



SLMA News

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PRESIDENT'S MESSAGE

BRAND ENDORSEMENT BY PROFESSIONAL ASSOCIATIONS

In a knowledge based economy, academic and professional institutions are expected to work together with industry and corporate sector in the creation, dissemination and utilization of knowledge. Public private partnerships are considered a valuable mechanism for product development. Corporate sector may provide the funds for research to be done in an academic institution or under the auspices of a professional body. Products or processes thus developed may be patented and the commercial benefits that ensue are shared by the stake holders on terms that are pre determined based on their inputs. However, when such a product is marketed it is essential to abide by the regulatory mechanisms that exist in order to ensure that the consumer is protected and receives a product or process of real value for the price he pays. The product has to be evaluated by independent experts without conflict of interest.

Marketers often seek the endorsement of academic/ professional associations for branded products even when the association has not been directly involved in the development of the product. Such endorsements are often sought by marketers of foods, beverages, dietary supplements and pharmaceuticals. It is the responsibility of the professional body or academic institution to obtain independent verification of the accuracy of the labelling and the validity of any nutritional or health claims before publicly endorsing such a product.

Unfortunately, there are instances of academic/ professional associations directly or indirectly endorsing a product or a brand in return of sponsorship of an academic or social activity without making an adequate evaluation of the validity of the claims. In its mildest, it takes the form of a public educational activity regarding disease prevention which is directly linked to the promotion of a brand which has a health claim in respect of the specific disease. Although the academic association in their message may not directly identify the brand, the marketer ensures by overlapping messages that the consumer identifies their product as a part of an effective intervention. In the worst form the association specifically endorses the brand publicly in advertisements as well as in product labelling.

The Sri Lanka Medical Association has developed a set of guidelines (page 4) in respect of brand endorsement by professional associations. These guidelines have also been accepted by the Food Advisory Council which is the regulatory body in respect of food labelling and advertisements. They emphasize the need for professional associations to independently verify content claims by a detailed chemical analysis in a reference laboratory approved by the regulatory authority.

Health claims have to be substantiated by clinical trials or other scientific evidence which need to be evaluated by an independent panel of experts. There is also a moral obligation on the professional association to ensure that the endorsement is primarily in the wider benefit of the consumer. This

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Editorial Committee: Dr Narada Warnasuriya, Dr Pubudu de Silva, Dr Indika Karunathilake, Dr Ashwini de Abrew

necessitates a consideration of the quality and cost of the endorsed brand in comparison to other available products. The association has to be convinced that it offers a significant advantage to the consumer.

While the professional association is entitled to recover the costs incurred in product analysis and evaluation the overall financial remuneration should not be unacceptably high as to constitute an inducement for approval. Corporate social responsibility necessitates ethical marketing. Linking brand promotion to public education on nutrition, hygiene and sanitation is not corporate social responsibility. Academic and professional associations have to be wary of being party to such activity.

Sound science must underlie the development of new products. Scientists have to collaborate with industry in this endeavour. However when these products are marketed regulatory oversight is essential to ensure the accuracy of the marketing claims regarding their efficacy and safety, in order to protect and inform the consumer. Academic and professional associations which have partnerships with industry have a special obligation to ensure that commercial success is coupled with social good in product marketing and brand endorsement.

This is a guest editorial written by Prof Narada Warnasuriya to ' Chemistry in Sri Lanka. The Tri-annual Publication of to Institute of Chemistry Ceylon Jan 2009 Vol. 26 No. 1'
It is reproduced with the permission of the editor.

Addendum: The recommendations in the fifth paragraph are also applicable to individual clinicians when deciding on recommending a specific food product to their patients. It would also be quite unethical for individual professionals to publicly endorse such a product or to associate themselves in any manner in such promotions without independent expert evaluation of the merits of the product. Direct or indirect endorsements by 'In-house' experts with conflict of interest should not be the basis for such decisions.

