



SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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SLMA Theme 2018

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

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President's Message

Dear Member,

We have concluded a scholastically very busy month of March 2018. Intellectually busy because we had the privilege of hosting 3 Guest Lectures (including a therapeutic update lecture), a Workshop on mental health and a Symposium on 'Devices: Are they always sterile?' These activities were in addition to our routine Monthly Clinical Meeting and the Regional Meeting that was held at Base Hospital Diyathalawa.

The Monthly Clinical Meeting which had 165 registered participants was a collaborative effort with the College of Anaesthesiologists and Intensivists of Sri Lanka. The Diyathalawa Regional Meeting, done in collaboration with the Ministry of Health Uva Province and the Clinical Society of Diyathalawa Base Hospital, was initiated by our Uva Provincial Representative Council Member Dr Neranjan Dissanayake. This meeting had 73 participants and was in keeping with this year's policy of conducting regional meetings at the sub-provincial level settings. The Regional Meeting also kept to the pre-agreed format of the SLMA, promoting the concept of Rational Use of Antibiotics throughout the country, in collaboration with the College of Microbiologists of Sri Lanka. The SLMA recognizes and appreciates the urgent need of disseminating this concept to its members in the provinces and is appreciative of the proactive stance taken by the College of Microbiologists on the issue from a national perspective. The meeting also had a pre-agreed lecture on the concept of Universal Health Coverage (UHC) which is the WHO World Health Day Theme for 2018. This also happens to corroborate with the essence of the SLMA's own theme for the year 2018 of achieving UHC through a primary care model of healthcare.

These activities were made possible purely due to the enthusiasm and untiring voluntary efforts of members of several Expert Committees of the SLMA and the leadership of the Office Bearers and Council Members of the SLMA to whom I am extremely thankful.

The 131st Anniversary International Congress Programme and the First Announcement has been formulated, along with deadlines for submission of abstracts and application for orations for the year 2018. Please check our website and the euBulletin for details on methods of submission of abstracts, applications for orations and updates on deadlines. The Co- Chair of the Scientific Committee, Prof Ariarane Ganathan and Dr Praveen Weeratunga, need a special word of thanks for coordinating and creating a truly holistic programme which is most appropriate for the scope of SLMA. The SLMA Run and Walk scheduled to be held on 24th June 2018 is being organized under the theme 'Eat Wise and Drop a Size'. The organizational aspects of the art competition schedules to be held in conjunction with the SLMA Run and Walk 2018, addressing the theme for school children island-wide, has already been launched in collaboration with Atlas Company; the renowned Sri Lankan stationary producers.

These two flagship events of the SLMA, needless to say, need substantial funding, which we have to obtain from wide and varied sources of sponsors. In the global and local economic context we have to justify to our sponsors what benefit they derive from partnering the SLMA. The days of sponsorship given purely on goodwill are long gone and, may I add, rightly so! This has caused us to very seriously think about choosing sponsorship partners who will reflect the values to which the SLMA is committed. This has led us to have an ever dwindling list of potential sponsors and I take this opportunity to appeal to the membership to help us in any individual or collective way in which they can to try and help us identify and obtain sponsors for this year's Annual Scientific Sessions and SLMA Run and Walk. The Council and I will welcome your kind assistance in this regard.

We had a very successful launch of the book History of Medicine in Sri Lanka 1948 to 2017 on the 25th of February 2018. The editors of the book led, by Past Presidents Dr Iyanthimala Abeyewickreme and Dr Palitha Abeykoon, presented a copy of the

book to the Honourable Minister of Health on 27th February 2018. This was on the side lines of a delegation from the SLMA paying a courtesy call on the Honourable Minister after we assumed office for the year 2018. The discussion with the Honourable Minister focused on the role of the SLMA as the apex apolitical, non-trade union and not-for-profit professional medical organization representing all grades of doctors in both the state and private sectors in Sri Lanka. The Honourable Minister was particularly interested in our role of being a platform for provision of Continuous Professional Development (CPD) to all doctors in Sri Lanka. The SLMA pointed out that since the overwhelming majority of doctors in Sri Lanka are employed by the Ministry of Health, it is these state medical employees who will stand to benefit most from the CPD platform which the SLMA has built-up over the years and is willing to offer to all doctors of Sri Lanka at no cost to the end user. The Honourable Minister appreciated the role played by the SLMA over the years in the field of CPD for doctors and expressed his willingness to further support our efforts to strengthen these activities for the benefit of state employed doctors.

The SLMA in addition to its role of organizing academic and other CPD activities for the profession must not forget its obligation towards maintaining and improving professional standards for the entire profession. It is in this context that I will conclude this month's message by appealing to all medical professionals who are not members of the SLMA to exercise your privilege to obtain membership of the SLMA and become equal partners in all our activities. That would definitely help the SLMA to maintain its role as the undisputed academic, professional, ethical and moral guardian of the medical profession in Sri Lanka.

I take this opportunity to wish all members and their families a happy, peaceful, auspicious and prosperous Sinhala and Tamil New Year.

With kind regards
Dr Ruvaiz Haniffa
President SLMA

Dr. C.G. Uragoda History of Medicine Lecture

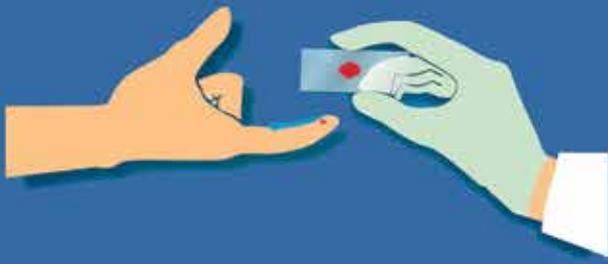
The Dr. C.G. Uragoda History of Medicine Lecture, 2018 was held on 25th February, 2018 at the Lionel Memorial Auditorium, SLMA. The lecture was delivered by Dr. Sankha Randenikumara, MBBS, PgDTox, PDAR, and SLMA council member for 2018, on the topic 'Hospital Architecture in Sri Lanka: A Historical Review'. A synopsis of the lecture is included in this issue.

