



# 4CS BULLETIN

The Newsletter of Ceylon College of Critical Care Specialists

SEPTEMBER 2024

VOLUME 2

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<https://criticalcaremedicine.lk>



# 4CS BULLETIN

The Newsletter of Ceylon College of Critical Care Specialists

SEPTEMBER 2024

VOLUME 2

EDITORIAL BOARD:



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DR S HAPUARACHCHI  
PROF A ABEYDEERA  
DR D PRIYANKARA  
DR C ALUWIHARE  
DR CHAMIN WEERASEKARA

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## COUNCIL CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS



**Seated (from left to right):** Eranda Sanjeewa (Treasurer), Anushka Mudalige (president elect), Lilanthi Subasinghe (Secretary), Dilshan Priyankara (President), Chamali Aluwihare, Waruni Samaranayake, Anthony Mendis

**Standing (from left to right):** Rasanee Wanigasuriya, Dinesha Punchihewa, Nalika Karunaratne, Nuwan Ranawaka, Sankalpa Vithanage, Udyia Rodrigo,



Dr Dilshan Priyankara  
MBBS, MD, FRCP, EDIC  
President

## MESSAGE FROM THE PRESIDENT

Dear Members,

I hope this letter finds you all in good health and high spirits. As we continue to navigate the ever-evolving landscape of critical care medicine in Sri Lanka, it gives me great pleasure to address you all through the second newsletter of the Ceylon College of Critical Care Specialists (4CS).

Since our inception, the College has been committed to promoting excellence in critical care practice, education, and research. With each passing day, our community grows stronger and more vibrant, driven by a shared passion for advancing the field of critical care.

I would like to take this opportunity to express my sincere gratitude to each and every one of you for your dedication and contributions to our college. Whether through your clinical expertise, academic pursuits, or leadership roles, your efforts are invaluable in shaping the future of critical care in our country.

In the midst of ongoing challenges, it is more important than ever that we stand together as a united front. Through collaboration, innovation, and a steadfast commitment to patient care, we can overcome any obstacles that lie ahead.

As we look ahead to the future, I am confident that the 4CS will continue to serve as a beacon of excellence in our field. Together, we will strive to enhance patient outcomes, advance medical knowledge, and inspire the next generation of critical care practitioners.

I encourage you all to actively engage with the College, whether through attending events, participating in committees, or sharing your insights with fellow members. Your involvement is crucial to our collective success.

In closing, I want to once again extend my warmest thanks to each of you for your unwavering support of the Ceylon College of Critical Care Specialists. Together, we will continue to make a difference in the lives of our patients and the future of critical care medicine in Sri Lanka.

Wishing you all the very best in your endeavors.

Sincerely,  
President Ceylon College of Critical Care Specialists



## THE INAUGURAL SCIENTIFIC SESSION OF THE CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS 2024

A long-awaited dream came true for the 4CS last July with the commencement of the inaugural scientific sessions from 24<sup>th</sup> to 30<sup>th</sup> July 2024 at Colombo. It was accessorized with many educational and entertaining events that kept every participant standing on their toes from the start to the end.

Four didactic workshops were conducted aiming at doctors and nurses working in intensive care units. The nurses' one-day workshop, "critical care nursing" coordinated by Dr Sankalpa Vithange, was on the 24<sup>th</sup> of July at the neurotrauma auditorium, National hospital of Sri Lanka with the participation of 50 nurses. On 25<sup>th</sup> July, "Beyond SIMV", an advanced ventilation training one-day programme was held at the neurotrauma auditorium targeted at postgraduate trainees in ICU and anaesthesia. Coordinated by Dr Makarim Mohomed and Dr Sankalpa Vithanage, it was well received by 46 participants. The one-day "Haemodynamic workshop" Coordinated by Dr Rasani Wanigasooriya was held on the 26<sup>th</sup> of July at the neurotrauma auditorium with 50 participants mainly in postgraduate training. The post congress workshop "Critically ill surgical patient" coordinated by Dr Waruni Samaranayake and Dr Chamali Aluwihare was a collaborative project with the College of Surgeons of Sri Lanka. It was held on the 30<sup>th</sup> of July at the neurotrauma auditorium with 48 participants.

All workshops were equipped with up-to-date information delivered by means of lectures, group discussions, hands-on workshops, demonstrations and quizzes. Both local as well as overseas faculty contributed with their invaluable time and effort to bring out the maximum to these educational forums. The workshops were accredited by the Royal College of Anaesthetists UK and the Ministry of Health, Sri Lanka, Continuous Professional Development programme.

The presidential night was on the 26<sup>th</sup> of July at Nelum Hall, Water's Edge hotel, Colombo. The fun filled night was graced by many distinguished guests both local and foreign. Music, singing, dancing, chatting, good food and drinks as well as quizzes on reminiscence kept the audience immersed in a hoopla mood late into the night.



## THE INAUGURAL SCIENTIFIC SESSION CONTINUED...



The illuminative and most distinguished function of all, the inauguration night was on the 27<sup>th</sup> of July at the Grand ball room of Hotel Galadari. Esteemed guests of many fields added colour to the already vibrant atmosphere. Following the ceremonial procession and traditional formalities, the guests were welcomed by the president of 4CS, Dr Dilshan Priyankara. Dr Palitha Maheepala, Secretary, Ministry of Health Sri Lanka, was the chief guest and Dr Shirani Hapuarachchi, past consultant anaesthetist who pioneered the formation of the Ceylon College of Critical Care Specialists right from the outset in 2013, was the guest of honour.