Dr Narada Warnasuriya
President, SLMA

SRI LANKA MEDICAL COUNCIL

NOTICE TO THE PUBLIC

REGARDING MALABE MEDICAL COLLEGE OF THE SOUTH ASIAN INSTITUTE OF TECHNOLOGY AND MANAGEMENT

As a follow up to our previous newspaper notices published in October 2009, the Sri Lanka Medical Council states as follows:

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Whereas the South Asian Institute of Technology and Management (SAITM) has claimed by way of news paper advertisements etc. with regard to the Malabe Medical College that the programme will be closely monitored by the Sri Lanka Medical Council (SLMC)

The Sri Lanka Medical Council wishes to inform the public that there is no legal provision under the Medical ordinance (Chapter 105) for the SLMC to monitor the medical education programme at the Malabe Medical College of SAITM or to recognize the degree that may be awarded at the end of that planned medical education programme.

Dr N J Nonis

Registrar, Sri Lanka Medical Council

On the directions of the Council

31, Norris Canal Road, Colombo 10

Guidelines for health and nutrition related endorsement of branded commercial products by Professional Associations / Academic Bodies or any other association

Goal – to describe the conditions under which professional associations / academic bodies or any other institution endorse a branded commercial product in respect of its nutritional/ health benefits in a manner, which will avoid misleading the consumer.

This is also to be referred to as Third party endorsement.

1. General guidelines

- 1.1 The request for brand endorsement would originate from a manufacturer/ marketer/ advertiser of the product.
- 1.2 Brand endorsement to be granted only by professional associations/ academic bodies and endorsement by individual professionals to be considered unethical and unacceptable
- 1.3 The professional associations/ academic bodies endorsing the product should have the capacity to independently evaluate the nutritional/ health claims of the product both clinically and technically including laboratory assessment. In the absence of such analytical capacity the organization should seek independent analysis from accredited¹ institutions/ laboratories and review their reports.
- 1.4 The professional organization/ institution should not endorse a product based only on evidence/material provided by the manufacturer/ importer.
- 1.5 The professional organization/ institution should consider comparability in quality and cost with other available products and be convinced of the advantages rendered to the consumer by granting professional endorsement to the particular brand.
- 1.6 The organization/ institution should be convinced that the endorsement is primarily in the wider benefit of the consumer of the product.
- 1.7 The professional organization/ institution endorsing the product could claim costs incurred for the process of analysis, evaluation and administration.

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- 1.8 The total financial remuneration should be proportionate to the costs incurred and should not be unacceptably high.
- 1.9 Once the organisation/institution granting the endorsement is able to certify that all necessary criteria have been fulfilled a report should be submitted to the FAC stating the intention to endorse the product.
- 1.10 The report of the endorsing organisation on the product should be available for public perusal.
- 1.11 Once the FAC accepts the proposal for endorsement the institution/organisation could endorse the product within the stated guidelines for usage of logo and institutional name.

¹**Accredited** – Nationally recognized institutions such as Medical Research Institute, Bureau of standards, ITI

Logo usage and advertising guidelines

- 2.1 The organisation/institution must approve in writing all proposed reproductions of the licensed property, including packaging, display materials and print, radio and television advertising as well as recipes associated with advertised products.
- 2.2 All references to the organisation/institution must be approved prior to the distribution and the organisation/institution reserves the right to reject any material used as such.
- 2.3 The logo can only be used with an approved product and must be reproduced in accordance with specifications given by the endorsing professional association/academic body.
- 2.4 The size of the logo may vary but must always be smaller than the brand name of the product.

Validity and cancellation

- 3.1 The period of validity shall not exceed three years from the date of endorsement. If extension of the endorsement is necessary a reviewed report should be submitted to FAC for fresh approval.
- 3.2 The approval for the product shall be suspended by the DGHS, FAC, or the endorsing organisation/institution after informing the manufacturer/advertiser if they are not satisfied with the product quality, non compliance with regulations, deviation from its health/nutritional claims or from any of the above guidelines.
- 3.3 Cancellation of the agreement may be requested from FAC/DGHS by any of the parties and on notice of such cancellation the permit shall forthwith become invalid.