A significant highlight of this prestigious event was the launch of the book titled 'History of Medicine in Sri Lanka: 1948 – 2017', a sequel to the renowned publication 'A History of Medicine in Sri Lanka from the Earliest Times to 1948' by the acclaimed medical historian Dr. C.G. Uragoda. An introduction to the book and preview were provided by members of the editorial committee, Dr. Iyanthi Abeyewickreme and Dr. Lakshman Karalliedde, respectively. Copies of the book were then ceremonially presented to Dr. Ruvaiz Haniffa, President – SLMA and other dignitaries. A detailed account of this book also appears in this issue.



Dr. C.G. Uragoda...





Reduce the Delay

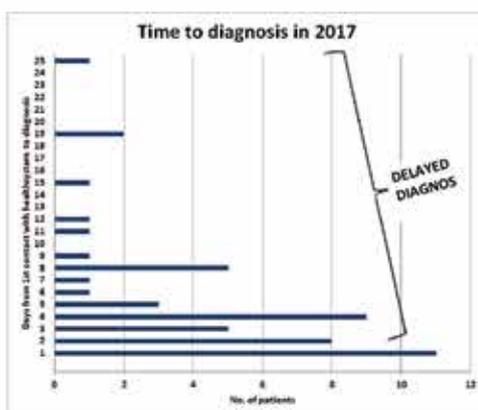
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Hospital Architecture in Sri Lanka: A Historical Review

Dr. Sankha Randenikumara
Council Member, SLMA

Abstract of the C.G. Urugoda History of Medicine Lecture delivered on 25th February, 2018 at the SLMA.

In the past, the hospital architecture in Sri Lanka was tightly integrated with the natural surroundings. The distribution of the archaeological remains of such building complexes confirms that they were also structurally coupled with Buddhist monasteries.

The spatial organization and architectural plans of well-preserved ancient hospitals were analyzed in this study to outline common characteristics of constructing hospitals in the past. The quantitative analysis of spatial dimensions and the qualitative analysis on psychological aspects of the ancient (Mihintale and Alahana Pirivena) and modern (Sri Jayewardenepura General Hospital, Wickramarachchi Ayurvedic Teaching Hospital and Asiri Central Hospital) hospital complexes have been carried out in a comparative perspective. It is intended

to make a comparative analysis between the traditional concepts of the healing culture in Sri Lanka with modern practice. Ancient hospitals were single-storied buildings located in the north-south direction, comprising two main parts; Outer treatment area and inner residential area. The treatment area included the waiting area, consulting rooms, operating and treating areas with medicinal troughs, stores, dispensary and refectory. The residential area consisted of a quadrangular courtyard with an image house with a Buddha statue placed in the centre, surrounded by cells or dormitories for inmates, opening to the courtyard. Sanitary facilities were necessarily found. This plan shows the effective use of natural ventilation required by a hospital. In contrast, modern hospitals were located in populous settings as complex multi-storied buildings. Similarities are also evident by features such as reserving accessible spaces for communal activities and using different mechanisms to maintain ample ventilation comparable to ancient hospitals. However, patient-

focused religious spaces were scarcely found in modern hospitals.

A common architectural plan was outlined for ancient Sri Lankan hospitals through a medical practitioner's perspective, which is invariably useful for archaeologists to distinguish such with the remains of other building complexes. Both similarities and differences are evident when comparing the spatial organization of the ancient hospitals and modern hospitals in Sri Lanka. Even though both groups of hospitals are designed on a similar path in following the basic principles in architecture, the importance of the psychology of healing, especially through spiritual needs, is severely neglected in modern times, when compared to the past. The results of this study may help to resolve some practical problems of planning modern hospital complexes. In addition, the insights derived from the present study will provide useful guidelines to bridge the gap between the heritage knowledge of strategic planning of hospital complexes with modern approaches to the same.

Meeting with the Minister of Health, Nutrition and Indigenous Medicine

The SLMA Council had an audience with the Minister of Health, Nutrition and Indigenous Medicine, Honourable Dr. Rajitha Senarathne as is customary for the newly elected Council at the start of the New Year. The meeting was held on 27th February 2018, at the office of the Honourable Minister of Health. The Council, headed by Dr. Ruvaiz Haniffa, President-SLMA, and several other

senior members of the Council attended the meeting.

The Honourable Minister warmly welcomed the SLMA Council. Copies of the books 'History of Medicine in Sri Lanka: 1948 – 2017' and 'The SLMA Guidelines and Information on Vaccines – 6th Edition' were presented to the Honourable Minister by the editors present at the event, Dr. Iyanthi Abeyewickrema

and Dr. Palitha Abeykoon; and Dr. Lucian Jayasuriya and Professor Jennifer Perera respectively.

Dr. Sunil Seneviratne Epa explained the Continuous Professional Development (CPD) Programme planned and initiated by the SLMA to the Honourable Minister who kindly agreed in principle to support such activities in the future.



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Prof. Rasnayaka M Mudiyanse
Professor in Paediatrics
Faculty of Medicine
University of Peradeniya

Based on the lecture delivered at the SLMA
Regional Meeting in January, 2018.

DEFINITION OF COMMUNICATION

Communication in healthcare could be defined as a process of **sharing** information, feelings, emotions and values between two or more individuals^{1,2,3} that results in a favourable **change in behaviours** of all parties. It is sharing information rather than giving or gathering information that reflect the parallel position and respect towards clients that should be demonstrated by body language, sitting position, asking open questions, respectful listening and planning conversations collaboratively. Communication involves information, knowledge, emotions and values that are important in routine clinical practice, motivational interview and teamwork. The healthcare worker who does not understand, feel and communicate emotions becomes futile⁴.

