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

“To Cure Sometimes, To Relieve Often, To Comfort Always”

Antimicrobial Resistance: Current Situation and Practical Problems

National Autism Awareness Campaign
EFFICACY

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

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

President's Message 02

Meeting the Challenge of Social Responsibility: The Role of the SLMA 02-06

“To Cure Sometimes, To Relieve Often, To Comfort Always”: The Role of Medical Humanities in Medical Education 08-10

Antimicrobial Resistance (AMR): Current Situation and Practical Problems 12-15

National Autism Awareness Campaign 16-17

Report of Medicines Evaluation Committee of The National Medicines Regulatory Authority (NMRA) 15

Monthly Clinical Meeting of the SLMA - October 2016 10

Cover Story... Opening of the Newly Refurbished SLMA office 11

Antimicrobial Resistance (AMR): Current Situation and Practical Problems 12-15

National Autism Awareness Campaign 16-17

Prescribing B Complex Vitamins 18

Annual General Meeting: 23rd December 2016 22

Donation of White Canes 22

Cartoon, Malaria Count 22

Our Advertisers

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

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

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

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

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

With best wishes,
Dr. Iyanthi Abeyewickreme

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

E.M. Wijerama Endowment Lecture

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

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

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

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

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

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

Contd. on page 03
Meeting the Challenge...

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

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

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

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

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

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

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

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

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

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

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

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

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

It was also decided that the call for applications should not be advertised in newspapers as it could result in an overwhelming response that would make it difficult to be processed by the limited staff of the SLMA. Council approval was obtained to contact the Regional Directors of Health, The College of General Practitioners and College of Paediatricians, and also to advertise in the SLMA newsletter requesting that potentially eligible candidates be directed to the SLMA Office.

The applicants who fulfilled the eligibility criteria would be selected on a first come first serve basis. By the end of December 2006, we had received and processed 17 applications, and were able to launch the CMAAO / SLMA Scholarship, each child receiving Rs. 2,000/- monthly. The parent or guardian of the beneficiaries was requested to open a joint savings account with the child to enable us to remit the funds.

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

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

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

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

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

The reduction in the number of scholarships enabled us to award 2 more scholarships to two siblings from Moratuwa in 2010, a 16 year old and a 10 year old, making a total of 24 scholarship recipients by April 2010. The reduction in the number of scholarships also enabled us to increase the Scholarship Award in 2012 from a flat rate of Rs. 2,000/- for all to Rs. 3,000/- to those who study beyond O/Levels, Rs. 2,500/- to those who come up to Grade 11, while maintaining Rs. 2,000/- for the balance. At present there are 15 CMAAO / SLMA Scholarship recipients and an anonymised brief resume of each of them is given below.
Cardiprin®100

Rapidly dissolves on the tongue

Acts Within 15 mins

gives maximum protection for 24 hours
Meeting the Challenge...

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

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

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

A boy from Moratuwa is now 16 years old and has been awarded a scholarship to Wesley College by the Methodist Church of Sri Lanka from national Training College in Gallage-dara as a baco loader operator.

A boy from Galle who is now 18 years old, passed his O/Levels in 2009 and A/Levels in 2012. He is following a diploma course in graphic design at the Multimedia Training Center in Kandy from 2014 and is expected to obtain his qualifications as a 3D animation designer by the end of this year.

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

A boy from Kandy is now 23 years old, passed his O/Levels in 2012 and A/Levels in 2015. He is following a diploma course in graphic design at the Multimedia Training Center in Kandy from 2014 and is expected to obtain his qualifications as a 3D animation designer by the end of this year.

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

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

The SLMA is privileged to have had the opportunity of touching letters of gratitude and greeting cards during the Sinhala and Tamil New Year, Vesak and Christmas.

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

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

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

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

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

HavelockCity
Come home to the City

HOTLINE: +94 11 250 5100  www.havelockcity.lk
Below is the speech made by the Chief Guest Professor Jennifer Perera, President SLMA 2015 at the inauguration of the Foundation Sessions of the SLMA 2016, on 20th October 2016.

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

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

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

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

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

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

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

Contd. on page 09
“To cure sometimes...

