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Communication in Health**



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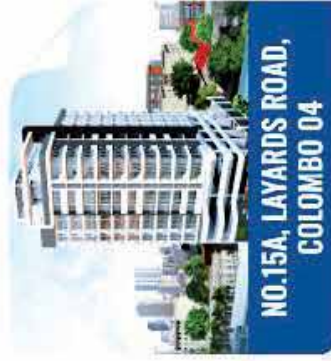
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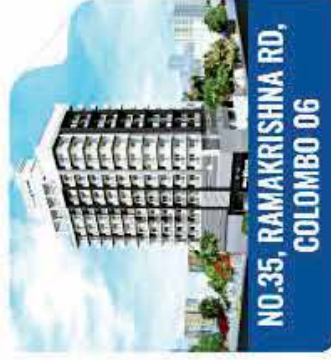
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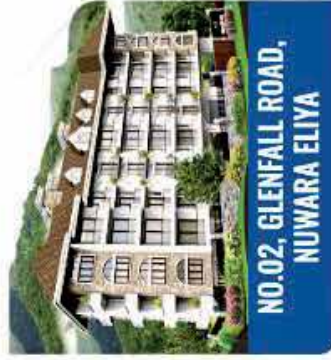
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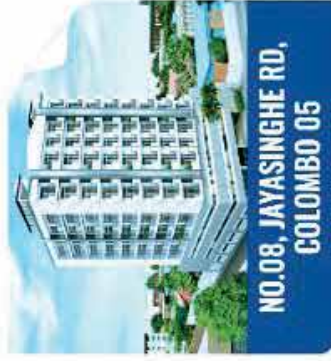
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We wish all the members of the SLMA and their families a productive year

A message from the Editorial team

This is our final issue of the newsletter for 2021. Thank you for staying with us, reading, and giving feedback. Hope you will remain with the SLMA in the coming years too!

We wish all the best to the new Editorial team for 2022!

Hasini Banneheke

Editor (For and on behalf of the Editorial Team 2021)

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Omicron, COVID-19 vaccine booster and anti-vaxxers

World Health Organization (WHO) states that Sri Lanka recorded a 30% increase of COVID-19 cases while other countries (except Timor Leste) in the South-East Asia Region showed a declining trend in the number of weekly cases and deaths reported. Fortunately, even in Sri Lanka, the death rate has decreased by 10% (WHO).

The current global burden of COVID-19 is predominantly due to the Delta variant (96%), with declining number of cases due to Alpha, Beta, and Gamma variants but with noteworthy emergence of the Omicron variant (1.6%). As of 21st December 2021, the Omicron variant has been confirmed in 106 countries (WHO). That includes six countries in our region, India, Sri Lanka, Nepal, Maldives, Thailand and Bangladesh. Omicron variant spreads rapidly, thus hospitalizations may rise, leading to overwhelmed healthcare systems. There are still limited data on the clinical severity of COVID-19 due to the Omicron variant, although preliminary data seem to suggest that it may be milder than the disease caused by the Alpha variant. There is also a suggestion that there is a reduction in the neutralization of Omicron in those who have received a primary vaccination series or in those who have had prior SARS-CoV-2 infection (WHO).

On November 29th, the Centers for Disease Control and Prevention (CDC) in Atlanta, USA, declared that all adults “should” get a booster shot. Vaccine makers are developing a vaccine directed against the Omicron variant, but it will not be available soon. According to the Epidemiology Unit, Sri Lanka, the vaccination status of COVID-19 is declining from nearly 16 million (1st dose), nearly 14 million (2nd dose) to slightly over 3 million (3rd dose), as of 23/12/2021.

Those who have already taken the first or second jabs but are reluctant to get the booster doses have put forward various theories and reasons which are baseless, together with assumptions based on ignorance rather than on any facts with scientific credibility.

There is just a rather small proportion of anti-vaxxers in Sri Lanka. An anti vaxxer is “someone who believes that vaccinations are harmful to human health and so refuses to vaccinate”. Macmillan dictionary states “To most of us with a science background, anti-vaxxer nonsense seems as persuasive as ghost stories or UFO chasing”.

I came across a write-up (author unknown) on the web that summarizes the exact message I intend to deliver in my last editorial before bidding goodbye as the Editor-in-Chief. I have taken the liberty to quote it in

its original format -even leaving the trade names, but I do not intend to promote those food chains and pharmaceutical products.

“I’m fully vaccinated and boosted. No, I don’t know “what’s in it”. Neither this vaccine nor the ones I had as a child. Nor do I know what’s in the 11 secret herbs and spices at KFC.

I also don’t know exactly what’s in Ibuprofen or Tylenol; they just cure my headaches and my pains.

I don’t know what’s in tattoo ink, botox, and fillers, or every ingredient in my soap, shampoo, or deodorants. I don’t know the long-term effect of mobile phone use, or whether that restaurant I just ate at, REALLY used clean foods and washed their hands.

There’s a lot of things I don’t know.

I do know one thing: life is short. Truly short. And I, personally, still want to do things. I want to travel and hug people without fear and find a little feeling of life “before”.

Throughout my life, I’ve been vaccinated against many diseases. Measles, mumps, rubella, polio, chickenpox, hepatitis, pneumonia, influenza, rotavirus, tetanus, pertussis. My parents (and I) trusted science, and never had to suffer through or transmit any of those said diseases.

I’m vaccinated. Not to please the government. Not to make other people do it. But I don’t want to:

** die from Covid-19*

** clutter a hospital bed if I get sick*

** not be able to hug my loved ones*

** test routinely*

** live my life in fear*

Can’t say it any clearer”

Please get your booster dose if you have not done it so far. Please advise the same to your family, friends and patients; basically to society overall.

Wish you good health and freedom from COVID-19 in 2022!



Editor-in-Chief
Professor Hasini Banneheke



President's Message

Dear Colleagues,

It was most definitely an abiding pleasure and indeed a singular privilege to hold office as the 127th President of the Sri Lanka Medical Association; the Premier Professional Academic Organization of the Medical Profession in Sri Lanka. In this December of 2021, when I am about to complete my tenure as the President of the SLMA, I am pleased to recollect my memories of the successes, and the challenges that we had to face, during the year 2021.

The highest impact of the COVID 19 outbreak was felt by Sri Lankans in 2021 during which the President, the Council and the entire membership of the Sri Lanka Medical Association (SLMA) had to play a proactive leading role in mitigating the outbreak. I am glad that SLMA pioneered an endeavour providing advocacy to the Government and also to the people in the country. SLMA conducted academic activities for the benefit of the profession abundantly and contributed by way of providing much-needed facilities for needy hospitals and also for COVID-19 affected families. Through our Doc Call 247 initiative, the SLMA provided a platform for patients to discuss issues related to COVID-19 with volunteer doctors and eased the suffering of patients.

While engaging with the COVID-19 related activities, there were many other non-COVID activities that the SLMA had to embark on for the benefit of the profession and the nation. Successful completion of the 134th Anniversary International Medical Congress and Foundation Sessions, upgrading IT facilities in the office, conducting Monthly Clinical Meetings and Regional Meetings, instituting regular programmes for medical students, and refurbishment of the "Wijerama House" are, just to name a few out of many activities conducted by the SLMA in 2021. The original architectural expression of the SLMA house was restored and additional enrichments were established by landscaping, lighting and a state-of-the-art digital surveillance camera system.

SLMA in 2021 ensured that the retired members of the SLMA got priority in the vaccination programme and the entire membership had access to all academic material of the SLMA free of charge. Membership drive was augmented by establishing a facility for online registration for new members. Medical rehabilitation was strengthened by conducting many academic activities focusing on medical rehabilitation. Rehabilitation of people with psychoactive substance abuse was promoted by conducting relevant workshops and

also successfully thwarted the attempts made by parties with vested interests to promote Cinnamon Cigarettes, legalize cannabis and online sale of alcohol. Books in the fields of Stroke Rehabilitation, Palliative Care, End of Life Care and on Vaccination were published for use by healthcare professionals.

The productivity of the Association was enhanced by installing new computers in the office, video conferencing facility in the Council Room and a brand new, high quality video camera in the auditorium. The welfare of our staff who work for us in the Association was also looked into.

2021 of the Sri Lanka Medical Association was one of the most exciting and eventful years for this premier institution. The most appropriate guidance provided by the SLMA to the general public and the Government led our people to have confidence on the instructions provided by the Institution and made SLMA a house-hold name.

The SLMA is very deeply appreciative of the support extended by the media for the successful completion of the activities in this year. There were many challenges that had to be faced by the Council during the trying times of the pandemic, in trying to achieve the best for the profession and for the nation. Despite all this, the President along with the Council and the Members of the SLMA were instrumental in securing success in all activities that was conducted by the Association.

From a purely personal perspective, when I look back on 2021, I sincerely feel that I have given of my very best to this august institution in carrying out whatever was expected of me. I do hope that the membership would be pleased to judge my tenure of office in the light of what we have collectively achieved in these ever so trying times of a pandemic that brought the entire world to its knees.

I have great pleasure in wishing the SLMA all success; not just only for now, but also forever more.



Dr. Padma Gunaratne
MBBS, MD(SL), FRCP
(Edin, Glasg, Lond), FCCP,
Hon FRACP, FAAN, FWSO
President,
Sri Lanka Medical
Association

COVID related activities during November - December 2021

By Dr. Sumithra Tissera, Hony. Secretary of the SLMA

30th November

A meeting of the Expert Committee on COVID was held. It was decided to send a letter to the Minister of Health requesting to commence PCR testing. It was also decided the SLMA to hold a media briefing to promote the third dose (booster) among the elderly and the health care workers.

2nd December

A media briefing was held at the SLMA Auditorium

to educate the public about the COVID-19 situation and the importance of obtaining the booster dose.