BENEFITS OF DEVELOPING COMMUNICATION SKILLS

Good communication benefits patients, healthcare workers, institutions as well as the society in general. Patients are satisfied, empowered and adhere to therapeutic interventions thereby contributing to cost effective holistic care and building trust with the healthcare system in a country^{5,6}. Healthcare providers benefit, as they become more efficient and effective in sharing information. They develop collaborative care plans and become more accepted, thus avoiding confrontations and legal battles. Healthcare institutions also become popular and more cost effective, as there will be more involvement of the public in developing the system^{1,6}. Out of pocket spending will be lower and the focus would be shifted to health promotion⁷.

Good communication supports respectful and dignified healthcare that promotes patient empowerment and collaborative

planning that leads to cost effective healthcare with an emphasis on health promotion⁸. Patient centeredness and empathy support and enrich the process of communication^{7,8}.

PATIENT CENTERED MODEL

The patient centered or biopsychosocial model is the new trend in clinical practice as opposed to the biomedical or doctor centered (disease centered) model. Healthcare providers should focus on the needs and aspirations of their patients and families in their day-to-day pursuits. This is called a patient centered attitude as opposed to doctor centered or disease centered attitude where the main focus of the healthcare professional is to find out the pathological process and recommend treatment; a process that tends to marginalise the patients' wishes and aspirations^{7,8,9}. Communication is central in getting patients involved in planning their own care as well as continuity of care, leading to a trend of health promotion⁸.

EMPATHY

Empathy is an essential attribute for healthcare professionals. By definition, empathy means perceiving the predicaments of another person and being able to understand, feel, be attuned to and communicate such feelings and offer support. Therefore, empathy involves intellectual, thoughtful as well as emotional behaviour of a person with altruism and commitment to serve. Sympathy, on the other hand, involves an emotionally driven hurried action due to fear and attachment to the respective event. Empathy is an advanced behaviour that leads to professional satisfaction, whereas sympathy is a primitive reflex rooted in primitive parts of the brain. Sympathy leads to vicarious trauma while empathy contributes to professional satisfaction^{10,11,12}.

COMMUNICATION

The target of learning would be to make communication more effective, efficient and supportive. **Effective communication** refers to accuracy,

comprehensiveness and relevance of the communication to the patient as well as the doctor. **Efficiency of communication** indicates how quickly one could achieve this objective^{1,2}. **Supportiveness of communication** indicates psychosocial satisfaction offered by the conversation.

SKILLS OF COMMUNICATION

Skills of communication involve building rapport, asking questions, responding and structuring the conversation^{1,2}.

Building rapport starts with introductions and it is a stronger relationship than being just friendly. Exploring life experiences, extent of suffering or reasons for non-compliance and motivational interview need a much deeper relationship mixed with trust.

Asking questions: Opening question is the first question that initiates the conversation. Commonly used phrases include; "so tell me what brought you here today", "okay tell me what is the matter?", "okay tell me your story". It should be asked skillfully after building rapport, while indicating that you are ready to listen to the story. Once the patient has completed the story it would be best to summarize what was said by the patient to ensure that you understood the matter correctly as well as to convince the patient that you have listened and understood. After summarizing, the healthcare professional should ask whether there is anything else. This is called the **screening question**. The screening question could be repeated until the patient has said all what he needs to say.

Developing an agenda: After the opening question, effective listening and screening question, the healthcare professional should develop an agenda for conversation and confirm it with the patient. This helps to save time and organize the conversation. At the end of screening, the doctor will move on to ask more questions to explore the story in depth. Those questions include clarifications, probing, verification, close-ended questions, and leading questions^{1,2}.

CONTD. ON PAGE 12



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Doctor Patient...

Effective listening is the most difficult nevertheless the most valuable skill to develop. Worst of all is not to listen and ignore by looking away and engaging in other activities, which is rude and unacceptable for any healthcare professional. One may deceive a person by pretending to be listening, which is equally bad. Listening should be with total attention to the patient and it should be evident explicitly in body language and behaviour. Reflecting on what was communicated by expressions and interval summaries during the conversation will be very supportive and ensure patient confidence and promote divulging more information ^{1,2}.

Responding to the patient: it is vital for the healthcare professional to respond to the patients sensitively in a skillful manner. Listening is vital. Silence is a good way to express empathy if the healthcare professional is attuned with the patients' emotions. Facilitating is important, as many patients are reluctant to talk. Summarising expressions of empathy helps. Echoing and restatement are valuable expressions. Restatement is similar to paraphrasing but using the same words and tone in order to add emphasis and inviting to rethink. Clarifying and probing are essential to ensure the understanding of the entire story ^{1,2}.

Summarising the conversation at the end of each topic is a good practice to confirm as well as to demonstrate understanding. Confirmation is useful because one may not have understood what is said correctly. Demonstration that you understood is useful so that the patient is happy and confident that you have understood.

Using transitions and sign posting is a valuable skill in any conversation. This is similar to separating paragraphs in a document.

Evaluating patient's perspectives: almost all patients have their own perspectives about their illness. They have ideas, concerns, emotions, expectations and experiences (ICEEE)

Giving information should be based on an agenda developed on the patient's need as well doctor's suggestions. Manageable

chunks should be recognised and understanding should be checked at the end of each chunk.

Closure with summaries, contracting and greeting: At the end of the conversation it is vital to summarise what was talked about and allow a **last chance for questions** before suggesting a **contract**. Here the contract means that you entrust the patient to do certain things, such as doing a blood test, or adhering to a method of feeding. **Greeting** at the end of a conversation is essential in a civilized society.

PROCESS, PERCEPTION AND CONTENT OF COMMUNICATION

Communication has a content, process and perception. **Process of communication** means what we do from the beginning to the end of a session of communication.

