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FROM THE EDITORS

Dr Lahiru Kodithuwakku
Co-Editor

Dr Kumara Mendis
Co-Editor

Leadership has many facets and finding a leader that encompasses them all is rare. SLMA is blessed with one such leader, Dr. Preethi Wijegoonewardene, our former President in 2002, who was recently honoured as a 'Five Star Doctor' at the World Organization of Family Doctors (WONCA) for his services to Family Medicine across South Asia. This October, our cover story is dedicated to this exemplary leader and mentor, respectfully acknowledging his defining role in shaping the discipline of Family Medicine in Sri Lanka.

Our feature article this month is an eye opener into the medical and societal dynamics at play in accessing mental health services by the Transgender Community in Sri Lanka. The Novice section, highlights the Role of Parenting, a topic that has generated an extensive public discourse recently. Additionally, this issue features a pioneering effort by a team of clinicians, administrators and allied health professionals to establish a Clinical Audit Committee at the National Hospital Galle, a step towards inculcating a culture of accountability and ethical practices in healthcare.

Yes, this issue of 'The SLMA Monthly' covers it all. Perhaps this is what the medical fraternity in Sri Lanka requires to propagate their achievements to the next level, Leadership, Audacity, Innovation and Accountability!

The SLMA Monthly
Official Newsletter of the Sri Lanka Medical Association

COVER STORY

Dr Lahiru Kodituwakku
Co-Editor, SLMA Monthly Magazine

Dr Kumara Mendis
Co-Editor, SLMA Monthly Magazine

CELEBRATING OUR OWN FIVE STAR DOCTOR

This month, we celebrate one of our very own, Dr. Preethi Wijegoonewardene, former President of the Sri Lanka Medical Association in 2002 and present Council member. Dr. Preethi is considered a pioneer in establishing and expanding the discipline of Family Medicine in Sri Lanka.

He is a well-known mentor and a teacher having guided generations of medical practitioners in Sri Lanka both at undergraduate and postgraduate level under different academic institutions in the country. His contributions were instrumental in shaping standards of family medical care in the country, many of which have been reflected in Family Medicine curriculums and training programmes upto now. His very own Family Medicine Clinic in Colombo, shines as an example for providing community centered care with compassionate, humane care at its core.

Dr. Preethi joins the elite club of Five Star Doctors during the award ceremony at WONCA

Dr Preethi as the President of the WONCA South Asia Region

In due recognition for his leadership in his own discipline and the larger medical fraternity, he was elected in 2002 as the President of the Sri Lanka Medical Association (SLMA), Sri Lanka's apex professional body for doctors. This is a rare honour bestowed upon a practicing family physician, and a true testimony to his contribution towards advancement of community centered care.

His accolades have transcended confines of this tiny island. He was elected as the Regional President, South Asia & Middle East in World Organization of Family Doctors (WONCA) in 2007 and continued as the President of newly formed WONCA South Asia section from 2010-2013. During his tenure, he worked tirelessly to support India's return to WONCA, a strategic move which helped to propel the discipline to greater heights within the South Asia region. He was also at the forefront in expanding MRCGP International South Asia exam, opening doors to the next generation of family physicians in the region to advance.

In recognition of his tremendous services to the discipline of Family Medicine, both locally and internationally, WONCA recently awarded him the most prestigious award that the organization has to confer 'The Five Star Doctor Award 2025'.

For us in the SLMA, he remains the humblest colleague, a father figure who is always there for you under any trying circumstance, guiding and showing you the way!

They say, "The most powerful leadership tool you have is your own personal example!". Sir, you have been and continue to be the best role model for generations to come.

A picture of Dr. Preethi being honoured by the Royal College of General Practitioners (RCGP) UK in 2022

PRESIDENT'S MESSAGE

Dr Surantha Perera

131st President of Sri Lanka Medical Association

LEADERSHIP, THE SLMA, AND THE ART OF HEALTH POLICY

Leadership in health is more about stewardship than titles: setting a clear direction, bringing together unlikely allies, and holding the system to account. The World Health Organisation describes "leadership and governance" as ensuring strategic policy frameworks, effective oversight, coalition-building, regulation, attention to system design, and accountability. In essence: make the rules clear, the data visible, and responsibilities shared.

In Sri Lanka, the Sri Lanka Medical Association (SLMA), Asia's oldest professional medical association, holds a special place in this leadership network. Founded in 1887 and renamed in 1972, the SLMA has grown into the primary professional and scientific body for medical doctors, with clear goals to advise on health policy, promote effective curative and preventive services, and uphold the principles of professionalism and ethics. These are not ceremonial goals; they are constitutional commitments that establish the SLMA as a non-partisan, evidence-based link between science, practice, and policy.

Leadership, however, must be intentional and current. The 2025 SLMA presidential theme, "Health Equity Across the Life Course: Resilient Pathways, Empowered Lives," redefines equity as a core design principle rather than merely a rhetorical flourish. The life-course perspective encourages policymakers to look beyond individual diseases or short-term budget cycles, instead asking whether interventions at each stage—early childhood, adolescence, adulthood, and older age—reduce disparities in access, quality, and outcomes. Equity becomes practical when linked to specific policy tools, including workforce planning, financing, essential medicines and technologies, robust information systems, and service delivery, redesigning the core WHO building blocks that support comprehensive reform.

Sri Lanka's policy framework provides both motivation and a task for improvement. The National Health Strategic Master Plan 2016–2025 and the Ministry of Health's policy repository offer a foundation of strategies, sectoral plans, and guidelines, covering areas from human resources for health to financing and emergency referral systems. However, strategies only matter when leaders translate them into disciplined action: aligning budgets with priorities, measuring performance transparently, and adjusting based on frontline data. This is where professional leadership, within bodies like the SLMA, adds value: transforming static documents into dynamic agendas and uniting cross-sector coalitions necessary for implementation.

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Recent SLMA actions demonstrate their ability to convene effectively. Policy forums have been used to highlight issues such as safety in healthcare settings, transitioning from incident analysis to gaining insights, and implementing recommendations for the Ministry. The rhythm of these processes is crucial: setting agendas promptly, ensuring inclusive discussions, and producing documented policies with designated owners, timelines, and indicators. This model can be applied by the SLMA to other urgent areas, including primary care reform, antimicrobial stewardship, adolescent mental health, healthy ageing, and climate-smart hospitals.

So what sets apart *high-impact* professional leadership in health policy?

1. **Clarity of public purpose**

   Professional associations must represent patients and the public, not just their members. The SLMA's constitutional objectives, advisory roles to government, and advocacy for comprehensive services provide legitimacy to take positions based on evidence, even when they are uncomfortable.

2. **Evidence as a practice, not a posture**

   Leadership should foster rapid evidence synthesis, transparent citation, and open data. Incorporating WHO's governance principles and the targets from the national master plan into SLMA briefs ensures each recommendation is traceable and testable.