## THE INAUGURAL SCIENTIFIC SESSION CONTINUED...



Honorary fellowships were awarded to Professor Anuja Abayadeera, Professor in Anaesthesiology from the Faculty of Medicine, University of Colombo and Dr Shirani Hapuarachchi, past consultant Anaesthetist from the National hospital of Sri Lanka. Professor Jean-Louis Teboul, from Paris-Saclay University, France, delivered the oration on “Fluid responsiveness: what we have learnt over the past 25 years”. The formalities were followed by an elegant yet energetic traditional dance performance by the Channa-Upuli dance academy.



## THE INAUGURAL SCIENTIFIC SESSION CONTINUED...



The scientific session commenced on the 28<sup>th</sup> of July at the Grand Ball room, Hotel Galadari. Eminent speakers both local and overseas, enlightened the enthusiastic minds of trainees throughout the day through plenaries, symposia and debates. The fact that online faculty joined live for the question-and-answer sessions, made a huge impact on keeping the forum as live and physical as possible. The free paper session and poster session were a huge success. The quiz as the last item of the day was a nail-biting experience for the participants. The congress was accredited by the royal College of Anaesthesiologists and Continuous Professional Development programme by the Ministry of Health, Sri Lanka.

## GLIMPSE OF EVENTS

August 2023

3<sup>RD</sup> Annual General Meeting of 4CS

August 2023

SLMA Monthly Clinical Meeting – Critical Care

August 2023

Online MCQ preparation course for DCCM selection exam candidates

September 2023

Launch of inaugural newsletter

November 2023

DCCM Mock OSCE

December 2023

Indian Sepsis Forum

May 2024

Collaborative session with College of Pulmonologists – Pulmo CritiCare

May 2024

Opening of post-ICU clinic at CSTH

## WORKSHOPS

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July 2023

2<sup>ND</sup> FICS workshop

October 2023

Inaugural tracheostomy care workshop

December 2023

Pre-conference workshop – Matara

February 2024

5th CREST CRRT Workshop for doctors and nurses

## OTHER ACTIVITIES

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Participation in stakeholder committees

Projects in progress

Online educational activities

- 4CS Monthly critical care update
- 4CS Grand Round and Journal Club



## 3<sup>RD</sup> ANNUAL GENERAL MEETING OF 4CS

- 16.08.2023
- Maniumpathy, 129, Kynsey Road, Colombo 00700, Sri Lanka
- Hybrid session – appointment of new council and office bearers
- 2022-2023 Annual report presented, Next year planned





## 2<sup>ND</sup> FICS WORKSHOP

- 15.07.2023 Colombo
- 21 participants joined accreditation process



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**SLMA MONTHLY CLINICAL MEETING – CRITICAL CARE**



**SRI LANKA MEDICAL ASSOCIATION**  
**MONTHLY CLINICAL MEETING**

IN COLLABORATION WITH  
**CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS**

Tetanus - Not uncommon in neurocritical care  
Cure sometimes, treat often and comfort always  
Critical Care Quiz

**DR. ANTHONY MENDIS**  
Consultant Intensivist  
National Hospital of Sri Lanka

**DR. SANKALPA VITHANAGE**  
Consultant Intensivist  
National Hospital of Sri Lanka

**DR. SUNALI NANAYAKKARA**  
Consultant Intensivist  
National Hospital of Sri Lanka

**Join via Zoom**  
Meeting ID: 834 3836 8677  
Passcode: 259849  
**Scan QR**

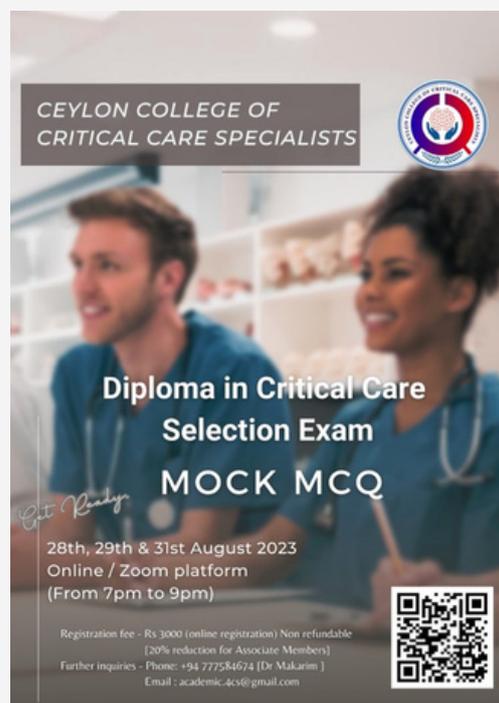
**DATE:**  
Tuesday, 15th August 2023.

**TIME:**  
12:00 noon - 1:30 pm

**VENUE:**  
SLMA Lionel Memorial Auditorium,  
No 06, Wijerama Mawatha, Colombo 07.

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**ONLINE MCQ PREPARATION COURSE FOR DCCM SELECTION EXAM CANDIDATES – AUGUST 2023**



**CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS**

**Diploma in Critical Care Selection Exam**  
**MOCK MCQ**

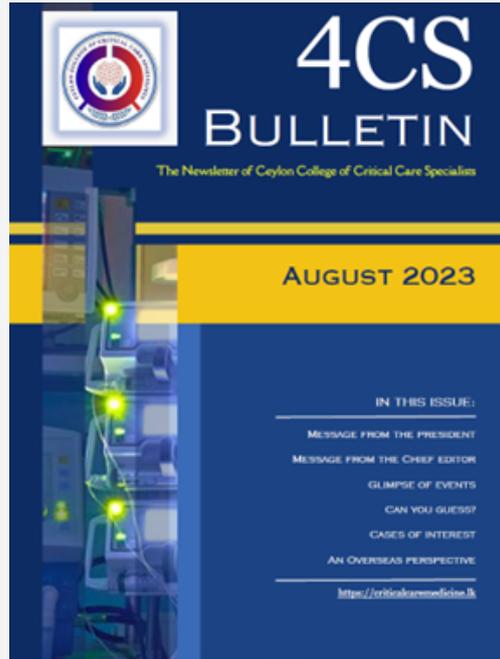
*Get Ready*

28th, 29th & 31st August 2023  
Online / Zoom platform  
(From 7pm to 9pm)

