

CGPSL

MY COLLEGE



NEWSLETTER OF THE COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA

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CGPSL FIFTY YEARS SINCE CONCEPTION

During his Guest of Honour address at the 44th Academic Sessions Prof. Indika Karunatilake mentioned that College and he were of the same age. Indika was born in 1969.

Wikipedia records that College was formed in 1969.

The late Dr. A M Fernando a pioneer of the College and a distinguished past president in the first issue of the Sri Lankan Family Physician (1979, 1,9-10) gives an account of how College came about.

He records that College was conceived on 19th May 1969 in Brisbane Australia at a meeting of delegates from Asia convened by the Presidents of Royal Australian College of General Practitioners & Royal College of General Practitioners of U.K. This meeting was convened to discuss the prospective roles of Colleges in Asia and this took place at the fourth Australian General Practitioners congress. Dr A M Fernando had attended this conference.

According to the President's message in the first issue of the Sri Lankan Family Physician (Editor Dennis Aloysius and President A. M. Fernando), it was in 1979 that the IMPA decided to establish the College of General Practitioners of Ceylon.

Dr. Fernando goes on to describe a "long period of labour" commencing from 19/05/1969 culminating in the birth on 19th of August 1974, when the College of General Practitioners of Sri Lanka (incorporation) law no 26 of 1974 was certified by the National Assembly.

Be that as it may the same issue of the SLFP in page 97 records the details of the founder members and first council in 1973!

Founder members and the First Council in 1973

Dr. M P M Cooray	President
Dr. B D J De Silva	Vice President
Dr. R J D Peiris	Vice President
Dr. G M Heennilame	Hony. Secretary
Dr. L Kotagama	Hony. Secretary
Dr. T Nagendra	Hony. Treasurer
Dr. M S M Refai	Council
Dr. A H Hazari	Council
Dr. A M Karunaratne	Council
Dr. A M Fernando	Council
Dr. M Sivasuriam	Council
Dr. R P Wijeratne	Council
Dr. Hector Jayalath	Council
Dr. R M L Fernando	Council
Dr. J Warusavitarana	Council
Dr. D P Kannangara	Council
Dr. A D P A Wijegoonewardene	Council
Dr. D H P Senanayake	Council
L H R Peiris	Hony. Legal Advisor



CGPSL Founder Members

It was in 1979 that the name Dennis Aloysius figures as a Council member for the first time. Dr. G R Wijegunaratne who is also thought to have played an important role in the process of incorporation of College was a council member in 1975.

So should we celebrate our conception in 1969, our establishment by the IMPA in 1971 and our first Council in 1973 too?

Over to Council.

Eugene Corea

Caption me!

A picture is worth a thousand words...

Welcome to “My College” Caption Writing Contest. In every edition, we will feature a picture or photograph to caption. The winning caption will be printed in an upcoming edition of the Newsletter.

Submit your caption for the given picture by 15th January 2020 for a chance to be featured in “My College”; submissions can be handed over to the CGPSL Office or send via email at genprac@sltnet.lk, along with your name and contact details.



Family Doctors' Day-out

EVENTS:

- Fun games
- Badminton
- Cricket
- Swimming pool
- Movies
- Lunch*
- Peduru Party with live music
- Hoppers night
- Night stay*

*** Optional (extra payment required)**

College members and associates are welcome with families!

Date
Sunday, 23rd Feb 2020

Venue
Colonial Villa, Padukka

8.30pm party with Hoppers Night 6pm onwards

TICKET
Rs:1500/-

Contact: (011)269 8894

Organized by the Social Activities Committee of CGPSL with the Spice Route Sri Lanka

PHYSIOLOGY WAS NOT WOT I LEARNED FROM CARLO

I learned much more. Many articles and appreciations have been written about this great humanist and his sterling qualities. My piece is about some interactions I had with him over half a century and what he meant to me. No apologies.

First exposure to Carlo was when he was invited to address our A/L class. On that day, his opening gambit was "people who are bald in front are said to be good thinkers and those who are bald behind are believed to be sexy. I am bald both in front and behind and therefore I think I am sexy!". I was hooked!

Next were the second MB Physiology lectures and I must admit that I was enthralled by the style more than substance. Physiology I learned elsewhere but man, what style.

When he picked on fire walking to do his thing and when he chose a countryman of mine to walk with him, the bond grew. At that time I thought it was a courageous act to go against established religious rituals, but there was more to it.

