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Economic Crisis, the way forward and the health sector in Sri Lanka

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SRI LANKA MEDICAL ASSOCIATION

137TH ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS 2024

Ensuring Equity in Healthcare in Challenging Times

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& DEBATE

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CONTENT

**'Injustice Anywhere is a threat to justice everywhere.
We are caught in an inescapable
network of mutuality, tied in a single garment of destiny.
Whatever affects one directly, affects all indirectly.'**

- Martin Luther King, Jr

President's Message

Dear SLMA Members,

Healthcare equity is defined as a state in which everyone has a fair and just opportunity to attain the highest levels of health, regardless of their socio-economic status, race, ethnicity, gender, or other demographic factors[1]. Inequity in healthcare is known simply as unfair distribution of health services. These inequities can be observed through health status/ outcomes, access to health services and financial allocations for health for the people of Sri Lanka[2].

Efforts to promote equity in healthcare also involves addressing both the Social Determinants of Health (SDH) such as non-medical factors that influence health outcomes, like the conditions in which people are born, grow, work, live, etc as well as the systemic barriers within healthcare systems.

Some of the SDH than can influence health equity in positive and negative ways such as Income and Social Protection, Education, Unemployment and Job Insecurity, Working life conditions, Food insecurity, Housing, basic amenities and the environment, Early childhood development, Social inclusion and non-discrimination, Structural conflict, Access to affordable health services of decent quality, etc[3]. Governments, healthcare institutions, providers, and communities play a major role in advancing the cause of equity in healthcare in a country.

A crisis in a country can take various forms and may include natural disasters, public health emergencies, economic downturns, political unrest, armed conflicts and many more. If no rapid and immediate response is provided it can increase the harm or exacerbate the situation by disruption of normal activities, systems and routine daily life.

As the SLMA, I feel, we have a role to play in collaboration with the relevant government institutions, healthcare providers, the community and other stake holders, to ensure that all

get equal opportunities for quality healthcare, and no one is left behind in these trying times.

Actions that can be initiated by the SLMA with the support of all SLMA members and other health professionals can be:

- Advocacy and pressurizing the government to provide all essential medicines, resources (infrastructure/ manpower) as a priority to maintain and enhance healthcare provided to all citizens of the country.
- Health promotion activities to improve the health of the public through media campaigns and other activities in the country.
- Professional development of the health professionals to improve their knowledge and skills to provide services of maximum quality within the limited resources available.
- Advocate for policies that promote health equity and address issues that contribute to disparities in health care access as well as outcomes and also ensure that all emergency policies prioritize the needs of the marginalized, underserved and vulnerable populations.
- Advocate to establish community-based support networks and partnerships to enhance the resilience of communities during crises, with the support of the preventive health care service programmes and personnel in the peripheries and other provinces.
- Provide clear and accessible information about the crisis, preventive measures, and available healthcare services in multiple languages and formats.
- Utilize various communication channels, including digital platforms, traditional media, and community outreach, to reach diverse populations.
- Advocate to ensure that healthcare services, including testing, treatment, and vaccination, are accessible to all at government institutions and if these are not available, take steps to provide them at an affordable price at private facilities.
- Advocate and pressure the relevant authorities to allocate resources, including medical supplies, personnel, and financial support, based on the needs of different communities and populations to all provinces.

I earnestly request your extensive and unmitigated support to achieve our goal of providing equitable and quality enhanced healthcare to all citizens of our Motherland.

Dr Ananda Wijewickrama
President, SLMA

MBBS, MD, MRCP (UK), FCCP
Consultant Physician,
National Institute of Infectious Diseases

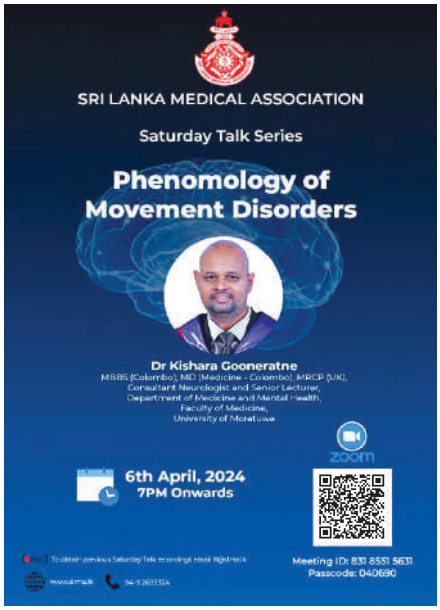
1. https://www.cdc.gov/nchhstp/healthequity/index.html
2. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ips.lk/wp-content/uploads/2018/07/Social-Determinants-of-Health.pdf
3. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Activities in Brief
(16th March 2024 – 15th April 2024)

Following SLMA Saturday Talks were held.

23rd March - *'Common Thyroid Disorders in Clinical Practice'* by Dr Dulani Kottahachchi, Consultant Endocrinologist & Senior Lecturer Department of Physiology, Faculty of Medicine, Ragama.

6th April - *'Phenomenology of Movement Disorders'* by Dr Kishara Gunaratne, Consultant Neurologist & Senior Lecturer Department of Medicine & Mental Health, Faculty of Medicine, Moratuwa



Media Activities

Dr Ananda Wijewickrama, President and Dr Surantha Perera, President Elect conducted a media update on *'Health Precautions for Prevailing High Temperatures & Dry Weather Conditions'* on **18th March.**

Dr Vinya Ariyaratne, Past President, took part in a discussion on *'Free Health Services & Low Quality Medicines'* aired on Sirasa TV *'Dawasa'* on **19th January.**

A media conference on *'Tinea Ring Worm: Could it be the next epidemic?* was held on **21st March.**

The resource persons were Dr Sriyani Samaraweera, Consultant Dermatologist, LRH, Colombo & President Sri Lanka College of Dermatologists, Dr Janaka Akarawita, Consultant Dermatologist, NHSL, Colombo, Dr Indira Kahawita, Consultant Dermatologist, Anti Leprosy Campaign and Dr T Janani, Senior Registrar, TH Jaffna.

A media seminar was organized by the SLMA Expert Committee on Prevention of Road Traffic Crashes on **5th April** on *'Prevention & control of Road Traffic Crashes during the New Year season'* and the launching of the *'Safe City – Colombo'* Project.

