



IMPA

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT
MEDICAL PRACTITIONERS ASSOCIATION

NEWS

www.impa-sl.com

ISSUE 11 | VOLUME - 29 | NOVEMBER 2025



FROM THE PRESIDENT'S PEN...



Dear Members of the Independent Medical Practitioners Association,

As we conclude the month of November, it is my pleasure to reflect on two significant events that highlight our collective commitment to community service and continuous professional development.

World Diabetes Day - Diabetic Awareness Program

On the 14th of November, in recognition of World Diabetes Day, the IMPA collaborated with the Organisation of Professional Associations (OPA) and the Primary Care Diabetic Group of Sri Lanka to conduct a comprehensive free medical screening camp at the OPA premises. The event drew an impressive turnout of more than 350 participants, demonstrating the public's growing interest in preventive healthcare.

Attendees received a wide range of assessments, including vision screening, blood sugar testing, BMI evaluation, foot care, and nerve conduction studies, followed by appropriate advice and referrals. The program also featured three well-attended lectures delivered by Dr. A. L.P. De. S. Seneviratne, Dr. D.P.L.C. Namaratne, and Dr. Deshantha Pathinayake, which greatly enriched the day's proceedings.

I would like to extend a special word of gratitude to Dr. A.L.P. De Seneviratne, President of the Primary Care Diabetes Group Sri Lanka. His dedication, organization, active participation, and the exceptional public lecture he delivered were central to the event's success. His presentation on diabetes care was simplified, practical, and accessible, allowing the general public to gain a clear understanding of this essential health topic. We are deeply appreciative of his commitment.

Medical Update Programme - Lanka Hospitals, Colombo

In November, we also conducted a medical update programme sponsored by Lanka Hospitals, Colombo. The session consisted of three expert presentations, one on microbiology and two in the field of plastic surgery, including novel therapeutic approaches to gynecomastia and innovative reconstructive techniques applicable to various clinical situations. These sessions served as a valuable reminder of the importance of lifelong learning in enhancing our practice.

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Current events

Preparations for our IMPA Journal, scheduled for publication on 14th December, are progressing smoothly. My sincere appreciation goes to the Editorial Board for their dedication and timely efforts. This upcoming issue promises to be a valuable and high-quality publication.

We are also planning several new initiatives, including a membership drive and our annual academic sessions, aimed at strengthening the IMPA and further enhancing independent medical practice in Sri Lanka.

Looking Ahead

IMPA 95th Annual General Meeting

I am pleased to announce that the 95th Annual General Meeting of the Independent Medical Practitioners Association will be held on 14th December 2025. I warmly invite all members to attend this important event in our calendar.

On the same day, we will be hosting a Clinical Update Programme, featuring two distinguished speakers:

“Role of Endoscopy in Evaluating and Diagnosing Common GI Conditions”

Dr. Nilesh Fernandopulle

Consultant Gastroenterological Surgeon & Lecturer, University Surgical Unit, NHSL

“Update on Influenza”

Dr. H.T. Wickramasinghe

Consultant Pediatrician

These are timely and valuable sessions designed to enhance our clinical knowledge and keep us aligned with current medical advancements. I strongly encourage all members to participate, not only to upgrade your professional skills but also to support our sponsors, whose continued engagement enables us to maintain the quality of our educational activities.

The programme will be followed by a fellowship dinner, and I hope each of you will make a special effort to join us for an evening of learning, camaraderie, and celebration of our shared mission.

Thank you for your continued dedication to the IMPA and to the communities we serve. I look forward to meeting you all in December.

Let us continue to move forward together with renewed dedication, serving our profession and our communities with integrity and commitment.

Warmly,

Thank you,

Yours Sincerely,

Dr Sanath Hettige MBBS, DFM, MD, FCGP

President, Independent Medical Practitioners Association of Sri Lanka

Board Certified Specialist in Family Medicine,

Honorary Senior Lecturer, Faculty of Medicine, University of Colombo,

Chief Scientist, Oil of Dermae Laboratories & Dermae Research Medical Center

Chairman, Health & Nutrition Committee, Organization of Professional Association of Sri Lanka

IMPA CPD Program November 2025

The Independent Medical Practitioners Association held its CPD programme on Sunday the 23rd November 2025 at the Lanka Hospital Auditorium,

Three eminent speakers made presentations:

“Act Now: Protect Our Present, Secure Our Future”

by

Dr Dhammika Vidanagama

MBBS, Dip(Micro) MD Micro, Dip (Rcpath), Consultant Microbiologist

“Gynecomastia and Breast Reduction Surgeries”

by

Dr Pravin Wijesinghe

MBBS, MD, Plastics and Reconstructive Surgeon
and

“What is new in Plastic Surgery?”

by

Dr Gayan Ekanayake

MBBS, MS, FCCSL, Consultant Plastic Surgeon

The event was sponsored by Lanka Hospital Corporation PLC



INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION OF SRI LANKA

Professional Centre
275/75, Bauddhaloka Mw.,
Colombo 7.
1st November 2025

Dear Member,

N O T I C E

The 95th (96th year) Annual General Meeting of the Independent Medical Practitioners Association of Sri Lanka.

Notice is hereby given of the Annual General Meeting to be held at 6.00 pm. on Sunday 14th December 2025 at the IMPA Office.

AGENDA

1. Reading of the Notice convening the Meeting.
2. Confirmation of the Minutes of the 94th AGM.
3. Presidential Address
4. Reading of the Report of the Council (Secretary's Report.)
5. Presenting of Balance Sheets and Audited Accounts. (Certified by the Auditor)
6. Election of office bearers to the Council. The office bearers who will be elected will be The President, Three Vice Presidents, Joint Secretaries, Treasurer, Assistant Treasurer, Editor and Twenty (20) members of the Council.
7. Address by the newly elected President
8. Resolutions
9. Vote of thanks

Resolutions to be submitted must reach the office before 12.00 noon 8th December 2025.

Dr Kanthi Ariyaratne
Dr Sabith Salieh
Hon. Joint Secretaries
IMPA

Hidden realities of children's homes When the safety net fails



Professor Harendra de Silva

At a glance, the network of children's homes scattered across Sri Lanka might look like a necessary safety net, a sanctuary for those abandoned, abused, or orphaned. Yet behind the gates of these hundreds of institutions lies a far more complex, often shattered reality. For the nearly 10,000 children who call these places home, physical protection often comes at the steep cost of emotional trauma, neglect and the absence of genuine, loving care.



It is a subject that Professor Harendra de Silva, a pioneering paediatrician, researcher and tireless policy advocate, knows intimately. For decades, he has been one of the few voices in Sri Lanka consistently pounding the table for radical reform in the child protection and welfare system, an effort that has often meant confronting entrenched bureaucracy, outdated policies and deep societal apathy.

"Today, there are about 9,200 children in institutional care across the country," he begins, his voice quiet but precise, the tone of a man who has measured these wounds. "Of them, roughly 1,200 are in 48 government-run centres and around 8,000 in 308 voluntary or NGO-run institutions. The numbers fluctuate because children are constantly being admitted or discharged, but that's the scale we're talking about."



These figures, while sobering, only scratch the surface of the deeper systemic failures within a structure designed decades ago that is still struggling to adapt to modern concepts of child welfare.

Zero Oversight

According to Professor de Silva, one of the fundamental weaknesses is baked right into the structure of childcare administration. "All the voluntary or NGO-run childcare centres are supervised by the provincial administrations, not the Central Government," he explains. "The central ministry, under Women and Child Affairs, only has limited influence... Beyond that, it has no direct control."

This decentralised structure, created under the 13th Amendment, has effectively produced nine separate systems, one for each province, with wide variations in how institutions are managed, monitored and staffed.

"The central government has no supervisory or monitoring role over the provincial governments," he stresses, highlighting a serious vulnerability. "In some provinces, there's strong administration, proper documentation and clear accountability. In others, it's all very weak. Some have websites listing institutions and contacts. In others, you can't even find basic information."

This shocking lack of uniformity, he says, leads to inconsistency in standards of care, record-keeping and, most critically, accountability. "The regulations and monitoring systems differ from province to province. Even within a single province, two institutions may function very differently depending on who runs them."

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Beyond the administrative gaps lies the heart of the matter: the children themselves.

While most people assume that children's homes are filled with orphans, Professor de Silva says the reality is far more complicated and heartbreaking. "Most of these children are not true orphans. Many have at least one parent alive," he notes. "They are often placed in institutions because they've been abused, neglected, or because their parents are unable to care for them due to poverty, addiction, or migration."

"Institutional care, though intended to protect vulnerable children, can have serious negative consequences," he warns. "Abuse and neglect can occur within the institutions themselves, sexual, physical and emotional."

