1940

NEWSLETTER

GALLE MEDICAL ASSOCIATION

March 2017; Volume 17, Issue 1

ISSN 2550-3316

CONTENTS

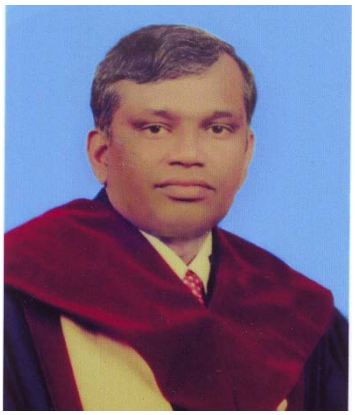
GMA Office, Teaching Hospital, Karapitiya, Galle

Web site: *www.gma.lk*

Tel / Fax: *091-2232560* *e*-mail: *gmathk@gmail.com*

Editors: ***Dr. Channa Yahathugoda & Dr. Sudheera Jayasinghe***

President's Message



I am delighted to send this message to the newsletter as the president, Galle Medical Association (GMA) 2017. GMA as the second oldest medical association in Sri Lanka, has a grave responsibility, in contributing towards better health status. During my tenure of office I will try to engage the GMA in the discussions related to the above and I will seek your unstinted commitment and cooperation to realize this agenda in 2017.

The GMA has maintained high standards throughout. The illustrious array of past presidents with their respective committees have steered this organisation to the current height. I too will strive to do my best to uplift them.

Our association is committed to the improvement of standard of the care given to the patients. We continue to provide educational programmes to our members and trainees to achieve this aim. We hope to join in hands with the public to improve the awareness and deliver the facilities to a wider population. We have already arranged a number of programmes during this year and are in the process of arranging more educational activities.

This year the Annual Scientific Sessions will be held from 11th - 13th October. I am confident that members of the scientific committee will arrange the programme that will be stimulating and educative.

I invite all doctors who are not GMA members still to exercise their right and obtain membership and become equal partners in all of our activities. We have designed attractive educational, professional and social events and reap the benefits of being a member of this prestigious organisation.

I welcome your suggestions in order to improve the services and functionality of the GMA.

Dr. Sarath Kularatna
President
Galle Medical Association / 2017

The Annual General Meeting - Galle Medical Association

The 75th Annual General Meeting of the Galle Medical Association was held on 27th January 2017 at 11.00 a.m. at the GMA Lecture Theatre, Teaching Hospital Karapitiya.

The meeting was chaired by the outgoing president Dr. Satish K. Goonesinghe. The minutes of the 74th Annual General Meeting was read by Dr. Aruna de Silva and the Secretary's report for the year 2016 were read by Dr. Eisha Waidyarathne the joint Secretaries of GMA. The Treasurer's report was presented by the treasurer Dr. Upeksha Liyanage. The out-going president, Dr. Satish K. Goonesinghe addressed the gathering and expressed his gratitude to the executive committee and all the members for making year 2016 successful. Dr. Sarath Kularatna was inducted as the new president. He, while thanking the outgoing president for the enormous service done for the GMA, highlighted his vision and mission for the forthcoming year. The following GMA members were elected as the office bearers of the GMA committee for the year 2017.

President
Dr. Sarath Kularatna

President Elect
Dr. Kesharie De Silva

Immediate Past President
Dr. Satish K. Goonesinghe

Vice President
Dr. Arosha Dissanayake

Joint Secretaries
Dr. Pushpika Jayawardana
Dr. Eisha Waidyarathne

Treasurer
Dr. Aruna De Silva

Postgraduate Coordinator
Dr. Nalaka Herath

Social Secretary
Dr. Ganaka Senaratne

Co-Editors
Dr. Channa Yahathugoda
Dr. Sudheera Jayasinghe

Committee Members
Dr. Upeksha Liyanage
Dr. Lanka Dasanayaka
Dr. Nayana Liyanarachchi
Dr. Kapilani Withanaarachchi
Prof. Mahinda Kommalage
Dr. Mahinda Rodrigo
Dr. Eric de Zoysa
Dr. H.M.M. Herath
Dr. S.T. Liyanage
Dr. Dileepa Mahaliyana
Dr. Ruwan Jayasinghe

GMA opened a new door for its members - recreated GMA Lecture Theater

Refurbished GMA Lecture theatre was re-opened on 28th March 2017 at 10.30 am. Following opening Dr. Sarath Kularatna welcomed all the guests and appreciated the work done by Dr. Satish Goonesinghe and Dr. Aruna De Silva.

Dr. Satish Goonesinghe drew the attention of the audience and emphasized the importance of utilizing the lecture theater, using it properly, maintaining it and linking the benefits of it for proper patient care. Further, he thanked Dr. Aruna De Silva for his dedication towards the completion of the task, Dr. Upeksha Liyanage for her motivation, architect Mrs. Diupadee Dahanayake and engineer Mr. K.A. Vijith Nandana for their honorary work. Dr. M. K. Ragunathan, the most senior GMA past president was in the audience expressed his thoughts and briefed the history of GMA.