Content of communication is what we talk, give or gather during the conversation.

Perceptions of communication are about emotions, feelings, decisions, interpretations and conclusions related to the conversation ^{1,2}.

PROCESS OF COMMUNICATION

The Calgary Cambridge model recognises a **sequential process** and a **longitudinal process** in communication. The sequential process includes, initiating the conversation, gathering information, inspection and evaluation, collaborative planning, giving information and contract and closure. The longitudinal process includes building relationships and providing a framework for conversation.

Initiating the conversation: Attention should be paid to light, sound, heat, safety, space and privacy. Doctor should start with a culturally acceptable greeting and introduction before asking the OPENING QUESTION, which should be followed by effective listening (attuned, attentive, reflective and empathetic). Summarizing and asking the screening question will be followed by setting an agenda for conversation and confirmation.

Gathering information will be based on the agenda by asking open-ended

questions on each topic in the agenda followed by asking clarifying and varying questions. Internal summaries are valuable for better understanding. Sign posting and transitions will structure the conversation. Evaluating patient's perspectives is a part of gathering information.

Examinations, inspection and evaluation of patient information will follow.

Collaborative planning and giving information should be initiated with evaluation of information needs and setting an agenda for giving information. Always give information according to the agenda in manageable chunks **and follow it with** checking for understanding. Providing an opportunity for clarifications at the end of each chunk **is important before** summarizing.

Contract and closure is the final and most important step. Collaborative planning of care and assigning a contract with an elaborate plan is important. Summarizing and handing over printed information sheets should be followed by greeting and closure.

BUILDING A RELATIONSHIP

Building of a relationship takes place throughout the conversation. Greeting, respect, care, body language, eye contact and attentive listening support the establishing and maintaining of a good relationship. Asking open-ended questions, giving explanations for your probing and clarifications, expressions of empathy, sharing thoughts, interest in patients perspectives contribute to good relationships. Collaborative planning and developing a contract in care will strengthen the established relationships.

PROVIDING A FRAMEWORK FOR CONVERSATION

The healthcare provider needs to guide the conversation initially by setting an agenda with the agreement of the patient. Sign posting and transitions, chunking and checking the information to be given and summarizing, contribute to structuring of the conversation.

HOW TO LEARN COMMUNICATION SKILLS

Becoming a good communicator is a change of behaviour that can only be achieved by acquisition of knowledge, skills and changing attitudes. Therefore, learning communication skills should incorporate multiple approaches².

- Knowledge by lectures, discussion, reading material, videos
- Skills by practising those skills with actual patients or with actors who act like real patients
- Attitudes by reflective learning and feedback from patients, teachers and colleagues
- Interpersonal skills - developing relationships at the level of rapport is a separate skill that health professionals should focus on.

Active involvement of the learner is an essential ingredient in inculcating communication skills. Learners should initiate learning by reading and listening to lectures or watching video recordings and discussions. They should practice these skills with patients and obtain feedback. At this stage, they can reflect on their strengths and weaknesses and plan what to practice in a planned teaching session with the support from a facilitator. This process is called learner centered learning. Here the teacher will not dominate but

facilitate the learning process.

What happens in an experiential learning session with simulated patients?²

The learner centered facilitator will follow steps given below in a typical experiential learning session with simulated patients. Observe the similarity with the patient centered conversation with patients².

- Attention to the environment – Space, heat, sound, light, safety and respect
- Introductions – knowing each other and building rapport. Special attention to simulated patient.
- Explain objectives of the learning/teaching session
- Asking the learning objectives of the selected learner
- Setting an agenda for learning in collaboration with the learner
- Briefing the simulated patient
- Assign the role for other participants
- **Facilitating the learner to talk with the simulated patient**
- At the end of the conversation encourage the learner to reflect on the performance
- Facilitate feedback from the simulated patient
- Feedback from colleagues and facilitator
- Allow time for questioning
- Summarizing
- Planning for further learning and contract

- Greeting and closure

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SLMA Guest Lecture

Dr. Sajith Edirisinghe

Honorary Assistant Secretary, SLMA

The second guest lecture for the year was held on 7th March, 2018 at the Lionel Memorial Auditorium of the SLMA. The lecture was delivered by Prof. Myuri Manogaran, Data and Research Analyst, Royal College of Physicians and Surgeons of Canada, who spoke on the topic "Inter-professional collaboration in the healthcare setting: lessons learnt from a case study on the Neonatal Intensive Care Unit". Approximately 75 participated in the event. The lecture was followed by a lively discussion. The session was chaired by Professor Ariarane Gnanathan, Professor in Medicine, Faculty of Medicine, University of Colombo.



SLMA Joint Clinical Meeting in collaboration with the Asiri Group of Hospitals

Dr. Sumithra Tissera

Honorary Assistant Treasurer, SLMA

Dr. Shihan Azeez

Honorary Assistant Secretary, SLMA

The second SLMA clinical meeting, organized in collaboration with the Asiri Group of Hospitals, was held at the Auditorium, Asiri Surgical Hospital, Narahenpita on 28th February, 2018. The programme commenced with the welcome address delivered by Dr. Ruvaiz Haniffa, President, SLMA and Dr. Anil Perera - Clinical Director – Asiri Surgical Hospital. The first session comprised lectures by Dr. Panduka Karunanayake, Senior Lecturer, Department of Clinical Medicine, Faculty of Medicine, Colombo on 'Medical Ethics'; Dr Chandana Kanakarathne, Consultant Elderly Care Physician, on 'End of life care and palliative care' and Prof. Vajira

Dissananyke, Professor of Anatomy, Faculty of Medicine, Colombo on 'Genetic testing in primary care settings'. The first session was chaired by Dr. Ruvaiz Haniffa and Dr. Manjula Karunaratne, Group CEO of Asiri Health.