Some children, he explains, are simply sent there for protection while Court cases drag on for years. Others are "in conflict with the law", a term that covers everything from petty theft to more serious offences. "Some are there for stealing coconuts or minor drug-related offences," he says. "A very small number have committed major crimes. But they're often all kept together in the same type of institution."

Toxic Culture

These children, he adds, absorb the toxic culture and hierarchy of institutional life, often marked by violence, neglect and hopelessness. "A child who is traumatised, then put into an environment with others who are also traumatised or delinquent, will rarely recover," he says. "Instead, they are further damaged."

Research, both local and global, confirms this chilling dynamic. Children who grow up in institutional settings tend to face higher rates of mental illness, difficulty forming attachments, poor educational outcomes and increased vulnerability to exploitation later in life.

"The cycle continues," Professor de Silva says gravely. "Children who have been abused tend to become adult abusers. Those who experience violence often grow up to normalise it. Some end up in criminality or sex work. Institutionalisation feeds into this pattern."

The alternative, he argues, lies in community-based care, a model that seeks to provide children with as close to a family environment as possible.

"Community care is about family-based environments

like foster care," he says. "It's not the same as adoption. Foster parents are selected for their psychological and emotional suitability, and they are paid to provide temporary care for one or more children."

Unfortunately, Sri Lanka has been slow to embrace this model. "We are still stuck in the mindset that institutional care equals protection," he laments. "But that's not true. It only provides physical shelter, not emotional care."

There are a few bright spots. The SOS Children's Villages model, for example, places a small group of children in a home with a designated 'mother,' creating a semblance of family life. "It's a Scandinavian concept that has worked quite well here," says Professor de Silva.

"The children are brought up like brothers and sisters. It's not perfect and there's no father figure, but it's far better than large institutions."

Other arrangements, such as placing children with a "fit person", an older caregiver vetted by authorities, have also shown promise. "Our research found that children under such care were emotionally better off than those in large institutions," he adds.

Massive Challenge

Yet scaling such models is a massive challenge, particularly in a system dominated by bureaucratic inertia. "We need to move away from institutional care towards community care," he insists. "But that requires new structures, training and funding."

A major reform proposed by Professor de Silva and his colleagues is the professionalisation of child care. At present, most institutions are run by administrators and not by people with training in child psychology, counselling, or social work.

"In the health sector, we have a structured system comprising doctors, nurses, specialists and administrators," he says. "There's career development, accountability and professionalism. In childcare, there's none of that. Most are administrators with little or no training in child psychology or trauma."

He believes that children's institutions should employ psychologists, counsellors, educationists, nurses and social workers. "We don't have enough psychologists

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to go around, but we can start with accredited counsellors," he suggests. "They must be properly trained and recognised. Otherwise, we'll keep seeing the same problems."

This critical lack of professionalisation, he adds, has a direct impact on the well-being of children. "Some homes still use children for labour," he says bluntly. "They may be asked to cook, clean, or run errands. That's not what protection means. Children should not be filling in for paid staff."

Education, he stresses, must be prioritised. "Some institutions send only the academically gifted children for tuition while ignoring the rest. That's wrong. Every child deserves a chance."

For him, introducing professionalism also means introducing accountability. "There should be systems to assess and monitor staff. If someone is emotionally unfit to work with children, they shouldn't be there. Regular evaluations and training must be part of the structure."

From Punishment to Healing

One of the most disturbing aspects of Sri Lanka's institutional care system, Professor de Silva says, is how children in conflict with the law are treated.

"We tend to see them as perpetrators rather than victims," he explains. "But a child who steals or acts violently is usually reacting to trauma. Maybe the parents taught them to steal. Maybe they were beaten or abused. They are victims of a violent society."

Instead of rehabilitation, however, such children are often placed in remand homes or certified schools, which are institutions that have long carried negative connotations. "Changing the name board doesn't change the practice inside," he warns. "What matters is how we treat these children."

He argues that rehabilitation, not incarceration, should be the goal. "Otherwise, we are simply producing future criminals. We need therapy, counselling and education, not punishment."

This, again, ties back to the need for professional expertise within institutions. "An administrator can only follow orders. A psychologist or social worker, on the other hand, understands the child's trauma and

knows how to heal it."

Professor de Silva is quick to point out that reforming institutions alone will not solve the problem. "We also need to address why children end up there in the first place," he says.