The resource persons were Dr. Padma Gunaratne, President, SLMA and Dr. Manilka Sumanathilake, Vice President, SLMA.

6th December

A letter was sent to Hon. Keheliya Rambukwella, Minister of Health requesting to commence PCR on all passengers arriving in Sri Lanka irrespective of their country of embarkation.

Other Activities

6th November



SLMA Saturday Talk on 'Alcohol Use Disorder' was done by Dr. Jayamal de Silva, Senior Lecturer in Psychiatry / Honorary Consultant Psychiatrist, Faculty of Medical Sciences, University of Sri Jayewardenepura.

10th November

A joint clinical meeting was held with the University of Faculty of Medical Sciences, University of Sri Jayewardenepura.

The topics and resource persons are given below;

- Macrolides in Children: Judicious Use – Dr. Shyamini Adhikaram, Specialist Paediatrician & Senior Lecturer in Pharmacology



- Management of Hypertension: An update – Professor Nirmala Wijekoon, Specialist Physician & Professor in Pharmacology.
- Physician, the finest flower of civilization – Dr. Shehan de Silva, Specialist Physician & Senior Lecturer in Medicine
- World's First Malaria Vaccine – Professor Hasini Banneheke, Specialist in Medical Parasitology
- Human Anatomy & Nano Plastics: Is our future generation under threat? – Dr. Sajith Edirisinghe, Lecturer in Anatomy
- Evolving trends in Management of Breast Surgery – Dr. Kanchana Wijesinghe, Specialist Surgeon & Senior Lecturer in Surgery

13th November

SLMA Saturday Talk on 'Poorly Healing Ulcer' was done by Dr. Joel Arulchelvam, Senior Lecturer in Surgery, Faculty of Medicine, University of Colombo.

13th & 16th November

Public Education programs on the prevention of road traffic accidents and screening drivers for non-communicable diseases were conducted in partnership with the Sri Lanka Insurance Cooperation (SLIC). Two programmes were conducted in Dambulla and Bibile in November.

16th November

The clinical meeting for November was held in collaboration with the College of Psychiatrists.

The topic of the session was 'Delirium: A review of

a neuropsychiatric syndrome’.

The resource persons were Drs Tashriq Faus, Registrar in Psychiatry, KASD Nanayakkara, Senior Registrar in Psychiatry and K Manisha Dalapadatu, Senior Lecturer in Psychiatry / Honorary Consultant Psychiatrist. All the resource persons were from Colombo South Teaching Hospital, Kalubowilla.

20th November



A webinar on ‘Diabetes Update for Medical Students’ was held collaborating with SLMA, Sri Lanka College of Endocrinologists (SLCE) & Sri Lanka Diabetes Federation (SLDR) on 20th November.

The following topics were discussed.

- Overview to Diabetes; Pathophysiology, types and complications by Dr Harsha Dissanayake Lecturer in Medicine, Department of Clinical Medicine, Faculty of Medicine, University of Colombo
- Lifestyle interventions in the management of Diabetes & treatment targets by Dr Nipun Lakshitha De Silva, Lecturer in Medicine, Faculty of Medicine, General Sir John Kotelawala Defense University
- Pharmacotherapy of diabetes - 1: options and choices of non-insulin therapies by Dr Sachith Abhayarathne, Consultant Endocrinologist and Senior Lecturer in Pharmacology, University of Colombo
- Pharmacotherapy of diabetes - 2: insulin by Prof. Prasad Katulanda, Consultant Endocrinologist and Professor in Medicine, Department of Clinical Medicine, University of Colombo
- Hyperglycemia emergencies; principles of management by Dr Milanka Wategama, Lecturer, Department of Physiology, University of Moratuwa
- Covid and DM- ‘The new curriculum’ by Dr Manilka Sumanatillake, Consultant Endocrinologist and Chairman, SLDF

20th November

SLMA Saturday Talk on ‘Obesity & the Metabolic Syndrome’ was done by Professor Shamila de Silva, Professor in Medicine, Faculty of Medicine, University of Kelaniya.

23rd November

Webinar on ‘Anti-microbial Resistance’ was done to celebrate the WHO Anti-microbial week, which was on 18th – 24th November.

The speakers were,

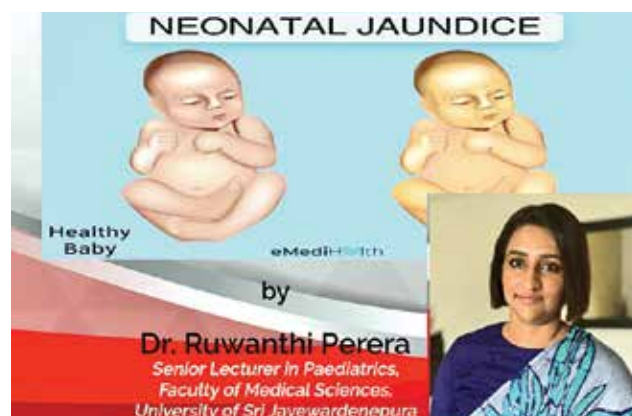
- Dr Kushlani Jayatillake, Consultant Microbiologist, Sri Jayawardenapura, General Hospital - ‘Post antibiotic era: are we heading towards...?’
- Professor Priyadarshani Galappaththy, Professor of Pharmacology, Faculty of Medicine, the University of Colombo - ‘Adverse outcomes of irrational use of antibiotics’
- Dr. Roshan Priyantha, Veterinary Research Officer, Bacteriology Division, Veterinary Research Institute – Anti-microbial resistance; challenges in livestock management

25th November



The SLMA Expert Committee on Medical Rehabilitation organized a webinar on ‘Dysphagia in the ICU: Does it matter?’ by Professor Mershen Pillay, Audiologist & Speech Therapist, SLT Programme Coordinator, Massey University, New Zealand.

27th November



SLMA Saturday Talk on ‘Early Neonatal Jaundice’ was done by Dr Ruwanthi Perera, Senior Lecturer in Paediatrics, Faculty of Medicine, University of Sri Jayawardenapura.

27th November

The Awards for Media Excellence in Journalism and the Innovation Awards were held at the Dr NDW Lionel Auditorium with award winners and Council members.

Media Awards - 2019/2020

● Sinhala Medium - Doctor Category

Dr Shama Goonatillake

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● Sinhala Medium - Journalist Category

Mr. Gamini Susantha

'ආරෝග්‍ය', Lake House Newspapers (Pvt) Ltd - 'ශරීරයේ බර අඩු කර ගැනීමට රාත්‍රී ආහාර වේල නොගෙන ඉන්න පිපා'

● English Medium - Doctor Category

Dr Punnam Amarasinghe

Daily Mirror, Wijeya News Papers Ltd - 'Gift your child with the best'

● English Medium - Journalist Category

Ms. Nadira Gunatilleke

Daily News, Lake House Newspapers (Private) Ltd
'Use of Decontamination Chambers and Spraying of Disinfectants in COVID-19 scenario'

● Tamil Medium - Doctor Category

Dr Joel Arulchelvam

Virakesari, Express Newspapers (Ceylon) (Pvt) Ltd
'வெரிக் கோஸ் (Varicose Veins) நாளங்கள்'

● Tamil Medium - Journalist Category

Mr. Marlin Marikkar

பக்கவாத அறிகுறிகள் எவை?
குணங்குறி தென்பட்டதும்
தாமதம், அலட்சியம் கூடாது!

Thinakaran, Lake House Newspapers (Pvt) Ltd

● Social Media Category

Dr Prageeth Suranga Premadasa

For his YouTube channel **Sex Ed Lk**

● Electronic Media Category

Mr. Oshadi Deepal Gunawardana

For the documentary on 'කොරෝනා පානිය' aired on Sri Lanka Ruvapahini Cooperation



SLMA Innovation Awards – 2021

Theme – ‘Health innovations for tomorrow’

Winners

University Category

Medal	Innovators	Innovation	University
Gold	Wasana KGP, Attanayake AP, Weerathna TP, Arawwawala LDAM and Jayathilaka KAPW	<i>A novel antidiabetic agent for type 2 diabetes mellitus</i>	University of Ruhuna
Silver	Not Awarded		
Bronze	Kahawewidana KWPP, Bandulasena BNM, Hansini A, Seneviratne CKW, Karunanayake A and Gamage J	<i>IR-UWB radio sensing platform for non-contact vital signs monitoring</i>	University of Ruhuna



School Category

Medal	Innovators	Innovation	School
Gold	Not Awarded		
Silver	Ambuldeniya A.A.C.S.	<i>Sanitizer Station 2.0</i>	Sri Chandananda Buddhist College, Kandy
Bronze	Jayawardhana R.M.B.	<i>Saline machine</i>	Sri Chandananda Buddhist College
Bronze	Seenapatabendige Y.T.	<i>Cinnamon Biochar Toothpaste</i>	Dharmasoka Collage, Ambalangoda.



30th November

Dr Padma Gunaratne, President SLMA, was a resource person for the Discussion on Health Reporting' jointly organized by the World Health Organization (WHO), and the Sri Lanka Press Institute.

1st December

The last meeting of the SLMA Intercollegiate Committee for 2021 was held, and Dr Padma Gunaratne thanked all Professional Colleges for their contribution and commitment towards the activities this year, particularly for mitigation of COVID-19. Prof Samath Damarathne was introduced as the incoming President of the SLMA.

2nd December



A clinical meeting was organized in collaboration with the Sri Lanka College of Emergency Medicine on the broad theme 'Piecing together the Puzzle: managing a critically ill patient in the emergency department'.

It was conducted as a case-based discussion.

The panellists and the discussion topics are given below.

