



# SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

APRIL 2018, VOLUME 11, ISSUE 04



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ASSOCIATION

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# President's Message

## Dear Member,

The month of April 2018 was an extremely important one for Sri Lanka and the Sri Lankan health sector in terms of international exposure. This was because the WHO made an announcement at its 142<sup>nd</sup> Session of the Executive Board held in January 2018 that the World Health Day 2018 will be celebrated in Colombo, Sri Lanka on the 6<sup>th</sup> of April 2018. In making this announcement Dr Tedros Adhanom Ghebreyesus, the Director General of the WHO had this to say “..there is no more fitting place for this event, as you know Sri Lanka has a long history of providing free healthcare for its people”. Sri Lanka of course was providing universal free access to healthcare through an extensive network of preventive and curative government healthcare facilities throughout the country since the 1930's, long before the global discourse on Universal Health Coverage/Care (UHC) started. The theme for this year's World Health Day was Universal Health Coverage: Everyone, everywhere. It was indeed a satisfying coincidence that the SLMA also had decided to make the concept of UHC through Primary Care its theme for the year 2018 by adopting the theme- Shifting focus from diseases to patients: Today's vision, tomorrow's reality.

The World Health Day event itself, held at the Nelum Pokuna Theatre, was a grand affair. It was held under the patronage of His Excellency the President, Honourable Prime Minister, Honourable Ministers of Health of The Maldives and Sri Lanka with the participation of the Director General of the WHO, the Regional Director WHO/SEAR and other distinguished invitees. The event served as a platform to showcase to the world the history of medicine in Sri Lanka and the health milestones we as a nation have achieved by adoption of the concept of UHC long before it became a buzz-word in international health circles. The SLMA had the privilege of presenting its recent publication 'The History of Medicine in Sri Lanka 1948- 2017' to the Director General of the WHO, The Regional Director WHO/SEAR and the Minister of

Health of The Maldives, on the side-lines of the World Health Day celebrations.

The Commonwealth Heads of Government Meeting (CHOGM) took place in London under the patronage of Her Majesty Queen Elizabeth II this month. Prof Vajira H W Dissanayake the President of the Commonwealth Medical Association (CMA) and a Past President of the SLMA, participated at the inauguration of this meeting at Buckingham Palace on the 19<sup>th</sup> of April 2018. Professor Dissanayake also chaired the meeting on Global Health Security and the Digital Health Society 2030 – Innovation and Investment for One Planetary Health and Universal Health Coverage, held on 20<sup>th</sup> April 2018 as a special event of CHOGM. His Excellency President Maithripala Sirisena attended the event as a Special Guest. The outcome of the meeting was a proud moment for Sri Lanka as the Commonwealth resolved that Sri Lanka should lead the Commonwealth Centre for Digital Health. On behalf of the SLMA membership I extend our congratulations to Professor Dissanayake for keeping the flag of the Sri Lankan medical fraternity flying high at this global event.

The 40<sup>th</sup> Anniversary of the Declaration of Alma-Ata also falls this year. The Alma-Ata declaration was a land mark which called for a Primary Care led approach for Universal Health Care. The WHO and the UNICEF in collaboration with the President of Kazakhstan is organizing the 2<sup>nd</sup> International Conference on Primary Health Care scheduled to be held in Astana, Kazakhstan in October this year. Member states, people, civil society and international development partners are being invited to commit to transforming this new vision into a practical reality- a reality that everyone can share, believe in, take action upon and benefit from. The WHO launched a public consultation on the new Declaration on Primary Health Care and had sought the views of member states, people and civil society. The SLMA, which took a lead role in the Health Ministry led World Bank project of Reorganising Primary Health Care in

Sri Lanka, submitted its observations and views on the draft declaration on primary care. It will be taken up for discussion by world leaders later this year.

In the meantime the routine academic activities of the SLMA continued. We had a Guest Lecture on the topic Swedish Healthcare-Reflecting Democratic Values by Prof Göran Kurlberg from the Sahlgrenska Academy, University of Gothenburg, Sweden on 3<sup>rd</sup> April. After the well-attended lecture the SLMA hosted Prof Kurlberg to a traditional Sri Lankan lunch in our meeting room. The special invitees at the lunch were Prof Carlo Fonseka and Prof Colvin Goonaratna.

Our monthly clinical meeting, held in collaboration with the College of Pulmonologists of Sri Lanka, was on the topic Diagnosis and Management of Common Interstitial Lung Diseases. The Expert Committee on Communicable Diseases of the SLMA organized a well-attended symposium on Chickungunya: Another viral fever spread by Aedes mosquitoes which was held on 26<sup>th</sup> April. The deadlines for submissions of abstracts and orations for the year expired on the 18<sup>th</sup> April 2018. We have received 277 abstracts for review and the Editors of the Ceylon Medical Journal are coordinating the review of the abstracts. I am pleased to note that the online abstract submission system is now fully operational and has increased the efficiency of the abstract submission process. Applications for the Research Awards and Travel Grants given by the SLMA and applications for the Desmond Fernando Memorial Lecture close on 30<sup>th</sup> June 2018 (Please refer SLMA web site for details). I wish to bring to the kind attention of the membership that we have called for an ordinary general meeting of the SLMA to be held on 1<sup>st</sup> June 2018 for the purpose of seeking approval of the membership to grant Honorary Life Membership to Dr Malik Fernando and Dr J B Peiris, two distinguished Past Presidents, in recognition of their services to the SLMA.

I conclude by once again reminding all members that the 131<sup>st</sup> Anniversary

International Congress of the SLMA will be held from the 26<sup>th</sup> to the 29<sup>th</sup> of July 2018 at the Galadari Hotel, Colombo and the SLMA Run and Walk 2018 under the theme 'Eat Wise and Drop a Size' is scheduled to be held on 24<sup>th</sup> June 2018 at the BMICH.