Food Nutraceuticals sub committee – SLMA

Cancer Registry Sri Lanka: 2001- 2005

Cancer registry is a process of systematic, continuous collection of epidemiological data on cancer cases occurring in a particular institution or in a particular geographic area. It is a main surveillance activity related to cancers.

One of the main functions of National Cancer Control Programme (NCCP) is surveillance of cancers in Sri Lanka. NCCP regularly publishes hospital based cancer registry since 1985. For this registry cancer incidence data is collected from all government cancer treatment centres in Sri Lanka. Cancer registry gives the reliable information related to magnitude and trends of cancer incidence in Sri Lanka.

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In 2009, NCCP published the cancer incidence data from year 2001-2005 as the 7th Edition of Cancer Registry in Sri Lanka. In the year 2005, a total of 13,372 new cancer cases were reported to government cancer treatment centres giving a crude incidence rate (CR) of 67.9/100,000. Cancers in the breast (CR=9.7), oral cavity (CR=8.2), oesophagus, (CR=5.2), cervix (CR=4.5) and lungs (CR=4.2) are the five most common cancers in year 2005.

Higher incidence of cancers was reported in females (73.3 per 100,000 population) compared to male patients (68.1 per 100,000 population). Cancers in the oral cavity, (no.=1240, CR=12.7) lungs (no.=666, CR=6.9), oesophagus (no.=498, CR=5.1), colon & rectum (no.=388, CR=4.0) and lymphoma(no.=360, CR=3.7) were the five most common cancers among males. Cancers in the breast (no.=1859, CR=18.7), cervix (no.=881, CR=8.9), ovary (no.=596, CR=6.0), thyroid (no.=592, CR=6.0), and oesophagus (no.=524, CR=5.3) were the five most common cancers among females in 2005.

Publication of Cancer Registry 2001-2005 will be distributed to all health related libraries. It is also available on line at the Ministry of Health website – www.health.gov.lk.

Dr. Suraj Perera

Consultant Community Physician, National Cancer Control Programme



The Ministry of Health awarded to the SLMA its Health Services excellence award for the SLMA contribution towards improving health states of the IDP.

awarded by Prof Rezvi Sheriff, Past President SLMA on behalf of

Public Sector Hospitals through implementation of Japanese Management Concepts

Introduction

Do the services provided by curative care institutions in our country are in good quality?

Despite of the fact that Sri Lanka being a developing nation, our health care services (curative and preventive) are provided free of charge to its population. Whilst we are politely proud of it, we have to honestly answer the question whether the services especially provided by curative care institutions in our country are in good quality. In other words whether, the patients are satisfied with the services that they receive from public sector hospitals.

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Why patients are dissatisfied with services?

Under the guidance of Dr W. Karandagoda, former director of the quality secretariat of the Ministry of Health which is the focal point in monitoring performances of curative sector institutions has done an island wide explorative study to answer this question¹. The study revealed that, in spite of hospitals perform a precious service, 70% of patients were dissatisfied with the services that they have received from the public sector hospitals. The study elaborated reasons for it as, services are not provided focusing on customer's expectations and they are not attractively presented to the people. In addition many hospitals ignore the non health expectations of people namely dignity, basic human needs, prompt attention in care and treatment, confidentiality, communication especially active listening, autonomy and etc.

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Common Problems in Hospitals & Consequences

The study revealed some significant *management problems* in hospital settings. Namely; staff disputes, disorganized work place, inventory burden, piling of unwanted items, dirty environment, complicated procedures, and increased workload. Furthermore it was determined, significant level of dissatisfaction, demotivation and stress among the staff. Consequently this would lead to frequent conflicts among staff, mistakes and errors, low productivity, poor standard of services, high wastage of resources (man hours, materials, finances etc) and finally all these effects reflect on customer or the patient. You may agree with me, the least respected resource in the public sector hospital is the customer or the patient, whereas in the private sector the most important resource is the customer. Therefore private sector not only thinking of just satisfying the customer instead they want to delight the customer.

Can we do something to change this situation?

Strategies such as creating a challenging and interesting work environment, providing opportunities for employees to participate in decision making, delegate responsibility, recognition and rewarding etc. show the way to perceive employees themselves as worthwhile and said to possess high job satisfaction². The satisfied employees are usually committed to perform their duties and responsibilities effectively and efficiently.