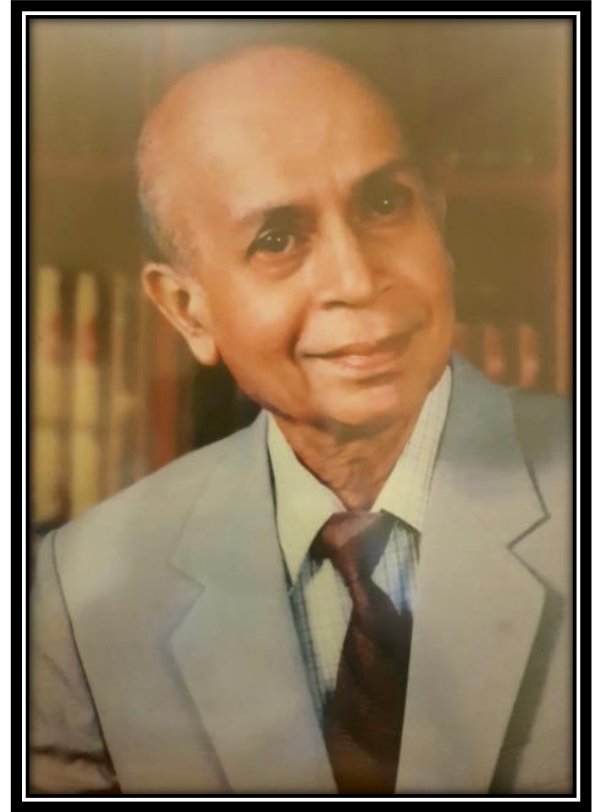
Later on we had a Christian evangelist who addressed us in the Physiology lecture theatre and during q & a time Carlo referred to him as "a travelling salesman for god"! The man was so nonplussed that he could only retort back to Carlo that god would punish him for his impudence.

Carlo came to know of me, when as warden he came across me in "the garden" at Bloemfontein hostel on a Sunday trying to plant some daisies under the hot sun in the hard ground. He seemed to be astonished. He said to me "if I have ten people like you I can make Sri Lanka a better place" Fortunately for our country and unfortunately for me Carlo did not become Prime Minister or President!

Out of medical school and many years into practice I would meet him on and off. He was always willing to listen to you up to a point. In fact having listened to me he would say "I am a patient listener no, I listen to the nonsense that people tell me"!

We discovered that both of us were born into the Christian religion, and that both of us were atheists who loved going to church - to listen to the music of course! There however, the similarity ended.

Carlo would never lose an opportunity to impress upon me his phenomenal memory and tried hard to make me read bara books. I did buy a few but did not read them. Maybe I should start reading them now.



On occasions when I checked his pressure and spoke of one of my theories about recording the pressure on both arms, he insisted that I should do research into this. Even though he is gone now I will take him up on that too in his memory.

Whatever position I held in medical circles, I never failed to invite him to be a resource person at sessions. At one such forum I accidentally introduced him as Carlo' Fernando 'but he did not take issue with me. On another occasion however I deliberately introduced him as a "medical impresario". He did not like this and at a later date from another podium he referred to me as "an outlier. "I know this was not a compliment!

Latterly his legendary memory naturally, did not always deliver. One day on seeing a junior whose name he had forgotten and wanting to speak to him Carlo, having got from me that worthy's name used the information with telling effect. Without batting an eyelid he said "Ah kohomeda Dr. Sirisena (not the actual name) I have not heard from you for a long time". The astonished pupil told me "puduma matakayak ne"!

Carlo had an ability to extricate himself out of sticky situations. I think he realised that his stance on the strike issue (SAITM), was not compatible with his position as SLMC President. Witness his performance on TV praising the strike as a "manaranjana weda warjanayak" and minutes later called it out as an "athi durjena warjanayak" without upsetting the GMOA. I did point out the incongruity of the position he held but he ignored my concerns.

Carlo felt an overpowering need to prevent fundamentalists of any sort from taking society towards destruction. He would worry about this very much and tried hard to enroll me as a crusader in this cause.

Celebrating his eightieth birthday in a TV interview he was asked about the secret of his longevity. Having paused briefly for impact and keeping a straight face he said "mama bohoma prevesamen ashwasa prashwasa kela"!

Whenever I went to him with a tale of woe he would instantly pick up the context and demonstrate his perceptive genius bringing into focus aspects that had not been even dreamt of by me.

As a teacher the greatest attribute I saw in Carlo was the delight he got out of seeing his pupils do well and going beyond what he had achieved. Never a Guththila.