Registration fee - Rs 3000 (online registration) Non refundable  
(20% reduction for Associate Members)  
Further inquiries - Phone: +94 777584674 (Dr. Mularim)  
Email: academic.4cs@gmail.com

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**LAUNCH OF INAUGURAL NEWSLETTER – SEPTEMBER 2023**



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**INAUGURAL TRACHEOSTOMY CARE WORKSHOP – OCTOBER 24<sup>TH</sup> 2023**

**TRACHEOSTOMY WORKSHOP**  
All you need to know  
ORGANISED BY  
CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS

**COURSE CONTENTS**

- Basics of Tracheostomy
- Percutaneous Tracheotomy
- Tracheostomy Emergencies
- Tracheostomy Care in the ICU
- Weaning from Tracheostomy

*"with hands on simulation sessions"*

Registration fee – Rs 6500  
[20% reduction for Associate Members]

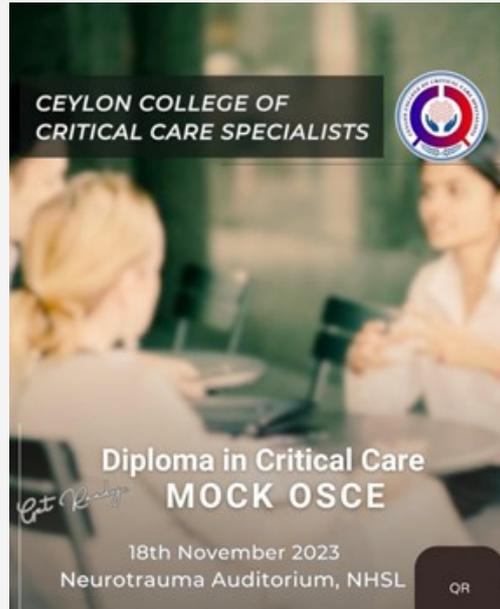
**NEUROLOGY BUILDING AUDITORIUM**  
(1ST FLOOR)  
National Hospital of Sri Lanka

**24th October 2023**  
**LIMITED PARTICIPANTS**

criticalcarecollege@gmail.com

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### DCCM Mock OSCE – NOVEMBER 2024



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### INDIAN SEPSIS FORUM – THE INTERNATIONAL EXPERTS MEET ON DIFFICULT AIRWAY MANAGEMENT & PULMONARY CARE – 1,2,3 DECEMBER 2023





## INDIAN SEPSIS FORUM CONTINUED...



Organized By:  In Association with: 

### The International Experts Meet on Difficult AIRWAY MANAGEMENT & PULMONARY CARE

*Breathe Easy*



SAVE THE DATES

1st	2nd	3rd
20	21	22
2023		

Venue :  
The Cinnamon Lakeside,  
Colombo

 reachmedvents@hotmail.com  
Help Line : Leena 9657746584, Brian 9322483455



## PRE-CONFERENCE WORKSHOP – MATARA SESSIONS 14TH DECEMBER 2023



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## 5<sup>TH</sup> CREST CRRT WORKSHOP FOR DOCTORS AND NURSES – 10/11 FEBRUARY 2024 – COLOMBO



**COMPETENCY RELATED ESSENTIAL SKILLS TRAINING (CREST) FOR CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) HANDS ON WORKSHOP**

**2024 FEB 10TH - FOR DOCTORS**  
@ Neurotrauma Auditorium  
National Hospital of Sri Lanka  
8 am - 5 pm  
scan the QR code to register  
Register yourself soon  
Limited participants  
Fee : LKR 7500/-  
LKR 6000/- for associate members of 4CS

**Organized by the Ceylon College of Critical Care Specialists in Collaboration with Aesculap Academy**

Our aim is to train and update on new advances of AKI, CRRT and the appropriate utilization of the techniques

**MACHINES AND MODES**    **CIRCUIT LIFE**  
**ANTICOAGULATION**    **PRECISION CRRT**  
**Haemoadsorption**    **Hands on Workshop**

**B BRAUN**    *Diligence*    **FRESENIUS MEDICAL CARE**    *abcpharma*

<https://criticalcaremedicine.lk>    @ criticalcarecollege@gmail.com



**COMPETENCY RELATED ESSENTIAL SKILLS TRAINING (CREST) FOR CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) HANDS ON WORKSHOP**

**2024 Feb 11th - Nurses**  
@ Neurotrauma Auditorium  
National Hospital of Sri Lanka  
8 am - 5 pm  
scan the QR code to register  
Register yourself soon  
Limited participants  
Fee : LKR 3500/-

**Organized by the Ceylon College of Critical Care Specialists in Collaboration with Aesculap Academy**

Our aim is to train and update on new advances of AKI, CRRT and the appropriate utilization of the techniques

**MACHINES AND MODES**    **CIRCUIT LIFE**  
**ANTICOAGULATION**    **PRECISION CRRT**  
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## COLLABORATIVE SESSION WITH COLLEGE OF PULMONOLOGISTS – PULMO-CRITICAL CARE – INAUGURAL SESSIONS