The inaugural lecture after the re-opening was done by Dr. Nalaka Herath on “Acute kidney injury.” He highlighted the holistic approach in managing the patient for better outcome.

Conflict of interest

Some aspects of Theory & Practice

It has often been found that the concept of 'conflict of interest' is either consciously ignored by many persons including professionals or adequate thought has not been given to understand its many nuances. In simplest of terms, it means that an individual has dual and conflicting loyalties or interests in matters that clouds judgment, causes biased actions that can be detrimental either to individuals or to the public interest. We find this happening most starkly in the political sphere where politicians in power use the influence of their positions (usually as Ministers) to gain personal advancement (usually financial). What we often call "abuse of power" is more often than not laced with conflicts of interest. In the case of politicians, it is mostly the public interest that suffers. This phenomenon is equally common, but less publicised, in most fields of human activity. When it occurs in the practice of medicine, where tradition-bound ethical codes specifically warn against it, and where it can mean pain, and undue suffering of the ill and the weak, it takes on a gravity that is without equal.

As we all know, beneficence (doing good) or at least, non-maleficence (doing no harm) are guiding principles in the practice of medicine that have come down from Hippocratic times. This principle pervades all situations that a doctor faces in his clinical practice. It means that the best interest of the patient is of the first priority in all situations. When lack of facilities - both human and physical resources - overcrowding, understaffing are factors that often prevent the best interest of patients being fulfilled in the state sector hospitals, the concept of conflict of interest is not involved. There is no vested interest that determines the action of the doctor. There are no dual loyalties or interests at stake. The same cannot be said when patients consult in the private sector, where financial remuneration is directly linked with patient consultations. This, in its self is not a serious cause for alarm when fees are reasonable and care-giving is maintained at optimal and acceptable standards.

What is becoming a cause for serious concern in recent times is the fierce competition among fast expanding private medical care services with investments in the region of hundreds of millions of rupees and an increase in the cadre of specialists/consultants vying for a lucrative private practice.

It is obvious that investors in health care services are not expected to be bound by medical ethics. They are bound by other imperatives that include fast returns on their investments and sensitivities of the underwriters of their soft loans. This unhealthy scramble for the 'patient market' is creating situations in which ethical standards are being severely compromised. Doctors are enticed by attractive 'fringe benefits' offered by different private hospitals. These include commissions on income generated by the hospital on many direct as well as indirect ancillary services. In many parts of the world, for quite some time, both in the developed West as well as in South Asia (India and Pakistan), 'under-the-counter' payments to doctors from hospitals and medical laboratories for investigations ordered were well-known and health authorities were taking measures to control this unethical conduct. In the USA, certain State authorities took measures to bring in legislation that prevented a practicing physician from

owning shares or having any financial interest in medical investigation laboratories in the state in which he is in practice

What exactly is ‘Conflict of Interest’?

Andrew Stark, in his book “Conflict of Interest in American Public Life” published by the Harvard University Press in 2000 says that there are 3 stages in the process of acting in conflict of interest. They are:

THE ANTECEDENT ACTS (Stage 1):

These are factors that condition the state of mind of an individual towards partiality, thereby compromising the potential to act towards public interest rather than private (or personal) ones.

Please note that the issue at hand is public vs private interest. The ‘partiality’ mentioned refers to sources of undue influence that create the condition of bias.

THE STATES OF MIND (Stage 2):

These represent the affected sentiments or affinities conditioned by the antecedent acts. That is, creating a particular orientation created to act in a pre-determined direction.

OUTCOME BEHAVIOUR (Stage 3):

Actions or decisions taken that arise from an affected state of mind as influenced by the antecedent conditions.

The universally prescribed remedy to correct this expected outcome behavior is ‘disclosure’. That is, you disclose or declare or cite your conflict of interest to the stake-holders and either remove yourself out of the decision-making process or expect the stake-holders or other contending parties to consider your expressed opinion in the light of that disclosure. That is the reason that most scientific journals now, especially the medical journals, request a specific statement or declaration on your ‘conflict of interest’ as a precondition for accepting a manuscript for publication.
How one makes the disclosure, and when, is also important. There has to be ‘space’ for the person/s affected by your judgment to withdraw from the situation if they so desire.

Disclosure for the sake of disclosure is not what is expected in the principle of disclosure as the remedy.

I cannot go into detail in this short essay. But it would be appropriate to place before you some ideas on - what is termed - the “behavior of partiality”. For convenience of understanding the concepts, let us take the situation of the ‘conflict of interest’ relationship between the doctor and the pharmaceutical industry.