His humanity certainly was there for all to see just as much as his humaneness. I shall remember this wonderful man for all that he was and all that he meant to me till the end of my days. However when it is my turn I will not join him in the medical faculty morgue. I prefer the worms to digest me and to enrich the environment.

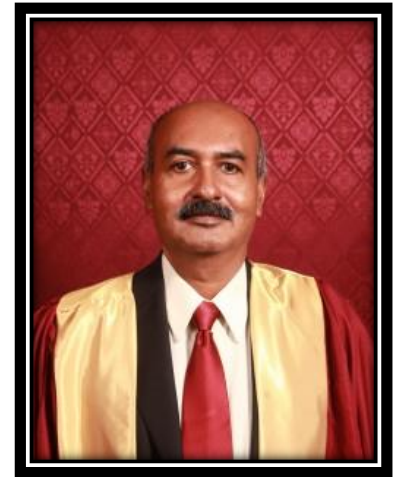
Eugene Corea

“A fond Adieu”

Dr. Nalin Kumudu Ashubodha

Date of Birth: 1959/ 02/19

Date of Death: 2019/09/11



We have lost a dear friend and a valued colleague!

Dr. Nalin obtained his first medical degree, MD from Addis Ababa University in Ethiopia in 1981 & did his Dermatology training under the WHO. He accomplished further studies in UK and obtained the Diploma in Tropical Medicine and Hygiene from University of Liverpool. He was also a Fellow of the Royal Society of Tropical Medicine. He completed Postgraduate Diploma in Family Medicine as well as Child Health from the Post Graduate Institute of Medicine.

Dr. Nalin Ashubodha was a Resident Physician at Kolonnawa Nursing Home for the past 20 years.

He has contributed to several books and over 370 medical articles to various journals.

He was an active member of the College of General Practitioners of Sri Lanka who held many positions including Post of Member of the Council, Member of MCGP Board, Editor of “My College” Newsletter (2010/2011) and Member of several Subcommittees.

A vote of condolence was passed and two minutes silence was observed, in his memory at the Council meeting held on 22nd September 2019.

Dr. Preethi Wijegoonewardene and Dr. K. Sri Ranjan spoke a few words of tribute to Dr. Nalin Ashubodha, after his association with the College.

We were privileged to have you in our team. Thank you for your work and dedication. You will be deeply missed.

Dr. Dumindu Wijewardana
Hony. Secretary
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Editor : Dr. Kalpanie Wijewardana

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The GPs' Café



Gather • Discuss • Enjoy



A Rare Clinical Encounter in General Practice

Case by Dr. Jayantha Jayatissa

Presented by Dr. Dumindu Wijewardana

19 July 2019- GP's Café @ CGPSL @Spice Route – Sri Lanka

+ Case Scenario

Mrs. H.K, 24 y, Fashion designer, PMHx:URTI, Polycystic ovaries, Obese BMI>30

+ Consultation over the phone

- Patient: "Something is crawling under my right eyelid"
- Doctor: "Is it a kind of twitching?"
- Patient: "No, I can see something moving under my eyelid"
- Doctor: "Can you video & WhatsApp?"
- Patient: "Yeah", "I will"
- *Half an hour later, another phone call...*
- Patient: "The crawling is no more there" "I am worried if it has gone into my eye"



+ Referred to Ophthalmologist:

Ophthalmologist examined the patient and gave his opinion, "It could be muscle twitching, nothing to worry!"

Two days later, another consultation...

Patient: "I can see something crawling once again, but this time in the forehead"

Differential diagnosis: Stress/ Fatigue (Lack of sleep)/ Eye strain/ Caffeine/ Alcohol/ Dry eyes/ Allergies/ FB (Insect/ worm)

+ Referred to Surgeon:

Object was localized with Ultra Sound Scan guidance → Removed under local anesthesia → sent for biopsy → Revealed dog Filarial worm

Diagnosis: **Dirofilariasis**

+ Medical Treatment:

- Diethylcarbamazine (DEC)
- Tetracyclines has been reported to damage *D. Immitis*, even causing death of adult worms. Long-lasting administration of both Doxycycline, Albendazole or Mebendazole is recommended



+ References

Parasitologia. 1997 Dec; 39(4):375-82.

Human *Dirofilariasis* caused by *Dirofilaria (Nochtiella) Repens* in Sri Lanka.

Dissanaike AS¹, Abeyewickreme

W, Wijesundera MD, Weerasooriya MV, Ismail MM.