**PULMO CRITICAL CARE**

IN COLLABORATION WITH CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS & SRI LANKA COLLEGE OF PULMONOLOGISTS

**CASE BASE DISCUSSION**

TARGET GROUP - PG IN PULMONOLOGY / CRITICAL CARE / INTERNAL MEDICINE

Topic	Objectives	Resource persons
<b>Community Acquired Pneumonia</b>	<ul style="list-style-type: none"> <li>Recognition of CAP</li> <li>Knowing the Microbiology and antimicrobials</li> <li>Initial management</li> <li>Identification of atypical pneumonias</li> </ul>	Respi
<b>VAP</b>	<ul style="list-style-type: none"> <li>Recognition of VAP</li> <li>Knowing the Microbiology and antimicrobials</li> <li>Management</li> <li>Prevention</li> </ul>	Respi + ICU
<b>NIV for Acute Respiratory failure</b>	<ul style="list-style-type: none"> <li>Knowing indications of NIV</li> <li>Interpretation of ABG</li> <li>Application of NIV</li> <li>Troubleshooting</li> </ul>	Respi + ICU

Scan QR to Webinar    Date - 22nd May 2024    Time - 8.00 am - 12.00 pm    Sponsored by **Getz**



PULMO-CRITICAL CARE – INAUGURAL SESSIONS CONTINUED...



**Pulmo CritCare 2024**  
A Conference on Respiratory Critical Care

Jointly Organized by  
Sri Lanka College of Pulmonologists  
&  
Ceylon College of Critical Care Specialists

**SYMPOSIUM 1**  
Community-Acquired Pneumonia

- Differentiating CAPs: Typical, Atypical and Viral
- The Microbiology of CAPs: Diagnosis and Treatment
- Unusual Presentations: What to suspect & What to do!

**SYMPOSIUM 2**  
Ventilator-Associated Pneumonia & Nosocomial Respiratory Infections

**SYMPOSIUM 3**  
Enhanced Respiratory support in Respiratory Failure: HFNO, NIV and beyond

**PULMO CRIT QUIZ**

22 MAY WEDNESDAY | 8:30 - 1:30 PM | SLMA Auditorium





## OPENING OF POST-ICU CLINIC AT CSTH





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### **PARTICIPATION IN STAKEHOLDER COMMITTEES**

- Deceased donor programme meetings
- National PBM task force
- Sri Lanka college of microbiologists - Guideline development – Sepsis, CRBSI
- Central CPD committee meetings
- Prioritization of pharmaceuticals – MSD – MOH
- Intercollegiate committee / SLMA
- National Oxygen guidelines committee
- National ICU surveillance

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### **PROJECTS IN PROGRESS BY 4CS**

- National ICU protocol
  - Project Director: Dr Lilanthi Subasinghe
- ICU Quality improvement committee
  - Project Director: Dr Waruni Samaranayake
- CME programme for CC nurses
  - Project Director: Dr Sankalpa Vithanage
- First CC US workshop
  - Project Director: Dr Anushka Mudalige

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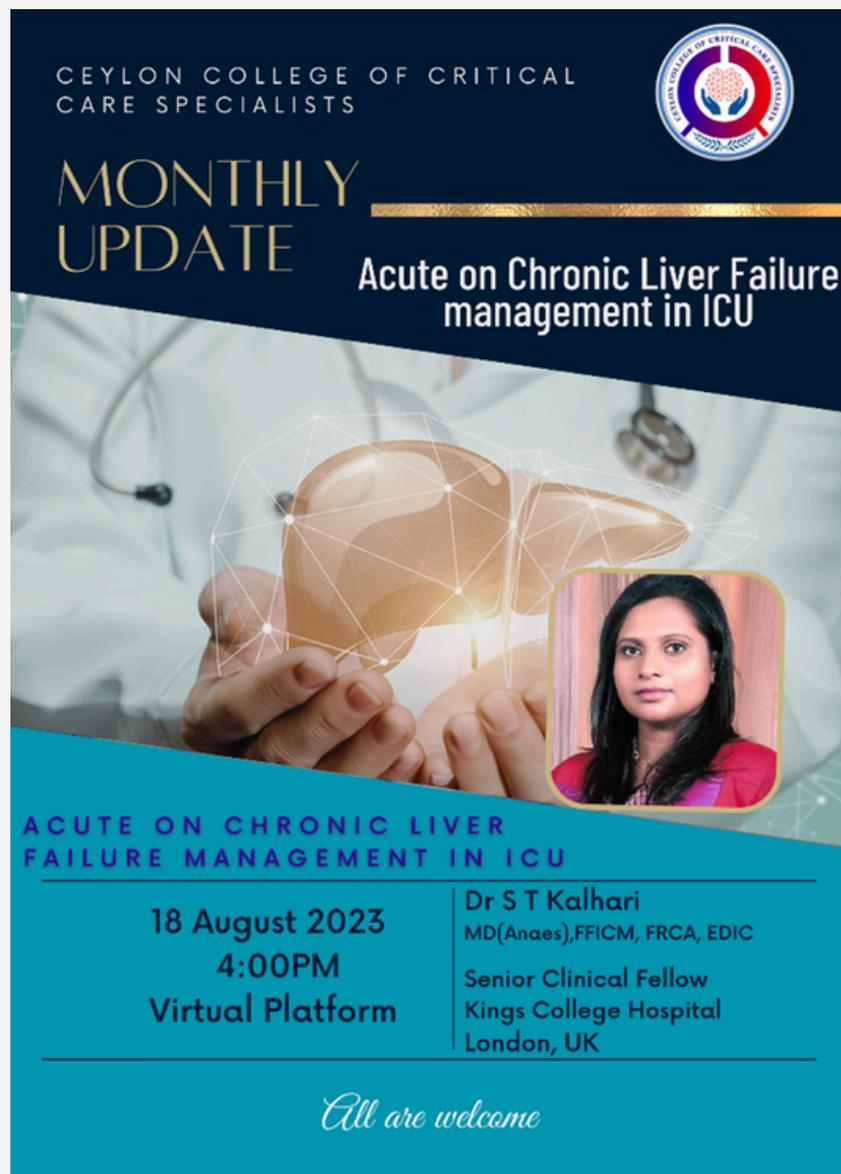
## ONLINE EDUCATIONAL ACTIVITIES