3. **Big-tent coalition-building**

   Durable policy outcomes result from collaboration among clinicians, public health experts, administrators, economists, educators, civil society, and patients to develop solutions. The SLMA can serve as a neutral forum where trade-offs are negotiated and accountability is shared. This explicitly aligns with the WHO's emphasis on coalition-building in health governance.

4. **From forum to follow-through**

   Every policy forum should conclude with a brief, budgeted action note: who does what by when, with what data, and how we will learn. Publishing these notes and tracking them publicly quarter by quarter fosters a culture of delivery.

5. **Speak in systems, act within weeks**

   Health outcomes improve when leaders connect the dots across the building blocks (workforce, financing, medicines, information, service delivery, and governance) and maintain operational speed. Pilot, measure, scale, or stop.

6. **Protect the moral centre**

   Professional leadership is ultimately ethical leadership. The SLMA's role in defending patient safety, clinician dignity, and zero tolerance for violence in healthcare settings is a moral line as much as it is a policy position.

Looking ahead, three priorities can help the SLMA amplify its national impact:

- **Institutionalise a quarterly Health Policy Review**

  Align six key metrics with the Ministry's strategic plans: primary care access, waiting times for essential services, stock-outs of vital medicines, HCW safety incidents, AMR stewardship indicators, and a climate-readiness index for hospitals. Publish results with commentary and next steps.

- **Establish a standing evidence unit**

  A small, agile team that delivers rapid evidence briefs within two weeks on emerging issues, each aligned with WHO governance principles and national plan targets. This ensures debate remains grounded in facts rather than volume.

- **Mainstream equity**

  Require that every SLMA policy recommendation state its expected impact on equity throughout the life course, in line with the 2025 presidential theme, and specify how progress will be measured at the sub-national level.

Outstanding leadership isn't about having the loudest voice in the room; it's about building the room, setting the agenda, funding the plan, and returning with the data. With its history, mandate, and ability to convene, the SLMA is uniquely positioned to turn Sri Lanka's policy aspirations into accountable, people-centred results. That is the art of health policy and the calling of professional leadership.

OPINION

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HEALTH WORKER MIGRATION IN SOUTH ASIA: BALANCING MOBILITY AND HEALTH SYSTEM RESILIENCE

The international migration of the health workforce has become one of the most critical challenges for global health governance. The World Health Organization projects a shortfall of 11 million health workers by 2030, concentrated largely in low- and middle-income countries[1]. As global demand for healthcare rises, many countries in the Global South face an accelerating loss of skilled professionals with implications for the achievement of universal health coverage, health system resilience and sustainability.

South Asia lies at the centre of this imbalance. Countries such as India and Sri Lanka are major sources of internationally recruited health professionals, even as their domestic health systems struggle with workforce shortages and inequities. This pattern has created what some describe as a "structural dependency", where high-income nations rely on continuous migration from lower-income regions to sustain their own services.

For decades, the migration of nurses from the Philippines and physicians from India has shaped global labour flows. Yet the scale has intensified since the COVID-19 pandemic, which exposed deep vulnerabilities within national health systems. Across South Asia, health workers faced extreme occupational risks, resource shortages, and widespread burnout. When borders reopened, many sought safer workplaces, better pay, and professional recognition abroad, especially when these conditions were often lacking at home.

Sri Lanka illustrates the crisis vividly. The country's health system, long regarded as one of South Asia's most equitable, is built on free public medical education and universal access to care[2]. Yet, between 2022 and 2025, more than 4,600 health professionals are estimated to have left the country, including over 700 consultants/ specialists and nearly 2,800 nurses[3]. Furthermore, around 4,000 doctors obtained 'Good Standing Certificates' from the Medical Council in a span of one year between 2022 and 2023, indicating the willingness of existing health professionals to migrate[4].Economic instability, wage erosion, and weak career progression have accelerated departures. For a small country, the loss of even a few hundred specialists can threaten essential services.

Migration is driven by both "push" and "pull" forces. Low remuneration, rigid administrative systems, overcrowded facilities, and uncertain transfers push professionals away. Meanwhile, destination countries offer structured career ladders, modern infrastructure, and family migration pathways. These are not just individual choices; they reflect systemic inequities in how the global health workforce is governed.

The financial implications are telling. Training a doctor in Sri Lanka costs the state roughly LKR 5.5 million, while producing a dental surgeon cost nearly LKR 8.6 million[5]. When publicly trained professionals emigrate, the country effectively subsidises the health systems of wealthier nations. While remittances provide foreign exchange, they do not offset the loss in service capacity or institutional continuity.

Still, migration need not be viewed purely as a loss. For instance, many Sri Lankan professionals abroad maintain deep ties through visiting appointments, telemedicine, and mentorship. Harnessing these "brain circulation" pathways require deliberate policy design, creating structured return incentives, temporary placements, and research collaborations.

At the regional level, collective action is crucial. The Asian Collective for Health Systems (TACHS), a regional platform established to facilitate knowledge exchange and strengthen health governance across South and Southeast Asian countries, has identified health workforce as its first focus issue, in recognition of the pressing need felt by ministries of health across the region. TACHS, in partnership with WHO's South-East Asia Regional Office, convened a regional workshop in July 2025 to identify practical approaches to health-worker mobility. Key priorities emerging from discussions with country partners included fair recruitment practices, data sharing, and coordinated negotiation with destination countries.

Strengthening the WHO Global Code of Practice, particularly through monitoring and reciprocal investment, could move ethical recruitment from principle to practice. Regional institutions such as SAARC, BIMSTEC, and ASEAN also have a role. They could facilitate shared databases on workforce flows, harmonise accreditation standards, and establish crisis-time surge mechanisms. Such cooperation can transform competition for talent into collaboration for resilience.

Domestically, countries must focus on retention and workforce reform. Competitive pay matters, but so do predictable career paths, transparent transfers, and opportunities for continuing education. Identifying mission-critical cadres and providing targeted incentives could avert service collapse. Beyond pay, empowering allied health professionals and community health workers can reduce dependency on physician-led models.

Ultimately, the migration of health workers is both a symptom and a signal. It reflects not only economic hardship but also the need for dignity, recognition, and purpose within health systems. The right to migrate must be upheld, but so too must the right of citizens to accessible, high-quality care.

For Sri Lanka and its South Asian neighbours, the task ahead is to turn migration into managed mobility — guided by ethics, reciprocity, and shared responsibility. Health workers are not a commodity to be exchanged but a global public good that sustains the promise of universal health coverage. The question is no longer whether they will move, but whether our systems can move forward with them.

(For further reading on this issue, refer to Report 'Health Workforce Migration in Southeast Asia: Regional Dynamics and Global Implications', published by The Asian Collective for Health Systems (TACHS), 2025 - https://asianhealthcollective.org/research/health-workforce-migration-in-southeast-asia-regional-dynamics-and-global-implications/).

