



SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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SLMA Theme 2018

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

OFFICIAL NEWSLETTER OF
THE SRI LANKA MEDICAL
ASSOCIATION

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in
2018

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President's Message

Dear Member,

We commenced the month of October with the annual Career Guidance Seminar for junior doctors organized by the Health Management Committee of the SLMA. This important event, which is held with the collaboration of relevant professional Colleges and Associations aims to assist junior members of the profession to be able to critically evaluate and objectively decide their future career in the medical profession. The resource persons provide the participants with the academic background required to enter each training programme and provide valuable personal experiences and insight in to each speciality. They also interact with the participants and provide guidance to those with specific queries.

The routine Monthly Clinical Meeting was held in collaboration with the Perinatal Society of Sri Lanka. The topics covered at the clinical update were 'Companionship in labour; more than companionship', 'Respectful labour care', 'Paediatrician perspective of evidence-based care of the new born', followed by an MCQ discussion session. October also saw yet another lecture in the series of Therapeutic Update Lectures on the topic 'Childhood Meningitis'.

The E M Wijerama Endowment Lecture on the topic 'Medical Education in Sri Lanka' was delivered by Vidyajothi Professor Lalitha Mendis, Emeritus Professor of Microbiology and Past President of the SLMA on 18th October 2018. The Sir Marcus Fernando Oration on the topic 'Genotoxicity on exposure to radiation: assessment of micronuclei frequency among persons resident in the vicinity of a mineral sand processing factory in Pulmudai, Sri Lanka' was delivered by Dr Taniya Warnakulasuriya, Senior Lecturer, Department of Physiology, Faculty of Medicine, University of Kelaniya on 19th October 2018. Both these orations were part of the 2018 Foundation Sessions of the SLMA.

The Foundation Sessions of the SLMA were commenced in 1997 with the specific objective of 'filling the vacuum in the

academic calendar of the SLMA during the second half of the year'. Twenty years later, I think it is time we revisit this objective. Today the Sri Lankan medical community comprises of 55 Colleges and Associations. Each of them conducts their own annual academic sessions in addition to routine Continuous Medical Education and/or Professional Development Activities (CME/CPD). The SLMA itself has a plethora of CME/CPD activities on a monthly if not weekly basis. It is in this context that I propose the SLMA review the organization of its Foundation Sessions and I shall be conveying these sentiments to your Council at its November meeting.

The Council met twice in Emergency Session in October. The purpose of these emergency meetings was to respond in a timely manner to a newspaper advertisement published by the Ministry of Health calling for proposals from the public and the profession for the purpose of drafting a new enactment in place of the existing medical ordinance. I thank Professor Lalitha Mendis who Chaired the Council appointed Committee to draft the SLMA's proposal for submission. I take this opportunity to urge SLMA members to also submit their individual ideas in the form of a proposal to the Committee tasked with drafting a new medical ordinance for Sri Lanka.

Though the Sri Lankan medical community has 55 Colleges and Associations it is only the SLMA which organises the Annual Medical Dance!! This event brings together the entire profession under one roof for an evening of high quality entertainment. The Social Secretaries of the SLMA and the Dance Committee have finalized this grand social finale on behalf of all of us. The Medical Dance will be held on Friday 14th December 2018, 8pm onwards at the Shangri La Hotel, Colombo with two of Sri Lankas top bands- Misty and Flame- in attendance. The usual prizes inclusive of airlines tickets to Sydney, Cardiff and Malaysia with a host of other very valuable and attractive prizes have been finalized. The dance this year will be compered by Mr. Dominic Kellar of 'Pusswedilla' and 'Freddy' fame. All SLMA members and

their family and friends are most cordially invited to be a part of the upcoming festive season with the oldest professional medical association in Australasia. Tickets for the dance which are very reasonably priced for a dinner dance of this calibre can be obtained from the SLMA office and through any one of your Council members. Tickets which are extremely limited in number this year are now on sale. I am confident that I will be able to personally greet you and welcome you to the dance this year.

Let me conclude by reminding you that the Annual General Meeting (AGM) of the SLMA will be held on Friday 21st December 2018 at 7pm at the N D W Lionel Memorial Auditorium of the SLMA. You will shortly receive the official notice by post.

With kind regards

Dr Ruvaiz Haniffa
President
SLMA

The Foundation Sessions of the SLMA were commenced in 1997 with the specific objective of 'filling the vacuum in the academic calendar of the SLMA during the second half of the year'. Twenty years later, I think it is time we revisit this objective.

SLMA MONTHLY CLINICAL MEETING FOR SEPTEMBER

Dr. Sajith Edirisinghe,
Assistant Secretary - SLMA

The Monthly Clinical Meeting of the SLMA for September 2018, organised in collaboration with Fairmed Foundation, was held on 18th September 2018 at the SLMA Auditorium. The event was chaired by Dr Sarath Gamini de Silva, Consultant Physician and Council member of SLMA. It was well attended by postgraduate trainees and other medical officers. The meeting comprised a Case Presentation and Discussion under the

topic of "Diagnosis of Leprosy in the Post Elimination Era" by Dr. D. M. Amaratunga, Consultant Dermatologist District General Hospital, Gampaha. During the case discussion a comprehensive review of the evolution of leprosy treatment in Sri Lanka was also provided. There was enthusiastic participation of the audience in the interactive discussion at the end.



ANNUAL GENERAL MEETING: 21ST DECEMBER 2018

The Annual General Meeting (AGM) of the Sri Lanka Medical Association will be held at 7.00 p.m. on Friday, 21st December 2018, at the Lionel Memorial Auditorium, "Wijerama Mawatha, Colombo 7. All members are cordially invited to be present.

Any proposals or resolutions to be taken up at the AGM should reach the Honorary Secretary, SLMA on or before 30th November 2018.

The agenda of the AGM is given below.

Dr. Hasini Banneheke
Honorary Secretary, SLMA

Agenda for the Annual General Meeting: 21 – 12 – 2018

1. National Anthem
2. Reading of the notice calling for the Annual General Meeting
3. Observation of one minute silence for departed members of SLMA
4. Adoption of the minutes of the last Annual General Meeting held on 15th December 2017
5. Confirmation of new members of the SLMA who joined in 2018
6. Resolutions
7. President's address
8. Secretary's Report for 2018
9. Treasurer's Report for 2018
10. Election of Office Bearers and Council Members for the year 2019
11. Appointment of Auditors
12. Address by the new President
13. Any other business

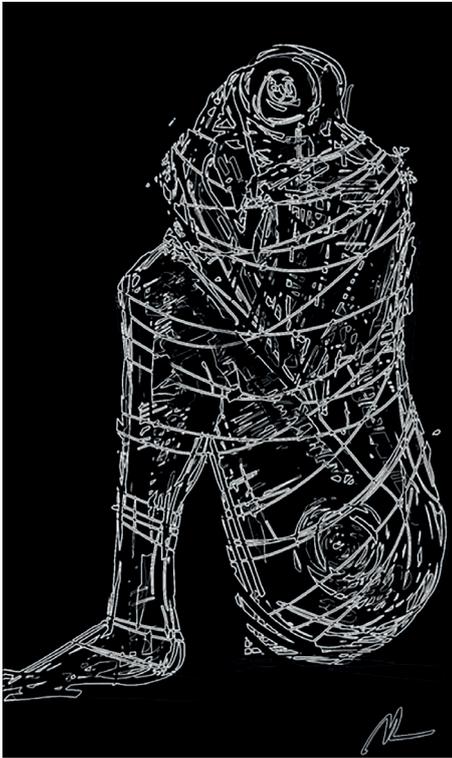
CREATIVE EMPOWERMENT

ART, ILLNESS AND THE HUMAN EXPERIENCE

"The aim of art is to represent not the outward appearance of things, but their inward significance" ~ Aristotle

Dr Shanali Perera MBBS MRCP

Creative expression has undeniable sustainable power. It is a renewable energy source that yields valuable insight into what it means to be human.