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

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

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

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

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

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

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

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

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

Ladies and gentlemen In view of these global developments in medical education and considering the current needs of the society, we in the Faculty of Medicine have established a new department, Department of Medical Humanities, a department with equal status and in par with all other specialities, medicine, surgery, pediatrics etc. The department of Medical Humanities was gazetted as a new department on 9th August this year and we believe that this is a great milestone in the history of medical education in Sri Lanka.
A young team led by Prof. Saroj Jayasinghe was instrumental in realizing this dream for our faculty. I believe that I have brought forth a reasonable argument and where possible evidence, to justify the development of a department of medical humanities or in the very least including a learning module in medical humanities in all medical education settings in Sri Lanka. I invite Sri Lanka Medical Council and Sri Lanka Medical Association to take leadership in this venture.

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

Thank you.

MONTHLY CLINICAL MEETING OF THE SLMA - OCTOBER 2016

By Dr. Kushlani Jayatilleke, Assistant Secretary-SLMA

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

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

This was followed by chanting of Pirith to invoke blessings and to offer merit to late Dr. E M Wijerama and Mrs. Wijerama as well to the departed members of the SLMA. ‘Ata pirikara’ and other offerings were made to the Venerable monks from Vajirarama temple, Colombo. Photographs of the event are given below.
Antimicrobials are a very useful group of medicines which are effective in treating and preventing infections. The invention of antibiotics and other antimicrobials has made it possible for complicated surgery and other medical interventions such as chemotherapy and transplant to be performed.

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

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

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

There is an upward trend in resistance rates to different antibiotics in Enterobacteriaceae isolates of urine cultures in Sri Lankan hospitals.\(^3\)

In a study carried out in a tertiary care hospital, Methicillin Resistant Staphylococcus aureus (MRSA) constituted 50.5% (n=195) of S. aureus out of all clinical sample isolates and 7 of the 18 (38.9%) S. aureus isolates from blood cultures.\(^4\) MRSA strains have shown a high level of resistance to antibiotics such as erythromycin and clindamycin (54% and 44% respectively) and ciprofloxacin 34.3%.\(^4\) Streptococcus pneumoniae which is an important pathogen causing serious infections such as meningitis, pneumonia and otitis media is now becoming resistant to penicillin and 3rd generation cephalosporins. The percentage of isolates resistant to penicillin has ranged from 41.3 to 91.3 in different studies.\(^5,6,7\) In one of these studies, 47.83% of S. pneumoniae isolates were resistant to 3rd generation cephalosporins (cefotaxime).\(^7\)

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

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

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

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

Contd. on page 14

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

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


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

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

There is an upward trend in resistance rates to different antibiotics in Enterobacteriaceae isolates of urine cultures in Sri Lankan hospitals.\(^3\)

In a study carried out in a tertiary care hospital, Methicillin Resistant Staphylococcus aureus (MRSA) constituted 50.5% (n=195) of S. aureus out of all clinical sample isolates and 7 of the 18 (38.9%) S. aureus isolates from blood cultures.\(^4\) MRSA strains have shown a high level of resistance to antibiotics such as erythromycin and clindamycin (54% and 44% respectively) and ciprofloxacin 34.3%.\(^4\) Streptococcus pneumoniae which is an important pathogen causing serious infections such as meningitis, pneumonia and otitis media is now becoming resistant to penicillin and 3rd generation cephalosporins. The percentage of isolates resistant to penicillin has ranged from 41.3 to 91.3 in different studies.\(^5,6,7\) In one of these studies, 47.83% of S. pneumoniae isolates were resistant to 3rd generation cephalosporins (cefotaxime).\(^7\)

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

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

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

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

Contd. on page 14
Have you prescribed a plan to increase your wealth?

Union Wealth Care brings comprehensive relief to wealth management with no negative side-effects and significantly improved investment performance. The anatomy of this unique 5-year investment solution will be the catalyst for the transformation of time and money, into life and wealth, with clinical focus and surgical precision.

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

Call us on 0112 990 990
Antimicrobial Resistance...

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

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

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

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

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

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

What can we do as doctors to reduce antibiotic resistance?

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

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

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

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

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

4. Lack of data on antimicrobial resistance in pet animals or animals raised for human consumption, antimicrobial consumption, antimicrobial dispensing without prescription, prescribing patterns and antibiotic use in other health sectors, prescribing patterns and antibiotic use in pets, animals raised for human consumption and agriculture etc., prescribing practices/belief in human and animal health, agriculture and environment etc.