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FEATURE ARTICLE

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TRANSGENDER MENTAL HEALTH: CHALLENGES FACED BY INDIVIDUALS AND HEALTH CARE PROFESSIONALS IN SRI LANKA

Introduction

Ancient Sri Lanka seems to have had a better understanding of gender roles compared to contemporary society, as observed by historical figures and evidenced through artistic expressions such as paintings and carvings. A good example is the Nachchi (Dancers) community, who have deeply ingrained connections with the worship of the Goddess Paththini (1). Similar situation existed in Asia more than other parts of the world. Later came the belief that gender is fixed and strictly binary, with only two options: male or female. This dualism caused issues for the people who had gender identity issues. This resulted in the identification of a medical condition that involves significant distress due to the incongruence between their gender identity and the sex they were assigned at birth. A circular from the Ministry of Health in June 2016 provided guidelines for issuing Gender Recognition Certificates, allowing individuals to change the gender on official documents like birth certificates and national ID cards (2). In the recent past, awareness of gender diversity has grown, yet the transgender individuals and health care professionals in Sri Lanka continue to face significant challenges.

The issues are due to discrimination, stigma and lack of support towards individuals with the condition as well as the healthcare professionals who provide support for them. Due to barriers in health care, education, legal recognition and social acceptance these individuals struggle to live with dignity and safety. As a consequence, there is high risk of depression, anxiety, and suicidality among transgender people.

Challenges Faced by Transgender Individuals

Although Sri Lanka is a multi-ethnic, multi-religious country, open and respectful of various philosophies, stigma and discrimination still exist towards transgender (TG)individuals. Most transgender individuals are rejected and mistreated by family members when they express their feelings and views about their desire to cross dress. However, this is mainly because family members are concerned about societal pressure towards the family and the TG member, rather than a personal dislike of the concept of being transgender.

During the transition period transgender people often face exclusion and harassment in public and work places. On a rare occasion, they may be subjected to physical violence, sexual assault and public humiliation. On 15 March 2023, the HRCSL launched in all three national languages, its Guidelines for Police officers to protect Transgender Persons, yet violations of these protective measures continue to happen (3). Trans youths frequently face bullying and are denied access to facilities matching their gender identity. Some stop schooling due to those issues.

Most importantly, they face barriers to health care. This occurs through acts of medical discrimination, mainly in in-ward government hospital settings. Lack of facilities and lack of training in transgender care are the main reasons behind this discrimination. Furthermore, a lack of clear guidelines and referral pathways are the underlying reasons for confusion in first contact healthcare providers.

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> A circular from the Ministry of Health in June 2016 provided guidelines for issuing Gender Recognition Certificates, allowing individuals to change the gender on official documents like birth certificates and national ID cards. In the recent past, awareness of gender diversity has grown, yet the transgender individuals and health care professionals in Sri Lanka continue to face significant challenges.

Gender- affirming care like hormone therapy, and surgery are not readily available and bear a heavy cost when carried out by institutions outside the government sector. Even when available, especially the bottom surgeries are complicated and different surgical teams are required to perform them properly.

Most of the centers that provide care for transgender individuals are clinics which also provide care for patients with other illnesses. Lack of gender-affirming providers and clinics specialized towards aiding transgender individuals, barriers to accessing care due to financial and geographical obstacles are some of the core issues prevalent in the modern day. Furthermore, changing the name and gender on a legal document is difficult although the gender certificates are issued by the hospitals free of charge. Once the gender certificate is issued by the hospital director, they need a sworn affidavit prepared by a lawyer to change the name in the birth certificate and identity card. As there is only a Health Ministry circular and not an Act of Parliament regarding the issue, many transgender individuals face difficulties as some members of the legal profession are not aware of the ministry circular and are reluctant to issue the sworn affidavit.

The other issue is that transgender individuals have less opportunities to get employed, causing poverty and distress. Transgender individuals in Sri Lanka do not have the same economic opportunities in the labor market as cisgender individuals. A recent study describes significant barriers to employment for transgender individuals, including employer prejudice, difficulties in the job application process, and discrimination in the workplace. (4)

At times misleading social media representation and advocacy can create expectations which are not possible under current clinical advancements. This includes misunderstanding of hormone therapy, transition processes, and non-binary identities. Also, some transgender individuals have the fear of mistreatment when they were asked to get the psychiatric evaluation. Unless the first contact healthcare provider explains why it is necessary to get the psychiatric assessment, they fear that they will get labeled and treated as mentally ill.

Challenges Faced by the Clinicians

When considering the issues that healthcare teams face, the question of whether to medicalize and diagnose the condition as abnormal comes first. The World Professional Association for Transgender Health (WPATH), DSM-5, and ICD-11 offer different approaches to transgender identity, with DSM-5 diagnosing Gender Dysphoria requiring distress. ICD-11’s Gender Incongruence is classified under sexual health and does not require distress. WPATH recommends using ICD-11’s gender incongruence diagnosis, but still often relies on the gender dysphoria concept in its own guidelines, focusing on those who experience distress.

As a concept ICD 11 and DSM 5 categorize this under gender identity disorders. Therefore, the dilemma arises as to whether this is a natural and normal part of human diversity or a disorder. Not every clinician understands that the depression, anxiety and distress are often caused by

FEATURE ARTICLE

Continued...

social stigma and discrimination that needs treatment, not the transgender identity itself.

Current debates surrounding gender dysphoria versus identity expression both have benefits and drawbacks. Currently a trans-disciplinary team is involved in assessment, diagnosis, and management process, which involves mental health, endocrine, surgical, and hospital administration. Furthermore, hormone therapy and gender re-assignment surgeries are performed in the government hospitals which is beneficial in particular for people with financial difficulties. If it is just an identity expression, it will be like any other cosmetic procedure. We need to anticipate insurance issues, especially around coverage for gender-affirming treatments in future.

Secondly, even among clinicians there is a risk of misdiagnosis specially in local settings. Confusion occurs with psychiatric conditions like psychosis, OCD, body dysmorphism, homosexuality, and various endocrine disorders. Therefore, both mental health assessment and endocrine assessment are necessary to arrive at a diagnosis. Most medical undergraduate and post graduate curricula do not include structured education on transgender health and ethical considerations. When medical administrators and policy makers do not have sufficient knowledge, that will cause difficulty in issuing gender certificates, creating inclusive environments in inpatient or emergency settings.

Lack of uniformity is seen due to dearth of local guidelines for gender affirmation process and inadequate training among mental health professionals. Psychiatrists also face the delicate challenge of assessing individuals whose motives for seeking transition may be influenced by external benefits rather than genuine gender dysphoria. Balancing autonomy with psychiatric comorbidities like psychosis with gender-related delusions, need to be handled with empathy and firmness. Informed written consent, assessment, education, documentation and follow up should be similar in all the centers to avoid malpractices.

