



SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

AUGUST 2018, VOLUME 11, ISSUE 08



Cover Story

Page 10

Toxic effects of Glyphosate based herbicides **Page 05-09**

Doctors' Concert 2018 **Page 19-20**

The digital health ecosystem in Sri Lanka **Page 22-23**



www.slma.lk

REGISTERED AT THE DEPARTMENT OF POST QD/121/NEWS/2018

ISSN : 1800 - 4016

AUGMENTIN[®]

amoxicillin/clavulanate potassium



THE ORIGINAL

Zinacef[™]

Cefuroxime sodium injection



Zinnat[™]

Cefuroxime axetil



GlaxoSmithKline Pharmaceuticals (Pvt) Limited
 121, Galle Road, Kaldemulla, Moratuwa, Sri Lanka.
 Tel: +94 11 2636 341-2 Fax: +94 11 2622 574 Web: www.gsk.com
 A procedure for reporting of adverse event Email: lk.pharmacovigilance@gsk.com Tel: 2636341
 For the use of medical professionals only.

CONTENTS

SLMA Theme 2018

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

OFFICIAL NEWSLETTER OF
THE SRI LANKA MEDICAL
ASSOCIATION

NO. 6, WIJERAMA MAWATHA, COLOMBO 7.

TEL: +94 112 693324
E MAIL: OFFICE@SLMA.LK

SLMA News Editorial
Committee 2018

EDITOR IN CHIEF

Dr. Amaya Ellawala

EDITORIAL COMMITTEE

Dr. Achala Balasuriya
Dr. Sarath Gamini de Silva
Dr. Achala Jayatilleke
Dr. BJC Perera
Dr. Clifford Perera
Dr. Sankha Randenikumara

Cover Page by

Dr. Lahiru Rajakaruna

01 PRESIDENT'S MESSAGE

Page No. 04-05

02 TOXIC EFFECTS OF GLYPHOSATE BASED HERBICIDES (GBH) INCLUDING CKD AND CANCER

Page No. 05-09

03 INAUGURATION CEREMONY - SLMA 131ST ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS

Page No. 10-12

04 HIGHLIGHTS OF THE 131ST ANNUAL INTERNATIONAL MEDICAL CONGRESS, 2018

Page No. 14-18

05 DOCTORS' CONCERT 2018

Page No. 19-20

**06 THE DIGITAL HEALTH ECOSYSTEM IN SRI LANKA
SLMA POST-CONGRESS SESSION**

Page No. 22-23

**07 RELIVING, REVEALING AND RELIEVING
SLMA CONGRESS: A REFLECTION BY THE HONORARY SECRETARY OF THE SLMA**

Page No. 23-24

08 NUTRITION MONTH LUNCHTIME SYMPOSIUM: "CHALLENGES IN NUTRITION ON PREVENTION OF NON-COMMUNICABLE DISEASES"

Page No. 24-26



OUR ADVERTISERS

ANTI-MALARIA CAMPAIGN.
CAPITOL DEVELOPERS LTD.
D. SAMSON & SONS (PVT) LTD.
GLAXOSMITHKLINE PHARMACEUTICALS LTD.
MIREKA HOMES (PVT) LTD.
NATIONS TRUST BANK.
POWER WORLD GYMS LTD.
RECKITT BENCKISER LANKA LIMITED.
TOKYO CEMENT COMPANY (LANKA) PLC.

Publishing and printing assistance by:

This Source (Pvt.) Ltd,
No 136 D, Ruhunupura,
Robert Gunawardene Mawatha, Battaramulla.
Tel: +94 71 119 4825
Email: info@thissource.com

President's Message

Dear Member,

Your Council has completed more than half its term in elected office as we begin the month of August 2018. I think this is an opportune juncture to reflect upon what the SLMA set out to do at the beginning of the year and look forward to the future from the perspective of the SLMA, the Sri Lankan medical profession and the medical professionals at large.

On the day I was inducted as the President of the SLMA on 15th December 2017 in my acceptance speech I noted that our profession would face challenges which could have an impact on how we practice medicine in Sri Lanka. Also in my message as President to the SLMA Website I noted 'Our founders deemed it fit to adopt 'Lankadipassa Kiccesu Ma Pamajii' (to act without delay for the betterment of our nation) as our motto, fully cognizant of the leadership role the SLMA is expected to play as the leading medical organization in the country representing all grades and all specialties of doctors from both the state as well as the private sectors. This milieu gives the SLMA its greatest asset; diversity within the medical profession, which enables it to capture and represent the widest and broadest possible ideas, views, concerns and expectations of the Sri Lankan medical profession. It is a fact that many generations of members of the SLMA have contributed to preserve, sustain and enrich this uniqueness. The health and healthcare scenario and what our patients expect from us as doctors and what we as doctors expect from our national medical association have changed over time. This is of course the way to go. This has necessitated a change in the role of doctors and national medical associations. The SLMA has been able to adapt itself to the changing expectation of its members and thereby be aligned to them over the past 131 years. The challenges we as members of the SLMA face today will be to institute mechanisms to ensure our significance to our future members while preserving our undisputed role as the academic, professional, moral and ethical guardian of the Sri Lankan medical

profession. It is in achieving this objective that each and every member of the Sri Lankan medical profession, whether he or she is a member of SLMA or not, has an obligation to become a part of'.

It would be fair to say that we as a medical profession are at cross roads in terms of how we practice medicine and how we interact within and outside the profession on matters and issues concerning the medical profession and medical professionals. The immediate cause of this, in my opinion is that, we as a profession are having a crisis of identity. The underlying cause of this crisis I believe to have begun several decades ago with the dramatic transformation of the Sri Lankan society in terms of economic and technological advancement. This transformation necessitated that the medical profession/ professionals also transform to keep pace with the economic and technological demands of society. In Sri Lanka, this transformation (or perhaps even lack of it) occurred at best in an ad hoc manner. This ad hoc transformation (or even lack of it) did not take a holistic view of the ideas, concerns and expectations of the various medical professional stakeholders and the general public, whom we as professionals, are committed to serve.

In an article titled Against Identity Politics: The New Tribalism and Crisis of Democracy in the September/October 2018 issue of the Journal of Foreign Affairs Francis Fukuyama, Olivier Nomellini Senior Fellow at the Freeman Spogli Institute for International Studies at Stanford University, states 'Most economists assume that human beings are motivated by the desire for material resources or goods. This concept of human behaviour has deep roots in Western political thought and forms the basis of most contemporary social science. But it leaves out a factor that classical philosophers realized was crucially important: the craving for dignity. Socrates believed that such a need formed an integral 'third part' of the human soul, one that coexisted with a 'desiring part' and a 'calculating part'. In Plato's Republic, he termed this the thymos, which English translations render poorly as 'spirit'.

Thymos is expressed in two forms. The first is what I call 'megalothymia': a desire to be recognized as superior. Pre-democratic societies rested on hierarchies, and their belief in the inherent superiority of a certain class of people, nobles, aristocrats, and royals, was fundamental to social order. The problem with megalothymia is that for every person recognized as superior, far more people are seen as inferior and receive no public recognition of their human worth. A powerful feeling of resentment arises when one is disrespected. And equally powerful feeling, what I call 'isothymia', makes people want to be seen as just as good as everyone else.

In the same article Fukuyama further states (and I have para-phrased here a bit) 'the medical profession needs to protect marginalized and excluded groups, but they also need to achieve common goals through deliberation and consensus. The shift of focus in the agendas of various fragmented groups within the medical profession in Sri Lanka towards protection of narrow group identities ultimately threatens that process. The remedy is not to abandon the idea of identity, which is central to the way that modern people think about themselves and their surrounding societies; it is to define larger and more integrative national medical identities that take in to account the de facto diversity of the entire Sri Lankan medical profession/professionals'.

