SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

NOVEMBER 2017, VOLUME 10, ISSUE 11

www.slma.lk

REGISTERED AT THE DEPARTMENT OF POST QD/14/NEWS/2017

ISSN : 1800 - 4016

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NEWS

PRESIDENT'S MESSAGE

Dear Members,

There has been a flurry of activity in the month of November, soon after a highly successful completion of the Foundation sessions. The last of the nine highly rated orations and lectures awarded annually were delivered on the first Saturday and the second Sunday of November. I thank each and every orator - for a job so well done. I pay tribute to the eight great legends of our medical profession, whose memory has been perpetuated by the SLMA, with some nearing the half century mark in the awarding. I would like today's generation of doctors, and those aspiring to become doctors, to spare a few minutes to update their knowledge and ponder a moment to recall the commitment and dedication with which these leaders of our own profession contributed so greatly to society in the bygone days. Each of these memorial orations have been inaugurated by yet another celebrity in the field of Medicine, often in the presence of the head of state and Sri Lanka's high officials. It is noteworthy that each of these memorable lectures has been published in the CMJ. I salute each and every member of SLMA who has worked behind the scenes to ensure such memorial lectures are held annually by the Council of the SLMA following open advertisement for seven of the orations. There being organized annually, personifies the sustained dedication of this great institution to remember its fore-fathers over many generations. It is interesting that not a single member of the female gender has been honoured by a memorial lecture. No doubt this is a reflection of the number of women presidents over 130 years being so few!

I am also happy and proud to inform you that the voice of SLMA was heard and made stronger in and around the 2018 budget speech; in terms of fiscal policies on alcohol, tobacco and sugar sweetened beverages. These outcomes did not come through a simple discussion or letter. Many SLMA members from varying fields of health voluntarily gave of their time and expertise to draft the most erudite of pleas to the government. We were given a respectful ear by many stakeholders, including the highest officials of the Ministry of Health. We are indeed grateful for their cooperation and appropriate response. Many generations of Sri Lankans will no doubt be protected from the dreaded chronic NCDs. We are also extremely relieved that the protracted crisis around private medical education with a lengthy spate of strikes has now subsided. We thank all related parties for working towards a peaceful resolution. It is my fervent hope that our profession will strive towards maintaining standards at all times with humility and continued commitment. Standards should be aimed for achieving good outcomes that should also match the expectations of patients and their families. A medical doctor's life is a continuous learning process. Hence CPD and its quantification by all practicing doctors are very essential. The SLMA is hopeful that the medical fraternity can commit itself to maintaining their knowledge base, improve on their skills and develop professional attitudes in a cohesive manner. The SLMA is very proud in celebrating the silver jubilee of its Career Guidance Seminar for our newly qualified graduates just prior to their internship. We thank its pioneer, Past President Dr Lucian Jayasuriya for his excellent idea and the sustainable commitment for its conduct. A comprehensive overview of all specialties was enabled through the voluntary contributions of nominees of partnering colleges, associations and societies along with the PGIM.

In parallel, the new President and executive committee of the Organization of Professional Associations (OPA) met with all member associations, including the SLMA. The scope of such a networking highlights the essential need for a multi-sector approach to address health related issues that are often overlooked in our day to day work. Such a gap impacts on the discharge of our duties as professionals for the general good of our country as a whole. Areas that need our greater attention include the proposed constitutional reforms, eliminating bribery and corruption – and to have a common front in tackling them. The right to information bill and its implementation by each profession and civil society; a realistic pension scheme for the rapidly ageing population – particularly in the private sector, an agreed basic qualification for parliamentarians, trade agreements, maintaining a continuing dialogue with the government on policy decisions, where professionals are consulted well before their presentation seeking parliamentary approval. Additionally addressing gaps in the legislation, research priorities and collaborations, discussing issues such as the environment, agriculture, ethics, transparency of electoral process, good governance etc. are also very important.

That is all, about serious subjects, for the moment. A kind reminder to each and every one of our readers! Please remember to purchase your dance tickets for Friday 8th December 2017 at the Oak Room, Cinnamon Grand, Colombo. Please bring as many of your colleagues and friends to this amazingly "cool" Medical Dance! I can assure you that a rare line-up of wonderful entertainment, fun and frolic has been arranged by our highly enthusiastic and capable organizing committee. We look forward to seeing as many of you at the Medical Dance. The weekly dance practices are gathering momentum, as much as the zumba training sessions.

Yours truly,

Chandrika Wijeyaratne
President SLMA

SLMA MEDICAL DANCE 2017 ON 08TH DECEMBER @ CINNAMON GRAND COLOMBO

EXCERPT OF SPEECH MADE AT THE FOUNDATION SESSIONS

Excerpt from speech of Mr Ravi Algama, Guest of Honour at the Inauguration Ceremony of the Foundation Sessions 2017 of the Sri Lanka Medical Association on 26th October 2017 at 6.30 p.m. at the N D W Lionel Memorial Auditorium of Wijerama House:-

From my interactions with your profession during the law medical week during three or four years, as well as my many friends, classmates and school mates who now adorn your chosen field, I have come to love and respect your profession. But from a lawyer's view, there are many differences between us as well - from the classical difference that your mistake is buried 6 feet underground whilst our mistake hangs in the air (that's if you are a criminal lawyer, which I am not) to an even bigger difference that all law cases have two sides – always us against them. Whatever the other side says, you have to disagree. But in an even worse case, at around the same time, you may have to shift your allegiance to the other side of the argument, and argue that way just as skillfully. You, fortunately have only one side - the welfare of the patient.

We lawyers go through life knowing that we are complained about and mistrusted. We are seen as a cliquish group, who usually look out for our own at the expense of those outside. Our fees, even reasonable ones, are seen as extortionate. For all these and other reasons, lawyers not just here but worldwide, are the targets of an enormous amount of resentment. Much of that resentment is well deserved. Those of you who have had the misfortune of a legal battle, will understand very well what I am saying.

The public has, however, from time immemorial, been the beneficiaries of the knowledge and expertise of your profession. You are aware that the citizenry of our beautiful country and more particularly patients are so dependent on your profession that your members are considered demi-gods in their eyes. Only a small percentage of them have legal battles, but everyone falls sick. You have for so long, held their lives and their well-being in your precious hands. We pay taxes to educate you and the nation takes loans for the same purpose. It's a trusted and fiduciary relationship your patients enjoy with members of your profession.

