



SLMA News

The Newspaper of the Sri Lanka Medical Association

December 2009

Vol: 2

No: 12

18 Pages

Reg-No: ISSN 1800-4016

PRESIDENT'S MESSAGE

Practicing Business in Medicine

My final editorial in this series as President SLMA is dedicated to examining some issues as I see it, in the delivery of healthcare, where money becomes an important factor. One may refer to it as a medical business but most doctors would shy away from the term and behave as if money did not play a role in decision making. Doctors don't like to tell their paying patients how much some drug, test or operation costs and leave it to be vaguely transmitted by some nurse or receptionist-clerk to be very accurately paid the cashier. It is a rare doctor who may do all these functions himself. It is certainly not uncommon to find some doctors being sympathetic and even refunding their fees and asking the private hospitals to reciprocate.

In the past, -say 50 years back- it was the Family Physician or General Practitioner who commonly engaged in practice for gain. They would give a consultation (10-15 minutes), drugs for at least 3 days and an all inclusive charge. I remember my mother paying Rs 1.50 to our family GP on one such occasion in 1955. The British Consultant Rheumatologist I had to consult was paid Rs 21.00 (a Guinea I was told) for a consultation but that included repeat visits 2 to 3 till I got better. Only if the doctor told pay again was my father to pay.

50 years later many changes have taken place. Money has lost its value so has the doctor lost some of the charm and status he once enjoyed in society. Materialism has eroded the good values society had nurtured. People including professionals were judged by their suits, watches and the cars parked outside and doctoring was also reduced to a businesslike process at least by the city and urbanized folk. Our rural sector continues to pay reverence to the profession as in the past although to a lesser degree.

Thus, society is rapidly changing its assessment criteria of the medical profession enjoying the luxurious ambience of the consulting environment forgetting the importance of a quality professional. Gentle bedside manners, a detailed history and examination, a well thought out analysed conclusion and cost effective and safe plan of management is the essence of the consultation. Any defect in this consultation process cannot be made up for by luxury in the office chairs, reception facilities, car parks or numerous greetings on the way see to the doctor. The patient has to pay for all these comforts and frills and the poorer you are one is really looking forward to receive the core essentials of the consultation. Those paying out of medical schemes, insurance schemes and somebody else's money enjoy the five star ideas which does not add much to the consultation and its outcome. This is likely to be a cosmetic effect which benefit a small minority of customers.

The plain truth is that no patient rich or poor enjoys paying for the doctors services. As illness is often natural and comes out of the blues when he or she is unprepared and paying for such doctor services is only grudgingly done. When a patient is discharged in any private hospital it is the hospital cashier who he will be able to tell you what the patients relative who is paying the final bill thought of as to the total care they received and whether there was value for the money they paid both for the hospital and for the doctor!. They will rarely tell the doctor either out of respect or the fear that there may be a need to see him or her again.

My humble opinion is that people are unhappy especially if they don't feel cured after consultations or hospitalizations. There are very many questionable practices within the profession. There are no formal guidelines

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or rules to follow and generations have taken on as their practice norms from their trainers or peers from amongst the good the bad and the ugly, to name a few.

Pay before you consult....Lawyers do it the other way around. The old GP did it like the lawyers did and perhaps some still do. "Pay before the consult system" has the safeguard that patients may not walk off without payment and that they know how much to pay and can decide whether to consult or try a cheaper fare elsewhere! We must admit that it is difficult in crowded channel practice centers to do anything different. Medico-legally once you make an appointment you are legally bound to give care to that patient even if you have not been paid yet.

I feel it is more a civilized practice to pay after the consultation on the way out like we do with our hairdresser!. However I too have to fall in line with the existing system in place as the new e channel systems are patient friendly even though doctors seem to feel it is income tax dept friendly too!.

Pay to show Blood Reports

It is common practice today for most specialists and many GPs to ask for supportive blood and urine tests and some doctors ask patients to pay again to show reports within a day or two. This does not seem right. I suggest giving at least a week for a free visit (no charge). This was the practice during colonial days when a huge fee at that time a Guinea ie equivalent of Rs 21 was charged for 2 to 3 visits by the British specialist. Patients resent this practice of having to pay again to show reports within a few days. This however should not apply to bring reports to the third visit...if then it is fasting blood sugar the diabetic doctor would have to see that patient for the rest of his life free!!