For these events to be successful, it is imperative that the SLMA membership should participate in their numbers. Please make a note of these days in your diary, if you have not already done so. I look forward to seeing all of you at both these

events.  
With kind regards,  
Dr Ruvaiz Haniffa  
President SLMA

## SLMA Monthly Clinical Meeting

Dr. Sajith Edirisinghe,  
Assistant Secretary-SLMA

The monthly clinical meeting of the SLMA for March, 2018, organised in collaboration with the College of Anaesthesiologists & Intensivists of Sri Lanka, was held on 20<sup>th</sup> March 2018 at the Lionel Memorial Auditorium, SLMA. The meeting commenced with a case discussion on 'Sepsis in Action' by Dr. Anushka Mudalige, Senior Registrar in Critical Care Medicine, National Hospital of Sri Lanka (NHSL). Following the case discussion, a review lecture on the topic 'Update in Sepsis – Fine-tuning the Management', was delivered by Prof. Vasanthi Pinto, Professor in Anaesthesiology and Critical Care, Head of Department of Anaesthesiology & Critical Care, Faculty of Medicine, University of Peradeniya. The event ended with a quiz titled "Controversies in Management of Sepsis – Your Choice" by Dr. Nuwan Ranawaka, Acting Consultant in Critical Care Medicine, Cardiology Unit, NHSL. 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.



# World Health Day 2018

**W**orld Health Day, which falls on 7<sup>th</sup> April of each year, was of special significance to Sri Lanka this year following the decision made by the Director General of the World Health Organization to visit the country on this day. The decision to celebrate the day in Sri Lanka was based on the long standing commitment of the country to Universal Health Coverage, the theme of the World Health Day this year.

The day was marked by a grand event at the Nelum Pokuna Theatre, graced by Dr. Tedros Adhanom Ghebreyesus, the Director General of the WHO, His Excellency President of Sri Lanka Maithripala Sirisena, Prime Minister of Sri Lanka Honourable Ranil Wickramasinghe, Dr. Poonam Khetrapal Singh, Regional Director WHO/SEAR, Honourable Minister of Health, Maldives, Mr. Abdulla Nazim Ibrahim, Honourable Minister of Health, Nutrition and Indigenous Medicine &

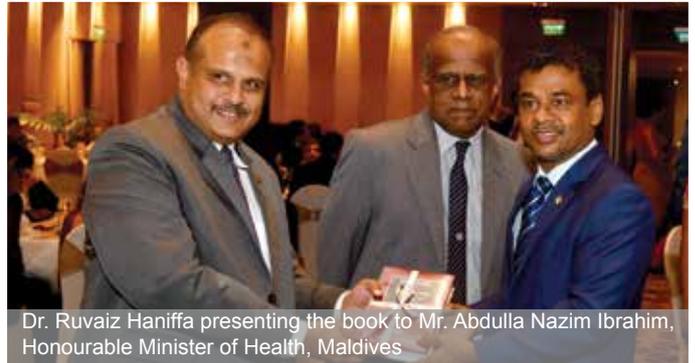


Dr. Ruvaiz Haniffa presenting the book to Dr. Poonam Khetrapal Singh, Regional Director, WHO/SEAR

Indigenous Medicine Dr. Rajitha Senaratne and several other dignitaries.

In their individual speeches, both the Director General, WHO and the Regional Director, WHO/SEAR commended Sri Lanka for its commitment to Universal Health Coverage. In her address, Dr. Singh commented, "It is fitting that this event should be held here in Sri Lanka - a country that has long championed revolutionary power & the potential of Universal Health Coverage."

The Sri Lanka Medical Association had the opportunity of presenting copies of the recent publication 'A History of Medicine in Sri Lanka – from 1948 to 2017' to both the Director General, WHO and Regional Director, WHO/SEAR at this event. These were presented by members of the Editorial Board, both Past Presidents of the SLMA, Dr. Iyanthi Abeyewickreme and Dr. Palitha Abeykoon and President SLMA, Dr. Ruvaiz Haniffa.



Dr. Ruvaiz Haniffa presenting the book to Mr. Abdulla Nazim Ibrahim, Honourable Minister of Health, Maldives



Dr. Iyanthi Abeyewickreme and Dr. Palitha Abeykoon presenting the book to Dr. Tedros Adhanom Ghebreyesus, Director General, WHO

# What are Minimum Standards in Medical Education?

Prof. Indika Karunathilake  
Head, Department of Medical Education  
Faculty of Medicine  
University of Colombo

**M**inimum Standards for Medical Education are a set of criteria and requirements to guide how medical education could be delivered in line with the global standards and health needs of the country.

The need to determine global minimum standards for medical education arose due to the rapid increase in the number of new medical schools in the last decades, many established on unacceptable grounds (e.g. some private schools "for profit").

Minimum standards for undergraduate medical education have been used for many years in national systems of evaluation and accreditation of medical education. They are a necessary tool when external evaluation, recognition and accreditation of medical schools are carried out. The main purpose is to establish a system of national and/or international evaluation and accreditation of medical schools to assure minimum quality standards for medical school programmes. To achieve this purpose, standards must be clearly defined, meaningful, appropriate, relevant, measurable, achievable and accepted by the users.

## History of the process of development of global minimum standards in Medical Education

- ❖ Edinburgh Declaration, 1988, which was adopted by the World Health Assembly, WHA Resolution 42.38, 1989, and the Recommendations of the World Summit on Medical Education, 1993
- ❖ World Federation of Medical Education (WFME) Position Paper (1998)
- ❖ WFME project on International Standards in Medical Education, approved by the World Health Organisation (WHO) and the World Medical Association (WMA)
- ❖ Executive Council of WFME in December 1998 appointed an International Task Force consisting of a Working Party
- ❖ The final document on WFME guidelines on Basic Medical Education was adopted by the WFME Executive Council June 2001

Therefore, the WFME guidelines on Basic Medical Education are a global expert consensus on the standards for medical schools. The main domains (areas) included in the WFME guidelines are;

1. Mission and Objectives
2. Educational Programme
3. Assessment of Students
4. Students
5. Academic Staff/Faculty
6. Educational Resources
7. Programme Evaluation
8. Governance and Administration
9. Continuous Renewal

The standards under each domain are divided into basic standards (minimum requirements) and quality improvement standards, accompanied by annotations and definitions.