Fukuyama concludes his article thus 'Fears about the future are often best expressed through fiction, particularly science fiction that tries to imagine future worlds based on new kinds of technology. In the first half of the twentieth century, many of those forward- looking fears centred on big, centralized, bureaucratic tyrannies that snuffed out individuality and privacy: think George Orwell's 1984. But the nature of imagined dystopias began to change in the later decades of the century, and one particular strand spoke to the anxieties raised by identity crisis. So-called cyberpunk authors such as William Gibson, Neal Stephenson and Bruce Sterling saw a future dominated not by centralized

dictatorships but by uncontrolled social fragmentation facilitated by the Internet. The good thing about dystopian fiction is that it never comes true. People today can imagine their countries as better places that support increasing diversity and yet that embraces a vision for diversity that can serve a common purpose. People will never stop thinking about themselves and their societies in identity terms. But peoples' identities are neither fixed nor necessarily given at birth. Identities can be

used to divide, but it can also be used to unify. That, in the end, will be the remedy for the identity crisis of the Sri Lankan medical profession/professionals'. It is obvious that we as a profession and as professionals are moving towards the opposing dystopias of hypercentralization and endless fragmentation. As the apex national professional medical body representing all grades of doctors both in the state and private sector in Sri Lanka the SLMA needs to play a role to steer the

profession/professionals towards a utopia rather than a dystopia. We need to act together without delay for the betterment of the profession and keep true to our motto 'Lankadipassa Kiccesu Ma Pamajji' (to act without delay for the betterment of our nation).

With kind regards
Dr Ruvaiz Haniffa
President, SLMA

Toxic Effects of Glyphosate Based Herbicides (GBH) Including CKD and Cancer -

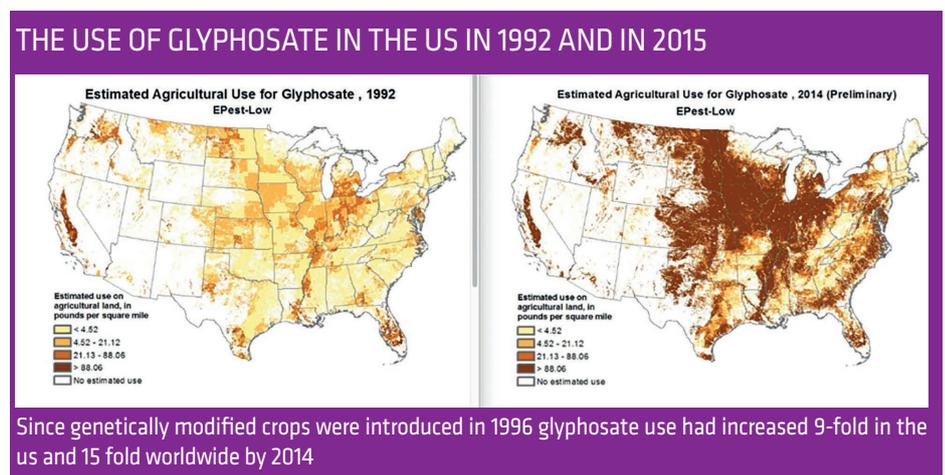
The Current Evidence and the Possible Implications of Using GBH within the Tea Industry

(A Synopsis of the Guest Lecture delivered at the SLMA on June 8, 2018)

Sarath Gunatilake, MD, DrPH
Professor, California State University,
Long Beach. Diplomate,
American Board of Occupational Medicine

Introduction

What are my credentials and qualifications to make this presentation? I have served as a Professor at California State University, Long Beach for 32 years. I am an American Board Certified Occupational Medicine physician who has worked as a Specialist in this field. I have conducted research on Chronic Kidney Disease (CKD) in Sri Lanka, and studied similar CKD problems in El Salvador and Nicaragua and published over a dozen articles, all in peer reviewed journals collaborating with the World Health Organization (WHO) and other experts in the field. In 2014, the California State University awarded me with "The Research Accomplishment of the Year Award" for my work on CKD. In 2015, the American Public Health Association presented me with the "International Award" for my research work on CKD in Sri Lanka and Central America. This is the highest award given to a scientist for the most significant contributions on the health and safety of workers outside of the U.S.



The Difference between Glyphosate and Glyphosate Containing Pesticides

Glyphosate commonly known by its trade name Roundup- originally manufactured by Monsanto – is the world's most widely used herbicide. After its original patent expired in 2000, Glyphosate Based Herbicides (GBH) are manufactured by various companies around the world. The herbicidal activity of glyphosate is primarily due to its inhibition of the "Shikimate Pathway" in plants. Here, glyphosate blocks an essential enzyme in this pathway leading to the interruption of the synthesis of several amino acids in plants. However, glyphosate is never used alone in agriculture but almost always mixed with other chemicals, known as adjuvants or additives. These adjuvants are

described as 'inert' ingredients' and are not publicly divulged in many countries, as the law does not require it. The adjuvants are added to glyphosate formulations prior to use, to improve its efficacy against weeds by enhancing penetration of glyphosate into the target plant. We now know that these adjuvants are up to thousand times more toxic to the human beings, animals and the environment than the active principle glyphosate itself. Therefore, the agrochemical companies were deceiving us when they spoke only about the toxicity of glyphosate, for the last 25 years excluding these most toxic adjuvants from the discussion maintaining that they are "inert" or innocuous.

Contd. on page 06

Toxic Effects of...

Rapid Global Spread of the Use of Glyphosate Based Pesticides

Glyphosate is the world's most heavily used pesticide. Estimated global usage was 8.6 million tons during the period from 1974 to 2014 with its use rising almost 15-fold by 2015.

Two factors were mainly responsible for this phenomenal increase in the use of glyphosate: the discovery of genetically modified (GMO) crops and the deceptive advertising practices of Monsanto related to the pesticide. In 1996, New York attorney general filed a law suit against Monsanto for false advertising, when the Roundup advertisements indicated that the pesticide was "as safe as table salt" and that it is freely "bio-degradable" and environmentally safe to be sprayed around children and in parks and schools". Without admitting guilt Monsanto agreed to pay a fine of \$50,000 and withdrew

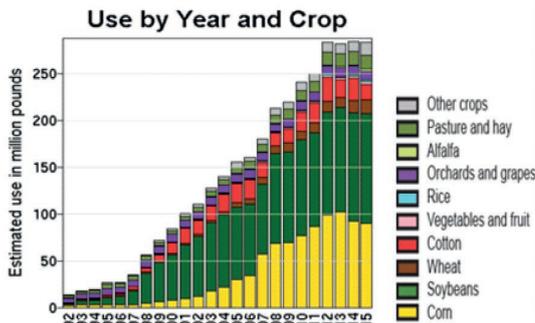
awarded the "World Food Prize" with two others.

The GMO crops were created by introducing genes from other organisms—such as bacteria – to the plants to completely change their characteristics in a way that was beneficial to the users. With this all important bio-technology, instead of creating crops with enhanced productivity and with resistance to insects and extremes of weather, Monsanto decided to take a different route. Monsanto and its subsidiaries created GMO crops that are resistant to glyphosate. With this discovery it was possible to grow these glyphosate resistant (or Roundup Ready) crops such as corn, wheat, soybeans and sugar beets in mass scale and utilize widespread aerial spraying of the pesticide without causing any damage to the GMO crop but killing all the weeds around it.

foods as well. Residues were found, in the US, in Ben and Jerry Ice Cream, wheat bread and in Cheerios cereal. Monitoring by the Alliance for Natural Health USA found glyphosate residues in bagels, bread, breakfast cereals, eggs, and coffee creamer with levels up to 1327.1 µg/kg for instant oatmeal. <https://detoxproject.org/glyphosate-in-food-water/> Organic free-range eggs contained 169 µg/kg, more than 3 times the allowable level (ANH 2016). Glyphosate was found in breast milk, above the rather high Limits of Quantification (LOQ) of 75 µg/L, in 3 out of 10 women tested in USA, at rates up to 166 µg/L (Honeycutt & Rowlands 2014).

In May 2016, Taiwan recalled Quaker oats products imported from the US after finding glyphosate residues in 10 out of 16 products (at 0.1 to 1.8 mg/L). Taiwan does not permit residue levels of glyphosate to exceed 1 ug/L (Chow 2016). In Australia, glyphosate residues were found in 20 food samples, with 75% returning positive from a pool of samples taken from pregnant women's diets (McQueen et al 2012). In a study reported in the Journal of the American Medical Association in October 2017, the authors reported that there was a 13 fold increase in the amount of glyphosate excreted in the urine of American adults between 1992 and 2016.