The resource persons were; Mr Sanjay Perera, Safe City Colombo Project, Mr Sujeewa Thennakoon, Assistant Commissioner, RMV, SSP, Mr Manoj Ranagala, Director, Traffic Head Quarters, Mr Chandana Aluthgama, CEO, SLIC & Dr Ruwan Thushara Matiwalage, Convener & Co-Secretary Expert Committee on Prevention of Road Traffic Crashes.

The SLMA Expert Committee on Prevention of Road Traffic Crashes members Dr Ruwan Thushara Matiwalage, Convener & Co-Secretary & Mr Dilantha Malagamuwa, Brand Ambassador, Safe Sri Lanka Project attended a discussion on *'Prevention & control of Road Traffic crashes during the New Year season'* at Derana 24 Hours, *'Big Focus'*, on **12th April.**

Monthly Clinical Meetings

The March clinical meeting was held in collaboration with the Sri Lanka College of Nutrition Physicians on **19th March** on *'Know the myths & evidence of weight loss'*.

Dr Manoji Gamage, Consultant Nutrition Physician, Nutrition Unit, Castle Street Hospital for Women (CSHW) spoke on *'Obesity: Burden & Impact'* and elaborated that obesity is defined as the excess fat deposition in the body with negative health effects and is considered a 'Pandemic' due to its alarming rate of spread encompassing the whole world. Sri Lankan prevalence is still low but is rising at a startling rate and both the individual and the country will have to face the burden of obesity. It's caused by imbalance between energy intake and out. Food intake is controlled by multiple pathways by the human body and resuming a normal weight and maintain it requires behavioural change.

Dr Nalinda Herath, Consultant Nutrition Physician, NHSL spoke on *'Methods of Weight Reduction: An Overview'* and emphasized that methods of weight reduction can be categorized into lifestyle modifications (includes diet and physical activity), pharmacotherapy, and surgical therapy. Dietary interventions to reduce weight can be categorized based on the amount of calories, type of food eaten, and timing of meal consumption. Some popular dietary strategies include low-calorie diets, low-fat diets, ketogenic diets, Mediterranean diets, high-protein diets, low GI diets, Nordic diets, vegetarian diets, DASH diet, Portfolio diet, Atkins diet, and Ornish diet. Intermittent fasting is also an effective weight-loss strategy, but it may have some disadvantages and risks, especially for certain individuals. Most of these diets are effective for short periods only. It's important to note that there is no one-size-fits-all approach to weight reduction, and the best diet should be tailored to individual preferences, affordability, and health status.

Professor Ranil Jayawardena, Department of Physiology, Faculty of Medicine, Colombo spoke on *'Challenges in Weight Management'* and discussed that many patients successfully lose weight but struggle to maintain it. Weight loss strategies should be culturally specific and tailored to the patient's preferences. Very strict diet regimens such as fad diets, the ketogenic diet or intermittent fasting, should be discouraged mainly because they were not very effective for maintaining weight loss. For weight maintenance, the main strategy should involve engaging in vigorous physical activity and behavior control after successful weight loss, typically achieving a 5-10% reduction in weight.

Therapeutic Lectures

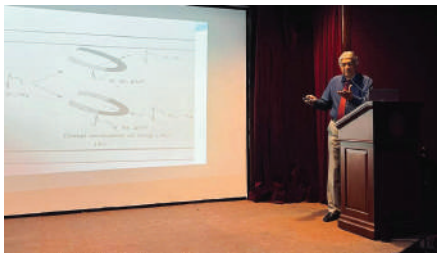
A therapeutic update on *'Asthma'* was delivered by Dr Neranjan Dissanayaka, Consultant Pulmonologist, Teaching Hospital & District Chest Clinic, Kalutara on **20th March.**

Pre-congress Workshop

The third pre-congress workshop on *'Cardiology & Cardiac Arrhythmias: Essence of Cardiology for Emergency Department Doctors'* was held at the SLMA Auditorium on **25th March** in collaboration with the Sri Lanka College of Cardiology.

Topics of discussion were as follows; Dr Ruvan Ekanayaka on *'Basics of ECG Interpretation'*, Dr Chamara Ratnayaka on *'Acute Coronary Syndrome & its mimics'*, Dr Rohan

Gunawardena on *'Identifying the many faces of Bradycardia & Device Therapy'*, Dr Manura Lekamwattage on *'Syncope: Evaluation & Management'*, Dr Nishan de Vas Gunawardena on *'Atrial Fibrillation: What is new?'* and Dr Suresh Kottegoda on *'Arrhythmias you cannot miss'*.



Women's Day 2024

SLMA Expert Committee on Women's Health held a seminar to commemorate the Women's Day on **28th March** on the topic *'Progress through investing in women's health'*.

Dr Lakshmi C Somatunga, Additional Secretary Public Health Services, MoH spoke on *'Women in the Health Sector: The Epidemiology, Leadership Roles & Future'*, Professor Chandrika N Wijeratne, Former Vice Chancellor, University of Colombo on *'Some Reflections on Career Choices, Job Satisfaction & Work-Life-Balance in Sri Lanka'* and Dr Dinusha Perera, Consultant Community Physician, Gender & Women's Health Programme, Family Health Bureau, MoH on *'Harassment of Women in the Health Sector: Workers & Patients'*.

MoU Signing

The SLMA Expert Committee on Prevention of Road Traffic Crashes and Unilever signed a MoU Promoting public-private partnership to initiate the concept of *'Safe Cities - Zero Accidents'* and other related activities in the Orugodawatta Area on **31st March.**

Guest Lecture

A guest lecture was delivered on **1st April** at the SLMA Auditorium delivered by Dr Ruwani Gunawardena, Director, Centre for Brain & Neurocare, Maryland, USA on *'Alzheimer's Dementia'*

Partnership Building

Dr Ananda Wijewickrama, President, Dr Vinya Ariyaratne, Immediate Past President, Dr Surantha Perera, President Elect, and Dr Lahiru Kodituwakku, Honorary Secretary met with Dr Alaka Singh, WHO Representative to Sri Lanka and staff at the WHO office on **2nd April** and Mr Kulne Adeniyi, UNFPA Representative for Sri Lanka and Country Director Maldives on **4th April** to discuss about how SLMA can partner with the UN agencies to improve the health of the nation in all aspects of Health & Rights.