I took up Digital art following early retirement, due to a rare illness that came on during my specialist training in Rheumatology. I am using my story as a starting point to explore 'using art to transform the illness experience' into a more meaningful way of living, moving from clinical practice to digital art, after becoming a patient in my own specialty. Taking the opportunity to convey the impact art had on supporting me to take control and manage my long-term condition. I reminisce as to how art has helped me to re-define myself after illness dominance distorted my identity and image.

I presently advocate the use of creativity to cope with long-term illness. Based in Manchester, UK, my work is centred on generating awareness about creative engagement and finding tools such as art to combat the challenges of illness experience, along with other therapies.

As well as generating an interest on how

expressions of the 'lived experience' can help health practitioners and the public gain new perspectives beyond patients' illnesses.

Being both a doctor and a patient, I had the opportunity to gain a unique perspective of going through the journey of 'Art n' the human experience'. Encountering the "face of every day struggles" as patients' see it, seemed very different when seated on the opposite side of the desk for the first time.

Up until then, I had focused on the physical elements of diseases more as a black and white reality, whereas the experience of illness is the reality with many shades of grey to the patient.

Articulating the illness experience, especially with long-term conditions, can be rather difficult at times when you are dealing with multiple layers; be it emotional, cultural, spiritual, social, dynamics at work and relationships, all at once.

Having no formal art training, my art comes from within. Exploring art and the human factor, my visual expressions aim to highlight why it matters to articulate hidden realities of what the 'lived experience looks like' with long-term illness. Making the "Invisible Visible", a visual voice trying to give a 'bigger picture' of all the understated burdens associated with chronic illness or disability. Giving more visibility to the human factor in the public eye, I am reflecting on the personal narrative of struggle, acceptance and adaptations made over time. This leads to conversations around **'Narratives in art form'**. When circumstances started to define me, my dialogue began. I asked myself, what defines me? Am I now defined only by the illness? And others, 'How do you see me?' 'Do you see the face behind the illness?' Along the way, examining, expanding and looking in to :

- Everyday struggles and challenges
- Impact of illness on image, self-identity and self-esteem
- Understanding invisible illnesses

- Stereotyping and stigmas encountered

- Social and cultural isolation associated

The concept of empowering patients to better engage with self-managing of their long-term conditions is changing the world at an ever-increasing pace. The 21st century health care paradigm is shifting away from the medical model focusing on cure to a model focusing on holistic care. Through my artwork, I aim to deliberate on my encounter integrating creativity and healing with life altering situations: 'Creative empowerment - exploring the healing power of art'.



My story - Role reversal from doctor to patient

Creating digital art has had a transformative effect on my ability to manage my condition. I developed Vasculitis, which affects my hand function and mobility amongst other things. I was also diagnosed with postural tachycardia syndrome (PoTs), an abnormality of the functioning of the autonomic nervous system. This was life altering. Simply standing up and walking a few yards became a challenge.

Contd. on page 07

Creative empowerment...

I am currently a patient under the care of Rheumatology services. The start of my illness was during my 2nd year of specialising in Rheumatology as a trainee doctor in Birmingham, UK. It was an illuminating experience both personally and professionally, when I became a patient in my own specialty. Suddenly at cross roads, not knowing the direction my life was heading, facing several changes and dealing with multiple layers of emotions all at once; it was an overwhelming experience. My daily routine took a 180-degree turn and suddenly I lost all that functional independence and freedom I had taken for granted.

Everything revolved around coping, adapting and adjusting. My whole life style changed. A shift in roles and daily dynamics came about. Then came revising priorities. After many failed attempts at returning to work, swapping from full-time to part-time training, and taking countless periods out of training, I finally had to accept ill health retirement.

Chronic diseases/disabilities can turn one's life upside down gradually changing the landscape of daily living. Feeling powerless most of the time, it became a part and parcel of life with the variability in symptoms, the unpredictable course of the condition, the disruption of my previous routine and functional independence. Upholding the same level of personal standards and self-worth became a struggle to achieve, let alone maintain. With the balance tipping over gradually, every aspect of my life was suddenly overshadowed by the illness. It didn't take long to start feeling isolated and lose sight of self-identity.

What led me to art

What challenged me the most was feeling that I had lost control; the illness dominating, overtaking and over-powering me.

Being confronted with the fear that my illness would distort who I am, my identity and self-image. Creating art has provided me with an escape route. It has helped me



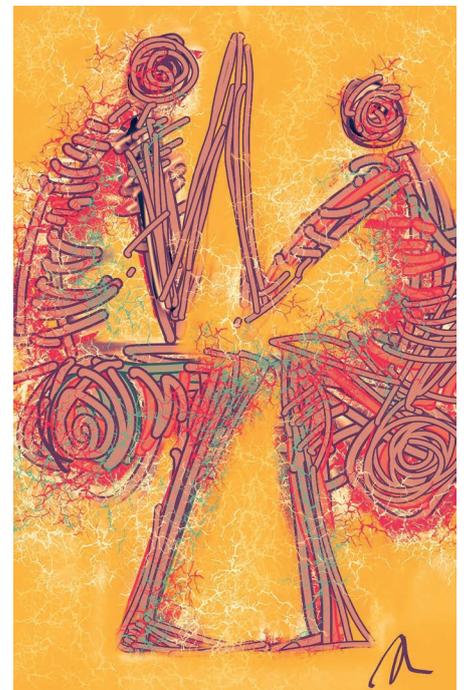
to redefine my self-identity, express and symbolise feelings about the illness, and focus on what I can do, instead of what I can't do. I can't control my symptoms or the course of my condition. I can however, control what I create. I use art as a tool for mindfulness, positive reinforcement and reflective thinking. It gives me the strength to cope. It has helped me to achieve a semblance of normality and enabled me to set more realistic goals around my limitations.

The role Digital medium can play

People with certain disorders not only have to deal with the general disability of the chronic illness, but also the physical

limitation of expressing what is in our minds. On repeated usage, my hands become numb and painful along with pain radiating to my shoulders. Using a digital application on my mobile called 'Sketch' has enabled me to create art with minimal physical effort and alternate hands. I experience less pain and fatigue through this medium than when using a paintbrush on canvas or charcoal on paper. For me, this form of artistic expression was a means of self-exploration to convey how I was feeling. This newfound freedom to explore myself through the world of colours, gave rise to my present work.