- Dr. Anusha Ambanwala, Emergency Physician, Teaching Hospital, Ratnapura – 'Approach to a patient with undifferentiated shock'
- Dr. Madurangi Ariyasinghem Consultant Emergency Physician – 'Application of Point of Care Ultrasound (PoCUS), in accessing critically ill patient'
- Dr. Manohari Liyanage, Emergency Physician, District General Hospital, Negombo – How to determine appropriate disposition to ensure the best patient outcome

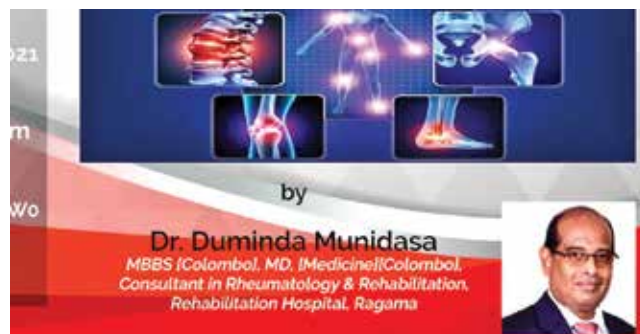
The session was moderated by Dr. Harendra Cooray, President of the College.

3rd December

The SLMA Dinner to thank the SLMA Council, Doctors who actively support many SLMA activities and the sponsors was held at the Oak Room, Cinnamon Grand.

4th December

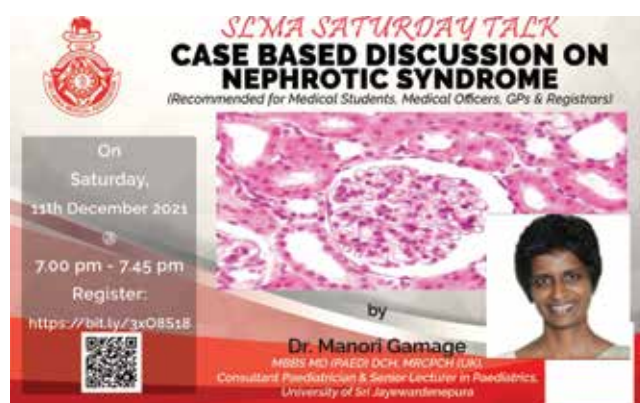
SLMA Saturday Talk on 'Polyarthritis' was done by Dr. Duminda Munidasa, Consultant Rheumatology & Rehabilitation, Rehabilitation Hospital, Ragama.



8th December

Dr Padma Gunaratne, President SLMA, was the Guest of Honour at the 26th Annual Academic Sessions of the Sri Lanka College of Sexual Health & HIV held at the Shangri La Hotel, Colombo.

11th December



SLMA Saturday Talk on 'Nephrotic Syndrome' was done by Dr. Manori Gamage, Senior Lecturer in Paediatrics, Faculty of Medicine, University of Sri Jayawardenepura.

12th December

The cricket encounter between the SLMA Doctors & the Bar Association was held for the 14th year at the CCC Grounds, Colombo 07.

The lawyers won the match by ten runs. Dr Rajiva Gunaratnasingham became the best batsman.

14th December



A clinical meeting was organized in collaboration with the Sri Lanka College of Cardiology.

Dr. Sumith R Kumara, Senior Registrar in Cardiology, did a case-based discussion on Challenging Diagnosis of ST-Elevation Myocardial Infarction. Dr Aruna Wijesinghe, Consultant Cardiologist at Base Hospital, Panadura, did an MCQ session for trainees.

14th December

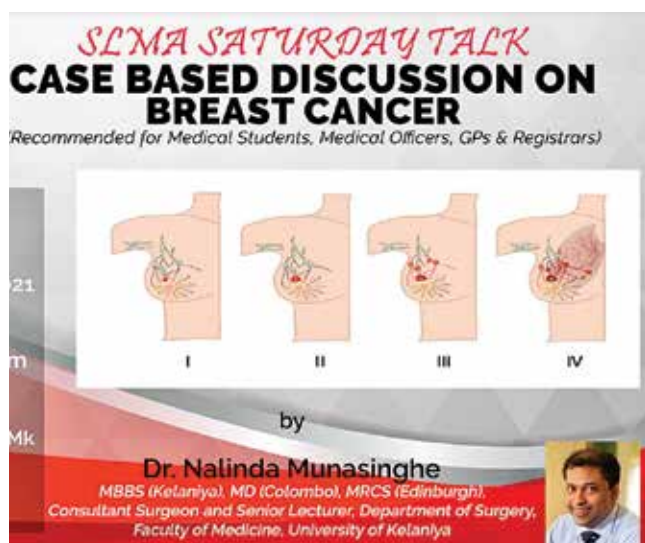
Dr Padma Gunaratne, President SLMA, was the Chief Guest at the 18th Annual Academic Sessions of the Sri Lanka College of Psychiatrists in Kandy.

Dr. Chaturie Suraweera, Council member of SLMA did the College oration.

16th December

Dr. Padma Gunaratne, President SLMA, was the Chief Guest at the Annual Academic Sessions of the Ruhunu Clinical Society.

18th December



SLMA Saturday Talk on 'Breast Cancer' was done by Dr. Nalinda Munasinghe, Consultant Surgeon and Senior Lecturer, Department of Surgery, Faculty of Medicine, University of Kelaniya

19th December

The Doctors' Concert which was postponed due to the COVID-19 situation in the country, was held at the Dr. NDW Lionel Auditorium, Wijerama House, Colombo 07.

20th December

A clinical meeting was organized with the collaboration of the Sri Lanka College of Radiology on 'Radiology Update: CT Imaging in Cardiovascular Disease'.

Dr Devinda Karunaratne, Consultant Cardio-thoracic Radiologist, Manchester University Hospitals, NHS Foundation Trust, spoke on 'Imaging of Coronary Arteries' and Dr Buddhi Abeywickrama, Consultant Interventional Radiologist, Sri Jayawardenapura Hospital spoke on Cardiac CT in Acute Chest Pain.

The session was moderated by Dr. Janaka Rajapaksa, Consultant Radiologist, NHSL.

21st December

A media briefing was held to inform about the SLMA publications and the current COVID-19 situation in the country.

Drs Udayangani Ramadasa, Padma Gunaratne, Lucian Jayasuriya and Professor Tashi Chang gave brief introductions of the publications.

The publications that were briefed on were

- 'SLMA Guidelines and Information on Vaccines' by Dr. Lucian Jayasuriya, Editor of the publication & Past President, SLMA
- 'Guide to Stroke Rehabilitation' by Dr. Padma Gunaratne, President SLMA
- 'Palliative Care Manual for Healthcare Professionals in Sri Lanka' by Dr. Udayangani Ramadasa, Head, Department of Medicine, Faculty of Medicine, Sabaragamuwa University of Sri Lanka

Dr. Padma Gunaratne, President SLMA thanked all the media institutions and personnel for the unstinted support extended to her & SLMA during the year 2021.



21st December

The Book Launch

A ceremony was organized to launch the Practice Guidelines in end-of-life care and hand over books published by SLMA in 2021. Major General Sanjeewa Munasinghe, Secretary, MoH graced the occasion as the chief guest.

Prof David Oliver, University of Kent, UK made a presentation on 'Care at the end of life - patients, families and professionals'.

Introduction of the publication 'Practice Guide-



lines in the End-of-Life Care' was done by Professor Thashi Chang, Professor in Neurology, Department of Clinical Medicine, Faculty of Medicine, University of Colombo.



22nd December

The Annual General Meeting 2021

The Annual General Meeting of the SLMA was held at the NDW Lionel Memorial Auditorium with the participation of members both physically and on line.

Dr Padma Gunaratne, the President, shared a very comprehensive update of the activities undertaken in 2021. Professor Samath Dharmaratne was confirmed as the 128th President of SLMA for the year 2022 and he introduced his theme for SLMA for the next year as 'Planetary health & Global Health Security'.



How patients and doctors address each other

Professor Saman Gunatilake

Consultant Neurologist

Emeritus Professor of Medicine

Faculty of Medical Sciences

University of Sri Jayewardenepura

The actual use of names and titles is culturally determined, differing from one country to another, one era to another, and constantly changing. There is constant implication of superior and inferior in the way you address someone, although always within particular contexts. A doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care.

Effective doctor-patient communication is a central clinical function, and the resultant communication is the heart and art of medicine. The three main goals of current doctor-patient communication are creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making. Effective doctor-patient communication is determined by the doctors' "bedside manner," which patients judge as a major indicator of their doctors' general competence.

Addressing the patient is part of every doctor patient encounter and essential to create a good interpersonal relationship. Although opinion and advice abound, the literature offers sparse data on personal preferences and practices of

addressing the patient. As to the use of first vs last name, both by physicians in addressing patients and by patients addressing physicians have been one area that has been looked at. Patient's cultural background, age, sex, education, and familiarity with the physician influence these preferences. Opinions vary and in one study in USA 99% of 3,000 family practice patients preferred to be called by either their first name or nickname by their physician. Observing 200 in-patients in hospitals in Boston and San Francisco, 40% of patients wanted physicians to address them by first name, but only 10% of patients wanted to address their physicians by first name. A contrary opinion too has been expressed by others who contended strongly that the use of the patient's first name by a physician served only to reduce the patient's dignity. The style of physicians addressing patients has been little studied in the past.

The literature is sparse in demonstrating that doctors place importance on this presumably fundamental aspect of establishing patient comfort, rapport, and confidence. It is common to see our students and young trainees addressing patients in a variety of ways. Calling each and every patient amma, thaththa, uncle, and auntie are common. There is only one amma and one thaththa for a person and it is distressing to see this precious term being abused to address your patients and may even make the patient feel uncomfortable. Another common practice is to call your senior colleagues like registrars and Senior registrars aiya and they in return call the younger colleagues malli. I still recall a registrar about 30 years of age calling a woman of 35

years amma to my amusement at an assessment. So we carried out a study to look into these concerns in Sri Lanka and the study was done at the Colombo South Teaching Hospital (Matthias et al. The Asia Pacific Scholar, Vol. 6 No. 4 / October 2021).