The second session included lectures by Dr. Ananda Wijewickreme, Consultant Physician, Infectious Disease Hospital, on 'Fever and use of antibiotics and NSAIDs' and Dr Jayanthi Elwitigala, Consultant Microbiologist, National STD/ AIDS Control Programme on 'Antimicrobial resistance'. The session was chaired by Dr. Samanthi de Silva, Director-Operations, Asiri Health and Dr. Lucian Jayasuriya, Past President, SLMA.

The meeting concluded with the vote of



thanks by Dr. Harsha Baranage, Medical Director, Asiri Surgical Hospital. All participants were awarded a certificate of participation with CPD points. The meeting was sponsored by Asiri Group of Hospitals and was attended by over 100 doctors.





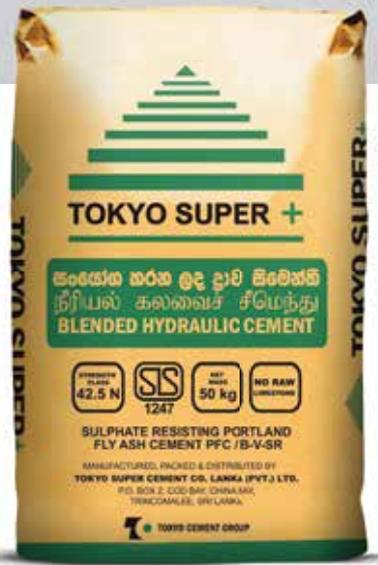
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Sensitization Programme on Palliative Care for Hospital Administrators

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

The Palliative & End of Life Care Task Force (PELCTF) of the Sri Lanka Medical Association completed its first major task: launch of a manual for management of non-cancer palliative patients, in October, 2017. Members of the task force were determined to hand over these manuals to health institutions in an organized manner. Following long discussions over a few months, a sensitization programme was organized with the blessings of the Director General of Health Services.

The event was held on 6th March, 2018 at the Lionel Memorial Auditorium, SLMA. The prime objective of this programme was to sensitize the administrators of the health sector about the importance of holistic palliative care and create awareness about its future plans. Thus, the Directors from the Ministry of Health, Provincial and District Directors of Health Services, Hospital Directors, Medical Superintendents and the Chief Nursing Officers of the respective health institutions were invited for this meeting. In addition, the Presidents of professional colleges, authors of the manual and the task force members were also present.

The meeting was chaired by Dr Thilak Siriwardena, Director NCD of the Ministry of Health together with Prof Chandrika Wijeyaratne, Immediate Past President of the SLMA. The programme started with an introduction to the PELCTF by Dr Dilhar Samaraweera, the Chairperson of the Task Force. Dr Ruvaiz Haniffa, the President of the SLMA welcomed the gathering. As the first invited speaker, the Convener of the PELCTF Dr Udayangani Ramadasa, Consultant Physician at Provincial General Hospital, Ratnapura presented a 'Review of first pilot programme on palliative care at Ratnapura' also known as the 'Ratnapura Model'. Prof Chandrika Wijeyaratne then explained the expected impact and output of distributing the palliative care manual among health care professionals. Following this introductory session, a group discussion was held in order to obtain feedback from the administrators regarding the strengths and weaknesses of implementing palliative care services in the country. During this interactive session, many invitees including institutional heads and the chief nursing officers actively participated in the discussion, freely expressing their views on starting palliative care services, practical difficulties they would face and new suggestions. There was collective agreement that starting palliative care services in Sri



Lanka in a systematic manner, was a worthy initiative despite certain legal and institutional issues. The Sri Lanka Medical Association pledged to address and find solutions for such problems, in future meetings with the Ministry of Health. Following this interactive session, Dr Clifford Perera, Consultant JMO and Head, Department of Forensic Medicine, University of Ruhuna, spoke on the topic 'What is Good Death?'. This was an interesting lecture done in both Sinhala and English languages for the benefit of the audience present. After a fruitful session, the programme adjourned with the vote of thanks by the Hony. Secretary of the PELCTF, Dr Sankha Randenikumara. Copies of the Palliative care manual for management of non-cancer patients- a guide for health care professionals were handed over to respective health care institutions according to their requirement.



Electronic Reproductive Health Information Management System (eRHMIS)

Dr. Sandhya Kaushalya Kasturiaratchi
Consultant Community Physician, Family Health Bureau, Ministry of Health

Dr. S.D.P.S. Senanayaka
Registrar in Health Informatics,
Postgraduate Institute of Medicine,
University of Colombo

Dr. Achala Upendra Jayatilleke
Senior Lecturer, Postgraduate Institute of Medicine, University of Colombo.

The Family Health Bureau (FHB), functions as the focal point for information on planning, monitoring and evaluation of national Reproductive, Maternal, Child, Adolescent, Youth Health programs (RMNCAYH) in Sri Lanka. This programme has matured over 30 years and was the primary source of national MCH and other relevant indicators. The Reproductive Health Management Information System (RHMIS), which is part of the above programme was a totally paper-based system and hence there were limitations in timeliness, completeness and accuracy of data. It had a significant negative impact on timely monitoring of MCH services in the country

as it was produced quarterly by manually prepared H509 aggregated data sheets.

