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AN INTERVIEW WITH D. W. JAYASINGHE ON ASPECTS OF CULTURE IN SRI LANKA

Le Roy Robinson

Didi Wilmot Jayasinghe is a medical doctor. His general and family practice is in Nugegoda, Sri Lanka.

He was born December 27, 1926, in Beruwela, in the Western Province.

His early education was at St. Benedict’s College, Kotahena, and Holy Cross College, Kalutara.

He graduated from the University of Ceylon.

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ROBINSON: Your wife Malika has told me about your interest in orchid cultivation, your merit award for your hybrid D. Jacqueline Hawaii Self, and your interest in photography, your first prize in color photography. She also said you work very hard. Patients calling day and night. How did you decide to become a doctor?

JAYASINGHE: In 1943. I was aiming at becoming an engineer and was studying math and physics. During a vacation which I was spending at my home in Beruwela, a doctor relative of my father’s happened to visit. He suggested to my father that I could be a doctor if I did botany and zoology. After he left, my father asked me whether I’d like to become a doctor. I said yes. I suppose that day changed my life. I entered a famous tutoring institute in Colombo and did botany and zoology and got into the university. After I graduated I worked for the government for three years in the Chilaw and Puttalam districts. Then I started private practice in Chilaw. After two years I decided to come closer to Colombo. I chanced on Nugegoda, where there were only eight doctors in practice. That was in 1962. With hard work I managed to overcome difficulties. Competition was high. But I’m still a practitioner in Nugegoda, where there are now about 36 doctors within a mile’s radius. My practice is as a general practitioner. Mostly a pediatrics practice. I do a little bit of minor surgery as well.

ROBINSON: What is the social status of medical doctors in Sri Lanka?

JAYASINGHE: Doctors here are respected and admired. They are classed in the same category as engineers and civil servants — the best products of the universities who join the public service.
ROBINSON: What is the image of doctors in Sri Lankan films?

JAYASINGHE: They are depicted as noble individuals dedicated to the art of healing.

ROBINSON: Do many people complain that doctors are "spoiled" by this respect and admiration?

JAYASINGHE: I don't think so. Doctors here do a lot of work. They have no time to be spoiled.

ROBINSON: Who are some of the famous doctors in Sri Lanka and what are they famous for?

JAYASINGHE: To name only a few — K. Dharmadasa, S. H. P. Nanayakkara, W. S. C. Perera, P. R. Anthonius, D. S. Attygalle. They — and others — are well known because of their capabilities in their specialties. They have attended a large number of patients from all over the island. They're famous because they have cured a large number of people — especially in the middle and upper classes.

ROBINSON: Going back to images, the only fiction I've read about doctors in Sri Lanka is James Goonewardene's "The Awakening of Doctor Kirthi". It's a description of poor morale in a Colombo hospital, poor hygienic conditions, poor management-worker relationships. Dr. Kirthi finally resigns and goes into exile. Is this picturization true to life?

JAYASINGHE: No, it's not very accurate.

ROBINSON: Dr. Kirthi reminds me that some people have referred to the "brain drain" from Sri Lanka. Do many doctors — and nurses, say — leave? Where do they go? Why do they leave?

JAYASINGHE: About five to six per cent of our medical personnel have left Sri Lanka during the last ten to fifteen years. They leave to better their prospects. Most leave because of the poor salaries that doctors and nurses were being paid during this period. Some leave because of the ethnic problem. Some take post-graduate education abroad. Most of them go to the U. K., some to Australia and the United States, a few to the Middle East.

ROBINSON: You say poor salaries. What are typical salaries for doctors and nurses in public service?

JAYASINGHE: Specialists receive about 5,000 rupees per year. Others about 2,500. Nurses get between 1,000 and 1,500 rupees.

ROBINSON: You say some doctors leave the island for ethnic reasons. Do Sinhalese doctors treat only Sinhalese patients and Tamil doctors only Tamil patients?

JAYASINGHE: No. There's no discrimination like this whatsoever. Any doctor here
ROBINSON: What is the social status of doctors' wives in Sri Lanka?

JAYASINGHE: They are given a high place in society. They help their husbands in various activities. They have just formed an association mainly to do social service. The Doctors Wives Association of Sri Lanka.

ROBINSON: What kind of social service?