What I'd like to focus the spotlight on



The patient journey can be draining.

The roller coaster ride of new symptoms, side effects from drugs, flare-ups and mood swings continue to fluctuate. I found expression through art not only represents symbolic aspects of coping but also demonstrates the many facets of emotions and degrees of pain I feel at various points, as a visual narrative. Art has helped me immensely to face overwhelmingly traumatic periods during my journey.

Contd. on page 08

Creative empowerment...

I use art as a visual language to share my experiences with my family, friends and health team so that they could gain new understandings around the 'lived experience'. For many, addressing the physical element alone is not enough. Creating art can help people to communicate the emotional, spiritual, and cultural pressures of living with life-limiting conditions or situations. Visual expression can also help others understand emotions and empathise with pain, illness or disabilities.

Art can be more than a form of expression; it is also a way of thinking. It can be an outlet that portrays the subjective somatic or perceptual experience. This can in turn develop self-reliance, coping strategies, social engagement and cultural inclusion. Sharing through creative expression with others breaks the isolation and improves social interaction, empowering people to better adapt to challenging situations. Establishing a sense of purpose inspires forward movement, enduring challenges of an illness.

What I hope to achieve through my Art; food for thought?

Start more conversations

How the 'creative force' empowered me. How it helped me to regain control from overpowering emotions and challenges that stemmed from a rare long-term illness.



How,regaining a sense of control becomes a significant component in managing the condition and moving forward with life and work. From my experience, adapting to find ways around limitations plays a key role in rebuilding confidence. Having a tool such as art, on top of other medications/therapies becomes very helpful to cope with the everyday battles. I would like to reach out to others in similar situations to share my observations, so they can find similar tools, if they haven't already done so, to combat the on-going struggles with work, life, confidence and self-esteem. There is mounting evidence to support the use of creativity in reducing anxiety, depression and stress, in turn bringing about improved health outcomes.

Moral imagination

I would like to see more art in dialogue, communicating and disseminating how art can help friends, family, public, health providers to see the multiplicity and the fluid state of the 'lived experience'. I would draw attention to the potential impact that facilitating 'Expression of illness experiences', can have on a person's identity and self-worth, focusing on the understanding of 'how people make sense of key life experiences and what it means to them'. When it comes to clinicians, the presentation and representation of illness expressed in various art forms, can provide a voice to reveal the lived experiences of illness in their complexity; a prompt to help bridge the gap between the 'Biomedical and human focus'. New awareness or understanding about issues faced by their patients opens up communication channels, making room for difficult conversations. **It would also lead to seeing more of the face behind the illness, the person with their strengths, not just the person with the illness.** It would provide an opportunity to see multiple alternative meanings that may affect health; a wider differential diagnosis; the problems of rushing to a premature conclusion. Through looking at art, we can enhance the capacity to recognise the moral dimensions of clinical experiences. Explore

the question of empathy and ethics in healthcare provision, increase awareness of emotional reactions to ethical issues, and develop what's known as "moral imagination". It would foster and harness abstract thought and inner reflection to expand and deepen perspectives in such a way as to facilitate detailed clinical observation and 'thinking out of the box' approaches to everyday clinical practice. Art can also bring about discussions around cultural understanding and cultural determinants of health. The supportive evidence of looking into art in health promotion, prevention and illness management is continuing to grow worldwide and rapidly gathering momentum.

Place more emphasis on the power illness has on image, identity and self-esteem

Seeing beyond the illness;- creative expression can help to redefine self-identity. Creativity can be used to explore and represent one's individual journey -The way chronic pain, illnesses and health challenges are constantly changing shape, defining and re-defining themselves.

Better understand invisible illnesses and stigma

Given the opportunity, people facing pain, chronic illness, disability and other challenges, can freely express themselves without physical, social or attitudinal barriers. Therefore by engaging in the arts, they can connect and contribute to their communities; challenge existing stereotypes and stigmas. Help build a culture truly representative of all people.

Promote the role of digital apps/medium

Present day represents the Digital Age where Digital Technology in healthcare is rapidly evolving worldwide. The use of digital medium for creativity, especially for people with limited hand function or dexterity issues can be a constructive as well as an enjoyable pursuit to cope with struggles of day-to-day life.

Contd. on page 09

Creative empowerment...

Connect and collaborate with others in the field of arts and health

Using my personal insights, I am focusing on triggering a wider interest in the **role of art as a tool, potential therapeutic benefits of creative engagement as a non-medical approach to self-management** in people with long-term conditions/disabilities; involving patients, carers, health professionals and the public. Over the last two years I got the opportunity to do a few workshops with patient support groups, students and carers both in the UK and Sri Lanka exploring the idea of 'Art, a catalyst for healing?'. Conversations with others in similar situations, as well as with health and allied health professionals, have brought out and pointed to the positive influence, creativity imparts.

What does the evidence say?

The practice of arts and healing dates back 40,000 years. For centuries, across civilizations creative expression has been used as part of healing rituals. The idea that creative expression can make a powerful contribution to the healing process was embraced by many different cultures. Throughout recorded history, people have used pictures, stories, dances and chants as healing rituals.¹ It was believed that art healed the world, not just the individual. That art and music changed the hunt, fertility, the crops, the weather, the life of the tribe, and the earth. Over time, a sense of mystery and magic was attributed to some of these practices, which unfortunately made them questionable. However, over the past few decades they have started to come back and there's increasing evidence supporting their usage.

Research supports the notion of Arts as having the potential to assist in promoting health and healing to help the increasing demands on health resources. Supportive evidence demonstrates that the bio-psycho-social processes facilitating creative activities can reduce anxiety, depression and stress in turn improving health outcomes. These benefits can be a

catalyst for healing.^{2,3} The role of the arts in healing complements the biomedical view by focusing not only on sickness and symptoms but the holistic nature of the person, bringing emotional, somatic, artistic, and spiritual dimensions to healing.¹

Guillemin, one of the first to use drawings in an effort to understand experiences of health and illness, examined how 32 women with heart disease understood their condition. Each participant was asked to "draw" her heart disease. Patients found visualizing their condition to explore understandings of illness insightful.⁴ Another study looking at the role of art in chronic illness patients demonstrated that art filled occupational voids, distracted thoughts of illness and maintained a positive identity. Its value was conceptualised by one participant as a 'lifestyle coat-hanger', organising numerous roles and activities that gave purpose to life. It also offered a versatile means of overcoming the restrictions imposed by illness on self and lifestyle, in many cases creating more enriched life experiences than before.⁵

Furthermore, a study examining pain in 50 adult cancer in-patients following a one-hour art therapy session showed statistically significant reductions in the measured symptoms thus demonstrating the efficacy of art therapy in reducing a broad spectrum of symptoms in these patients.⁶

There is sufficient scientific evidence that demonstrates that art enhances brain function. Recent studies looking at physiological recordings using electroencephalography and brain imaging techniques such as PET scans and functional MRI scans have allowed us to gain a better understanding of the brain mechanisms important in visual creativity.^{7,8}

