



SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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Developing Communication Skills

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SLMA Theme 2018

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

OFFICIAL NEWSLETTER OF
THE SRI LANKA MEDICAL
ASSOCIATION

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President's Message

Dear Member,

We have completed a relatively quiet month of routine CME activities consisting of a joint regional meeting in Ratnapura, in collaboration with the Clinical Society of the Ratnapura General Hospital, a joint CME symposium on 'Facts and myths on the use of statins: What you should know' in collaboration with Healthy Life Clinic and a monthly clinical meeting on 'Diagnosis of leprosy in the post elimination era' in collaboration with the Fairmed Foundation.

The Foundation Sessions will be held on the 18th and 19th of October 2018 at 'Wijerama House' for which the programme has been finalized and is available on the SLMA Website. On 18th of October there will be a lecture discussion on the New Tax Act, which has come into effect in Sri Lanka this year, to enlighten our members on the details of it.

In today's technology aided and augmented practice of medicine, photography has become an integral part of diagnosis, treatment and delivery of care. Some specialities use this tool more than others. In this context we wanted our members to be exposed to the basic skills of clinical photography and have included a session on it in the Foundation Sessions Programme. The SLMA is mindful of a myriad of ethical ramifications and consequences of the use of photography in clinical settings for delivery of healthcare, particularly with the use of mobile phone cameras. It has been brought to our notice that even medical students use photographs taken in clinical settings for learning purposes. The SLMA intends to review the existing guidelines on the use of photography for clinical practice and update such guidelines and make them available to the Sri Lankan medical profession in the near future.

The SLMA cricket team will be in action during the upcoming cricket season. We played our first match on the 24th of September against the Institute of Architects of Sri Lanka and I am delighted to inform you that the doctors won the 35 over match by 4 wickets with 2 overs

to spare. The Architects scored 183 runs in 35 overs which was easily overhauled by the SLMA team. The next cricketing event on the calendar is our annual traditional encounter with the Bar Association of Sri Lanka, the Law-Medical encounter. The SLMA is hosting this event this year and it will be held on Sunday 21st October 2018, from 9.00am onwards at the Thurstan College Cricket Grounds, Colombo. I take this opportunity to invite all members to drop in at the match at their convenience even for a few minutes to cheer on and encourage our colleagues who keep the SLMA flag flying high in the professional cricketing arena.

The Social Secretaries and the Dance Committee of the SLMA are busy putting the final touches to the social event of the year for the SLMA; The Medical Dance 2018. It is scheduled for Friday 14th December 2018, 7.30 pm onwards at the Shangri La Hotel, Colombo. Misty and Flame will be the bands in attendance and the dance will be compered by Mr. Dominic Kellar. The tickets for the event will go on sale by the first week of November. The sale of tickets will be on a first come first served basis. You may pre-book your tickets by phoning the SLMA office. We do hope you will join us at this event with your family and friends.

With the very best of personal regards

Dr. Ruvaiz Haniffa
President
SLMA

“The SLMA is mindful of a myriad of ethical ramifications and consequences of the use of photography in clinical settings for delivery of healthcare, particularly with the use of mobile phone cameras. It has been brought to our notice that even medical students use photographs taken in clinical settings for learning purposes. The SLMA intends to review the existing guidelines on the use of photography for clinical practice and update such guidelines and make them available to the Sri Lankan medical profession in the near future.”



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“Your x-ray showed a broken rib, but we fixed it with Photoshop.”

SLMA Joint Regional Meeting: Kekirawa

Dr. Shihan Azeez,
Assistant Secretary, SLMA

Dr. Sumithra Tissera,
Assistant Treasurer, SLMA

The fifth Regional Clinical Meeting of the SLMA organized in collaboration with the Ministry of Health of the North Central Province, Anuradhapura Clinical Society and the Kekirawa District Hospital, was held at the Auditorium, District Hospital Kekirawa on 29th of August 2018. There were around 60 participants. The programme commenced with the welcome addresses delivered by Dr. Palitha Bandara, Provincial Director of Health Services, North Central Province, Prof. Ariarane Gnanathan, Vice President SLMA and Dr. Jayantha Wijesuriya, DMO, District Hospital Kekirawa.

The first session, was chaired by Dr. Lucian Jayasuriya, Past President SLMA and Dr. Nuwan Premawardena, President Anuradhapura Clinical Society. Lectures were delivered by Dr. Yasoma Kumari, Consultant Community Physician, Nutrition Division, Ministry of Health, Nutrition and Indigenous Medicine on "Nutrition in General Practice", Dr. Punsisi Egodagoda, Senior Registrar Microbiology, Apeksha Hospital, Maharagama on "Antimicrobial Resistance as an emerging challenge in the periphery" and Dr. Uditha I. Hewarathna, Consultant Cardiologist, General Hospital, Panadura on "Myocardial Infarction – management at peripheral level".