Japanese management strategies such as 5S, Kaizen and Quality Circles are some simple but very effective in creating conducive organizational environment and implementation of good management practices that will enhance the employee's job satisfaction and which in turn motivate them³. These strategies widely used in the private sector organizations particularly in Sri Lanka's apparel sector. Primarily two public sector hospitals namely Castle Street Hospital for Women in Colombo and General Hospital Ampara situated in one of the rural districts in Sri Lanka have very successfully adopted these strategies and entire country now well aware about these hospitals as exceptionally well performing institutions. Thereby, these hospitals have proved that any hospital can practice these strategies and provide high quality service, if there is willpower.

The next couple of articles will be discussed in detail about these Japanese management concepts.

Dr Udaya Ratnayake (MD, MSc, DHRM), Head Health Planning & Management Teaching Unit, National Institute of Health Sciences (NIHS), Kalutara

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Monday 31 st May 2010	Tuesday 1 st June 2010	Wednesday 2 nd June 2010				Thursday 3 rd June 2010				Friday 4 th June 2010		
Pre Congress Workshop <i>Theme:</i> Health in Elderly women Organised jointly by the SLMA Women's Health Committee and the Menopause Society of Sri Lanka Details to be announced	Pre Congress Workshop 9.00 am – 1.00 pm Achieving equity in health the Sri Lankan experience	Time	Hall A	Hall B	Hall C	Time	Hall A	Hall B	Hall C	Post Congress Workshops Workshop I Genetics/Stem cell research Venue: Faculty of Medicine, University of Colombo (9.00am – 12.00pm) Workshop II Sexual and Reproductive Health Venue : SLMA Auditorium (9.00 am – 4.00 pm) Workshop III Hands on training session on Rehabilitation Venue : LRH (9.00am – 4.00pm)		
		8.00– 8.30 am	Registration				8.00 – 8.30 am	Registration				
		8.30 – 10.00 am	Symposium 1 Nutrition	Symposium 2 Dermatology	Symposium 3 Mental Health	8.30 – 9.00 am	Guest Lecture 7	Guest Lecture 8 Dr. Vinya Ariyaratne	Guest Lecture 9 Prof. Mohan de Silva			
		10.00 – 10.45 am	Plenary 1 Sir Michael Marmot				9.00 – 10.00 am	Free paper session 7	Free paper session 8		Free paper session 9	
		10.45 – 11.00 am	Tea & Poster Viewing				10.00 – 10.45 am	Interactive session 1 Neurology	Guest Lecture 10 CBR Dr. Padmini Mendis		Interactive session 2 Surgery (GIT)	
		11.00 – 11.30 am	Guest Lecture 1 Dr. Zulfiqar Bhutta (UNICEF)	Guest Lecture 2 Diabetes Dr Jonathan Levy	Guest Lecture 3 Biomedical Engineering		Preamble of Multidisciplinary symposium					
		11.30 am – 12.30pm	Free paper session 1	Free paper session 2	Free paper session 3	10.45 – 11.00 am	Tea & Poster Viewing					
		12.30 – 1.00 pm	Guest Lecture 4 Dr. David Osrin (Paediatric Nutrition/ Epidemiology)	Guest Lecture 5 Infectious diseases	Guest Lecture 6 Prof. Saroj Jayasinghe (SDH)	11.00 am – 12.30 pm	Symposium 7 Erectile Dysfunction	Symposium 8 Multidisciplinary Symposium on Disability	Symposium 9 Critical care & Emergency medicine			
		1.00 – 1.45 pm	Lunch & Poster Viewing				12.30 – 1.15 pm	Plenary 2 Lecturer to be announced				
		1.45 – 2.45 pm	Free paper session 4	Free paper session 5	Free paper session 6	1.15– 2.00pm	Lunch & Poster Viewing					
	2.45 – 4.15 pm	Symposium 4 Global burden of disease	Symposium 5 New frontiers of e-learning in Medicine	Symposium 6 Session by SLMC	2.00pm – 3.00 pm	Free paper session 10	Free paper session 11	Free paper session 12				
	4.15 pm	Tea and meeting the experts				3.00 – 4.30 pm	Symposium 10 Cardiology	Symposium 11 Obstetrics and Gynaecology	Symposium 12 Healthcare in Humanitarian Crisis			
	7.30 pm	Doctors Concert				4.30 – 5.45 pm	SC Paul Oration					
					5.45 pm	Tea						
					7.30 pm	Conference Dinner						

