



## COUNCIL 2014

The following members were unanimously elected at the annual general meeting of the College that was held on 8<sup>th</sup> June 2014 to serve for a period of one year.

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Dr. K Chandrasekher

**Vice President**

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Dr. Sanath Hettige

Dr. Shreen Willatgamuwa

Dr. D Y Saranathilake

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*PRE-CONGRESS 2014*

*Cardiology for General Practitioners*

*on 28<sup>th</sup> September 2014*

*at Family Health Bureau Auditorium*

*See Last page*

## FREE HEALTH CAMP AT ITTAPANA

Ittapana is a village, about 20-25 KM away from Matugama and accessible by the southern highway which exits into a scenic village road, leading to it.

A free health camp has been an annual fixture at Ittapana for the past five years. This year the camp was held on Sunday the 11<sup>th</sup> of May 2014 from 8.00am to 2.00pm at Colvin. R. De Silva Maha Vidyalaya. The NCD Committee of the College with the help of the MOH Office of the area played a key role in organizing this health camp. 11<sup>th</sup> of May also happened to be the “The World Family Doctors Day”.

This clinic attracted about 500 villagers from in and around Ittapana. The main focus was on health screening of the elderly population above 35 years of age. Over 350 people were screened for Diabetes, Hypertension, Fasting Blood Sugar. BMI and Blood Pressure were recorded after registration. Risk prediction was carried out and referred to family physicians who assessed, treated/referred and advised them.

Dietician Ms. Dinusha from Wattala advised on diet, giving the participants the ideal opportunity to have their dietary issues clarified.

A concurrent skin clinic, health education clinic, dental screening clinic and a well women clinic was also organized with the help of regional and local NCD and MOH Officers. Dr. Erandi, PHI Deeptha, PHI Wijeweera, a Matron, some Nurses and Mid-Wives ran these clinics and were of great service.

A separate drug distribution area was manned by Pharmacist Damitha, Rukshi, Pathmakumara and team. Patients under 35 years were seen by another team of doctors and treatment/referral was given accordingly.

The doctors who volunteered and helped out were Drs. Chandrasekhar, Carmel, Preethi, Pushpa, Abeygunaratne, Eugene, Thivanka, Ashubodha, Dushyanthi, Muruganandan, Shobhavi, Sitheera and Namassivayam. A bus was organized to transport the team from Colombo to the venue.

All those who attended were served with snacks and drinks which were provided by well-wishers from the area, prior to screening for blood sugar. The NCD committee is analyzing the results of screening and a report will be submitted to Council on the outcome shortly.

A notable feature of the health camp was the helpful participation of teachers and students of the daham pasela situated in the same premises after Sunday school had concluded.

This camp in effect was a holistic exercise which was enjoyed by all.

My heartfelt gratitude goes out to all the doctors who participated, advised and extended a hand in organizing, villagers, well-wishers, university students, village youth, medical representatives, Torrent pharmaceuticals who performed blood sugar screening, Halcyon pharma who provided transport, NCD and MOH Officers and Staff, and the Principal and Staff of Colvin. R. De Silva Maha Vidyalaya.

*Shobhavi Kohombange*





# SEROLOGICAL MARKERS

## Hepatitis B

Hepatitis B is the most common liver infection in the world. It can lead to liver failure, cirrhosis or cancer of the liver later in life. Hepatitis B virus (HBV) is transmitted via infected blood, body fluids, through unprotected sex, unsterile needles and sharps and from an infected mother to her newborn baby during the delivery process.

**Approximately 90% of healthy adults who are exposed to HBV infection recover on their own and develop the protective surface antibody - anti HBs. However 10% of infected adults, 50% of infected children and 90% of infected babies develop chronic infection.**

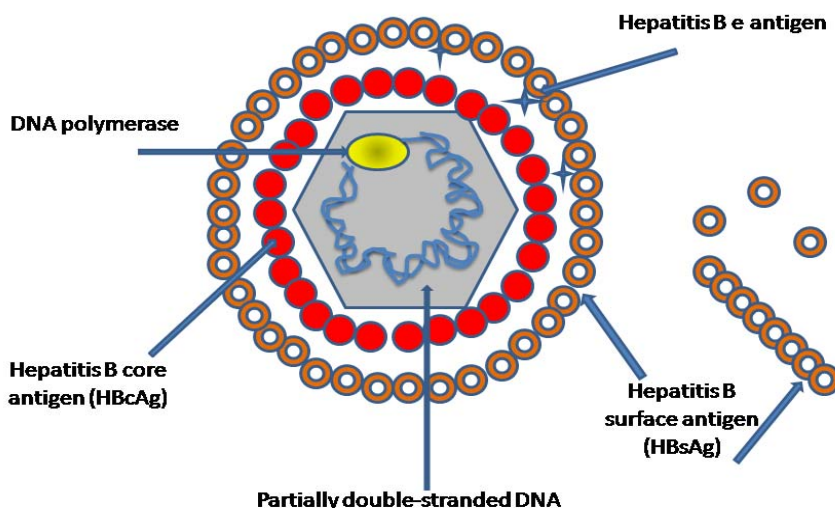
Different serologic markers or combination of markers are used to identify different phases of HBV infection to determine whether a patient:-