The second session was chaired by Dr. Dileetha Kuruppu, Consultant Transfusion Physician & Dr. Nadeeja Herath, Consultant Community Physician, RDHS Office, Anuradhapura. The session comprised of lectures by Dr. Clifford Perera, Senior Lecturer and Medico-legal Specialist, Department of Forensic Medicine,

University of Ruhuna on "Poisoning Management, Current Updates and Mishaps in the Periphery", Dr. Udaya de Silva, Consultant Paediatrician, TH Anuradhapura on "Management of Febrile Convulsions & Status Epilepticus", Dr. Dinesh Punchihewa, Consultant Intensivist, TH Anuradhapura on "Life Threatening Emergencies – Management in the Periphery" and Prof. Ariarane Gnanathan, Consultant Physician and Professor in Medicine, University of Colombo, on "Important Aspects in the Management of Snake Bites".

Each session was followed by a lively discussion.

The meeting concluded with the vote of thanks by Dr. Asitha Thanippuli Arachchi, Council Member, SLMA.

All participants were awarded a certificate of participation with CPD points.

The meeting was sponsored by Ceylon Biscuits Limited. Prof. Sriyani Ranasinghe, Professor of Biochemistry, Department of Biochemistry, University of Peradeniya spoke on 'The Glycaemic Index of Samaposha and other foods', on behalf of the sponsors.



JOB SATISFACTION

Dr. Sarath Gamini De Silva
Consultant Physician and Council Member,
SLMA

I was compelled to write the following after receiving an e mail message from a Sri Lankan expatriate doctor in UK.

I quote;

“My non return to Sri Lanka could be a blessing as I probably avoided falling into this type of system. I am now retired after nearly 47 years of service in accordance with the principles inculcated at entry to the profession. But my only regret is that it was not a service to fellow Sri Lankans (except for the first 7 years). I console myself being a Buddhist, it was nevertheless to other human beings.”

In my reply the last sentence was “How nice

it would have been if all the well meaning doctors remained in Sri Lanka and set an example of proper ethical practice”

Let me elaborate. What I write below is not a boast. I am sure many of my colleagues and contemporaries will express similar sentiments. Let it give some inspiration to the younger members of the profession, that one can do a good and satisfying job even in a corrupt and disorderly “system” like ours. Ethical practice with a good knowledge of what is expected of a doctor is essential to have job satisfaction. In retirement, one can look back and feel happy about the good job done, appreciated by others. It should be stressed that contentment and a sense of accomplishment later in life comes from appreciation of one’s work from patients, colleagues, students and others and not so much from what one has accumulated in material and monetary terms.

I am a senior consultant physician who retired from government service nearly ten years ago, after thirty six years of service in the state sector. I am still active in the private sector. Apart from treating thousands of patients, for twenty five years I was teaching medical students

and post graduate doctors. I was also involved as an office bearer in various medical associations and was a member of the Sri Lanka Medical Council (SLMC) for ten years. I was an active member of the Government Medical Officers’ Association (GMOA), its’ vice president for two years.

May I hasten to add that I was elected to the SLMC nominated by the GMOA but did not act as its representative safe

guarding the interests of the union. All my actions and sayings there were according to my conscience.

I had a reasonable private consultation practice which enabled me to enjoy a decent standard of living albeit working for long hours in the evenings. I never compromised my hours of work in the state hospital to engage in private practice. My private patients were not given special care if they sought treatment in the state hospital. I earned enough resources to give my three children a sound education, having paid the due share to the state coffers. I have always found enough time for my leisure activities like travel and literary work.

In my consultation practice now I come across many patients who mention how they are grateful to me for treating their kith and kin so many years ago. They mention how I made the correct diagnosis or referred the patient to the appropriate sub specialist for timely action. They express gratitude for not doing unnecessary tests or for cutting short a long prescription given by others. I never considered myself infallible and consulted my colleagues when ever I had a problem in my hands.

No doubt I must have had a few failures in my clinical judgment or in my dealings with others.

Large numbers of my students are serving as doctors in the length and breadth of the country. Many are specialist consultants in their own right. When I meet them they often mention even the details of classes I have conducted for them many years ago. My patients talk of the doctor in

their village or town proudly claiming to be a student of mine. It is very satisfying to feel that I have been a positive influence on my students hopefully making them better doctors.

In an earlier essay I said that the doctors are a product of this corrupt society where making money has become the main goal in life. I argued then that it is unreasonable to expect the doctors to

behave any differently from the rest. However I insist that for a professional, job satisfaction is of paramount importance. Members of our noble profession should be above board so that the society that looks up to them, will not feel let down.