In January 2017, an Electronic Reproductive Health Management Information System (eRHMIS) was developed and implemented in place of the paper-based system to manage data from Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) programmes. The system provides data access to regional, provincial and national level health authorities and allows flexible data analysis at each level.

eRHMIS was developed based on DHIS2, which is a free and open source health information management platform with a wide area of capabilities, reliability and accuracy. RMNCAYH data capture is planned to be implemented in several phases. During the year 2017 the first phase which included implementation of capturing aggregated reproductive health data from field and clinic activities in all Public Health Midwife (PHM) areas of the country was completed. During Phase 1, data entering was performed at the Medical Officer of Health (MOH) office

level. In Phase 2, the system will expand to capture adolescent and school health data in an aggregated format island wide. Individual data capturing at service provision level will be implemented in Phase 3, enabling client tracking and capturing more accurate and timely data. In the first phase, eRHMIS captured nearly 320 data elements from 6662 PHM areas and nearly 140 data elements from 4206 MCH clinics island wide. Around 100,000 data values are currently being recorded per day and nearly 2400 users are registered in the system. With the completion of implementing eRHMIS, the entire RMNCAYH paper-based information management system will be replaced with electronic data capturing extending further to capture individual data. eRHMIS was awarded at the 2nd Commonwealth Digital Health Conference under the Reproductive Health category. It was also nominated at the BMJ Awards (South Asia), 2017. The improved and timely statistics provided through eRHMIS is expected to further improve maternal and child health services in Sri Lanka.

SLMA Monthly Clinical Meeting

Dr. Sajith Edirisinghe,
Honorary Assistant Secretary-SLMA

The monthly clinical meeting of the SLMA for February, 2018, organised in collaboration with the Sri Lanka College of Haematologists, was held on 20th February 2018 at the SLMA Auditorium. The meeting started with a case discussion on thrombosis by Dr Hemali Goonasekara, Consultant Haematologist and Senior Lecturer, Faculty of Medicine, University of Colombo. Following this, she delivered a lecture on the topic 'Can thrombosis be hereditary?'. Finally, a picture quiz was conducted by Dr Senani Williams, Consultant Haematologist and Senior Lecturer, Faculty of Medicine, University of Kelaniya. The discussion was interactive and well attended by medical



officers and post graduate trainees. The meeting was chaired by Professor Ariarane Gnanathan, Professor in

Medicine, Faculty of Medicine, University of Colombo.

Professor Thambipillai Varagunam: A medical academic with a vision

By Dr. Sati Ariyanayagam,
a grateful student; 1972 - 76

Edited and arranged by Dr. B.J.C.Perera,
Supernumerary Registrar to Professor
T. Varagunam in 1972-73

When I was a medical student in the seventies, the majority of my teachers were conservative in their approach to imparting knowledge. Although they instilled the values and ethos required of a future doctor, they were reluctant to embrace the changes to develop the students nor did they make any attempt to nurture enquiring minds! Prof Varagunam, however, was an exception. He was very enthusiastic to explore new ways of learning advocated by Western academics. His enthusiasm was augmented by what he saw and learnt in Illinois, USA where he obtained his Master's Degree in Medical Education. He was a visionary, perhaps the first of its kind in the mid-sixties. Indeed and undoubtedly, better described as the doyen of medical education when he set foot in Peradeniya as a lecturer in Medicine.

On February 7, 2018 generations of past medical students lined up in Kandy to pay their last respects as the mortal remains of the late Professor Varagunam lay at the funeral parlour. A cross section of the population from many parts of Sri Lanka and across the globe mourned the passing away of the gentle giant who dedicated his lifetime serving the Faculty of Medicine, Peradeniya as Assistant Lecturer, Senior Lecturer and then, Professor of Medicine, the post he held until 1979. His achievements during this period were legendary. While chairing the division of Medicine, he took over the Medical Education Department from Professor Bibile, bringing under his wings Drs Jayawickramarajah and Palitha Abeykoon who too made their own mark in the specialty.

Thambipillai Varagunam was born in Kallady Upodai, in the Eastern Region, on November 8, 1930, and the only child of the late Mr Thambipillai and Mrs Sellathangam

Thambipillai. The former was an Assistant Medical Practitioner, and a well-known philanthropist. Young Varagunam received his early education at Govt Central College, Batticaloa, and moving to Royal College, Colombo where he excelled in academics and sports, Rugby being his forte. Entering the University of Ceylon to read medicine in 1950, he qualified in 1955 taking up training posts in Colombo North, after which he left for the UK to further his training. On completing the training with the membership of the Royal College of Physicians, Varagunam returned to Colombo to join the Department of Medicine as a lecturer.

His return coincided with the establishment of the Faculty of Medicine at Peradeniya which he chose as his base. When the late Prof Macan Markar

He was a visionary, perhaps the first of its kind in the mid-sixties. Indeed and undoubtedly, better described as the doyen of medical education...

relinquished his duties at Peradeniya the then Vice Chancellor of the University, the late Sir Nicholas Attygalle hand-picked Varagunam as the person to Chair the Department. Varagunam reciprocated the trust Sir Nicholas placed on him with his exemplary leadership and commitment. The modernization of medical education resonated well with the expectations of his students.

He married Thayalam Sabaratnam, daughter of the late Dr Sabaratnam in 1962. She has been a tower of strength to him for the last 55 years.

The Prof was a very compassionate man extremely popular among all who came in contact with him. Sudharma Vidyatilake, his former trainee house officer and my contemporary, currently a consultant haematologist recalls the days she enjoyed

sumptuous meals prepared by Mrs Varagunam at their house where the juniors would often gather. Apparently this was a routine the Prof would carry out for all his trainees.

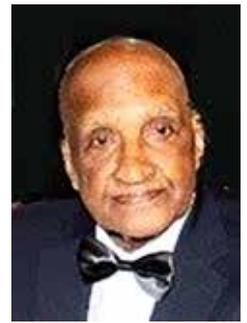
Prof Varagunam retired from the University in 1979, and then served the WHO as a consultant in Tropical Diseases for a period of ten years based in Geneva. Thereafter, when he returned to Kandy, the Government sought his help to establish the medical school in Batticaloa. This was a great opportunity for the Prof to contribute to his birthplace, as the Chancellor of the Eastern Province University.

The Prof never opted for private practice, but was more focused on rendering necessary help to the institution he served, and promoting the activities of the Peradeniya Medical School Alumni Association which he was a patron of. Troubled by peripheral neuritis he had to cut down his activities although he remained intellectually sharp retaining his sense of humour

until he was called to rest. Philanthropy was in his genes, and he donated vast acres of ancestrally owned land in Karativu for a hospital to be built for the local residents. In addition part of his property was acquired by the state for the Eastern University complex.