- Has an acute or chronic HBV infection.
- Is immune to HBV as a result of prior infection or vaccination.
- Is susceptible to infection

Hepatitis B surface antigen (**HBsAg**) is a protein on the surface of Hepatitis B virus. It can be detected in high levels in the serum during acute or chronic Hepatitis B infections. **The presence of HBsAg indicates that the patient is infectious.**

Assays for HBsAg are done to:

- Diagnose suspected HBV infection.
- Screen blood and blood products to prevent transmission of HBV to recipients.
- Monitor the status of infected individuals; i.e, whether the patient’s infection has resolved or whether the patient has become a carrier.
- Evaluate the efficacy of anti-viral drugs.
- Undertake pre-natal screening of all pregnant women (recommended by the CDC/ USA as this would enable the newborns of HBV carriers to obtain prophylactic treatment.)



**HbsAg is the only serological marker detected during the first 3 – 5 days of infection. It is not detectable during the recovery period and is the key to identifying those with chronic infections and HBV carriers.**

Simplified drawing of the Hepatitis B virus particle and surface (surplus) antigen

Hepatitis B surface antibody (**anti - HBs**) is formed in response to HbsAg. The presence of anti-HBs indicates recovery and immunity from HBV infections. anti HBs also develops in persons who have been successfully vaccinated against Hepatitis B. anti- HBs provides long term protection against future HBV infections. Persons with Hepatitis B surface antibody are not infectious. **If the level of anti-HBs is more than 10 IU/L, the individual is immune against HBV infection.**

IgM antibody to Hapatitis B core antigen (**IgM anti – HBc**) develops in response to Hepatitis B core antigen (**HBcAg**) which is a Hepatitis B viral protein and is an indicator of acute viral replication. This antibody may be detected before or at the onset of symptoms. Positivity indicates recent infection (less than 6 months) with HBV. **Several studies have demonstrated that IgM anti HBc is the only specific marker for the diagnosis of acute HBV infection.**

Hepatitis B core antibody (**anti –HBc**) detects both IgM and IgG. This antibody persists for life. But does not provide any protection or immunity against HBV infection. Its presence indicates that the person has been exposed to HBV. Often used in blood banks to screen blood donations.

While the above are specific for HBV infection other liver tests such as AST, ALT, Gamma GT are used to monitor the progress of the disease. In some patients a liver biopsy may have to be performed to asses the liver damage.

<b>HBsAg</b>	negative	Susceptible
<b>anti – HBc</b>	negative	
<b>anti – HBs</b>	negative	
<b>HBsAg</b>	negative	Immune due to natural infection
<b>anti – HBc</b>	positive	
<b>anti – HBs</b>	positive	
<b>HBsAg</b>	negative	Immune due to hepatitis B vaccination
<b>anti – HBc</b>	negative	
<b>anti – HBs</b>	positive	
<b>HBsAg</b>	positive	Acutely infected
<b>anti – HBc</b>	positive	
<b>IgM anti – HBc</b>	positive	
<b>anti – HBs</b>	negative	
<b>HBsAg</b>	positive	Chronically infected
<b>anti – HBc</b>	positive	
<b>IgM anti – HBc</b>	negative	
<b>anti – HBs</b>	negative	

*Foot note*

*In more complicated instances, Hepatitis B profile is used for diagnosis.*

*Hepatitis B profile includes Hbs Ag, IgM anti – HBc, anti HBc, Hep B “e” ag, Hep B “e” ab*

**Acknowledgements** – I thank Padmali Nanayakkara for the support given in compiling this article.

*References*

- 1. NC Hepatitis B. Public Health Program Manual/ Hepatitis B Serology: A Guide to Services – State Laboratory of Public Health. Febuary 2012.*
- 2. Hapatitis B (chronic): Diagnosis and management of chronic hepatitis B in children, young people and adults NICE (June 2013)*

**Pushpa Weerasinghe**

# LISTENING

## So important for all of us

Recently in my daily reading \* I came across the importance of learning, to listen and respond, to those in difficult situations, with reference to a book titled *Listening to Others* – by Jayce Hugget.