5. Limited facilities to check for quality of antimicrobials.

6. Availability of high level antimicrobials freely in community Eg: oral cefixime, linezolid

7. Lack of monitoring and enforcement of legislation

8. Lack of awareness among public and healthcare staff on AMR

9. Not having adequate resources for Antibiotic stewardship and Infection Prevention and Control- eg human resources such as adequate number of microbiologists, pharmacists and infection control nurses, not having good quality alcohol based hand disinfectants in all healthcare facilities etc.

Future Plans:

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

References:

- National Surveillance of Antimicrobial Resistance; Report to Ministry of Health by the Sri Lanka College of Microbiologists; SLCM ARSP & NLBSA Technical
- Jayatilleke K, Bandara P; Antibiotic sensitivity pattern of Staphylococcus aureus in a tertiary care hospital of Sri Lanka; Sri Lanka Journal of Infectious Diseases 2012 Vol.2(2);13-17
- Jae-Hoon Song et al; Antibiotic-Resistant Pneumococci in Asian Children; Clinical Infectious Diseases 2001; 32:1463–9
- Jae-Hoon Song et al; High Prevalence of Antimicrobial Resistance among Clinical Streptococcus pneumoniae isolates in Asia (an ANSORP Study); Antimicrobial Agents and Chemotherapy, June 2004, p. 2101-2107
- C Kannangara, P Chandrasiri, E corea; Vancomycin resistant enterococci colonisation among patients in intensive care units at the National Hospital of Sri Lanka and genotypes responsible for resistance; 10th International Symposium on Antimicrobial Agents and Resistance, abstract in Journal of Antimicrobial Agents, volume 45, Supp 2, May 2015; page 568
- Antimicrobial Stewardship Clinical Care Standard; Australian Commission on safety and quality in Healthcare
- http://slmicrobiology.net/antibiotic-guidelines-2016/

Collect Your Free Copy

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

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

---

NATIONAL MEDICINES REGULATORY AUTHORITY (NMRA)

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

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

Decisions taken at the above meeting were as follows.

1. Registration of recommended cough syrups is to be delayed until comments from the Sri Lanka College of Paediatricians are available.
2. Adverse reactions to intravenous Ciprofloxacin manufactured by Claris Life Sciences Ltd, India have been reported. The committee awaits the evaluation report.
3. A committee will be appointed to assess bioequivalence data.
4. Ineffective filgastrin generic preparation is available in government hospitals. It was decided to withhold registration until re-evaluation is done. Local agents are being requested to conduct clinical trials locally.
5. The role of NMRA in preventing antimicrobial resistance was discussed. The manufacturers should be encouraged to conduct bioequivalence studies in Sri Lanka. Suggestion was made to regulate pharmacies to stop dispensing antibiotics without prescriptions.
The trend of condominium development in Sri Lanka’s property market has been given a boost by Blue Ocean Group of Companies, one of Sri Lanka’s largest and most respected conglomerates, headed by Group Chairman Mr. Thumilan, with some unique Investment Property, Holiday Home and Luxury Living concepts.

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

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

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

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

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

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

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

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

**Luxury Living • Holiday Home • Investment Property**

---

**First Class Condos @**
- No. 73, Gregory’s Road, Colombo 07
- No. 06, 19th Lane, Colombo 03
- No. 121, Inner Flower Road, Colombo 03
- No. 45, Alfred House Gardens, Colombo 03
- No. 15A, Layard’s Road, Colombo 04
- No. 02, Glenfall Road, Nuwara Eliya

---

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

---

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

---

**For Local & Foreign Citizens**
- Easy Interest-Free Installment Scheme or Bank Loan can be obtained through Tripartite Agreement.

---

**Sri Lanka’s Largest Condominium Developer**
- Real Estate • Construction • Facility Management

---

**Blue Ocean Group of Companies**
- +94 777 546 546 | +94 777 755 323 | +94 777 402 070 | +94 772 216 617 | +94 777 121 916
The Sri Lanka Association for Child Development (SLACD) in collaboration with the Ministry of Health (MoH), the College of Paediatricians, College of Child and Adolescent Psychiatrists and the College of Psychiatrists, launched a national autism awareness campaign through the print and electronic media on the 18th of October 2016. This campaign was funded by the Citizens Development Business and Finance (PLC) organisation.