Panel Discussion

The Sri Lanka Medical Association (SLMA) together with Sri Lanka College of Microbiologists, Sri Lanka College of Paediatricians and Ceylon College of Physicians held a panel discussion on *'Typhoid Fever: Don't miss it'* on **10th April.**

The resource persons were Dr Ananda Wijewckrama, President, SLMA, Dr Malika Karunaratne, President, Sri Lanka College of Microbiologists, Dr Kosala Karunaratne, President, Sri Lanka College of Paediatricians, Dr Sujatha Pathirage, Consultant Microbiologust, MRI & Dr Harsha Sathischandra, Consultant Physician, NHSL.

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Economic Crisis, the way forward and the health sector in Sri Lanka

Professor Dileep De Silva
Chair Professor of Dental Public Health and a Specialist in Health Finance University of Peradeniya, Sri Lanka

The nation is grappling with a prolonged economic crisis rooted in deep-seated structural imbalances accumulated over decades. Recent policy missteps have exacerbated these pre-existing issues, hastening the onset of the crisis. Persistent twin deficits, politically motivated welfare initiatives, an overvalued exchange rate, and inefficient state-owned enterprises are among the long-standing factors contributing to the current predicament. Additionally, rigid labor and land markets, coupled with weaknesses in governance, further compound the challenges faced.

The recent onset of the economic crisis has been catalyzed by a confluence of factors including tax cuts, sovereign rating downgrades, excessive money printing, and depletion of foreign exchange reserves. Unforeseen shocks such as the 2019 Easter Sunday bombings and the disruptive impact of the COVID-19 pandemic have further exacerbated the situation. The consequences of this crisis have been dire, leading to soaring inflation, dwindling foreign reserves, economic contraction, and widespread socio-political unrest. Notably, Sri Lanka witnessed its first sovereign default since independence, declared in April 2022.

In response to the crisis, though late, Sri Lanka sought assistance from the International Monetary Fund (IMF), resulting in a four-year Extended Fund Facility (EFF) agreement worth US $3.0 billion in March 2023. This stabilization program encompasses fiscal consolidation, debt restructuring, social safety net enhancements, and measures aimed at bolstering financial stability and governance reforms. Immediate actions taken include fiscal consolidation efforts, monetary policy adjustments, and initiatives to restore essential supplies such as fuel, electricity, and agricultural inputs.

Encouragingly, initial outcomes of these stabilization efforts indicate a decline in inflation, a rise in foreign exchange reserves, and positive trends in key economic indicators such as government revenue and budget deficit reduction. Projections suggest a return to positive GDP growth in the latter half of 2024, signaling a gradual recovery path.

Moving forward, Sri Lanka's overarching policy direction aims for an export-oriented competitive social market economy with a focus on environmental sustainability. Aspiring to attain high-income status by 2048, the country has set ambitious targets for economic growth, trade expansion, and foreign direct investment. A comprehensive reform agenda spanning modernization, factor market reforms, greater international economic integration, state-owned enterprise restructuring, institutional and legal reforms, and digitalization underscores the government's commitment to address underlying structural deficiencies and foster sustainable economic development.

However, amidst these economic challenges, the healthcare sector in Sri Lanka is facing formidable obstacles. Across hospitals in the country, the persistent shortage of essential medicines poses a grave challenge to healthcare provision and patient outcomes. The scarcity of vital medications compromises treatment effectiveness and undermines the ability of healthcare professionals to deliver quality care. Patients may encounter delays in receiving necessary treatments or may be compelled to seek alternative healthcare facilities, amplifying their health concerns. Moreover, healthcare providers grappling with medication shortages experience frustration and moral distress, which can lead to decreased job satisfaction and professional burnout.

Furthermore, the increasing exodus of medical specialists, doctors, and nurses from Sri Lanka presents another significant **challenge** for the healthcare system. Sri Lanka introduced a 5-year leave system for state sector employees in 2022, mainly aiming at securing employment abroad and remitting hard currency to boost Sri Lanka's foreign exchange earnings. Up to 25th March 2024, 190 medical specialists and 270 medical officers have taken leave under this system. Many more have taken other short-term leave, and some have vacated their posts to be employed abroad.

There are clear indications of a rising inclination among young doctors in Sri Lanka to migrate abroad. Over the past two years, the number of Sri Lankan applicants for international medical licensing exams, such as the Australian Medical Council (AMC) exam or the Professional and Linguistic Assessments Board exam UK, has seen a significant surge. Data from the AMC's annual reports reveals a notable increase in Sri Lankan applications for AMC international portfolios, skyrocketing from 222 in the 2020-21 period to 725 in the 2021-22 period. This upward trend highlights a substantial

spike in interest among young Sri Lankan doctors to seek opportunities abroad, potentially exacerbating challenges within Sri Lanka's healthcare system.

The migration of healthcare workers not only affects patients but also jeopardizes medical education. An illustrative instance is the temporary closure of the professorial pediatric unit at Rajarata University's Faculty of Medicine a few months ago, due to the migration of academic staff. Moreover, there's a significant migration of experienced professors and senior lecturers across various departments in medical faculties, including pre-clinical, para-clinical, and clinical. These departures are anticipated to impact the standard of medical graduates produced in Sri Lanka, consequently diminishing the quality of healthcare delivery.

The departure of skilled healthcare professionals in pursuit of better opportunities abroad exacerbates workforce shortages, particularly in critical specialties and underserved regions. This brain drain not only diminishes the capacity of the healthcare system to meet burgeoning service demands but also erodes continuity of care and institutional knowledge within healthcare institutions. Moreover, the loss of seasoned professionals widens existing healthcare disparities, disproportionately affecting marginalized communities with limited healthcare access.

Moreover, the recent heightened trade union agitation for **perceived** preferential treatment to doctors further complicates Sri Lanka's healthcare landscape. While acknowledging the pivotal role of doctors, **their** demands for preferential treatment strain healthcare resources and exacerbate existing disparities within the system. Trade union actions, such as strikes and protests, disrupt healthcare services, resulting in delays in patient care, cancellation of elective procedures, and compromised patient safety. Moreover, granting presumed preferential treatment to doctors may undermine the collaborative efforts of multidisciplinary healthcare teams and compromise patient-centered care. Addressing trade union concerns necessitates open dialogue, collaborative problem-solving, and a commitment to equitable treatment of all **categories of** healthcare workers to ensure the sustainable functioning of the healthcare system.

The Lancet recently highlighted corruption in the healthcare sector, echoing concerns seen globally. Shockingly, a substantial fraction of the approximately USD 7 trillion expended annually on healthcare worldwide—ranging from 10% to 25%—is siphoned away due to corrupt activities. This amount eclipses what is necessary to realize universal healthcare by 2030.