I wish to first take a moment to express how grateful I personally am for all the hard working members of your profession who put their patients first and uphold the Hippocratic Oath, sometimes at the cost of losing sleep, missing holidays and overlooking their social and family life. We truly appreciate your valuable contribution to society. As in law, however, there is an exception, which is what I am going to speak to you about, and you guessed right - I am not making this speech to make friends.

George Bernard Shaw once said "All professions are conspiracies against the laity". Even though this may not have been true of the public perception of your profession all this time, from recently many Sri Lankans – may be most Sri Lankans, have entertained negative feelings towards the men and women who make up your profession. I am very sad at this development, and have been at places where doctors have come up against strong condemnation, even unfairly.

The beautiful relationship the common people had with doctors has been adversely affected largely due to the GMOA's trade union action on the issue of the SAITM. To the general public who flock to government hospitals, particularly at a time of a national epidemic, the GMOA strikes were no different to the Military striking during a war or teachers striking months before the O/L or A/L examinations.

These largely helpless people remind us that doctors exist for patients and that patients do not exist for doctors or pharmaceutical companies.

Now, just pause a moment and think to yourselves, what is wrong in this scenario. It is what I might say, the disproportionately adverse impact of the trade union action weighed alongside the purpose or benefit of the action. In short, what I am trying to tell you is, the costs of your work stoppages, are borne by those who are not responsible for the solutions to the problem being agitated against.

For example, when company employees strike for higher wages, the solution is in the hands of the owners of the company. (e.g. confectionery employees striking just before a festive season like Christmas or National New year) The strike affects the profit-driven company owners. In the case of Government doctors, when they strike, the Government itself does not suffer (except, perhaps, vicariously) - only innocent patients who cannot provide the solutions suffer as a result. This is the glaring mismatch I want to invite your attention to. In my opinion, it is totally unequal.

If doctors want to impact the ruling government, I would respectfully submit that striking is not the solution. The solution is to take votes away from the Government; it is to challenge the Government through multi-pronged legal actions; it is to take long term action in preparing and sending your own pro-doctor candidates to parliament; to openly support politicians who have the genuine interest of the doctors at heart, as part of their election manifestoes. You can campaign for politicians who support your objectives. You can also make direct appeals to the public to protest on behalf of your profession, or even run powerful campaigns for patient rights and their protection from medical negligence and poorly qualified medical personnel or better facilities. You can even refuse to treat politicians, or cabinet ministers, the Prime Minister, the President – but that option may have to be rethought as many of them anyway go overseas for medical treatment!

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EXCERPT OF SPEECH...

You must hit the decision makers where it hurts them, and not the patients or the general public. By doing the latter, you undermine the priceless position of trust and respect you had from the public. What is the use of losing the support of the public while at the same time, making the government look like the victim? It only helps the government increase in popularity by demonizing your profession. So the present day strikes, as they seem to everyone else, is your own prescription for a lethal dose.

THE FORMAL LAUNCH OF THE PALLIATIVE AND END OF LIFE CARE TASK FORCE OF THE SLMA

Dr Sankha Randenikumara
Honorary Secretary
Palliative and End of Life Care Task Force,
SLMA

Within 12 months of its inception, the Palliative and End of Life Care Task Force (PELCTF) was formally launched on the 28th of October 2017 at the SLMA Auditorium.

The third day of the SLMA Foundation Sessions was fully dedicated to Palliative and End of Life care.

The day dawned with a symposium on 'End of Life Care' comprising of 3 speakers: 'An overview of end of life care' was delivered by Prof Thashi Chang, 'Diagnosing dying' by Dr Manoj Edirisooriya and 'Ethical consideration in end of life care' by Dr Clifford Perera.

The formal launch commenced with the arrival of the distinguished guests including Chief Guest, Director General of Health Services – Dr JMW Jayasundara Bandara. They were warmly welcomed by Prof Chandrika Wijeyaratne, President of the SLMA and the officials of the Task Force. Following the national anthem and lighting of the traditional oil lamp, the welcome address was delivered by the President, SLMA. The Chairperson of the Task Force, Dr Dilhar Samaraweera then addressed the gathering. Dr Udayangani Ramadasa, Convenor of the Task Force outlined on 'What is Palliative Care?' Dr Hemantha Kumarihamy, the coordinator of the palliative care stall at the exhibition organized by the Ceylon College of Physicians in July 2017, briefed regarding the public response received at the exhibition. Dr Sudharshani Wasalathanthri, Hony. Secretary of the SLMA presented the message sent by Mr Janaka Sugathadasa, Secretary, Ministry of Health, Nutrition and Indigenous Medicine. The Director General of Health Services pledged to extend his maximum support to develop palliative care in Sri Lanka.

The first major output of the Task Force was the launch of the 'Palliative care manual for management of non-cancer patients - a guide for healthcare professionals'. This manual will be invaluable to healthcare professionals in practicing palliative care in day-to-day life. Emeritus Professor Antoinette Perera and Dr Kanishka Karunarathne elaborated on the contents of the guidebook.

The affiliated web page of the SLMA website for the PELCTF was launched in parallel to the book by the Director General of Health Services, Dr Jayasundara Bandara. The Task Force members were presented with tokens of appreciation for their dedication and support towards the development of palliative care services in Sri Lanka.

The formal launching ceremony of the PELCTF was concluded with the vote of thanks delivered by the Secretary of the Task Force Dr Sankha Randenikumara.

An interactive session with role plays on 'communication skills' was conducted by Dr Shyamalee Samaranayake and Dr Sankha Randenikumara prior to lunch.

A post-lunch lecture series was then conducted on the topics, 'Palliative care for chronic respiratory diseases' by Dr Ravini Karunathilake, 'Palliative care for progressive neurological disorders' by Dr Gamini Pathirana and 'Palliative care for end stage cardiac diseases' by Dr Chinthaka Hathlahawatte.