The causes are multifaceted: poverty, parental alcoholism, domestic violence, drug abuse and most notably, labour migration. "When mothers go to the Middle East, many children are left behind. Some fathers abandon them, some are alcoholics and some simply can't cope. The mothers leave to earn money, but the children lose their caregivers."

He adds that the Government focuses on the foreign exchange these women bring home, but ignores the devastating social cost. "No one looks at why they left in the first place or what happens to their children after."

Domestic Violence

He also warns of the long-term damage caused by domestic violence. "A child who sees violence at home learns that it's normal. That's why we see the cycle continue, the abused child becomes tomorrow's abuser."

According to him, prevention should begin at the community level. "We need databases at the divisional level to track vulnerable families," he says. "If a mother is working abroad, the father is an alcoholic and the grandmother is too old to care, that family is at risk. The local police, hospitals and social services must step in before things get worse."

Beyond institutional failings, Professor de Silva believes Sri Lanka is grappling with a broader, national trauma. "We are a traumatised nation," he says simply. "We've gone through wars, insurgencies, murders and violence on all sides. Now we have the drug crisis. All this affects our children."

The result is a population, both adults and children who are in desperate need of counselling and psychosocial support. "We don't invest enough in mental health," he laments. "In schools, we have counsellors, but often they are not properly trained. In institutions, we need accredited counsellors, regularly monitored and audited. Not people with a two-week certificate."

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Counselling, he argues, is not a luxury, it is essential to healing the next generation.

In conclusion, Professor de Silva reflects on decades of advocacy, frustration and hope. "I have been fighting for these reforms for years," he admits. "Sometimes progress feels slow, but we must keep pushing."

He envisions a future where Sri Lanka pivots away from outdated models of institutional care toward systems rooted in compassion, professionalism and community engagement. "We need to rescue children at risk in their families and society before they end up in institutions," he says. "If protection is needed, it must be temporary and in a setting that offers emotional as well as physical safety."

Despite his critical tone, Professor de Silva remains cautiously hopeful. "The fact that the Government is engaging professionals now is a step in the right direction," he says. "But politics should stay out of it. Policy design and implementation must be done by professionals, people who understand child development, psychology and social systems."

And his final words serve as both a warning and a vision for the nation:

"Just changing a name board doesn't change anything. What matters is what happens inside. We must focus on rehabilitation, not incarceration. On care, not containment. On building children, not institutions."

In a nation still healing from its own collective scars, these words carry a truth that is hard to ignore. For the thousands of children growing up behind institutional walls, reform cannot come soon enough.



Links to Interesting Articles

IMPA

Link : impa-sl.com

Crucial role of the GP in fighting diabetes

Print Edition - The Sunday Times, Nov 16 2025 : <https://share.google/6k4h0pteoDb3XIDJq>



SRI LANKA MEDICAL COUNCIL

NOTICE TO ALL REGISTRANTS OF THE SRI LANKA MEDICAL COUNCIL

PRESCRIPTION WRITING

The Sri Lanka Medical Council (SLMC) has received multiple complaints from the General Public, including Pharmacists, regarding illegible prescriptions issued by certain Practitioners. These illegible prescriptions have caused much confusion to patients and Pharmacists and have given rise to difficulty in obtaining correct prescribed medications, thereby compromising patient safety.

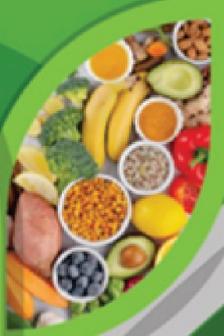
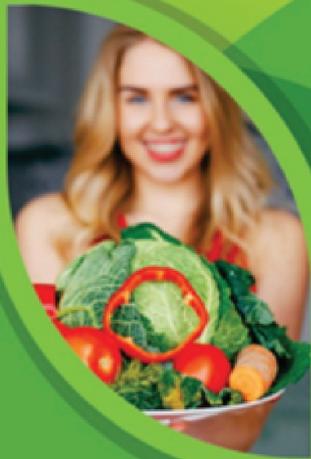
In light of this issue, Practitioners are reminded to strictly adhere to the guidelines set forth in the chapter titled. 'Prescription Writing and Rational Prescribing' in the ***Guidelines on Ethical Conduct for Medical and Dental Practitioners registered with the SLMC***, published by the SLMC when writing and issuing prescriptions.

Please be informed that failure to strictly adhere to the above Guidelines, constitutes professional misconduct which lays the foundation to initiate disciplinary action under the Medical Disciplinary (Procedure) Regulations 1990.