### (1) 4CS MONTHLY CRITICAL CARE UPDATE

August 2023:

Dr Tharuka Kalhari (UK)

Acute on chronic liver failure - management in in ICU



CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS

**MONTHLY UPDATE**

**Acute on Chronic Liver Failure management in ICU**

**ACUTE ON CHRONIC LIVER FAILURE MANAGEMENT IN ICU**

**18 August 2023**  
**4:00PM**  
**Virtual Platform**

**Dr S T Kalhari**  
MD(Anaes), FFICM, FRCA, EDIC  
Senior Clinical Fellow  
Kings College Hospital  
London, UK

*All are welcome*

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## ONLINE EDUCATIONAL ACTIVITIES CONTINUED..

### (1) 4CS MONTHLY CRITICAL CARE UPDATE

October 2023:

Prof Roopen Arya (UK)  
Thrombosis and Bleeding in critical care



CEYLON COLLEGE OF CRITICAL CARE SPECIALISTS



**MONTHLY UPDATE**

**"Thrombosis and bleeding in critical care"**

**"THROMBOSIS AND BLEEDING IN CRITICAL CARE: A PRECARIOUS BALANCE"**

**31 October 2023**  
**8pm**  
**Virtual Platform**

**Prof Roopen Arya**  
BMBCh, MA, PhD, FRCP, FRCPath  
Professor of Thrombosis and Haemostasis at KCL  
Clinical Lead for the National VTE Prevention Programme at NHS England  
Kings College Hospital  
London, UK

<https://us02web.zoom.us/j/84466632020?pwd=aUpuU3ZlcURwL090d20vSHJXTzRrQT09>

*All are welcome*

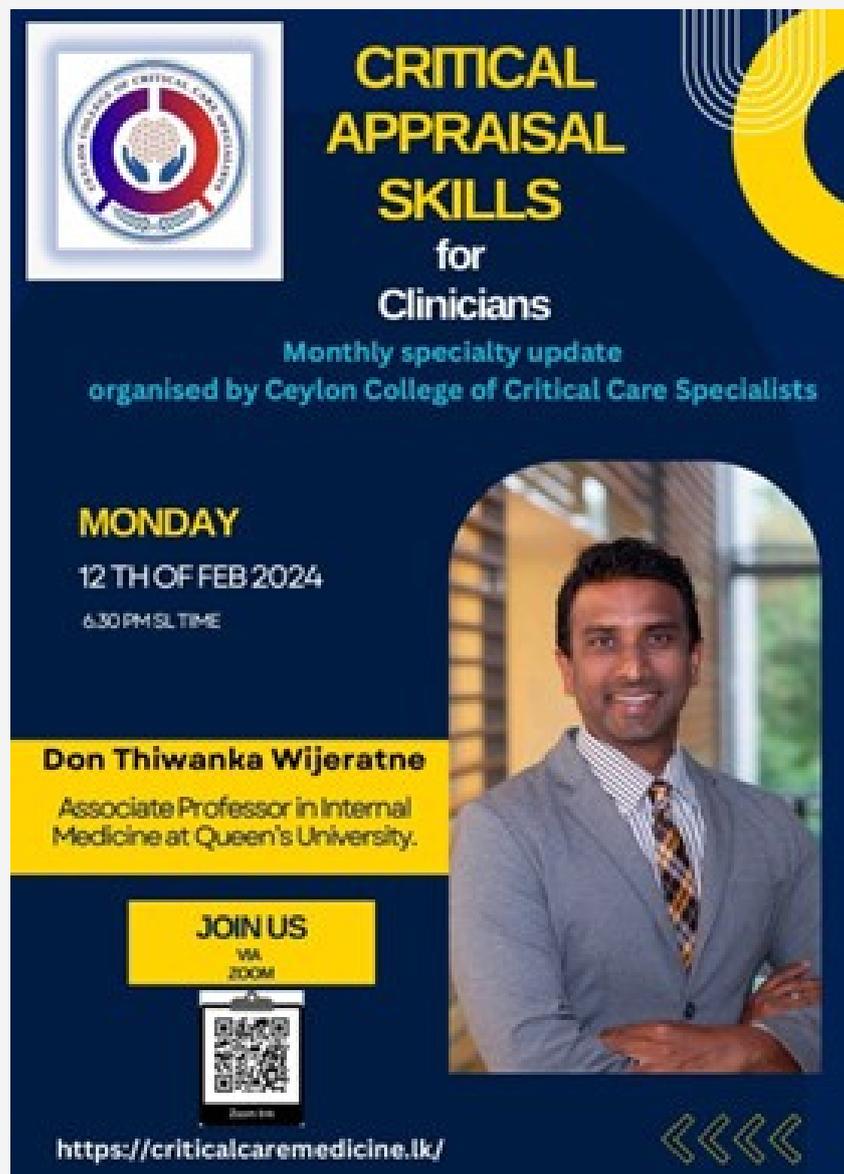
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**ONLINE EDUCATIONAL ACTIVITIES**  
CONTINUED..