The background and cultural and religious beliefs influence thinking of some of the healthcare professionals as they view transformation from one gender to other as a sin or a crime. Clinician uncertainty or unconscious bias may lead to distancing from the transgender individuals. This will strain the therapeutic relationship. Mental health teams need to spend more time for affirmative therapeutic frameworks that center identity, resilience, and trauma recovery.

Majority of health care providers report lack of training necessary to provide competent transgender care (5). In South Asia these gaps are broadened due to stigma and lack of support from the institutions (6). In Sri Lanka, discrimination in healthcare settings remains a major issue, and trans individuals often face humiliation or denial of services (Human Rights Watch 2016). Lack of recent studies also indirectly indicate that there are barriers even to explore this area.

There are many ethical and legal dilemmas specially related to treatment of people who are married, who serve in armed forces and minors. One needs to think of consent, parental rights, and consequences of puberty blockers before starting services for minors, especially in some Asian cultures where parents tend to wish to have children with preferred sex. Navigating care in pitiful climates with anti-trans or hostile attitudes is another major issue the healthcare providers face. Some clinicians avoid treating trans patients altogether due to fear of litigation or criticism.

How to Overcome These Challenges

The way forward involves introducing structured and continuous education on transgender mental health into both undergraduate and postgraduate medical curricula. This will prepare them to properly direct the individuals who present with gender identity issues. Only a comprehensive assessment will help such individuals to identify the underlying cause for this presentation. Inadequate and hurried assessment might cause wrong selection and that will complicate the matters for those individuals. In-service training and workshops for healthcare professionals are essential to address existing knowledge gaps with culture sensitive local guidelines and to foster a more informed and compassionate approach to care. These educational efforts should emphasize safety, trust, and collaboration, in order to prevent further trauma and marginalization of transgender individuals.

Healthcare services must be tailored to each person's unique experiences and delivered in a respectful, supportive environment. Gender-neutral facilities or designated areas where transgender individuals feel safe and welcome, are crucial components of inclusive care. Evidence-based care, guided by culturally sensitive and locally relevant protocols, must be prioritized to improve practice standards. Mentorship and psychosocial support should be encouraged for both transgender individuals and their families, especially before and during transition-related processes. Clinicians should also receive institutional and national-level support in ethically or legally complex cases to ensure that care remains safe and responsible for both individuals and society at large.

Article 12 of the Constitution of Sri Lanka enshrines the fundamental right to equality and equal treatment. This right expressly prohibits discrimination based on gender amongst other factors.

View Going Forward

Article 12 of the Constitution of Sri Lanka enshrines the fundamental right to equality and equal treatment. This right expressly prohibits discrimination based on gender amongst other factors. Therefore, if the utmost legal authority in the nation mandates equal treatment, ensuring such rights are upheld, is the duty of all Sri Lankans. As doctors, it is time we fully recognize the challenges faced by transgender individuals and take meaningful steps toward building a more inclusive, respectful, and equitable health care. One in which everyone, regardless of gender identity, can access compassionate care and live with dignity.

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VOICES FROM THE PERIPHERIES

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NATIONAL HOSPITAL GALLE LAUNCHES CLINICAL AUDIT COMMITTEE: A NEW ERA IN QUALITY AND PATIENT SAFETY

A milestone in clinical governance and quality improvement, as NHG transforms clinical audit into a structured, system-driven quality movement

The National Hospital Galle (NHG) has taken a major step forward in healthcare quality improvement with the establishment of its first-ever Clinical Audit Committee (CAC), marking a new era of structured clinical governance, accountability, and patient-centred care.

From Fragmentation to Framework

For years, NHG's clinical audit practices were sporadic and uncoordinated, often driven by external requirements rather than a genuine institutional commitment to quality improvement. A situational analysis revealed systemic gaps: the absence of a structured audit framework, standardized documentation, and centralized oversight. Records of previous audits were scattered or unavailable, and staff engagement was inconsistent. These shortcomings highlighted the urgent need for strong governance, standardized systems, and leadership-driven reform to create a sustainable, hospital-wide clinical audit culture.

Recognizing these challenges, building a strong foundation for audit governance was prioritized. The establishment of the **Multidisciplinary Clinical Audit Committee**, with clearly defined Terms of Reference (ToR), provided strategic direction and accountability. Alongside this, NHG introduced a **Clinical Audit Policy** and a **three-year Strategic Plan (2025–2028)** to ensure sustainability and systematic implementation.

This initiative was developed as part of my MD (Medical Administration) project titled *A project to strengthen clinical audit practices at National Hospital Galle*, conducted under the guidance of Dr. Champika Wickramasinghe (DDG–NCD) and Dr. S. Sridharan (DDG–Planning), Ministry of Health**.** The project was strongly endorsed by Dr. SDUM Ranga, Director of NHG, whose leadership played a pivotal role in transforming clinical audit from a concept into a functioning institutional system.

Driving Quality and Accountability

The Clinical Audit Committee (CAC) was established to provide strategic direction, governance, and oversight for all clinical audit activities at NHG. It ensures that audits are conducted systematically, using standard templates and methodologies, and that the findings lead to measurable improvements in patient care**.**

The committee champions clinical audit as a vital tool for improving standards across all departments. It provides a structured framework for the planning, coordination, and evaluation of the hospital's audit programme, ensuring alignment with NHG's strategic objectives, national health priorities, and international best practices. Importantly, the CAC translates audit findings into actionable improvements and promotes a culture of continuous learning, accountability, and evidence-based practice among healthcare professionals.

Key functions of the CAC include:

- Reviewing and approving audit proposals for relevance and feasibility.
- Prioritizing audits in high-risk, high-impact, or nationally significant clinical areas.
- Monitoring ongoing audits and follow-up actions.
- Facilitating re-audits to assess sustainability of improvements.
- Promoting dissemination of results through presentations and publications.

Through these efforts, the CAC has successfully embedded clinical audit within NHG's broader quality and patient safety agenda, establishing it as a cornerstone of effective clinical governance.

Leadership and Collaboration

The Clinical Audit Committee (CAC) was inaugurated in 2025 with broad multidisciplinary representation, marking a new phase of collaboration and shared responsibility for quality improvement at NHG. Co-Chairpersons Dr. Amila Rathnapala (Consultant Chest Physician) and Dr. K. Tharshanan (Deputy Director, NHG) lead regular monthly meetings that bring together professionals from across disciplines, with 8a shared commitment to enhancing clinical governance.

The committee's strength lies in its diversity and teamwork. Members include medical consultants representing Medicine, Paediatrics, Ophthalmology, Pathology, and Dentistry, as well as leaders in Nursing**,** Professions Supplementary to Medicine**,** and Medical Officers from Planning, Quality Management, and the Public Health Unit**.** The Galle Medical Association (GMA) has played an invaluable collaborative role, with its President serving as an active member of the committee, reinforcing the strong partnership between NHG and the wider professional community.