Nanotechnology in Medicine - Nanomedicine

The use of nanotechnology in medicine offers some exciting possibilities. Some techniques are only imagined, while others are at various stages of testing, or actually being used today.

While some researchers use the term nanomedicine to refer to applications of nanoparticles currently under development, other researchers reserve the term nanomedicine to refer to longer range research that involves the use of manufactured nano-robots to make repairs at the cellular level.

Whatever you call it, the use of nanotechnology in the field of medicine could revolutionize the way we detect and treat damage to the human body and disease in the future, and many techniques only imagined a few years ago are making remarkable progress towards becoming realities. (Note that the information on this website is not intended to recommend any treatment.)

Nanomedicine Application Area: Drug Delivery

One application of nanotechnology in medicine currently being developed involves employing nanoparticles to deliver drugs, heat, light or other substances to specific types of cells (such as cancer cells). Particles are engineered so that they are attracted to diseased cells, which allows direct treatment of those cells. This technique reduces damage to healthy cells in the body and allows for earlier detection of disease.

For example, **nanoparticles** that deliver chemotherapy drugs directly to cancer cells are under development. Tests are in progress for targeted delivery of chemotherapy drugs and their final approval for their use with cancer patients is pending, as explained on **CytImmune Science's** website. CytImmune has published the preliminary results of a **Phase 1 Clinical Trial** of their first targeted chemotherapy drug.

If you hate getting shots, you'll be glad to hear that **oral administration of drugs** that currently are delivered by injection may be possible in many cases. The drug is encapsulated in a nanoparticle which helps it pass through the stomach to deliver the drug into the bloodstream. There are efforts underway to develop oral administration of several different drugs using a variety of nanoparticles. A company which has progressed to the clinical testing stage with a drug for treating systemic fungal diseases is BioDelivery Sciences, which is using a nanoparticle called a **cochleate**. You can read the initial results from their Phase 1 Clinical Study **here**.

Nanomedicine Application Area: Therapy Techniques

Buckyballs may be used to trap free radicals generated during an allergic reaction and **block the inflammation** that results from an allergic reaction.

Nanoshells may be used to concentrate the heat from infrared light to destroy cancer cells with minimal damage to surrounding healthy cells. For a good visual explanation of nanoshells, click **here**. Nanospectra Biosciences has developed such a treatment using **nanoshells illuminated by an infrared laser** that has been approved for a **pilot trial with human patients**.

Nanoparticles, when **activated by x-rays**, that generate electrons that cause the destruction of cancer cells to which they have attached themselves. This is intended to be used in place radiation therapy with much less damage to healthy tissue. Nanobiotix has released **preclinical results** for this technique.

Aluminosilicate nanoparticles can more quickly **reduce bleeding** in trauma patients by absorbing water, causing blood in a wound to clot quickly. **Z-Medica** is producing a medical gauze that uses aluminosilicate nanoparticles. Nanofibers can stimulate the **production of cartilage** in damaged joints.

Nanoparticles may be used, when inhaled, to **stimulate an immune response to fight respiratory viruses**.

Nanomedicine Application Area: Diagnostic and Imaging Techniques

Quantum Dots (qdots) may be used in the future for locating **cancer tumors** in patients and in the near term for performing **diagnostic tests** in samples. **Invitrogen's** website provides information about qdots that are available for both uses, although at this time the use "in vivo" (in a living creature) is limited to experiments with lab animals.