JAYASINGHE: Looking after the medical needs of the very poor. Holding free clinics — especially in the remote areas. Helping patients in hospitals such as cancer hospitals, leprosy hospitals, tuberculosis hospitals. To organize lectures on various medical subjects. And to raise funds to do all these activities!

ROBINSON: Do doctors in private practice often do "charity" medicine?

JAYASINGHE: Yes, most of them treat deserving poor patients free of charge. I do that myself. And I also treat the clergy of any religion free of charge. Doctors conduct free clinics in different parts of the country, chiefly remote areas, under auspices of service clubs like the Lions.

ROBINSON: Where do most doctors in Sri Lanka get their medical education?

JAYASINGHE: Most Sri Lankan doctors get their basic medical training here. After eleven years of schooling, they go to medical school for five years. They have a one year post graduate period of internship and then two to four years for specialization. Some have gone abroad for their specialized training, mostly in London or Edinburgh; but within the last ten years or so specialized training has been available in most medical specialties in Sri Lanka.

ROBINSON: Which are the principal medical schools in Sri Lanka?

JAYASINGHE: There are four state medical faculties — in the Universities of Colombo, Peradeniya, Ruhana and Jaffna. There is one private medical school, in Ragama, north of Colombo. It was established in 1981 by the College of General Practitioners of Sri Lanka.

ROBINSON: I've heard there's some protest against this private medical school — "opening a wedge in public school education". What is this about?

JAYASINGHE: Yes, the students of the state university in Colombo don't like the same degree being awarded to students of the private medical college. They are agitating for a separate degree and a separate qualifying examination. Some government medical officers are also objecting that the government will absorb these students into service in government hospitals.

ROBINSON: Why is this school needed? Is its curriculum different from those at the four
state medical schools?

JAYASINGHE: This private school was established to serve students who could afford to pay who had failed to enter the state medical schools by a few marks. The curriculum is not very different. This school has been given the status of a degree awarding institution.

ROBINSON: How many women and men graduate from all these medical schools every year?

JAYASINGHE: There are about 1,000 graduates yearly. As I said, after graduation they have a compulsory period of internship for one year at one of the general hospitals on the island. Then they get a certificate that permits them to practice on their own. About thirty per cent go into private practice.

ROBINSON: I suppose most of these students come from the middle class?

JAYASINGHE: Yes, most of them are from the middle class — especially children of teachers.

ROBINSON: If a person is wholly educated as a medical doctor outside Sri Lanka, does he or she have to take a special examination to practice medicine in Sri Lanka?

JAYASINGHE: No.

ROBINSON: Are there foreign doctors practicing medicine in Sri Lanka?

JAYASINGHE: Yes.

ROBINSON: What is the level of medicine in Sri Lanka compared with the level, the standard, in other so-called Third World countries?

JAYASINGHE: Very much more advanced — according to the information I've had from our medical personnel who have worked as World Health Organization consultants in other Third World countries.

ROBINSON: In what way advanced?

JAYASINGHE: Our doctors are better trained. The hospitals here are better equipped. We have better laboratory facilities. Not including private practitioners or preventive medicine officers, we have one doctor for about every 8,000 people and one nurse for about every 2,000 people.

ROBINSON: Looking at the map you’ve given me showing the location of hospitals in Sri Lanka, I get the impression that most of them are in the South West area.

JAYASINGHE: Most of the hospitals are based in areas depending on the population. The South West area is thickly populated because the capital, Colombo, is in this area.

ROBINSON: Are there regional differences in the quality of medical care?
JAYASINGHE: There are no differences in the quality of care in different areas. No discrimination whatsoever.

ROBINSON: The map shows base hospitals and teaching hospitals and provincial hospitals. What is a base hospital?

JAYASINGHE: A base hospital is one which is fed by a number of small units called Peripheral Units, which are really small hospitals with a doctor in charge and which serve a population of about 30,000.

ROBINSON: The word "base" sounds military. So, regarding military medicine — if that's the correct term — does the Sri Lankan military have its own medical set up?

JAYASINGHE: Yes, the army has its own facilities — a large hospital in Colombo and base hospitals in Potala, Mannar, Panagoda and Diyatalawa.

ROBINSON: What is the status of medical doctors in military service? Are they permanently or temporarily in military service?

