



IMPA

NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

FROM THE PEN OF THE PRESIDENT...



Continued Message from September 2019 Newsletter

How much do we contribute to this colossal inefficiency ? This wasted money is considered to be an integral component of re-investment in UHC.

Prescription of unnecessary antibiotics

Prescription of unnecessary NSAIDS

Prescription of unnecessary continuation of drugs in our clinics on flimsy clinical grounds

Prescription of drugs when psychotherapy is the best form of treatment

Prescription of drugs when de-prescribing is called for - As in step down therapy in Asthma,

Ordering investigations which are not indicated

Ordering investigations which do not change the probabilities in decision making

Ordering investigations routinely as in pre-operative exercises, annual check ups etc.,

Ordering investigations routinely in the provision of NCD management

Ordering investigations for lack of records

Ordering investigations for loss of records

Ordering investigations for untraceable records

How much do we contribute to the inequity of medical care ?

Preference of urban areas to rural area for private practice

Preference of urban to rural for CPD activities

Preference of urban to rural for academic advancement

Preference of urban to rural for lifestyles

Selective ignorance of gender mediated determinants of primary care morbidity

Selective ignorance of clinical epidemiology to the detriment of community and personal health

Selective ignorance of environmental determinant of primary care morbidity

Selective ignorance of occupational determinants of primary care morbidity

Selective ignorance of socio-political determinants of primary care morbidity

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Selective ignorance of ethnic determinants of primary care morbidity

Selective ignorance of religious and spiritual determinants of primary care morbidity

Selective ignorance of alternative and complementary systems of medicine in the community

How much do we contribute to the Adaptive Health Care Delivery System ?

An adaptive health care delivery system needs to know the health care needs of the people, persons and patients in the community as well as those who consult us the primary care physicians. It is known that we as a group of physicians conduct a massive 95,000,000 consultations annually.

What do we know about these people, persons or patients ? Without this knowledge how do we know the needs of them ? Without this knowledge the system decays into a gigantic fossil worthy of being eternally buried only. Are we practicing evidence based preventive care services in advising the wellness aspect of our patients, persons and people ? Preventive and promotive care are 2 fundamental aspects of the entire UHC package. How often do we request tests of no value whatsoever for those who request checkups from us ? And how often do we counsel and assess the risks before prescribing a well package for our patients ?

How much do we contribute to the impediments of achieving the UHC in general by lack of will to adopt new technology ?

Are we using automated guidelines on preventive services and vaccines ?

Are we using CDSS deployed for early detection of complications of the common NCDs ?

Are we using the CDSS deployed for diagnosis in primary care ?

Are we using the electronic prescribers available for primary care ?

Are we updating ourselves with electronic medical references available ?

Are we using the many electronic and internet based CPD systems of primary care ?

Are we attending the many CPD activities organized by the local colleges ?

Are the respective colleges using new technology to update the memberships ?

Are the members of the colleges willing to embrace the new adaptive technologies available free of charge ?

Are the members of the colleges aware of the new adaptive technologies available free of charge ?

It is of course well known that most of our members are quite reasonable in their pricing of the services they offer. Most of them pass the benefits of bulk buying discounts to the patients. Most of them will forego the cost in cases of payment difficulty encountered by the patients. While the small scale of such benevolence will not meet the demands of the affordability WHO proposes alternative methods of financial management. WHO estimates that out-of-pocket expenditures on health services push 100 million people into poverty every year. The main solution proposed by the WHO for this is beyond the purview of our considerations.

Dr Ananda Perera

BLOOD DISORDERS AND DIAGNOSTIC METHODS

Dr. Saman Hewamana

MBBS (Colombo), MD (Medicine, Colombo)

MRCP (UK), FRCP (London), FRCPath (UK), PhD (UK), CTT (Haematology, UK)

Consultant in Clinical Haematology / Haemato - Oncology

What is clinical haematology ?

Clinical haematology is the area of medical practice dealing with blood associated disorders. Some of these are blood cancers while there are so many other disorders associated with blood which does not come under the cancer category. In the UK physicians only after getting the membership of Royal College of Physicians (MRCP) get special training related to treating and diagnosing blood disorders and become specialists in the area. Some of them get sub specialized to treat blood cancers. That specialty is called Haemato-Oncology. They treat blood cancers which include leukemia, lymphoma and myeloma with various types of chemotherapy and bone marrow transplants (BMT). There is a variety of practices throughout the world and may be it is little different in Sri Lanka. However this is an area needing expertise of Clinical Haematologists, Medical and Clinical Oncologists, Physicians and Pathologists. Hence, it is a multi-disciplinary area which requires expertise input from various members of the team.

What do blood disorders mean?

Blood disorders are any disease related to blood, bone marrow and lymph nodes. Broadly, Haematologists subspecialist to treat blood

disorders. For instance, haematostasis thrombosis management, which is related to blood clotting and bleeding. Then, transfusion medicine, is considering blood transfusions management. Furthermore, in haematology, we treat disorders related to noncancerous blood diseases like thalassemia, sickle cell disease and some people get anaemia.

What are the diagnostic methods?

Treatment is depending on the disease which patient has got. If the patient has blood cancer the ways used to diagnose could be bone marrow biopsies, blood pictures and there are advanced techniques looking at cell surface and also genetic changes in genes. Whereas a patient has non-cancerous blood disorder methods used to diagnose are different. There are biochemical tests like checking serum vitamins levels and haemoglobin electrophoresis for thalassemia, so the diagnostic method depends on the patients' problems.

What is blood cancer?

There are hundreds of types of blood cancers. But, broadly you can divide blood cancers into **leukemia**, that is the most common according to what you have heard, and then there is **lymphoma**.