Special recognition is extended to Dr. Sanka Randenikumara**,** Clinical Audit Coordinator and Secretary to the CAC, whose dedicated efforts in organizing meetings, maintaining

VOICES FROM THE PERIPHERIES

Continued...

documentation, and guiding staff have been central to operationalizing the committee's objectives. He also manages the **Clinical Audit Support Hub** and a **dedicated email help channel**, ensuring that audit templates, resources, and expert advice are readily accessible to all staff.

Building Capacity and Sustaining Engagement

To ensure consistency, the CAC introduced standardized templates for audit proposals, reports, and action plans ensuring uniformity and professionalism in documentation. A comprehensive Clinical Audit Guide was developed, outlining step-by-step procedures. Recognizing that training and confidence are key to sustainability, the committee conducted a series of capacity-building workshops.

Notably, a session titled "Introduction to Clinical Audits for All Healthcare Workers: Understanding Clinical Audits and the Role of the Clinical Audit Committee at NHG" was held in collaboration with the Galle Medical Association. Esteemed speakers Prof. Champa Wijesinghe, Dr. Imalke Kankananarachchi, and Dr. Amila Rathnapala, shared valuable insights into clinical audit principles and practice. Continuing this momentum, the SLMA/GMA High-Cost Medicine and Clinical Audit Workshop further linked national expertise with NHG's institutional audit journey. Both events were expertly coordinated by Dr. Bhagya Piyasiri (Member, CAC and Consultant Microbiologist), whose dedication ensured their success.

To sustain staff engagement, the **Clinical Audit Support Hub**—a digital repository on Google Drive—was launched, providing access to templates, guidelines, and international best practices. Awareness campaigns, posters, and internal communications further promoted audit participation and enthusiasm among staff.

Members Lead the Way

The true success of NHG's Clinical Audit Committee lies in the dedication, commitment, and teamwork of its members, Co-chairs, Coordinator, and hospital leadership. Committee members have gone beyond routine duties to mentor colleagues, organize workshops, review proposals, and ensure audit cycles are completed and re-audited where necessary. Their consistent engagement has been crucial to sustaining the committee's momentum. This spirit of teamwork and shared accountability has transformed the audit process into a hospital-wide movement for quality improvement.

Early Results and the Road Ahead

As these foundational steps take root, early results are already visible across departments. Within months of its formation, the CAC has revitalized audit activity across NHG. The number of audit proposals has increased markedly, with staff adopting standardized templates and structured reporting systems. Departments are now using audit results to inform clinical decisions, improve processes, and monitor outcomes.

Through its Clinical Audit Committee, the National Hospital Galle exemplifies how structured clinical governance and empowered leadership can transform audit from a routine exercise into a continuous movement for excellence — setting a new benchmark for quality and patient safety in Sri Lanka's public healthcare system.

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- Patients with unexplained heart attacks or strokes

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NOVICE

Dr Amali Thrimavithana
MBBS, MSc, Registrar Community Medicine

A TIMELY NEED FOR RESPONSIVE PARENTING IN SRI LANKA

Sri Lanka has long been proud of its achievements in maternal and child health. From the early establishment of the field midwife service to the island-wide immunization network, Sri Lanka has demonstrated that a well-structured public health system can make a lasting difference. Yet, despite these achievements, the nation continues to face persistent challenges in child development. It is in this context that the concept of **responsive parenting** deserves renewed attention.

Responsive parenting refers to the caregiver's ability to recognise a child's signals, interpret them accurately, and respond in a timely and appropriate manner. Such responses are consistent, warm, and age-specific, helping children feel understood and secure. This nurturing interaction forms the foundation for emotional, cognitive, and social development.

Globally, it is estimated that more than five million children under five years of age fail to achieve their full developmental potential. Despite sustained international and national efforts, progress towards the *Sustainable Development Goals (SDGs)* related to early childhood development remains uneven. In Sri Lanka, while access to health services is strong, **childhood malnutrition** persists as a major public health issue. Meanwhile, the rising prevalence of **mental health problems among children and adolescents**, including anxiety, behavioural concerns, and even suicide, demands urgent preventive action.

Social trends also point to emerging risks. Issues such as social withdrawal, substance abuse, sexual risk behaviours, and teenage pregnancy have been rising despite ongoing health promotion efforts. These patterns indicate that many young people are struggling with emotional regulation, attachment, and decision-making—areas that are deeply influenced by the quality of parenting received early in life.

Evidence from global and regional research, particularly from South and Southeast Asia, shows that responsive parenting during the **first 1,000 days of life**—from conception to two years—can have profound, lifelong effects. When parents and caregivers respond sensitively to their infants' cues, they not only stimulate optimal brain development but also create an emotional foundation that supports learning, resilience, and healthy relationships.

> Responsive parenting refers to the caregiver's ability to recognise a child's signals, interpret them accurately, and respond in a timely and appropriate manner.

Responsive parenting benefits both the child and the caregiver. It has been shown to reduce parenting stress, promote maternal wellbeing, and decrease the risk of depression. In Sri Lanka, where maternal mental health problems are increasingly recognised, promoting responsive parenting could therefore serve as a **dual-benefit strategy**—enhancing both child and parental wellbeing.

The value of responsive parenting has already been acknowledged at policy level. The *Infant and Young Child Feeding (IYCF)* circular issued by the Ministry of Health incorporates key elements of responsiveness, particularly in feeding interactions. Several local scholars have highlighted it as the **"missing key"** to addressing child malnutrition and promoting healthy development. Yet, its broader integration into early childhood development programmes remains limited.

One of the greatest strengths of responsive parenting is its **simplicity**. It requires no advanced technology or costly infrastructure. The foundation lies in awareness, guidance, and consistent support for parents and caregivers. With Sri Lanka's extensive public health infrastructure and experienced health workforce, especially at the community level, integrating responsive parenting interventions would be both feasible and cost-effective.

Public health midwives, medical officers of health, and community health workers already enjoy the trust of families. Incorporating responsive parenting messages into existing home visits, antenatal classes, and child welfare clinics could be a sustainable, low-cost intervention. Because the approach is parent-driven, it would not add excessive burden to the health system, but rather empower families to play an active role in child development.

The **benefits of responsive parenting** are well documented. In the short term, it enhances children's language acquisition, emotional regulation, and cognitive growth. The neural connections formed through positive, contingent interactions strengthen the architecture of the developing brain. In the long term, children raised with responsive care tend to have improved nutritional outcomes, stronger social skills, and higher educational attainment. They are also less likely to engage in risky behaviours or experience mental health difficulties in adolescence.

Beyond these measurable outcomes, responsive parenting builds something even more vital—the **bond between parent and child**. This bond creates emotional security, a sense of belonging, and trust in relationships. These qualities serve as the bedrock for empathy, resilience, and responsible citizenship later in life.