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PAST PRESIDENTS OF THE SLMA

Seated Left - Right: Dr Lucian Jayasuriya, Dr Malik Fernando, Dr J B Peiris, Prof Wilfred Perera, Dr A T W P Jayawardena, Prof Priyani Soysa

Standing Left – Right: Prof Rezvi Sheriff, Dr B J C Perera, Dr Suriyakanthie Amarasekera, Dr Iyanthi Abeyewickreme, Prof Anoja Fernando, Prof Ravindra Fernando, Prof Sanath P Lamabadusuriya, Prof Jennifer Perera, Prof Vajira HW Dissanayake

Absent: Prof Gita Fernando, Prof Lalitha Mendis, Prof A H Sheriffdeen, Dr Lakshman Ranasinghe, Dr Preethi Wijegoonewardene, Dr C G Uragoda, Prof Nimal Senanayake, Prof Colvin Goonaratna, Dr Sunil Seneviratne Epa, Dr Dennis J Aloysius, Prof Narada Warnasuriya, Dr Palitha Abeykoon

SLMA CONTINUING PROFESSIONAL DEVELOPMENT (CPD) WEBSITE

CPD is a continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve their competencies and performance in diverse professional environments.

SLMA has pledged its commitment to CPD in its five-year strategic plan for year 2015-2020 by enlisting CPD as a key initiative.

In 2017, SLMA initiated the CPD portal with the aim of providing equal opportunity for all medical professionals dispersed around the country. It provides access to a number of learning activities conducted by the SLMA as a series of video lectures and interactive quizzes.

The CPD portal was started in April 2017 uploading the monthly SLMA update lecture series. The complete lecture with synchronized audio and power point slides are now available for eight update lectures.

The topics are: Leprosy, Yellow fever, Death dying and dignity, Cardiovascular disease epidemiology, Therapeutic options in atrial fibrillation, Prevention of cervical cancer, Management of community acquired common skin diseases, Protect your bones and your future.

Some resource persons have provided MCQs on the lecture topic.

There is also a discussion forum that allows you to ask questions and make any comments.

In addition to the update lectures, we are in the process of uploading some of the plenary lectures given at the 2017 SLMA annual sessions.

Access the CPD portal from the SLMA website by clicking on the CPD banner.

The direct link is https://slma.moodle.school/login/index.php

This CPD facility is available to all SLMA members free of charge. However members are required to obtain a password for access.

Please email the SLMA office giving the following details.

1) Name 2) Email 3) SLMC number.

The SLMA office will check your name and the SLMC number on the SLMC website.You will receive an email from the CPD site giving you a password that can be changed at the time of the first login.

Hope you will use the CPD portal and give us your valuable feedback.

CPD Committee

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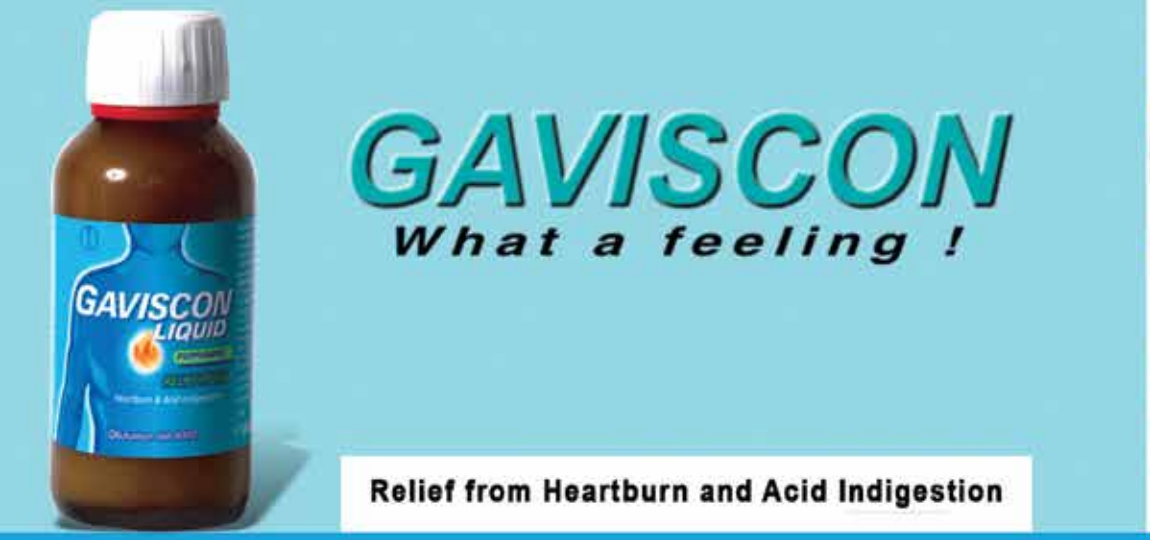

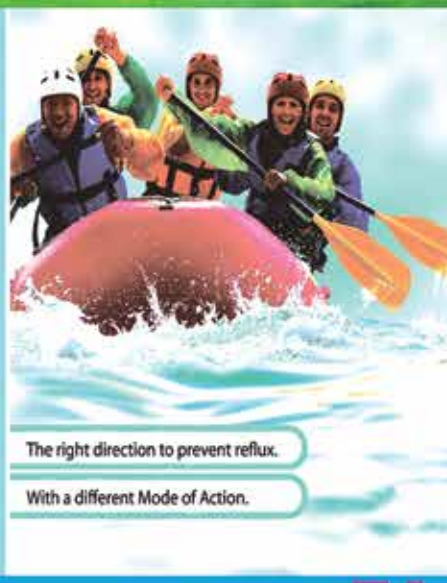

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NATIONAL INITIATIVE TO REINFORCE AND ORGANIZE GENERAL DIABETES CARE IN SRI LANKA

(NIROGI Lanka Project of the Sri Lanka Medical Association)

The NIROGI Lanka project, which was funded by the World Diabetes Foundation (WDF) since 2009 (Phases I and II) has shown excellent outcomes in providing a nationally relevant model for tackling the NCD burden in Sri Lanka. Currently, Phase III of the project is in process with remarkable achievements being made in 2017.

Phase III of the project started in September 2016. It is funded by the World Diabetes Foundation and Second Health Sector Development Project (SHSDP) of the Ministry of Health. The proposed work is expected to produce a sustainable and applicable health promotional model operational within its own cultural and social differentials in each district and that would cascade towards a nationally relevant sustainable programme in the entire island. It is further expected to help the policy makers and planners to adopt the same model throughout the country for prevention of NCDs, particularly under the new primary healthcare reforms undertaken by the Ministry of Health (MoH) with special emphasis on tackling NCDs, establishment of a dedicated 'NCD Bureau' in the MoH in the near future for tackling NCDs in Sri Lanka.

