

Holistic care amidst constraints*

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Dear all, good evening!

My dear friend Professor Arosha Dissanayake, thank you for the generous words of introduction. It was truly a great pleasure to work with you in the past year. In your induction speech a year ago, you described resilience as a new dimension of a good doctor.

Resilience is what you and your abled council showcased in 2022 to the medical community in the country and to the world at large. Not merely surviving the obstacles but standing taller and stronger for having gone through the trials. Amidst many constraints, you and your team bridged many a gap and crossed many a divide, conducting numerous activities to stimulate both hemispheres of our brains. In years to come many will marvel at what was achieved in the year 2022 under your wise and dynamic leadership through one of the most turbulent times the country has ever seen. You, along with your council, were able to show the medical community the true meaning of conquering new frontiers through all the odds and impossibilities. All will revere the rich legacy you and your council are leaving behind. I salute you and your council for the work well done. As a very close friend of over fifteen years, I know that you will work closely with me and my team for 2023, to take the CCP to new heights. Thank you.

Trustees, past presidents, members of the council, fellows, members, associate members, and distinguished invitees,

I feel both humbled and privileged by your resolve to bestow upon me the prestigious presidency of the Ceylon College of Physicians (CCP) in the 56th year of

its existence as the 47th President. I accept this honour, with all humility.

I thank the past presidents for nominating me to be the president in 2023, trusting in my ability to serve at the helm of our college. Thirteen of the great physicians who led the CCP are no longer with us. I honour their memory. I pay tribute to the past presidents who have tirelessly served the college, bringing it to the status it holds today. I am grateful to all past presidents who are here to share this honored evening with us and the ones who have sent their blessings for being unable to be present tonight.

The CCP stands as an umbrella organization of all specialties with MD (Medicine) qualification. I am proud to say that we have representatives of all specialties, from most provinces of the country and of all age groups in the council 2023. I thank you all for being with me and look forward to your continued support during this year. Let us make it a rewarding year!


I would like to make a special mention of the members who were very keen to join the council this year but unfortunately could not be accommodated. Yet they firmly pledged their support for college activities. I very much appreciate this level of understanding, trust, and loyalty. I am truly grateful!

My journey in the CCP began in 1999. The membership of the college was the gift Dr. Sarath Gamini de Silva, my beloved trainer in medicine gave me for passing the MD (Medicine) exam that year. While working at Teaching Hospital Karapitiya, Dr. M. K. Ragunathan constantly encouraged me to be a part

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of the council of the CCP. It was his perseverance that made me become a council member in 2007 under the presidency of Prof. Chandrika Wijayaratne. I still vividly remember, Dr. Henry Rajaratnam and Dr. Sarath Gamini de Silva asking me to be ready for this eventuality, of being the President CCP, at the induction ceremony of Professor Rifdy Mohideen in 2008. Over the years many more encouraged me to take up the challenge. Fifteen years later, having served three of them as treasurer, four as a council member, and many a contribution as a resource person, today I stand before you fulfilling their prophecy. I wish to thank them all for the confidence they placed in me.

Our dedicated members continuously spent their time and energy while expecting nothing in return, to continue college activities and fulfill its long-term goals to its full potential without divergence. The ultimate goal is, to serve our patients to the best of our ability, while not being content at the best, striving for new ways to make the best better.

The strength the CCP derives from this factor alone places it in a unique position to guide the future of healthcare in Sri Lanka.

It is no secret that healthcare in Sri Lanka is at a critical juncture. The fallout of the 2022 economic debacle on healthcare will truly be felt in 2023. Shortfalls in the supply of medicine, consumables, and equipment, suboptimal infrastructure facilities due to restricted funding, and scarcity of human resources due to the alarmingly high rate of brain drain with the emigration of trained staff, will be a severe impediment to our attempts to deliver holistic healthcare to a population already burdened with economic constraints and psychosocial distress. This will affect the public and private sector healthcare services alike. We are already witnessing an increase in patient numbers in the public sector due to obvious reasons, further stretching the resources available to the Ministry of Health thinner than ever before. If we are not to buckle under the pressure of too less facilities and much more to do, a change in perspective is called for.