As Sri Lanka moves toward achieving the SDGs and aims to nurture a healthy, capable, and compassionate generation, the promotion of responsive parenting deserves to be a national priority. It aligns with our longstanding cultural values of family connection and caregiving, while drawing strength from modern scientific evidence.

Responsive parenting is more than a parenting technique—it is a mindset. It is about slowing down to listen, to interpret, and to respond with warmth and consistency. It is about recognising that the most profound investment in national development begins not with infrastructure or technology, but with the loving responsiveness of a caregiver in those early years of life.

At a time when families face increasing stress and social change, nurturing responsive parenting may be the most effective, affordable, and humane intervention available. It is, quite simply, **the science of love in action**—a compassionate commitment to the wellbeing of our children and the future of Sri Lanka.

SLMA IN OCTOBER

Highlights

SLMA–UVA Clinical Society Regional Clinical Meeting in Badulla: Advancing Continuous Professional Development

SLMA together with UVA Clinical Society, successfully organized a Regional Clinical Meeting at Badulla on 8th October 2025. Tow sessions were held, one for clinicians at the Teaching Hospital Badulla, and the other for nurses at the Nursing Training School Badulla.

Sessions for doctors covered a wide range of disciplines including Paediatrics, Surgery Endocrinology, Neurology, Nephrology and a quiz on ECG. Dr. Surantha Perera, President SLMA delivered the Key Note address on “Healthy Lifestyles: Building the Foundations in Childhood”.

The nursing session consisted of lectures covering subject matter from Non-Communicable Disease Prevention & Lifestyle Counselling, Newborn care, Comprehensive Aged Care, Endocrinology and Communication and Compassion in Nursing Care.

Two sessions were enthusiastically attended by a large number of doctors and nurses reiterating the importance of continuous professional development and in-service training for health professionals. We thankfully acknowledge the support and collaboration by the UVA Clinical Society for hosting the SLMA and co-organizing the event.

SLMA IN OCTOBER

Highlights

Sir Nicholas Attygalle Memorial Oration 2025: Addressing the Hidden Epidemic of Childhood Injuries ▶

Sir Nicholas Attygalle Memorial Oration was held recently at the Lionel Memorial Auditorium. The oration was delivered by Prof. Kavinda Dayasiri, Professor in Paediatrics at University of Kelaniya and Consultant Paediatrician on “Unseen, unspoken and unsafe: the epidemic of injuries threatening our children”.





Regional Clinical Meeting with Kurunegala Medical Association: Strengthening Professional Collaboration in the North Western Province

A Regional Clinical Meeting was held in collaboration with Kurunagala Medical Association with participation of doctors across the North Western Province. Sessions covered topics from Ethics in Medical Practice Endocrinology, Climate Change and Children, Paediatrics , Nephrology and a medical quiz. The Key Note Address was delivered by Dr. Sussie Perera, “The Health and Wellbeing Policy for Sri Lanka; What may be the Key Asks from Health Professionals”. SLMA wishes to acknowledge the support and collaboration by Kurunagala Medical Association for making this event a success. ▶










Regional Clinical Meeting... continued

Call for Nominations for Election to the SLMA Council 2026

Dear members,

I hereby call for nominations for the Posts of Council Members (28 positions) of the Sri Lanka Medical Association (SLMA). Nomination Form for Election to the SLMA Council – 2026 and Eligibility Criteria for nomination can be obtained from the SLMA office or downloaded from the SLMA web site (https://slma.lk/).

For any further details, please contact the SLMA office.

Thank you,
Sincerely,

Dr. Asiri Hewamalage
Honorary Secretary
Sri Lanka Medical Association

The duly completed Application Form should reach Dr. Asiri Hewamalage, Honorary Secretary, No.06, Wijerama Mawatha, Colombo 07, by post or delivered by hand on or **before 28th November 2025, 4.00 pm**.

The AGM will be held on 20th ***December 2025 at 6.00 pm*** *in the Professor N. D. W. Lionel Memorial Auditorium of the Sri Lanka Medical Association.*

SLMA IN OCTOBER

Highlights

SLMA Saturday Talks ▶

Three Saturday Talks were held during the month of October.

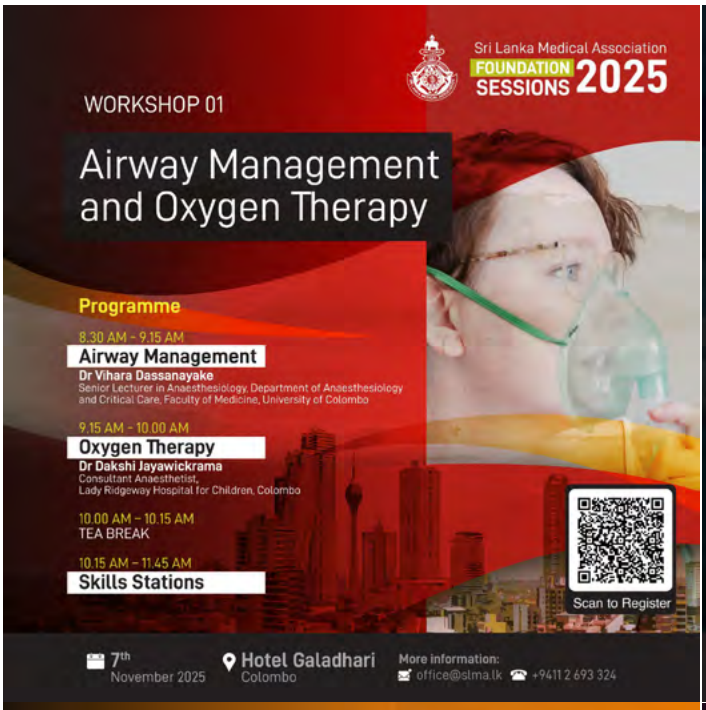
- Endometriosis; Beyond the Text Book by Prof. Chandana Jayasundara, Professor and Head of Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Colombo
- Managing Urinary Tract Infections in Children by Prof. Randula Ranawaka,Professor in Paediatric Nephrology, Faculty of Medicine, University of Colombo and Case Scenario Discussion by Dr. Abiramie Jeyakrishna, Senior Registrar in Paediatric Nephrology.
- Clinical Pharmacology; Improved Clinical Reasoning and Exam Performance by Prof. Priyanga Ranasinghe, Professor in Pharmacology, Faculty of Medicine, University of Colombo