JAYASINGHE: Some doctors join the permanent military medical service. Some do government service working part-time in military hospitals. As for status, they are considered on a par with doctors working in government service.

ROBINSON: Would you describe the public health system in general?

JAYASINGHE: As I've suggested, we have a very advanced system of public health. The whole island, even the remote areas, is covered. As far as organization is concerned, the public health system is under the Director of Health Services and the Deputy Director. Presently Dr. Malinge Fernando and Dr. Joe Fernando. These directors change from time to time due to the retirement of officers who pass the age of 55.

Under the Deputy Director are the Director of Environmental and Occupational Health and the Director of Epidemiology and Specialized Campaigns. There are regional directors of health services under whom are the medical officers of health. We have a Director of Maternal and Child Health. We have directors of anti-malaria and filariasis. A director of nursing. A director of venereal diseases, a director of anti-leprosy, a director of public health veterinary services. There's a deputy director of health education and public information. We have a National Institute of Health Sciences. There are public health inspectors, public health nursing sisters, public health midwives. We have dental services, too, many dental clinics and school dental clinics.

Organization aside, prevention of disease is one of the most important aspects of government policy in Sri Lanka. Immunization against communicable diseases — TB, measles, diptheria, mumps, whooping cough, rabies, and so on — is done
on a mass scale. This is all done free of charge. Health education personnel visit homes in remote areas and give information about improvement of sanitation, for example. Due to mass vaccination, there is no small pox here anymore. Malaria and filariasis and leprosy are being controlled by different departments in the health program. There are public health campaigns against smoking and drinking alcohol, too.

ROBINSON: How about campaigns against spitting betel juice?

JAYASINGHE: Betel is being chewed by only a small majority of the people, mostly in the villages. Campaigns have been organized through the years pointing out the dangers of chewing betel — mainly by the Cancer Society.

ROBINSON: In regard to the dissemination of medical information to the public at large, are there many medical advice columnists on local magazines and newspapers?

JAYASINGHE: Only a few. But articles are written by specialists on various medical topics. Talks about health problems — for example, the causes of heart disease — are given on the radio and television. These talks, by the way, are given in Sinhala and Tamil and English.

ROBINSON: Is there much interest in physical fitness in Sri Lanka these days?

JAYASINGHE: Yes, physical fitness is becoming a big business at the moment. People are also getting health conscious. Many men go jogging, running or walking. Some use exercise equipment and some work out in gymnasiums or go to massage clinics and health parlors. Health conscious people adhere to various diet programs, for example, high fiber diets, low fat and carbohydrate diets.

ROBINSON: What are the conditions at physical fitness centers?

JAYASINGHE: I have not been to any of these physical fitness centers, so I'll not comment on their conditions.

ROBINSON: You've referred to public health services. Are there many private hospitals in Sri Lanka?

JAYASINGHE: There are numerous private hospitals. In Colombo, about fifty to sixty. In central towns there are about three to five in each.

ROBINSON: Are these hospitals open to patients of all backgrounds?

JAYASINGHE: Yes.

ROBINSON: Are there many specialized hospitals?

JAYASINGHE: Of course. We have orthopedic hospitals, neurological units, mental hospitals, a cancer hospital, a leprosy hospital, an eye hospital, an infectious disease hospital, venereal disease clinics, and so on.