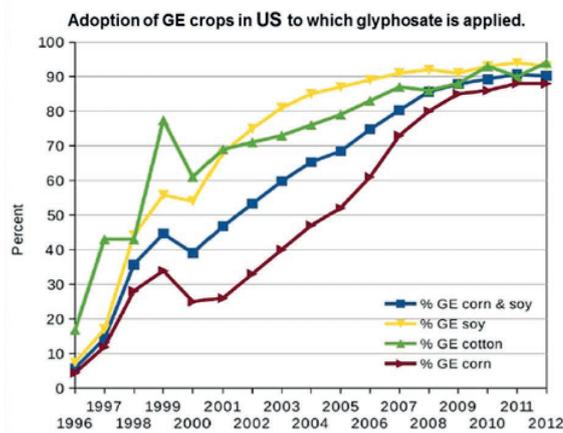
The spread of GMO (GE) crops in the U.S



Glyphosate Residues in Food

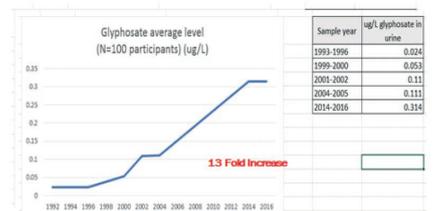
This unprecedented increase in glyphosate application between 1996 and 2015 resulted in residues in many different fruits, vegetables, grains and animal fodder crops (FAO & WHO 2005). Residue analysis for glyphosate and its metabolite AMPA is difficult and expensive and is not routinely included

in residue monitoring by the U.S. Environmental Protection Agency (EPA). This was primarily because of the propaganda carried out by Monsanto about the safety of the pesticide. It was assumed that residues in food were highly unlikely. Many of the residues also resulted from the practice of pre-harvest desiccation – spraying grains just before harvest to burn down the plants; and the mass scale use of glyphosate on crops genetically



engineered to withstand glyphosate. Many of the crops treated in these ways become animal feeds and hence residues were found in dairy, poultry and meat products and entering a wide variety of processed

JAMA – 2017;318(16):1610-1611. doi:10.1001/jama.2017.11726
Excretion of the Herbicide Glyphosate in Older Adults Between 1993 and 2016
Paul J. Mills, PhD; Izabela Kania-Korwel, PhD; John Fagan, PhD; et al

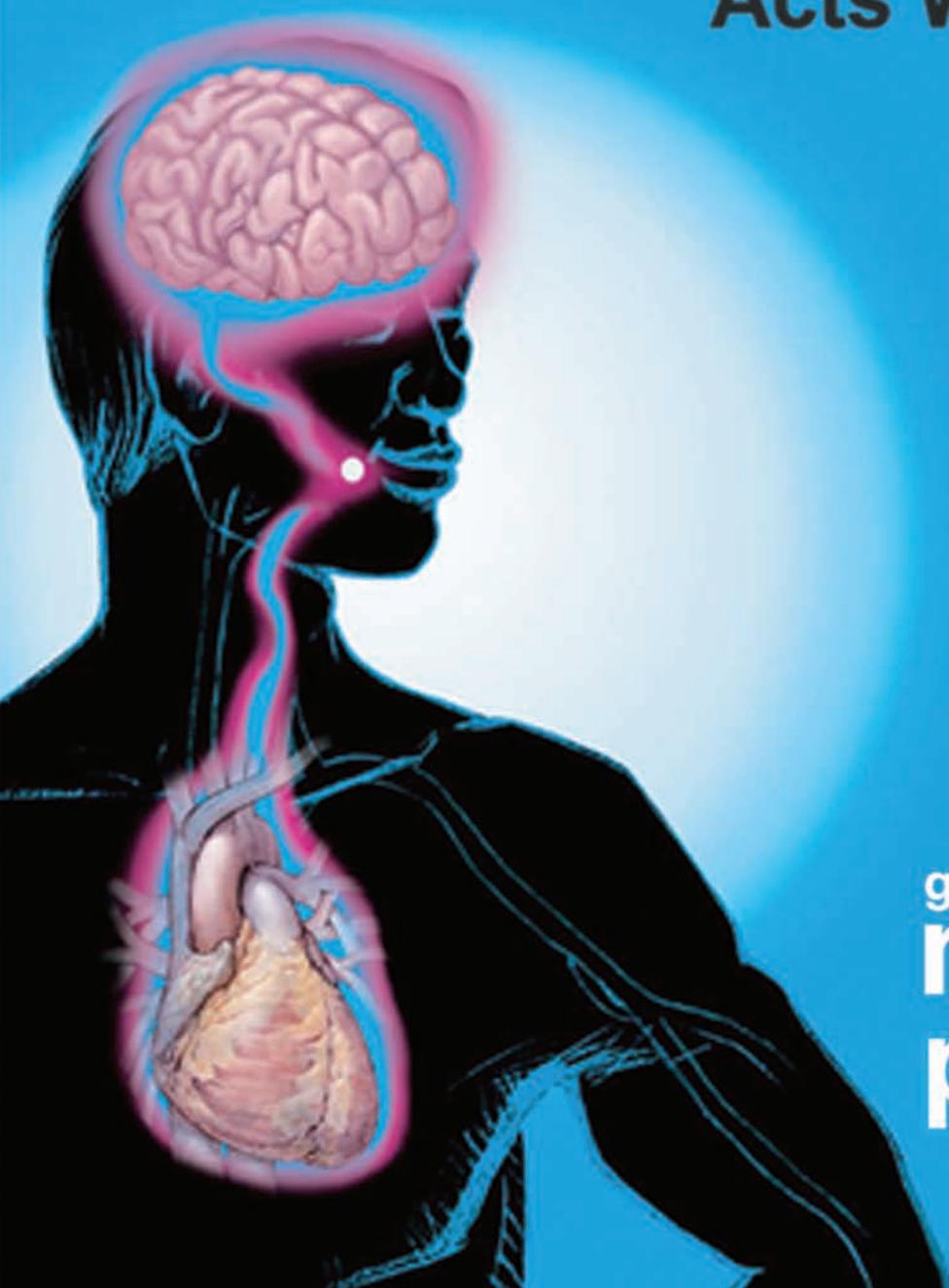


the ads. Similar fines were levied against the company in Brazil and France as well. Genetically modified crops (or Organisms) (GMO), were introduced by the Monsanto scientist Robert Fraley for which he was

Cardiprin[®] 100

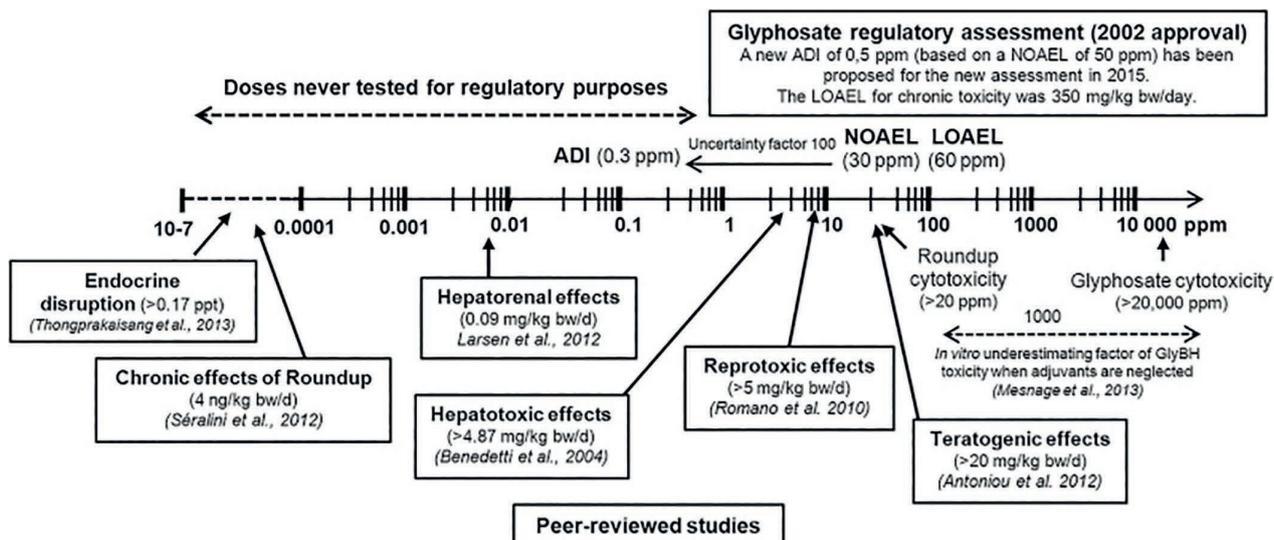
Rapidly dissolves on the tongue

Acts Within **15** mins¹



gives
**maximum
protection**
for **24** hours

Toxic Effects of...