Quantitative studies looking at patients with cancer, chronic illness, dementia and stroke reveal significant improvements in mood, physiology and symptoms like pain, fatigue. A review of current research to determine what is known about art and healing, covering the period from 1995 to

2007 peer-reviewed research on arts and healing states: "Art helps people to express experiences that are too difficult to put into words, such as a diagnosis of cancer. Some people with cancer explore the meanings of past, present and future during art therapy, thereby integrating cancer into their life story and giving it meaning. This demonstrates how artistic self-expression might contribute to maintenance or reconstruction of a positive identity".¹

A growing body of research looking into the cognitive effects of making art reveals how drawing and painting stimulated memories in people with dementia and enabled them to reconnect with the world. Doing so has been linked to improved memory, reasoning, and resilience in healthy older people. Decades of research have demonstrated that in people with dementia and other progressive neurological diseases, the ability to create art remains long after speech and language have diminished.⁹ Evidence is also emerging that art participation can augment rehabilitation, helping to address the psycho-social effects of stroke and prepare survivors for fulfilling lives after rehabilitation. Assuming that participation in art is a valuable adjunct to rehabilitation, it is vital that we seek to understand how it works and the outcomes that it influences. In line with other rehabilitation interventions, such understanding will enable us to refine the intervention to target it at those most likely to derive its known benefits.¹⁰

Finally, a recent investigation looking at the relationship between discrete positive emotions and immune mediators such as Interleukin 6 (IL6) found activities that inspire awe were the strongest predictor of lowering levels of inflammation. This work suggests a potential biological pathway between positive emotions and health.¹¹ This begs the question 'Does making art influence illness progression?' Further understanding of the biological responses to drawing is needed to examine potential pathways reducing inflammation when engaging in artistic activities.

Creative empowerment...

*"Where there is love for humanity
there is also love for art"*

~ Hippocrates

What next?

I would like to conclude by inviting reflections on the clinical implications of the arts for healthcare professionals, educators and general public while bringing your attention to 'how art has the capacity to capture a sense of what the patient reality resembles' and play a contributory role in clinical care. A great deal of diagnostic power can be drawn from the visual world, opening tangential pathways of learning. Visual arts can help explore the understanding of the **human aspect of medical practice**. There is room to think about adding art as a supplement to medical training. Most of the time we are taught what to look for in medical curricula but not necessarily, how to look for it.

Engaging in visual-art based exercises can complement medical students learning of empathy, observation and interpretation. The exercise of viewing and interpreting art, picking up subtleties in the detail is something that is not unfamiliar in clinical medicine as observation is a core component in medical decision-making. When it comes to evaluating the impact of using the arts, investigations reveal that many health-care practitioners reported new awareness or understanding about issues faced by their patients¹² and planned to alter their clinical practices to better meet patient needs.¹³

I hope that creative engagement can be considered as a complementary part of the multimodal approach to care, given the innate benefits of artistic expression and output can have on self-management, supporting wellbeing.

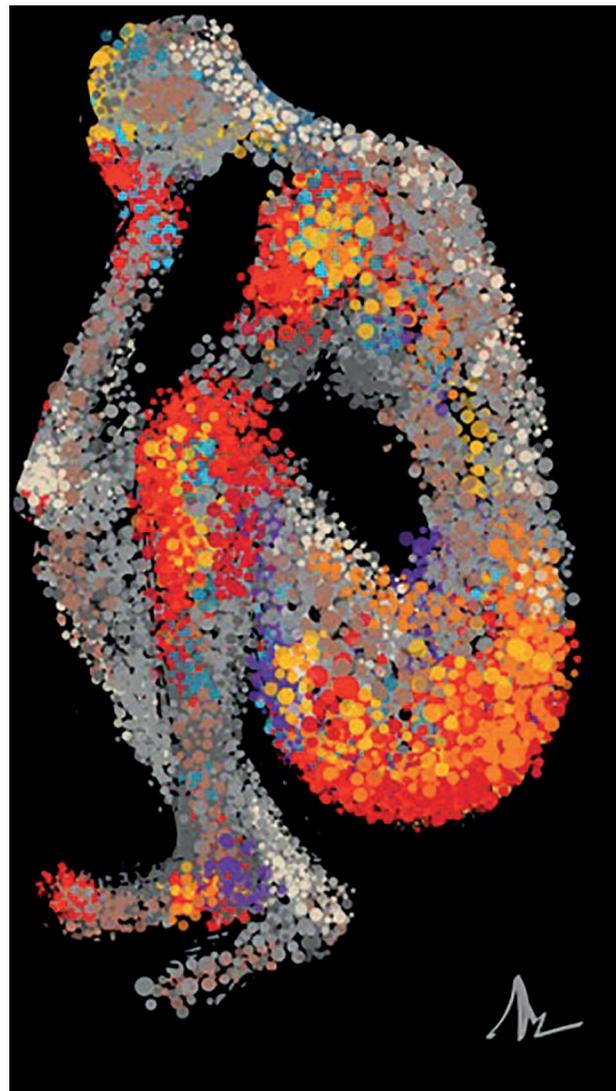
Art is richly complex and possibilities of learning from it are endless. Given the opportunity, art can influence, inspire and enable change, individually and collectively.

"I see the person beyond the illness

Where the illness ends, I begin...

Do you see me?"

Correspondence to:
shanaliperera@gmail.com
<https://www.changinglanes.me>



References and External links:

1. Stuckey H L, Nobel J. The Connection Between Art, Healing, and Public Health: A Review of Current Literature. *Am J Public Health*. 2010 February; 100(2): 254-263.
2. Staricoff R, Loppert S. Integrating the arts into healthcare: Can we affect clinical outcomes?: Kirklin D, Richardson R, editors. *The Healing Environment Without and Within London, England: Royal College of Physicians; 2003:63-80*
3. Camic PM. Playing in the mud: health psychology, the arts and creative approaches to health care. *J Health Psychol* 2008;13(2):287-298
4. Guillemin M. Embodying heart disease through drawings. *Health (London)*. 2004;8(2):223-239.
5. Reynolds F, Prior S. A lifestyle coat-hanger: a phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disabil Rehabil*. 2003;25(14):785-794. 5
6. Relieving symptoms in cancer: innovative use of art therapy. Nainis N, Paice JA, Ratner J, Wirth JH, Lai J, Shott S J *Pain Symptom Manage*. 2006 Feb; 31(2):162-9.
7. Bolwerk A, Mack-Andrick J, Lang FR, Doerfler A, Maihofer C (2014) How Art Changes Your Brain: Differential Effects of Visual Art Production and Cognitive Art Evaluation on Functional Brain Connectivity. *PLOS ONE* 9(7): e101035. doi:10.1371/journal.pone.0101035
8. Heilman KM, Acosta LM. Visual artistic creativity and the brain. *Prog Brain Res*. 2013;204:19-43. doi: 10.1016/B978-0-444-63287-6.00002-6.
9. Windle G, Newman A, Burholt V, et al. Dementia and Imagination: a mixed-methods protocol for arts and science research *BMJ Open* 2016;6:e011634. doi: 10.1136/bmjopen-2016-011634
10. Morris JH, Kelly C, Toma M, et al. Feasibility study of the effects of art as a creative engagement intervention during stroke rehabilitation on improvement of psychosocial outcomes: study protocol for a single blind randomized controlled trial: the ACES study. *Trials*. 2014;15:380. doi:10.1186/1745-6215-15-380.
11. Stellar, Jennifer E.; John-Henderson, Neha; Anderson, Craig L.; Gordon, Amie M.; McNeil, Galen D.; Keltner, Dacher Positive affect and markers of inflammation: Discrete positive emotions predict lower levels of inflammatory cytokines. *Emotion*, Vol 15(2), Apr 2015, 129-133.
12. Colantonio, A., Kontos, P.C., Gilbert, J., Rossiter, K., Gray, J., & Keightly, M. (2008). After the crash: Research-based theater for knowledge transfer. *Journal of Continuing Education in the Health Professions*, 28(3), 180-185.
13. Gray, R.E., Fitch, M., Labreque, M., & Greenberg, M. (2003). Reactions of health professionals to a research-based theatre production. *Journal of Cancer Education*, 18(4), 223-229.