ROBINSON: Is the medical treatment given in public and private practice equally good?
JAYASINGHE: Yes.
ROBINSON: Are there special hospitals for the physically handicapped?
JAYASINGHE: There are a large number of institutions for the physically handicapped, for both children and adults.
ROBINSON: In schools are physically handicapped children "streamed in" with so-called normal boys and girls?
JAYASINGHE: The physically handicapped are not admitted to the schools for normal children.
ROBINSON: Have you had many cases of Siamese twins?
JAYASINGHE: We have not had any "Siamese twins" born alive so far but there have been a few still births of two-headed babies.
ROBINSON: As for V. D., have there been many cases of AIDS in Sri Lanka?
JAYASINGHE: Only two. One a Sri Lankan who had been living abroad. A homosexual. The other, a visitor to this country. He was sent off.
ROBINSON: Do doctors in Sri Lanka try to avoid treating AIDS patients?
JAYASINGHE: Few doctors have had a chance to see or treat an AIDS patient here. Only a few V. D. specialists have had this chance. But I don't think our doctors would try to avoid taking patients with AIDS if they are called upon to do so.
ROBINSON: What is the attitude of the general public?
JAYASINGHE: It's not possible for me to answer this question. We've had only one victim of AIDS. It's my assumption that as with any such infectious disease the public will respond with revulsion.
ROBINSON: Are there many intensive care units here?
JAYASINGHE: Yes, there are. We have a modern Cardiology Unit and Coronary Care Unit at the General Hospital in Colombo. In Colombo there are several surgical and medical intensive care units. At Lady Ridgeway Hospital there is an intensive care unit for children. It was gifted by the Kiwanis Club of Colombo City at a cost of about ten million rupees. There's another intensive care unit at Sri Jayawardenapura General Hospital, a gift from Japan; actually, the entire hospital was a gift from the Japanese government.
ROBINSON: In general, what is the level of medical technology in Sri Lanka?
JAYASINGHE: Sri Lanka has been doing laser surgery for eye diseases for the last three or four years. Various scans are available in the Colombo General Hospital as well as in some of the private hospitals in Colombo. X-ray, electrocardiography and all laboratory facilities are available at all government hospitals in the island. All of this
equipment is imported. It's always up to date. Computer diagnostic systems are also available in most private hospitals and laboratories.

ROBINSON: Are transplants done in Sri Lanka?
JAYASINGHE: We do kidney transplants, bone marrow transplants, and cornea transplants.

ROBINSON: Where do the donors come from?
JAYASINGHE: Locally.

ROBINSON: Are these transplants done free of charge?
JAYASINGHE: Mostly free. Some on contributions from the public.

ROBINSON: Is there business in internal organs?
JAYASINGHE: No.

ROBINSON: Are artificial body parts available?
JAYASINGHE: Only corneas in a big way. An eye bank sends these to all parts of the world. As you know, Dr. Hudson de Silva is a pioneer in this field. He's made a great contribution towards restoring vision to the blind. He has so far sent about 30,000 eyes to most countries in the world that need them, through the Eye Donation Society.

ROBINSON: Is artificial insemination permitted in Sri Lanka?
JAYASINGHE: Yes. It's often done.

ROBINSON: Is surrogate motherhood permitted? Is it done often?
JAYASINGHE: It's permitted but it's rarely done.

ROBINSON: Are there sperm banks?
JAYASINGHE: No.

ROBINSON: Is acupuncture used often?
JAYASINGHE: Acupuncture is fairly common in Sri Lanka. There are quite a number of acupuncturists. One of the foremost is a Western qualified doctor, Dr. Anton Jayasuriya. But acupuncture is not much valued by most Western oriented doctors. Yet it has a place in Sri Lanka.

ROBINSON: Do you have adequate emergency ambulance services?
JAYASINGHE: There is ambulance service at every government hospital in the island and at some private hospitals. There's an ambulance service run by the Red Cross and the Colombo Municipality and the Cardiology Unit. Some of these ambulance crews are especially trained. But emergency care is not always adequate. And private ambulance fees are high.

ROBINSON: Are most medical laboratories up to date?
JAYASINGHE: Yes, most medical laboratories here are up to date, especially the larger ones of which there are six or seven. The government has a large laboratory in the Medical Research Unit and in every large government hospital in Sri Lanka. They are reliable. They are well-controlled. And there are small private laboratories in Colombo and the suburbs and also in every large town.

ROBINSON: Are the fees of private labs high?

JAYASINGHE: Yes.

ROBINSON: Who pays these fees directly? Doctors? Patients?

JAYASINGHE: Patients.

ROBINSON: Is medical experimentation conducted?

JAYASINGHE: Experimentation is conducted mostly at the Medical Research Unit in Colombo. Animals are used. Frogs, rats, rabbits. The purpose of experimentation is to discover the causation of certain diseases and preventive methods.

ROBINSON: How is animal experimentation controlled?

JAYASINGHE: It's controlled by the government since there's only the one research unit.

ROBINSON: Are there any objections from animal protection groups?

JAYASINGHE: No.

ROBINSON: Do you have anything like the "Human Subject Protection Committee" common in university hospitals in the United States?

JAYASINGHE: Human beings are not used for experimentation here but are used for Drug Trials.

ROBINSON: Have there been many cases of malpractice in Sri Lanka? That is, legal suits.