In semi-retirement now, I consider myself to be very fortunate having done what I consider to be a reasonable and an honest job. I have a “weakness” in my tendency to openly criticize various faults and irregularities in others, a trait I inherited from my late father, despite having my own faults no doubt. I write to medical newsletters, journals and the national press and speak up at gatherings of doctors on these matters. I am supposed to be not very diplomatic in my dealings, in the process making many adversaries. However in our culture, I believe “diplomacy” is often considered to be a weakness and is unlikely to achieve results. I am disheartened by so many letters and articles appearing in the press criticizing the doctors, indicating that the society in general is fast losing faith in this once noble profession.



Contd. on page 08

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Job satisfaction...

Now to go back to the quotation at the beginning; those who left the country for greener pastures have been well remunerated, have had comfortable lives and educated their children without much of a hassle. They are now in full retirement probably traveling all over the world on leisure tours or engaged in meditation and other religious practices. Many of them are

now serving the motherland in various ways. Most of them are good people whose practice must have been above board. All are necessarily compelled to be ethical and fool-proof in what they do as otherwise the punishment would have been severe in those countries where the laws are strictly enforced, or else litigation could have finished them off.

But are they being recognized now for their contribution of a life time? Or are they being treated as spent forces who have been well remunerated for their work and the society feel no further obligation or need for them? They should think again before feeling relieved to have escaped the "mess" that is Sri Lanka!

SLMA Cricket Team Brings the Trophy Home

Dr. Lahiru Senanayake
Member – SLMA Cricket Team

The third annual Doctors' vs Architects' Cricket Encounter organized by the Sri Lanka Medical Association and the Institute of Architects of Sri Lanka was successfully held on 24th September 2018 at the Thurstan College Cricket Ground.

The SLMA team won the event comprehensively and retained the trophy for the third consecutive year. Captain of the team Dr. Sritharan Ganeshamoorthy decided to field first after winning the toss. The match was restricted to 35 overs due to bad playing conditions. Architects posted a competitive 183 for 9 wickets with top scorer Vinoth making 66 runs and Captain Champika Manoj scoring 28 runs. Dr. Heshan Amarathunga of the doctors' team bowled an excellent spell of 3 for 35

in 6 overs. In reply, the SLMA team managed to chase down the score in 33.5 overs with 4 wickets in hand. Dr. Rajiv Nirmalasingham scored an unbeaten winning knock of 67 runs in 40 balls. Pubudu (32), Sritharan (15), Thilina (16), and Isuru (15) added to the score.

Dr. Rajiv was named man of the match for his knock and Dr. Heshan became the best bowler while Dr Suranjith was awarded the best fielder.

At a time of untold woes for Sri Lankan Cricket, at least this achievement is something to cheer about for the SLMA doctors.



Architects vs Doctors -Annual Cricket Encounter 2018

Photography by Thaveesha de Alwis



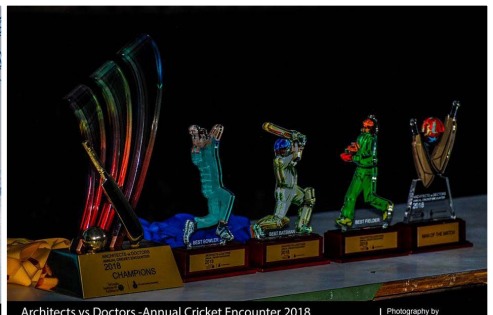
Architects vs Doctors -Annual Cricket Encounter 2018

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Architects vs Doctors -Annual Cricket Encounter 2018

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Architects vs Doctors -Annual Cricket Encounter 2018

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Architects vs Doctors -Annual Cricket Encounter 2018

Photography by Thaveesha de Alwis



Architects vs Doctors -Annual Cricket Encounter 2018

Photography by Thaveesha de Alwis



Architects vs Doctors -Annual Cricket Encounter 2018

Photography by Thaveesha de Alwis

SLMA Monthly Clinical Meeting for August

Dr. Sajith Edirisinghe,
Assistant Secretary-SLMA

The Monthly Clinical Meeting of the SLMA for August, 2018, organised in collaboration with the Ceylon College of Physicians, was held on 21st August 2018 at the SLMA Auditorium. The meeting was chaired by Dr. Ruvaiz Haniffa, President, SLMA.

The meeting commenced with a Case Presentation and Discussion on 'Neuro Ophthalmology' by Dr. A. L. Dharmaratne, Consultant Eye Surgeon, National Eye Hospital, Colombo. Following this, a review lecture on Neuro Ophthalmology was delivered by Dr. Deepanee Wewalwala, Consultant Eye Surgeon, National Eye Hospital, Colombo. An MCQ and Picture Quiz was conducted by Dr. N. Niroshan, Senior Registrar, National Eye Hospital, Colombo and Dr. Isuru De Silva, Senior Registrar, National Eye Hospital, Colombo. The meeting concluded with a question and answer discussion, conducted by



all four resource persons. The discussion was interactive and well attended by Postgraduate Trainees and other grades of Medical Officers.