(1) **4CS MONTHLY CRITICAL CARE UPDATE**

February 2024 :

Dr Thiwanka Wijeratne (CAN)  
Critical Appraisal skills for clinicians



 **CRITICAL APPRAISAL SKILLS for Clinicians**  
Monthly specialty update  
organised by Ceylon College of Critical Care Specialists

**MONDAY**  
12 TH OF FEB 2024  
6.30 PM SL TIME

**Don Thiwanka Wijeratne**  
Associate Professor in Internal  
Medicine at Queen's University.

**JOIN US**  
VIA  
ZOOM



<https://criticalcaremedicine.lk/>

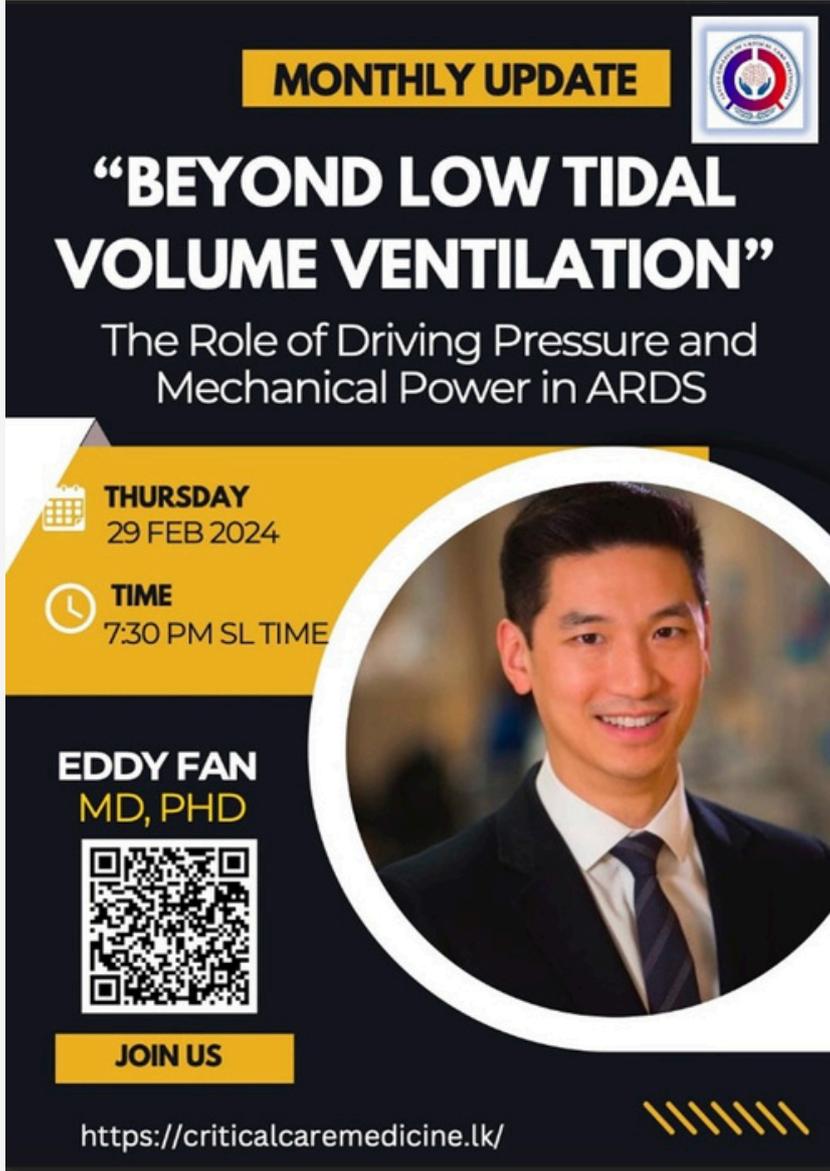
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**ONLINE EDUCATIONAL ACTIVITIES**  
CONTINUED..

(1) **4CS MONTHLY CRITICAL CARE UPDATE**

March 2024:

Prof Eddy Fan  
Beyond tidal volume ventilation



**MONTHLY UPDATE** 

**“BEYOND LOW TIDAL VOLUME VENTILATION”**  
The Role of Driving Pressure and Mechanical Power in ARDS

 **THURSDAY**  
29 FEB 2024

 **TIME**  
7:30 PM SL TIME

**EDDY FAN**  
MD, PHD



**JOIN US**

<https://criticalcaremedicine.lk/> 



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### ONLINE EDUCATIONAL ACTIVITIES

CONTINUED..

(2)

#### 4CS GRAND ROUND AND JOURNAL CLUB

- July 2023
- September 2023
- January 2024



### AN INTERESTING CASE

## A STORMY CASE OF DIABETIC KETO-ACIDOSIS (DKA) AND HYPERTRIGLYCERIDAEMIA INDUCED ACUTE PANCREATITIS

DR LILANTHI SUBASINGHE

A 30-year-old male with class 2 obesity and dyslipidaemia without a past history of diabetes, presented with severe abdominal pain, vomiting, polyuria, and polydipsia. Initial investigations showed severe DKA (pH 6.92 and  $\text{HCO}_3^-$  8), extreme hypertriglyceridaemia with triglyceride levels of 7068 mg/dL and acute severe pancreatitis showing contrast computed tomographic evidence of pancreatic necrosis. He was admitted to the intensive care unit and managed with invasive ventilatory support, aggressive fluid resuscitation, continuous insulin infusion, haemodynamic support with invasive cardiac output monitoring (PiCCO), and three cycles of therapeutic plasma exchange (TPE) which effectively and efficiently reduced the triglyceride levels and improved metabolic status. His HbA1c level was 12.2%, confirming he had been an undiagnosed diabetic. However, despite these efforts, the patient experienced complications, including worsening acute kidney injury needing continuous renal replacement therapy (CRRT), multi-drug-resistant ventilator associated pneumonia, Catheter related blood stream infection and septic shock, ultimately leading to his death on day 18 in the intensive care unit.