Study included 1200 patients and 868 (72%) were females. Of the 1200 patients, 1175 (97.91%) reported that doctors never inquired how to address them at the beginning of the consultation. Informal methods of address were mother, father, sister, etc. Formal methods were the use of the first name, last name, or titles.

A large proportion, 1124 (93.66%) reported that doctors have addressed them informally and 599 (49.9%) preferred being addressed informally, 427 (35.58%) preferred to be addressed by their first name, and 77 (6.41%) by their last name. More females preferred to be addressed informally when compared to the males (51.96%) vs 44.58%). Married patients preferred to be addressed informally when compared to the unmarried/divorced/separated (53.1% vs 18.9%). The ethnicity of the patients and the area they are from (Urban/Rural) had no significant impact on how they desired to be addressed.

Over 65% of the patients (44/67) with a lower level of education preferred being addressed in an informal way whereas only 36.7% (54/147) of the graduates/post graduates preferred the informal way. Monthly family income was a statistically significant variable and patients with a higher family income (Over LKR 100,000) preferred to be addressed more formally when compared to patients with an income below LKR 20,000. The occupations of the patients

are also a significant factor which affected their preference in the way being addressed with 57.4% of the patients with unskilled occupations (UN) and 43.2% of the ones with skilled occupations preferring the informal way. Older patients (40 and above) preferred to be addressed informally when compared to others.

Of 1059 patients, 495 (46.7%) preferred being addressed the informal way as they felt it made the doctor-patient relationship more personal and 627 (59.2%) patients felt the doctor treated them as their relative. Of the Doctors, 759 (63.25%) did not introduce themselves to the patients and 865 patients (72.08%) prefer doctors to wear a name badge. 718(59.8%) wanted doctors to introduce themselves with the title, doctor's designation and specialty. 246(20.5%) preferred doctors to tell their title and first name. Only 4(0.3%) didn't think it was necessary for doctors to introduce themselves.

One important finding from our study was that doctors did not introduce themselves to patients. In most state sector hospitals in Sri Lanka, doctors do not wear a white coat or a name badge at present. A study done in the UK showed that 59.1% of patients and in our study 72% felt that doctors should wear name badges as a form of identification. In our study, 98% of patients reported that doctors

never inquired how to address them at the beginning of the consultation. To improve this aspect, these areas should be included in the objectives of the medical curriculum and continuing medical education programmes of young doctors. The "Personal and professional development stream" which is taught in the Faculty of Medical Sciences at Sri Jayewardenepura in Sri Lanka is an avenue that can be used for this purpose.

It seems it would be reasonable for the physician to ask from each patient the manner in which he or she wished to be addressed, note it in the medical record and abide by the patient's choice until updated. The manner in which the patient addresses the physician could also be raised early in the professional relationship. Social, cultural, ethnic, and other demographic factors can influence preferred modes of address. In our study, 50% prefer to be addressed in the informal way. There are several possible reasons for this. Sri Lankan people have long-standing cultural and religious beliefs. Sri

Lankan traditions revolve around two dominant religions Buddhism & Hinduism. Filial piety, respect for one's parents and elders, is a concept that is present in Asian countries. Addressing a person as a mother, father, son, etc. is considered as showing respect. The patients feel the doctors treat them as their own family or relative when they are addressed this way. In studies done in most western countries, patients wish to be addressed by their first name. The higher the income and higher the education level of the patient, the lower is their preference for being addressed the informal way as they might perceive it as less professional. To solve the dilemma of whether to call the patient formally or informally and to make sure the patient is addressed according to their preference, the best approach would be to question the patient about their preferred name during their initial consultation and to record that in the patient's records.

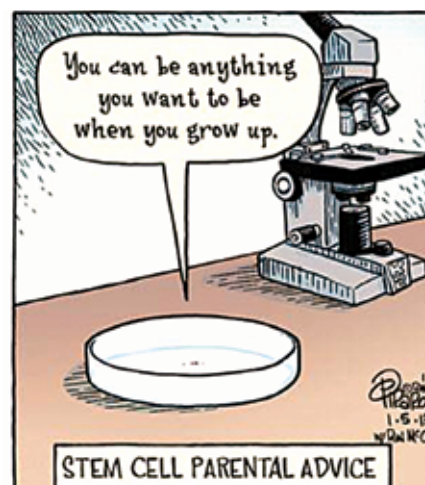
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"Reviewers have asked him to reproduce the experiment."



How to teach communication skills

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Teaching communication skills is a challenging task due to several reasons.

First, teaching communication skills requires teachers who are not only excellent communicators themselves but have the ability to deconstruct the components of the interaction and develop a cognitive approach that can be used across a variety of learners, diverse content, and under different time limitations while inducing the learner to develop the skill of self-reflection in a 'safe' and effective learning environment. Second reason for teaching communication to be a challenge is that some components of communication such as empathy, which is a soft micro skill, requires an intrinsic motivation to learn and practice. Thirdly, it requires the trainer/teacher to demonstrate those skills while teaching.

Planning and conducting such a training need to be done very carefully after analyzing strengths and weaknesses of the learning group, as well as the time allocated and resources available. A homogeneous group made of same profession and of the same level would be mostly appropriate for such training as participants understand the scenarios and feel

less reluctant to share their experience. There is some evidence to show that female trainees score more than their male counterparts (Knut 1999). Hence, a good gender balance in the trainee group will enhance mutual learning.

The content of training should consist of knowledge on what are communication skills and component of it, skills on how to practice them in real life scenarios, and attitudes on why they should practice good communication skills. These are all equally important in this training. Undoubtedly, attitude is the most difficult part to inculcate. Hence, this kind of training should start with a good ice breaker to motivate trainees to think why they need to excel in communication skills. Some professionals mistakenly believe that they have these skills just being a human and therefore, these kinds of skill training are taken lightly compared to other technical and hard skills training.

Given the challenging nature of teaching communication skills, trainers are supposed to use effective teaching methods such as case scenarios, role-play, films, narratives, reflective writing, group games, simulations etc. (Jakson & Beck 2011). These will encourage experiential learning, internalization and implementation of those skills. Experiential learning

methods have been proven to be more effective than instructional teaching methods (Knut 1999). The trainers/teachers need to be creative so that participants cannot escape taking active roles in the learning process. All the examples and case scenarios should be relevant to their nature of work. It is good if participants are given a chance to take their own experience related to the topic. Usually, trainer acts to show bad examples first and then demonstrates the expected appropriate skills. This facilitates the trainee to see the effectiveness of proper communication skills.

Teaching communication skills also takes time as for each trainee it is compulsory to take part and actively engage in these activities to learn those skills to see whether they can demonstrate the expected verbal and non-verbal expressions. They also very definitely need to get the confidence to do so. Hence the learning environment should be helpful and non-threatening. It is the responsibility of the trainer to make sure that all trainees acquire the required knowledge, skills and attitudes; though it is a strenuous and tedious task.

To facilitate this process teachers/trainers should give appropriate and immediate feedback to the trainees. Giving feedback is a tricky and challenging task as

some of the trainees feel intimidated by some forms of feedback which will discourage them even to try out these skills in their practice. Some also can be quite defensive to accept their mistakes. Teacher/trainer should be a person with good empathy to understand the trainee and give appropriate feedback. Good feedback starts with a positive comment and then lead on to provide constructive comments on the areas of concern. Finally, the feedback should end with a positive comment. This

“sandwich method” ensures that the trainee absorbs the comment without trying to defend themselves.

However, teaching commu-

nication is an art and the teacher himself or herself should love it and enjoy teaching it.

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Disability Matters: Reflections in the time of COVID

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As we mark International Day of Persons with Disabilities in December, it feels apt that we take a moment to reflect on the experiences of persons with disabilities amidst the backdrop of COVID-19. The Sri Lankan government has ratified the United Nations Convention on the Rights of Persons with Disabilities, which assures ‘full and equal enjoyment of all human rights and fundamental freedoms’ as well as promoting respect for the ‘inherent dignity’ of all persons with disabilities. We, as a country, have also largely agreed, at least in principle, to work towards the realization of the Sustainable Development Goals 2030 pledging to ‘leave no one behind’. Yet, the disability rights movement with its allies claim that not only have persons with disabilities been left behind, and rather far behind, but that they have also feel abandoned during COVID-19. So what do persons with disabilities tell us of their lived experiences of the pandemic

to substantiate the above claim?

Initially, way back in late 2019 or early 2020, COVID-19 was seen as a great leveler. Arguably, we all felt equally vulnerable to contracting COVID-19 and experienced a collective existential crisis as the pandemic posed a threat to our very existence. The need to work together as a collective was clear, as one individual’s health-related behavior now had direct and dire consequences for another. The site of struggle, as it were, was the breath, and your breath (unmasked and not socially-distanced) literally affected mine. The pandemic created a sense of collective responsibility and even a very slight glimmer of hope with this moment in our collective history holding possibilities for systemic change; for transformation to a kinder, more equal society. However, with time, feeling that ‘we are in this together’ as well as the hope for systemic change dissipated, with existing inequalities faced by citizens including persons with disabilities, whether for instance, in health or educational access, became exposed and exacerbated¹. The intersectional nature of the lived experiences of

persons with disabilities, with the interconnected factors of age, disability, geographical area, gender and poverty became increasingly apparent.