Cost of care when hospitalised....Professional and Hospital Charge

Many patients who get hospitalized are not fully aware of costs. It is their right to know at least approximately how much it will cost for the proposed care. The hospital is expected by the Private Medical Institutions Act to display or make available a schedule of costs and people can make choice of rooms and additional facilities like AC, TV, Telephone, and even Internet facilities in some centers. Some centers have economy beds to help poorer patients. **Schedule of costs** for tests are also available in most private hospitals and so the patient must ask and be vigilant after admission if extra things are done either as tests or as consultations by Dieticians, Physiotherapists, Special Diets, etc. Some hospitals inform if expensive tests are planned and get the patients consent each time eg CT scan, AV Fistula etc. The doctor usually informs patients of the need and hospital staff informs them of approximate extra costs. Hospitals usually give interim bills every 3 days or patients can ask more frequent billing.

In my experience patients do not get a definite idea of the doctors charges. It would be better if doctors volunteer this information how much they plan to charge for a procedure and request patients to ask private hospital for a **written estimate prior to admission**. This I think is a basic right even in a business setting which is what it boils down to.

Some hospitals now have packages for tests, procedures and more complicated packages for CABG, Transplants, Hip Replacements etc. The hospital usually have its charges package and the Professionals have their charges package so that the patients can choose the team and the venue. This gives patients free choice and should be welcome. **I must stress the need to give more information to the private patient about costs they can expect and the options and choices.**

In this editorial I have tried to identify some problems but it is unfortunate that private medicine receives bad press in spite of a considerable load of secondary and tertiary care burden is taken off from the state. Even in primary care studies have shown that 50 – 55% of the health care burden is borne by the private sector. Remember, less than 10% of persons would have payment support and for most people it is out of pocket expense.

From the industry point of view they need to pay for every piece of cotton wool and the ever increasing cost of water, electricity, telephones, IT, maintenance of buildings and medical equipment and consumables are unbearable and have to be passed on to the customer. Thus the soaring cost of private care is a huge problem to the people.

It is prudent to mention that doctors must take more detailed histories, examine patients more thoroughly, take time to analyse the findings and do the most cost effective management to reduce their burden. This will certainly reduce cost of care if the likely diagnosis is narrowed down. The argument on generic vs branded drugs goes on

and there is no easy answer but a factor to consider in health care costs for the private patients. Doctors must consider costs when ordering drugs and tests.

We must consider the different experiences and expertise different doctors have before criticizing their charges. Today Family doctors can offer either consultation only and some offer dispensing as well. Costs can vary from Rs150 to Rs 350 in most GP practices. Channelled Specialists consultation costs can vary from Rs 500 to Rs 1500 in most instances. There are occasional persons charging much more. With rising cost of living and inflation there is going to be a never ending spiral to these costs with this gloomy trend towards rising total cost of healthcare to the family. I guess the salaries and pensions need to go up by leaps and bounds to help people enjoy the quality of life they have hitherto enjoyed.

Finally I wish to thank all the SLMA community for giving me this opportunity through these editorials to openly discuss and express my opinions on many issues and I hope these issues will be taken up in different fora and some good will accrue to the medical profession and the deserving people in this

Prof Rezvi Sheriff
President, SLMA

ONLINE CME COURSES

If you are a medical practitioner with no access / time for face to face CME, here is your chance to update your knowledge through ONLINE learning. Online CME courses will be offered by the Open University of Sri Lanka (OUSL) in 2010. The courses will be delivered online in an easy to learn and interactive manner. An online tutor mentor will be available to facilitate learning. If you do your assignments successfully, you will receive a certificate of successful completion at the end of the course. You will also be entitled to CPD credits awarded for online courses by the National CCPD Committee with which these courses are accredited.

The first course on cardiovascular health delivered in 2009 was completed successfully by 18 doctors and the Men's Sexual and Reproductive Health course is currently being followed by 10 doctors.

CME courses to be offered in 2010:-

Cardiovascular Health ^a

Men's sexual and reproductive health ^a

Old age psychiatry ^b

^a Joint Certificate from Monash University, Australia and Open University of Sri Lanka

^b Certificate from the Open University of Sri Lanka.

Those who are interested should send an e mail to Course Director, CME online courses ndsil@ou.ac.lk mentioning the course you wish to follow, your name, address and telephone number. Further information will be available at www.ou.ac.lk.