Therapeutic Update Lecture Series: Haematemesis

A lecture on Haematemesis was organised by the Medicinal Drugs Committee of the SLMA as part of the Therapeutic Update Lecture Series, which aims at providing updated information on therapeutics to

post-graduate trainees, House Officers and Senior House Officers. The session was held on 31st August, 2018 at the Lionel Memorial Auditorium, SLMA and was chaired by Prof. Gita Fernando, Past President, SLMA. The lecture was

delivered by Dr. Nilesh Fernandopulle, Consultant Gastroenterologist and Senior Lecturer, Faculty of Medicine, University of Colombo.



Training of trainers for teaching communication skills

Training facilitators and simulated patients in a single workshop

Prof. R. M. Mudiyanse
Course Director
Consultant Paediatrician and Professor,
Department of Paediatrics, Faculty of Medicine,
University of Peradeniya.

All healthcare professionals have some skills in communication. However, there is a need to enhance these skills to a professional level as this group is constantly challenged with difficult situations due to the nature of the tasks that they have to face. They have to use all their expertise, capabilities and knowledge while sustaining collaborative and supportive attitudes of patient-centred care.

Teaching communication skills is a complex process as it involves changing a behaviour deeply embedded in a person due to many factors of nature and nurture. Experiential learning, reflective learning and role modelling should be enriched with observation-based, descriptive, analytical feedback with empathy and support towards the learner. Adopting such teaching methods would be a paradigm shift in our context where teacher-centred approaches are generally more valued, influenced mostly by assessment methods and lack of teacher training to infuse learner-centred approaches.

SLMA has taken up this arduous challenge with an almost experimental approach of training facilitators and simulated patients (SP). The first workshop was held in July this year, for which the feedback was overwhelmingly positive. Such feedback also supported the necessary steps that were taken to improve the second workshop. Simulated patients who were more fluent in Sinhala language suggested the need for more discussions in Sinhala together with the need for a comprehensive lecture giving details of the entire process. Participants and facilitators suggested using case scenarios unknown to the performing doctor for group activities.



There was a significantly higher demand for the second workshop. We recruited 40 doctors to be trained as facilitators and while the number of simulated patients exceeded the planned number, we adopted a flexible attitude and accommodated 42 of them.

The workshop comprised lectures and role-play based group activities. Certain lectures were common to both SPs and facilitators while some were conducted separately. For group-work, simulated patients and facilitators were distributed equally into 4 groups. Simulated patients practiced role-playing separately under the guidance of a senior SP, while facilitators discussed the assessment of the process and content specific to the scenario. Experiential learning on the first day focused on learning communication skills while observing a senior colleague performing as a teacher. On the second day, participants performed as teachers and received feedback. Communication of sensitive issues with females was a new

experience even for the resource persons and was highlighted by participants as an essential component for future workshops. Over 20 resource persons conducted the workshop as senior SPs and senior facilitators. Two foreign experts from UK also participated. We have received feedback from participants and specific evaluation of the programme from the experts from UK. They have stressed the need for recruiting limited numbers and using more video recordings rather than on the spot demonstrations, due to poor visibility and audibility of demonstrations.



Photo credits: Mr. Vihanga Silva

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SLMA Joint regional meeting: Ratnapura

Dr. Shihan Azeez,
Assistant Secretary, SLMA

Dr. Sumithra Tissera,
Assistant Treasurer, SLMA

The sixth Joint Regional Clinical Meeting of the SLMA organized in collaboration with the Ministry of Health of Sabaragamuwa Province, the Ratnapura Clinical Society and the Ratnapura District General Hospital, was held at the District General Hospital Ratnapura on 4th of September 2018 with the attendance of more than 100 participants.

The programme commenced with the welcome addresses delivered by Dr. Kapila Kannangara, Provincial Director of Health Services Sabaragamuwa Province, Dr. Chinthaka Hathlahawatte, Vice President, Ratnapura Clinical Society, and Dr. Ruvaiz Haniffa, President, SLMA.

The first session was chaired by Dr. Ruvaiz Haniffa and Dr. Kapila Kannangara. Lectures were delivered by Dr. Kavinga Gunawardana, Consultant Endocrinologist, on "How to approach a patient with newly diagnosed diabetes", Dr. Yasas Abeywickrema, Consultant Plastic Surgeon, Colombo South Teaching Hospital, on "Prevention of complications from burns" and Dr. Chandana Kulathunga, President, College of Pulmonologists, on "Environmental Pollution".