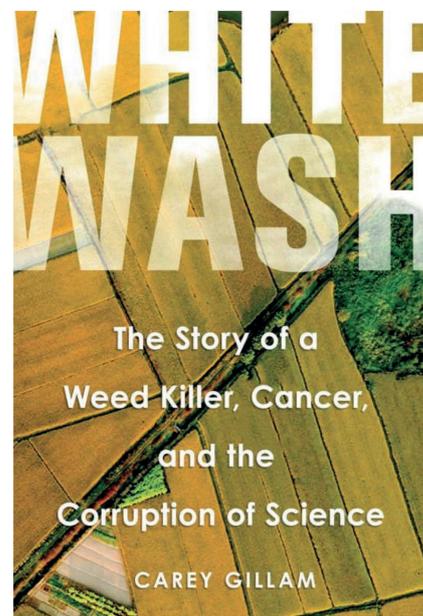
Similarly, in a study conducted on the agricultural top soils in the European Union, Glyphosate and/or its metabolite AMPA was present in 45% of the top soils collected from eleven countries cultivating six crop systems, with a maximum concentration of 2 mg kg⁻¹. What I have shown above are only a few examples pointing to a serious trend in the contamination of the environment the food and the water supply and the whole ecosystem with glyphosate and its metabolites. This level of wide spread ingestion of glyphosate can easily lead to a high level of bioaccumulation in human tissues. Glyphosate and AMPA are eliminated slowly from plasma and, it is likely that glyphosate is distributed throughout the body by the blood circulation with considerable diffusion into tissues to exert systemic effects (Anadón et al 2009). In metabolic studies of farm and laboratory animals, no significant degradation was observed for either glyphosate or AMPA in pig, cattle and chicken liver, fat or muscle before 24-26 months, 13 months for eggs and 16 months for milk (EFSA 2015).

Global Concerns about Glyphosate Toxicity

Most countries are seriously concerned about the contamination of their food supply because now we are far more aware of the multiple toxic effects of the glyphosate formulations at various concentrations. As such they have

begun to limit, phase out and totally ban glyphosate in many jurisdictions or provinces and countries as a whole. In 2016, the European Union, due to renew its approval of glyphosate for another 15 years, amidst exceptional controversy extended the approval for only 18 months and later extended it for five years, banned the use of the surfactant POEA, and required minimized use in public places and minimize pre-harvest use.

The French Minister for Health has said that France will ban glyphosate regardless of the EU decision. In August 2016, Italy banned the use of glyphosate in public places and those frequented by children and the elderly. Malta has subsequently announced that it will be the first EU country to completely ban glyphosate (Pohlman 2016). Belgium declared that will be pesticide-free by the end of 2017, with no spraying of glyphosate or any other pesticide in public areas; and 42 communes in Luxembourg have banned the use of pesticides (PAN UK 2016). In Canada, 8 out of 10 Canadian Provinces have in place some form of restriction on the use of non-essential cosmetic pesticides including glyphosate. It cannot be used in public areas or by the public out of doors. Glyphosate was deemed a probable human carcinogen by the World Health Organization's cancer experts in 2015 in a finding that has since triggered waves of liability lawsuits against Monsanto. More than 400 lawsuits are pending against Monsanto Co. in U.S.



District Court of San Francisco, filed by people alleging that exposure to Roundup herbicide caused them or their loved ones to develop non-Hodgkin lymphoma, and that Monsanto covered up the risks. Carey Gillam - a journalist - was one of the first witnesses to testify in these preliminary hearings that began in March 2018. She is the author of the book Whitewash- The Story of a Weed Killer, Cancer and the Corruption of Science.

In this book, Gillam reveals secret (but now public) Monsanto communications that pull back the curtain on corporate efforts to manipulate public perception by paying off scientists and ghost writing articles that were supposed to be independent evaluations of glyphosate, including its ability to cause cancer in humans.

Toxic Effects of...

The final decision on this matter will be decided by the courts. However, more and more evidence is mounting that glyphosate interferes with many metabolic processes in plants and animals

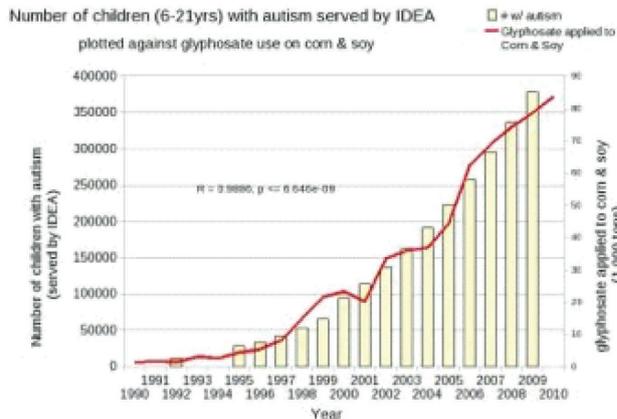
molecules glyphosate and glycine are very similar to each other. Its hypothesized that misincorporation (of glyphosate)during protein synthesis in place of glycine, could cause a cascade of metabolic and

dementia (R = 0.994), autism (R = 0.989), end stage renal disease (R = 0.975)

Glyphosate and CKD

Its hypothesized misincorporation (of Glyphosate)during protein synthesis in place of glycine, the second most common amino acid in humans, could cause a cascade of metabolic and homeostatic changes that result in kidney injury while amplifying harm from repeated episodes of acute kidney injury induced by harsh occupational conditions in the fields. The main argument against glyphosate herbicide formulations as a causative factor was "that there is no evidence of CKD in the U.S in spite of its mass application there". Now we have plenty of evidence indicating that it is not so. Sarah Horton-an anthropologist- in her recent book " They Leave their Kidneys in the Fields" describes very eloquently how the Mexican farm workers who work in the U.S. with pesticides and subject to extreme dehydration are now beginning to develop CKD at a relatively young age.

Glyphosate and Autism*



Pearson Correlation Coefficient = 0.99

*Nancy Swanson, <http://www.examiner.com/article/>

[data-show-correlations-between-increase-neurological-diseases-and-gmos](http://www.examiner.com/article/data-show-correlations-between-increase-neurological-diseases-and-gmos)

<https://bangmosnowdotcom.files.wordpress.com/2015/12/ge-crops-glyphosate-and-the-deterioration-of-health.pdf>

and disrupts the endocrine system and the balance of gut bacteria; it damages DNA and is a driver of mutations that lead to cancer. Genotoxicity and endocrine disruption by glyphosate formulations also lead to chronic health and developmental effects.

Glyphosate is glycine phosphate where a hydrogen atom in the glycine is replaced with a phosphate group. Therefore the two

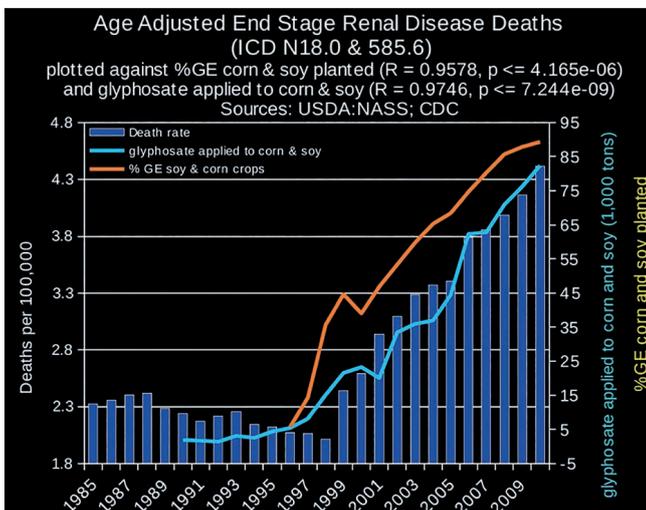
homeostatic changes.