Dr. Nandani de Silva

“No person was ever honoured for what he received. Honour has been ‘the reward’ for what he gave.”

**-- Calvin Coolidge --
(30th President of the USA)**

SRI LANKA MEDICAL ASSOCIATION

123rd Annual Scientific Sessions 2010

INAUGURATION: 1st June 2010

SCIENTIFIC SESSIONS: 2nd - 4th June 2010

VENUE : Cinnamon Grand, Colombo

CALL FOR ORATIONS, FREE PAPERS, POSTERS AND AWARDS

Orations: Applications are invited for the following Orations to be held during 2010.

1. SLMA Oration
2. S C Paul Oration
3. Sir Nicholas Attygalle Oration
4. Sir Marcus Fernando Oration
5. Murugesar Sinnetamby Oration

The SLMA Oration and the S C Paul Oration will be held during the Anniversary Scientific Sessions. The Murugesar Sinnetamby Oration should be preferably on a topic pertaining to Obstetrics & Gynaecology.

Closing date for all orations will be **29th January 2010**. Five copies of the scripts should be submitted. Each copy should be accompanied with a brief resume of the salient in one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office.

Free Papers: Closing date: **29th January 2010**.

A copy of the abstract format with guidelines is enclosed in this issue.

The following prizes will be awarded for Free Papers and Posters:

1. E M Wijerama
2. S E Seneviratna
3. H K T Fernando
4. Sir Nicholas Attygalle
5. Wilson Peiris
6. Daphne Attygalle (Cancer)
7. Sir Frank Gunasekera (Community Medicine and Tuberculosis)
8. Kumaradasa Rajasuriya (Research Tropical Medicine)
9. Special prize in cardiology
10. SLMA prize for the best poster
11. S Ramachandran (Nephrology)

CNAPT Award: Applications are invited from doctors and others for the best research publication (article, book chapter or book) in medicine or in an allied field, published in the year 2008, for the Richard and Sheila Peiris Memorial Award. All material should be in triplicate. **Closing date: 26th February 2010.**

GR Handy Award: Applications are invited from Sri Lankans, for the best publications in cardiovascular diseases published in the year 2007 for the G R Handy Memorial award. All material should be in triplicate. **Closing date: 26th February 2010.**

Glaxo Wellcome Research Award: Applications are invited for research proposals from members on a topic related to medicine. Preference will be given to research related to medicinal drugs. 5 copies of the research proposal should be submitted. **Closing date: 26th February 2010.**

Guideline for abstracts can be downloaded from the following website. Paper copies are available at SLMA Office.

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“Wijerama House”, 6, Wijerama Mawatha, Colombo 7

Telephone: 2693324

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FOUNDATION SESSIONS

The Foundation Sessions were successfully completed on 21st November 2009 at the Lionel memorial auditorium of the SLMA. The E M Wijerama Endowment oration was delivered by Deshamanya Prof A H Sheriffdeen on the topic "Road traffic accidents and deaths; They are not doing anything about it".

The SLMA office extension project Phase I was ceremonially declared open by Vidyajyothi Prof Rezvi Sheriff, President SLMA in the presence of a distinguished gathering.

The academic component of the session comprised of interactive sessions in Radiology (conducted by resource persons from the College of Radiologist), a photographic presentation on some dermatological problems (conducted by the College of Dermatologist), and a Seminar on future employability of doctors in the state health sector (conducted by the Health Management Committee of the SLMA). A guest lecture on Dyslipidaemia was presented by Dr M R Mubarak, Consultant Cardiologist, NHSL.

The Sessions concluded with the Sir Nicholas Attygalle Oration which was delivered By Dr P A Goonaratne, Consultant Cardiothoracic surgeon Sri Jayawardenepura General Hospital on the topic "*pulmonary hypertension and congenital heart diseases, lessons learned*".