SLMA FOUNDATION SESSIONS 2018

Dr. Sumithra Tissera

Hony. Assistant Treasurer, SLMA

The 25th Foundation Sessions of the SLMA was held on the 18th & 19th October, 2018 at the Professor NDW Lionel Memorial Auditorium, SLMA. The first day of the sessions commenced with a "Case Based Discussion on Cardiology". The discussants for the

session were Dr. Bhatiya Ranasinghe – Consultant Cardiologist, Teaching Hospital, Karapitiya, Dr. Nimali Fernando – Consultant Cardiologist, NHSL and Dr. Rohan Gunawardena – Consultant Cardio-Electrophysiologist, NHSL. This was followed by a very interesting and pertinent topic for doctors: "Impact of new Tax Legislation on doctors" by Mr. Gamini Waleboda and Mrs. Priyanka Disabandara,

Deputy Commissioners of the Department of Inland Revenue, Sri Lanka. The final lecture for the day was delivered by Dr. Chathurie Suraweera, Consultant Psychiatrist, NHSL who spoke on "Party drugs" and the detrimental effects of these recreational drugs on the youth of the country.



The Inauguration of the Foundation Sessions commenced in the evening. Prof. Chandrika Wijeyeratne, Immediate Past President of the SLMA, graced the occasion as the Chief Guest. She enlightened the audience on the importance of training young medical doctors on ethical clinical practice with

some examples from her years of teaching experience. This was followed by awarding of prizes for scientific papers presented at the 131st Anniversary International Medical Congress, Research Grants and the Media Award. The highlight of the evening was the

Dr. EM Wijerama Endowment Lecture delivered by Vidyajyothi Emeritus Professor Lalitha Mendis on "Medical Education in Sri Lanka", in which she detailed the evolution of medical education in Sri Lanka and the importance of quality medical education.

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SLMA foundation...

Inauguration and EM Wijerama Endowment Lecture



The second day began with a lecture by Prof. Nalika Gunawardena, WHO, Sri Lanka on "Leapfrogging: An innovative approach for achieving Universal Health Coverage". This was followed by a lecture by Professor Ariarane Gnanathan, Consultant Physician on "Important aspects of snake bite management".

The post tea session comprised four presentations. Dr. Monica de Silva spoke

Sir Marcus Fernando Oration



on "A Patient with Shoulder Pain" and Dr. Gunendrika Kasthuriratne on "Living with Stroke". Both speakers are Consultant Rheumatologists attached to NHSL. Dr. Achala Jayatillake, Senior Lecturer, PGIM, spoke on "Road Traffic Crashes" and Dr. Dinil Abeygunawardena, Director, Institute of Multimedia Education, on "Visual Communication for doctors".

The post lunch session was a "Case Based Discussion on Hepatobiliary Disorders". Cases were presented by Dr. S Sivaganesh, Consultant Surgeon, NHSL, Dr. Nilesh Fernandopulle, Consultant Interventional Endoscopist, NHSL and Dr. Chinthaka

Hapuarachchi, Consultant Interventional Radiologist, CSTH.

A lively discussion followed the session. The Foundation Session for year 2018 concluded with the Sir Marcus Fernando Oration delivered by Dr. Tania Warnakulasuriya, Senior Lecturer, Department of Physiology, Faculty of Medicine, University of Kelaniya on **"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"**.



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PRIZES AND AWARDS 2018

Awards for research papers presented at the SLMA 131st Anniversary International Medical Congress

Dr. E. M. Wijerama Award

OP 034

Anaemia among women of child-bearing age: Contributions of alpha and beta-thalassaemia

Mettananda S^{1,2}, Suranjan PDM¹, Fernando VR¹, Dias TD^{1,2}, Rodrigo R¹, Perera L¹, Mettananda KCD¹, Gibbons RJ³, Premawardhana A^{1,2}, Higgs DR³

¹Faculty of Medicine, University of Kelaniya, Sri Lanka

²Colombo North Teaching Hospital, Ragama, Sri Lanka

³University of Oxford, United Kingdom

Dr. S. E. Seneviratna Award

OP 036

Pattern of dengue virus infections in adult patients from Sri Lanka

Jayarajah U^{1,6}, de Silva PK², Jayawardena P², Dissanayake U³, Kulathunga A², Fernando H², Perera L^{4,6}, Kannangara V^{4,6}, Udayangani C^{4,6}, Peiris R^{4,6}, Faizer S⁶, Yasawardene P⁶, de Zoysa I^{4,6}, Seneviratne SL^{4,5,6}

¹Dengue Unit, National Hospital of Sri Lanka, Colombo, Sri Lanka

²National Hospital of Sri Lanka, Colombo, Sri Lanka

³Department of Medicine, Base Hospital, Panadura, Sri Lanka

⁴Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka

⁵Institute of Immunity and Transplantation, Royal Free Hospital and University College London, UK

⁶Dengue Research Group, Colombo, Sri Lanka

Dr. H. K. T. Fernando Award

OP 033

Long term use of mefloquine amongst military personnel: A key strategy in the prevention of reintroduction of malaria to Sri Lanka

Fernando SD¹, Booso BR², Madurapperuma C³, Wickramasekara T⁴, Danansooriya M⁵, Ranaweera D⁵

¹Department of Parasitology, Faculty of Medicine, University of Colombo

²Directorate of Health Services, Sri Lanka Air Force Head Quarters, Colombo

³Faculty of Medicine, University of Colombo.