In terms of public conflict-of-interest law (which is non-existent in Sri Lanka), a person could be found guilty of a conflict of interest only if it could be proved that his behavior resulted from gifts or favours taken or unacceptable relationships maintained. Can we conclusively conclude that a doctor's prescription of a given drug is due to the gifts or favours given by that drug company? Legally, one cannot infer that decisions that were self-serving were, in fact, the consequences of such questionable alliances.

Furthermore, a person's state of mind, or more precisely, the process of thinking, cannot be decided in a court of law. Even if we 'know' that a decision-maker received gifts and it resulted in favourable outcomes for the gift-giver, we do not know - and we would find it impossible to demonstrate - that the favourable decisions made, are a direct outcome of the received gift or favour. This is the 'excuse' that many doctors use who are on the take of favours and gifts from the drug companies. But it must also be remembered that there is no such thing as a "free lunch".

Therefore, the current focus on regulatory law is towards eliminating the first stage - namely, the antecedent acts; that is, preventing the biases created, and thereby the establishment of 'conflict of interest' when doctor accept favours from drug companies.

From recent reports emanating from the private health sector in Sri Lanka, the ugly outcomes of unregulated private medical practice are clearly to be seen. As a result, the patients are not only not getting a reasonable deal, but are being cruelly exploited in many instances. The doctors, the private hospitals and the pharmaceutical industry are in this together in a 'triumvirate of conspiracy'.

There are two possible favourable resolutions to this current ethical crisis: (i) self-regulation of the medical professionals and the profession through greater proactive interventions by the SLMC and the professional bodies; and/or (ii) stronger regulations and control of the private hospitals, private medical practice and pharmaceutical agencies. The second option will be demeaning and painful for the medical profession. The first will ensure that the medical profession will regain the trust and regard of the public and also its pristine place among all professions.

Prof. Susirith Mendis
Senior Professor of Physiology
Faculty of Medicine
University of Ruhuna.

Newer antiplatelet drugs in acute coronary syndrome

P2Y12 antagonists prasugrel and ticagrelor are registered in Sri Lanka. It has been documented that prasugral and ticagrelor are able to provide effective platelet inhibition two hours after the loading dose.

Researchers compared the action of prasugrel and ticagrelor on ST segment elevated myocardial infarction. High residual platelet reactivity was found in 44% of prasugral patients and 60% of ticagrelor patient at two hours. The mean time to achieve adequate reduction of platelet reactivity was long, three hours for prasugrel group and even longer five hours in ticagrelor group. Slow onset is a disadvantage in patients with acute coronary syndrome (ACS), owing to the potential for propagation of thrombus in the interval until P2Y12 inhibition occurs. Further, interaction with morphine, which is commonly used in myocardial infarction, delays the activity of both agents.

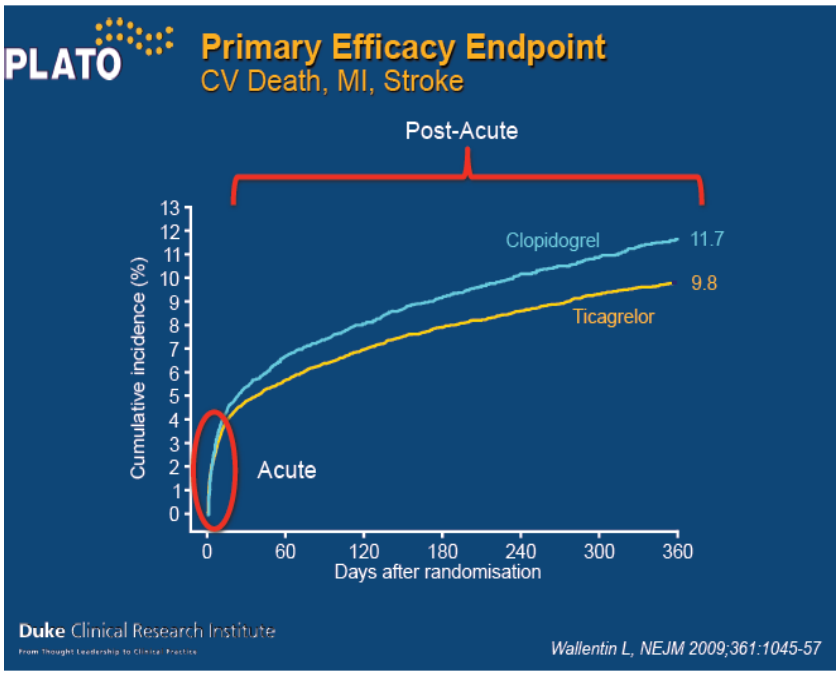


Figure 1: Primary Efficacy Endpoint – PLATO trial

In the Platelet Inhibition and Patient Outcomes (PLATO) trial 18 624 patients with ACS, scheduled to undergo either invasive or medical management, were randomized to receive ticagrelor or clopidogrel, on top of usual care. Better cardiovascular outcomes and lower all-cause mortality were demonstrated for ticagrelor (Figure 1). There was no significant difference in the rate of major bleeding was found between groups. However, ticagrelor was associated with a higher rate of major bleeding not related to coronary artery bypass grafting, including more cases of fatal intracranial bleeding but fewer of fatal bleeding of other types.