## Minimum Standards in the Sri Lankan context

According to the Medical Ordinance, the power to make regulations on minimum standards in Medical Education rests with the Sri Lanka Medical Council (SLMC). This process is based on the recognition of the technical expertise of SLMC in developing minimum standards and it is in-line with the best practices followed in reputed institutions such as the General Medical Council (GMC) in the UK.

Minimum Standards in Medical Education in Sri Lanka have been in existence from 2006. The document on Minimum Standards drafted by SLMC was gazetted in 2006 (Gazette of the Democratic Socialist Republic of Sri Lanka (Extraordinary) No.1458/16 August 17, 2006 and No.1488/14 March 13, 2007). These were regulations made by the then Minister of Health, under section 19 of the Medical Ordinance (Chapter 105) in consultation with the Sri Lanka Medical Council.

In 2009, Professor Lalitha Mendis, then President of the SLMC took the initiative to revise the Minimum Standards in Medical Education to be in line with the WFME guidelines. A team of Medical

Educationists under the guidance of the President SLMC drafted the initial document. The final document approved by the council was gazetted in Gazette No. 1590/13 - 2009 25<sup>th</sup> February 2009.

Regretfully this document ended up at a parliamentary sub-committee. However, the 2009 Minimum Standards have been in practice since then to date. Under a mandate given by the council, the SLMC published two comprehensive books based on the above standards.

1. **Guidelines and Specifications on Standards and Criteria for Accreditation of Medical Schools in Sri Lanka and Courses of Study provided by them, 2011**
2. **Guidelines and Standards, Criteria and Procedures for the Recognition of Degrees Awarded by Foreign Medical Schools, 2010**

Recently, a committee appointed by the SLMC has prepared a draft revision of Minimum Standards, which was presented to the Medical Council, and modifications were made according to the feedback obtained from several stakeholders including all the state Faculties of Medicine. The finalised document was submitted to the Attorney General's Department and the Minister of Health. The Minister of Health gazetted a Minimum Standards document in December 2017. However, there are crucial differences between the gazetted minimum standards and the document finalised by SLMC and the controversy is far from over.

## References:

- WFME (2015) *Global Standards for Quality Improvement: Basic Medical Education*.
- SLMC (2011) *Guidelines and Specifications on Standards and Criteria for Accreditation of Medical Schools in Sri Lanka and Courses of Study provided by them*
- SLMC (2011) *Guidelines and Standards, Criteria and procedures for the recognition of Degrees Awarded by Foreign Medical Schools, 2010*

# Prof Carlo Fonseka's essays of a lifetime

*Essays of a lifetime*

By Carlo Fonseka

2016, S.Godage & Brothers (Pvt) Ltd.

Reviewed by Dr Anuruddha Abeygunasekera  
Consultant Urologist,  
Colombo South Teaching Hospital

In the recent past, Sri Lanka has seen a rapid increase in the number of books published in Sinhala, Tamil and English languages, in differing proportions. Though some of them are of excellent quality literary-wise, most of the topics are aimed at the average reader. The number of books containing material which are intellectually stimulating and challenging is very small. Whether it is due to lack of writers with philosophical attributes or their fear that such books would not have an adequate readership is unknown. Prof Carlo Fonseka's (CF) book which is a collection of his writings over the years falls into this rare category of books which addresses philosophical issues with rationality and depth written in a style that can be understood by the average reader. Of course not all chapters belong to that genre. The wide range of topics covered in this book shows the array of talents CF owns and displays as a medical doctor, physiology professor, music composer, song-writer, scientist, left-wing politician, public speaker and a television talk-show personality as summarised in the publisher's blurb. The contents of the book inform, educate, entertain, tantalise, and may even infuriate you by turns.

This hard cover edition containing 368 pages and titled 'Essays of a lifetime' records most of the basic principles related to science, philosophy, religion and art. Many such principles are difficult to understand but CF has explained such facts simply and clearly even the amateur can comprehend after few attempts of reading.

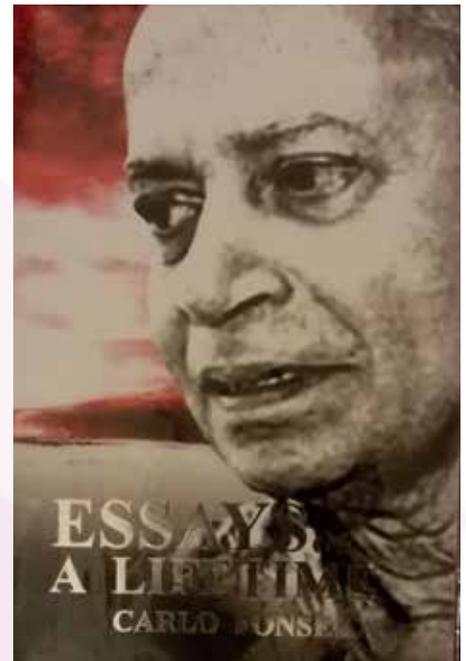
His ability to summarise important principles is exceptional. In the first few chapters CF elucidates rarely discussed but important concepts like ontology, epistemology, ethics, socio-biology, dialectic materialism, hypothetico-deductive approach and empiricism

which are essential for scientific thinking and philosophical approach of problem solving and understanding of life. All these concepts together are not to be found in one single reference book and certainly the simpler descriptions given in this book cannot be found elsewhere. His arguments on complex issues are lucid, sharp and precise and yet simple to understand. CF displays his ability to explain and discuss any topic without dispiriting verbiages so that the reader will be glued to the book until its end. I am curious to know how CF developed this skill. I presume it is the result of voracious reading and extensive writing in addition to having born with a bigger area designated for such skills in his cerebral cortex. Being an expert neurophysiologist himself, CF may be able to answer this question better.

