

Physicians for the future

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Members of the Board of Trustees, Past Presidents, Council Members, Fellows and Members of the Ceylon College of Physicians, My teachers, Distinguished Invitees.

It is with a sense of great pride, and of deep humility, that I stand here as the 37th President of the Ceylon College of Physicians. I thank the Past Presidents, Council and Members of the College for this great honour and privilege, of serving the College. This, perhaps, is the biggest accolade a physician can receive, and I am quite aware of the responsibility it carries. I am humbled by the eminence of the men and women who have held this post with such distinction, and I pledge to do my very best to continue the great work done by them, and to uphold the traditions of the College.

The theme for the year 2013 will be “**Physicians for the Future**”. I sincerely hope that the College will be a place of gathering for the junior members of our herd, the physicians of the future, where they will play an active role in shaping the future of the College. In keeping with this, we hope to actively engage the junior members, many of whom are serving outstations, in our activities.

Who is a physician?

A physician is primarily a healer. But a modern day physician has many more roles to play. He has to be a learner, a teacher, a seeker – searching for the truth all the time, and I firmly believe that all physicians should be builders, wherever they are, and they have to be leaders. What I would try to do this evening is to look at these different roles, and to see what the College can do to prepare the physicians of the future to play these different roles.

Physician as a healer

“... We can all be angels. Be an answer to someone's plea..... watching, caring, cherishing, The world will be a better place for it.”

– Joan Wester Anderson

Every physician is a healer. That is what we are primarily trained to do. And there really can be nothing more rewarding than that in life.

The emblem of the College was designed by the late Professor Nandadasa Kodagoda, and was adopted in 1967 during the tenure of the Founder President, late Dr E. M. Wijerama. The College colours – maroon, black and silver – are displayed on the banner of the College designed by Dr Lakshman Ranasinghe, one of our Past Presidents. The design consists of the mythical medicinal pot symbolizing life, surrounded by a circle of lotus petals that denote purity. The emblem is a symbol of healing. It shows the official motto of the College in Sanskrit – ‘Arogyam, Shanthi, Sukham’ – and its closest English translation ‘Cure, Relief, Comfort’, which is the universal motto of healing and caring for the sick. In the centre is the staff and snake of Asklepios, the Greek God of healing, which are the international symbols of the medical profession¹.

What goes into the making of a physician in Sri Lanka? The training and the evaluation is mainly done by the Postgraduate Institute of Medicine, the PGIM, and the College largely plays a supportive role. It has no direct involvement in training and evaluation, even though all trainers and examiners are members of the College. This is different to the scenario in places like the United Kingdom where the Royal College of Physicians supervises training and examinations. The College helps the trainees in many ways, especially by conducting regular training courses for the MD examinations, and we need to explore how we can support the PGIM and the trainees better. One area where the trainees have voiced concern is regarding preparation for the overseas training, and the College can perhaps help in this.

If we look at the physicians produced by the PGIM over the last 30 years, from 1981 when the first physician trained by the PGIM was board certified up to 2010, it is clear that the number has gradually increased over the years. We can also see that nearly 40% have qualified as specialists within the last 5-year period, so that we have a very large population of young physicians². They are the physicians who will inherit the future, so the College would do well to invest in looking after their needs, and this is what we are hoping to do this year.

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The PGIM has not only produced more numbers, it has also diversified the training programme, with the introduction of several new finer specialties related to medicine to meet the needs of the country. These finer specialties have grown and started their own speciality Colleges and Associations, and I welcome the Presidents of these organizations who are here today. We would like to keep them close to us, they are our own brethren, and forge closer links with them, calling on their expertise and guidance in our academic activities.

We have been talking about some aspects on making of the healers, but what are they expected to heal, as physicians of today and tomorrow? As we all know, ours is a country in transition. We are in the midst of large shifts in our population structure (demographic transition), and in our disease patterns (epidemiological transition). As a result, we are in the middle of several problems that will affect health care delivery in Sri Lanka – increasing numbers of elderly, a growing epidemic of non-communicable diseases (NCDs), and patients with disability. And there are many others that grab the newspaper headlines every day, such as dengue and the chronic kidney disease in the North Central Province. The healers of tomorrow will have to be better trained and better equipped to handle these emerging and continuing challenges.