The first step of the process was to recruit health promotion officers (HPO) to the selected 6 districts (Colombo, Kandy, Kurunegala, Ratnapura, Kalutara, Galle) and setting up of a central level office for coordination of the activity. Health promotion settings are consisting of workplaces (MOH, AGA office, Pradeshiya Saba, private sector, etc.) schools and low-income community settings (sports clubs, 'MARANADARA SAMITHI', Elders' committee, Mau Samaja, etc.).

In the first phase 984 activities have been successfully conducted in 58 workplaces, 90 Community based organizations (CBO) and 16 schools. It was highlighted that in certain settings as much as 3 programmes per month (instead of the usual one) were conducted. In addition, 699 activists and 219 employees have been trained.

In this programme a number of key health promotion activities were included,

- Introduction of the project and HPOs
- Discussions on NCD burden of Sri Lanka with special emphasis on the main 4 NCDs, 4 risk factors, 4 risk conditions, measuring risk conditions and how to change the risk factors
- Exemplifying previous project activities,
- Initiating exercise within households which includes basic aerobic steps and hand movements and creating 30 minute aerobic sessions with the group.

Initiating dietary practices within households, together with the above activities were done in the HPO settings every week and followed up through educational short messages in collaboration with a leading telecommunication company in Sri Lanka.

Further to the activities at the HPO setting, at the central level, a health promotion manual and guideline on MOH level implementation of health promotion activities were prepared by a team of experts. Several capacity building programmes were also done for the HPOs. At the district level, training of trainers and health services reorientation programmes for health and non-health staff on health promotion and NCD prevention were done by a team of experts.

Health Promotion Officers are a new category based in the public health services. Trained HPOs are expected to conduct the health promoting activities at grassroot level under the supervision of the MOH.

Health education materials developed for health promotion:

- Health Promotion Manual
- Healthy cooking book
- Health promotion leaflets and Flip charts
- HP DVDs on exercise
- HP documentary video
- Health messages disseminated through SMS in collaboration with a mass telecommunication network

Recruitment of Health Promotion Officers – First Group

District	Number of MOH areas
Kaluthara	6 MOH areas
Colombo	5 MOH areas
	Colombo CMC area
Ratnapura	3 MOH areas
Kandy	4 MOH areas
Galle	5 MOH areas
Kurunegala	3 MOH areas

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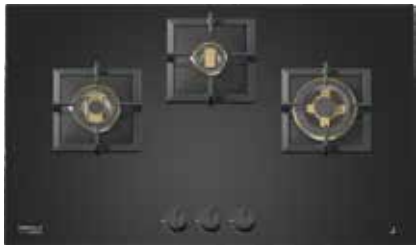

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NATIONAL INITIATIVE TO...

These activities are monitored through monthly reviews, MOH reviews, district level reviews and central level/provincial level showcasing.

The latest showcasing was done in the Sabaragamuwa province as a provincial programme organized by the NIROGI Lanka project. It was conducted in collaboration with the Provincial Sport Development Department, on the 14th of November 2017 at the Provincial Council Auditorium Sabaragamuwa. In this programme, 150 participants from Provincial Council Ministries, MoH office representatives and community representatives participated where a health education lecture on NCDs was conducted by Dr Palitha Karunapema, Chairperson NIROGI Lanka project. In addition, an aerobic demonstration session was conducted by HPO Mr Nalin Kumara and a health education lecture was done by Medical Officer planning of RDHS office, Rathnapura district on Diabetes and its prevention.

This project done under the Phase III programme has achieved great success for the betterment of health services in Sri Lanka and is hoping to widen the capacity through developing cardre in the health services in the near future with collaboration and patronage of the Ministry of Health, Nutrition and Indigenous Medicine.

In this programme, 150 participants from Provincial Council Ministries, MoH office representatives and community representatives participated where a health education lecture on NCDs was conducted by Dr Palitha Karunapema, Chairperson NIROGI Lanka project.

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Joint Regional Meeting
Sri Lanka Medical Association
In Collaboration with the Jaffna Medical Association

Dr. Bhanuja Wijayatilaka
Assistant Secretary / SLMA

It is a pleasure to inform that Sri Lanka Medical Association (SLMA) completed another successful regional meeting in collaboration with the Jaffna Medical Association (JMA) held over two days in Jaffna. The main clinical meeting was held on 21st September 2017 at the Medical Student's Hostel Auditorium with the participation of around 100 medical professionals. This was preceded by a clinical symposium held the day before on 'Bites and Stings', organized by Dr Malik Fernando, at the Valampuri Hotel. The symposium concluded after the talk on 'Healthy Eating' followed by fellowship and dinner. Dr Ajini Arsalingam, Consultant Neurologist from the Teaching Hospital Jaffna, organized the entire meeting and without her this programme would not have been a reality. Ten SLMA members, including the Hon. President, Secretary and Treasurer participated in the event.

The symposium commenced following the national anthem and lightning of the oil lamp. President SLMA, Professor Chandrika Wijeyaratne and President JMA, Dr A Sritharan welcomed the gathering. President SLMA made a brief introduction about the SLMA and explained its role with regard to the medical profession. President JMA introduced the JMA as one of the oldest medical associations in the country and some of its landmarks. The symposium included three sessions on 'Bites and Stings' delivered by Dr V Sujanitha, Consultant Physician, Teaching Hospital, Jaffna; Dr Gitanjali Sathiyadas, Senior Lecturer in Paediatrics & Honorary Consultant Paediatrician, Teaching Hospital Jaffna; Dr A Ragupathy, Consultant Physician, Base Hospital Tellipallai and one session on 'Healthy Eating through Food Based Dietary Guidelines' delivered by Dr Bhanuja S Wijayatilaka, Consultant Community Physician, Nutrition Division, Ministry of Health, Nutrition and Indigenous Medicine. The closing remarks were carried out by Dr Sudharshani Wasalathanthri, Secretary SLMA.