The book also has sections about the impact of health economics, characteristics of an ideal doctor, universal suffrage and scientific basis of fire walking. Some of the remarks he makes are concise but profound. Being a socialist and a longstanding left-wing politician he describes capitalism as making money by fair means if possible and by foul means if necessary. His critical evaluation of Buddhism and humanity of Jesus clearly shows us the importance of teaching scientific method of verification of truth among the younger generation to look at religious teachings in an objective manner devoid of emotions and dogma. This would inculcate religious harmony in the society. It is this lack of skills in critical analysis embedded in scientific empiricism that has led to fundamentalism and hatred towards other religions in our society. In this regard CF emphasises that scepticism is logically impeccable but psychologically impossible.

He explains why we should abandon extremist viewpoints of unbounded absolutism and out-and-out scepticism.

'No great man lives in vain, the history of the world is but the biography of great men' said Thomas Carlyle. CF's descriptions of N M Perera, W D Amaradeva, Lester James Peiris, Martin Wickramasinghe, A T Koveer, P R Anthonis, A P de Zoysa, CWW



Kannangara, DA Rajapaksa, Albert Einstein, Richard Dawkins, Charles Darwin and Karl Marx are written so succinctly in relation to their seminal work, one may infer that biographies of great men if written properly are not just history alone but give us an opportunity to digress the fields of their expertise in depth.

The book teaches many important lessons to its readers in addition to its valuable contents. It shows the wide range of style CF adopts when he writes to readers of different intellectual understandings. Young intellectuals, who would like to be future academics, writers and researchers should appreciate the different writing styles used in different chapters to understand how one should change and adapt the style of writing to suit the readership. This is the secret why CF has such high demand and earns respect of media and public equally. He shows how to write briefly and clearly without using superfluous words and padding. He uses the most appropriate word for that instance and some are literary marvels. The dexterity in using quotations of wisdom by CF is noteworthy – appropriately and sparingly. The book has many such impressive quotations and every young writer can use this book as a source book whenever they embark on writing a good quality article. I have tried and it has paid me the dividends.

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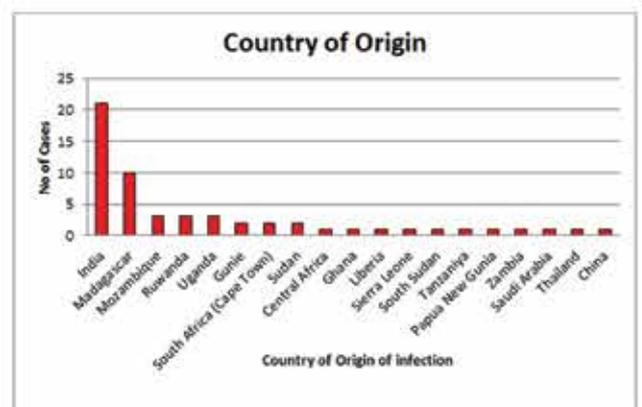
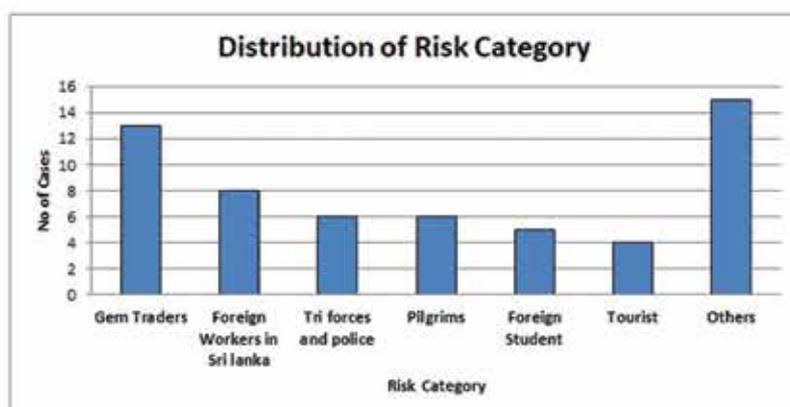


# Let's be vigilant; Keep Sri Lanka Malaria Free

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## Prof Carlo Fonseka's ...

His ability to relate complex issues to daily events make the reading enjoyable. His fierce objectivity based on materialism as a rationalist is displayed in his writings and opinions. However he does not allow his political opinions to mar the science he professes. Every article has a comprehensive bibliography on the topic and this makes the book an essential companion for all budding academics thirsty for references. Even at the ripe age of 83 years, CF seems to be having a better memory than most of his students of university days even though he describes himself as approaching the undiscovered country from whose bourn no traveller returns!

I presume people like CF are born with a large capacity brain that even after the gradual loss of cells due to ageing, they are left with an adequate number of brain cells

that may keep their intellectual skills above average. When I finished reading CF's book I was captivated with the knowledge it imparted on me but I had one worry too. It appears to me that CF is so intelligent,

philosopher from Sri Lanka who would be competent enough to challenge and disprove such an argument.

CF attempts to discern art and science. Accordingly a scientist discovers facts

that are existent but unknown to mankind. Newton's law of motion and Darwin's theory of evolution are such examples. If one does not discover, someone else is bound to discover such scientific truths. In comparison, an art is a creation of an individual. If the artist does not create the artistic work, it is unlikely that someone else will create the exact product ever. After reading CF's book, I am not sure which category the book belongs to. I

request the readers to make an attempt to answer this dilemma. For that you will have to read the book and I am certain that you will never regret it.