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

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

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

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

For Call Centre -Autism Teams in Government Hospital Settings

<table>
<thead>
<tr>
<th>Province</th>
<th>Districts</th>
<th>work places</th>
<th>Consultants</th>
<th>Clinic Days and Time</th>
<th>Possible areas of referrals</th>
<th>Availability of teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>Jaffna</td>
<td>Jaffna Teaching Hospital</td>
<td>Dr. Gita Satyadas- Consultant Paediatrician Dr. Sivayokan- Consultant Psychiatrist</td>
<td>Wednesdays 8 am Paediatric clinic-OPD</td>
<td>Kilinochchi Manrar Mullaitiv</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td>Northern</td>
<td>Vavuniya</td>
<td>Vavuniya District Hospital</td>
<td>Dr. Amila De Silva- Consultant Paediatrician</td>
<td>Tuesdays 2-4 pm</td>
<td>Kilinochchi Manrar Mullaitiv</td>
<td>Confirmation of diagnosis and early intervention for children 0-12 years</td>
</tr>
<tr>
<td>Northern</td>
<td>Mannar</td>
<td>Mannar District Hospital</td>
<td>Dr. S.N. Kosanth Consultant Paediatrician</td>
<td>Thursdays 8am in Paediatric clinic OR Wednesdays 2pm at well baby clinic</td>
<td>Mannar</td>
<td>Confirmation of diagnosis</td>
</tr>
<tr>
<td>North Central</td>
<td>Anuradhapura</td>
<td>Anuradhapura Teaching Hospital</td>
<td>Dr. Anuradha Ellipola – Consultant Psychiatrist Dr. Apchaja Hewagegama- Consultant Child Psychiatrist Dr. Damiha Chandradana – Consultant Paediatrician</td>
<td>Saturdays 8am – 1pm Room 33 in front of the CPD: Psychiatry clinic Paediatric clinic - Fridays at 8am -ward 25</td>
<td>Anuradhapura Polonnaruwa</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td>North Central</td>
<td>Polonnaruwa</td>
<td>Polonnaruwa District Hospital</td>
<td>Dr. Ranjani Edrisooriya- Consultant Paediatrician</td>
<td>Tuesday 10am to 12 noon Well baby clinic</td>
<td>Polonnaruwa</td>
<td>Confirmation of diagnosis and early intervention for children 0-8 years</td>
</tr>
<tr>
<td>North Western</td>
<td>Puttalam</td>
<td>Puttalam District Hospital</td>
<td>Dr. Neelika Dissanayake- Consultant Paediatrician Dr. Buddh Jayasekara- Consultant Psychiatrist</td>
<td>Wednesday 8am -12 noon Mental Health Clinic room Wednesday 8am-12noon</td>
<td>Puttalam, Kalmunigala, Chillaw</td>
<td>Confirmation of diagnosis and intervention for children 0-12 years</td>
</tr>
<tr>
<td>North Western</td>
<td>Kurunegala</td>
<td>Kurunegala Base Hospital</td>
<td>Dr. Pushpa de Silva- Consultant Psychiatrist Dr. Anurii Wijesinghe, Consultant Paediatrician</td>
<td>Tuesdays : mental health clinic</td>
<td>Kurunegala, Chillaw</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td>Central</td>
<td>Kandy</td>
<td>Kandy General Hospital</td>
<td>Dr. Shyama Aranbepola – Consultant Psychiatrist Dr. Aranbepola - Consultant Paediatrician</td>
<td>Child Psychiatry clinic 1st Saturday and 5th Saturday 4th Saturday -Parental clinic</td>
<td>Central Province</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td>Central</td>
<td>Kandy</td>
<td>Srimavo Bandarawela</td>
<td>Dr. Rasitha Perera- Consultant Psychiatrist</td>
<td>All week days Child Psychiatry clinic</td>
<td>Central Province</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
</tbody>
</table>

For Call Centre -Autism Teams in Government Hospital Settings

<table>
<thead>
<tr>
<th>OPD- Out Patient Department Clinic</th>
<th>a/a</th>
<th>Dr. Jagath Munasinghe- Consultant Paediatric Neurologist</th>
<th>8-12</th>
<th>term interventions</th>
</tr>
</thead>
</table>
Contd. from page 16