Further confronting corruption in Sri Lanka's healthcare domain demands a comprehensive approach. It must tackle root issues such as resource deficiencies, political influences, and the imperative for systemic transparency and accountability. Without addressing these fundamental challenges, efforts to combat corruption will likely fall short, undermining the quality and accessibility of healthcare services for Sri Lankans

Postgraduate medical trainees, in Sri Lanka are required to enter into a bond with the Ministry of Health before embarking on foreign training. Resigning while abroad or upon return constitutes a violation of this bond, rendering individuals liable for payment. Some experts suggest that increasing the bond value could serve as a short-term deterrent. However, they also advocate for strategic changes such as strengthening primary care, which could help alleviate various health workforce issues.

Additionally, there is a call to revisit the existing circular that allows healthcare workers five-year leave for overseas endeavors. Addressing issues like drug shortages and improving facilities at peripheral hospitals is deemed crucial by experts to stem the current brain drain.

Finally, to significantly enhance medicine availability in Sri Lankan government hospitals, the following strategic measures should be implemented:

- Streamline procurement procedures to ensure efficient acquisition of essential medications.
- Optimize supply chain management systems to facilitate timely distribution to healthcare facilities.
- Increase budget allocations to the healthcare sector to adequately fund medicine procurement.
- Strengthen distribution networks to ensure seamless and prompt delivery of medicines across the country.
- Implement robust monitoring mechanisms to track medicine stocks regularly and prevent shortages. **The loss incurred by discarding stock past expiry dates too could be avoided.**
- Promote the utilization of cost-effective generic medicines to improve affordability and accessibility.
- Foster collaboration with reputable NGOs and international partners to leverage expertise and resources.
- Provide comprehensive training programs for healthcare staff to enhance their skills in medicine management.
- Utilize advanced technology for efficient inventory management and stock tracking.
- Conduct targeted public awareness campaigns to educate the population about the importance of medicine availability and adherence to treatment plans.

A few of the above measures are been addressed through *"Swastha"* a state-owned, in-house developed

ERP (Enterprise Resource Planning) System operated by the Medical Supplies Division of the Ministry of Health.

By implementing these professional strategies, Sri Lanka can make substantial progress in ensuring uninterrupted access to essential medicines in government hospitals, thereby improving healthcare outcomes nationwide.

In summary, the ripple effects of the rising cost of living, coupled with the persistent shortages of essential medicines, medical migration, trade union agitation, and corruption, pose multifaceted challenges to Sri Lanka's healthcare sector. Overcoming these challenges demands concerted efforts from policymakers, healthcare leaders, and stakeholders to safeguard access to timely medical care, bolster medication availability, retain skilled healthcare professionals, and foster a collaborative and equitable healthcare environment. By prioritizing investments in healthcare infrastructure, workforce development, and governance reforms, Sri Lanka can navigate through these challenges and build a resilient healthcare system capable of meeting the evolving needs of its populace.

SRI LANKA MEDICAL ASSOCIATION

31ST ANNUAL CAREER GUIDANCE SEMINAR FOR JUNIOR MEDICAL OFFICERS - 2024

Date : Sunday, the 19th May 2024 from 8.00 am to 1.35 pm
Venue : Lionel Memorial Auditorium, 6, Wijerama Mawatha, Colombo 7

AGENDA

08.00 – 08.30 am **Registration**

Session I	Chairperson	-	Dr. Ananda Wijewickrama
08.30 – 08.40 am	**Welcome Address**	-	**Dr Ananda Wijewickrama**
08.40 – 08.50 am	**Postgraduate Training Programme**	-	**Dr Himani Molligoda**
08.50 – 09.00 am	**Medicine & Sub Specialties**	-	**Dr Shamitha Dassanayake**
09.00 – 09.10 am	**Surgery & Sub specialties**	-	**Dr S.M.M. Niyaz**
09.10 – 09.20 am	**Venereology**	-	**Dr Priyantha Weerasinghe**
09.20 – 09.30 am	**Anaesthesiology**	-	**Dr Chamila Jayasekera**
09.30 – 09.40 am	**QUESTIONS**		

Session II	Chairperson	-	Dr. Lucian Jayasuriya
09.40 – 09.50 am	**Dermatology**	-	**Dr Nuwangika Marcellin**
09.50 – 10.00 am	**Obstetrics & Gynaecology**	-	**Dr Janaki Karunasinghe**
10.00 – 10.10 am	**Paediatrics & Sub Specialities**	-	**Prof. Randula Ranawaka**
10.10 – 10.20 am	**Health Informatics**	-	**Dr Chaminda Weerabaddana**
10.20 – 10.30 am	**Universities**	-	**Prof. Vajira H.W. Dissanayake**
10.30 – 10.40 am	**QUESTIONS**		

10.40 – 11.05 am TEA BREAK

Session III	Chairperson	-	Dr. Ruvaiz Haniffa
11.05 – 11.15 am	**Private Health Sector**	-	**Dr Upali Banagala**
11.15 – 11.25 am	**Ministry of Health - Cadre**	-	**Dr Sudath Dharmaratne**
11.25 – 11.35 am	**Armed Services**	-	**Col. (Prof.) A. Balasuriya**
11.35 – 11.45 am	**Community Medicine**	-	**Dr Kapila Jayaratne**
11.45 – 11.55 am	**Microbiology**	-	**Dr Shirani Chandrasiri**
11.55 – 12.05 pm	**Ophthalmology**	-	**Dr Prasad Pathirana**
12.05 – 12.15 pm	**QUESTIONS**		

Session IV	Chairperson	-	Dr. Sarath Samarage
12.15 – 12.25 pm	**Psychiatry**	-	**Dr Chamara Wijesinghe**
12.25 – 12.35 pm	**Otorhinolaryngology**	-	**Dr Rukmali Rupasinghe**
12.35 – 12.45 pm	**Forensic Medicine**	-	**Prof. U.C.P. Perera**
12.45 – 12.55 pm	**Medical Administration**	-	**Dr Pradeep Ratnasekera**
12.55 – 01.05 pm	**Pathology**	-	**Prof. Sulochana Wijetunge**
01.05 – 01.15 pm	**Radiology**	-	**Dr Sheahan Waas**
01.15 – 01.25 pm	**General Practice/ Family Medicine**	-	**Dr Dilini Baranage**
01.25 – 01.35 pm	**QUESTIONS**		