JAYASINGHE: So far only one case that I know of. Involving an obstetrician. Away from Colombo. In Kandy.

ROBINSON: Is malpractice insurance available?

JAYASINGHE: There is no malpractice insurance in Sri Lanka so far, but provision will have to be made for this very soon.

ROBINSON: Is there a system of government health insurance?

JAYASINGHE: There is no system of health insurance in the public sector. Private insurance is available through the Insurance Corporation of Sri Lanka and other private insurance firms. Let me remind you that medical care for the public is completely free in all government hospitals and clinics in the island.

ROBINSON: Is medical care free for members of all social classes? If it's free, why the
need for insurance?

JAYASINGHE: It's free to all. Insurance is government policy.

ROBINSON: What is a typical charge for medical service in private practice?

JAYASINGHE: For consultation by a specialist between 50 and 75 rupees.

ROBINSON: Is there a system of workmen's compensation for work-connected disabilities?

JAYASINGHE: Yes, our system of workmen's compensation is similar to those available in other countries. There's also a Provident Fund for all workers. The employer pays 2/3 into this fund and the employee pays 1/3. After the employee retires at the age of 55, he collects the full amount.

ROBINSON: What are the main causes of death here?

JAYASINGHE: The top five causes, say, are from diseases of the circulatory system, injuries and poisoning, infectious and parasitic diseases, diseases of the respiratory system, and malignant diseases like cancer.

ROBINSON: What is your definition of death?

JAYASINGHE: A patient is deemed to have died if a registered medical practitioner certifies that he is dead. In Sri Lanka a medical practitioner considers a person dead if there is a stoppage of cardiac function.

ROBINSON: Do doctors tell patients when they have cancer?

JAYASINGHE: Most of them do.

ROBINSON: Do patients want to know they have terminal diseases?

JAYASINGHE: Yes, most of the patients want to know.

ROBINSON: Is euthanasia practiced in Sri Lanka?

JAYASINGHE: No.

ROBINSON: What is the death rate in Sri Lanka?

JAYASINGHE: As far as statistics are concerned, the crude death rate is about 6.0 per 1000 people. The death rate has dropped from 21.9 per 1000 in 1945. Similarly, in 1945 the maternal mortality rate was 16.5 per 1000 live births; now it's lower. Infant mortality was 140 in 1945; now it's 23.1. Life expectancy is now about 67, up from 42.8 in 1945. These statistics indicate that the level of public health in Sri Lanka is very high.

ROBINSON: What are your most common diseases?

JAYASINGHE: Among children, infantile diarrhea, influenza, viral and bacterial bronchitis and broncho-pneumonia, and worm infestation. Among adults, influenza, bronchitis, ischemic heart disease, hypertensive heart disease, and — but only in certain
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areas — malaria and filariasis.

ROBINSON: Are there many skin diseases related to excessive sunlight?

JAYASINGHE: No.

ROBINSON: Are there differences in the incidence of these diseases among the various regions?

JAYASINGHE: Yes, as I just pointed out, in certain areas malaria is prevalent, due to the Anopheles mosquito present in those areas. Filariasis is prevalent in other areas, especially the Southwest coastline, due to the Culex tarsalis mosquito being present there. Heart disease is more common in the more developed areas. Nutritional deficiencies and worm infestation are more common in the remote areas, areas very far from the cities.

ROBINSON: Is there much sickness among doctors themselves?

JAYASINGHE: No, except for heart disease.

ROBINSON: Are there many people suffering from mental diseases?

JAYASINGHE: Yes. There are many cases of psychiatric disorders. Schizophrenia, for example. There are three large hospitals especially to house these patients, two in Colombo and one outside Colombo. There is also a psychiatric ward in the General Hospital in Colombo and one in another hospital to house some of these patients. These two hospitals are attached to the University of Colombo and to the University of Peradeniya. Psychopathic diseases are very common. Alcohol and drug abuse are major problems too.

ROBINSON: I understand that since 1980, when there were almost no known cases of heroin addiction, there are now over 25,000. What is the reason?

JAYASINGHE: Availability to the younger generation.

ROBINSON: Is there morphine addiction too here?

JAYASINGHE: Yes.

ROBINSON: Much use of marijuana?

JAYASINGHE: Yes.