The second session was chaired by Dr. Hasini Banneheke, Honorary Secretary, SLMA and Dr. Chinthaka Hathlahawatte. The session included lectures by Dr. Geetha Nanayakkara, Consultant Microbiologist, Ratnapura, on "Anti-microbial Resistance", Dr. Z. Jamaldeen, Consultant Cardiologist, Ratnapura on "Interpretation of Troponin in the clinical setting" and Dr. Lilanthi Subasinghe, Senior Registrar in Critical Care Medicine, NHSL on "Ethical dilemmas in critically ill patients".

The meeting concluded with the vote of thanks delivered by Dr. Z. Jamaldeen, Secretary, Ratnapura Clinical Society.

The participants were awarded a certificate of participation with CPD points.

The meeting was sponsored by George Stuart Health.



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SOME THOUGHTS ON THE ENGLISH LANGUAGE

English is the easiest language to learn. But even as an 'easy language', it doesn't mean to say it's easy to master, or that it doesn't have some pretty unusual features that have made their way into the language with time. It is quite bizarre, to say the least.

Enjoy these examples of why English is a crazy language!

Things that make no sense!

- a) There is no egg in eggplant, nor ham in hamburger; neither apple nor pine in pineapple. English muffins weren't invented in England nor French fries in France. Sweetmeats are candies while sweetbreads are meat.
- b) We take English for granted. But if we explore its paradoxes, we find that quicksand can work slowly, boxing rings are square and a guinea pig is neither a Guinea nor is it a pig...
- c) If the plural of tooth is teeth, why isn't the plural of booth, beeth? One goose, 2 geese. So one moose, 2 meese? One index, 2 indices?
- d) Doesn't it seem crazy that you can make amends but not one amend? If you have a bunch of odds and ends and get rid of all but one of them, what do you call it?
- e) If teachers taught, why didn't preachers praught?
- f) If a vegetarian eats vegetables, what does a humanitarian eat?
- g) In what language do people recite at a play and play at a recital? Ship by truck and send cargo by ship? Have noses that run? How can a slim chance and a fat chance be the same while a wise man and a wise guy are opposites?
- h) You have to marvel at the unique lunacy of a language in which your house can burn up as it burns down and you fill in a form by filling it out.
- i) English was invented by people, not computers, and it reflects the creativity of the human race, which, of course, is not a race at all. That is why, when the stars are out, they are visible, but when the lights are out, they are invisible.

Words with double meanings

- a) The bandage was wound around the wound.
- b) The dump was so full that it had to refuse more refuse.
- c) We must polish the Polish furniture.
- d) The soldier decided to desert his dessert in the desert.
- e) Since there is no time like the present, he thought it was time to present the present.
- f) I did not object to the object.
- g) The insurance was invalid for the invalid.
- h) There was a row among the oarsmen about how to row.
- i) They were too close to the door to close it.
- j) Upon seeing the tear in the painting I shed a tear.
- k) I had to subject the subject to a series of tests.
- l) How can I intimate this to my most intimate friend?

Compiled by Dr. B.J.C.Perera

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Leptospirosis: Beyond Basics

Report on a Symposium organized by the Expert Committee on Communicable Diseases of Sri Lanka Medical Association

Dr Deepa Gamage,
Consultant Epidemiologist

Dr Lilani Karunanayake,
Consultant Microbiologist

Dr Nuwan Ranawaka,
Consultant Critical Care Physician

Dr Tolusha Harischandra,
Consultant Cardiothoracic Surgeon

Leptospirosis is a common zoonotic disease in tropical countries. Humans and animals get infected by wild animals who are the primary reservoir or the maintenance host and by domestic animals such as rodents, cattle, pigs, horses, dogs, who excrete the organism. The direct contact with urine or other body fluids of infected animals or contact with water, soil, or food contaminated with urine of infected animals are the causes for the infection. Human to human transmission is not established.

The organism can enter the body through abraded or traumatized skin, mucous membranes (nasal, oral or ocular) or ingestion of contaminated water. In the body, almost all tissues and organs can get affected after the incubation period of 7-12 days (2 – 30 days).

The global annual incidence estimated by WHO is 0.1 - 1 per 100 000 in temperate climates and 10 or more per 100 000 in the humid tropics. The case fatality rate estimated as 5% - 30%. This disease is considered as a disease of seasonality and Sri Lanka is categorized as a high endemic country with an annual incidence of >10/100,000 population.

Leptospirosis was made a notifiable disease in the National communicable disease surveillance system in 1991. Several outbreaks have occurred from time to time in 2003, 2007, 2008 and 2011, experiencing the largest outbreak in 2008 (incidence 371/100,000 population). The latest incidence is 17.1/100,000 population in 2017.