**National Autism...**

<table>
<thead>
<tr>
<th>Province</th>
<th>Districts</th>
<th>Work places</th>
<th>Consultants</th>
<th>Clinic Days and Time</th>
<th>Possible areas of referrals</th>
<th>Availability of teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Kandy</td>
<td>Dikana Rehabilitation Hospital</td>
<td>Dr. Wasantha Hissanayake- Consultant Paediatrician</td>
<td>Wednesdays 8am-12noon Paediatric Clinic</td>
<td>Kandy and Matale District</td>
<td>Confirmation of diagnosis and intervention for children 0-12years</td>
</tr>
<tr>
<td>Central</td>
<td>Nuwaraeliya</td>
<td>Nuwaraeliya District Hospital</td>
<td>Dr. Anula Indrani Fonseka- Consultant Paediatrician</td>
<td>Tuesdays and Thursdays 8am Paediatric Clinic</td>
<td>Nuwaraeliya District</td>
<td>Confirmation of diagnosis and intervention</td>
</tr>
<tr>
<td>Eastern</td>
<td>Batticalao</td>
<td>Batticalao District Hospital</td>
<td>Dr. Chitha Vamunasen- Consultant Paediatrician Dr. Gotanabandaran Consultant Psychiatrist</td>
<td>OPD-Paediatric Clinic Tuesdays 9am to 12noon</td>
<td>Trincomalee Batticalao and Ampara</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Hiranya Wijesundera- Consultant Psychiatrist Dr. Mithshaka- Consultant Paediatrician</td>
<td>Paediatric Clinic Monday and Wednesday 8am</td>
<td>Batticalao, Ampara</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td>Western</td>
<td>Gampaha</td>
<td>Medical Faculty - Raga</td>
<td>Dr. Sunamali Sumanasekera- Consultant Paediatrician</td>
<td>Multi-Disciplinary Clinic(MDT) room A8 Mondays 2pm-6pm</td>
<td>Gampaha District</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td>Western</td>
<td>Gampaha</td>
<td>Watupitiwala Base Hospital</td>
<td>Dr. Manel Parapitiyage- Consultant Paediatrician Dr. Lakshini Wickramasinghe Consultant Psychiatrist</td>
<td>Wednesdays 10am at ward 16 clinic room</td>
<td>Watupitiwala, Kegalle</td>
<td>Confirmation of diagnosis and intervention for children 0-12years</td>
</tr>
<tr>
<td>Western</td>
<td>Colombo</td>
<td>Lady Ridgeway Hospital for Children</td>
<td>Dr. Swaran Wijeyasinghe- Consultant Psychiatrist Dr. Sudarshini Seneviratne Consultant Psychiatrist</td>
<td>Room number 22, Tuesdays 8am-12pm OR Mondays, Tuesdays, Thursdays and Fridays, ward 19-8am to 12noon</td>
<td>Western Province</td>
<td>Assessment, diagnosis and early and long term interventions</td>
</tr>
<tr>
<td>Western</td>
<td>Colombo</td>
<td>Colombo South Teaching Hospital, Kahabuwalla</td>
<td>Dr. Saraji Wijesekara- Consultant Paediatric Neurologist Dr. Malika Weerasinge Consultant Psychiatrist Dr. Dinesh Akmeerana Consultant Psychiatrist</td>
<td>Room 1 - Paediatric Neurology clinic 1st Friday and last Friday of the month</td>
<td>Colombo District</td>
<td>Confirmation of diagnosis and intervention for children 0-12years</td>
</tr>
</tbody>
</table>