The symposium included a special event, the launching of books on Dementia written by Dr Ajini Arsalingam, Consultant Neurologist, Teaching Hospital Jaffna and launching of its Sinhala translation by Dr Achala Jayathilaka, Senior Lecturer, Post Graduate Institute of Medicine, University of Colombo.

The main clinical meeting held on 21st September too commenced with the national anthem and lightning of the oil lamp. The gathering was welcomed by the Presidents of SLMA and JMA. The programme included diverse topics delivered by Dr S M P P Premaratne, Consultant Cardiologist, Teaching Hospital Jaffna, Dr Yasas Abeywickrama, Consultant Plastic Surgeon, Colombo South Teaching Hospital, Dr A Arsalingam, Consultant Neurologist, Teaching Hospital Jaffna, Dr G J Pratheepan, Consultant Physician, Teaching Hospital Jaffna, Dr N Rajendra, Consultant Radiologist, Base Hospital Tellipallai, Dr Ranga Weerakkody, Consultant Nephrologist, Teaching Hospital Jaffna and Dr Rukmal Gunatilake, Consultant Paediatrician, Base Hospital Point-Pedro. The session concluded with closing remarks by Dr T Sharma, Secretary JMA, followed thereafter by lunch.

The coordination and support provided by the Presidents of SLMA and JMA, Dean, Jaffna Medical Faculty, Director, Teaching Hospital Jaffna, and the staff of the hospital including doctors, nursing officers and medical students are greatly appreciated.





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JOINT REGIONAL MEETING...

OPTIMIZING RATIONAL DRUG PRESCRIBING FOR DIABETES IN A LOWER-MIDDLE INCOME COUNTRY

(Based on the presentation made at 1st Belt and Road International Diabetes Forum in Chongqing, China)

Professor Chandanie Wanigatunge
Vice President / SLMA

Diabetes is now a pandemic. Despite being a disease of both the affluent and the impoverished, 77% of the world's diabetics live in low and middle-income countries. Adults (20-79 years) with diabetes globally, are expected to increase by 45% by 2040 [1]. With increasing life expectancy, a greater number of diabetics with multiple comorbidities will prevail upon the state health care systems, thus stretching the national resources to the maximum.

Sri Lanka is a lower-middle income country with a national prevalence of diabetes of 8.9%. Most of the country's diabetics live in urban areas where the prevalence is 16.4% while it is 8.7% in rural areas. The prevalence of prediabetes is similar in both – 13.6% in urban and 11.0% in rural areas. One in five adults over 20 years is dysglycaemic and the projected prevalence of diabetes for 2030 is 13.9% [2]. The rapidly increasing elderly population where 25% of the country's population by 2040 is expected to be over 60 years, will add to the burden of costs in health care.

Management of diabetes is challenging, and is more so in Sri Lanka which is a multi-cultural society with varying life styles and dietary habits and very limited resources for a chronic care model, with self-management being the focus for a lifestyle disease. The rational use of medicines which involves appropriate selection of medicines to each individual based on indications, safety and convenience is made more complicated by the issues pertaining to availability and affordability of medicines in such a setting.

Although the state provides free health care for all, nearly 50 % of the population seek the ambulatory care from the private sector. When the required medicines and investigations are unavailable in the state sector institutions, these too are obtained from the private sector. Both these result in a significant out of pocket expenses, the majority of which can be ill afforded by the people who will then have to reallocate finances from another household expense.

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OPTIMIZING RATIONAL DRUG...

Sri Lanka has a wide variety of antidiabetics registered with the National Medicines Regulatory Authority. Numerous brands of metformin, sulphonylureas, acarbose, glinides, glitazones and gliptins are among the oral antidiabetics registered. Many different types and brands of insulins registered add to the armament of medicines available to treat diabetes. Although not registered, dapagliflozin is also available in the market. The prices vary widely between brands.

National surveys show that despite being in the essential medicines list, the availability of insulins – both soluble and biphasic – is inadequate in both the state and private sectors [3].

Diabetes is usually associated with hypertension, dyslipidaemia and ischaemic heart disease and needs a multi-risk factor approach in the prescription of medicines. If patients have to buy medicines for all these diseases, there is a high possibility that they would not be taken as prescribed and compliance will be affected. Poor compliance will adversely affect the glycaemic control which in turn will lead to an increase in both micro and macrovascular complications with increasing morbidity and mortality. These in turn will further escalate the health care costs associated with the disease. Given that the dysglycaemia and co-morbidity risk factors commence from a young adult age among South Asians, the morbidity related affection of productivity of a country further magnifies the overall cost to the country and its development.

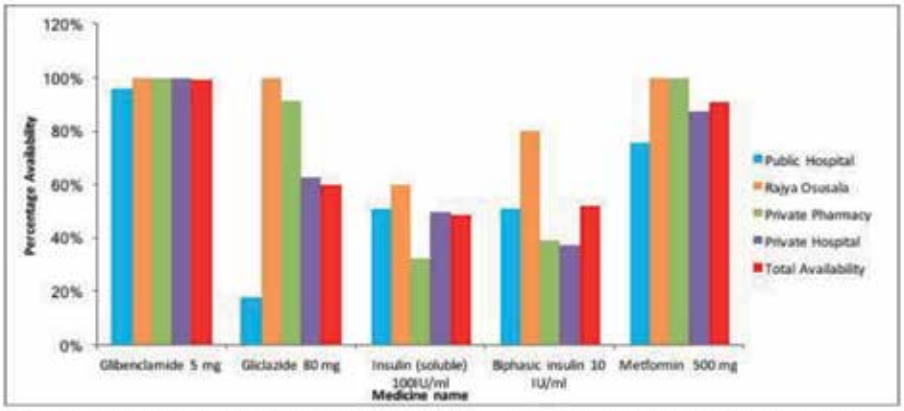

Figure 1- Availability of essential antidiabetic medicines in Sri Lanka (4)

The survey also showed that insulin is not affordable to the majority if they are to be bought from private pharmacies, even if low prices generics (LPGs) are purchased. The perceived "poor" quality of LPGs, despite lack of evidence to support these claims, results in a reluctance in both the prescribers in prescribing and the patients in buying LPGs.

Therefore, it is imperative that non-pharmacological measures are used optimally to minimise the use of medicines by reducing both the dose required and the number of medicines needed. Dietary modifications and life style changes are important, yet often overlooked aspects in the management of diabetics in a busy out-patient setting. This requires a multi-disciplinary commitment with an individualized approach.