Moving from the best care to the best possible care is not an option but a necessity. In practice, this may seem an impossible feat at first. Some might even feel it is unthinkable! – reverting to barbaric ways. But humans are a remarkable breed, able to adapt to the most hostile environments to ensure survival – and we are human.

Modern medicine was not born overnight. It is the result of thousands of years of observation, practice, patience, and perseverance. It always took one person

who thought differently rather than giving up in the face of adversity, to change the practice of centuries.

The beauty of going forward is that we can always opt to reverse and trace back our steps. We move forward not knowing what to expect but on moving backward, we know exactly what to expect, having passed that already. When there was no fuel, we started walking and cycling. We knew how to do both but had conveniently forgotten when faced with luxuries.

Historically, we have learned that 80% of a diagnosis is provided by history and 10% by examination. Only 10% is afforded by investigations. Yet, with the availability of the modern-day plethora of tests, we have conveniently chosen to spend less time with our patients, handing over diagnostic duties to machines.

Then in the name of evidence-based medicine and bombarded by guidelines, we have resorted to prescribing long lists of medications per disease. None of these are affordable for our people or the government anymore for the time being. We, together with our sister colleges, can formulate local guidance considering cost-effectiveness as the prime criteria for all to follow in order to render healthcare more sustainable. I am happy to see that some of our sister colleges in collaboration with us, have taken a step in this direction, and it is time for us to utilize these in managing patients in our day-to-day practice.

Using the available resources with care through shrewd management, using lessons from history, and moving towards the more clinically oriented practice of medicine will help to rationalize the use of investigations and medications, thereby preserving resources. Hence, rather than being disheartened by the constrained resources, can we move back to our basics and lean towards clinical medicine in diagnosis and rational prescription?

In the current context, in a situation as fluid as this, business as usual will not be the path to take. Changes in the mode of delivery of care be called for.

As leaders in the medical field, we should not only practice these ideals but instill these in our protégées. I had the fortune of learning the practice of clinical medicine in the shadow of great clinicians we had in our country, leaving a long-lasting effect on the way I practice medicine.

As a 3rd year medical student Dr. U. S. Jayawickrama and Dr. (Mrs.) Soma de Silva taught me the A, B, and Cs of clinical medicine. At that time, it was

beyond me to grasp their ability to make a very accurate diagnosis by taking a history and examining a patient at the bedside. The second in command at that time in Dr. Jayawickrama's unit, Professor Janaka de Silva made an ever-lasting impact on recognizing physical signs and interpreting them with ease. His verbal reproduction of auscultatory sounds of heart and lung lesions still echoes in my ears. My final phase of training in medicine at the Faculty of Medicine Colombo was under a team of physicians led by Professor Rezvi Sheriff, and the legacy continued. As an intern, I learned about the rational use of investigations from Dr. D. U. R. Gunawardena. His practice of asking his house officers and senior house officers to explain why each of the investigations was performed on a patient, led me to rationally think before performing any; a practice I recommend all our members adopt in your practice and instill in your trainees from intern medical officer training upwards. This will certainly help us in this crisis.

As a senior house officer and a medical registrar, Dr. Sarath Gamini de Silva encouraged me to be with patients more, do the least possible number of investigations, use medicines rationally, and interpret published scientific evidence and guidelines critically. Later, choosing to continue my career in rheumatology, this early training became invaluable. Practice of Rheumatology is still very much clinically oriented despite all the advances in diagnostics and therapeutics. In getting into this field, again I was lucky enough to be nurtured in the shadow of giants. I am grateful to my trainers Dr. Lalith Wijayaratne, Dr. (Mrs.) Lilani Panangala, Dr. Nihal Gunatilleke and Associate Professor Siri Kannangara for making me a patient-centric rheumatologist.

I believe these practices have become more important in managing our patients at the present juncture. Hence a look back at what our own teachers practiced would help us to take a step back and plan for a better future.