ROBINSON: Addiction to tranquilizers?

JAYASINGHE: Yes.

ROBINSON: Is it easy to buy tranquilizers, say, at a pharmacy?

JAYASINGHE: Very easy. There are hardly any restrictions.

ROBINSON: Are there special clinics and hospitals for drug addicts too?

JAYASINGHE: Yes.

ROBINSON: Do you have many suicides?
JAYASINGHE: Yes. There are regional and class differences.

ROBINSON: Do you have a system of nursing homes for the aged?

JAYASINGHE: Most of the aged people are looked after by their relatives. The necessity for the government to handle this is not there. A few old people are admitted to homes available from and mostly operated by voluntary and religious organizations. SNEHA, for example. SARANA. Mallika Home. The government gives grants to these homes. But this is a small percentage of the actual expenditure incurred for their maintenance.

ROBINSON: Is the treatment in these homes acceptable?

JAYASINGHE: Yes.

ROBINSON: Do you have hospices for the terminally ill?

JAYASINGHE: There's Victoria Home for the Incurables. We also have homes for the destitute. They are almost always run by private social organizations.

ROBINSON: In general, what are some of your main problems in the practice of medicine?

JAYASINGHE: The high cost of free medical care for the large population is a serious economic problem. In terms of providing service, the lack of adequate numbers of medical and nursing personnel is a problem. The cost of drugs is high. In the remote areas there is lack of education in medical matters. People still believe in other remedies. Witchcraft, for example. There are witchdoctors, so to speak. Other religious beliefs. Members of some religions refuse blood transfusions, for example. The non-availability of alternative medical facilities is sometimes a problem. Because of free consultation and free medical services, large numbers of people attending government hospitals and clinics reduce efficiency and the time that should be devoted to each patient.

ROBINSON: Are medicines used in Sri Lanka made here or are they imported?

JAYASINGHE: As I mentioned, drugs are very expensive. One reason is that most drugs are imported. A few are manufactured by private firms here — Glaxo, Pfizer, Unical. The Sri Lanka State Pharmaceutical Corporation imports most of the drugs necessary for the government hospitals. Certain private institutions and practitioners are allowed to import any drugs provided they are approved by the Formulary Committee appointed by the government.

ROBINSON: Have you ever had a case like that of the thalidomide babies?

JAYASINGHE: No.

ROBINSON: How are drugs, medicines, distributed throughout the island?
JAYASINGHE: Drugs are channelled through about 5000 chemists — you’d say pharmacists — and 1200 general practitioners and four retail outlets, three in Colombo and one in Kandy. A drug store is a profitable business.

ROBINSON: Can a person walk into a drug store and buy an over-the-counter medicine in any quantity?

JAYASINGHE: Yes, but in variable quantities.

ROBINSON: Can private practitioners sell medicines directly to patients?

JAYASINGHE: Yes.

ROBINSON: Do your doctors in private practice have a tendency to over-prescribe?

JAYASINGHE: Over-prescribing is not confined to the doctors in the private sector. Even government doctors have a tendency to over-prescribe occasionally. Especially because drugs are given free to their patients. Private doctors generally do not over-prescribe because of the high cost of drugs. If they do it at all, it’s due to their anxiety to cure the patient as soon as possible.

ROBINSON: How has the current communal crisis affected the practice of medicine?

JAYASINGHE: The ethnic crisis has not affected the practice of medicine in a significant way — except maybe in the North of the country. People in that area have great difficulty in receiving medical treatment because of the dangerous conditions that prevail there. Also many doctors who were in practice there have left the place. The surgeons have had more work — caring for the injured among the police and army personnel, who are the ones most affected by terrorist acts.

ROBINSON: How are people injured in such attacks in Colombo handled?

JAYASINGHE: Surgery teams and ambulances transfer them to the General Hospital or the Sri Jayawardenapura Hospital in Kotte.

ROBINSON: Have you ever been called to the scene after one of these attacks?

JAYASINGHE: No.

ROBINSON: Who takes care of patients in Sinhala and Tamil refugee camps?


ROBINSON: Finally, how has the ethnic crisis affected relations among medical doctors in Sri Lanka?

JAYASINGHE: The relations among doctors of all ethnic communities are very cordial socially and professionally. Except for a few instances of personal animosity, there is no enmity.