Dr. Sudheera Jayasinghe
Senior lecturer in Pharmacology
Faculty of Medicine
University of Ruhuna

Upcoming Events

Month	Date	Event
May	04th	Workshop on Medical Statistics *Organised by Galle Medical Association & Dept. of Medicine, Faculty of Medicine, Galle*
	09th	Bodu Gee Saraniya
	25th	CME on "Gynaecological malignancy and early detection" by Dr. Sarada Kannangara, Consultant Gynaecological Oncologist (IM/THM)
	30th	Malaria awareness programme
June	01st	Workshop on Trauma
	07th	Regional Education Programme in Rheumatology *College of Specialists in Rheumatology & Rehabilitation* *in Collaboration with Galle Medical Association*
	Date will be fixed later	Poson Bana
	24th & 25th	GMA long trip to Trincomalee
July	4th	Workshop on Haematology
August	Date will be fixed later	Kids events

NOTICE

MASTER OF SCIENCE (MSc) IN CLINICAL PHARMACOLOGY AND THERAPEUTICS
Postgraduate Institute of Medicine, University of Colombo

MSc in Clinical Pharmacology and Therapeutics is a new postgraduate training programme at PGIM which will commence in September 2017.

The applications are invited by the PGIM for the **selection examination** for this programme which will be held on **30th June 2017**. The date of closure of applications is **18th May 2017.**

You can obtain further details from the links given below.

The examination circular is available from:
http://pgim.cmb.ac.lk/wp-content/uploads/2017/03/Cir-27.pdf

The prospectus of the training programme is available from:
http://pgim.cmb.ac.lk/wp-content/uploads/2017/03/MSC-CPT-Revised-prospectus-Sep-2016-3-Approved-by-UGC.pdf

Sri Lanka Association of Clinical Pharmacology and Therapeutics

Cover Story

Sir Luke Fildes' painting *The Doctor* (1887, The Tate Britain, London) is the enduring image of the Victorian GP and is frequently used to portray the qualities of a good doctor to this day. This image of the ideal, dedicated doctor has appeared in many and different settings and can be found in almost any context in our contemporary culture when considering the qualities or shortcomings of the medical profession.

The Doctor, depicts a Victorian GP on a home visit. He is watching over an impoverished labourer's sick child; the bed is makeshift, two non-matching chairs pushed together; the cottage interior humble, befitting the labourer's status. The central figure is the imposing male doctor, gazing intently at his patient, while in the background the father looks on helplessly his hand on the shoulders of his tearful wife. The doctor is observing the ‘crisis’ of the child's illness, the critical stage in pre-antibiotic days when the patient is no longer overwhelmed by infection. The breaking light of dawn on the child's face suggests the crisis is over and that recovery is possible. Fildes' skilful use of light and perspective focuses the eye on the doctor, the patient, and the relationship between them.

A Message from the Editors

We would like to invite the membership of GMA to contribute to the GMA newsletter. Please feel free to send articles, letters, picture stories, poems, puzzles, jokes, cartoons etc. related to medical profession. We would also like to hear your views about the GMA newsletter. Please send them all to Editors GMA via e-mail gmathk@gmail.com

We would like for invite the non-members to join the Galle Medical Association (GMA). Please inquire about the membership form at the GMA Office.

GALLE MEDICAL ASSOCIATION

76th ANNUAL ACADEMIC SESSIONS

11th, 12th & 13th of October 2017

CALL FOR SHORT PAPERS, POSTER PRESENTATIONS AND GMA ORATION

- **Abstracts of Short Papers / Poster Presentations**

  The number of words should be limited **strictly to 250 words.** Upload your submission to GMA website. No hard copies needed.

- **Galle Medical Association Oration - 2017**

  Upload your submission to GMA website. For the hard copies, full text must be submitted in 4 copies. Three of the submissions should not contain the name of the author and any indication to the identity of the author (including references).

Submissions will be accepted up to 15th July 2017

Further details can be obtained from ***http://www.gma.lk*** **OR**
GMA Office, Teaching Hospital Karapitiya.

Tel: **091-2232560**, e-mail: **gmathk@gmail.com** & **gmjgalle@gmail.com**

GMA - Annual Academic Sessions

76th Anniversary

Annual Academic Sessions will be held on **11th, 12th & 13th October 2017**

at the T.W. Wickramanayake Auditorium of the Faculty of Medicine, Galle.

Please keep the dates reserved.