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Some may call it lymph node cancer. Third type is **myeloma**, can be called multiple myeloma or plasma cell myeloma. Under each category, **leukemia**, **lymphoma** and **myeloma** there are different types of cancers.

How do you get blood cancers?

Like many other cancers, cause of blood cancer is not known in many instances. In majority of patients, we don't know why they got cancer. In minority or in a few patients we know that blood cancers can be familial or can come from genes. In some cases' blood cancers can be related to certain medications (drugs) or other types of treatments patient have had like radiotherapy. Some blood cancers are associated with infections, particularly viral infections. In some occasions where people are exposed to radiations, this can be caused. In majority of cases we don't know why a patient gets a blood cancer.

Can you treat or cure blood cancers?

Yes, all the blood cancers are treatable, and some of the blood cancers are curable. There is a difference between treatable and curable. When we say treatable, diabetes is treatable, but rarely curable. High blood pressure is also treatable but not curable. If you don't treat, that will lead to problems.

Similarly, some blood cancers are treated to keep it under control while others are treated with the aim to cure. Some types of blood cancers do not need treatment but need only monitoring. It all depends on the type of blood cancer as well as the patient's age, other diseases they have and individual wishes. It is a scientific subject, however there is an art in it; how you diagnose, select patients for treatment and how to look after them during and after treatment needs lot of commitment.

DR APP (DRUG REFERENCE APP)

Y.A.U. Medhavi

IT Officer SLADA

Tel: 071 0790468 E-mail: sladasl@yahoo.com

Dr. Seevali Jayawickreme

Director General

Sri Lanka Anti - Doping Agency Ministry of Sports

Drug Reference (DR) app developed by Sri Lanka Anti-Doping Agency including prohibited status of medicines in Sri Lanka, for athletes and doctors, available for Android Devices, Free for all

Problem - Sri Lanka Anti-Doping Agency is the main regulatory body for doping in Sports in Sri Lanka. In order to meet our main objective, we have identified the main issue as the lack of information regarding prohibited substances in Sports. Annually, World Anti - Doping Agency (WADA) declares a list of prohibited substances in Sports. That list contains the names of each chemical compound, not the generic name of medicines, making it a more technical document. The WADA Prohibited List includes some substances which might cause unintentional doping for athletes as doctors may prescribe them for actual diseases.

Purpose

- To assist athletes to check the status of their medication, purchased in Sri Lanka, as a part of promoting clean and fair sports in the country before this becomes a social menace.

Solution

Sri Lanka Anti-Doping Agency has identified that information sharing is very important among our sports community. Education and awareness

generation are the most effective preventive methods to achieve this. SLADA has recently developed a DR app (Drug Reference app), the first app in South Asia to monitor the World Anti-Doping Agency prohibited list. The Prohibited List is a cornerstone of the World Anti-Doping Code and a key component of harmonization. The List is updated annually following an extensive consultation process facilitated by WADA. It includes:

Substances and methods-prohibited at all times

(In- and out-of-competition) substances

Prohibited in-competition substances

Prohibited in particular sports

Annual Prohibited list is published by World Anti-Doping Agency annually. This application is designed based on this list. By using this app, athletes, doctors, coaches, parents, and anyone who guides sportsmen and women, and even gym instructors, can easily find the prohibited status of medicines in Sri Lanka according to the WADA prohibited list.

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This app was developed within a very short time period using Android and Firebase Real time database. This app which was launched in 30th July 2019 is now being used by over 200 users.

App Features

- Check for prohibited status of brands and ingredients. (indicated using colors as traffic light system). Easy to recognize prohibited status at one time look.
- Simple display of prohibited status, distinguishing «out of competition» and «in competition»
- Details on sports-specific characteristics
- Details concerning different routes of administration
- Information upon WADA substance classifications
- PDF download with search details or send as email to own e-mail.
- Save Searched items into the Quick search list
- Guidance activity for first time users and User manual includes
- Quick Search

Benefits:

1. Provides athletes and support personnel with information about the prohibited status of specific medications based on the current World Anti-Doping Agency (WADA) Prohibited List.
2. Easy tracking
3. Save search details for further reference
4. Share information on prohibited status with others using any sharing method
5. Doctors can see the prohibited medicines before issuing for an athlete.
6. This app helps you keep up with the latest and current status

All doctors should install this app and check the medicines with this app before prescribing them for an athlete. Athletes cannot visit a sports doctor each time and it is very useful if doctors all over the country can use this app, for our athletes' wellbeing.

How to use

After installing the app at first, user will see the welcome screen with a short description about the app.

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After pressing the Start button we can see the login screen. If the user already doesn't have an account, he/she has to create an account from Sign up.

When user selects remember me option, user does not want to login every time by giving credentials, App will remember the user account information until he/she logged out.

The specialty of this app is, this that it requires internet only for login, after login the app will work offline. User can access data even without internet. Data from database will synchronize automatically when the internet is on. It is a feature of firebase which is as the backend of the app.

After giving correct credentials, user can successfully login to the app using the created account. Then a disclaimer will appear. It includes

some warnings and useful information that any user must know before using this app.

After accepting the disclaimer, user can use all the features of the app. Each medicine has a background color. It denotes the prohibited status of that particular medicine according to the WADA prohibited list. These colors are common to our eyes in traffic light systems. In this app also has the same meaning as if the status is prohibited the color is red, if not prohibited, the color is green, if yellow it is conditional. There is something to remember before searching a drug from this list, that is this app contains only the generic names of medicine.

Product Availability

Available on Google Play store

For more information on Product:

<http://slantidoping.org/app.html>

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INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

275/75, PROF. STANLEY WIJESUNDARA MW, COLOMBO 7. Tel: 0112 501 113 Fax: 0112 500 818

E-mail: champa.impa@gmail.com | info@impa-lk.org Web: www.impa-lk.org