*“The wide range of topics covered in this book shows the array of talents CF owns and displays as a medical doctor, physiology professor, music composer, songwriter, scientist, left-wing politician, public speaker and a television talk-show personality as summarised in the publisher's blurb. The contents of the book inform, educate, entertain, tantalise, and may even infuriate you by turns.”*

## SLMA Guest Lecture: 'Swedish healthcare - reflecting democratic values'

Dr. Sajith Edirisinghe  
Assistant Secretary, SLMA

A guest lecture titled 'Swedish Healthcare – reflecting democratic values' was held on 3<sup>rd</sup> April, 2018 at the Lionel Memorial Auditorium of the SLMA. The lecture was delivered by Prof. Göran Kurlberg, Associate Professor of Surgery, Sahlgrenska Academy, University of Gothenburg, Sweden and Visiting Professor, Research Department, Institute of Medicine, Tribhuvan University Teaching Hospital, Kathmandu, Nepal. The lecture was followed by a lively discussion. The session was chaired by Dr. Ruvaiz Hannifa, President, SLMA. A synopsis of the lecture is included in this issue.



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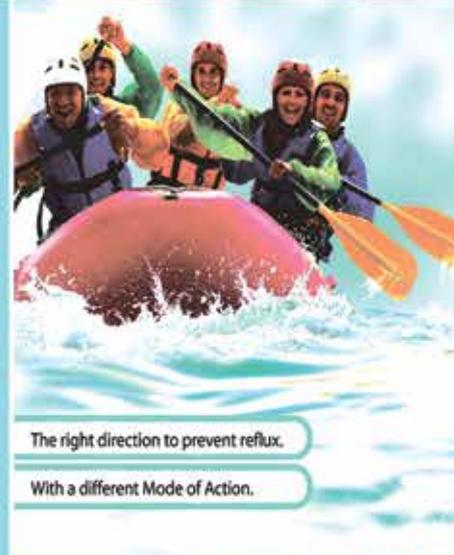


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# Sri Lanka Medical Association

## Call for Applications

### Dr. C. G. Urugoda Lecture on the History of Medicine 2019

Hereby applications are called for the lecture to be delivered on 26<sup>th</sup> February 2019.

Applicants should submit,

- A short abstract of the proposed lecture (no more than 1 A4 page).
- A brief curriculum vita (no more than 3 pages).

The speaker should have been considerably associated with and contributed to the field of medicine in his/her chosen topic. The SLMA wishes to encourage lectures in areas of medicine that have not been covered in previous lectures. A list of past lecture topics are available can be found on the SLMA website – <http://www.slma.lk>. The lecture is delivered on the 26<sup>th</sup> day of February - foundation day of the SLMA every year. Applicants should bear in mind that they must make themselves available the day of the lecture.

Applications should be sent to Dr. Hasini Banneheke, Honorary Secretary, No.06, Wijerama Mawatha, Colombo 07.

## Deadline for applications 30<sup>th</sup> June 2018

### Management of fever during pregnancy and the postpartum period

**F**ebrile illnesses during pregnancy and the postpartum period are significant causes of maternal mortality as evidenced by the findings of several Maternal Death Reviews in the recent past. In the year 2017, nearly 40 pregnant mothers lost their lives due to pneumonia and dengue haemorrhagic fever. This year, two maternal deaths due to H1N1 pneumonia have been reported to the Maternal Death Surveillance and Response System of the Family Health Bureau. In many cases delay in referral of such patients for in-ward treatment by

first contact doctors has been identified as a main factor contributing towards mortality.

Based on these findings, the Ministry of Health recommends that any female presenting with fever during pregnancy or the post-partum period, be referred to a hospital on day 1 of the illness. They additionally emphasize the need for educating the general public regarding the importance of such patients seeking hospital-based treatment on the first day of a febrile illness.

The following are circulars issued by

the Ministry of Health and Indigenous Medicine and the Family Health Bureau regarding this matter and these can be accessed via the respective institutional websites. All doctors are requested to adhere to the guidelines stipulated in these circulars.

Ministry of Health circular – FHB/EH/26/14 dated 06.10.2015

Family Health Bureau circular – FHB/MCS/MDG/2018 dated 02.04.2018

#### IMPORTANT NOTICE

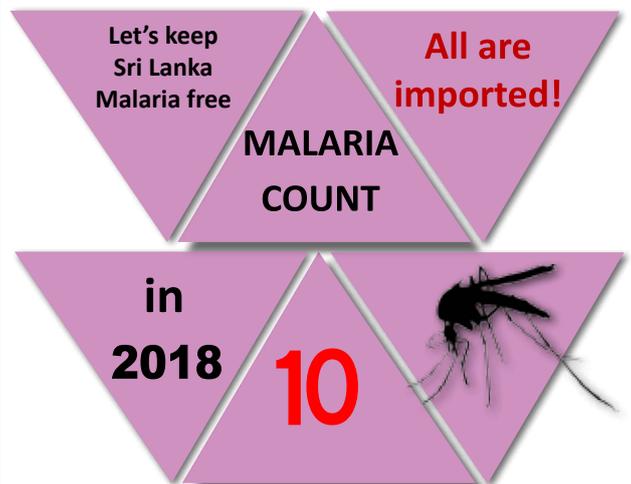
An Ordinary General Meeting of the Sri Lanka Medical Association will be held at 3.00 pm on Friday, 1<sup>st</sup> June 2018 at the Lionel Memorial Auditorium, No. 6, Wijerama Mawatha, Colombo-07.

#### 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



# Swedish Healthcare and Academia - High quality – Reflecting Democratic Values

Göran Kurlberg, MD, PhD  
Clinical Professor, Sahlgrenska University  
Hospital, Gothenburg, Sweden  
Associate Professor, Sahlgrenska Academy,  
GU, Gothenburg, Sweden  
Visiting Professor, Institute of Medicine,  
TUTH, Kathmandu, Nepal  
Director Sahlgrenska Asian Network

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**Based on the SLMA Guest Lecture held  
on 3<sup>rd</sup> April, 2018.**

**T**he Swedish welfare state was built up during the 20<sup>th</sup> century with an emphasis on a strong public sector, based on an "equal for all" social security system. This ideology is also reflected in the Health Care system, overseen by the government and the Ministry of Health through the National Board of Health and Welfare "to ensure good health, social welfare and high-quality health and social care on equal terms for the whole Swedish population". Among other central agencies are the Food and Drug Administration as well as the Swedish Agency for Health Technology Assessment, which seeks to identify the best and most cost-effective treatment methods.