The extract following first cycle of TPE showing triglyceride-rich plasma



## AN INTERESTING CASE

CONTINUED...

DKA is characterised by insulin deficiency resulting in hyperglycaemia, ketosis, and metabolic acidosis. Insulin deficiency leads to uncontrolled lipolysis, which releases free fatty acids (FFA). The liver converts FFAs into ketone bodies and increases the synthesis of very low-density lipoproteins (VLDL) in which a portion 60 percent consists of triglycerides. Insulin deficiency causes lipoprotein lipase activity to decrease, leading to reduced clearance of triglycerides from the blood, contributing to hypertriglyceridemia. Severe hypertriglyceridemia is defined as levels exceeding 1000 mg/dL, is a risk factor for acute pancreatitis. The excess chylomicrons which carry triglycerides in a lipid-rich core, lead to capillary plugging and ischemia within the pancreas, leading to the release of pancreatic lipase. This enzyme hydrolyses triglycerides into toxic FFAs, which in turn causes further pancreatic cell injury. Insulin therapy is fundamental in controlling hypertriglyceridemia in this context. TPE is used in severe hypertriglyceridaemia since it rapidly reduces triglyceride levels by removing large amounts of triglyceride-rich plasma, reducing the risk as well as propagation of pancreatitis. This case highlights the extreme metabolic disturbances that can arise in the context of uncontrolled diabetes and the complex metabolic interplay between DKA and hypertriglyceridemia.

## PULSE

### THE POST ICU LIFE SUPPORT & EVALUATION CLINIC OF COLOMBO SOUTH TEACHING HOSPITAL



It was a historical day in Colombo South Teaching Hospital (CSTH) as the first 'Post ICU Life Support and Evaluation - PULSE clinic' was established on 21<sup>st</sup> of May 2024 by the Department of Anaesthesiologists and Intensivists. It was a day of celebration for the ICU survivors who survived due to the hard work and dedication of the ICU staff in managing and caring for the complex critically ill patients. The PULSE clinic opening ceremony was graced by the presence of Honourable Health Secretary Dr PG Maheepala and Director General of Health Services Dr Asela Gunawardena.

The concept of post ICU follow up clinics has evolved to recognise clinical impairments, provide therapeutic interventions and support to patients and their families to ensure a smooth rehabilitation back to normal life following critical illness. It is with this intention that the PULSE Clinic was established at CSTH.

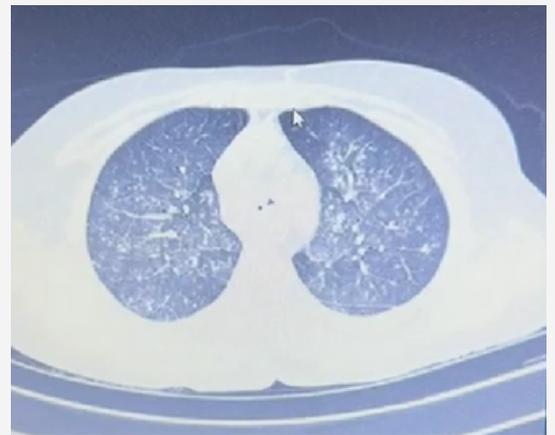
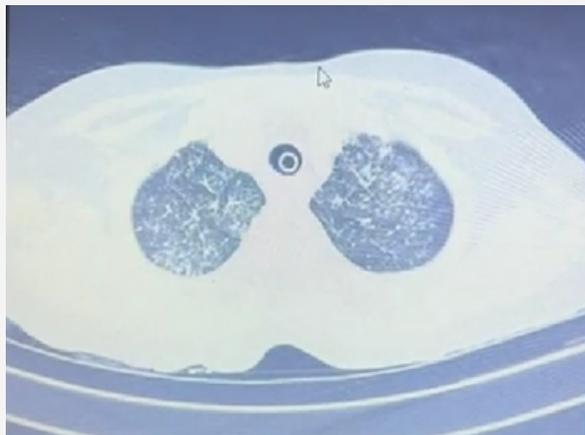
The opening of the clinic was followed by a ceremony where the Guest of Honour was Consultant Anaesthesiologist Dr Shirani Hapuarachchi who highlighted the importance of establishing a Post ICU follow up clinic and thereby improving the quality of healthcare services and the lives of patients.





### CAN YOU GUESS?

A 61-year-old female with a 1-year history of wheezing, managed with bronchodilators and steroids, presents with worsening respiratory distress after an upper respiratory tract infection. She has had multiple hospital admissions due to exacerbations and is now in the ICU with worsening type 2 respiratory failure, requiring intubation and mechanical ventilation. The following are her contrast-enhanced CT chest images at multiple levels.



What does the CT show ?

Find the Answer on page 30...