BY THE ORDER OF THE SRI LANKA MEDICAL COUNCIL,

Dr. H.D.B. Herath
Registrar,
Sri Lanka Medical Council

09.11.2025



**THE NUTRITION SOCIETY
OF SRI LANKA**

ANNUAL SCIENTIFIC SESSIONS 2026

*One Health One Nutrition Ensuring
Optimal Nutrition for People and the Planet*

**24th & 25th January 2026
At Cinnamon Lakeside Hotel, Colombo**

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AWARDS FOR PRESENTERS

- Best Oral Presentation
- Best Poster Presentation

ABSTRACT CATEGORIES

- Clinical Nutrition & Dietetics
- Public Health & Community Nutrition
- Nutrition in the Lifecycle
- Food & Nutrition
- Functional Foods & Nutraceuticals
- Nutrigenetics & Nutrigenomics
- Food Security & Food Safety
- Sports & Exercise Nutrition
- Technological Innovation in Nutrition
- Nutrition in Communicable & Non-communicable Diseases

Participant Category	EARLY BIRD REGISTRATION On or before 25th December 2025		REGISTRATION After 25th December 2025	
	Conference Only (2 Days)	Conference + Nutri-Feast Dinner	Conference Only (2 Days)	Conference + Nutri-Feast Dinner
Member	LKR 6,500.00	LKR 13,000.00	LKR 7,000.00	LKR 13,500.00
Non-member	LKR 7,500.00	LKR 15,000.00	LKR 8,500.00	LKR 16,000.00
Student	LKR 4,500.00	LKR 10,000.00	LKR 5,000.00	LKR 10,500.00
Foreign participant	USD 50.00	USD 75.00	USD 60.00	USD 85.00

Conf. Coordinator: Dr. N. Jeewakarathna +94 77 779 2533 | Conf. Chair: Dr. S. Weerasinghe +94 77 331 4277
For more information: www.nutritionsof Sri Lanka.org



CAMELIA NATHANIEL

Professor Harendra de Silva is one of the few scholars who have influenced child protection in Sri Lanka. A paediatrician and researcher dedicated to children's well-being, Professor de Silva modelled the country's response to child abuse...

As the Founder Chairman of the NCPA, what inspired you to establish this institution and how did you envision its role in safeguarding children in Sri Lanka?

I began this work from an evidence-based standpoint rather than a theoretical one. I was a clinician working in Galle, not a sociologist or a lawyer...

I also found that around 8% of households, roughly one in every twelve, had a child servant. Many of those children were exploited and there was no structured mechanism to help them...

It was clear to me that Sri Lanka needed a comprehensive national mechanism, a place where cases of abuse could be addressed, researched and prevented...

All these findings eventually converged into one mission, to create an institution that would respond to every aspect of child protection: prevention, intervention and rehabilitation...

How did that early research and advocacy translate into the establishment of the NCPA?

As it started somewhat accidentally, I was invited to speak at a Lions Club meeting about my research on child abuse...

Among those who read about it was Dr. I. de Silva, who was then an adviser to President Chandrika Bandaranaike Kumaratunga. She arranged a meeting with the President...

The process involved senior officials from the Attorney General's Department, ministry secretaries and leading NGOs. Together, we defined what child protection should mean in Sri Lanka...

Economically, I sacrificed my private practice, but morally and professionally, it was not of the most fulfilling periods of my life.

You've often spoken about your "conceptual framework" for child protection. Could you explain what that entails?

As I've designed a framework with four main pillars: knowledge, skills, protection and law.

First is knowledge — ensuring that everyone, from parents and teachers to doctors and even children themselves, understands what constitutes abuse and how to identify it...

Second is skills — not just for professionals, but for parents and children. Parents must learn how to discipline without abuse...

The third pillar is protection, particularly in vulnerable children — those in institutions, on the streets, or affected by war. Many

of them cannot protect themselves, so the State has a moral and legal obligation to do so. And the fourth is law — having robust legislation that defines, monitors and enforces child protection...

Despite legal reforms, corporal punishment remains widespread. How serious is the problem today?

An Extremely serious. A 2018 study I co-authored found that 80-85% of Sri Lankan children experience either corporal or emotional punishment in schools...

When children are repeatedly exposed to violence, at home, in school, in society, they internalise it as normal. A child who witnesses his father assault his mother will likely grow up to do the same...