**For Call Centre - Autism Teams in Government Hospital Settings**

**OPD- Out Patient Department Clinic**

| Western   | Kalutara       | Kalutara District Hospital       | Dr. Anoma Weerasinge Consultant Paediatrician | 1st Wednesday 2pm onwards Autism Clinic | Kalutara district                                                                 | Confirmation of diagnosis                   |
| Sabaragamuwa | Ratnapura    | Ratnapura District Hospital      | Dr. Kumuduni Cooray - Consultant Paediatrician Dr. Ananda Senakumara Consultant Psychiatrist | Room Number 52 Tuesdays 8am to 4pm | Ratnapura District                                                               | Confirmation of diagnosis and intervention for children 0-12years |
| Uva        | Badulla        | Mahiyangan Base Hospital         | Dr. Priyoma Gamage Consultant Paediatrician Dr. Ayodhya Malalaga Consultant Psychiatrist | Thursdays 2pm-4pm Ward 6 Paediatric ward | Badulla district                                                                 | Confirmation of diagnosis and intervention for children 0-12years |
| Uva        | Monaragala     | Monaragala District Hospital     | Dr. Upul Nawaranme Consultant Paediatrician | Paediatric Clinic, OPD Thursday 8am (or Paediatric ward) | Monaragala                                                                       | Confirmation of diagnosis and early intervention for children 0-12years |
| Southern   | Galle          | Karapitiya Teaching Hospital     | Dr. Udenna Atigala - Consultant Psychiatrist Dr. Geminu Hewapatherana Consultant Paediatric Neurologist | Wednesdays 9am-12noon Karapitiya Child and Adolescent Development Clinic | Southern Province                                                                 | Assessment, diagnosis and early and long term interventions |
| Southern   | Hambantota     | Hambantota District Hospital     | Dr. Harshini Consultant Paediatrician Dr. Manoj Herath Consultant Psychiatrist | Wednesdays 2-4pm | Hambantota, Matale                                                              | Confirmation of diagnosis and early intervention for children 0-12years |

The green highlighted rows are indicative of teams’ already fully fledged and conducting intervention.
PRESCRIBING B COMPLEX VITAMINS

Dr. Rizvi Hasan,  
Senior lecturer,  
Faculty of Medicine,  
University of Kelaniya  
Family Physician, Kandana  
Email: rizvi2003@gmail.com  
Mobile: 077-7351860/077-7905907

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

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

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

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

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

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

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

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

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

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

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

Thus it is imperative that the next time you go out marketing you must get yourself sufficient amounts of these healthy foods.
NEW LOOK, NEW OFFERINGS, UNCOMPROMISED QUALITY, GUARANTEED.

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

www.tokycement.lk  077 395 1513 / 0112 558 100 / 0112 500 466 / 0112 592 308  sales@tokycement.lk
The Annual General Meeting of the Sri Lanka Medical Association will be held at 7.00 p.m. on Friday, 23rd December 2016, at the Lionel Memorial Auditorium, “Wijerama Mawatha, Colombo 7. All members are cordially invited to be present.

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

The agenda of the meeting is given below.

Dr. Neelamanie Punchihewa
Honorary Secretary, SLMA

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

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

DONATION OF WHITE CANES

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

MALARIA COUNT 2016

37 Cases for 2016

All cases are imported!

Let’s keep Sri Lanka Malaria free
Thanks to your support, we're creating more prosperous dairy farmer families - together.

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

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

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

**DEMONSTRATION FARMS AND TRAINING CENTRES**
- Built and operated by Fonterra in partnership
- Aimed at creating economically sustainable farming families

**MILK COLLECTION CENTRES**
- New chilling and milk ‘finger printing’ technology
- Milk quality incentives
- Farmer and community engagement

**SUPPLIER RELATIONS OFFICERS**
- Training and extension services to support farmers directly
- Linked with farms and collection centres for training and support
Affording INSPIRATION to RESPIRATION

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

Quality +++ Efficacy +++ Safety +++ Dependability +++ Affordability +++
Whatever the reason. Whatever the season.

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

SERETIDE
salmeterol/fluticasone propionate
Breathe easy. Stay that way.

Avamys™
fluticasone furoate
Allergic rhinitis relief

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

For the use of medical professionals only.
Children should be dosed as per weight

Recommend correct dose variant for children*

It's always accurate and easier with syrup

• Medications, dosages must be carefully titrated and maintained to prevent either adverse effects or therapeutic failure

• Patients may split the tablets unevenly and experience adverse effects from an excessively high dosage or exacerbation of the disease from a dosage that is too low

* Recommend to dose children below the age of 12 years by their weight as per the dosage chart. * Use as directed on pack.


Do not exceed recommended dose and frequency, as excessive dosage could be harmful to the liver. If symptoms persist, consult your doctor.

For adverse events reporting please call on: 0114790400 or e-mail on: pharmaoviglance@gsk.com. PANADOL is a trade mark of the GSK group of companies. © 2016, GSK group of companies

SLMA NEWS

THE OFFICAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

To
........................................................................................................
........................................................................................................
........................................................................................................

If undelivered return to:
Sri Lanka Medical Association. No 6, Wijerama Mawatha, Colombo 7

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