⁴Preventive Medicine and Mental Health Services, Army Hospital, Narahenpita

⁵Anti Malaria Campaign, Sri Lanka

Professor Sir Nicholas Attygalle Award

OP 032

Effects of exercise on body composition in Sri Lankans with Type 2 Diabetes Mellitus

Ranasinghe C^{1,2}, Buddhila B¹, Constantine GR³, Katulanda P³, Hills AP⁴, King NA²

¹Department of Allied Health Sciences, Faculty of Medicine, University of Colombo, Sri Lanka

²School of Exercise and Nutrition Sciences, Faculty of Health, Queensland University of Technology, Australia

³Department of Clinical Medicine, Faculty of Medicine, University of Colombo, Sri Lanka

⁴School of Health Sciences,

University of Tasmania, Launceston, Australia

Dr. Wilson Peiris Award

OP 003

Fat percentage derived BMI cut-offs for Sri Lankan adults

Jayawardena R¹, Thennakoon SN², Hills AP³

¹Faculty of Medicine, University of Colombo

²Diabetes Research Unit, Faculty of Medicine, University of Colombo

³University of Tasmania, Australia

Professor Daphne Attygalle Award for the best paper in Cancer

OP 062

The incidence and patterns of liver cancers in Sri Lanka from 2000-2010: Analysis of National Cancer Registry data

Jayarajah U¹, Fernando AR¹, Fernando EA², Samarasekera DN¹, Seneviratne SA¹

¹Department of Surgery, Faculty of Medicine, University of Colombo

²National Cancer Control Programme, Ministry of Health, Colombo

Sir Frank Gunasekera Award for the best paper in Community Medicine / Tuberculosis

OP 056

Level of empowerment for tobacco control in a rural low-income district in Sri Lanka

Perera KMN¹, Guruge GND², Jayawardana PL¹

¹Department of Public Health, Faculty of Medicine, University of Kelaniya

²Department of Health Promotion, Faculty of Applied Sciences, Rajarata University of Sri Lanka

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Prizes and awards...

Professor Kumaradasa Rajasuriya Award for the best paper in Tropical Medicine

OP 036

Pattern of dengue virus infections in adult patients from Sri Lanka

Jayarajah U^{1,6}, de Silva PK², Jayawardena P², Dissanayake U³, Kulathunga A², Fernando H², Perera L^{4,6}, Kannangara V^{4,6}, Udayangani C^{4,6}, Peiris R^{4,6}, Faizer S⁶, Yasawardene P⁶, de Zoysa I^{4,6}, Seneviratne SL^{4,5,6}

¹Dengue Unit, National Hospital of Sri Lanka, Colombo, Sri Lanka

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³Department of Medicine, Base Hospital, Panadura, Sri Lanka

⁴Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka

⁵Institute of Immunity and Transplantation, Royal Free Hospital and University College London, UK

⁶Dengue Research Group, Colombo, Sri Lanka

Special Prize in Cardiology

OP 035

Which cardiovascular disease risk estimation tool would be most suitable in detecting underlying atherosclerosis in Sri Lankan adults?

Amarasinghe ATIM¹, Lekamwasam S², Weerathna TP², Sumanathillake M³

¹Department of Pharmacology, Faculty of Medicine, University of Ruhuna, Galle

²Department of Medicine, Faculty of Medicine, University of Ruhuna, Galle

³National Hospital of Sri Lanka, Colombo

Dr. S. Ramachandran Award for the best scientific communication in Nephrology

OP 020

Protective effect of Barleria prionitis extract (katukarandu) against doxorubicin induced acute nephrotoxicity in Wistar rats

Amarasiri AMSS¹, Attanayake AP², Jayatilaka KAPW², Mudduwa LKB³

¹ Department of Medical Laboratory Science, Faculty of Allied Health Sciences, University of Ruhuna

² Department of Biochemistry, Faculty of Medicine, University of Ruhuna

³ Department of Pathology, Faculty of Medicine, University of Ruhuna

SLACPT Award for the best presentation in Pharmacology

OP 001

Synthesis of silver nanoparticles from Sri Lankan medicinal plants and evaluation of their antimicrobial potential

Napagoda MT¹, De Soyza WSG¹, Wijyaratne WMDGB², Witharana S³

¹Department of Biochemistry, Faculty of Medicine, University of Ruhuna

²Department of Microbiology, Faculty of Medicine, University of Ruhuna

³Faculty of Engineering, Higher Colleges of Technology, United Arab Emirates

SLMA Prize for the best Poster

PP 031

Why do people travel upto 70km to seek treatment from the Colombo North Teaching Hospital Outpatient Department? A qualitative study

Perera DP¹, Withana SS¹, Mendis KM¹, Kasunjith DVT¹, Jayathilaka WTS¹, Wickramasuriya SW¹, Govinthadas S¹, Kalansooriya R¹, Welhenage C¹

¹Faculty of Medicine, University of Kelaniya

Research and Travel Grants

Professor Wilfred Perera Travel Grant - 2018

"Climate change adaptation and mitigation at individual level: Capacity assessment of school teachers

Dr. Chintha Rupasinghe, National Institute of Health Sciences, Nagoda, Kalutara

"Trainee's perception of the post-graduate medical overseas training received in the UK: A survey among the post –MD trainees in Sri Lanka"

Dr. W. D. Dilshan Priyankara, No. 17/ D 3rd Lane, Ambillawatta Road, Boralesgamuwa

"The level of physical activity among 10-19 years aged visually or hearing disabled adolescents in the Western Province of Sri Lanka"

Dr. S. S. Jayasena, Medical Officer, Anti-Malaria Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 5

Prizes and awards...

SLMA - Glaxo Welcome Research Grant

Knowledge on prevention of occupational health hazards and utilization of safety measures among construction trade workers in a selected building construction site in the district of Colombo

Dr. K. C. Kalubowila, Medical Officer, Disaster Preparedness and Response Division, Ministry of Health, Nutrition and Indigenous Medicine

The CNAPT Award in Memory of Richard and Sheila Peiris

Prevention of lightning related adverse effects: knowledge, attitudes and practices among residents in Kiriella Medical Officer of Health area

Dr. K. C. Kalubowila, Medical Officer, Disaster Preparedness

and Response Division, Ministry of Health, Nutrition and Indigenous Medicine

SLMA Research Grant

Single blind randomized control trial to evaluate the effectiveness of electroconvulsive therapy (ECT) in acute schizophrenia

Dr. Asiri Rodrigo, Senior Lecturer, Department of Psychiatry, Faculty of Medicine, University of Kelaniya

Award for Excellence in Health Journalism - 2018

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Call for Nominations for Election to the SLMA Council 2019

Dear members,

I hereby call for nominations for the posts of Council Members (20 positions) of the Sri Lanka Medical Association in 2019. Nomination Form for Election to the SLMA Council - 2019 can be obtained from the SLMA office, or downloaded from the SLMA web site.

Eligibility and other details regarding submission of nominations

- The nominee should be a member of the Sri Lanka Medical Association
- Each nomination should be proposed and seconded by a member eligible to vote and shall bear the candidate's name and signature confirming his/her willingness to be so nominated.
- Members who have obtained a registerable medical degree within 10 years preceding the date of such election is eligible for less than 10 years category. (Maximum of 04 positions only)
- Members from outside the Western Province are encouraged to apply for council positions.
- The Council shall verify the accuracy of the information supplied.

For any further details, please contact the SLMA office.

Thank you,
Sincerely,

Dr. Hasini Banneheke
Honorary General Secretary
Sri Lanka Medical Association

The duly completed Application Form should reach Dr. Hasini Banneheke, Honorary Secretary, No.06, Wijerama Mawatha, Colombo 07 by post or delivered by hand on or before 14th December 2018 4.00pm. Please remember to send a soft copy to office@slma.lk.