Sometimes people come to us wanting advice from us - ‘the talk.’ But more often they want to be listened to by someone, whom they trust and someone who cares for them.

Listening is not easy and it takes time. We have to be patient and listen long enough to hear the true feelings of the person. We need to hear the message clearly and correctly, so that when we do speak, we may do so with gentle wisdom. Listening is one of the tools of a general/family practitioner’s craft.

*Leela de A Karunaratne*

\* Daily Bread, R B C. Ministries of Sri Lanka

*Listen to understand not to explain – Face Book wisdom*

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FAMILY PRACTICE VALUES

VALUES COMMITTEE

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# GRATITUDE

*Throughout the seven births the wise ones will remember those who have, at sometime, wipes their tears,  
Kuijal 107  
Tirukkural*

We should be grateful to the people of Sri Lanka for their sacrifice, support, trust and hopes which have brought us to our niches in society. We are also their children.

We should be grateful to our environment, unique in its biodiversity for it has sustained life on this island.

We should be grateful for our ancient heritage and to our ancestors whose wisdom seems to be still showing us the way.

We owe everything to our parents and guardians whose dedication and love have made us what we are.

We thank our teachers from all walks of life and at all levels for the training we receive.

We should be grateful to our clients for the confidence they repose on us.

We should be grateful to our peers and students for their contribution to make us better professionals.

We should be grateful to our co-workers and subordinates for their co-operation and advice.

We should be grateful to the clergy of all faiths for providing moral guidance.

As always the sacrifice and faith of our families should remind us constantly that our duty begins with them.  
At home.

*From Advising Ourselves About Values in Family Practice, November 2002, Values Committee CGPSL*

**M P M Cooray Award  
College Oration  
17<sup>th</sup> October 2014**

(The Oration is open to all Medical Officers)  
The topic should be relevant to General Practice  
Script of the Oration (5 copies) should reach the  
College Office on or before  
12<sup>th</sup> September 2014  
Guidelines could be obtained from the College  
office.

**B D J de Silva Oration  
18<sup>th</sup> October 2014**

(The Oration is open to all Medical Officers)  
The topic should be relevant to General  
Practice  
Script of the Oration (5 copies) should reach  
the College Office on or before  
12<sup>th</sup> September 2014  
Guidelines – should be based on innovative  
work done in family practice, preferably in  
relation to minor surgical procedures.

**CPD**

**CGPSL –Occupational Medicine Committee  
Certificate Course in Occupational Safety and Health – 2014**

Commencing in October 2014 1st and 3rd Sunday afternoon 2.00pm to 6.00p.m.

Duration - 7 (Seven) Months

Course Fees Rs 25,000.00

Eligibility: Doctors, Nurses, Allied Health Care Professionals,  
Human Resource Managers, Health and Safety Officers

Apply to –

The Secretary,

Occupational Medicine Committee,

College of General Practitioners of Sri Lanka,

No 6, Wijerama Mawatha, Colombo 7

Inquiries- Mr. Hassen : 2688775/ Mr. Angelo: 2698894

e.mail:cgpsl@sltnet.lk

Website: www.cgpsl.org

***Up Coming Events***

- 24<sup>th</sup> August 2014 : *Mentoring workshop*
- 28<sup>th</sup> September 2014 : *Pre-congress*
- 17<sup>th</sup> October 2014 : *Inauguration*
- 18<sup>th</sup> October 2014 : *Academic Sessions*
- 02<sup>nd</sup> November 2014 : *Post-congress*

# **FIXING THE PRICE WILL FIX THE PATIENT!**

## **Price control for services provided by consultants, private hospitals & healthcare centres**

With regard to the above subject matter and the price lists compiled with ‘maximum’ charges for channel consultations and services of private hospitals for diagnostic & surgical procedures, I wish to put forth the following aspects in making the above determinations.

- Channel Consultation Fee:

These are professionals with specialised expertise with varying degree of experience, skill, interpersonal skills, who have over the years built up a reputation and good will. In effect they are a brand themselves in the health care services market place in their respective speciality. Based on these factors different consultants will have different degrees of demand and this demand based on the availability of the consultant will determine the price the consultant will charge.

Once a ‘maximum’ price is set, all consultants will resort to charging this maximum across the board, irrespective of their experience, individual skill level etc. In the long run this would lead to the decline of the quality of the consultants.