People with learning disability or intellectual and developmental disability

The particular vulnerability of persons with disabilities to COVID-19 is not in dispute with the World Health Organization in its early communication in 2020 recognizing that specific populations such as persons with disabilities ‘may be impacted more significantly by COVID-19’². What has been unexpected and alarming is the evidence accumulating on the effects of COVID-19 on people with learning disability or with intellectual and developmental disability. In an editorial article in the *British Medical Journal* in July 2021, Courtenay and Cooper focus our attention on the ‘hidden calamity’ of people with learning disability to COVID-19. While our focus has been squarely on older adults whose mortality rates across the world have been alarming, the effects of COVID-19 on people with learning disability have arguably

gone relatively unnoticed. The synthesis of the key research findings thus far from the UK, points to a higher propensity among this population to require hospitalization if they contract COVID-19, which is said to be five times higher compared to the general population³. People with learning disability are also reportedly eight times more likely to succumb to COVID-19³. Unsurprisingly, there is a higher incidence of death found among older people with learning disability with men more likely to succumb to COVID-19 than women^{3,4}. Furthermore, there is a higher prevalence of mortality among ethnically Asian and Black people with learning disability in the UK^{3,4}. This research substantiates the interrelated factors of ethnicity, gender, and disability in the experience of COVID-19.

The explanation offered thus far for the above findings is that we may be witnessing the exacerbation of existing inequalities and systemic problems. People with learning disability may be less likely to go for regular check-ups and experience a range of comorbid conditions. Therefore, we may need to critically reflect on educational, social and economic factors that combine to perpetuate health inequalities among people with learning disability. They may require varied levels of lifelong care, including residential care, supported living facilities or family support as well as personal assistants (or even rehabilitation professionals) who may work across individuals and centres/settings.

Discrimination and marginalization

We have also witnessed a resurgence of discrimination, prejudice and marginalization against people with disabilities during the pandemic. A stark example is in the findings of the Care Quality Commission (2021) tasked with reviewing Do Not Attempt

Cardiopulmonary Resuscitation (DNACPR) decisions between November 2020 and January 2021 in the UK, which revealed a sense of fear among families of the use of DNACPR orders with their family members with life-threatening infections and/or learning disability. The valuing of life was on the basis of age and cognitive ability^{3,5} with blanket DNACPR decisions made about groups of people rather than individualized decisions. I cannot comment on the direct relevance of this research to the local context, as I don't know whether reasonable adjustments are made to support advanced planning on resuscitation or even if such discussions are facilitated with individuals with learning disability in Sri Lanka. What I do, however, take from this research is the undeniable right to one's healthcare and health-related decisions that all adults should enjoy with a responsibility on all healthcare professionals to acknowledge and facilitate autonomy in decision-making among all citizens of our country (with or without disabilities).

The commission report revealed that while some had been involved in the decision-making process, others had limited information to make a sudden decision while some even reported a lack of awareness that a DNACPR decision was in place. The main concern was that the crucial information required to make this decision was not offered to older citizens, people with learning disability or adults with dementia in an accessible, easy-read format or supported to discuss this decision. Staff training to enable accessible conversations about DNACPR decisions was a key recommendation of the report, so that individuals with learning disability are involved in their own healthcare decisions.

Vaccine roll-out

A key response to curb the spread of COVID-19 has been the

vaccination drive across the world. In spite of the global collectivist spirit displayed at the start of the pandemic, stark and unacceptable disparities in 'vaccine equity' have emerged between the Global North vs. Global South. As of the 15th of December 2021, the UNDP's Global Dashboard for Global Equity reported that 66.33% have been vaccinated with at least one dose in high-income countries in comparison to only 9.02% to low-income countries⁶. Even in countries with relatively high vaccination rates, people with disabilities have not always been prioritized. For instance, in the UK, Jo Wiley, a BBC presenter, publicly questioned why her sister with severe learning disability was not prioritized to receive the vaccine ahead of her parents or her⁷. Notwithstanding early confusion about age-based prioritization (with over 30s in Colombo prioritized fairly early on) and initial delays in securing the second dose, Sri Lanka's vaccine rollout has progressed steadily. Nevertheless, the deprioritization of adults and children above 12 years with disabilities though an 'at risk' population requires critical reflection. Following months of advocacy by professional and disability organizations, mobile vaccine fleets were launched in July-August this year, with the vaccine roll-out extended to children between 12 -19 years with disabilities in September, which we greatly welcome. Sadly, for one of my 13-year old clients with cerebral palsy, it came a month too late as he succumbed to the disease. While we greatly appreciate the above efforts, the question still remains about why persons with disabilities were not prioritized initially, given that they are one of the most susceptible populations to contract COVID-19. In a country where the lack of data is often cited as a barrier (or excuse) to plan and implement social security/social support initiatives, the need for a robust and

up-to-date register of persons with disabilities (including people with learning disability) is imperative to ensure that, should we be faced with another public health crisis, that mechanisms for prioritization are in-place, 'no-one is left behind' and that vaccine rollouts can be monitored.

Lack of representation

Over the last 2+ years, the right of representation, the right to information and the right to equal and equitable healthcare and educational access (among other rights) for persons with disabilities have all come into question. The persistent adage within the disability rights movement of 'nothing about us without us' has reverberated within the discourse and critical discussions of the movement. The claim made by many disability rights activists and organizations is that there has been 'nothing' in the way of direct official consultation with persons with disabilities or the rights organizations, with no person with disabilities or a relevant organization represented in any COVID task force and that key decisions on their lives during the pandemic have been made 'without' them⁸.

Access to health-messaging and healthcare services

Lack of direct, immediate and equitable access to crucial public health information has been raised as a concern by the disability rights movement. Findings from a series of webinars in 2020 and a conference held this year by the Centre for Disability Studies (CDS) of the Department of Disability Studies of the Faculty of Medicine and the Coordinating Centre for Students with Disabilities (CCSD) of the University of Kelaniya in collaboration with the Centre for Disability Research, Education and Practice (CEDREP) of the University of Colombo corroborated this concern. Public health

information, crucial during a pandemic, was not always offered, particularly initially, in an accessible format. This includes government health messaging guidelines in sign language for the Deaf community (some later messaging was formulated by the Department of Social Services) or information leaflets in Braille for persons with low vision or who are registered blind. There was no availability of easy read formats in simple text and pictorial support for children, adolescents and adults with learning disabilities, and aphasia-friendly information guides for stroke survivors or for adults living with Alzheimers/dementia. Moreover, where public wash-basins were available, they were not always at a reachable height to a wheelchair user, not to mention the lack of accessible quarantine facilities and any disability-inclusive response on how to support children and adult with disabilities and their families if a member of the household required to be quarantined⁸.

We all remember how we were glued to the television for the latest updates, with 'breaking news' informing us of sudden lockdowns and occasional opportunities to visit shops for a few hours to stock-up on supplies. For the Deaf community, these important messages were not accessible as there was no sign interpretation provided, with many needing to rely on the goodwill of hearing colleagues/friends/family as only the main news in the evening was offered with sign support. In many areas (including my own), important information on the vaccine drive including the age-range, dates, times, venues and the entry requirements was offered via loud-speaker announcements. The Deaf and Hard-of-Hearing community were again excluded from direct immediate access to this information.

With regard to access to healthcare services, the easy access to

(or lack thereof) to psychosocial and mental health services require specific reflection. As the nature of consultation changed from face-to-face to telephone, WhatsApp and Zoom-based counselling services, accessibility due to poverty (including digital poverty) and geographical area in particular became evident. As we know, violence against women/intimate partner violence and violence against children escalated during lockdown, with anecdotal evidence emerging from community-based support organizations of the experiences of children and adults with disabilities. For instance, Deaf parents as well as Deaf children of hearing parents experiencing violence and anxiety had little, if any opportunities for support due to a lack of accessible counselling services with sign interpreter support⁸.

Future planning and preparedness

Additionally, a concerted effort is required to undertake research in collaboration with Disabled Persons' Organizations to document the lived experiences of COVID-19 with a view to informing changes in policies and care pathways, so that we learn from the current pandemic and are better prepared for, if and when another public health crisis occurs. Ensuring that persons with disabilities as all citizens of our country irrespective of disability, poverty, gender, ethnicity and geographical area have equal and equitable access to health, health-related information and healthcare services is our collective responsibility to ensure goal 3 of the Sustainable Development Goals 2030 of 'good health and well-being' is a reality. Rather than speak on behalf of persons with disabilities, we need to make sure that persons with disabilities have representation on all task forces and advisory boards,

offering a platform for persons with disabilities to advocate for their own rights, be spokesper-

sons for their own needs, and to offer recommendations to enable disability-inclusive and accessible

healthcare practices.