Indian J Med Res 121, May 2005, pp 691-693

***Dirofilariasis* in humans and dogs in Kerala**

Lucy Sabu, K. Devada & H. Subramaniam



STRANGE BEDFELLOWS; *a vignette from general practice*

I recently had an interesting experience which made me reflect on my role in the doctor patient relationship. One of my regular patients, Anusha, a 22 year old university student, came to me with her mom in a certain level of distress. Of course the issue was *‘‘mom-splained’’. The daughter just sat there looking like she swallowed a frog while the mother went on to explain. Anusha had been having night terrors, frequently getting up screaming, soaked in sweat in the middle of the night. She had since been losing sleep too.

This family had been my patients for years, and I was aware that they lived in a two bedroom house where the daughter and parents shared the same bed and were in each other’s company all the time when at home.



Anusha’s mother had already decided this was no medical malady. She inquired from me whether I would approved of a devil dance to get rid of some *yakka* who was possessing her beloved daughter. I turned to Anusha and asked her to tell me what she saw. Her dream was repetitive and simple. A tall man, black as sin, got on top of her and tried to strangle her every night. While she was talking I observed Anusha’s body language. She never made eye contact, kept fidgeting and staring at the floor. I told the mother to give me some time to think on it before she commits to exorcise the *kalukumaaraya*, and sent them home.

I later contacted Anusha privately, sat with her for a good half an hour and got to the crux of her problem. She had just started dating, and as young people of that age are wont to do, begun her sexual life as well. This was of course told to me on the ‘‘*aney doctor deiyyo promise ammala ta kiyannaepa*’’ pact, which I knew would be a prerequisite one way or the other! Once I assured that whatever which was discussed would remain within the walls of my clinic and that I was bound by an oath, she opened up.

Living in a home where you are stifled by your parents isn’t easy. Add to this the raging hormones of young love, and something was bound to give. Anusha’s boyfriend had been frequenting her home and they had been engaging in sexual relations on the same bed that she slept on at night with her parents. Naturally her young mind was racked with guilt over this, and it began to haunt her at night. She went on to say this was no *kalukumaraya* in her dream, but it was her own boyfriend that she kept seeing. Of course she also shyly admitted that the dreams were sometimes far from nightmares and her screams were occasionally not those of terror.

She was surprised when I didn’t chastise her for this. Surprise turned to incredulity when I went on to counsel her about safe sex practices and frankly to be a little smarter about her amorous liaisons at home when the parents were at work. A neighbor could just as easily see them and burst the whole bubble.

After a couple of counseling sessions the night terrors disappeared completely.

That's when my problems started.

Enter the parents, who were in equal parts elated at her recovery and curious as to my methods which involved no medicine, devil dancing or sooth saying of any sort. Her mother visited me soon after and insisted I tell her what was going on. Was her daughter in trouble or was there was anything they should know.

This, to me, was when things got interesting. Here on one hand I had the parents, two overbearing controlling adults whom the child was scared of, fishing for information from the GP. Information was to be used to what end I know not of. On the other hand, the "child" who, mind you, was a 22 year old adult female.

To tell or not to tell. That was indeed the question.

I decided to treat all three as adults in this situation! Firstly I had a chat with Anusha and explained to her that if she was serious about this relationship her parents absolutely had to be told. They seemed to suspect something. I made it known to her that they had approached me with regard to suspicions pointing in that general direction as well. I then told her to visit me with her parents after she had broken the news to them.

Imagine my surprise when a few weeks later a party of four visited me! Not only had she told her parents, but they were so relieved and happy that they had invited the boyfriend (*aka kalukumaraya*) to come speak to me as well.

During this session I advised the parents to give Anusha her space as she needed her freedom to mature as an adult. I explained how sleeping together at that age was not healthy for both the daughter as well as the parents. We had a discussion about how the second unused bedroom could be opened up for Anusha and how she should adjust to being alone.

Clearly Anusha had kept the intimate details of her relationship from her parents, and I was frankly glad that she learned how to compartmentalize and prioritize sensitive data, from her ordeal.

She still visits me and seeks advice on her relationship as well. Frankly I am pleased this ended well for all parties concerned, including myself, as I would have been on a very unfavourable wicket had the situation turned sour with her parents finding out from a third party, or worse yet, had Anusha conceived.

Situations and experiences like these leave open the debate of how much information we could divulge and how much we should withhold when dealing with the Sri Lankan family unit. Most often we don't treat young adults as adults but keep them as extensions of their own childhood. This does not mean that such individuals do not grow up and experience life on their own, often unbeknownst to their families, as in this case. It also leads to the conclusion that we should ideally treat each situation on its own merit and act accordingly. At the end of the day we are bound above all else to serve the best interests of the patient.