How does this intergenerational trauma affect society at large?

Profoundly. The more trauma a child experiences, the more likely they are to become a violent adult. Domestic violence, alcoholism and social unrest are all connected...

We have to remember: children's rights are human rights. And Article 28 of the UN Convention on the Rights of the Child, which Sri Lanka has ratified, explicitly prohibits corporal punishment...

You mentioned children in institutional care. What is the current situation?

It's one of the most neglected aspects of child protection. We currently have around 300 children in institutions housing approximately 10,000 children. Only 10% of their institutions are government-run...

While many are well-intentioned, not all are professionally oriented. Some employ untrained or untested staff, people with no understanding of child psychology or trauma...

Because when these traumatised children turn 18, they're released into society without rehabilitation. Many end up in conflict with the law...

You've said the Government doesn't adequately recognise psychology as a profession. Why is that so significant?

Because psychological trauma is at the root of much of our national dysfunction. We live in a society where violence, murder and drug trafficking have become daily lives...

Yet, psychology and counselling remain under-recognized professions. Our universities produce psychology graduates, but they have few employment prospects within the public sector...

As it's a growing and under-addressed threat. When I founded the NCPA, we established a Cyber Unit, this was in the early

The government is now proposing amendments to the child protection legislation. Are you involved in these reforms?

I'm currently part of a committee.

2000, when online exploitation was only emerging. Even then, most of the foreign pedophiles we arrested, had an online connection. Today the NCPA still has a cyberunit, but it mostly reports cases to Google or YouTube to have them blocked...

Waiting for victims to come forward is unhelpful. Children rarely report abuse. We need proactive monitoring, not just in schools or counterterrorism. Prevention is always more effective than reaction.

Sexual exploitation of children is one of the most common offences in Sri Lanka, yet convictions remain rare. Why?

Because our system is reactive, not proactive. Enforcement agencies often wait for complaints instead of pursuing offenders. Think of it like this: if you wait for a bomb to explode before acting, you've already failed...

Teachers' unions often argue that banning corporal punishment has made it harder to discipline children. How do you respond?

That argument is unconvincible and unacceptable. Discipline doesn't require violence. Teachers who make that claim are often repeating the trauma they themselves suffered as students...

Children who are beaten learn that power equals violence. Some become teachers themselves and repeat the pattern. It's the same cycle. We must listen to teachers, yes, but we must also listen to children...

You were part of the national campaign that successfully ended the use of child servants. How did that work and what can we learn from it?

That's one of the success stories I'm most proud of. In the 1990s, as I mentioned, around 8% of households employed child ser-

ants. We launched a public campaign, with sports icons like Sarath Jayawirya, which aimed to make society reject the practice. Alongside education, we ensured legal enforcement...

Today, the prevalence of child domestic labour is virtually zero, almost eradicated. That experience proved the education, awareness and implementation of the law together can create change. Legislation alone cannot

repeatedly that implementation is the weak link. Why has that been so difficult to fix?

Because we've continued legislation with execution. Passing a law makes us feel like we've done something, but it's no one enforces it, it's just paper. Even the NCPA Act, a groundbreaking piece of legislation, is unenforced...

For laws to work, they need clear responsibilities, designated responsibilities and accountability mechanisms. Otherwise, we end up congratulating ourselves for passing laws that exist only in theory.

Beyond enforcement, what deeper social issues are driving child abuse in Sri Lanka?

Child abuse doesn't occur in isolation. It's often the symptom of poverty, alcoholism, dysfunctional families and migration. Take the case of mothers going to the Middle East. Many leave because of domestic violence or because their husbands are alcoholic...

Out of the 10,000 children in institutions, the vast majority, over 8,000 are not orphaned. They come from broken or unstable homes. Some are there because their mothers migrated for work...

We need to see national progress only by abolishing the social cost of migration, in terms of traumatised, neglected, or abused children. It's immense. If we want to protect children, we must tackle the root causes, not just pass laws

Finally, what changes do you believe are urgently needed to strengthen child protection in Sri Lanka today?

As first, we need restructuring and accountability. Thousands of officials are employed in child protection, from NCP officers to probation officers, but how many are truly effective?



We can break the cycle of violence if we choose to act

Professor Harendra de Silva



appointed by the Minister to review the structure and provisions of the NCPA Act. But I'm not involved in the broader legislative reforms that have been proposed. My concern is that such amendments must be driven by people with expertise, experience and vision, by administrative convenience. Child protection isn't a box-ticking exercise, it requires deep understanding of the ground realities.