Deshamanya Prof A H Sheriffdeen delivering the E.M. Wijerama Endowment Lecture



Dr P A Goonaratne delivering the Sir Nicholas Attygalle Oration



President declaring open the phase I of the SLMA Office extension project

NEW MEMBERS

November 2009

Life : **Dr L P Sirisena**
Ordinary : **Dr M Weerawardena**

SIDCER RECOGNITION FOR THE ETHICS REVIEW COMMITTEE FACULTY OF MEDICINE, UNIVERSITY OF COLOMBO



The Ethics Review Committee of the Faculty of Medicine, University of Colombo (Colombo/ERC) became the first Ethics Review Committee in Sri Lanka to be recognized by the Strategic Initiative for Developing Capacity in Ethics Review (SIDCER) - a worldwide initiative supported by the World Health Organisation. The plaque certifying the recognition was awarded at the Awards Ceremony held in Chang Mai, Thailand on 25 November 2009 at the Annual Conference of the Forum for Ethics Review Committees in Asia and the Western Pacific Region (FERCAP). The ERC/Colombo joins a distinguished group of first three ERCs in the South Asian Region to be recognized under the SIDCER programme - the other two being the ERCs of the TATA Memorial Hospital and the Seth GS Medical College both in Mumbai, India. Only 54 Ethics Committees in the Asia Pacific region have so far received SIDCER recognition and most of them are located in South Korea, Thailand and Taiwan.



The Secretaries of the first three South Asian ERCs to receive SIDCER recognition after the award ceremony at the FERCAP conference

The ERC/Colombo, established in 1981, is the oldest Ethics Review Committee in Sri Lanka. The members of the ERC/Colombo include: Prof. Hemantha Senanayake – Chairperson; Dr. Vajira H. W. Dissanayake (Joint Secretary); Dr. Enoke Corea (Joint Secretary); Prof. Rohini Fernandopulle, Prof. Manouri Senanayake; Mrs. Kantha Lankathilake, Dr. Mangala Gunathilake; Dr. T. Chenturan; Dr. Priyadarshani Galapaththy; Dr. Charukshi Arambepola; Dr. Varuni De Silva; Prof. Mandika Wijeyarathne, Dr. Malk Fernando; Dr. Sriyakanthi Beneragama; Ms. Poornima Perera; Ms. Naazima Kamardeen; Dr. Maithree Wickramasinghe; Ms. Kumudini Hettiarachchi; Ms. Rathsara Gunasekara; Dr. Samantha Premarathne; Ms. Madubashini Jayamanne (Research

Assistant); and Dr. Lakshy Sivapriyan (Research Assistant). The SIDCER recognition is the culmination of activities initiated by the committee in 2005 under the chairmanship of Prof. Nalaka Mendis.

The SIDCER recognition certifies that the ERC/Colombo has fulfilled the requirements under the SIDCER recognition programme which includes structure and composition of the committee, adherence to specific policies, review procedures, after review process, documentation and archiving.

The ERC/Colombo is a member of the Forum for Ethics Review Committees in Sri Lanka (FERCSL) established by the Sri Lanka Medical Association (<http://www.fercsl.net>). The forum consists of Ethics Review Committees of Colombo, Peradeniya, Jaffna, Ruhuna, Kelaniya, and Sri Jayewardenepura Medical Faculties; Peradeniya Dental Faculty; Medical Research Institute; Sri Lanka College of Paediatricians; Asiri Surgical Hospital and SLMA. It is hoped that the recognition of the Colombo/ERC would serve as a stimulus for all other ERCs in Sri Lanka to work towards obtaining SIDCER recognition.

Sri Lanka wins 'The World Challenge - 09' contest

Fourth International Award to Dr Godakumbura:

'The World Challenge' is a global contest run by BBC, Newsweek and Shell. At the award ceremony held in The Hague, Netherlands recently, where Sri Lanka walked on to the stage amid applause from an appreciative audience to receive the winner's cheque for US\$ 20,000, a plaque and a bouquet.

Earlier, a panel of judges short listed 12 projects out of around 1000 entries received from around the world. BBC filmed those projects and the films were shown on BBC World News. Thereafter the organizers changed the complexion of the contest; the task of picking the winner was entrusted to the global public who were requested to cast their votes online.

They also tagged the country names on to the projects giving them a national identity. So, our 'Safe Bottle Lamp Project' became 'A Bright Idea - Sri Lanka'. It was great for little Sri Lanka to out-vote the 11 other countries with much bigger populations. They got excellent support from many quarters. Several media institutions gave a great deal of publicity. The foreign Ministry requested their missions abroad to pass the message to Sri Lankans domiciled in those countries.