Iron oxide nanoparticles can be used to improve MRI images of cancer tumors. The nanoparticle is coated with a peptide that binds to a cancer tumor, once the nanoparticles are attached to the tumor the magnetic property of the **iron oxide enhances the images from the Magnetic Resonance Imaging scan.**

Nanoparticles can attach to proteins or other molecules, allowing detection of disease indicators in a lab sample at a very early stage. There are several efforts to develop nanoparticle disease detection systems underway. One system being developed by Nanosphere, Inc. uses **gold nanoparticles**, Nanosphere has **clinical study results** with their Verigene system involving its ability to detect four different nucleic acids, while another system being developed by T2 Biosystems uses **magnetic nanoparticles** to identify specimens, including proteins, nucleic acids, and other materials.

Nanomedicine Application Area: Anti-Microbial Techniques

One of the earliest nanomedicine applications was the use of **nanocrystalline silver** which is an antimicrobial agent for the treatment of wounds, as discussed on the **Nucryst Pharmaceuticals Corporation** website.

A nanoparticle cream has been shown to fight staph infections. The **nanoparticles contain nitric oxide gas**, which is known to kill bacteria. Studies on mice have shown that using the nanoparticle cream to release nitric oxide gas at the site of staph abscesses significantly reduced the infection.

A welcome idea in the early study stages is the **elimination of bacterial infections** in a patient within minutes, instead of delivering treatment with antibiotics over a period of weeks. You can read about design analysis for the antimicrobial nanorobot used in such treatments in the following article: **Microbivores: Artificial Mechanical Phagocytes using Digest and Discharge Protocol.**

Nanomedicine Applications in Cell Repair

Nanorobots could actually be programmed to repair specific diseased cells, functioning in a similar way to antibodies in our natural healing processes. Read about design analysis for one such cell repair nanorobot in this article: **The Ideal Gene Delivery Vector: Chromalloytes, Cell Repair Nanorobots for Chromosome Repair Therapy**

Nanotechnology in Medicine: Resources

National Cancer Institute Alliance for Nanotechnology in Cancer; This alliance includes a **Nanotechnology Characterization Lab** as well as eight **Centers of Cancer Nanotechnology Excellence.**

Alliance for NanoHealth; This alliance includes eight research institutions performing collaborative research.
European Nanomedicine platform

The National Institute of Health (NIH) is funding research at eight **Nanomedicine Development Centers.**
This document is available at <http://www.understandingnano.com/medicine.html>.

Monthly Clinical Meeting - January

Chronic Kidney Disease in Children

Chronic kidney disease (CKD) in children is diagnosed in the presence of kidney damage and / or deterioration of GFR below 60mL/min/1.73 m² for a period more than 3 months. Congenital structural abnormalities such as hypoplastic dysplastic kidney disease, obstructive uropathy, neurogenic bladder are the major causative factors of CKD in young children, whereas chronic glomerulonephritis is an important factor in older children. The clinical picture of a child in CKD will differ according to the primary kidney disease, age of onset, age of presentation, stage of CKD, nutritional status and also other associated co-morbidities. Children with structural abnormalities often have defective urinary concentration and associated tubulopathies leading to problems of polyuria, salt losing nephropathy and acid base disorders during early stages. Management should also aim at slowing the progression of kidney damage. Dehydration, infection and persistent anatomical obstructions can cause rapid deterioration of function of the already damaged kidneys. It is important to identify complications such as hypertension, renal

osteo-dystrophy and anaemia and treat these complications promptly, to minimize cardiovascular morbidities, reduce further renal damage, and also to improve the general well being of the patient.

Dr W D V N Gunasekara
Consultant Paediatric Nephrologist

Dr AAHS De Silva
Registrar in Paediatrics

Dr S Mettananda
Registrar in Paediatrics

Law-Medical Annual Cricket Match



The Annual Cricket match between the Sri Lankan Medical Association and the Bar Association of Sri Lanka will be held during the 1st week of May 2010. If you want to be selected for the SLMA cricket team, please send your contact details to one of the following email addresses; slma@eureka.lk or karunathilake@hotmail.com

Alternatively you can call SLMA office (2693324) and provide your details. However we prefer if you can contact us through email.

The practices will be commencing soon at the University of Colombo Grounds. The team will be selected only from those who attend the practices regularly.