However, management of the health care has a decentralised structure governed by 20 different county councils and regions. These councils are financially responsible for the running of primary health care centres and hospitals in each county or region. Sweden spend 11% of the Gross Domestic Product on health care, which is in par with other European countries. Health care, including medication is heavily subsidised; to see a GP is 12 USD and an appointment with a specialist comes to 35 USD. Hospital stay is 12 USD/day for the patient. There is also a high-cost ceiling for consultations of 140 USD per year and 280 USD for every year spent on medications.

The disease pattern is that of the elderly, since the average life span reaches 81.4 years for females and 80.3 for men; 20% of the population is older than 65 years of age. Non-Communicable Diseases like hypertension, diabetes mellitus,

cardiovascular disease as well as different malignancies are dominating. There is a fairly high prevalence of psychiatric disorders also in the young population. We see few chronic infections. In trauma hip fractures stand out as common diagnosis. There has been a considerable improvement in the outcome of treatment of cardiovascular disease, mainly due to increased attention to the condition among the public, quick recognition, interventional radiology and emergency surgery in particular for patients with myocardial infarction. In spite of increased emphasis on detection and treatment of malignant conditions we have not seen a considerable improvement in survival. There are varying opinions on the benefit of available screening programs and the only program with national coverage is for breast cancer.

Regarding basic health care demographics Sweden takes a leading position in the world: maternal mortality is 4 per 100000 deliveries, infant mortality 2.6 per 1000 live births and under 5 mortalities 3 per 1000. Those interested in health statistics may look at the [www.gapminder.org](http://www.gapminder.org) website. Primary Health Care has for some decades been suffering from a lack of GP:s since working as a specialist is more popular among the doctors. The health authorities have therefore opened up space for private initiatives. Public Health initiatives have contributed much to improve health level in the country and has been using different health centres as their basis. There is also a strong trend towards caring for the elderly, chronically ill patients in their homes.

During the 70's there was a substantial expansion in number of hospitals in the country and there are now 70 county and district hospitals as well as 7 university centres in Sweden. We have also had a big increase in number of health personnel in the last decades with 35000 medical doctors in 2011, among the highest number in Europe.

In international rankings of health care and patient safety, Swedish hospitals

turn up on a very high position. However, accessibility is a problem with sometimes long waiting times for e.g. different surgical procedures. To overcome this problem the Ministry of Health in 2005 created a Health Care Guarantee trying to force the county councils to improve accessibility. Every citizen should be able to get in contact with a Health Care Centre the same day or get an appointment with a GP within seven days. Furthermore, the patient should on referral be allowed to see a specialist within 90 days and have surgery, if needed, within another 90 days. This guarantee is reflecting the urge to strengthen the right of the patient.

Another trend in health care is in technological development during the last decades. Digital Health Centres can be reached through an app in your smartphone and a doctor will call you in 20 minutes for a consultation where you at least can look at one another. Although the physical examination is inadequate, this is often a way to get a quick referral to a specialist. Laparoscopy is practised in nearly every area of surgery, with shortened hospital stay and quicker recovery as the main gain. Lately robotics has been added to the arsenal of surgical techniques.

IT has also conquered medicine. All medical records are computer based, unfortunately with less user friendly often "home-made" software. This has led to oversized documentation, increased administration and bureaucracy. However, there are benefits for the patients with computerised medical record: through internet and with the use of a specific personal id-number and identification process they can gain access to their own medical records. But, in a recent study from one of the bigger hospitals it was found that the nurses in most wards only spent 20% of their working hours on direct patient care and 50% of their time on documentation. This has generated a great loss in cost-efficiency throughout the entire health care sector!!

CONTD. ON PAGE 14

## Swedish Healthcare...

Some hospitals are now trying to turn this trend in a sort of cultural revolution, but found this to be easier said than done. The medical profession has lost the power over health care to politicians, administrators and bureaucrats. It has to be taken back.

Academia has a long tradition in Sweden and the first university was established in Uppsala in 1477. Initially the theological faculty was the dominating institution, followed by science and medicine. Renowned scientists are Linnaeus, mapping the plants and Celsius discovering the centigrade system. Lately, Niklas Zennström invented Skype, now sold to Microsoft with worldwide use.

There are seven major universities in Sweden and 30 university colleges. Higher education is entirely under the government and the Ministry of Education. There are no private universities in Sweden, but research is undertaken in collaboration with the industry, especially the pharmaceutical companies supported as well by private funds.

The Karolinska Institute is the flagship of Swedish academia and ranked number ten of medical universities in the world. KI is the home of the Nobel assembly, since 1901 awarding great minds with the Nobel prize.

In Gothenburg, the second largest city in the country, the Sahlgrenska Academy is the health associated university, running

18 different health educational programs, including medical school, dentistry and nursing. There are also six different research institutions in biomedicine, medicine, neuroscience, clinical sciences, odontology and caring sciences. Well known inventions are the dental implants pioneered by prof Brånemark in the 70's. The dopamine research by Prof Carlsson earned him a well-deserved Nobel prize. Losec, a protein pump inhibitor, developed in a collaboration between clinical pharmacologist, gastro surgeons and Astra was the number one selling drug during the late 20th century.