Medicine/ combinations	Daily wages needed to buy a month's supply of LPG	Daily wages needed to buy a month's supply of originator brand (OB)
Metformin	0.329097	3.836789
Gliclazide	1.023411	3.411371
Glibenclamide	0.105351	0.626087
metformin + gliclazide	1.352508	7.248161
metformin + biphasic insulin	9.693645	13.20134

(Daily wage of lowest paid worker – Rs 350.00)

Table 1: Affordability of selected antidiabetic medicines

Ayurvedic and traditional physicians have used herbs to treat diabetes for centuries and about 126 plants belonging to 51 families are said to have antidiabetic properties [4]. There is emerging evidence to suggest that traditional rice based porridges such as "kola kenda" with some of these plant extracts (e.g. Scorparia dlucis/ wal koththamalli) have hypoglycaemic properties and can be used as breakfast foods [5]. Kola kenda is a popular breakfast food, especially among rural Sri Lankans and can be used to supplement the diet of diabetics. Functional foods such as mushrooms [6] also have similar effects. Both these have undergone exploratory clinical trials in humans but need large scale studies to be of greater value to our people.

SLMA's flagship project- the Nirogi Lanka project funded by the World Diabetes Foundation which started in 2009, provided capacity-building to establish a cohort of "diabetes educator nursing officers" (DENOs). The first of its kind in Sri Lanka, this cohort of DENOs helped to improve the quality of care provided to diabetics and also strengthened the primary prevention of diabetes and cardiovascular risks by a family and community approach with a shift of focus towards primary care. Early detection of at-risk groups such as universal screening of pregnant women, providing support for those with diabetic related foot deformities and high-risk status and training health-promotion volunteers from the informal sectors to empower the community at work, school and community settings have been the major components of the Nirogi Lanka Project. The project made use of the existing health systems to implement these changes effectively.

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OPTIMIZING RATIONAL DRUG...

In an effort to control the increasing prevalence of diabetes, the government of Sri Lanka has commenced disseminating health messages to children and adults on healthy living. While there is an operational plan/policy to control diabetes, Sri Lanka is yet to develop such a plan to combat obesity, which usually co-exists with diabetes. The practice guidelines need to be updated and implemented with measures taken to ensure greater acceptance by practicing physicians. A rational, cost effective and user-friendly algorithm for pharmacological management with regular updates by a multi-specialty group linked to a national registry of medicine usage and diabetes outcome data is the need of the hour.

In conclusion, managing a multi-faceted disease like diabetes is extremely challenging in a resource limited setting. While appropriate use of medicines is an important tool, the key to success remains in maximum utilization of existing health care facilities and infrastructure and ensuring healthy dietary and life style habits. with an emphasis towards self-care at primary care level.

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BELT AND ROAD INTERNATIONAL DIABETES CONFERENCE IN CHINA

Dr Achala Balasuriya
Treasurer / SLMA

The Chinese Diabetes Society held the first BELT and ROAD International Diabetes Forum in Chongqing China on 21-22nd November 2017 and the Sri Lanka Medical Association was formally invited by the President of the Chinese Diabetes Society (CDS) as a gesture of goodwill understanding between the SLMA and CDS based on the MoU signed between the two organizations. Belt and Road Initiative refers to the Silk Road Economic Belt and the 21st century maritime concept of enhancing economic cooperation and socio-cultural exchanges along the Belt and Road routes. Furthermore, this initiative is important in promoting close bonds among the nations in terms of sharing mutual knowledge and experiences in the areas of

health, education, science and technology as well as people to people exchanges.

The SLMA delegation comprised Prof Chandrika Wijayaratne (President SLMA), Prof Chandanie Wanigatunga (Vice President), Dr Achala Balasuriya (Treasurer) and Dr Chaminda Garusingha. The delegation had a very fruitful round table discussion with Prof Weiping Jia the President of CDS with regard to promoting cooperation between the two nations and strengthening academic activities of mutual benefit in terms of postgraduate training programmes and research related to diabetes in the coming years.

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BELT AND ROAD...

Furthermore, President of CDS pledged her fullest support for this venture considering the fact that Diabetes is a global epidemic with the brunt of disease felt heavily by countries with a growing elderly population. President-Elect of the IDF-WPR Dr Linong Ji invited Sri Lanka to actively get involved in IDF activities and especially to join the IDF conference in Shanghai, China in 2019. Prof Chandanie Wanigatunga, Professor of Pharmacology at the University of Sri Jayewardenepura delivered a presentation on the topic "Rational drug prescribing for diabetes in a lower middle income country from South Asia". Presentations were also made by delegates from Cambodia, Kazakhstan, North Korea, South Korea, Russia and Hong Kong.

UNKNOWN CO-PLAYERS IN HEALTHCARE: RECOGNIZING THE AVAILABLE SERVICES OF THE PUBLIC-HEALTH SECTOR

Mahesh PKB[1], Arnold SM[2], Gunathunga MW[3], Weragoda J[4]

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[3]Professor in Community Medicine, Department of Community Medicine, Faculty of Medicine, University of Colombo

[4]Consultant Community Physician, Office of RDHS, Colombo

1. Health, well-being and public health

The definition of health of the World Health Organization goes as "a state of complete physical, mental and social-wellbeing and not merely the absence of disease or infirmity"[1]. It shows that a health system must target, not only "curing diseases" but also improving the "well-being" of people. Due to the fact that health is influenced by many societal-factors, raising a person's well-being, needs interventions delivered outside hospitals too. These include aspects like identification of risk factors, planning interventions at community level, surveillance of health-related conditions, provision of domiciliary care, health promotion, monitoring and evaluation of health interventions. Such services, which target achieving societal-conditions in which people are healthy, are traditionally termed as "public health services"[2].

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In other words, these services most of the time focus on societal-level implementation through "organized-community efforts"[3]. Furthermore, these services concern on the denominators of the health conditions and strive for more health-related gains. These are driving forces of health, especially in developing countries[4].