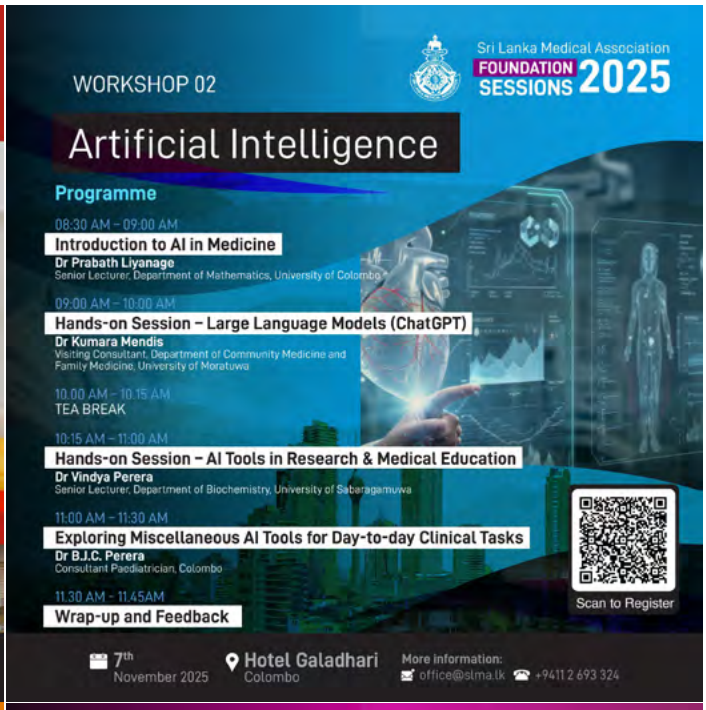
Monthly Clinical Meeting for October

- A Monthly Clinical Meeting was conducted in collaboration with the Association of Sri Lankan Neurologists. Dr. Chryshanth. S. Dalpatadu, Specialist Child Neurologist delivered a session on “When First-line Anti-Seizure Medications Fail, A Precision Medicine Approach to Paediatric Epilepsy. Dr. Kishara Gooneratne, Consultant Neurologist at Faculty of Medicine, University of Moratuwa also delivered a session on “When Nature and Industry Attack; Toxins that Hijack the Nervous System”.

▼

SLMA in OCTOBER





GLOBAL FOCUS

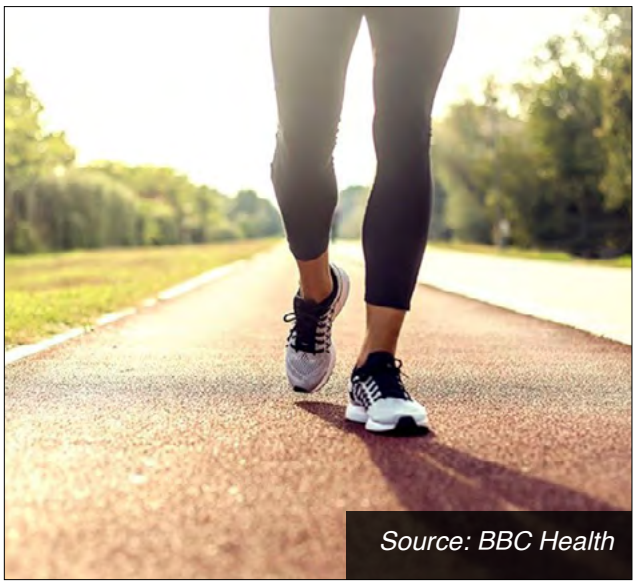
OCTOBER 2025

GLOBAL FOCUS

A longer daily walk is better for your heart, new research evidence emerges

In a latest research published in the journal Annals of Internal Medicine suggests longer daily walks are better for your cardiovascular health compared to short strolls. According to the journal walking at least 15 minutes (equivalent to 1500 steps in a row) without stopping is ideal. The study looked at 33,560 British adults between the ages of 40-79 and were grouped according to time they spend on walking over a week. Their general health was also tracked over a period of eight years. Results showed that the subjects who walked longer stretches had a lower risk of cardiovascular problems than those who walked in short bursts. The NHS also recommends 150 minutes of moderate activity a week, ideally spread out across the week.

Access to the research paper: *https://www.acpjournals.org/doi/10.7326/ANNALS-25-03529*



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Sri Lanka Medical Association

Foundation Sessions

DAY 1 - 07th November 2025

Time	Slot	Hall A	Slot	Hall B
08.30 AM - 11.45 AM		**WORKSHOP 1- Airway Management and Oxygen Therapy**		**WORKSHOP 2 - Artificial Intelligence**
	8.30 AM - 9.15 AM	Airway Management **DR VIHARA DASSANAYAKE** Senior Lecturer in Anaesthesiology, Department of Anaesthesiology and Critical Care, Faculty of Medicine, University of Colombo	08:30 AM - 09:00 AM	Introduction to AI in Medicine **DR PRABATH LIYANAGE** Senior Lecturer, Department of Mathematics, University of Colombo
	9.15 AM - 10.00 AM	Oxygen Therapy **DR DAKSHI JAYAWICKRAMA** Consultant Anaesthetist, Lady Ridgeway Hospital for Children, Colombo.	09:00 AM - 10:00 AM	Hands-on Session - Large Language Models (ChatGPT) **DR KUMARA MENDIS** Visiting Consultant, Department of Community Medicine and Family Medicine, University of Moratuwa
	10.00 AM - 10.15 AM	TEA BREAK	10.00 AM - 10.15 AM	TEA BREAK
	10.15 AM - 11.45 AM	Skills Stations	10:15 AM - 11:00 AM	Hands-on Session - AI Tools in Research & Medical Education **DR VINDYA PERERA** Senior Lecturer, Department of Biochemistry, University of Sabaragamuwa
			11:00 AM - 11:30 AM	Exploring Miscellaneous AI Tools for Day-to-day Clinical Tasks **DR B.J.C. PERERA** Consultant Paediatrician, Colombo
			11.30 AM - 11.45AM	Wrap-up and Feedback
1.00 PM - 04.15 PM		**WORKSHOP 3 - Emergency Care at A & E**		**WORKSHOP 4 - History of Medicine**
	01.00 PM - 01.30 PM	Introduction to ELS **DR KAMINDA WIJENAYAKE** Consultant Emergency Physician	2.00 PM - 2.30 PM	The Next Chapter: Writing the Future of History of Medicine **PROF SAROJ JAYASINGHE** Emeritus Professor, University of Colombo, Sri Lanka Consultant Physician
	01.30 PM - 02.15 PM	Major Presentation - Emergency Approach	2.30 PM - 3.00 PM	Glimpses from History: Medicine Under Sri Lankan Kings **PROF ANOJA FERNANDO** Emeritus Professor, University of Ruhuna
	02.15 PM - 03.00 PM	Acute Presentation - Treatment & Admission	3.00 PM - 3.15 PM	TEA BREAK
	3.00 PM - 3.15 PM	TEA BREAK	3.15 PM - 3.45 PM	Pioneers in Healing: The Birth of the Allopathic Health Service in Sri Lanka **DR MALIK FERNANDO** Past President, SLMA
	03.15 PM - 04.00 PM	Acute Presentation - Fast Tracking & Discharge	3.45 PM - 4.00 PM	Q & A
	04.00 PM - 04.15 PM	Q & A		
		Resource Persons: **DR DILRUK RATHNAYAKA** Consultant Emergency Physician **DR SANATH BANDARA** Consultant Emergency Physician **DR NIVEATHAN PATHMANATHAN** Consultant Emergency Physician **DR INUKA WIJEGUNAWARDANA** Consultant Emergency Physician **DR KAMINDA WIJENAYAKE** Consultant Emergency Physician **DR ISURU GAYAN** Consultant Emergency Physician **DR KAUSHILA THILAKASIRI** Consultant Emergency Physician **DR MANAVI DEHANI** Consultant Emergency Physician **DR PUNHIRU UDESHIKA** Consultant Emergency Physician		