Leptospirosis is commonly associated with workers in certain occupations, such as farmers, sewage workers, veterinarians and animal handlers. In Sri Lanka, majority



Patient with complicated leptospirosis on veno-venous ECMO at Teaching Hospital, Karapitiya.

are due to exposure in the paddy fields, but are also associated with other occupational exposures in agricultural and animal husbandry. The recreation activities associated with water and mud are becoming an important risk exposure. Control and prevention includes environmental measures to prevent contamination of living, working and recreational areas by urine of infected animals, use of protective equipment in preventing risk exposures and Doxycycline prophylaxis for high risk population categories. The "One health" approach for multi-sectorial involvement including Ministries of Health, Agriculture, Irrigation, Animal Production and Health, Agrarian Development, Fisheries, and Environmental Affairs to work together for awareness and prevention, early detection and management are considered as a requirement for comprehensive control and prevention strategies.

Typically, leptospirosis involves multiple systems and is potentially life threatening. Pathogenesis involves direct tissue damage by the invasion of spirochetes

and more importantly immunological damage following host and pathogen interaction. Classically, penicillin is used as the first line antibiotic and cephalosporin and meropenem have been used for complicated cases. Importantly, cephalosporin has demonstrated the relatively lowest minimum inhibitory concentrations when tested against pathogenic serovars found in Sri Lanka. However, the best choice of antibiotic as well as the role of antibiotics in complicated leptospirosis is still inconclusive. On the other hand, steroid has been tested especially for leptospirosis with pulmonary involvement. Unfortunately, conflicting results make the role of steroid in severe leptospirosis indecisive. Further, patients with complicated leptospirosis involving multiple organ systems warrant supportive care in the Intensive Care Units. Highly sophisticated supportive care measures such as advanced ventilator support, extracorporeal membrane oxygenation may be useful in order to optimize the care of deteriorating patients.

Contd. on page 17

Leptospirosis...

Fatality rate for pulmonary hemorrhage in Leptospirosis is 30-60% and may need advanced respiratory support in the ICU. Countries with a high incidence of Leptospirosis often lack advanced therapeutic respiratory support modalities while countries that do have them have not seen Leptospirosis in the magnitude of the developing countries, and therefore have lacked opportunities to study this disease in depth. Teaching Hospital Karapitiya is at present the only center offering ECMO (extracorporeal membrane oxygenation) in Sri Lanka and our small group of patients thus supported represents the largest known series of

ECMO in Leptospirosis. Following is data of patients who underwent ECMO at Teaching Hospital, Karapitiya.

Total ECMO referrals for leptospirosis (since June 2017): 18

Indication: Inability to oxygenate or remove CO₂

ECMO done: 8

Total ECMO hours: 1199 hours

Survived: 6 (75%)

Died: 2 – Largely due to lack of Continuous Renal Replacement Therapy (CRRT)

ECMO not done: 10

Indicated but not done largely due to late

referral, lack of beds: 8; All died (100%)
ECMO held in reserve to do if further deteriorated: 2; both survived

“Teaching Hospital Karapitiya is at present the only center offering ECMO (extracorporeal membrane oxygenation) in Sri Lanka and our small group of patients thus supported represents the largest known series of ECMO in Leptospirosis.”

A message from the Editor

We invite the membership of SLMA to contribute to SLMA News with articles, poems, cartoons, quizzes etc. We also welcome your views regarding the content of the newsletter. Please forward them to:

e-mail: neditor.slma@gmail.com
amayaellawala@gmail.com

Postal: Editor-in-chief SLMA News,
Sri Lanka Medical Association,
6, Wijerama Mawatha,
Colombo 7.

Let's keep Sri Lanka Malaria free

All are imported!

MALARIA COUNT

in 2018 **35**

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glasbergen.com



“I already diagnosed myself on the Internet. I'm only here for a second opinion.”



SRI LANKA MEDICAL ASSOCIATION FOUNDATION SESSIONS 2018

Venue: Lionel Memorial Auditorium, SLMA

Day 1	
Thursday, 18th October 2018	
8.00 – 8.30 am	Registration
8.30 – 10.00 am	New Tax System for doctors <i>Speakers from the Department of Inland Revenue, Sri Lanka.</i>
10.00 – 10.30 am	Tea
10.30 – 11.30am	Rheumatology – A case based discussion
11.30 – 12.00noon	Session on Primary Health Care Systems by KPMG Sri Lanka
6.30 – 9.00 pm	<p>Inauguration Ceremony (by Invitation only)</p> <p><i>Chief Guest – Prof. Chandrika Wijeyaratne, Immediate Past President SLMA</i></p> <p>Dr. E.M. Wijerama Endowment Lecture “Medical Education in Sri Lanka” Vidyajyothi Professor Lalitha Mendis <i>Emeritus Professor of Microbiology & Past President SLMA</i></p> <p>Awards Ceremony – Free Paper Awards, Research Grants, Media Awards, Tokens of Appreciation</p> <p>Fellowship & Dinner</p>