2. Public health organization

Sri Lanka is blessed with a well-established public-health system[5]. The public health organization in Sri Lanka can be described under the national (central), provincial, district (regional) and divisional levels. To deliver the services at the latter level, Sri Lanka is divided into geographical areas termed as Medical-Officer of Health (MOH) areas. In other words in Sri Lanka, each; temple, house, school, hotel and each person belongs to one particular MOH area. The team of MOH area is led by MOH and Additional MOH (AMOH) who will be one or more in number. Other supervisory officers of MOH offices include; Public Health Nursing Sister (PHNS), Supervisory Public Health Midwife (SPHM) and Supervisory Public Health Inspector (SPHI). Under the guidance of medical officers and other supervisory staff, grass root field staff members are involved in delivery of services. Of the grass root field staff, Public Health Midwife (PHM) is involved mainly in maternal and childcare services and Public Health Inspector (PHI) on disease control, environment and occupational health services[6]. In addition to them, many other staff categories are attached to MOH offices including those providing dental services.

Administratively, most of the MOH areas are under the Regional Directors of Health Services. District level officers who are found in relation to public health include Medical-Officer-Maternal & Child-Health (MOMCH) and Regional Epidemiologist (RE). At the district, provincial and national levels the public health staff are guided by the Consultant Community Physicians. Family Health Bureau and Epidemiology Unit are the key stakeholders at the national level who co-ordinate these services island-wide. Health Promotion Bureau (previously known as Health Education Bureau) intervenes where relevant. In addition, there are numerous Public Health Special Programs and Campaigns which deliver the services comprehensively throughout the country.

3. Services available through MOH offices

Let us discuss the services which are available through the MOH offices. The maternal and childcare services are delivered according to the life-cycle approach.

3.1 Pre-pregnancy and pregnancy related services

All eligible families are registered by the PHM in her area. Newly married couples are invited to participate in educational-sessions which would cover all essentials in MCH that parents-to-be should know. They can get a free medical screening and folic acid three months prior to pregnancy. If not been vaccinated against Rubella, it is given with a minimum of three months gap with the pregnancy. Once pregnant, the PHM registers the pregnant mother and issues her the pregnancy record. With the registration, the pregnant mother is eligible to get all the services free-of-charge which include; iron, calcium, folic acid, tetanus toxoid, worm treatments, fetal-movement-monitoring charts and Thriposha (a nutrition supplement) etc., according to the relevant gestational age. The pregnant mothers are given "shared-care" by the hospital clinics and MOH field clinics. At the field clinics, she can undergo free investigations like hemoglobin level, VDRL, testing for HIV, urine for sugar, urine for protein and on some occasions, testing for blood sugar. Dental referrals are done. Each pregnant mother with her husband is expected to participate in three well-planned health educational sessions. The PHM would visit a low-risk mother in her home three times to ensure her well-being.

3.2 Services for the newborn and the new mother

Once the baby is born and discharged from the hospital, the PHM will do four home-visits in which she will examine the mother and baby. Both mother and the baby would be seen by the MOH/AMOH at the post-natal clinic at one month of delivery. Mother continues to get Thriposha and micro-nutritional supplements throughout the exclusive breast feeding period of six months. The part B of the child's Child Health Development Record is retained by the PHM and records related to the newborn are maintained.

3.3 Services to the children up to five years

All children freely get vaccines according to the Expanded Programme of Immunization through the MOH offices (At 2 months, 4 months, 6 months, 9 months, 12 months, 18 months, 36 months and 60 months). The cold chain of the vaccines are well maintained by the MOH offices. Under the growth monitoring services, each child is weighed once a month up to two years and from there onwards once in three months. Length is measured at 4, 9, 12 and 18 months and height from then onwards once in 6 months. If there is growth faltering, these measurements become more frequent. All children are given multiple-micro-nutrients and Vitamin A mega-doses. Public health staff members are trained on nutritional counseling and early childhood care and development.

3.4 Services for school children and adolescents

Each year, under the "School Medical Inspection", children are examined in grades 1, 4, 7 and 10 when there are 200 or more children in the school.

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When there are less than 200 children, all are examined. School children are given iron, folic acid, Vitamin C, Vitamin A mega-dose, aTD vaccine and HPV vaccine in appropriate grades. In addition the schools are encouraged to thrive forwards with the "Health promoting school concept". Services for adolescents are delivered at adolescent-friendly environments and are currently being expanded.

3.5 Services for the adults

Adult women are eligible to attend the Well Women Clinics in which the pap-smear test is offered. In addition, in these clinics, screening for risk factors for non-communicable diseases, diabetes, hypertension would be done and women are empowered to carry out self-examination of the breasts. Family planning services are offered to those who need them. Contraceptive methods like; oral pills, progesterone injectables, intra-uterine contraceptive devices, sub-dermal implants and condoms are available without any cost, on cafeteria approach. Referrals are made for the permanent methods when the criteria are fulfilled. Attempts are being made to uplift the services for sub-fertile couples. Inputs are given on prevention and control of gender-based violence. Needy males and females are referred to the Healthy Lifestyle Clinics in which various services like physical examinations, blood sugar, blood cholesterol testing facilities are available. Nutritional clinics are held where any client with a nutritional problem can attend.

In addition to the above, there are many other services provided on disease control, environment and occupational health.

3.6 Services for disease control

There is a list of notifiable diseases, which must be notified to the relevant MOH office by all medical personnel when patients suspected to be with those conditions are encountered (through the "notification form"). On receipt of such notifications, the MOH office through the PHI, conducts a series of activities in confirming the notified disease and in controlling its spread. In addition to these routine surveillances, there are special surveillance activities and outbreak investigations carried out as and when necessary.

3.7 Services on environmental and occupational health

All food handling establishments are inspected and graded through the MOH office. In addition, formal and informal food sampling are done ensuring food safety. Water quality assessments are done. Issues related to the waste management and excreta-disposal are addressed. Occupational health activities are conducted which include workplace inspection. Public complaints in relation to environmental and occupational health are attended to. Contributions are given for ensuring health-related aspects of building constructions.