"Abbati, medico, patronoque intima pande"

- Conceal not the truth from thy physician and lawyer.

Agree? Disagree? Send me your views to suneth.rajawasan@gmail.com so we could discuss further.

**names have been changed to preserve privacy*

Suneth Rajawasan

**Mom-splaining is when a woman thinks she knows what's best for you and insists or strongly encourages you to change your mind to her way of thinking.*

OVERCOMING CHALLENGES; STRENGTHENING THE GP **A GLIMPSE OF THE 45TH ANNUAL ACADEMIC SESSIONS**

College of General Practitioners of Sri Lanka (CGPSL) concluded its 45th Annual Academic Sessions in a successful manner. The spirit of the sessions was the teamwork led to its accomplishment by an enthusiastic group of young and not-so-young, but experienced family doctors. The Annual Academic Sessions consisted of the pre-congress, main congress and the post-congress as usual. The congress was organized under the overall theme ‘Overcoming challenges; strengthening the GP’ and all the sessions were conducted in weekends to accommodate the busy schedules of the GPs.

The pre-congress was held on 28th of September 2019 at the SLMA Auditorium under the theme ‘breathing easier in General Practice; Respiratory Medicine in Primary Care’. It was a well-received, interactive session consisted of case-based discussions on obstructive lung diseases, community-acquired pneumonia and obstructive sleep apnoea with special elaboration on interpreting lung function tests and chest radiology.

Inauguration Ceremony of the Annual Academic Sessions was held on the same day evening at JAIC Hilton. The chief guest was Dr Raman Kumar, President of WONCA South Asia and the President of the Academy of Family physicians of India (AFPI). Prof Indika Karunatileke, President Elect of the SLMA attended as the Guest of Honour. Dr MPM Cooray (College) Oration was delivered by Dr S. Kumaran, Consultant Family Physician on “Meeting the Primary Healthcare needs of people in Jaffna using the Family Practice approach: An innovative model in a post-war setting”. The special segment ‘Tribute to late Dr Dennis Aloysius’ refreshed the cherished memories of a much appreciated teacher and a role-model in Family Medicine. The inauguration ceremony ended with cultural performances which glamourized the night followed by the cocktails.

Main Congress was held on the following day, Sunday, the 29th of September at JAIC Hilton with a high participation. Session started with the free paper session and variety of interesting and GP-relevant topics were covered by both local and international experts in rest of the day including two panel discussions.

The Spice Route presented a special edition of ‘The GPs’ Café’. The launch of a personal health record for primary care was also a highlight of the day. The online quiz programme which was carried out for the consecutive second year was attractive as always.

The post-congress workshop was on a different but must-know topic, which had been named as “Solving a medical mystery in practice: managing medically unexplained symptoms”. The session was conducted by a team of Psychiatrists as an interactive training session which was no doubt an extremely useful one for the participants.

The 45th Annual Academic Sessions of the CGPSL ended fruitfully and the lessons learnt would help the Steering Committee to optimize the quality of the up-coming sessions.

