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ASSOCIATION OF SRILANKAN NEUROLOGISTS

The history of neurology in Sri Lanka stretches over half a century. It commenced in the 1950s with the return of the first neurologist and neurosurgeon after their training in the United Kingdom. In the 1970s, the entire country was served by a single neurologist practicing from Colombo, the capital city. For more than 2 decades, neurosurgery took precedence and was housed in a new neurosurgical unit (NSU) with intensive care unit, radiology, and other facilities. Patients with neurologic disorders were accommodated in the general medical wards and had to depend on the NSU for investigation. In 1984, this changed with the establishment of the Institute of Neurology at the National Hospital of Sri Lanka (then General Hospital Colombo) (figure 1). This dedicated Institute is a 4-floor building with medical and surgical wards, neurology ICU, operating theater, neurophysiology department, physiotherapy department, lecture halls, and a paying wing. The building was put up entirely with public donations spearheaded by senior neurologist Dr. J.B. Peiris. In the early 1980s a second neurologist, Dr. J. C Wijesekera, was appointed to the new center established in the hill capital of Kandy.

Currently a neurology center exists in each of the 9 provinces of the country, including the Eastern and Northern provinces, where there was civil strife for decades. More than 25 board-certified neurologists serve in different parts of the country. Many postgraduates are taking up neurology as a career and are in different stages of training. At least another 10 neurologists are expected to be board-certified over the next 5 years. Related specialties like clinical neurophysiology and pediatric neurology are now established. There are remarkable improvements in the availability of investigative facilities like MRI and clinical neurophysiology. However, the facilities are not equally distributed among all neurology centers. Some depend on other hospitals for their MRIs.

In Sri Lanka, we are now able to keep abreast of all the new developments in this quickly evolving field of medicine. Many new drugs are available to the neurologists to treat epilepsy, headaches, stroke, multiple sclerosis, neuropathy, muscle diseases, movement disorders,

balance problems, and memory deficits like dementia. Neurologists are able to assess these patients comprehensively and advise on the most appropriate line of treatment to alleviate suffering.

Need for a professional body to represent the neurologist and neurology in Sri Lanka. As our specialty expanded and evolved, the need for an apex body to represent neurology and neurologists in Sri Lanka increased. To address this issue, a historic meeting of all the country's practicing neurologists was convened by 2 neurologists, Dr. Bimsara Senanayake and Dr. Arjuna Fernando, on March 26, 2006. A series of similar meetings followed. It was unanimously decided to establish the Association of Srilankan Neurologists (ASN) to fill this void. On January 15, 2007, the ASN was officially launched in the presence of then World Federation of Neurology (WFN) President Johan Aarli, who attended as the key guest (figure 2). Dr. J.B. Peiris was unanimously elected as Patron and Prof. Ranjanie Gamage was elected the first President. Drs. Bimsara Senanayake and Arjuna Fernando went on to become the first joint secretaries.

Over the last 5 years, the ASN has steadily grown. For a young organization, its achievements are many. The ASN is now recognized as the principal professional body representing neurology in Sri Lanka and has established links with similar associations abroad, especially the Association of British Neurologists (ABN). Many similar regional bodies from South Asia and Southeast Asia are also interested in collaborating with the ASN and the annual academic and scientific meetings are attracting world leaders in different subspecialties of neurology. The ABN also sends a high-caliber delegation to our meetings, including its incumbent President. Internationally recognized neurologists from many other parts of the world like Australia, European Union, India, Singapore, and Malaysia also attend our annual meetings and contribute to the academic and scientific programs.

In addition to the annual ASN meeting, we also conduct regular neurology updates and local meetings in different parts of Sri Lanka. These educational activities have remarkably improved the way neurology is practiced throughout the country. The ASN also plays a vital

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with neurologic illnesses, hence a larger neurology burden. Neurologic disorders are highly prevalent worldwide and Sri Lanka is no exception. If disability caused by neurologic disorders is taken into account, the situation is far worse than even estimated. To tackle this enormous burden of neurologic illnesses that is estimated to rise even further, health planners and policy-makers should be well-informed. A comprehensive plan to tackle neurologic illnesses should be prioritized and as the ASN we will have to play a leading role in this endeavor.

Although neurology in Sri Lanka has progressed over the last 20–25 years, we have a long way to go in order to achieve excellence. There is maldistribution of services—some neurologists do not have direct access to MRI. They depend on major regional hospitals for MRI quotas. MRI facilities should be freely available to all neurologists.

Neuropathology is a major drawback in providing good neurology service in Sri Lanka. Even in teaching hospital centers we do not have dedicated, trained neuropathologists. General pathologists carry out the neurology work.

Interventional neuroradiology was recently established at the National Hospital in Colombo, yet service is limited to a few patients, given the availability of only a few trained interventional neuroradiologists and the high cost of these procedures.

Some neurologists, especially in peripheral centers, do not have dedicated neurology beds. They share space and beds with general physicians. Even in centers where neurology beds are available in dedicated wards, the numbers are grossly inadequate.

In 1980, the Postgraduate Institute of Medicine (PGIM) of the University of Colombo was established. After that, neurology training is partly in Sri Lanka and partly in a center of excellence abroad, usually in the United Kingdom or Australia. Training in neurology begins only after the candidates complete a postgraduate doctorate in medicine (MD). The training is essentially the purview of the board of study in medicine. However, about 2 years ago, a specialty board in neurology was established by the PGIM and a comprehensive training program of post-MD training in neurosciences leading to an exit examination and board certification has been approved by the board of study in medicine. It is currently awaiting ratification by the board of management of the PGIM and the senate and the council of the University of Colombo. As indicated, the lack of trained specialists in neuropathology, neuroradiology, and neuroimmunology is a major hindrance in providing comprehensive care.

As an organization, the ASN immensely appreciates the work done by the WFN to assist countries like ours to provide a better quality of care for our neurology patients. We hope that the WFN will continue to help us in order to achieve a higher level of excellence in neurology care.

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