Let us consider the demographic transition in Sri Lanka. We have one of the fastest ageing populations in the world, and the segment over 60 years is gradually getting bigger. This will double from 12% to 24% over the period 2010 to 2040³. If we compare growth of the older segment of the population in different parts of the world, we can see that ours is happening a lot faster than in many other developing countries. Our rates are much closer to the more affluent Western countries³. Let us now consider the shift in the disease patterns, the epidemiological transition. We can look at that in three different ways – in hospital admissions, in deaths, and in the disease burden. It is clear that communicable diseases are on the decline in Sri Lanka, whereas the NCDs are steadily increasing⁴. The top five causes of death account for half the deaths in this country. And the first four of them (ischaemic heart disease, neoplasms, pulmonary heart disease/diseases of the pulmonary circulation, and cerebro-vascular disease) are all NCDs⁵. In fact, the NCDs, taken together, are responsible for two-thirds of all the deaths in the country, and now constitute the leading cause of death^{4,5}. The cardiovascular diseases, heart disease and stroke, are the most important of these as causes of death, and now produce more deaths than infections, and are responsible for one-quarter of the deaths in Sri Lanka. If we look at the disease burden in Sri Lanka, the NCDs are responsible for 90%³. We all know that South Asia is a hot spot for NCDs, but we have gone far ahead of the rest of them.

The NCDs have received a lot of attention recently, quite rightly so, and there is increasing recognition of that as a major health problem. Disability is another huge problem that we are going to face, sooner than later. The numbers of those with physical disabilities are going to increase with the ageing population, and with the increase in NCDs such as stroke. But disability has got very little attention from the health care planners, and we only have very sketchy data of the situation in the country. What is available show that it is a huge problem in Sri Lanka and we are completely ill-prepared to face this challenge. With the socio-economic transition, fragmentation of the extended family structure, urbanization, and increasing female employment, we now do not have the traditional family care-givers to look after them. As we all know, rehabilitation facilities, institutional or in the community, are extremely limited in our country and the training we give does not prepare the budding physicians to tackle disability and rehabilitation. These are some of the challenges for the physicians of tomorrow, and some of the key areas we are hoping to deal with, with a strong emphasis, in our academic programme this year.

Physician as a learner

“... Ignorance is the curse of God,... knowledge the wing wherewith we fly to heaven...”

– Shakespeare: King Henry VI, Part II

Let us move on to the next role a physician has to play, that of learning. We all become physicians because we are good at being good learners, and this is something we have to continue to do every day. It is not only healing that the College logo signifies. The oil lamp in the centre is the symbol of knowledge, the lamp of learning. Helping the physicians in their learning and their continuous professional development (CPD) is something the College has always done well. We do have many CPD activities such as the Annual Academic Sessions, regular College Lectures, etc, and these have grown over the years. We have also planned a series of regular speciality updates this year, and we are hopeful that our sister colleges and associations from the finer specialties will help us in these academic activities. One concern is that the CPD activities have been largely confined to Colombo, but we have started addressing that over the last few years. Starting the Foundation Sessions in an outstation venue two years ago was a step in that direction. It is important to look after the needs of the physicians who are working in the periphery. Nearly two-thirds of the physicians are working outside the Western province, and we have to reach out to them and get them involved in the College activities. This year, we are hoping to do that better with regular outstation meetings, with the help of the regional clinical societies. Sharing the local expertise will be

very important for the young physicians who are first appointed to outstation venues, as the training they get in Colombo and other main hospitals may not necessarily give them adequate experience in dealing with some of the challenges particularly seen in outstation settings.

Physician as a teacher

“... If you have knowledge, let others light their candles at it. ...”

– Margaret Fuller

All of us are teachers. And that is something we do every day. That is part of being a physician. The oil lamp in the College emblem is not only about learning, it is the lamp of knowledge. It also signifies sharing of our knowledge and dispelling the darkness of ignorance. Many of us may not have formal students, but we do teach every day, teaching our juniors, nurses, other health care workers, etc. We need to do more and do better, and pay more attention to teaching the patients and the community. That will be crucial for our physicians of the future if they are ever going to stem the tide of new challenges such as NCDs.