Analyzing the US government databases Swanson et al. searched for GMO crop data, glyphosate application data and disease epidemiological data. Performing correlational analyses they found highly significant Pearson correlation coefficients between glyphosate applications and a number of diseases including , diabetes (R = 0.935), obesity (R = 0.962), senile

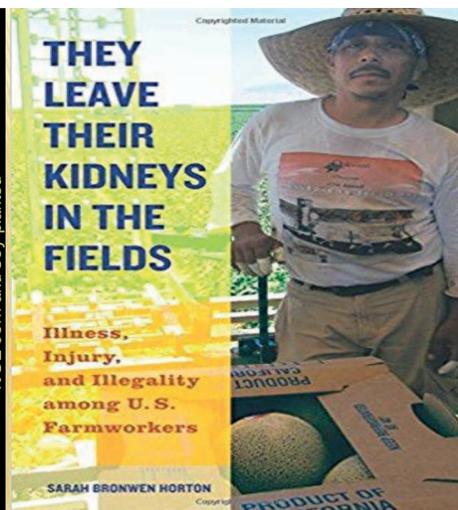
Conclusion

What I have listed above is only a fraction of the weight of evidence in favor of the undisclosed and undiscovered toxicity of glyphosate and its adjuvants. Based upon the precautionary principle <https://academic.oup.com/lpr/article/5/1/19/990788> the burden now shifts to the agrochemical companies to

prove that glyphosate is not as toxic as what I have pointed out here. When that is done, I will let the medical community be the judges to decide on this issue. Without resolving this issue it will be futile for the government or any other agency to lift or relax the ban on glyphosate purely based upon ad hoc testimonials without a further analysis of all available scientific data including the economic considerations.



<https://www.omicsonline.org/open-access/glyphosate-substitution-for-glycine-during-protein-synthesis-as-a-causal-factor-in-mesoamerican-nephropathy-2161-0525-1000541-99002.html>



<https://www.ucpress.edu/book/9780520283275/they-leave-their-kidneys-in-the-fields>

Inauguration Ceremony

SLMA 131st Anniversary International Medical Congress

Dr. Kaushi Attanayake
Congress Coordinator

The Inauguration of the 131st Anniversary International Medical Congress 2018 and the SLMA Oration 2018 was held on 26th July 2018 at the Grand Ballroom, Galadari Hotel, Colombo.

The Chief Guest for the occasion was Professor Dinesh Bhugra, the President of the British Medical Association while Professor Donald Li, the President Elect of World Organizations of National Colleges, Academies and Academic Associations

of General Practitioners/Family Physicians (WONCA) and Professor Vajira H.W. Dissanayake, the President of the Commonwealth Medical Association and a Past President of SLMA were the Guests of Honour for the evening.

Two distinguished past presidents of the SLMA, Dr. Malik Fernando and Dr. J. B. Peiris, were awarded Honorary Life Memberships in recognition of the services rendered to their respective fields in medicine and to felicitate them for their immeasurable contributions towards the SLMA.

The much acclaimed SLMA Oration

2018 was delivered by Professor Anuja Premawardhena of the Department of Medicine, Faculty of Medicine, University of Kelaniya and was entitled "Is iron deficiency anaemia in Sri Lanka an over kill?".

Splendid performances by "Naadro", a well-known professional percussion ensemble in Sri Lanka and a special cultural performance by differently abled students of the Enable the Disabled Sri Lanka Foundation, entertained the audience.

The inauguration ceremony concluded with a grand reception.



Contd. on page 12

**countless
memories**



**100's of
things to do**



18 acres



4 phases...

2 LUXURY TOWERS NOW LAUNCHED AT HAVELOCK CITY

1 CHANCE TO MAKE THE INVESTMENT OF A LIFETIME



The numbers tell the story as Havelock City enters its 4th and final phase.

Don't miss out on space that is one of a kind. Luxurious apartments, elegantly designed to suit your lifestyle, where you can live, work, and play.

Truly, a place to call home.



HavelockCity

A CITY WITHIN A CITY

0772 505 100

www.havelockcity.lk

The inauguration...



Photo credits: Mr. Amal Ranawaka

RAGAMA

KOTHALAWALA

27
GYMS
to CHOOSE FROM

ATTIDIYA

RATMALANA

www.facebook.com/powerworldgyms
Hotline +9471 628 6083

POWER
WORLD
FITNESS CENTRES

Highlights of the 131st Annual International Medical Congress, 2018

Dr. Praveen Weeratunga
Congress Convener

The Sri Lanka Medical Association (SLMA) conducted its 131st Annual Academic Sessions from 26th to 29th, July 2018 at the Galadari Hotel, Colombo. The theme of the sessions was in keeping with the SLMA theme for the year, "Shifting focus from diseases to patients: Today's vision, tomorrow's reality".

The event was very successful with participation of many foreign and local resource persons. A wide range of delegates from various specialties in medicine and allied disciplines were in attendance for the pre congress workshops, academic sessions and post congress workshops. The organizing committee for the annual academic session was headed by the two Vice Presidents of the SLMA, Professor Ariarane Gnanathan and Dr. Christo Fernando.

Pre congress sessions

Several pre congress sessions were scheduled prior to the academic sessions encompassing a wide range of disciplines in medicine. The highlight of these sessions was a workshop titled "Health for all in Sri Lanka: Role of Parliamentarians in achieving Universal Health Coverage" which was conducted at the Parliament of Sri Lanka in collaboration with the World Health Organization. Other pre congress workshops included sessions on wound care organized in collaboration with the College of Surgeons, Patient and Public Involvement and Engagement (PPIE) in research, Stroke rehabilitation, research and multidisciplinary patient care. A visiting group of experts facilitated by the Chinese Medical Association (CMA) conducted a pre congress workshop on liver disease. A communication skills workshop was also conducted in conjunction with the congress which was organized

by Prof. R Mudiyanse of the University of Peradeniya. This workshop was very well attended by many postgraduate trainees.

Academic sessions

The academic sessions comprised a total of 4 orations, 3 plenaries, 13 symposia and 12 guest lectures. The Keynote Address titled "What is Medicine for?" was delivered by Professor Dinesh Bhugra, President – Elect of the British Medical Association. Professor Donald Li, President Elect of WONCA delivered a plenary lecture on "Quality assurance in primary healthcare delivery". Professor Christian Mallen, Director of the Keele University Institute for Primary Care and Health Sciences, UK and Professor Saroj Jayasinghe, Consultant Physician and Professor of Medicine, Faculty of Medicine, University of Colombo, also delivered plenary lectures titled 'Pain and prejudice: the importance of primary care research' and 'The challenge facing medical humanities', respectively.