## END-OF-LIFE CARE FOR THE CRITICALLY ILL: SCOPE FOR THE CRITICAL CARE SPECIALIST IN SRI LANKA

DR SANKALPA VITHANAGE  
CONSULTANT INTENSIVIST



### Critical Care and End of Life Care:

Hippocrates, father of medicine, counselled clinicians not to treat patients who were “overmastered by their disease.” This concept of medical futility emphasises the ethical principle of beneficence in not offering therapies that are not beneficial to patients. Traditionally, healthcare provision in Sri Lanka focusses more on curative therapies, with less emphasis on palliative and end-of-life care. However, with the progressively ageing population with chronic organ failures and rising incidence of non-communicable diseases, such as cancers and cardiovascular and respiratory diseases, the requirement for comprehensive end-of-life care delivery for dying critically ill patients is a crucial necessity. Despite the presence of a few established palliative care units in some hospitals, their focus is primarily on dying cancer patients rather than those who are critically ill. Hospital treatment should guarantee a comfortable death for every dying patient.

Critical care units offer intensive treatments to patients with life-threatening illnesses, but transitioning these treatments into end-of-life care can be particularly challenging. This emphasises the importance of intensivists identifying medical futility while providing comprehensive care to dying critically ill patients and their families in order to improve the quality of the end-of-life experience.

### The Intensivist’s Role in End-of-Life Care:

Intensivists, with their expertise in managing life-threatening, complex patients, have a distinct scope in influencing the quality of end-of-life care. Their primary responsibility is not only to administer medical treatments but also to ensure that these treatments are in line with the patient’s goals and wishes, especially when curative therapies are futile. Symptom Management and Comfort Care: Critical care physicians have expertise in managing common symptoms of critically ill dying patients, such as pain, dyspnoea, agitation, and delirium. Incorporation of both pharmacological and non-pharmacological therapies is necessary to alleviate suffering while enhancing the



## END-OF-LIFE CARE...

### CONTINUED...

patient's comfort. In Sri Lanka, limited access to advanced palliative care services emphasises the critical role of the intensivist in symptom control.

## Challenges and Opportunities in the Sri Lankan Context

While the role of the intensivist in end-of-life care is clear, several challenges must be addressed to fully realize their potential for improving the quality of dying in Sri Lanka. Cultural and religious sensitivities: Sri Lanka's diverse cultural and religious landscape significantly impacts end-of-life care practices. Understanding and respecting these beliefs are essential for providing culturally appropriate care. Intensivists must be culturally competent and work closely with families to honour their beliefs and practices, particularly in the context of death and dying.

Resource Constraints: In Sri Lanka, the healthcare system faces resource constraints, particularly in outstations where access to specialist care and essential medications is frequently limited. Intensivists must advocate for better resource allocation and develop innovative strategies to provide effective end-of-life care within these constraints. This may include training general physicians and nursing officers in palliative care principles applicable to the delivery of end-of-life care.

Education and Training: In Sri Lanka, there is a pressing need for enhanced education and training in end-of-life care for intensivists. While they possess the technical skills required for critical care, additional training in palliative care, communication skills, and ethical decision-making is essential. Integrating these elements into the prospectus and offering continuous professional development opportunities will be crucial in building capacity for high-quality end-of-life care.

The scope for intensivists in Sri Lanka to improve the quality of death is vast and full of potential. We can pursue several key initiatives to advance end-of-life care.

Policy Advocacy: Intensivists can play a significant role in advocating for national policies that support the integration of palliative care into the critical care setting. This includes developing guidelines for end-of-life care, ensuring access to essential medications, and promoting the establishment of palliative care services in all healthcare facilities.

Capacity Building: Strengthening the capacity of the healthcare workforce to deliver end-of-life care is essential. Intensivists can make a significant contribution by mentoring junior doctors, participating in training programs, and fostering an environment that integrates palliative care principles into everyday practice.

Research and Innovation: Conducting research on end-of-life care practices in Sri Lanka can provide valuable insights and guide the development of evidence-based



## END-OF-LIFE CARE...

### CONTINUED...

approaches. Intensivists can lead studies that explore best practices for symptom management, patient and family communication, and ethical decision-making, contributing to the global body of knowledge on end-of-life care.

## Conclusion

End-of-life care is a vital aspect of healthcare, particularly in critical care settings where patients are often at the crossroads between life and death. In Sri Lanka, intensivists have a unique opportunity to enhance the quality of dying by integrating palliative care principles into their practice. By focussing on symptom management, effective communication, ethical decision-making, and interdisciplinary collaboration, intensivists can ensure that their patients experience a dignified and peaceful death. Addressing the challenges of cultural sensitivity, resource limitations, and the need for specialised training will be crucial in realising this goal. The future of end-of-life care in Sri Lanka depends on the commitment of intensivists to lead this change, ensuring that all patients receive the compassionate care they deserve in their final moments.



### CAN YOU GUESS?

#### ANSWERS TO THE QUIZ:

The clinical history of a 61-year-old female with recent onset wheezing, frequent exacerbations, and worsening type 2 respiratory failure, along with the CT findings, suggests a more sinister underlying pathology beyond bronchial asthma.

The contrast-enhanced CT chest reveals enhancing circumferential mural thickening in the lower trachea with a polypoidal lesion protruding into the tracheal lumen, leading to significant luminal narrowing. These features, combined with evidence of extra serosal spread, regional metastatic lymphadenopathy, and lymphangitis carcinomatosa, strongly point toward a diagnosis of primary malignant neoplasm of the lower third of the trachea.

In this patient, the malignant tracheal tumor likely contributed to her worsening respiratory status, exacerbating her type 2 respiratory failure and necessitating intubation and mechanical ventilation. This diagnosis also explains her recurrent respiratory exacerbations, as the tumour causes airway obstruction and predisposes her to infections.



# 4CS BULLETIN

The Newsletter of Ceylon College of Critical Care specialists