Can we make them better teachers? We have several opportunities for the young physicians to develop their communications skills. Especially the Young Physicians Forum, where young physicians are invited to make presentations on a topic of their choice, and the best in a series of presentations is rewarded with an award at the Annual Academic Sessions. One thing we would like to do this year is to develop a set of educational materials, which can be used by physicians anywhere to teach different audiences.

Physician as a seeker

“... Mind is like a parachute; it works best when open.”

– Sir Thomas Robert Dewar

What do we need to seek? We need to seek the truth. To be alert, to be aware of what is happening around us, and to keep our minds open, always inquiring, observing and recording. We all can be good researchers wherever we are. The College is committed to supporting research, and has several programmes to encourage research, such as research grants, research awards at the Annual Sessions and research methodology workshops. We have looked at Medline citations as a marker of research output from the country over the last 40 years, and you will be happy to note that the number of citations has been steadily rising⁶. But are we looking at our real problems? We talked about the epidemiological transition, and how NCDs have transformed the disease patterns in the country. But if we look at the research output, we can see that the main killer NCDs in the country, ischaemic

heart disease and stroke, have got very little attention. It is the same for the other key NCDs which are so common, such as hypertension, diabetes and asthma. Obviously there are limitations to such a search strategy, but we have run this search several times over with different search terms. Infections have received much better research attention, and perhaps that is to be expected as infections have been dominating the disease scenario for some time. But even if we look at the research output from the last 10 years, it does not seem to get any better. Clearly, this is an important area we need to collectively address. We need to make the research that we do count, to meet the needs of the country, so that the research we do will lead to improvements in patient care.

This year, we would try our best to encourage and support our young physicians, especially those in the outstations, to do research better. One thing we have been working on over the last few weeks is trying to set up a Research Help Desk at the College, and it gives me the greatest pleasure to say that we should be able to start it by the end of this month. This will be a Help Desk where young physicians who want to start out on research will be able to get advice and mentoring from the most eminent researchers in the country.

Physician as a builder

“... rather light a candle, than curse the darkness ...”

– Old Chinese proverb

I do believe that all of us should be builders, creators of lasting legacies. Many of us, especially in the early stages of our careers, will have to work in stations without even the basic facilities. We will not be able to practice what we have learnt overseas, and it will be so easy to despair and to get frustrated. But we all can do better than that. We need to become builders and improve the infrastructure facilities available, so that when we have to leave, we can look back with a great deal of happiness and tell ourselves that we have done something to change the lives of so many in that area. We have to do that when we work in a health care system like ours, with such low investment in health care delivery; we need to push hard against the walls of bureaucracy and develop the places we work in. The College encourages and rewards such deeds. The Most Innovative Outstation Physician Award recognizes the work by an outstation physician in improving the health care services in his area. This is a time to salute the efforts of all those who are working silently in the peripheries doing just that.

Physician as a leader

“.... A leader is a dealer in hope.”

– Napoleon Bonaparte

Lastly, we are all leaders. We have to be the leaders of our health care teams, especially nowadays, as we need the services of multidisciplinary care teams in managing many of the chronic diseases. But perhaps we need to do more than that. We need to become leaders in the communities we work in and live in, like the Veda Mahattayas of yesteryear. That will be the best way to enlist the support of everybody in the community in developing the health care facilities. The College should certainly look at how we can help the future physicians in developing their leadership skills.

Conclusion

"...run to meet the future, or its going to run you down...."

– Anthony J D'Angelo

Ladies and Gentlemen,

What I have tried to do is to place some thoughts before you, on the different roles the physicians have to play in the modern day world, within our health-care systems. I haven't given any conclusions or recommendations; I have given you some ideas to

ponder and posed some questions. I am here to ask you for your thoughts and ideas, so that we can all get together and make the physicians of the future better equipped to meet the challenges of the future. We may have to travel a long and winding road, and the journey will be a lot easier if we walk together, and I call upon all of you, members of the College, especially those from the finer specialty Colleges and Associations, to walk hand in hand with us. We have to start moving. The future starts now.

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