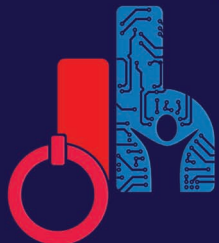
Day 2	
Friday, 19th October 2018	
Clinical Pearls for managing common ailments	
8.00 – 8.30 am	Registration
8.30 – 10.00 am	Session by the World Health Organization
10.00 – 10.30 am	Tea
10.30 – 12.00noon	Cardiology – A case based discussion <i>SLMA in collaboration with the Sri Lanka Heart Association</i>
12.00noon-1.00pm	Lunch
1.00 – 2.30 pm	Clinical photography for doctors <i>Dr. Dinil Abeygunawardane</i> <i>Director, Institute of Multimedia Education (IME)</i>
2.30 – 4.00 pm	Hepatobilliary Disorders – A case based discussion <i>Department of Surgery, Faculty of Medicine, University of Colombo</i>
4.00 – 4.30pm	Tea
4.30 pm onwards	<p>Sir Marcus Fernando Oration</p> <p>“Genotoxicity on exposure to radiation: assessment of micronuclei frequency among persons resident in the vicinity of a mineral sand processing factory in Pulmoddai, Sri Lanka” Dr. Tania Warnakulasuriya <i>Senior Lecturer, Department of Physiology, Faculty of Medicine, University of Kelaniya</i></p>

Registration Fee: Rs. 1000/= for both days

Please contact the SLMA office for further details (011 -2693324. 011 -2690270)

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Facts and Myths on the Use of Statins

Dr. Kayathri Periasamy

Director, Healthy Life Clinic.

A CME symposium titled 'Facts and myths on the use of statins', was jointly organised by Healthy Life Clinic and the SLMA, and was held on 25th October 2018 at the SLMA Lionel Memorial Auditorium.

The audience was jointly welcomed by Dr. Ruvaiz Haniffa, President, SLMA and Dr. Kayathri Periasamy, Director, Healthy Life Clinic. Prof. Nirmala Wijekoon, Specialist Physician and Professor in Pharmacology, Faculty of Medical Sciences, University of Sri Jayewardenepura, and Dr. M. R. Mubarak, Consultant Cardiologist and

President of the Sri Lanka Heart Association served as resource persons at the event.

A total of 52 general practitioners and consultants participated in the symposium.

The main sponsor of the event was BioLife Pharmaceuticals Pvt Ltd. with complimentary material sponsored by Abbott Sunshine Healthcare.



FOOD FOR THOUGHT From the SLMA Ethics Committee

Dr. Harshini Rajapakse

Consultant Psychiatrist and Convener,
SLMA Ethics Committee

"Sri Lanka has exemplary health indicators and is often referred to as a model for other developing nations. This is due to the yeoman service provided by a number of dedicated health professionals. Yet, Sri Lanka is one of the few countries that a large number of mercenary medical professions and industry are allowed to hold the sick to ransom, despite the Hippocratic oath taken by its doctors."

Colombo Telegraph, Dec 2015

As doctors we desire to be honourable in all that we do and we can influence the path we take. Before we act or make any choices, we should probably spend a few moments thinking over the impact our plans may

have on our environment, profession, staff and patients. We may find ourselves unsure as to whether our willingness to consider our circumstances from an ethical standpoint can help us ensure that we do the least possible harm. Our own hearts will likely provide us with answers that extend beyond those we obtain from outside sources with regard to moral matters.

Looking within ourselves for information regarding what is right and what is wrong allows us to formulate our own value systems without being subject to the distractions of an imbalanced universe. Also we can refer to ethical guidelines provided by professional bodies as a benchmark when considering ethical questions, which help our own innate sense of right and wrong. When we look to

our principles for guidance, we discover that the answers we are seeking can be found within us. We no longer have to be directed by external regulatory authorities for direction because we comprehend how our choices and actions impact on the world around us within the context of our own unique moral compasses. Our confusion will transform into certainty when we acknowledge that our own principles represent a sufficient yardstick with which to judge good behaviour.