SLMA CAREER GUIDANCE SEMINAR 2018

Dr. Kaushi Attanayakege

SLMA Coordinator

Dr. Dinesh Koggalage

Secretary, Health Management Committee, SLMA

A regular item in the SLMA calendar for many years, The Seminar on Career Guidance for Junior Medical Officers organised by the Health Management Committee of the Sri Lanka Medical Association was held on Sunday, 7th October 2018 from 8.30 am to 1.30 pm at the Professor N.D.W. Lionel Memorial Auditorium, SLMA.

With many specialities to choose from, it is a difficult task for young doctors to take a decision on which career they should choose. SLMA's aim was to assist them in taking this decision. The main objective of the seminar was to provide career advice to junior doctors by educating them on the opportunities in different medical specialties to build up their careers. There were 4 main sessions in the agenda. Each session had 5 or 6 specialists from different specialties who introduced the key attributes of the speciality and shared the pros and cons of choosing the speciality.

Dr. Ruvaiz Haniffa, President of the SLMA welcomed the participants to the seminar and briefed about the SLMA while highlighting the importance of this seminar for a young doctor who is about to embark on a medical career. The first session which was chaired by Dr. Haniffa had short presentations on Dermatology by Dr. Kanchana Mallawaarachchi, Surgery & Finer Specialties by Dr. Samira Jayasinghe, Venerology by Dr. Chandrika Jayakody and Obestertrics & Gynaecology by Dr. Rukshan Fernandopulle.

The second session consisted of presentations on Medicine & Finer Specialties by Dr. Upul Dissanayake, Paediatrics by Professor Sujeewa Amarasena, Opportunities in Universities by Professor Ajith Malalasekara and General Practice by Dr. Dilini G. I. Baranage. A representative of Director - Tertiary Care Services of the Ministry of Health shared the Ministry of Health cadre for specialists with

the participants. The session was chaired by Dr. Hasini Banneheke, Honorary Secretary of the SLMA.

After the tea-break the participants had the opportunity to learn the career options in the fields of Anaesthesiology from Dr. Ramya Amarasena, Radiology from Dr. K.M.R. Kannangara, Community Medicine from Dr. A. Balasuriya, Microbiology from Dr. Geethika Patabandige and Ophthalmology from Dr. Kapila Bandutilleke. Dr. Achala Jayatilleke briefed the participants on Postgraduate Training Programmes which are available at the PGIM, University of Colombo. The session was chaired by Dr. S.M. Samarage.

The final session was chaired by Dr. Dinesh Koggalage and consisted of short presentations on Psychiatry by Dr. Chathurie Suraweera, Otorhinolaryngology by Dr. Shantha Perera, Forensic Medicine by Professor Ravindra Fernando, Medical Administration by Dr. Priyane Senadheera, Pathology by Dr. Sriyani Nanayakkara and career options for doctors in Armed Forces by Colonel Dr. Saveen Semage.

The participants were mostly pre and post interns from state and foreign medical faculties. Each session had a Q&A session at the end and the participants were given the chance to clarify their queries from the resource persons. It was a successful seminar which we trust has helped the junior medical officers to make informed decisions on the career pathways they would select.



DIGITAL HEALTH WEEK 2018

600+ Participants from 60+ Countries

Professor Vajira H. W. Dissanayake
President, Commonwealth Medical
Association
Past President, SLMA

The Digital Health Week 2018, organised jointly by the Health Informatics Society of Sri Lanka, Commonwealth Medical Association and the Sri Lanka Medical Association, was held from 7th to 12th October 2018 in Colombo. The was organized in partnership with the International Medical Informatics Association (IMIA), Asia eHealth Information Network (AeHIN), the Asia Pacific Association of Medical Informatics (APAMI), Global Telehealth (GT) and the Commonwealth Centre for Digital Health (CWCDH). There were over 600 participants from over 60 countries. The Digital Health Week consisted of the following:

1. The Conference on Inter-operable Digital Health for Universal Health Coverage and 6th General Assembly of the Asia eHealth Information Network (AeHIN) from 7th to 9th October 2018.
2. The Board Meeting and General Assembly of the International Medical Informatics Association (IMIA) from 7th to 8th October 2018.
3. The 10th Biennial Conference of the Asia Pacific Association for Medical Informatics (APAMI 2018) from 9th to 11th October 2018.
4. Global Telehealth 2018 (GT2018) from 9th to 11th October 2018
5. The 3rd Commonwealth Digital Health Conference (CWDHC) on 12th October 2018
6. The Digital Health Sri Lanka 2018 Conference on 12th October 2018
7. The 3rd Commonwealth Digital Health Awards 2018 (CWDHA) on 12th October 2018
8. The meeting of the Executive of the Commonwealth Medical Association on 12th October 2018.
9. The Commonwealth Digital Health Expo 2018 from 9th to 12th October 2018

Digital Health Week 2018 was most probably the largest gathering of digital



Figure 1 – The leadership teams of all the collaborating organisations.

health professionals from around the world anywhere in the world in 2018. The Digital Health Week 2018 built on the success of previous Digital Health Conferences held in Colombo, Sri Lanka in 2010, 2014, 2015, 2016 (<http://www.cma2016.org>), and 2017 (<http://www.dhc2016.org>).

Digital Health Week 2018 enabled Sri Lanka to position itself as a leader in digital health, especially in digital health capacity development. This is because Sri Lanka is the only country in the world to have recognised Health Informatics as a Board Certified Medical Specialty. The only other country in the world to have done so is USA where it is a sub-specialisation. This was made possible because of the Biomedical and Health Informatics Programme that was started in the University of Colombo in 2008. This programme offers a M.Sc

in Biomedical Informatics and a M.D. in Health Informatics leading to Specialist Board Certification. As of October 2018 the programme has produced over 150 M.Sc graduates. There are further 40 M.Sc and 39 M.D. students in training. These graduates and students, who are all either medical doctors or dental surgeons, are spearheading the implementation of digital health in Sri Lanka. A special outcome of the conference was that countries in the Asian region and the international development partners pledging to seek Sri Lanka's help to replicate Sri Lanka's unique model of producing Health Informaticians in other countries. This augurs well for the future for the Health Informatics Specialists of Sri Lanka.



Figure 2 – The Commonwealth Panel during the Commonwealth Digital Health Conference with participants from the Caribbean to the Pacific.

Contd. on page 20

Digital health...



Figure 3 – A cross section of the participants in the Asia eHealth Information Network General Assembly.



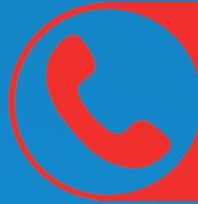
Figure 4 – The Sri Lanka Biomedical and Health Informaticians.



Figure 5 – The Digital Health Award Winners.



Figure 6 – Launch of the NursingNow campaign in Sri Lanka by the Director General of Health Services and the Country Representative of the World Health Organisation with participation of all professional nursing associations.



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ENGLISH IN SCIENTIFIC COMMUNICATION

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

English is the universal language of communication in medicine as well as in many other scientific disciplines. We in Sri Lanka are fortunate enough to have had exposure to English early in our school career. Unfortunately, many tend to believe that since it is a foreign language, mistakes should be acceptable. The erratic language popularly used in social media and text messages or SMSs through mobile phones, have made matters worse.