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Anomalies in Circle of Willis as Risk Factor for Ischaemic Stroke

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The brain is supplied by an arterial network called Circulus Arteriosus/ Circle of Willis (CoW) which consists of the anterior and posterior circulations. The anterior circulation is developed from the bilateral internal carotid arteries (ICA). It supplies the majority of the cerebral hemispheres, including the frontal lobes, parietal lobes, lateral temporal lobes, and anterior part of the deep cerebral hemispheres. Posterior circulation is derived from bilateral vertebral arteries (VA) which supply the brainstem, cerebellum, occipital lobes, medial temporal lobes, and posterior part of the deep hemisphere, mainly the thalamus. The circle of Willis (CoW), a complex arterial network which is formed at the base of the skull connects both the anterior and posterior

circulations. This complex arterial network creates an anastomotic network that provides continuous blood flow to the affected area of the brain via collaterals in the event of a reduction of the arterial supply. The anterior circulation of CoW is composed of the right and left Internal Carotid Artery (ICA),

Middle Cerebral Artery (MCA), Anterior Cerebral Artery (ACA), and the Anterior Communicating Artery (AcomA), while the posterior circulation is made out of right and left Posterior Cerebral Artery (PCA) and Posterior Communicating Artery (PcomA) and vertebral arteries (VA). **See Figure 01**

The arrangement of the CoW has a considerable number of anatomical variations. According to literature, a complete textbook type anterior and posterior circulations of the CoW were present in 34.5 – 42% of the general population (1). The CoW anomalies have been reported at a mean prevalence of $68.2 \pm 14.3\%$ according to the meta-analysis conducted using twenty-six cadaveric and live patient imaging studies (2, 3). An autopsy study conducted using 1000 brains in North-west India, found that the typical textbook pattern of the CoW is around 45.2% (4) while an Iranian study conducted using Magnetic Resonance Angiography (MRA) highlighted that, the typical

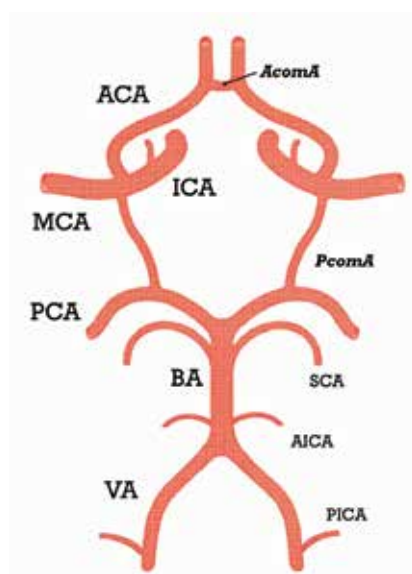


Figure 01 – Normal anatomy of the Circle of Willis

complete vascular structure was seen only among 21% of over 500 healthy subjects (5). It is an open debate whether anatomical variants impact cerebral hemodynamics. In most of the variants, the cerebral blood flow is maintained efficiently in normal conditions.

History of naming the Circle of Willis

Cerebral vasculature has been described since the time of Galen a Greek physician, surgeon, and philosopher in the Roman Empire (6). He has mentioned that the carotid arteries run in the neck and enter the skull and form a 'netlike wickerwork' and thereafter again become two cerebral arteries, which supply the brain. Casserius in 1645 illustrated the arteries on the base of the brain in his atlas entitled *Tabulae Anatomicae* (7). His atlas showed an almost complete circle of arteries on the base of the human brain, except that the posterior communicating artery was absent on the left side. Veslingius in 1651 also showed an almost complete circle of arteries at the base of the brain in his book *Synagma Anatomica* (7). Although the *circulus arteriosus* had been described earlier, it was physician Thomas Willis in 1664 who described the anatomy of the cerebral vessels and recognized its functional significance(7). Thereafter it was named the Circle of Willis.

Figure 02 - Physician Thomas Willis (1621 – 1675) (Source - <https://www.westminster-abbey.org>)



Anatomical variations of Circle of Willis and ischemic stroke

According to a meta-analysis published in 2021, a variation, incompleteness, or hypoplasia in any part of the circle of Willis have a 1.4 times more risk of developing an ischemic stroke compared to those with normal anatomy(8). For studying purposes, the anatomical anomalies of the CoW can be divided into isolated anterior circulation variants, isolated posterior circulation variants, and variants seen in both anterior and posterior circulations.

Anterior circulation variants

See Figure 03

Posterior circulation variants

See Figure 04

When considering the anatomical variations, prevalence of posterior circulations variations(30.4% - 77.8%) are much commoner than anterior circulation(14.5% - 20.0%) (9, 10). The variants in both anterior and posterior circulation also had a prevalence of nearly 13.5% . When considering the anatomical variations among ischemic stroke patients, more than 60% of the patients had some form of an anatomical variation (9). Agenesis or hypoplasia PcomA was the most commonly detect-

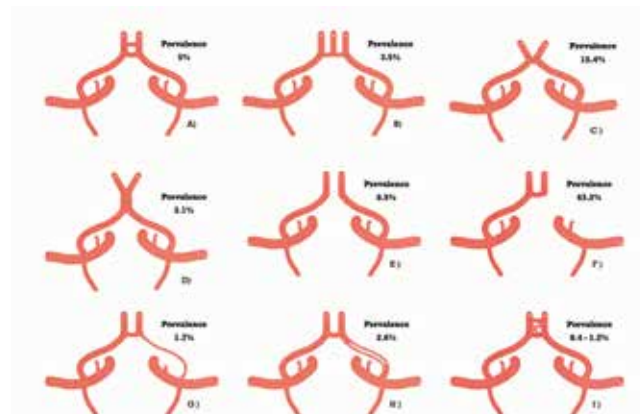


Figure 03 - Anterior circulation variants A) Two or more AcomAs, B) Triple ACA, C) Fusion of the ACAs for a short distance, D) ACA form a common trunk and split distally into two post-communicating segments, E) Hypoplasia or absence of AcomA, F) One pre-communicating segment of an ACA is hypoplastic or absent, G) Hypoplasticity of AComA, H) Split ACA, I) Triplication or plexiform of AcomA (4, 9)

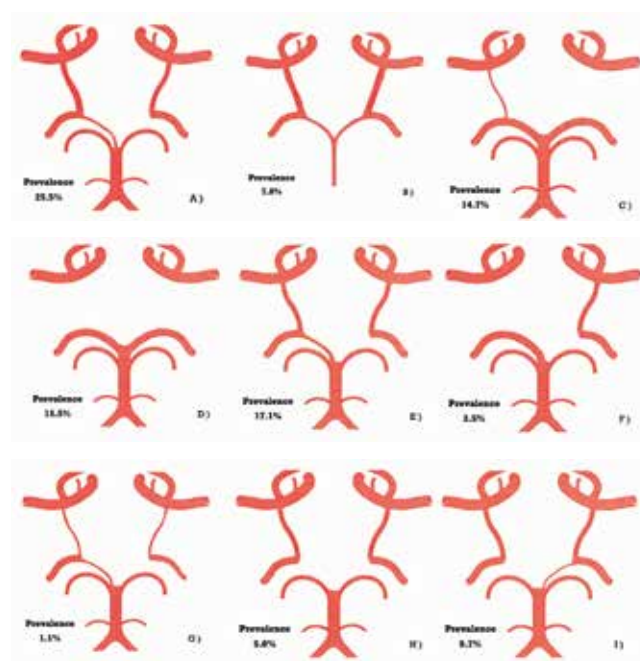


Figure 04 – A) Unilateral fetal type PCA or PCA originates from the ICA, B) Bilateral fetal type PCA with both pre-communicating patent segments of the PCAs C) Unilateral PcomA hypoplasia or absence, D) Hypoplasia or absence of both PcomAs, E) Unilateral fetal type PCA and hypoplasia or absence of the pre-communicating segment, F) Unilateral fetal type PCA and hypoplasia or absence of the contralateral PcomA, G) Unilateral fetal type PCA and hypoplasia/absence of both pre-communicating segment of PCA and PcomA, H) Bilateral fetal type PCA with hypoplasia or absence of both pre-communicating segments of the PCAs, I) Bilateral fetal type PCA with hypoplasia or absence of the pre-communicating segment of either PCA (4, 9)

ed(8). In contrast to that, in a study conducted by De Caro et al in 2021, hypoplasia of the ACA, followed by the unilateral fetal type PCA were commonly seen among the ischemic stroke patients(9). Sometimes the anatomical variants can influence the size of the ischemic stroke to a greater extent which can inevitably affect the prognosis of patients.

According to the meta-analysis conducted by Oumer et al in 2021 based on scientific publications regarding the association between CoW and ischemic stroke has shown that anatomical variation in PcomA and ischemic stroke is having pooled OR of 1.34 (95% CI 0.80, 2.25) while anatomical variations with AcomA and ischemic stroke was estimated with a pooled OR of

1.32 (95% CI 0.81, 2.19)(8). According to the literature, the PcomA hypoplasia is associated with the risk of ischemic stroke, even in the absence of ICA occlusion. The most common ischemic event, in those who had PcomA hypoplasia, was ipsilateral thalamic lacunar infarctions with or without occipital lobe involvement(8). Sometimes these variations might be beneficial for the prognosis. Fetal type PcomA (when the PcomA has a larger diameter than the first segment of the PCA), an enlarged PcomA (persistent fetal-type circulation) may improve collateralization between the anterior (carotid) and posterior (vertebral) circulations, which can reduce the ischemic stroke risk. An incomplete anterior CoW combined with an incomplete posterior

or CoW is associated with anterior circulation stroke. An incomplete anterior CoW and a unilateral or bilateral incomplete posterior CoW are strongly associated with anterior circulation stroke. Therefore the knowledge of anatomical variations of CoW is important because these variations play an important role in cerebral hemodynamics and collateral anastomotic network. Individuals who have effective collateral circulations are less at risk of developing ischemic stroke than those with ineffective collateral circulations. Special awareness should be created among the general public to focus on primary prevention by undergoing early screening about the status of circle Willis through imaging techniques.

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The SLMA Doctors' Concert-2021

Dr. B.J.C.Perera

Past President, Sri Lanka Medical Association (2013)

The Annual Sri Lanka Medical Association Doctors' Concert is a much looked forward to musical extravaganza where the doctors and their families are provided the unique opportunity to showcase their talents in performing arts. It is usually held in the evening of a day during the Annual Scientific Congress of the Sri Lanka Medical Association (SLMA).

It is a common belief and a much-banded general impression that medical doctors are a very serious set of people who are mainly involved in looking after people with illnesses. True enough they

do perform that ever so immensely important task in society in the sphere of healing the sick and such a mission is by no means to be taken lightly in view of its tremendous significance. Healing the sick is certainly a noble task and many of them are renowned performers as well as experts in their own chosen specialties of the profession.