Sankha Randenikumara

FEEDBACK ON 45TH ANNUAL ACADEMIC SESSIONS

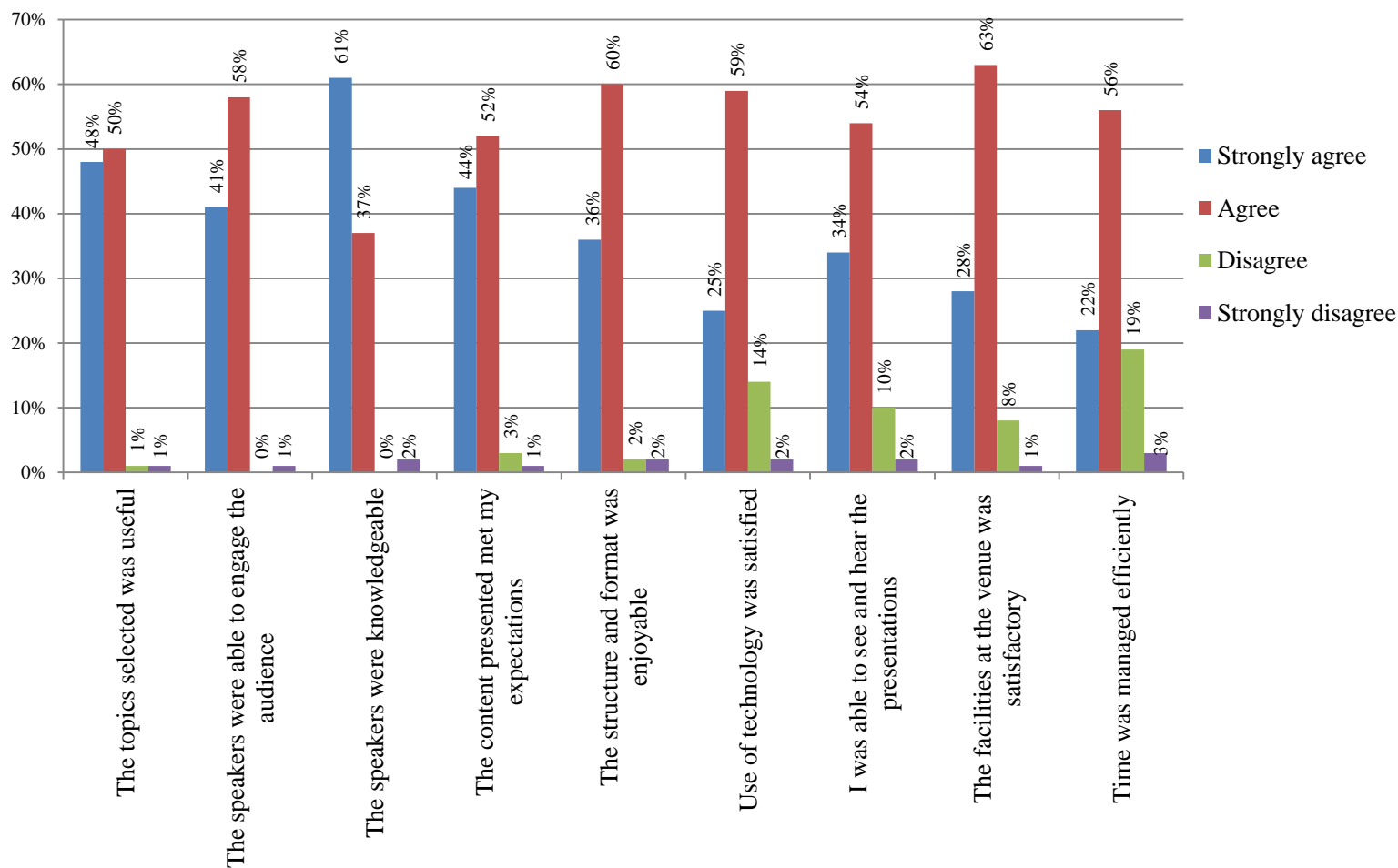


Photo Gallery

PRE-CONGRESS



INAUGURATION



MAIN CONGRESS



POST CONGRESS



From Kalpanie

TALK TO YOUR NEIGHBOUR PROJECT – PHASE ONE SHOWCASING OUR ACHIEVEMENTS

The “Talk to Your Neighbour” Project (TtYNP) - Phase I, initiated by the Non - Communicable Disease Subcommittee of the College of General Practitioners of Sri Lanka with the support of the Ministry of Education and Ministry of Health, Nutrition and Indigenous Medicine, in collaboration with the Sri Lanka Diabetes & Cardiovascular Disease Initiative (SLDC), Sri Lanka College of Endocrinologists (SLCE) and the Community Development Services (CDS) was successfully completed in December 2018. The project was funded by Ceylinco Life Insurance and the media partner was Ada Derana 24x7.

The phase I of the project was successfully completed at a well-organized ceremony and prize giving for the winners of the ten schools who participated in the project at the Nelum Pokuna Auditorium in December 2018 as part of a programme organized by the SLDC.

The core group of the “Talk to Your Neighbour” Project was invited by the SLDC for the Showcasing programme conducted by them followed by an award ceremony and lunch which was held on the 6th of November 2019, at the Banquet Hall of BMICH where the representatives of the World Diabetes Foundation (WDF) were also present. We are proud to inform that Dr. K. Chandrasekher, the Project Lead, was nominated as the resource person by the Non-Communicable Disease Subcommittee of the College of General Practitioners of Sri Lanka to present the outcome of the project at this showcasing programme. The project was commended by many in the audience.

The team is eagerly looking forward to commence the “Phase II” of the project with the support of like-minded organizations and discussions are on for funding. Guidance and advice from our members in this regard would be very much appreciated.

Kalpanie Wijewardana





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