Oration will be held during the 131st Anniversary International Medical Congress of the Sri Lanka Medical Association which will be held from 26th – 29th July, 2018 at the Galadari Hotel, Colombo.

The SLMA Oration is the most prestigious oration of the Association. Instituted in 1979 it recognizes outstanding achievement in research. It is delivered at the Inaugural Ceremony of the Anniversary International Medical Congress of the SLMA. Hence the contents of the oration should be appropriate for a medical audience. Substantial proportion of the work should be conducted in Sri Lanka and/or should have relevance to medicine in Sri Lanka. The oration should be based on a substantial body of original research.

Orations based on work published in peer reviewed journals will be given priority. In the case of multi-author research and publications the applicant should inform the other authors of his/her presentation and detail the contribution to design, data collection, analysis and writing of the manuscript by the applicant. A separate sheet which indicates the publications on which the oration is based should be attached to the submission.

The Murugesar Sinnetambly Oration should be preferably on a topic pertaining to Obstetrics & Gynaecology.

Format for submission
• The oration should be written in full. The IMRAD format is suggested unless the content requires otherwise.

• For all research involving human or animal subjects, state Ethics Clearance in the methods section. Randomized Control Trials should have been registered in a WHO recognized Clinical Trial Registry.

• The oration should be typed using Times New Roman size 12, line spacing double. Harvard or Vancouver system of referencing can be used.

The manuscript should be accompanied by a separate document which indicates the following:
1. The impact of the research in terms of advancing scientific knowledge, quality of clinical care and improvement of service delivery.
2. In case of multi-author research/publications, the contribution of the applicant to design, data collection, analysis and writing of publications/manuscript.
3. A declaration by the applicant that the other authors of the presented research have no objections to the submission of the oration.
4. The applicant should declare if all or part of the work included in the manuscript has already been presented as an oration.
5. Declaration of financial and other conflicts of interests.
6. A covering letter should indicate the oration/orations for which the manuscript should be considered.

Closing date for all orations will be 31st March 2018. Five copies of the scripts should be submitted. Of these, two (2) copies should be with the name of the author and three (3) copies should be without the name of the author. Each copy should be accompanied with a brief resume of the salient points in one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office.

AWARDS FOR FREE PAPERS AND POSTERS

The following prizes will be awarded for free papers and posters accepted for presentation at the 131st Anniversary International Medical Congress:

1. E M Wijerama
2. S E Seneviratne
3. H K T Fernando
4. Sir Nicholas Attygalle
5. Wilso Peiris
6. Daphne Attygalle (Cancer)
7. Sir Frank Gunasekera (Community Medicine and Tuberculosis)
8. Kumaradasa Rajasuriya (Research Tropical Medicine)
9. Special prize in cardiology
10. SLMA prize for the best poster
11. S Ramachandran (Nephrology)
12. The Sri Lanka Association of Clinical Pharmacology and Therapeutics (Pharmacology)

Please note that all submissions should be made electronically through the online abstract submission system. More details can be found on the SLMA conference website (http://conference.smla.lk/).

Free papers and posters: Closing date: 31st March 2018.

RESEARCH AWARDS AND TRAVEL GRANTS

- CNAPT Award: Applications are invited from doctors and others for the best research publication (article, book chapter or book) in medicine or in an allied field, published in the year 2017, for the Richard and Sheila Peiris Memorial Award. All material should be in triplicate.
  Closing date: 31st March 2018.

SLMA Research Grants 2018

The Research Promotion Committee of the SLMA hereby calls for applications from SLMA members for the following research grants:

SLMA Research Grant

This grant is offered for research proposals on topics related to any branch of medicine. The maximum financial value of the grant is LKR 100,000.00. The grant is targeted at young researchers in their early career, for proposals on applied research that could be initiated (e.g. pilot study) or completed (e.g. audit) with the grant. The project should be supervised.

SLMA/ Glaxo Wellcome Research Grant

This grant is offered for research proposals on topics related to any branch of medicine. The maximum financial value of the grant is LKR 50,000.00.

Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care

This grant is offered for a research project with relevance to the advancement of Intensive and Critical Care in Sri Lanka. The maximum financial value of the grant is LKR 100,000.00.

GR Handy Award: Applications are invited from Sri Lankans, for the best publications in cardiovascular diseases published in the year 2017, for the G R Handy Memorial award. All material should be in triplicate.

Closing date: 31st March 2018.

Glaxo Wellcome Research Award: Applications are invited from SLMA members for research proposals on a topic related to medicine. Five (5) copies of the research proposal should be submitted.

Closing date: 31st March 2018.

Professor Wilfred SE Perera Fund: Applications are called from life members of the SLMA, who are members of Ethics Review Committees in Sri Lanka recognized under the Strategic Initiative for Development of Capacity in Ethics Review (SIDCER) of the World Health Organization. Five copies of the application should be submitted.

Closing date: 31st March 2018.

For further details please contact:
The Honorary Secretary, Sri Lanka Medical Association, ‘Wijerama House’,
6, Wijerama Mawatha, Colombo 7.
Tel: +94-112-693324 /email: office@smla.lk
VACANT POSITIONS IN SLMA COMMITTEES

Vacant positions in the following SLMA committees are hereby advertised.

- Communicable Diseases
- Medicinal Drugs
- Ethics
- Prevention of Road Traffic Crashes
- Tobacco, Alcohol and Illicit Drugs
- Media
- Health Care Quality
- Health Management
- Non Communicable Diseases
- Snake Bite
- Women’s Health
- Sri Lankan Clinical Trials Registry

No formal qualifications are required from the applicants. Preferably, the applicants should be life members of the SLMA. However, few positions will be available for non members who have demonstrated a keen interest and dedication towards the subjects of relevant committees. The deadline for submitting the applications is 1st March 2018. Please send the duly filled application form to the following address:

Honorary Secretary
Sri Lanka Medical Association
Wijerama Mawatha
Colombo 07

Alternatively, the information can be e-mailed to office@slma.lk

The final decision regarding selection of committee members will be taken by the SLMA Council. A sample application form is shown below.

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Sample application form

Name with initials : .................................................................
Hospital/Institution (Address) : .................................................................
Designation : ...........................................................................
E-mail and Phone Number : .................................................................
Special Interests : ...........................................................................
SLMA membership number : .................................................................

Preferred committee (1st three preferences)

1. .................................................................
2. .................................................................
3. .................................................................

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Signature

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More details next month!
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