Inauguration Ceremony

06.00 PM - 07.20 PM	Inauguration Ceremony (on invitation)
07.20 PM - 08.05 PM	Dr E M Wijerama Endowment Oration (on invitation)
08.15 PM onwards	Fellowship and dinner (on invitation)

Contact Details

Address: Sri Lanka Medical Assiociation, Wijerama House, No. 6, Wijerama Mawatha, Colombo 07

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E-mail: officeslma.lk

PROGRAMME

07th & 8th NOVEMBER 2025

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WORKSHOPS (DAY 01)

FOUNDATION SESSIONS (DAY 02)

Day 2 - 08th November 2025

Time	Programme
08.00 AM - 08.15 AM	Registration
08.15 AM - 08.30 AM	Welcome Address **DR SURANTHA PERERA, PRESIDENT, SLMA**
08.30 AM - 08.45 AM	From Policy to Impact: Advancing Health through Cross-Sector Collaboration **HON. DR NALINDA JAYATISSA, MINISTER OF HEALTH AND MASS MEDIA, SRI LANKA**
08.45 AM - 09.00 AM	Transforming Primary Health Care through Technology and Innovation **HON. (PROF.) CHRISHANTHA ABEYSENA, MINISTER OF SCIENCE AND TECHNOLOGY, SRI LANKA**
09.00 AM - 09.45 AM	Sir Marcus Fernando Oration "No health without mental health" 25 years of research evidence into impactful actions for people's benefit **PROF ATHULA SUMATHIPALA** Emeritus Professor of Psychiatry, School of Medicine, Faculty of Medicine & Health Sciences, Keele University, UK Co - Editor, Ceylon Medical Journal
09.45 AM - 10.00 AM	TEA

	Hall A	Hall B
10.00 AM - 11.15 AM	**Symposium - Cardiology** Diagnosis of Ischemic Heart Disease: Why You Should Listen to the Patient **DR SAMPATH WITHANAWASAM** Consultant Cardiologist, National Hospital of Sri Lanka Chronic Coronary Syndrome: The Long Game in IHD **DR SANJEEWA RAJAPAKSHA** Consultant Cardiologist, Colombo North Teaching Hospital - Ragama Acute Coronary Syndrome: The Fight with the Time **DR M.B.F. RAHUMAN** Consultant Cardiologist	**Symposium - Abdominal Emergencies in Surgery** Critical Insights into Upper GI Emergencies **DR DUMINDA ARIYARATNE** Consultant General Surgeon, CSTH - Kalubowila President, Sri Lanka College of Surgenos Lower GI Emergencies: From Diagnosis to Intervention **DR SANJAYA ABEYGOONEWARDHANA** Consultant GI Surgeon Emergencies in Urology: A Clinical Perspective **PROF AJITH MALALASEKARA** Professor in Urology, Consultant Urological Surgeon Department of Anatomy, Faculty of Medicine, University of Colombo
11.15 AM - 12.30 PM	**Symposium - Neurology** Tips and tricks in tremors **DR SAAMIR MOHIDEEN** Consultant Neurologist, National Hospital - Galle Approach to patients with headache **DR KUMARANGIE VITHANAGE** Senior Lecturer and Consultant Neurologist Department of Physiology - Faculty of Medicine, University of Colombo New onset seizure- What should we do about them? **DR KISHARA GOONERATNE** Senior Lecturer and Consultant Neurologist Department of Medicine and Mental Health Faculty of Medicine Moratuwa	**Symposium- Care for Acutely Ill** Management of Common Paediatric Emergencies:An Update Septic Shock **DR MANJULA HEWAGEEGANA** Consultant Paediatric Intensivist, LRH Status Epilepticus **DR DESHAN ADIHETTY** Consultant Paediatric Intensivist, LRH Anaphylaxis **DR NALIN C KITULWATTE** Consultant Paediatric Intensivist, LRH
12.30 PM - 02.00 PM	LUNCH	
02.00 PM - 03.15 PM	**Symposium - Endocrinology** Can We Reverse Type 2 Diabetes? **DR SHANI A.D. MATHARA DIDDHENIPOTHAGE** Consultant Endocrinologist, DGH Matara Thyroid Troubles Unravelled - Interpreting Thyroid Functions **DR NEOMAL DE SILVA** Consultant Endocrinologist, District General Hospital, Matale Vitamin D in Clinical Practice **DR CHANDRIKA SUBASINGHE** Consultant Endocrinologist, Colombo North Teaching Hospital	**Symposium - Critical Care** Sepsis Meets the Lung: Decoding ARDS **DR ISHAN GAMAGE** Consultant Intensivist, Apeksha Hospital Sepsis and AKI: Beyond Creatinine **DR DUSHANI HETTIARACHCHI** Consultant Intensivist, National Hospital of Sri Lanka Colombo Personalizing Haemodynamics in Sepsis: One Size Doesn't Fit All **DR ERANDA SANJEEWA** Consultant Intensivist: National Hospital Colombo
03.15 PM - 04.30 PM	**Symposium - Pulmonology** Misdiagnosis of COPD in Healthcare Settings: Unmet Needs for Optimal Care **DR AMILA RATNAPALA** Consultant Respiratory Physician, National Hospital-Galle Sleep Health and Ill Health **DR RUWANTHI JAYASEKERA** Senior Lecturer, University of Moratuwa and Consultant Respiratory Physician Practical Tips to Achieve Asthma Control in Children **DR CHANNA DE SILVA** Consultant Paediatric Pulmonologist, LRH	**Symposium - Ventilatory Strategies** Indications for Individualized Ventilation- "Moving Beyond One - Size- Fits- All" **DR SENANI SAMARASINGHE** Consultant Anaesthetist, Teaching Hospital, Peradeniya Ventilation Modes - Ventilating the Critically Ill **DR MIHIRAN HERATH** Acting Consultant Anaesthetist, Base Hospital, Puttlam Weaning from Mechanical Ventilation - When and How to Liberate **DR ODITHA KARUNANANDA** Acting Consultant Anaesthetist, Teaching Hospital, Ratnapura
04.30 PM - 04.40 PM	Concluding Remarks	
04.40 PM - 05.00 PM	TEA	

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