Medical School Course runs for 5.5 years, 11 semesters and is following the European accreditation system. Education is free and in addition the students can apply for scholarships from the government basically covering living expenses. In each semester of 20 weeks, 140 students enter this training program. During the tenth semester, they do a degree project in public health, basic sciences or clinical medicine. They can choose subjects from a website and around 20% of the students perform their small research project in a low/mid income country. The Gothenburg University has an MoU with both Rajarata and Sri Jayewardenepura Universities. This means that students have come and will come to Sri Lanka for their degree projects, a collaboration which has been highly

appreciated.

Medical school course is followed by 20 months of internship and 4-5 years of post-graduation, both these programs run as employments at a hospital.

The different institutions of the Sahlgrenska Academy are organising masters as well as PhD training programs. The latter could run as an employment, mainly for basic scientists, but for clinicians with hospital employment, is regarded as "spare-time" research. If anyone opts for an academic career; to become an associate professor requires at least 20 publications in recognized international journals plus educational credentials and a professorship demands at least 40 publications, supervision of PhD students, research funding and active research.

In conclusion, Swedish health care is mostly public, goes with high quality, but with insufficient accessibility. The aim set by the health authorities is to promote good health for the entire population. Sweden has a strong academic tradition and is one of the top nations in research.

Lessons to be learnt; let the Doctors be in control, do not lose the power over health care to bureaucrats and watch out for computerised medical records. Try to adapt your national, personalised ID- number to be used in health care and introduce quality registries for initially malignant diseases.

## Devices: Are they always sterile?

**Dr. Jananie Kottahachchi**  
Committee Member – SLMA Expert Committee on Communicable Diseases

The Expert Committee on Communicable Diseases of the SLMA organised a symposium titled "Devices: are they always sterile?", which was held on 22<sup>nd</sup> March 2018 from 12.00 noon to 1.30 pm at the SLMA Auditorium. Device related infections are ever increasing and this symposium updated the doctors and medical students' knowledge about reducing such infections.

The symposium began with the Welcome Address delivered by Dr. Ranjith Perera,

Chairman of the Expert Committee on Communicable Diseases of SLMA. Dr. Jananie Kottahachchi, Senior Lecturer and Consultant Microbiologist and a Committee Member of the Expert Committee on Communicable Diseases of SLMA moderated the meeting.

Dr. K. Umapathy, Consultant Orthopaedic Surgeon, Teaching Hospital, Karapitiya, presented a very comprehensive introduction on "Devices and infections" and furthermore, discussed the sequelae of infections related to orthopaedic appliances. Dr. Nuwan Ranawaka, Acting Consultant in Critical Care Medicine, CCU/ICCU – Cardiology Unit, NHTL,



spoke on "Management of device related infections". The final lecture was delivered by Dr. Shirani Chandrasiri, Consultant Microbiologist, CSTH on "Laboratory diagnosis and prevention of device related infections".



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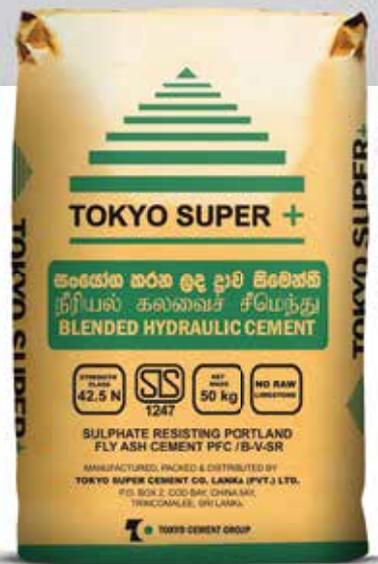
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## Devices: Are they...

The interactive discussion session was conducted by Dr. Lucian Jayasuriya, a senior member of the Expert Committee on Communicable Diseases of SLMA and Prof. Ariarane Gnanathasan, the Vice President of SLMA. The session concluded with Dr. Ranjith Perera, the Chairman of the Expert Committee on Communicable Diseases of SLMA awarding certificates to the resource persons.



## The Natural Order of Things

**A**t a fundraising dinner for a school that serves children with learning disabilities, the father of one of the former students delivered a speech that would never be forgotten by all who attended. After extolling the school and its dedicated staff, he offered a question:

"When not interfered with by outside influences, everything nature does, is done with perfection. Yet my son, Shay, could not learn things as other children did. He could not understand things as other children did. Where was the natural order of things in my son?"

The audience was stilled by the query. The father continued. "I believe that when a child like Shay, who was mentally and physically disabled comes into the world, an opportunity to realise true human nature presents itself, and it comes in the way other people treat that child."

Then he told the following story:-

Shay and I had walked into a park where some boys Shay knew were playing baseball. Shay asked, "Do you think they'll let me play?"

I knew that most of the boys would not want someone like Shay on their team, but as a father I also understood that if

my son was allowed to play, it would give him the much-needed sense of belonging and some confidence to be accepted by others in spite of his handicaps.

I approached one of the boys on the field and asked, without expecting much, whether Shay could play. The boy looked around for guidance and said, "We're losing by six runs and the game is in the eighth inning. I guess he can be on our team and we'll try to put him in to bat in the ninth inning."

Shay struggled over to the team's bench and, with a broad smile, put on a team shirt. I watched with a small tear in my eye and warmth in my heart. The boys saw my joy at my son being accepted.

In the bottom of the eighth inning, Shay's team scored a few runs, but was still behind by three. In the top of the ninth inning, Shay put on a glove and played in the right field. Even though no hits came his way, he was obviously ecstatic just to be in the game and on the field, grinning from ear to ear as I waved to him from the stands.

In the bottom of the ninth inning, Shay's team scored again.

Now, with two outs and the bases loaded,

the potential winning run was on base and Shay was scheduled to be next at bat. At this juncture, do they let Shay bat and give away their chance to win the game?

Surprisingly, Shay was given the bat. Everyone knew that a hit was all but impossible because Shay didn't even know how to hold the bat properly, much less connect with the ball.