The registration is free of charge / Please contact SLMA office for further details 011- 2693324

Polycystic Ovarian Syndrome: A common yet under-recognized health challenge

Dr Rameshkumar Thevarajah
Senior Registrar in Endocrinology,
National Hospital of Sri Lanka
Lecturer, Department of Pharmacology,
University of Colombo

Polycystic Ovarian Syndrome (PCOS) is the most common endocrinopathy affecting women of reproductive age. The estimated prevalence is between 8-13% among women of reproductive age, but it varies depending on the population and the criteria used for the diagnosis. Despite high prevalence, PCOS remains under-recognized and more than 70% of women with PCOS are undiagnosed. Often the diagnosis of PCOS is delayed and in an international study, more than a third of women spent >2 years seeking a diagnosis and saw at least 3 separate medical providers. A study done in the Gampaha district in Sri Lanka in 2005 showed the community prevalence of PCOS was 6.3% and 90% were undiagnosed.

The aetiology of PCOS is complex and insulin resistance is the critical defect that explains most of the endocrine abnormalities observed in PCOS. Insulin resistance is associated with abnormal responses of the ovarian follicle to Follicle Stimulating Hormone (FSH), which leads to anovulation and androgen secretion. This results in the non-cyclic formation of oestrogen from androgens in peripheral tissues. Oestradiol together with elevated androgen and insulin levels gives rise to abnormal gonadotropin secretion. This creates an anovulatory state favouring continuous excess of Luteinizing Hormone (LH), steroid precursors, androgen, and oestrogen.

PCOS phenotype is a consequence of genes and environment. For example, obesity associated with unhealthy lifestyle choices aggravates the PCOS phenotype in genetically susceptible women.

Clinical Features

PCOS affects multiple systems including,

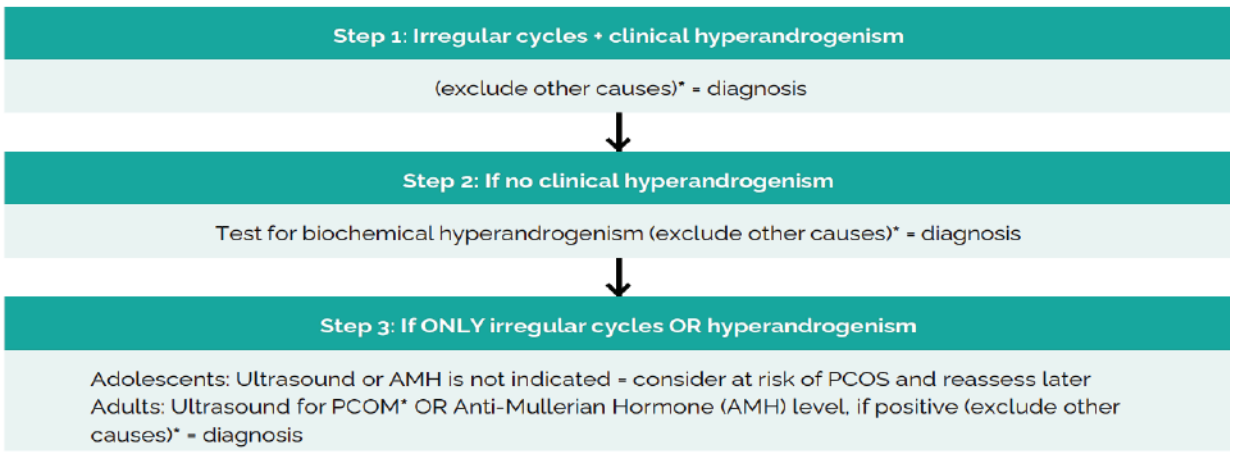
- Reproductive – oligo/anovulation, subfertility, pregnancy complications and increased risk of endometrial cancer
- Metabolic – overweight/ obesity, prediabetes/ diabetes, hypertension, dyslipidaemia, increased risk of cardiovascular disease
- Dermatological – hirsutism, acne, hair loss, acanthosis nigricans
- Psychological – anxiety, depression, poor body image, disordered eating, low self-esteem

Presentation of PCOS may vary across ethnic groups. All women with PCOS will not experience all of these symptoms, and the severity can vary significantly. In an international study, women identified difficulty in losing weight, irregular menstrual cycles, infertility, and hirsutism as their 4 key concerns about PCOS. Early diagnosis is important to prevent morbidity and also improve the quality of life.

Diagnosis

Criteria for diagnosing PCOS have evolved. The latest diagnostic criteria put forward in the 2023 International

Algorithm 1: Screening, diagnostic assessment, risk assessment and life stage*



***Exclusion of other causes =s TSH, prolactin, 17-OH progesterone, FSH or if clinically indicated exclude other causes** (e.g. Cushing's syndrome, adrenal tumours etc) Hypogonadotrophic hypogonadism, usually due to low body fat or intensive exercise, should also be excluded clinically and with LH and FSH levels

Evidence-based Guideline for the Assessment and Management of Polycystic Ovary Syndrome includes a diagnostic algorithm requiring the presence of irregular cycles and clinical/ biochemical hyperandrogenism after exclusion of other causes of androgen excess and anovulation. If only one of either irregular cycles or hyperandrogenism is present, then either the presence of polycystic ovarian morphology or elevated anti-Mullerian Hormone levels are used for the diagnosis. However, both tests should not be performed to limit over-diagnosis. Follicle number per ovary ≥ 20 or ovarian volume ≥ 10 mL or follicle number per section ≥ 10 in at least one ovary is considered polycystic ovarian morphology.

Figure 1. Algorithm 1—Diagnostic algorithm for polycystic ovary syndrome (PCOS). © Monash University on behalf of the NHMRC Centre for Research Excellence in Women's Health in Reproductive Life, 2023. International evidence-based guideline for the assessment and management of polycystic ovary syndrome 2023, Helena Teede et al. Monash University (monash.edu/medicine/mchri/pcos), 2023, by permission of Monash University, on behalf of the NHMRC Centre for Research Excellence in Women's Health in Reproductive Life.

Use of polycystic ovarian morphology or serum anti-Mullerian hormone level should not be used in adolescents. For adolescents who do not meet the above diagnostic criteria, an "increased risk" is considered and reassessment is advised at or before full reproductive maturity (8 years post menarche).