Clinical Ethics Committee

The Ethics Committee of the SLMA is planning a workshop on Clinical Ethics Committees to be held on the 8th of May 2010 at the SLMA auditorium. It would be from 9.00 am to 12.00 noon. The workshop would consist of presentations, case discussions and a plenary discussion on the need for setting up clinical ethics committees in hospitals. This meeting is for Directors and senior administrators of hospitals and clinicians. Admission would be by invitation. This first meeting is restricted to staff of hospitals in the Colombo area.

The work of clinical ethics committees falls into three broad areas:

1. Providing ethics input into hospital management policy and guidelines around patient care.
2. Facilitating ethics education for health professionals within the hospital.
3. Providing ethics advice to clinicians on individual cases.

Would you like to join the email mailing list of the SLMA?

Then send an email to email-list-subscribe@slma.lk with your name, designation, and institution in the subject line.

Please note that this email list is open to anyone interested in knowing about the activities of the SLMA anywhere in the world.

If you have any questions then email your questions to email-list-owner@slma.lk. If you want to post a message to the list then please email the message to email-list@slma.lk. Please note that you have to subscribe to the list before you can post a message. This is a moderated list.

Messages will be moderated before being circulated to the list to ensure that they are not offensive to anyone and that their content is appropriate for this list. It is important to state the name and affiliation of anyone posting a message to the list at the bottom of the message.

BOOKS FOR SALE AT SLMA OFFICE

Advising ourselves about values in family practice	Rs 250/=
Deliberate Self - Harm Assessment of Patients Admitted to hospitals	Rs 200/=
Glossary of Dermatology (English/ Sinhala)	Rs 300/=
Revised Guidelines for the management of Snake Bite in Hospital	Rs 100/=
Tutorials in Electrocardiography	Rs 400/=
Jungle Journey in Sri Lanka	Rs 1600/=
MIMS Annual	Rs 750/=
The basics of haematology Anaemia	Rs 450/=
SLMA Guidelines on Vaccines 2008	Rs 200/=
Driving challenges and the essential skills	Rs 215/=
ඔහුගේ ජීවිතයේ වැදගත්කම	Rs 215/=
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SLMA Guidelines on the Management of Asthma Third Edition, Pocket Edition 2005	Rs 100/=
SLMA Guidelines on the Management of Asthma Third Edition 2005	Rs 200/=
Art of Clinical Medicine	Rs 1500/=
A Murder in Ceylon	Rs 890
Xenotransplantation (The Ethical and Legal Concerns)	Rs 1350/=
Remembered Vignettes	Rs 920/=
The Scourge of cancer	Rs 300/=
SLMA Guidelines on Science and health Communication for Scientists and Researchers	Rs 50/=
Paediatrics and child care in Sri Lanka (The Past Unfolded)	Rs 1250/=
In The Line of Duty (Life and Times of a Surgeon in war and peace)	Rs 1000/=
Lecture Notes in Family Medicine	Rs 400/=
Essential Antenatal Care	Rs 230/=
Tuberculosis	Rs 120/=
Traditions of Sri Lanka	Rs 2100/=
වදායී CD with book	Rs 500/=
Self Assessment Manual in Postgraduate urology and Renal Transplantation	Rs 400/=
The Expert Witness	Rs 400/=
CT Brain Imaging	Rs 475/=
Aid to short cases in Medicine	Rs. 300/=
From Hikkaduwa to the Carolinas memories of reluctant expatriate	Rs 750/=
A Guide to the Management of Medical Emergencies	Rs 500/=

NEW MEMBERS - January 2010

Life

Dr H D S C P Appuhamy
Dr H A K M Premaratne
Dr M Y Mohammed Riyas

Dr N A S P Wijerathna
Dr P T Jayawickramarajah
Dr M Suthaharan

Dr S Shivaganesh
Dr H S M Mendis

Dr K Thivakaran
Dr Thushyantha

Ordinary

Dr W S N W B M A G Arambepola Dr K G Y U Kumara

Dr D M P S Bandara

Dr P S Hassan

Advertisement : Back cover

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