- Fee of private hospital and medical centre for diagnostic & surgical procedures:

In this category please note that

- Not all private hospitals and medical centres have equal infrastructure facilities in terms of plant and machinery, buildings. Some may have plush waiting areas with air-conditioning, spacious comfortable consultation chambers, etc., while other may not have such good facilities. This will be reflected in the differing overhead costs incurred by different institutions.
- The equipment deployed by different institutions for diagnostics & surgical procedures will have great disparity in-terms of technology and quality. Based on these the capital investments will differ, the accuracy of the results generated will vary. This will have direct impact on the treatment and recovery of the patients. This disparity in standard has to be addressed.
- The surgical procedures and methodologies adopted are different by different consultant surgeons at different institution based on the surgeon’s knowledge, experience and skill and available technology and infrastructure.
- Different institutions will maintain different quality practices, some will have accreditations from local and international bodies, with continuous participation and evaluation by external quality control bodies while some may not have any or at a lesser degree. Some institutions will have a policy of upgrading to new technology as and when it evolves at regular intervals while others may continue to use the same instruments and equipment’s for many years.

Here too the setting of a ‘maximum’ will lead to all private hospitals and medical centres resorting to charge the maximum irrespective of their standards which in the long run will lead to the deterioration of the private sector standards. The ‘maximum’ will also act as a deterrent for new entrants planning to enter into the private health care market thus creating a burden on the government health care institutions given the growing demand. At the same time it will be a welcome sign for profiteering agents to set up private health care facilities with the minimum requirements to exploit the ‘maximum’ pricing structure.



*Ultimately the patient, whose interest we wish to safeguard by ensuring the best of care will be at the receiving end of such a 'maximum' pricing structure.*

Suggestion:

It may be appropriate to commission a research study in all the provinces, with regard to the facilities available with regard to consultants based on the demand for different specialities, infrastructure status of private health care institutions, the standard of technology in operation etc. prior to determining price control measures.

Also it will be helpful to study and report on the pricing structure in operation in the neighbouring countries in the region with similar demographics as Sri Lanka, which will give a clearer picture of the direction we need to take.

*Darrel Mathew*

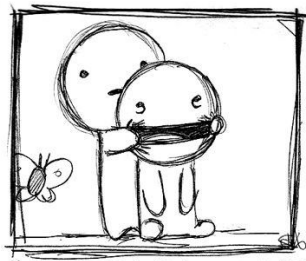
*Editor-Having undertaken such a study, it would be then possible to lay down standards for private sector institutions in the country.*

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STRESS BUSTER

SENT BY NARME

## PUN FUN!



- ☺I'm reading a book about anti-gravity. It's impossible to put down.
- ☺Did you hear about the guy whose whole left side was cut off? He's all right now.
- ☺It's not that the man did not know how to juggle, he just didn't have the balls to do it.
- ☺I was going to look for my missing watch, but I could never find the time.
- ☺I used to have a fears of hurdles, but I got over them.
- ☺Some holes have been found in a nudist camp wall. The police are looking into them.
- ☺To write with a broken pencil is pointless.
- ☺He drove his expensive car into a tree and found out how the Mercedes bends.
- ☺A small boy swallowed some coins and was taken to a hospital. When his grandmother telephoned to ask how he was, a nurse said "No change yet".
- ☺Some people's noses and feet are built backwards: their feet smell and their noses run.
- ☺When William joined the army he disliked the phrase 'fire at will'.
- ☺Did you hear about the guy who got hit in the head with a can of soda? He was lucky it was a soft drink.
- ☺There was once a cross-eyed teacher who couldn't control his pupils.
- ☺I wanted to lose weight so I went to the paint store. I heard I could get thinner there.

*Courtesy Narme Wickremasinghe*

# CARDIOLOGY FOR GENERAL PRACTITIONERS

On 28<sup>th</sup> September 2014 at Family Health Bureau Auditorium

Keep the date free

Time	Topic Areas	Resource person
13.00 – 13.45	Cardiac arrhythmias	Dr. Suresh Kottegoda
13.45 – 14.30	Use of antiplatelets/ anticoagulants	Dr. Bernadene Fernandopulle
15.00 – 15.45	Recent advances in cardiology	Dr. Thilak Sirisena
15.45 – 16.30	Pitfalls in treating dislipidaemias	Dr. M. Mubarak

**WRITE TO US. KEEP IN TOUCH. SHARE YOUR VIEWS. GIVE US YOUR ADVICE.  
BUT FOR GOD'S SAKE DON'T KEEP QUIET!**

*Editor – Pushpa Weerasinghe*

*Editorial Board – Eugene Corea & Preethi Wijegoonewardene*

*Type setting, page setting & formatting – Dimuthu C Weerasekera*

*If undelivered please return to:*  
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