Many individuals sent e-mails to their friends stating how they could help to bring glory to the country. Some foreign organizations too had requested their members to vote for us. Their project would have got considerable support from uncommitted persons in other countries as well, because theirs was the only one aimed at preventing 'human suffering'.



Dr Godakumbura with the World Challenge Award in The Hague, Netherlands

All in all, it was a concerted effort by many that brought us the coveted prize by beating countries like the Indonesia (1st runner up), USA (2nd runner up), UK, Israel, India, Thailand, Afghanistan and others. They thank those who helped them during the past 17 years, if not for their assistance, they would not have had a project in the first place to apply for this prestigious award! After they became one of the 12 finalists, some NGOs in Africa, Bangladesh, and Indonesia requested their permissions to make lamps to their design.

They were indeed happy to allow that. Now that the country is a winner, more such enquiries are likely because unsafe kerosene lamps are used in several developing countries. Their next task is to make 50,000 Sudeepa safe lamps with the prize money and give them out free to the needy. Now that we have established our capability, credibility and global recognition, we expect more support than before from individuals and organizations.

Deshamanya Dr. P. R. Anthonis LMS (Ceylon), FRCS (England)

Born 21st January 1911, Died 17th December 2009

It is difficult for the modern doctor to understand the ability and skills and achievements of medical practitioners of the era of Dr. Anthonis

He passed out as a doctor in 1936 when the pharmacopoeia consisted of lotions, powders and mixtures. Antibiotics were unknown (Penicillin was discovered two years after he went to UK to train as a surgeon). Intravenous anaesthesia was discovered only just (Chloroform was discovered in 1864). There were no Intensive care units (all postoperative care even for very major surgery was in a general ward), no monitors of any kind, only X-rays were available for imaging, no flexible endoscopes, blood transfusion was in its infancy, and all laboratory tests were carried out manually.

The era of antibiotics, intensive care, monitors, imaging, automation, and pharmacological advances burst into the medical scene from 1950 up to the present time. It is to Dr. Anthonis' credit that he kept pace with these advances, kept abreast of the literature and continuously updated himself with new techniques and operations.

To a large extent he was a self taught man. He spent the years 1945 to 1947 passing the Primary and soon after the FRCS examination, and working as a surgical registrar in hospitals in London. On his return he was appointed surgeon to the General Hospital, Colombo (now The National Hospital of Sri Lanka), from where he retired in 1971.

The variety of surgical operations was wide as there were no "Finer specialists" at that time. Head and neck surgery including malignancies, Thyroidectomy, oesophagectomy, chest surgery, surgery for portal hypertension, Mastectomies, Gastrectomies, cholecystectomies, colectomies, AP resections, all urological operations including open prostatectomy, pancreatic surgery etc were part of a routine surgical list.

Amongst his patients were Ambassadors and Diplomats, leading businessmen, politicians, Ministers and Heads of state and the common man. He claimed that he had operated on every head of state of Sri Lanka except the last two! He had his share of surgical rivals waiting to pounce on him in case of complications or deaths. At a surgical meeting he narrated how he had to re operate on the famed singer Sunil Shantha, who had developed hoarseness following thyroidectomy carried out by another surgeon. Mr. Sunil Shantha had expressed his gratitude in the newspapers for which Dr. Anthonis was reported to the Ceylon Medical Council! He later went on to become the Chairman of this Council.

There were many reasons for his success. The first is undoubtedly his intellectual brilliance. At St. Peter's College where he had his primary education he carried away virtually every prize. At the University College (later the Colombo Medical Faculty), he again topped the batch at every examination and was awarded the Loos Gold medal (Pathology), the Mathew Gold Medal (Forensic Medicine), Rockwood Gold Medal (Surgery).

The next attribute was his picture book knowledge of the anatomy of the human form. This coupled with his avid reading of the surgical literature helped him to unravel the most complex surgical problems. His memory for surgical topics and procedures was also amazing.

The third attribute for Dr. Anthonis' success was his boundless capacity for work. He would often say "a mother will never forgive you if you refuse to see her son at night complaining of abdominal pain". He was available at all times to any patient. In the 50s and even 60s, he would travel to Galle or Kandy to

operate on patients to ill to travel to Colombo. He also came to the rescue of many a surgeon who had complications following surgery. He probably has the largest series of corrections to surgical damage of the common bile duct. These were carried out without the second and third generation antibiotics, and endoscopic, stenting and imaging facilities that we now enjoy. Unfortunately these went unpublished.