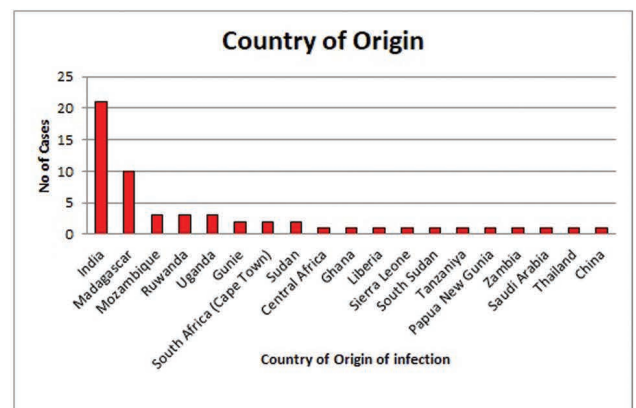
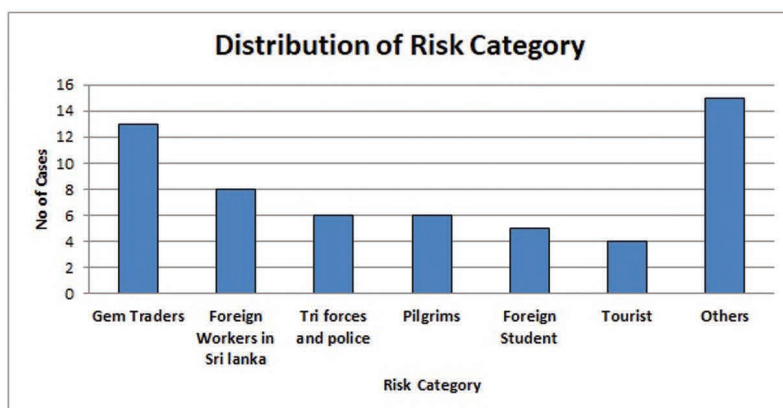


Let's be vigilant; Keep Sri Lanka Malaria Free

Your role - to ensure rapid diagnosis of malaria

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

Year **2017** recorded **57 Imported Malaria Cases**



Anti Malaria Campaign Headquarters
Public Health Complex, 3rd floor, 555/5,
Elvitigala Mawatha, Colombo 05
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SRI LANKA MEDICAL ASSOCIATION

SEMINAR ON

CAREER GUIDANCE FOR JUNIOR MEDICAL OFFICERS - 2018

Objective: To assist junior doctors to choose their career

Date : Sunday 07th October 2018
Time : 8.00 am to 1.00 pm
Venue : Lionel Memorial Auditorium, No. 6, Wijerama Mawatha, Colombo 07
Registration : On or before Wednesday 3rd October 2018

(Admission will be on first come first served basis, as only a limited number can be accommodated).

The registration fee is Rs. 1000/= per participant
Please contact SLMA office for further details
Tel no: 011- 2693324/ 2690270

Hony. Secretary, SLMA



Vacancy for the Chief Operating Officer (COO) at the Sri Lanka Medical Association (SLMA) office

We are looking for a COO to oversee our organization's daily operations and procedures.

If you are an experienced administrator with relevant qualifications, efficient leader and have excellent public relation skills, we'd like to meet you ASAP. Computer literary and fluency in English is essential. A candidate with experience in medial sector is desired. Retired medical doctors are also considered.

Please send your CV with **two referees and their contact details** to "The Secretary, Sri Lanka Medical Association, No. 06, Wijerama Mawatha, Colombo 07" by post or via email to office@slma.lk before **30th October 2018**.

Designing a hospital is one of the most complex types of buildings architects come across. It requires a lot of thinking and planning as it involves a range of functions, operations, services, different units and strict codes and regulations. The concept of a small hospital is based on providing a patient-centred healing environment with a near-zero energy impact on the environment while using the latest technology to improve quality and reduce costs through the building's architecture.

Developing a functional design that is convenient and comfortable for both the staff and patient idealizing real-life scenarios and strongly-held individual preference is the aim of the small hospital concept. Small hospitals focus on delivering a home-like space in a hospital for patients which is important as it helps them feel better and recover faster.



A small hospital design will always focus on delivering patients, a therapeutic environment with soothing and comforting architectural elements. From sanitary facilities to eye-pleasing elements such as windows to the view of outdoors will be taken to account in the design process to deliver patients with a pleasing, familiar, culturally relevant and comfortable environment. A priority should also be given to creating easily accessible and functional spaces for the convenience of patients as well as for the staff, visitors and suppliers, to ensure minimum time and energy waste and promote happier experiences for patients and to stimulate recovery.

The future change of the concept of a small hospital will completely be based on the development and innovations in technology. Development of the healthcare practices, clinical care, engineering and telecommunication will contribute to the enhancement of the concept resulting in further reduced terrain size, staff and construction cost while improving flexibility, accessibility and sustainability.

C + Design (Pvt) Ltd. is a reputable Architectural firm in Sri Lanka with over 10 years of experience in the field. Offering you a range of designing and consultation services. The company is dedicated to delivering high quality, innovative and personalized solutions.





*SRI LANKA MEDICAL ASSOCIATION
PRESENTS*

The Medical Dance 2018

14th December 2018 7.30pm onwards
at Hotel Shangri-La Colombo



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SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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