However, it may come as a surprise to many that several of these medical men and women have other talents. Among these are musical, acting, drama and performing arts aptitudes. There are very many extremely gifted performers of real class amongst our medical men and women. In recognition of this the SLMA has provided them an opportunity for these artistic men

and women to present their abilities and flair in music, drama and dance at the glittering SLMA Doctors' Concert.

This is a much anticipated opportunity for members of the medical profession and their family members to put their hair down and forget medicine for the evening. It was started many years ago as a rather informal event but the concert has a most proud heritage of being staged annually for quite a few decades in the history of the SLMA. It has now developed into a spectacular event of undeniable quality. That metamorphosis into a renowned occasion of splendour occurred gradually over the last decade or so. The theatrical standards of the routines and acts presented have shown a vastly progressive escalation to pinnacles of absolute magnificence. In fact, it has become a much looked forward to evening of entertainment and enjoyment over the years. The event usually takes place in front of an appreciative cosmopolitan audience who are there to savour the delights of an enthralling evening of music and drama par excellence.

A dedicated Band consisting mainly of doctors first played at the Concert in 2014. This was in the Committee Room 1, currently the Lotus Room, of BMICH. They performed on a small stage done for them on a side. The instrumentalists were Dr Suran Kuruppu, Dr Gananath Dassanayake, Dr. Farzad Nazeem, Dr Christo Fernando and Mr Ray Gomes, with the vocals being handled by Dr Isha Prematilleke. Mr Ray Gomes was the only non-medical instrumentalist, being recruited for his specific prowess on the bass guitar. Although many of the other instrumentalists have changed over the years, Ray Gomes has remained with us and is virtually one of us by now.

Please see page 24



The man behind the screen (Dr.Christo Fernando-middle) with the man and the lady in front under the spotlight (comperes Dr. Pramitha and Dr.Rizka)

The Doctors' Concert showcasing the artistic talents of doctors, their family members, and medical students took place on Sunday, the 19th December from 7 pm onwards at the SLMA auditorium.

The SLMA Doctors' Concert 2021 was the ultimate result of the effort, enthusiasm, devotion and love for music of our much-loved, Social Secretary Dr. Christo Fernando. This is the 6th time he has organized it (2015-2019 and 2021).

He was ably supported by Dr. Pramila Senanayake, the co-secretary, and other members of the organizing committee.

The band deserves a special mention too. Ray Gomes (Bass), Upali Fernando (Lead), Manoj Ramanayake (Keyboards), and Seneka Pereira (Drums). Mr. Reshan de Silva and his team of the Event Cloud team created the theatre ambiance inside the SLMA auditorium.

Highlights of the Doctors' Concert



Highlights of the Doctors' Concert



Highlights of the Doctors' Concert

Continued from page 21

There was a great audience response in 2014 as this was the first ever time a Band performed live at the concert. The Band played on in their own right and they did not back any of the other performers.

During the last few years, the band started to back many of the performers and that added a monumental lustre to the event. The continuing progress of the event was due to the untiring efforts of that absolute virtuoso in music, a drummer of international class, Dr Christo Fernando. He generally left no stone unturned to make the event a resounding success from 2014 onwards. He, together with a few acolytes generally organized the entire concert and brought in many changes like introducing the LED Wall that changed its vibrant colours according to the song and the performer. The Band played a key role not only in providing accompaniment to performers but also played a set of songs on their own such as a medley of Baila etc.

The concert also started to feature some wonderful skits, parodies, satires and fine dances from 2015 onwards. From 2012, the year that the SLMA celebrated its 125th anniversary, the final item of the evening was a superbly harmonised rendition of a presentation in song by the entire Executive Council of the SLMA, usually depicting the beauty and glamour of our motherland; truly a land that has been made for all of us.

This year, that nasty blight of a coronavirus put a spoke in the works. The Annual Congress of the SLMA was held as a hybrid event from the 21st to the 24th of September 2021. However, with the medical restrictions imposed, it was impossible to stage the concert. Yet for all that, what is a concert in fact without an audience? In deference to such sentiments, the event was held on the evening of the 19th of December 2021 at the Professor N. D. W. Lionel Memorial Auditorium of Wijerama House, the headquarters of SLMA itself, as a stand-alone event. It was a night to remember with a fabulous collection of golden oldies, modern pop, stage acts and many other superlative components. They kept the audience present in person and those who joined online, totally enthralled from 7.00 pm to 11.00 pm.

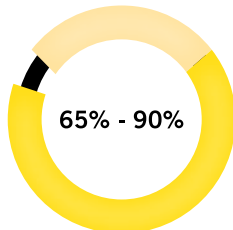
Indeed, suppression of expression of the wonders of music is a total abhorrence as far as musicians and performers are concerned. Come rain or sunshine, or a dastardly virus for that matter, they will rise up and glow. This year, it left the organisers and the performers very little time to get their acts together but judging from the superlative experience of that day, they did undeniably rise up and shine. They did their utmost to excite the perceptive penchant of even the most discerning musical enthusiast. Judging by the kudos received, they did succeed; in no uncertain manner.



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ESPEN : The European Society for Clinical Nutrition and Metabolism BW: Body Weight, BCAA: Branched-Chain Amino Acids, MCT Medium-Chain Triglycerides

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Refurbishment and Renovation of SLMA Premises (Wijerama House)

Dr. Sumithra Tissera
Hony. Secretary

The President and the council of the SLMA 2021 embarked on the project to provide a facelift and a refurbishment for SLMA premises with the profits of the 134th Anniversary International Medical Congress.

The project included the following;

- Renovating the meeting room of the SLMA House
- Laying interlocking paving stones to the rear and side driveways
- White-washing the entire building, external walls and soffits and applying waterproof material for canopies
- Renovation of the parapet wall on the lane side and construction of a parapet wall with a flower trough and a steel fence on the main roadside.
- Repainting windows, repairing all roof leaks
- Making the auditorium soundproof
- Relocation of all air conditioners
- Converting all telephone lines to fibre connections
- Replacing all three gates with new ones
- Restoring the architectural expression of the “Wijerama House”
- Installing a lighting system and new name boards
- Installation of the Internet Protocol Based Digital



- Surveillance Camera system
- Landscaping

Upgrading the Facilities

Installed a state-of-the-art video camera system at the SLMA auditorium (this was sponsored by the WHO, Sri Lanka office)

Purchased a conference camera system and installed it in the Council room

The Council 2021 purchased and installed 5 brand new Dell computers to the SLMA office

Unveiling of a plaque in memory of all the refurbishment activities that were carried out by the SLMA 2021 council was held on 22nd December prior to the commencement of the AGM.

EFFICACY OF IMMUNONUTRIENTS IS ACKNOWLEDGED BY INTERNATIONAL GUIDELINES



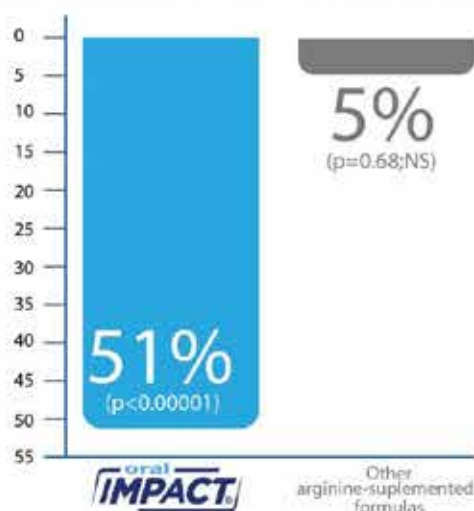
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The SLMA Dinner 2021



Dr. Sumithra Tissera
Hony. Secretary

The SLMA Dinner was held at the 'Oak Room, Cinnamon Grand' on 3rd December 2021. This was held to appreciate the Council members, other medical professionals who supported

in many activities of the SLMA in year 2021 and the sponsors who supported the 134th Anniversary International Medical Congress.

The function began with the President addressing the gathering and thanking everyone for their support extended to make all the activities of SLMA a success.

Council members and other doctors kept the audience awake with singing and other entertainment acts.

Dr. Pramilla Senanyake, Social Secretary made sure that the SLMA Dinner was a success.



Reduce the Delay in diagnosing imported **Malaria**

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RCGP (UK) honours a Sri Lankan Family Physician with its International President's Medal

The Royal College of General Practitioners (RCGP) of the United Kingdom is the oldest professional body of the General Medical Practitioners (GPs/Family Physicians/Primary Care Physicians) in the UK and in the world as well. It is the largest of the Royal Medical Colleges, with a membership of over 50,000. Its motto is "Cum Scientia Caritas" - Compassion with Knowledge.

The year 2021 was very special for the discipline of Family Medicine in Sri Lanka as it gained international recognition by the RCGP UK, which chose to honour one of Sri Lanka's foremost contemporary General Practitioners, by awarding one of the RCGP's most prestigious awards "The International President's Medal' to Dr A. D. Preethi A. Wijegoonewardene, MBBS, DFM, Honorary FRCGP, FCGP. Just for the record, the international President's Medal of the RCGP is given only occasionally for meritorious commitment and service to the development of general practice or family medicine in a country.

Dr Wijegoonewardene, a Senior Family Physician in Colombo; Dr Preethi to his generation of patients, students, colleagues, and friends, received the award from the President, Royal College of General Practitioners of UK, Professor Amanda Howe, during a most impressive Felicitation Ceremony, at their Annual General Meeting, held at the RCGP(UK) Headquarters at 30, Euston Square, London, on 19th November 2021.

This prestigious award is in recognition and appreciation of the invaluable service rendered in the field of General Practice/Family Medicine in Sri Lanka and South Asia by Dr. Preethi Wijegoonewar-



Dr Preethi Wijegoonewardene receiving the International President's Medal from the President of the Royal College of General Practitioners of the United Kingdom, Professor Amanda Howe at the felicitation ceremony held on 19th November 2021 in London.

dene, who becomes the first Sri Lankan, to receive such an award; which is considered as a great honour to Sri Lankan and South Asian Family Physicians.