4. Potential ways of collaboration

As mentioned above, the public health sector contributes immensely in ensuring the well-being of the public through the MOH offices. Unfortunately, there are many gaps in the collaboration between the curative sector and public health sector in delivering these services. A better collaboration between the hospital setup and the MOH setup could benefit the public greatly. Following are some of the hints for the colleagues in the hospital setup, in order to make clients benefit from these services in a better way;

1. Be aware of the setup of public health services and of the available services for the clients from the MOH offices.
2. Advise your clients whenever possible, to get to know the MOH office, PHM and PHI to whom the area of their house has been allocated to.
3. Ask the clients to inform the MOH staff members and get their records updated if you were involved in modification of any service given to them. As an example, if you removed an intra-uterine contraceptive device which had been placed through the MOH office, ask the client to inform it to the relevant PHM, in order to update and re-plan her services to the client.
4. Keep a set of "notification forms" in your institutions (either government hospital or private practice) and notify on-suspicion without waiting for the definitive diagnosis.
5. Be aware of the health circulars pertaining to the public health services. As an example, there are some heart conditions in which the child must be vaccinated in the hospital setup. In such an instance kindly appreciate the referral made by the MOH staff.
6. Facilitate the service delivery of the public health staff in your area. As an example you may help in lobbying your neighbors to assist a dengue control activity or you may introduce the PHM to your neighbor who has come from abroad and is unaware of the public health system of Sri Lanka.
7. Collaborate with the activities of the MOH office. As an example, you may be invited to deliver a lecture in the in-service training session of the MOH office which take place once a month. Or you may be requested to attend a school medical inspection through the head of your institution. On such invitations or requests, please do not think twice in accepting.
8. Do not hesitate in applying for the vacant posts in public health sector or in entering the specialties like Community Medicine which is closely related to public health.

Being a lower-middle income country, Sri Lanka has shown promising health parameters[7]. The maternal mortality ratio has gone down closer to 30 per 100,000 live births and under-five mortality rate down to closer to 10 per 1000 live births[8]. Three of main blessings for these success have been; free healthcare, free education and having a well-organized public health infrastructure9. We can be proud that it is now only some developed countries are trying in having public health staff which we have had since a century of years ago10,11. If a hospital admission due to a condition is considered as its tip, the societal-dynamics determining the onset of that condition reflect the massive unseen portion of an iceberg. Hence, curative-services and public-health services represent two ends of the continuum of care as far as a health system is concerned.

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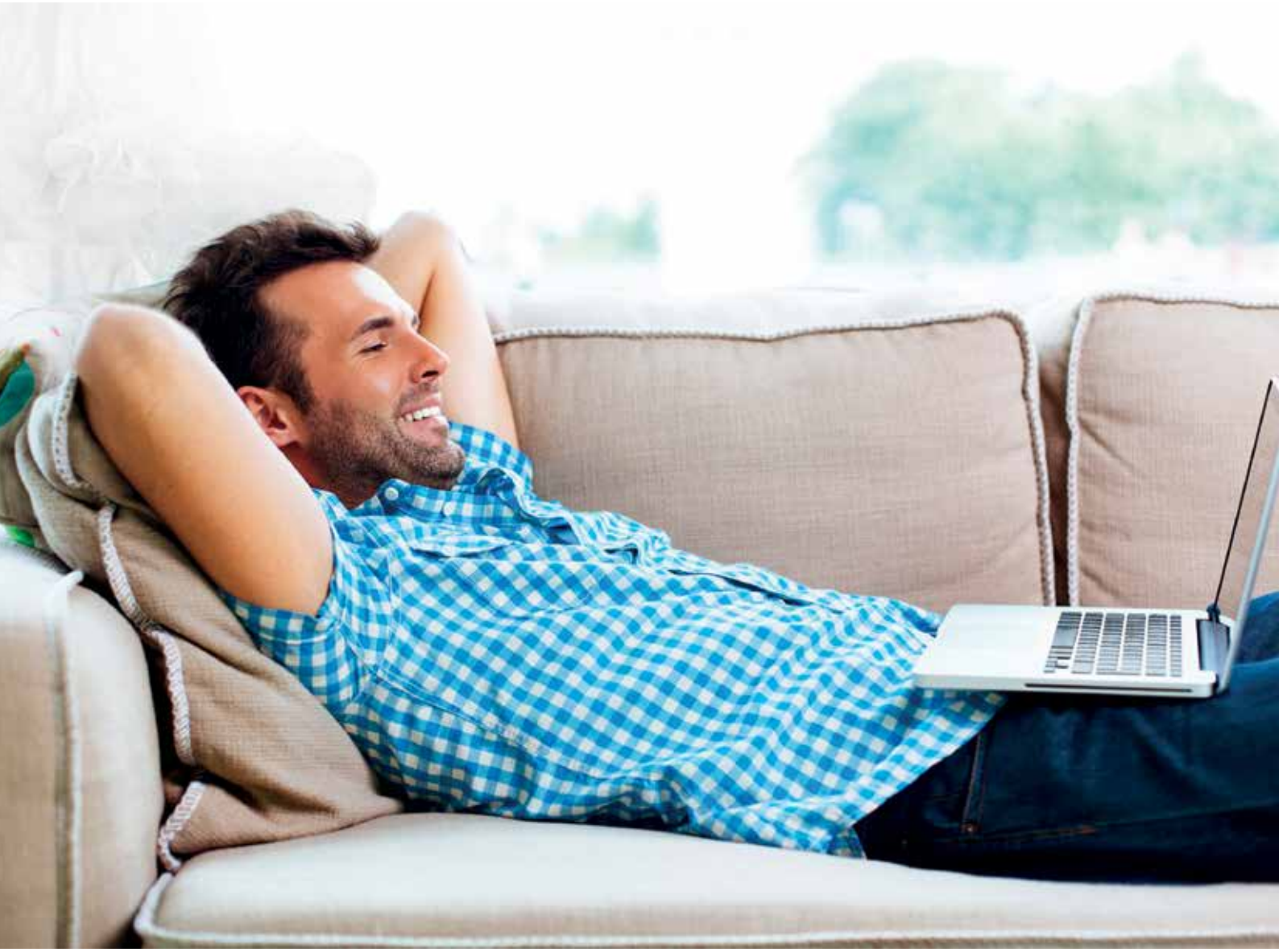

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The collaboration of the curative sector with the public health sector is essential to make "prevention better than cure" and to provide uninterrupted holistic care to the public.

N.B.: Please note that the above is not a comprehensive account on all the available public health services. There are many other services which are delivered by the MOH offices themselves. In addition many more public health services are offered through the numerous Public Health Special Programs and Campaigns.

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