In today's digital age, how serious is the problem of cyber-enabled child abuse in Sri Lanka?

As it's a growing and under-addressed threat. When I founded the NCPA, we established a Cyber Unit, this was in the early

Occupational Health



CME Programme organized by the Occupational Health Subcommittee of the College of General Practitioners of Sri Lanka

Sunday, 14th December 2025
8.00 p.m



- ***An Introduction & Opportunities in Occupational Health & Safety***
- ***The Impact of Occupational Chemical Exposures on Worker Health in Sri Lanka***

Expected CPD Points
Awarded:
1 CPD point



Speakers



Dr Will Ponsonby
MB ChB, MRCP, MBA, FFOMI, FRCP
Consultant Occupational Medicine,
Past President Society of Occupational
Medicine, Course Director & Head of
Occupational Medicine Diploma
Royal College of Physicians Ireland

Dr Aseni Wickramatillake
MBBS, MPH
(Occupational Health & Safety)
Specialist in Occupational Health, Hygiene & Wellness
Visiting Lecturer, University of Moratuwa,
Secretary Workplace Safety & Health Association
(WSHA) in Sri Lanka
National Secretary of the International Commission on
Occupational Health (ICOH)
Board Member of Workplace Health Without Borders
(WHWB) International Branch



Moderator

Dr Ajay Jeyaseelan
Family Physician, Psychological
Counselor, Senior Lecturer, Trainer
Chair - Occupational Health
Subcommittee CGPSL



Obituary Notice



Dr Joe Fernando

It is with deep sorrow, we announce the passing of Dr. Joe Fernando, a distinguished leader and respected Patron of the Independent Medical Practitioners Association (IMPA). The President, Council, and members of IMPA extend their heartfelt condolences to his family.

Dr. Joe Fernando, who also served as Patron of the College of Medical Administrators, was a towering figure in Sri Lanka's health sector. Beginning as a Medical Officer of Health, he rose to hold key national positions, including Director, General Hospital Colombo, Director-General of Health Services, and Secretary of Health.

He was known for his empathy, fairness, and deep commitment to improving healthcare. At a time when medical administration had few takers, he identified and mentored promising young administrators, many of whom became respected leaders.

A true teacher and visionary, his legacy of integrity and compassionate leadership will remain an enduring inspiration. May his noble soul rest in peace.

Invitation for 14th December 2025

**The President and the Council of
The Independent Medical Practitioners Association
Invite**

Dr/Dr(Mrs)/Mr/Mrs.

to

A Medical Education Programme

on

“Role of Endoscopy in evaluation & diagnosing common GI conditions”

by

Dr Nilesh Fernandopulle

MBBS (Col), MD (Col), FCCP (SL), FRCP (Lon)

Speciality Cert in Gastroenterology (UK)

Consultant Gastroenterologist & Senior Lecturer

University Surgical Unit, NHSL

and

“Influenza”

by

Dr H T Wickremasinghe MD, FRCP

Senior Consultant Paediatrician

on

14th December (Sunday) 2025 at 7.30 p.m.

at

The OPA Auditorium, 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 7.

Followed by Fellowship & Dinner

Sponsored by

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Dress Code:

Smart Casual



Paracetol (Paracetamol Tablets BP 500 mg
10x10 & Oral Solution BP 120mg/5ml 100 ml)



EmpaMor (Empagliflozin
Tablets 10 mg & 25 mg 10x3)



Salmor (Salbutamol Oral
Solution BP 2 mg/5 ml 100 ml)



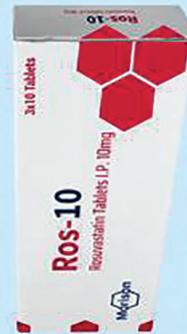
CilniMor (Cilnidipine
Tablets IP 5 mg & 10 mg 10x3)



BisoMor (Bisoprolol
Tablets BP 2.5 mg & 5 mg 10x3)



RivoMor (Rivaroxaban
Tablets 10 mg & 20 mg 10x3)



Ros-10 (Rosuvastatin
Tablets BP 10 mg 10x3)



MorSartan (Losartan
Tablets BP 50 mg 10x10)



ChlorMor (Chlorphenamine
Tablets BP 4 mg 10x10)



FoliMor (Folic Acid
Tablets BP 1 mg 10x3)

Morison

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