Tests for the exclusion of other causes include, TSH, prolactin, 17-OH progesterone, FSH or if clinically indicated exclude other causes (e.g. Cushing's syndrome, adrenal tumours etc).

All women with PCOS should be assessed for cardiovascular disease risk factors including lipid profile, blood pressure, and 75-g oral glucose tolerance test.

Management of PCOS

There is no definitive cure or treatment for PCOS. Management of PCOS involves reducing the underlying cardiovascular risk, and treatment of the symptoms.

Lifestyle management should be the first line for both prevention and treatment of all women with PCOS. It helps to achieve and/or maintain a healthy weight, optimize general and metabolic health and quality of life across the life course. Goals and priorities of lifestyle interventions should be developed valuing individualised preferences. Weight stigma should be kept in mind when discussing lifestyle management.

Physical activity should involve a minimum of 150-300 minutes of moderate-intensity activities or 75-150 minutes of vigorous-intensity aerobic activity per week or an equivalent combination of both spread throughout the week, plus muscle-strengthening activities (eg, resistance/ flexibility) on 2 non-consecutive days per week. There is no specific type of diet recommended currently. Any diet composition consistent with population guidelines for healthy eating which is sustainable and tailored to individual preferences and goals is recommended.

Subsequent medical treatment depends on the primary concerns of the patient. The combined oral contraceptive pill (COCP) is the first-line medical treatment for irregular periods and hirsutism. Low dose natural oestradiol is preferred over high dose preparations. Minimum use of 6-12 months is required in the treatment of hirsutism. If ineffective after 6-12 months, anti-androgens could be considered to treat hirsutism. Whenever pregnancy is possible, women must be strongly counselled regarding the use of concurrent effective contraception to prevent male foetal virilisation during the use of anti-androgens. Cosmetic therapy including laser/ light therapy, electrolysis, threading and waxing is used for hirsutism along with COCP.

Progestin only oral contraceptives may be considered in patients with irregular periods for endometrial protection if COCP is contraindicated.

Metformin is most beneficial in high metabolic risk groups including those with diabetes risk factors, impaired glucose tolerance, insulin resistance and overweight/ obesity. It also improves ovulation, menstrual cycles and improves subfertility.

Treatment of subfertility includes optimization of preconception health and lifestyle. Ovulation induction with letrozole or clomiphene citrate (alone or combined with metformin) is the first-line medical treatment. Second-line medical treatment includes the use of gonadotrophins or laparoscopic ovarian surgery. Third-line treatment involves in-vitro fertilization.

Psychological symptoms including anxiety and depressive symptoms should be screened for and addressed separately with appropriate psychological and pharmacological treatment.

Premenopausal women with PCOS are at a 2-6-fold increased risk of endometrial cancer. There should be a low threshold for investigation of endometrial cancer in PCOS, with transvaginal ultrasound and endometrial biopsy. Persistent thickened endometrium, prolonged amenorrhoea and abnormal vaginal bleeding should be evaluated for endometrial cancer. Routine ultrasound screening of endometrial thickness is not recommended.

PCOS is a chronic disease affecting women throughout their lifecycles. However, it often goes undiagnosed, with more than 70% of cases being unrecognized, leading to prolonged distress and delayed diagnosis. PCOS is characterized by insulin resistance, leading to hormonal imbalances and a variety of symptoms affecting reproductive, metabolic, dermatological, and psychological systems. Diagnosis relies on criteria such as irregular cycles and hyperandrogenism, with the exclusion of other causes. Management involves lifestyle

modifications as first-line treatment, focusing on weight management and metabolic health. Medical interventions target specific symptoms, with oral contraceptives commonly used for menstrual irregularities and hirsutism. Overall, early recognition, comprehensive assessment, and tailored management strategies are crucial for improving outcomes and quality of life in individuals with PCOS.

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The evil impact of medical research misconduct

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The scholarly eye-opening article *'Retracted research ~ 1'* by Amal Mandal, a former Associate Professor of Political Science from West Bengal, India, published in The Island Newspaper on 01-03-2024, and the follow-up article *'Retracted research ~ 2'* by the same author published on the next day, would have sent shock-waves and shivers down the spines of all involved in scientific publishing. Those newspaper items were primarily based on an index article titled "More than 10,000 research papers were retracted in 2023 — a new record." published in the reputed scientific journal Nature on 12th December 2023[1]. It reported on the unbelievable and gut-wrenching situation in 2023 when implausible numbers of so-called original research articles published in many journals, including those of tremendous pedagogic repute, were retracted (withdrawn) following publication, for a variety of reasons.

Amongst the whys and wherefores for retractions, academic research misconduct comes up pretty high in the ranking order. It has been known for quite a while but now it has really been put out into the open and the cat is most definitely out of the bag. As reproduced almost verbatim here from a communique from Imperial College London, UK[2], *"research misconduct has been characterised as actions or questionable research practices that fall short of the standards of ethics, research and scholarship required to ensure that the integrity of research is upheld. It can cause harm to people and the environment, waste resources, undermine the research record and damage the credibility of research. It is often defined by 'falsification, fabrication and plagiarism' and can include making up data or results, incorrectly attributing authorship, gift authorship, manipulating research data, materials, equipment, or processes, or changing or omitting data, graphs, images, or results."*

In the main, many of those papers that have been retracted have published results and material that are not perfectly authentic and tenable from the point of view of a rigorous scientific appraisal. In other words, to put it in perspective and even to state rather bluntly, they are fraudulent attempts at securing scientific publications, even at the price of sacrificing intellectual honesty. All kinds of misdemeanours are known to occur in the many strata of people involved in the scholastic publishing industry. Amongst these, unscrupulous authors of so-called original research articles, which are of doubtful validity, take pride of place; certainly not a situation to be proud of, but only fit to be relegated into a contemptible bin of disgrace. The main worry of all these aspects is the fact that the inadequacy of scientific precision in many of these articles has been detected only after they had been accepted and published in the journals concerned. The articles had got into the published public record by the time the problems had been detected.

Bio-medical scientific publications are so very important because they attempt to provide the precise technical basis and erudite reasons for the causation of, as well as the accepted management strategies for human disease. Medical journals have an abiding impact on the diagnosis and treatment of human illnesses and the way we provide essential healthcare to unfortunate patients. They are the pivotal foundations of current knowledge on which up-to-date treatment of diseases and disorders affecting humans are based. There is no room for two words or give-and-take provisions in that endeavour. Medicine and healthcare that are evidence-based should undoubtedly be the cardinal principles on which diagnosis, treatment and further management are unequivocally based. However, sadly for sure, if the fundamental principles of reliability in good quality research which ultimately percolates as benefits to sick humans are faulty and leaves a lot to be desired, there is no hope at all for progress in medicine.