On February 4 2018 he succumbed to complications arising from prostate cancer. Fate was such that as the nation woke up to commemorate independence from colonial rule, his students, colleagues and patients began to grieve the loss of a great physician, a teacher, mentor and a true friend who touched several hearts.

An ebullient clinician, academic and a gentleman always displaying a pleasant disposition, Professor Varagunam enjoyed the company of his old students. I was very privileged to meet him often in the last 15



years. Last year, the Prof stuck a jubilant mood on the day I touched on his 'alma mater' days at Royal as it was of mutual interest for us. It was Rugby he wanted to discuss! He told me how he hooked the ball in 1948 to help Royal beat the Trinity Lions scoring 6-3 on the first leg and then 8-6 on the second leg, overpowering

the Lions again at their own grounds in Asgiriya to wrest the Bradby Shield. Our last meeting was at his daughter's residence in July 2017 in the UK. He returned to Kandy in Aug 2017. He leaves behind his wife Thayalam, three daughters Mira, Radha and Sita and four grandchildren.

The following immortal words of Rabindranath Tagore epitomises the life of Professor T. Varagunam.

"I slept and dreamt that life was joy.

I awoke and saw that life was service.

I acted and behold, service was joy."

May his soul rest in peace.

Bird's eye-view of a pristine publication

History of medicine in Sri Lanka 1948-2017

Dr. Iyanthi Abeyewickreme
President, SLMA 2016
On behalf of the editors

Editors

Dr. Iyanthi Abeyewickreme
Dr Palitha Abeykoon
Dr Lakshman Karalliedde
Dr Philip Veerasingham

The Oxford English Dictionary defines **history** as 'the study of past events, particularly in human affairs'. According to Wikipedia, the **history of medicine**, as practiced by trained professionals, shows how societies have changed in their approach to illness and infirmity from ancient times to the present. History of Medicine is important so that future generations will recognize and acknowledge the strides that health sciences have made and the challenges that have been overcome to be where we are today. Studying the history of medicine is inspiring and humbling. It's a reminder that what counts as "common knowledge" is always changing. It is imperative that we record our history and try to raise the professional and public awareness of our past medical achievements in their diversity and richness as it helps to know who we are and where we and our science and art came from. The work of our pioneers and their immense sacrifices and seminal contributions towards advancing the different specialties and disciplines to the highest international level that they are today, have brought immeasurable relief from disease and suffering in our country. Those achievements need to be recorded for posterity. Isaac Newton's oft quoted testimonial, "if I have seen further



than others, it is by standing upon the shoulders of giants" is very pertinent here. Dr C G Uragoda, a past president of the SLMA is undoubtedly the doyen of medical historians in Sri Lanka. 'A History of Medicine in Sri Lanka from the earliest times to 1948' by Dr Chris Uragoda was first published in 1987 when the Sri Lanka Medical Association celebrated its centenary. In his book, Dr Uragoda addresses the influence of Western Medicine, the latter being the result of occupation of our emerald isle, then known as Ceylon, by the Portuguese (1505-1656), the Dutch (1656-1796) and the British (1796-1948).

Communicable diseases were the major causes of morbidity or mortality during the period covered in the publication and descriptions of diseases such as small pox, malaria, leprosy and tuberculosis, and their management in the early years, are included.

This publication was soon out of print and in 2014, the SLMA reprinted Dr. C.G. Uragoda's "A History of Medicine in Sri Lanka". The then President of the SLMA, Dr Palitha Abeykoon in his foreword wished that the Volume be updated to include

the history of medicine in Sri Lanka in the following fifty-year period. This wish was echoed by Dr. Uragoda himself.

The President of the SLMA in 2016 submitted a proposal to the Council to undertake the task of updating and compiling the next volume of History of Medicine in Sri Lanka and the Council unanimously agreed to her proposal. The 2016 President thus made it one of her priority goals.

Dr Palitha Abeykoon, Dr Lakshman Karalliedde and Dr Philip Veerasingam agreed to be the editors of the publication along with the SLMA president of 2016. Eminent medical personnel were then invited by the editors to contribute chapters pertaining to their specialized fields of medicine. The response to the editors' invitation was very positive and encouraging. The editors adopted a policy whereby the chapter writers were given complete liberty regarding the content. Thus began the journey of documenting the history of medicine in Sri Lanka for nearly 70 years from 1948 to 2017.

CONTD. ON PAGE 20

Bird's eye-view...

The publication consists of 56 chapters that highlight the vast improvements in medicine associated with super specialization, innovative and enhanced technology, expanding administrative mechanisms and institutes to provide continuity by collating contributions from those with a track record in their chosen specialty. It is noteworthy that Dr Chris Uragoda himself contributed a chapter. The topics vary from general contributions to the major medical specialties such as medicine and surgery and their finer specialties to tropical medicine and associated health disciplines. The devastating impact of the Tsunami of 2004, management of allopathic pharmaceuticals and related policies practices and regulations, military medicine, sports medicine, renal transplantation and controversies and

research contributions of coconut in the Sri Lankan diet are just a few topics that may be of interest, particularly to non-medical readers.

It is acknowledged that there will be omissions and mistakes in the text and we apologise for the lapses. There was also some delay in keeping to schedules, but it must be recognized that compiling a book with over 50 contributors is not an easy task. Furthermore, such books generally take over a year to make any finite progress. This publication therefore, is by no means complete nor is it the end to the History of Medicine in Sri Lanka. Medical professionals are encouraged to update and revise the publication in the future.

The editors are very privileged to have been able to undertake this task on behalf of the Sri Lanka Medical Association to

present the History of Medicine in Sri Lanka from 1948 to 2017.