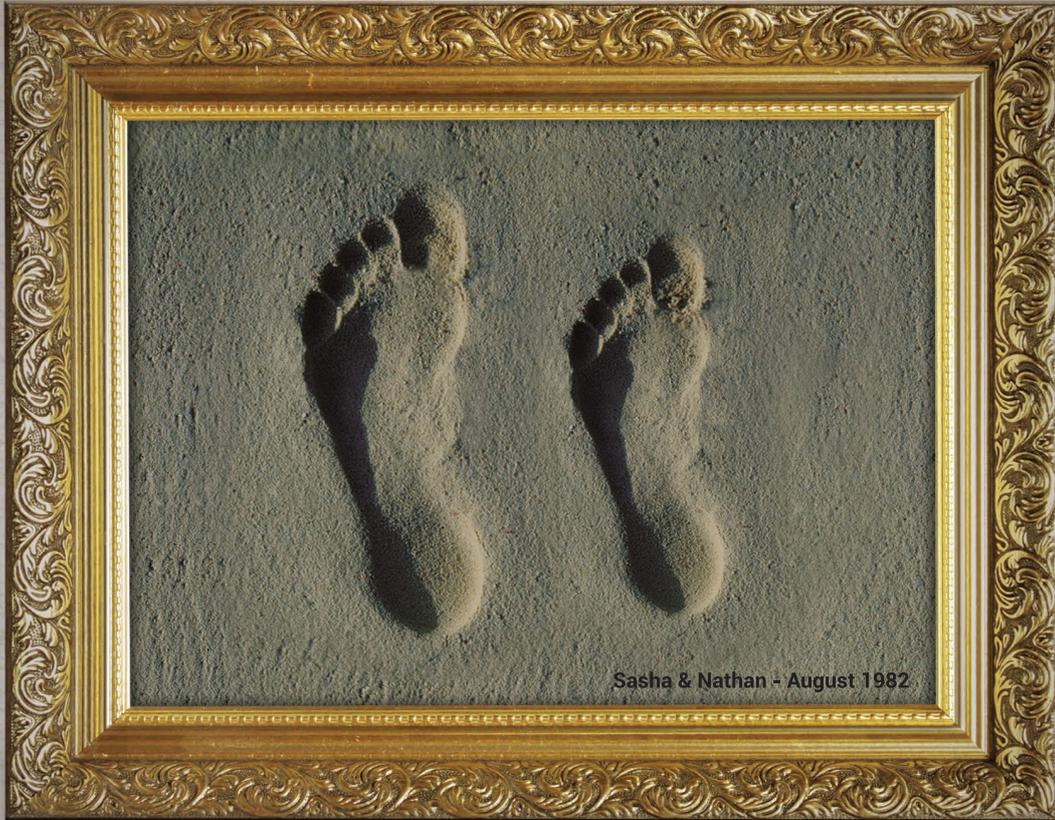


Contd. on page 16



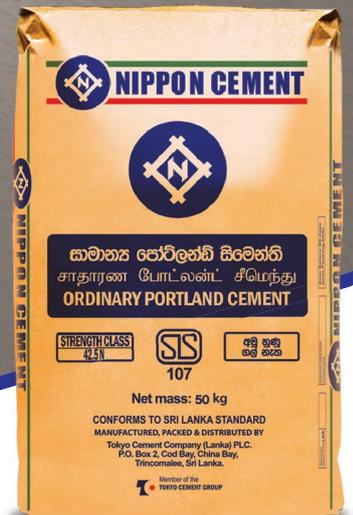
NIPPON CEMENT

BONDED FOR LIFE



BECAUSE MEMORIES LAST A LIFETIME

The best things in life deserve to be cherished. That's why Nippon Cement is formulated with consistent quality to cement the memories closest to your heart.



MRP: Rs. 960/-

www.tokyocement.lk
0112556475 / 0112591016

 **TOKYO CEMENT GROUP**

Highlights of the...



Highlights of the...



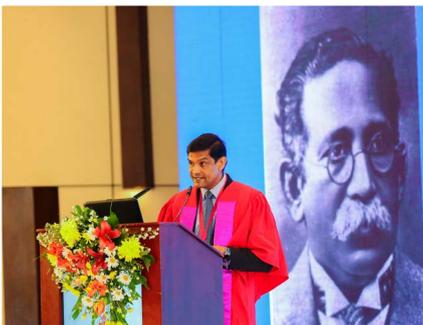
Following tradition, four esteemed orations of the SLMA were held during the academic sessions. These were

delivered by the following orators:

- SLMA oration – Professor Anuja Premawardene - Is iron deficiency anaemia in Sri Lanka an over kill?
- Professor N D W Lionel Oration - Pro-

essor Athula Sumathipala - Patient with persistent physical symptoms not explained by organic illness; a universal challenge across health care

- Dr. S. Ramachandran Oration - Dr. N.K. Anjana Silva - Antivenom in the treatment of neurotoxic snakebite: effectiveness and limitations
- Dr. S.C. Paul Oration - Professor W.M. Tilakaratne - An attempt to understand and combat the silent killer in South Asia



A total of 157 posters and 65 free papers were presented throughout the academic sessions. A highlight of the programme

was a debate on "Doctor knows best"- Doctor-centered approach is more beneficial than patient-centered approach

in the Sri Lankan setting. An active debate and post session discussion ensued.

Contd. on page 18

Highlights of the...

Free paper and poster presentations



Photo credits: Mr. Amal Ranawaka

Debate



Post congress sessions

Two post congress sessions were organized. A session on the "Emerging digital health ecosystem in Sri Lanka" provided insight into the developments of digital medicine in a Sri Lankan context. A follow up session on communication skills is to be conducted in September, 2018.



IMPORTANT NOTICE

Any member of the SLMA who considers himself/herself suitable to guide the SLMA in the year 2020 as President is kindly requested to contact the SLMA Office to obtain the Application for President Elect 2019.

Deadline for submission of applications is **30th September, 2018**

Doctors' Concert 2018

Dr. Christo Fernando.
Vice President, SLMA

The SLMA Doctors' Concert 2018 was held on 28th July from 7.00 pm onwards at the Galadari Hotel Ballroom. The Concert commenced with a short speech by the SLMA President, Dr. Ruvaiz Haniffa.

The event took place in front of an appreciative cosmopolitan audience who enjoyed each of the 28 performances. The Social Secretaries had worked very hard to ensure all logistical arrangements were in place and presented a scintillating programme of music, dance and drama.

The amazing talents of doctors and their family members were presented in a glittering array of many different presentations. The performers gave off their very best to ensure the Concert was a great success.

For the first time the Doctors' Concert featured the performances of two Guest

Artistes, viz Dr. Pradeep Rangana and Rukshan Perera. Dr. Pradeep Rangana was a former Sirasa Superstar and both he and Rukshan Perera are well known professional musicians.

The Concert ended with all SLMA Council Members led by Dr. B.J.C. Perera taking the stage to sing "This Land is your Land, this Land is my Land".



Contd. on page 20

Doctors' Concert 2018...



Photo credits: Mr. Amal Ranawaka



Reduce the Delay

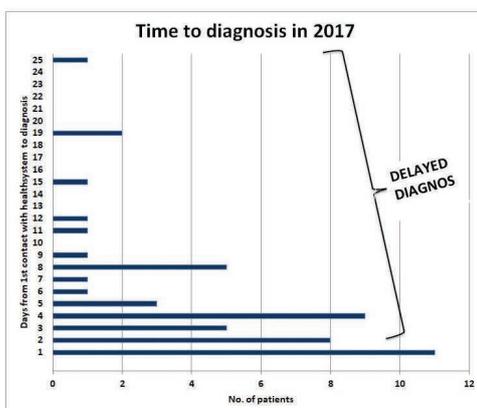
in diagnosing imported **Malaria**

Every single day that a malaria patient is left untreated,

- * His/her chances of survival decreases, &
- * He/she can transmit the disease to others & re-introduce malaria to Sri Lanka



Therefore **malaria should be diagnosed within 24 hours of onset of fever**



Your role:

For all fever patients, always check **travel history** at first interview. If patient has travelled to a malaria endemic country recently, **test for malaria.**

Anti Malaria Campaign Headquarters
Public Health Complex, 3rd floor, 555/5,
Elvitigala Mawatha, Colombo 05
Tell: 011 2 588 408/ 011 2 368 173/ 011 2 368 174
Email : antimalariacampaignsl@gmail.com

Call now for free advice, treatment and drugs
011 7 626 626
www.malariacampaign.gov.lk

The Digital Health Ecosystem in Sri Lanka

SLMA Post-Congress session

Dr. Pamod Amarakoon
Council Member, SLMA

The first Post-congress workshop was held on 30th July 2018 at the SLMA Lionel Memorial Auditorium. The session was well attended by health professionals from all categories, including doctors and allied health professionals. The entire session was also made available online as a webinar to a global audience for the first time in a Post-Congress Session at the SLMA.

The session started at 8.30 am with the Welcome Address by Dr. Rohana Marasignhe, President Elect of the Health Informatics Society of Sri Lanka. Prof. Vajira Dissanayake, the current President, Health Informatics Society of Sri Lanka, provided an overview of how the digital ecosystem of Sri Lankan health domain has developed to the current status and detailed the major milestones achieved.

This inspiring session was followed by a series of presentations on successful digital health strategies that have been implemented in Sri Lanka. Dr. Clive James, Registrar in Health Informatics initiated the presentations with his brief overview on the personal health number, a unique identifier for the healthcare sector, which all citizens of Sri Lanka will be receiving in the next few years. This was followed by a presentation by Dr. Sampath Kulathilaka on the Hospital Health Information Management System (HHIMS) which has been implemented in several small hospitals in Sri Lanka to capture patient health information. Dr. Nishan Siriwardena, Registrar in Health Informatics discussed the Health Information Management System (HIMS), an advanced electronic health records management system implemented in more than ten large scale teaching hospitals in Sri Lanka. This was followed by a panel discussion moderated by Dr. Roshan Hewapathirana, where the issues and developments related to implementation of electronic medical record management systems in Sri Lanka were discussed. Dr. Praveen de Silva, a registrar in Health Informatics, Dr. Nishan



Siriwardena and Dr. Sampath Kulathilaka were the other panellists for the discussion.