In my classes for the medical students I have insisted on the proper use of English. I used to say in jest that the best form of ragging of the freshers would be to force them to listen to the case histories written by the seniors! My main argument was that if one can master a complex discipline like medicine, it should be possible to learn proper English if a genuine effort is made. Many medical men and women especially in the universities do much research work, trials, surveys etc, which can have a far-reaching impact on the healthcare of our people. However, their presentations at various forums, both local and international, leave much to be desired. Listening to several lectures and orations at various medical conferences, and acting as an editor of several medical journals and newsletters, it has been disappointing to see researchers of repute making substandard presentations of their work. This deficiency reduces the value of the work done and distracts the audience from the subject matter. The purpose of this article is to highlight this deficiency and suggest some corrective measures.

I am not a scholar in English or a researcher. Hence what I write below is purely based on my own personal experience in using the language and not on orthodox teaching methods. My "weakness" of always looking for mistakes in others and hence my desire to avoid others pointing out my mistakes certainly helped!

Well written essays should be simple, readable and less stressful for the reader, so that reading can be completed in a single

sitting. Similarly, an oral presentation should be easy to understand and enjoyable for the listener. Hence it is my desire to point out some basic principles I use for better communication.

Simple, common words should be used. Jaw breaking words do not add much value, apart from showing off the depth of the author's vocabulary. Short sentences make easy reading. Sentences with 10 to 16 words only are the ideal. As seen in this article itself, sentences could be longer, provided several unrelated facts are not connected in one sentence. A single sentence running into several lines or making one whole paragraph often confuses the reader. Multiple adjectives and adverbs, and the same word appearing several times in a single sentence should be avoided. Repetition also often happens and should be shunned.

Of course, an important fact can be stressed in the summary, concluding remarks or the take home message.

The third person passive form is better. As examples, rather than saying "I do not want to elaborate on this" one can say "It is not necessary to elaborate on this"; or "One should not believe..." sounds better than "You should not believe..."

Some speeches and essays carry many quotations by famous people. Apart from indicating that the author is well read and knowledgeable, I personally do not think this adds to the value of the presentation. On the contrary, it will compromise the originality of the writer's own thoughts. I am of course subject to correction in this matter.

Once an article or an oral presentation is written down, the author should go through it repeatedly to make any corrections, additions and other improvements. When shown to others, more errors will be detected. In preparing for an oral presentation, the author should first read the script aloud in private. Thereafter it can be presented to colleagues or others in the team who can offer valuable criticism and suggestions.

Oral presentations should almost always be read out from a written script. Even when this does occur, the presenter

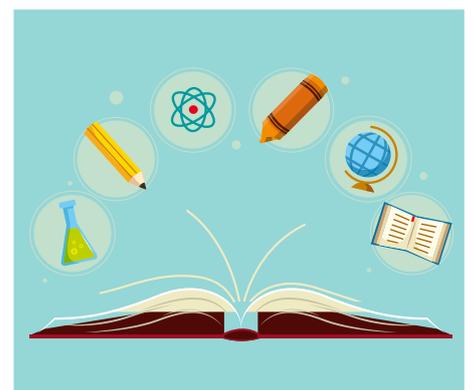
often gives the impression that he or she is reading the script for the first time. If the person has read it repeatedly beforehand as mentioned above, he or she should know what is coming next and be confident enough to look up at the audience without remaining glued to the paper in front. This latter habit totally dissociates the presenter from the audience.

As with the script, projected slides often have many spelling mistakes, repeated words and other errors that could have been easily avoided. The slides too should ideally be vetted by a second person who is bound to pick up errors missed by the author.

Inaccurate pronunciation is a common problem. My own experience in being unable to pronounce the "O" sound properly despite many attempts, makes me feel this is one aspect that is beyond correction after so many years of mispronunciation.

Nothing irritates the audience and the organizers of a conference more than when a presentation exceeds the allotted time. Hence timing should be done while reading aloud beforehand.

Providing a feedback to the author after the presentation could be a sensitive issue. Many are reluctant to do this not knowing how it will be received if it is not solicited. A senior person close to the presenter should have a discussion on the performance. Since young researchers are likely to make many future presentations, it is the bounden duty of the supervisors or other seniors to help correct any mistakes early in the career of a junior. I believe that mistakes repeatedly made over formative years may not be easily rectified later in life.



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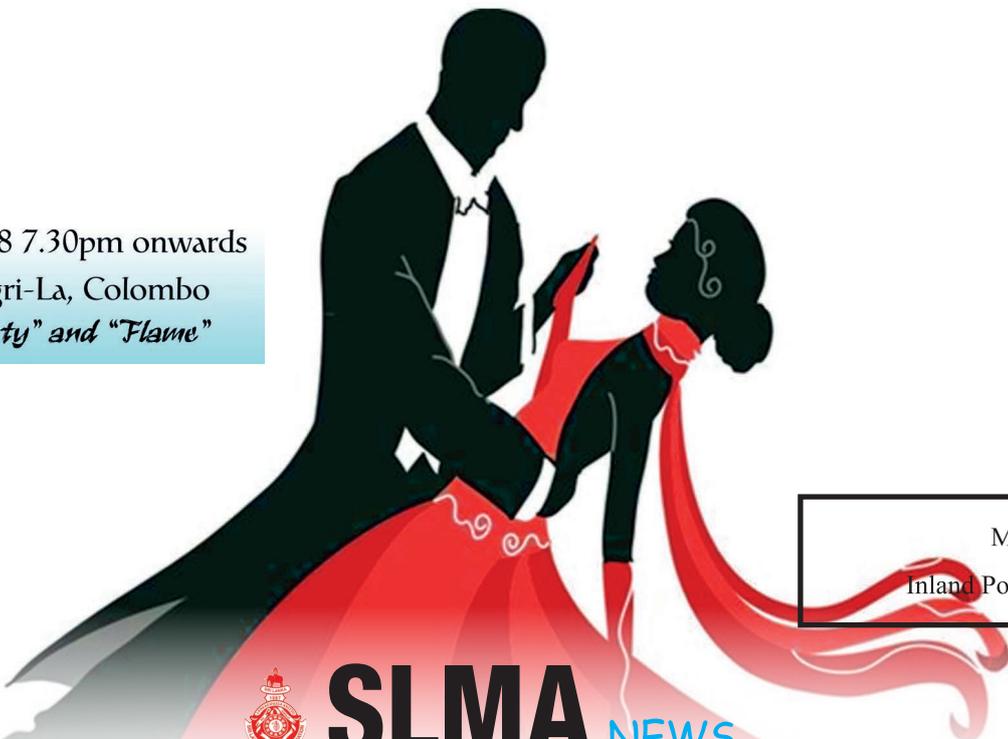
1. <https://www.sandoz.com/our-work/what-we-are>, access on Sept. 2018. 2. <https://www.sandoz.com/our-work/what-we-do>, access on Sept. 2018. 3. <https://www.sandoz.com/our-work/prescription-medicines>, access on Sept. 2018.



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