The Editors gratefully acknowledge all the contributors for the time and effort spent on capturing the essence of the history of their respective specialities to be included in this volume of the History of Medicine in Sri Lanka. We also wish to place on record our deep appreciation to the Regional Director of the World Health Organization South East Asia Region for providing the funds for the publication. We thank M D Gunasena & Co Printers (Pvt) Ltd for printing the History of Medicine in Sri Lanka 1948-2017.

It is hoped that this book will be of practical use, not only to those interested in the history of medicine and scholars who inquire into its evolution, but also to a much wider medical and non-medical readership of the country.

HELP is a Beautiful Four Letter Word

This is a true story of what happened in 1892 at Stanford University of the United States of America.

An 18-year-old student was struggling to pay his fees. He was an orphan. Not knowing where to turn for money, he came up with a bright idea. A friend and he decided to host a musical concert on campus to raise money for their education. They reached out to the great pianist Ignacy Jan Paderewski. His manager demanded a guaranteed fee of \$2000 for the piano recital. A deal was struck and the boys began to work to make the concert a success.

The big day arrived. Paderewski performed at Stanford. But unfortunately, they had not managed to sell enough tickets. The total collection was only \$1600. Disappointed, they went to Paderewski and explained their plight. They gave him the entire \$1600, plus a cheque for the balance \$400. They promised to honour the cheque at the soonest.

"No," said Paderewski. "This is not acceptable." He tore up the cheque, returned the \$1600 and told the two boys: "Here's the \$1600. Please deduct whatever

expenses you have incurred. Keep the money you need for your fees and just give me whatever is left". The boys were surprised, and thanked him profusely.

It was a small act of kindness. But it clearly marked out Paderewski as a great human being. Why should he help two people he did not even know? We all come across situations like this in our lives. Most of us only think "If I help them, what would happen to me?" The truly great people think, "If I don't help them, what will happen to them?" They don't do it expecting something in return. They do it because they feel it's the right thing to do. Paderewski later went on to become the Prime Minister of Poland. He was a great leader but unfortunately when the First World War began, Poland was ravaged. There were more than 1.5 million people starving in his country, and no money to feed them. Paderewski did not know where to turn for help. He reached out to the US Food and Relief Administration for help.

The head there was a man called Herbert Hoover, who later went on to become the

US President. Hoover agreed to help and quickly shipped tons of food grain to feed the starving Polish people.

A calamity was averted. Paderewski was relieved. He decided to go across to meet Hoover and personally thank him. When Paderewski began to thank Hoover for his noble gesture, Hoover quickly interjected and said, "You shouldn't be thanking me, Mr. Prime Minister. You may not remember this, but several years ago, you helped two young students go through college in the US. I was one of them."

The world is a wonderful place. What goes around comes around!

The story is of significance to our profession. 'Help' is a key word for the work ethos of a doctor.

This article was compiled by Dr. B.J.C.Perera using an e-mail sent by Professor Sanath P. Lamabadusuriya

Content confirmed from <http://youth.dadabhagwan.org/youth-in-action/glimpses-of-great-souls/ignacy-jan-paderewski-1/>.

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EXTENSION OF DEADLINE

SLMA RESEARCH AWARDS AND TRAVEL GRANTS

The deadline for applications for the following research awards and travel grants has been extended till **30th June, 2018**. Further details regarding the application process can be found on the SLMA website (www.slma.lk). All life members of the SLMA are eligible to apply.

- **CNAPT Award:** for the best research publication (article, book chapter or book) in medicine or in an allied field, published in the year 2017, for the Richard and Sheila Peiris Memorial Award.
- **GR Handy Award:** for the best publications in cardiovascular diseases published in the year 2017, for the G R Handy Memorial Award.
- **Professor Wilfred SE Perera Fund:** for financial support to attend an academic conference, provided an abstract has been selected for presentation at the event. Two travel awards will be made during 2018.
- **Glaxo Wellcome Research Award:** for research proposals on a topic related to any branch of medicine.
- **SLMA Research Grant:** for research proposals on topics related to any branch of medicine. The grant is targeted at young researchers in their early career, for proposals on applied research that could be initiated (e.g. pilot study) or completed (e.g. audit) with the grant. The project should have a supervisor.
- **Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care:** for a research project with relevance to the advancement of Intensive and Critical Care in Sri Lanka.
- **Institute for Health Policy - SLMA Research Grant:** for a research project in the areas of health economics, health systems and policy research.

Deadline for applications: 30th June, 2018

Dr. Hasini Banneheke,
Honorary Secretary,
Sri Lanka Medical Association.

For further details please contact: The Sri Lanka Medical Association, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07.
Tel: +94-112-693324, Email: office@slma.lk

IMPORTANT NOTICE

An Ordinary General Meeting of the Sri Lanka Medical Association will be held at 3.00 pm on Friday, 1st June 2018 at the Lionel Memorial Auditorium, No. 6, Wijerama Mawatha, Colombo-07.

Agenda:

1) Awarding of honorary life membership to Dr. Malik Fernando and Dr. J.B. Peiris in recognition of their services to the SLMA

2) Any other business

All members are invited to attend.

Dr. Hasini Banneheke
Honorary Secretary, SLMA

Updating of the SLMA Archives

The SLMA is in the process of updating the Archives and has been unable to obtain copies of certain valuable documents. Therefore, if the membership is in possession of and wishes to donate the following items to the SLMA, the gesture would be deeply appreciated.

- Official photograph of the SLMA Council during the years 1988 to 1994 & 1996
- Book of proceedings of the Annual International Medical Congress of the SLMA – in years prior to 2010.

The items can be handed over to Mr. D.S. Perera, Administrative Officer, SLMA, No. 6, Wijerama Mawatha, Colombo 7.

Thank you.

Dr. Hasini Banneheke
Honorary Secretary, SLMA

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



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