The session following the tea break was on public health information systems. Dr. Priyanga Senanayake presented an electronic reproductive health management information system (eRHMS) which has been implemented country-wide to collect information on maternal and child health. This was followed by a presentation by Dr. Pamod Amarakoon, Registrar in Health Informatics on the District Nutrition Monitoring System (DNMS) which has been implemented in three districts of Sri Lanka and which is also the first ever m-Health solution implemented in the public health domain. The tool is used by public health midwives to capture nutrition related parameters of malnourished children at the field level. A panel discussion was conducted on Public Health Information Systems and moderated by Dr. Pandula Siribaddana, Treasurer, Health Informatics Society of Sri Lanka. Dr. Pramili Liyanage, Dr. A. I. A Ziyad and Dr. Janaka Wickramaratne, Dr. Pamod Amarakoon and Dr. Priyanga Senanayake served as panellists for this discussion. This interactive session was richly contributed to by the audience both on-site and online.

Dr. Buddhika Dayaratne, Registrar in Health Informatics presented one of the earliest and most successful e-Health implementations in Sri Lanka, the Electronic Indoor Morbidity and Mortality Reporting (eIMMR) System. This was followed by an overview of the involvement of the ICT Agency of Sri Lanka in the Digital Health Ecosystem of Sri

Lanka by Professor Rohan Samarajeewa, Chairman, ICTA.

The final segment of the workshop was a panel discussion moderated by Prof. Vajira Dissanayake to which Prof. Rohan Samarajeewa contributed as a panellist. This discussion incorporated broader questions from the audience related to the Digital Health Ecosystem of Sri Lanka. The very successful Post-Congress Session concluded with the vote of thanks by Dr. Pandula Siribaddana, Treasurer, Health Informatics Society of Sri Lanka.



Contd. on page 23

The digital...



Photo credits: Mr. Amal Ranawaka

Reliving, Revealing and Relieving SLMA Congress: A reflection by the Honorary Secretary of the SLMA

If someone asks me which is the one single event that I took the greatest trouble, so far in life to organise and had the most pre-preparatory work done, I would have to answer honestly that it is not even my own matrimonial function but the SLMA Annual Congress 2018! Even with all that preparation was I worried about it until it concluded? Yes of course, I worry about anything and everything, be it trivial or gigantic. That is part and parcel of me; 'Hasini'!

In my personal life, except for a little intelligence, some common sense and some wealth passed down to me by my parents, nothing came easy or without having to work hard for it. The SLMA Congress was not different. If someone wishes to prepare a comprehensive list of obstacles one would encounter when organizing a conference, we can do that with much ease as we faced all of them from the beginning to the end. It varied from expected hitches such as poor compliance of resource persons not responding or sending the required material on time, symposia organizers forgetting their own symposia to organize or attend, last minute changes to speaker lists and hence to the programme, a novice SLMA administrator who is new to this type of responsibility, delays,

accusations, heartbreaks, mistakes, lack of responsibilities, breakdown of wifi just days prior to the Congress, to unexpected issues such as crashing of the computer with all essential data, quite close to the event and both the President and the Secretary meeting with road traffic accidents, to name just a few. Troubles did not spare us even on the day of the Inauguration. A couple of hours before the Inauguration, the SLMA office turned into a mini-Emergency Treatment Unit with intravenous and intramuscular medication to prevent the Secretary going into anaphylaxis following a food allergy! Looking on the bright side, there are very many to mention. Out of all, having a non-dictatorial cool-headed President who trusted his committee and staff and a respect-earned veteran at the chair of the Congress who knew exactly what to do, were the two best things. A diligent group of office bearers and steering committee members, an experienced office staff who knew the process inside out, an efficient, dedicated pre-intern doctor at the office (with a protective fiancé who spent hours in the car park to pick her in the evening and voluntarily helped us at times) were some others. Along the process we also met a diverse group of individuals who went beyond their duty or



"Medical Seminar, Ms. Sims."
From https://www.cartoonstock.com/directory/medical_seminars.asp. Credits to the artist Martha Campbell.

attachment to the SLMA such as most of the sponsors, service providers and medical students who volunteered to assist us before and during the Congress. General acceptance is that the most difficult part of any work is encountered during the initial period when the process is initiated. However it was not the case at the SLMA Congress. As soon as we were able to occupy the office after the Induction of the President in late January, a steering committee with multidisciplinary specialists, doctors from the Council and outside the Council was appointed under the most able leadership of Professor Professor Ariarane Gnanathasan, Vice President of the SLMA.

Contd. on page 24

Reliving, Revealing...

After just a couple of meetings the programme was ready and was approved by the Council. The rest of the process started in no time.

This second phase was the most difficult and tiring period with all the drawbacks and hiccoughs described above. Close to the event, the working hours gradually increased up to 15 hours a day, at least for a few of us. Most days Dr. Kaushi Attanayakage (pre-intern at the SLMA office), Dr. Amaya Ellawala (Editor in Chief of Congress Programme Book), Miss. Jayarani Tennakon (Accounts Executive at the SLMA office) and I (Hony. Secretary) were at the SLMA office until one of us received a call from home reminding us about the time (more of a scolding than a reminder)!

Finally, with all these preparations, the day was destined to dawn for starting the event with eight (08) Pre-Congress

Sessions at various locations over 3 days. The Main Academic Programme was delivered through one Keynote Address, three Plenaries, 12 Guest Lectures and 13 Symposia. In addition, there was a thought provoking debate, 4 Orations and two Post-Congress Workshops. The most prestigious of all orations in Sri Lanka 'The SLMA oration' was delivered at the inauguration ceremony and the illustrious Professor N D W Lionel Memorial Oration, Dr. S C Paul Oration and the Dr. S Ramachanchran Memorial Oration followed. The doctors' concert organized by Dr. Christo Fernando, Vice President of the SLMA showcased the artistic talents of SLMA's members.

Thanks to the hard work of the entire team, the whole congress went smoothly and on time. Generally, after a congress the post-mortem reveals all flaws. However, this time there was nothing said against

the Congress, making all of us happy. However we are well aware that there may be different thoughts about the Congress and we would like to know them as those would contribute towards further improvement of future events. Therefore, I would like to conclude this piece by requesting the membership to send any comments that you have regarding the Congress to the SLMA. We are very happy to learn from our mistakes and to take steps to correct them.

Finally I invite all the doctors to attend our Mini-Congress, the SLMA Foundation Sessions 2018, scheduled to be held on 18th and 19th October 2018 at the auditorium of the SLMA.

With best wishes,

Hasini Banneheke
Hony. Secretary of the SLMA

Nutrition Month Lunchtime Symposium: "Challenges in Nutrition on Prevention of Non-Communicable Diseases"

Dr. Chathuranga Ranasinghe
Convener, Expert Committee on NCDs /
SLMA

A symposium on "Challenges in Nutrition on Prevention of Non-Communicable Diseases (NCDs)" was held in parallel with the 'Nutrition Month' which fell in June, 2018. The symposium was held on Friday, 8th June 2018, at the Lionel Memorial Auditorium, SLMA. It was attended by nearly 100 participants including the those from the healthcare sector, food industry, media and the general public. The event was organized by the SLMA Expert Committee on Non-Communicable Diseases.

The session consisted of lectures and an interactive panel discussion which was chaired by Dr. Jayanthimala Jaywardena, Chairperson, NCD committee/SLMA.

Synopsis of the session

Toxins in Food: Are We Poisoned through Food, Agriculture and Advertising?

Dr. Damayanthi Perera
PG Dipoma in Public Health & Policy (UK),
BSc, MSc, PhD (UK)
Nutrition Specialist / Independent
Researcher

It is stated that we live in the most celebrated era in human history. Paradoxically, it has been announced that for the first time in a century, children in the West face the prospect of dying before their parents! This is the greatest paradox of our times! Post globalization, global health data are worrying (WHO, 2002). In the 21st century where free trade is given priority over public health, global consumers are suffering from globesity (global obesity), numerous NCDs and are dying prematurely. The presentation covered the global scenario of food, agriculture, food processing, NCDs and the challenges of preventing NCDs in this globalized, free trade era. Free Trade

Agreements are a contentious issue locally and globally. The trade liberalization and 'unregulated' Free Trade has affected the health of global consumers.

In the 21st century, agriculture (i.e. agrochemical based agriculture, genetically modified food etc.), food processing (i.e. ultra-processing of food) and advertising have changed by leaps and bounds in negative directions! The audience was taken beyond conventional boundaries in food poisoning to 'white collar food fraud' and 'slow poisoning of consumers' though **ULTRA-PROCESSED FOOD** and **MIND POISONING** (i.e. through advertising, brand promotion, prescription etc.). In essence, post globalized, free trade era consumers are exposed to a **TOXIC FOOD ENVIRONMENT**.