The terrible consequences of research misconduct can be extremely severe and ever so grave. Such aftermath effects would include causation and propagation of preventable illnesses, the loss of human life due to misinformation in the literature as well as continued citing and usage of retracted work. It can also result in wasted resources, both human and financial when newer research processes or clinical work are based on previous flawed or fraudulent research. Deceitful research is the pits of the world and is fit only for guttersnipes.

Funding agencies often require that cases of research misconduct to be reported to them which can be damaging to the careers of those who commit transgressions and there is a financial cost to the institution in investigating allegations as well. The

retraction of papers and reputational risks of misconduct can be damaging to the research careers of those who commit misconduct as well as their academic institutions.

There are well-organised systematic initiatives such as "Paper Mills" that undertake certain nefarious academic activities for filthy lucre(3). These are money-making unethical commercial ventures which specialise in producing fake or fraudulent research papers. Very often the main parent organisations are in one country, the customers who pay a lot of money for these dubious services are in another country and the 'ghostwriters' who produce the papers for pretty high payments but are totally behind the scenes, are perhaps even in yet another country. It is extremely difficult to track down these miserable goings-on and bring the perpetrators to book.

There is also the distasteful spectre of Predatory Journals, also known as fraudulent, deceptive, or pseudo-journals(4) looming on the horizon. They are a mushrooming plethora of journals with questionable and scientifically unsatisfactory review, assessment and publication practices. They tend to play on the personal susceptibilities of authors such as securing publications to satisfy academic requirements of scholastic institutions where they work for considerable sums of money.

From a different perspective, one has to acknowledge that the current vogue of Artificial Intelligence (AI) has revolutionized various sectors, including biomedical research, bringing about promising breakthroughs in disease diagnosis, drug discovery, and treatment optimization. It is an undeniable truth that AI is here to stay. However, beneath the veil of optimism lies a darker reality; AI's negative and even ugly effects on biomedical research. To all these things that are taking place now in the publication portals of biomedical research, if we add the potentially deleterious effects of AI, say even to enterprises such as Paper Mills, one would shudder at the likely consequences. The possibilities and the deleterious potential of the harmful usages of AI are suspected and somewhat known at present and are established to be quite disastrous.

The way things have panned out, while AI offers tremendous potential, its integration into this field has raised ethical, social, and practical concerns that cannot be overlooked. One of the foremost concerns is the perpetuation of biases. AI systems learn from data, and if this data is biased, the AI models will reflect and perpetuate these biases. In biomedical research, biased data could lead to skewed results, misdiagnoses, and unequal treatment. Moreover, the opaque nature of AI algorithms poses a challenge to transparency and reproducibility in research. Unlike traditional research methods where processes are transparent and results can be scrutinized, AI models often operate as 'black boxes', making it difficult to understand how decisions are made. This lack of transparency undermines the scientific method and hampers the ability of researchers to validate findings or identify errors, potentially leading to misguided conclusions and wasted resources.

Furthermore, overreliance on AI may diminish the role of human expertise and intuition in biomedical research. While AI algorithms can analyse vast amounts of data and identify patterns, they lack the contextual understanding and creativity that human researchers possess. This could lead to the neglect of valuable insights that cannot be quantified or captured by algorithms alone, thereby stifling innovation and limiting the potential for groundbreaking discoveries.

All the foregoing details and statements have a direct bearing on the work of Editors of medical journals in the publishing industry. The author of this communique is very conscious of, and in fact seriously worried about, these implications concerning his work with editorial duties in two esteemed medical journals of Sri Lanka. Some of these potential consequences strike at the very core of the heart of medical publishing endeavours; namely the authenticity, veracity and unabridged reliability of the research material that is published in medical journals. It has to be acknowledged that most medical journals have peer review systems in place which assess the different features, scientific quality, and many other components as well as implications of articles of research that are submitted to the journals. The research papers in medical journals are published after a rigorous process of such intense appraisal. However, as evidenced by the alarmingly increasing numbers of retractions, this system has perhaps most unfortunately not been all that successful in maintaining the very best standards of medical publications. It is getting progressively difficult to separate the grain from the chaff, especially for the editors of medical journals. This editor at least is well aware of the likely problems and constraints that would be placed on the venture of publishing well-tested and reliable scientific papers in the not-too-distant future.

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Call for Papers

A special issue of the Ceylon Medical Journal (CMJ) on antimicrobial resistance (AMR) is to be published in September 2024. The release of this publication will mark the United Nations General Assembly (UNGA) High-level Meeting on AMR, which is scheduled to be held on the 26th of September 2024 in New York.

The publication of this special issue is supported by the WHO country office in Sri Lanka. The Special Issue will attempt to cover all aspects of AMR, including experience in addressing AMR.

This open call is for original papers, reviews/systematic reviews, and commentaries. We invite researchers from Sri Lanka, the WHO South-East Asia Region, and beyond to submit their manuscripts for this special issue of the CMJ. All submissions will undergo peer review, and the publication will be indexed in Pubmed.

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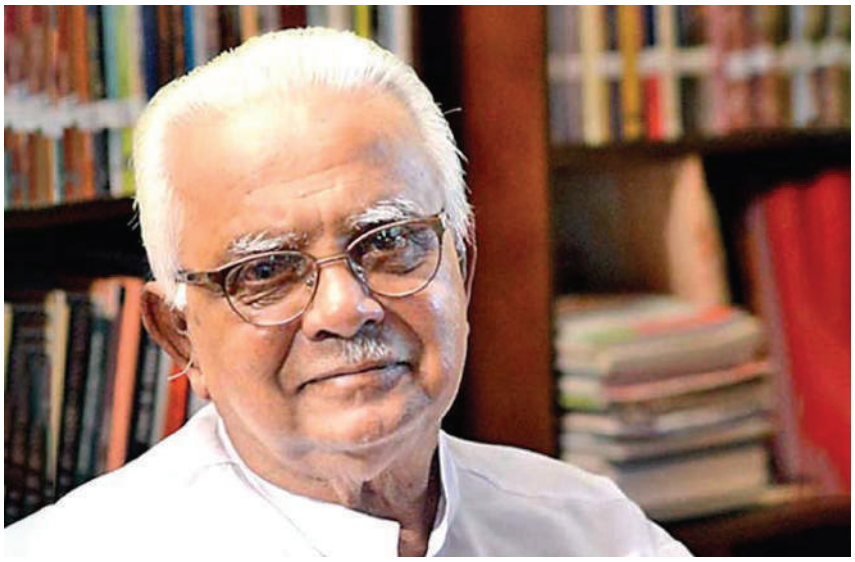
Dr A. T. Ariyaratne: A human being of iconic opulence