The traditional approach towards health and disease has been the biomedical model where a person's ill health is exclusively treated by medical means based on learnings of the pathophysiology of a disease. It is undeniable that this model has many shortcomings when we try to impart holistic care. At the same time, deviation from the age-old practice of the art of medicine towards the science of medicine is a major culprit putting us under tremendous financial pressure particularly when trying to practice modern medicine during economic constraints. Working within the biomedical model with the best use of the art of

medicine may help us to lower the cost of patient management.

Yet this may not achieve the WHO goal of good health – "A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity", especially in a population severely affected by the economic downfall having many socio-economic stresses on their lives. Delivery of this will need a holistic healthcare approach – an approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health. Given the multifactorial nature of this concept of "health", wherever possible, we should strive to identify all factors that have an effect on a patient's health condition. The use of appropriate interventions to address these which may even be non-medical, could have a positive effect on a patient's health.

Hence an alternative model to the traditional biomedical concept was searched by many. The biopsychosocial approach was developed at Rochester decades ago by Drs. George Engel and John Romano, an American Internist and a Psychiatrist respectively from the University of Rochester Medical Center in Rochester, New York. This was first published in their landmark paper in 1977 by George Libman Engel. He offered a holistic alternative to the prevailing biomedical model.

He recognized that to understand and respond adequately to patients' suffering, clinicians must attend simultaneously to the biological, psychological, and social dimensions of illness.

The main drawback of the biomedical model, still seen widely is that healthcare workers tend to see the disease while being conveniently blind to the person with the disease. He tried to reverse this dehumanization of medicine and the disempowerment of patients through this new concept. I believe this is very relevant in today's context as well.

In rehabilitation medicine, we have adopted this model for delivering holistic care in the WHO International Classification of Function, Disability, and Health. It is recognized that disease or injury will affect and cause impairment of the structure and function of the body leading to activity limitation and participation restriction in daily life. There are contextual factors (both personal and environmental) that will act as facilitators to overcome the above-mentioned or act as barriers to worsening the outcome. In an individual patient, detailed history and examination will provide us with the relevant on each of the components which in turn will facilitate holistic care of such a patient.

Adapting the biopsychosocial model to any form of illness is feasible. This will help in caring for our patients more humanely, curing some, relieving the suffering of some, and comforting all, as the founders of our college intended us to perform as depicted in our emblem.

The concept of holistic care is that patient management needs to be addressed in many facets. Like the many petals of a lotus flower making a picturesque end product, bringing all relevant components for holistic care together will result in a healthy person true to the WHO definition.

Delivering that in a gloomy environment like today is no easy task. But ladies and gentlemen, we have to aspire to and build a brighter future for the sake of our motherland. Hence our theme for the year 2023, "Holistic care amidst constraints". Reverting to our simile of the lotus, nature has provided us with the perfect example which grows in the most unlikely of places to produce a beautiful and fragrant result that brightens the gloomy surrounding it sprang from.

As a college, I propose to empower our members and their teams to deliver holistic care amidst constraints through our academic programs. The ability to lead, communicate well, and manage work-related stress are going to be key attributes that will enable us to successfully overcome a crisis. I envisage incorporating these into the proposed academic programme for 2023. All components of the academic programme will have an emphasis on clinical decision-making, rational use of investigations, and medications to benefit our clinical team members including medical officers and postgraduate trainees.

In these troubled times, maintaining the clarity of mind and the mental well-being of our membership will be important. To achieve this, I believe that opportunities to have fellowship among members and activities that take our minds beyond medicine should

be an essential component. Let this evening be the beginning of such activities.

I invite all members of the CCP to join hands with my council and myself to make these endeavors truly successful. Let's embark on this challenging year ahead together, knowing we might have to go backward in order to move forward, sometimes re-learn, maybe even un-learn to do our best for our patients, the profession, and our nation, staying true to the spirit of our college.

I wish to salute our membership, always working in silence, without expectation of glory or splendor. You have been battling the past months trying to provide the best possible care for our patients under the circumstances. In the absence of print papers or fuel to travel, many services would have come to a standstill. But even when many essential tools of trade were scarce, physicians in all tiers still chose to continue to work and care for their patients – they are the unsung heroes.

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