Dr. Preethi has been a committed General Practitioner/Family Physician who has rendered yeoman service to the community he serves at his practice in Colombo and its suburbs, for almost four decades. His ever-grateful patient community will vouch for the fact that he is a reliable and trusted Family Doctor, who is very dedicated and honourable, always available to his patients at all times. His greatest skill is most definitely that of communicating with his patients. His manner, style and tone of voice is, just by themselves, therapeutic to the patient, who is somewhat reassured even in the

face of the gloomiest of prognosis. This skill he has imparted to generations of undergraduate and post graduate students, both locally and internationally, who have had the privilege to be under his tutelage.

The professionalism he embodies in his work for the past 4 decades, day in and day out, epitomizes the hallowed combination of the art and the science of medicine. Watching him practice his discipline is akin to watching the finest of craftsmen or sportsmen, display their mastery of their knowledge, skills and attitudes, in full flow. His knowledge is right up-to-date, his skills are that of a grandmaster and his attitude is one of absolute humility. In this age of medical arrogance, a consultation with Dr Preethi is nothing short of a therapeutic balm. In short, Dr Preethi is virtually just the curative drug to many an ailment his patients suffer from. He has shared his experience in medical professionalism with his colleagues by way of delivering the prestigious Dr E. M. Wijerama Endowment Lecture of the Sri Lanka Medical Association in 2014 under the topic Protect the Values of a Noble Profession. The mere fact that he chose this topic, in a discourse which was highly appreciated by the public and which received wide media coverage at the time, reflects his commitment to constantly and persistently remind his colleagues of the need to practice medicine under the highest ethical and professional standards.

Dr. Preethi has been long associated with the Sri Lanka Medical Association in various roles as an office bearer since the late nineties and became the President of it in 2002; a rare honour for a GP.

At the SLMA, he has shown off his talents as an actor of professional competence through his numerous appearances with senior and junior colleagues at the Annual Doctors' Concert, over many years. It is worthy of note that the scripts of these annual skits are kept as closely guarded secrets, only to be revealed to the audience at the event. In addition to his professional and academic contribution to the SLMA, his commitment to organizing social events of the SLMA has set the standard for many who have followed him.

He was elected as the President of the College of General Practitioners of Sri Lanka from 2004-2007 and he steered it with tremendous success, to be recognized as a leading GP College in South Asia. He also represented the Sri Lankan College in the World Council of World Organization of Family Physicians (WONCA) since the late nineties and was elected the President of WONCA Middle East South Asia Region (WONCA MESAR) from 2007-2010 and when the Region was divided into two, he was elected as the President WONCA South Asia (WONCA-SA).

He was awarded the Honorary Fellowship of the RCGP UK in 2008; the first Sri Lankan to receive it, and he was elected a WONCA Fellow in 2013, the highest honour awarded to a member by WONCA, once again, the first Sri Lankan to receive it, in recognition of services to Family Medicine in South Asia and the rest of the world. He was also awarded the Honorary Fellowship of the Bangladesh Academy of Family Physicians in 2018. He has travelled far and wide as an invited plenary speaker and orator for many International Conferences in India, Pakistan, Bangladesh, Nepal, Thailand, Indonesia and Philippines and participated as a Guest Speaker at many WHO meetings in SEARO, during his term as WONCA-SA President. He was also elected as the Patron of South Asia

Primary Care Research Network (SAPCRN) in 2010.

He has spoken at many fora on the Pivotal Role of the Family Physician in a Primary Health Care Team of a country and had advocated the recognition of the GP with many Governments, Health Ministries and stakeholders at WONCA South Asia Conferences and WHO meetings.

He was associated with the RCGP UK in the formation of the MRCGP South Asia Board since its inception in 2003, and became an examiner of the MRCGP (International) South Asia examination since 2007; a position he adorns right up to the present time. He was elected as the Board Chair of the MRCGP (Int) South Asia Board in 2016 and is still steering it with great dedication. He has become a much-admired and respected personality as a truly committed Family Physician in the entire South Asian region.

He has been teaching Family Medicine to the undergraduates of the Colombo, Sri Jayawardenepura and the North Colombo Medical Faculties as a visiting lecturer in their extended faculty. At Postgraduate Institute of Medicine (PGIM) of the University of Colombo, he undertook lectures and took in students in Family Medicine for their clinical rotations in General Practice from the late 1990's until 2012. He also takes in overseas students who come to Sri Lanka on their elective appointments in General Practice. His students enjoy his clinical teaching sessions, become partners in learning with him and no doubt acquire knowledge with compassion (Cum Scientia Caritas)

He continues to teach and is very passionate about it. Besides his clinical acumen he is a role model to his students who enjoy his teaching sessions. He shows by example, how to be an honest, empathetic and caring doctor. On the last day of the students' appoint-

ments, they are given a short lecture on "Ethics of Practice" and his general parting advice to them is "Do not exploit your patients' pain and suffering, to make your life better"; an axiom which means, be honest, communicate well and deliver cost-effective care, and always be conscious of the fact that the majority of our patients are poor in South Asia.

He is also the Chair of the Ethics Committee of the SLMA and also Durdans Hospital's Ethics Committee and is always on a high alert to sensitize his colleagues and peers about ethical norms in practice. He is the Vice President and the Managing Director (Medical) of Durdans Hospital, Colombo.

He has been an examiner for the Diploma in Family Medicine (DFM) of the PGIM until 2012. When the DFM used to be conducted by the PGIM in Chennai, India, being the only examination conducted by the PGIM for overseas students, right up to the present time, he served as a pioneering examiner for that examination. He continues to examine at the MCGP examinations of the CGPSL since its inception and is the incumbent Chair of the MCGP Board of the CGPSL. He is also a founder examiner for the MRCGP (Int) South Asia since 2007, right up to the present time. He is a much sought-after trainer-of-trainers for examiners in family medicine in Sri Lanka and for the MRCGP(Int) South Asia Board, which he currently chairs.

All these achievements of Dr Preethi have come through partnerships he has built over the years with various stakeholders. Quite often, when we speak of partnerships, the most important partnership of all is often forgotten, or only mentioned as a footnote. That is the partnership of marriage. Suneethra, the wind beneath Dr Preethi's wings is equally deserving of credit for all the accomplishments and achievements of the man. Her attention to detail in matters, partic-

ularly on social events, be it at the SLMA, CGPSL, WONCA or a simple get together at their lovely home, no doubt extends to all of Dr Preeti's professional work as well. Her golden touch is in fact evident in Dr Preeti's private clinic and their residence where the interior design and the wonderfully maintained garden, things which, for once, he simply cannot take any credit for!

Dr Preeti has brought great honour and recognition not to himself alone but also to the discipline of Family Medicine in Sri Lanka and the South Asian Region where the discipline lacks the recognition at national levels to make a real impact on the health status of its citizens. In this day and age of fractionalization of disease care to ever increasing levels, as it perhaps

should, the concept of HEALTHCARE, as opposed to disease care, is often forgotten. Dr Preeti's life and work, which have been recognized by the RCGP UK, is based on the concept of providing holistic healthcare to individuals, families, and their communities, in a way which they are comfortable with, and based on well tried and tested principles of family medicine.

Yet for all that, these fantastic achievements and the accolades sit ever so lightly on his humble shoulders. Pretence is not a character in his making and is very definitely an abhorrent word in his vocabulary. The man is the very epitome of humility. The cardinal embellishment of his character is also to be such a lovable social creature, as well as an accomplished professional.

Medicine is a matter of art and science. Scientific advances become medical progress only when they reach the people who need them most. The art is in making it happen. Dr Preeti Wijegoonewardene has shown the world that a humble family physician with minimal essential resources can serve as a medium to bring scientific advances into people's everyday lives through provision of health care Cum Scientia Caritas.

Dr Ruvaiz Haniffa

MBBS, DFM PgDip, MSc, MD, FCGP, MRCGP.

Family Physician

Head, Dept Family Medicine,

Faculty of Medicine, University of Colombo

Past President, Sri Lanka Medical Association.

Humans are adorable

Author: Unknown but "This sound like it was written by a really enthusiastic alien humanologist"

Supporting evidence:

1. Humans say 'ow', even if they haven't actually been hurt. It's just a thing they say when they think they might have been hurt, but aren't sure yet.
2. Humans collect shiny things and decorate their bodies and nests with them. The shinier the better, although each individual has a unique taste for style and colouring
3. Humans are not an aquatic or even amphibious species, but they flock to bodies of water simply to play in it. They can't even hold their breath all that long; they just love splash!
4. When night falls and the sky goes dark, humans become drowsy and begin to cocoon themselves in soft, fluffy bedding.
5. Some humans spend time in each other's nests! Just for fun! It's not their nest; they're just visiting each other.
6. Some humans use pigments and dyes to make their bodies flashy and colourful! They even attach shiny dangly bits to their cartilaginous membranes!
7. Humans are very clever, and sometime adopt creatures from other species into their family units. They don't seem to notice the obvious differences, and often raise them alongside their own young!
8. If a human hears another creature in distress, they can commonly be observed trying to help! Even at their own risk, most humans are deeply compassionate creatures!
9. If a human hears a particular catchy sound or tune, it will often mimic it, even to the point of annoying themselves!
10. Sneezes are entirely involuntary and completely adorable. Especially when the human in question becomes frustrated
11. Humans love treats!!! Some more than others. Many humans will save these treats specifically for a later date when they are in need of comfort or reassurance. IE, pickles, pop tarts, Popsicles, etc.
12. They're learning to travel in space!!! They can't get very far, but they're trying!!! So far, they've made it to the end of their yard, and have found rocks

- Quoted from 'Science Humor'



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