And he had time. It is said that to the lazy man there is always no time but for the busy man there is always some time. He had time to consult, time to operate, time to attend weddings, funerals, meetings lectures, scientific sessions and time to do all this, often within the space of a day. He served as Chancellor of the University for a record period of 21 years. He had time to attend every Convocation and to stand for hours wishing every graduate with a smile and a word of advice.

He was President of the Sri Lanka Medical Association in 1967 and continued to serve the Association by attending most Orations and meetings, always giving that extra bit of encouragement to young orators for their scientific work. He was also Editor of The Ceylon Medical Journal.

The surgical fraternity has much to be grateful for Dr. Anthonis. He was the Founder President of The College of Surgeons of Sri Lanka in 1974. Ever since the Primary FRCS examination was held in Sri Lanka it was traditional that the President of the Royal College of Surgeons of England came with the examiners or as one of them. It was also traditional that they would host all the Sri Lankan Fellows to a dinner. To reciprocate this and to host the visiting team to dinner was a prerogative of Dr. Anthonis. He invited all the Sri Lankan examiners and even his circle of friends to these lavish parties which only he could afford to host. He had a wide circle of Surgeon friends from the UK as a result. He continued with this annual tradition till the mid eighties until Dr. Stephen, the Chairman of the Board of Study in Surgery and I, the then Secretary decided that it was unfair to let one person to foot the bill and it has since then been hosted by the Council of the College, in spite of Dr. Anthonis' protests. These dinners were very important because this gave us an opportunity to chat up these Consultants from the UK to get jobs and placements for our trainee surgeons.

As President of the Medical Specialists Association he fought by the side of the Government Medical Officers Association and won the right to private Practice, a privilege all doctors should be grateful to him for.

He has been awarded the National honour of Deshamanya by the President for service to the country, the Vishwapradashini award by the Prime Minister and an International Award, The Order of the Golden Peacock by the Emperor of Japan. The Japanese community in Sri Lanka held him in high esteem. A Japanese mother once brought her son to me with abdominal pain. He had all the symptoms, signs and haematological evidence to support a diagnosis of acute appendicitis. This was also confirmed by the resident Japanese embassy doctor. When the mother was told that her son needed an operation, she asked through the interpreter where Dr. Anthonis was. She was told that he was out of Colombo and would not be available for another couple of days. Her immediate reply was "in that case I am taking my son to Japan for the operation"!

The amazing list of his achievements is but a few. His knowledge of the History of Sri Lanka, History of medicine, of antiquities, wildlife and the postwar personalities of Ceylon enabled him to hold his own with the scholars at any conversation.

We have lost a skilful surgeon, an ambassador for the surgical fraternity and a surgeon and friend to the highest and to the lowest.

May he be granted his rewards in the hereafter.

Professor A. H. Sheriffdeen

VACANT POSITIONS IN SLMA COMMITTEES

Vacant positions in the following SLMA committees are hereby advertised.

- Medicinal Drugs
- Non Communicable Diseases
- Snakebite
- Health Management
- Women's Health
- Media
- Communicable Diseases
- Research Promotion
- Prevention of Motor Traffic Accidents
- Tobacco, Alcohol and Illicit Drugs
- Ethics
- Ethical Review
- Membership
- Sri Lanka Clinical Trials Registry
- Working Group on Disability
- Health Informatics

No formal qualifications are required from the applicants. Preferably the applicants should be life members of the SLMA. However few positions will be available for non members who have demonstrated a keen interest and dedication towards the subjects of relevant committees. The deadline for submitting the applications is **15th February 2010**. Please send the duly filled application form to the following address.

Honorary Secretary
Sri Lanka Medical Association
Wijerama Mawatha
Colombo 07

Alternatively the information can be e-mailed to slma@eureka.lk

The final decision regarding selection of committee members will be taken by the SLMA Council. A sample application form is shown below.

Sample application form

Name with initials :

Hospital/Institution (Address) :

Designation :

E-mail and Phone Number :

Special Interests :

SLMA membership number :

Preferred committee (1st three preferences)

1.
2.
3.

.....
Signature

Advertisement : Back cover

To:

If Undelivered Return To: -

Sri Lanka Medical Association
6, Wijerama Mawatha
Colombo 7