Dr B. J. C. Perera



In the kaleidoscopic and gigantic tapestry of humanity, there are those rare individuals with wisdom, compassion and altruism, who emerge as beacons of light, illuminating the path for others to tread and follow. Dr A. T. Ariyaratne, the esteemed Founder of the Sarvodaya Movement of Sri Lanka, was undeniably one such luminary; a man whose life was an extraordinary testament to the power of love, service, and spiritual awakening.

As we say goodbye to this great son of the soil, amidst the gentle whispers of intense sorrow and the resounding echoes of gratitude for his magnificent life, we do honour the profound legacy of a most unique person. He is very definitely a man like no other. His very existence transcended the boundaries of time and space, leaving an indelible mark on the very fabric of authentic sincerity. He was not just a mere inimitably exceptional person; he was a massive guiding force and a towering source of inspiration for countless individuals across Sri Lanka and beyond. His passing leaves a void that cannot be filled. Yet for all that, his legacy will continue to shine brightly, enlightening the track for generations to come.

To speak about Dr Ariyaratne is to delve into the depths of human potential, and humanoid compassion, to explore the boundless possibilities that arise when one has to talk about one who dared to dream, envision, and then act with unwavering faith and conviction. His journey, though rooted in the soil of his beloved Motherland Sri Lanka, traversed the many dominions of the human spirit, touching hearts and igniting souls, even right across the globe.

Dr Ariyaratne was more than just the founder of the Sarvodaya Movement; he was the very essence of its heart and soul. With unwavering dedication and boundless compassion, he dedicated his life to serving others, tirelessly working towards the betterment of society. His vision of a peaceful and harmonious world, built on the principles of love, compassion, and generosity, resonated deeply with people from all walks of life. Through his actions and proclamations, he touched the lives of millions, instilling hope, fostering unity, and empowering communities to undertake positive changes.

What set Dr. Ariyaratne apart was not just his extraordinary accomplishments, but the profound kindness and humility with which he carried himself. Despite his immense influence and stature, he remained humble and approachable, treating everyone he met with respect and dignity. He had that rare ability to connect with people on a personal level, listening with empathy, offering words of wisdom, and of course, inspiring them to believe in themselves. He could walk with the highest of the land and then turn around and work as well with the ordinary person on the road. In recognition of his fantastic achievements, he was honoured by the very best of the accolades of acknowledgement, from within Sri Lanka and abroad but the most wonderful and alluring quality of the man was that those tributes sat ever so lightly and gracefully on his shoulders. Never even once in his lifetime did he ever allow those honours to go to his head.

At the heart of Dr Ariyaratne's remarkable odyssey on Planet Earth lay the Sarvodaya Movement, which showed up as a profound manifestation of the image of his vision for a world where every individual, regardless of creed, caste, or colour, could awaken to their inherent spirituality as well as potential, and contribute to the collective embroidery of peace and harmony. With a steadfast commitment to the Gandhian principles of non-violence, self-reliance, and community empowerment, he pioneered a path of transformation

that transcended the limitations of the material realm and embraced the infinite potential of the human soul. In the words of the poet Rumi, "The beauty you see in me is a reflection of you." Dr Ariyaratne's life was a testament to the inherent beauty and divinity that resides within every one of us; a reminder that we are not merely separate beings, but interconnected threads in the rich drapery of existence. His life was the abiding testimony to that golden thread that bound people together.

Yet for all that, Dr Ariyaratne's impact extended far beyond the mere establishment of an organization at all grassroots levels. It permeated the very essence of human consciousness, awakening hearts to the inherent interconnectedness of all beings and inspiring a profound shift in perspective, one rooted in love, compassion, and reverence for all life.

But perhaps, amidst the splendour of his accomplishments and the profundity of his beliefs, it is Dr Ariyaratne's heart as a human being, a vessel of boundless love and compassion, that truly set him apart from lesser mortals. In his presence, one could not help but feel the gentle embrace of universal love, the soothing balm of empathy, and the radiant glow of inner peace. For Dr Ariyaratne was not merely a leader or a visionary; he was a friend, a mentor, and a beacon of inspiration and hope, for all who crossed his path. With humility as his armour and kindness as his weapon, he embarked on a sacred mission to uplift humanity, perhaps even one at a time, and in doing so, he touched the lives of countless souls, leaving behind a legacy of affection and transformation that shall endure for eternity.

In the hallowed halls of history, Dr Ariyaratne's name shall forever be inscribed in golden letters as a paragon of virtue, a fountain of hope, and a guiding light for generations to come. His teachings and unshakeable beliefs, imbued with profound wisdom and illuminated by the radiance of his spirit, shall continue to echo through the corridors of time, inspiring many souls to awaken to their true potential and embark on the sacred journey of self-discovery and service.

As we bid farewell to this earthly form of Dr Ariyaratne, let us not mourn his passing, but celebrate the profound gift of his presence in our lives. Let us honour his memory by embodying the principles of love, compassion, and service that he so tirelessly espoused, and by carrying forward the flame of his spirit into the darkest corners of the world, illuminating the path for all who seek solace and guidance.

In the words of Mahatma Gandhi, whom Dr. Ariyaratne greatly admired, "The best way to find yourself is to lose yourself in the service of others." Dr Ariyaratne personified and exemplified this philosophy in everything he did. His earthly life stands as a testament to the power of compassion, empathy, and selflessness. Let us honour his memory by carrying forward his legacy, spreading love and kindness wherever we go, and working tirelessly towards the realization of his vision of a better world for all. Dr A. T. Ariyaratne may have left this world, but the dazzling light of his wonderful life will continue to shine brightly, guiding us towards a brighter future for generations to come.

Our fervent wish is that in the philosophy of the religion that he steadfastly believed in, may his journey in samsara be extremely brief and may he attain eternal bliss, in the shortest possible time.

Extracted from an article published in the Island Newspaper on the 19th of April 2024

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