However, as Shay stepped up to the plate, the pitcher, recognising that the other team was putting winning aside for this moment in Shay's life, moved in a few steps to lob the ball in softly so Shay could at least make contact.

The first pitch came and Shay swung clumsily and missed.

The pitcher again took a few steps forward to toss the ball softly towards Shay.

As the pitch came in, Shay swung at the ball and hit a slow ground ball right back to the pitcher.

The game would now be over. The pitcher picked up the soft grounder and he could have easily thrown the ball to the first baseman. Shay would have been out and that would have been the end of the game and Shay's team would have lost.

## The Natural Order...

Instead, the pitcher threw the ball right over the first baseman's head, out of reach of all team mates.

Everyone from the stands and both teams started yelling, 'Shay, run to first! Run to first!'

Never in his life had Shay ever run that far, but he made it to first base. He scampered down the baseline, wide-eyed and startled.

Everyone yelled, 'Run to second, run to second!' Catching his breath, Shay awkwardly ran towards second, gleaming and struggling to make it to the base.

By the time Shay rounded towards second base, the right fielder had the ball. The smallest guy on the opposing team now had his first chance to be the hero for his team.

He could have thrown the ball to the second-baseman for the tag, and Shay would have been out. But the boy understood the pitcher's intentions and he too intentionally threw the ball high

and far over the third baseman's head.

Shay ran toward third base deliriously as the runners ahead of him circled the bases toward home. All were screaming, 'Shay, Shay, Shay, all the way Shay!'

Shay reached third base because the opposing shortstop ran to help him by turning him in the direction of third base, and shouted, 'Run to third! Shay, run to third!'

As Shay rounded third, the boys from both teams, and the spectators, were on their feet screaming, 'Shay, run home! Run home!'

Shay ran to home, stepped on the plate, and was cheered as the hero who hit the grand slam and won the game for his team.

'That day', said the father softly, with tears now rolling down his face, 'the boys from both teams helped bring a piece of true love and humanity into this world!'

'Shay didn't make it to another summer. He died that winter, having never forgotten

being the hero and making me so happy, and coming home and seeing his mother tearfully embrace her little hero of the day!'

### A LITTLE FOOTNOTE TO THIS STORY:-

All of us have thousands of opportunities every single day to help realise the 'natural order of things.'

Do we pass along a little spark of love and humanity or do we pass up those opportunities and leave the world a little bit colder in the process?

A wise man once said, "Every society is judged by how it treats its least fortunate amongst them".

This is food for thought for the Sri Lankan medical profession.

Extracted and compiled by Dr. B. J. C. Perera from an e-mail sent by Professor Sanath P. Lamabadusuriya

## SLMA Guest Lecture – 'Zen, stigma and mental health'

A guest lecture was held on 14<sup>th</sup> March, 2018 at the Lionel Memorial Auditorium, SLMA by Dr. N. Yoganathan, College Tutor in Psychiatry (2010-2017); Member, Group Analytic Society International; and Consultant Psychiatrist, CNWL & SABP NHS Trusts, UK. The event commenced with a

lecture titled 'Dual diagnosis – the mind/body conundrum of addictions' and was followed by an interactive session on the topic of 'Zen, stigma and mental health – a workshop on a dialectical approach to stigma and psychiatry'. A large audience participated in the event. The first session was chaired by Dr. Dulshika Waas,

Consultant Psychiatrist and Senior Lecturer in Psychiatry, Faculty of Medical Sciences, University of Sri Jayewardenepura, while the second was chaired by Professor Ariarane Gnanathan, Professor in Medicine, Faculty of Medicine, University of Colombo.





# SRI LANKA MEDICAL ASSOCIATION

## DESMOND FERNANDO MEMORIAL LECTURE

**Applications are invited for the Desmond Fernando Memorial Lecture to be held during 2018**

This memorial lecture was commenced in 2015 and will be delivered at a venue outside Colombo which is to be decided by the Council of the SLMA.

### Specification for the lecture

- The contents of the lecture should be suitable for a medical audience.
- Topics and content pertaining to primary ambulatory curative care in Sri Lanka will be given priority.
- Lecture based on work published in peer reviewed journals will be given priority.
- All applicants should be members of the SLMA if they are eligible for membership.

### Guidelines for submission

- A covering letter
  - i. Indicating that the applicant is submitting the material for consideration for the Desmond Fernando Memorial lecture for the year 2018.
  - ii. Indicating a declaration of financial and other conflicts of interests.
  - iii. If the lecture is based on multi-author work, research or publication/s the applicant should in the covering letter declare ALL the names of the co-authors and specifically declare that the other authors have no objection in submission of the content for consideration for the lecture. The applicant should also provide details of his/her specific contribution towards the work, research or publication/s.
- The lecture should be written in full. The IMRAD format is suggested unless the content requires otherwise.
- For all research involving human or animal subjects, state 'Ethics Clearance' in the methods section. Randomized Control Trials should have been registered in a WHO recognized Clinical Trial Registry.
- The lecture should be typed using Times New Roman, size 12, double line spacing. Harvard or Vancouver system of referencing can be used.
- **Five (05) copies** of the scripts should be submitted to the SLMA office (Hony Secretary, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07). Of these, two (02) copies should be with the name of the author and three (3) copies should be without the name of the author.
- Each copy should be accompanied with a brief resume of the salient points in one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office.

**Closing date: 30<sup>th</sup> June 2018**

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

# Eat Wise

## DROP A SIZE



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- 6.15 am : Health Check for Runners
- 6.45 am : Warm Up Exercises
- 7.00 am : Commencement of Run
- 7.15 am : Commencement of Walk
- 8.15 am : Post-exercise Cool Down Session
- 8.30 am : Interactive & Entertainment Session
- 9.30 am : Prize Giving
- 10.00 am : Conclusion

### PRE-REGISTRATION OF RUNNERS

Hotline: 076 554 43 40 (call or send a text), <https://www.facebook.com/SLMAonline/>  
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