There is aggressive promotion and marketing of highly 'unnecessary', harmful and 'potentially' harmful ultra-processed food products (i.e. food, beverage and milk products) to 'uninformed' consumers. Under Mind Poisoning, the presentation highlighted issues relating to unethical

Nutrition Month...

and unregulated advertising, marketing, professional collusion, silence etc. Potential threats to health via indiscriminate and mass food fortification and genetically modified food were also brought to the attention of the audience.

Ultra-processed Food and Premature Death

Available global data indicate that ultra-processed food marketed largely by Transnational Companies (TNCs) is leading to global morbidity and mortality. Nevertheless, despite this evidence, the **Global North** is exposing the **Global South** to deadly epidemics of NCDs by marketing and promoting unhealthy food products and agro-chemicals. There is relentless pressure and coercion to open our markets and accept potentially dangerous fortified food and Genetically Modified (GM) food. Ironically, the majority of consumers do not understand the nexus between food, agriculture, food politics, economic policies and Free Trade Policies etc.

Mind Altering Food Products!

There is evidence to show that new techniques are used by the food industry to lure consumers and grab the largest market share. Available data demonstrate that the food industry formulate highly palatable and addictive food that may alter the natural neuro-chemistry, to get consumers to buy more and eat more.

Individual Choice vs. National Policies

Modern day food choice is influenced mainly by food related economic policies, agriculture policies, food processing, Free Trade Agreements, aggressive advertising etc., rather than individual choice. The available global data demonstrate that the NCD epidemic is largely due to faulty economic and agriculture policies, ultra-processing of food and unethical advertising etc., (i.e. industrialization of the food system). **Therefore to prevent or minimize NCDs, it is essential to introduce consumer friendly economic policies and radical reforms in agriculture, food processing and**

advertising etc.

Golden window of opportunity

Western / industrially developed nations have failed to protect their consumers. The bright side is, learning from the failures of the West, we have a golden window of opportunity to prevent the same happening in our country. Therefore, citizens / consumers have an inalienable right to receive unbiased and truthful information on food, agriculture, environment, health, food processing, marketing, food related economic policies, trade agreements etc. (i.e. Consumer Rights).

Knowledge is the Key to Good Health & Survival

In a globalized world, knowledge is the key to good health and survival - not branded, expensive food products or the so-called 'Functional Food' touted aggressively via mass media. Ultra-processed foods are marketed through trade puffery and unethical advertising. Monteiro et al. (2010) highlight the need to enact laws to protect the public from commercial exploitation by Transnational Companies.

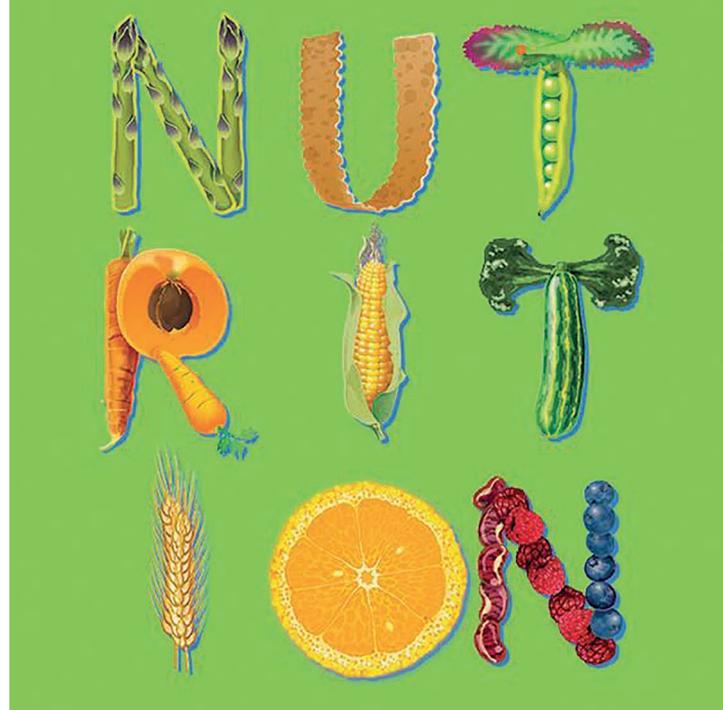
Nutritional Challenges in preventing Non Communicable Diseases

Dr. Bhanuja S. Wijayatilaka,
MBBS, MSc, MD
Consultant Community Physician
Nutrition Division, Ministry of Health,
Sri Lanka.

Local Perspective

A key driver leading to metabolic and physiological changes related to NCDs; is consumption of foods high in fat, salt and sugar (FSS) including trans-fats. Hence, there are many challenges in preventing NCDs locally at various levels related to policies, food environment, community empowerment, public-private partnership, research, monitoring and evaluation.

Sri Lanka has a well legally empowered



system to monitor food hygiene and related issues; however, a system to monitor nutritional safety of food and beverages is yet to develop. Introducing the traffic light system for sugary beverages, implementing sugar tax and developing nutrition profile model to control undue marketing of food and beverages to children are some great achievements in the recent past.

In the meantime filling the gaps in labeling regulations is happening to address the identified challenges at the policy level. Creating a supportive food environment is the greatest challenge and a most important strategy to promote healthy food habits. Establishing eating places at community level with the availability of healthy food options at affordable prices is a real challenge. The public demand for healthy food options should be created along with community empowerment, which is a vital requirement to achieve this. However, Sri Lankans are traditionally used to eating high amounts of starch and food with high fat, salt and sugar and this is culturally accepted. Thus, we enjoy and are used to such food from childhood. Therefore some of our traditional and cultural food habits discourage food manufactures from producing healthier options with less fat, salt and sugar. Food industries are profit oriented and highly competitive businesses. Hence, reformulating healthy food options without a good demand is a challenge.

Nutrition Month...

However, some unethical media advertisements and undue food promotions, specially aiming at children is a serious problem and a challenge to be addressed. This probably could be achieved by developing a better public-private partnership.

Inadequate local scientific data in this field is also a challenge and improving monitoring and surveillance system at the ground level with multi sectoral involvement would be another challenge in preventing Non Communicable Diseases in Sri Lanka.

Panel discussion

Prof. Chandrika Wijerathne, Consultant Physician and Past President, SLMA

Dr. L.T. Gamlath, Deputy Director General, Food and Environmental Health and Food Safety, Ministry of Health

Dr. Damayanthi Perera

Dr. Bhanuja Wijeytilake

Dr. G.T Gamlath, pointed out that government regulations will be coming up within the next six months to counteract some of the mentioned challenges. Control of added sugar in the dairy products is



one of the more important steps which has initiated discussions. The Ministry of Health is undertaking steps to regulate media advertisements which will be scrutinized before being presented to the public. The advertisements targeting children will be strongly regulated and the use of children in advertisements will potentially be banned. The inclusion of standard nutrition panel, which is currently being printed voluntarily by the specific company concerned, needs to be regulated. Dr Gamlath stated that these progressive developments taken by the Ministry of Health should be supported

and need to be taken forward by the media and the stakeholders. Professor Chandrika Wijerathne, emphasised the importance of multi-sectoral involvement and contribution in facing global pressures and meeting local challenges.

The session was very interactive and included dialogue between the media, food industry and policy makers. It was concluded that if the planned regulations are legislated and implemented, it will be a strong initial step to block many avenues which have created problems in the food industry leading to challenges in providing quality nutrition to the nation.



Vacancy - Post of Co-Editor, Ceylon Medical Journal

Applications are called for the post of Co-editor of the Ceylon Medical Journal.

Please apply with a letter outlining your research and editorial experience and a brief CV.

Applications should be addressed to the Honorary Secretary, SLMA, No. 6, Wijerama Mawatha, Colombo 7.

Closing date: 30th September 2018

Time to sit back and relax!

Speak to us for turnkey publishing solutions.



Sri Lanka Medical Association Foundation Sessions 2018

18th & 19th October, 2018

N.D.W. Lionel Memorial Auditorium, SLMA

8.30 am – 5.00 pm

E.M. Wijerama Endowment Lecture

18th October, 2018

N.D.W. Lionel Memorial Auditorium, SLMA

6.30 pm

M- 88

Inland Postage Paid



THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

To

.....

.....

.....

.....

If undelivered return to:

Sri Lanka Medical Association. No 6, Wijerama Mawatha, Colombo 7