A Tribute to Prof. Dulitha N Fernando

Editorial

Transformation of Community Medicine as an academic discipline**Narada Warnasuriya**

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Dulitha Nandanie Fernando (1944-2021) joined the Faculty of Medicine, University of Ceylon in 1970, its centenary year, as a probationary lecturer in the Department of Public Health. She retired from the same department 40 years later as the Senior Professor of Community Medicine. She was appointed to the cadre chair in the department in 1989 and held the post for 21 years. The department had two name changes during this period viz: to the Department of Public Health and Preventive Medicine in the mid-seventies and to the Department of Community Medicine in 1980. In effect, she was the first person to be appointed as Chair Professor of Community Medicine in the oldest and most prestigious medical school in Sri Lanka.

It is my contention in this short essay that the change in name of the discipline from Public Health to Community Medicine was not a mere cosmetic exercise but one that heralded a major change in the way that the discipline was viewed by the medical profession as well as the general public. It also achieved a major change in the way practitioners of the discipline viewed their role in society and enhanced their sense of self-worth and confidence. It is also my contention that Professor Fernando epitomised this transformation as a role model and that she actually played a major role in it.

In spite of the major contribution that public health services, through the health unit system, had made in the reduction of morbidity and mortality in Sri Lanka, in both the public eye and profession's own perception, it had less prestige and was a lowly rated career choice for the young medical graduates. This was partly due to the fact that even its senior practitioners except for a few in the academia, possessed only a postgraduate diploma such as DPH or DTPH. Their career pathway was often directed towards medical administration and they did not have

specialist status like the clinicians. Their role in direct patient care was seen to be minimal. Even among the generalists, the district medical officer (DMO) had greater public recognition than the medical officer of health (MOH). The public perception was that they dealt primarily with issues related to sanitation. Their role in maternal and child health and prevention of communicable diseases was less recognized.

The setting up of the Post Graduate Institute of Medicine (PGIM) of the University of Colombo, Sri Lanka in 1981 and delivering post graduate education locally was the major impetus to achieving equitable professional status for all post graduate disciplines including community medicine. However, for this to succeed, it was imperative to define the content and practice of the discipline of community medicine broadly in a socially relevant manner and to deliver the training and assessment in a credible manner comparable to any of the clinical specialities. Board of Study in Community Medicine of the PGIM and the newly founded College of Community Physicians of Sri Lanka measured up to this task. Professor Fernando played a key role in both with great dedication and competence. During this period, the discipline blossomed into a well-recognised one on par with the major clinical disciplines. Its vital role in health promotion and prevention of illness became apparent. It took over the leadership in epidemiological and health services research and its practitioners came to occupy important positions in health administration and planning and the academia. Even more importantly it instilled a range of relevant clinical skills in its practitioners which helped to remove the perception that their tasks were confined to paperwork, sanitation and buildings, with minimal contact with people. From being a low career choice for young doctors, it became one of the most sought-after postgraduate courses. The male preponderance among the practitioners of public health was soon reversed and community medicine began to attract high quality applicants from both genders with a slight female preponderance. Professor Fernando was a harbinger and a catalyst to these developments.

Having had her post graduate training in one of the world-renowned post graduate centres in the London School of Hygiene and Tropical Medicine, she

returned to the department armed with a DTPH and PhD. She had also done a Certificate Course in Epidemiology. Brimming with confidence, she involved herself in all aspects of the work of the department including providing public health services within the Community Health Project Area in Kotte. She especially enjoyed the social paediatric programme done in collaboration with the Department of Paediatrics. She clearly believed that provision of integrated care was an essential ingredient in the practice of community medicine.

Professor Fernando was appointed to the cadre Chair in Community Medicine at the Faculty of Medicine, University of Colombo in 1990 at a relatively young age of 45 years for a tenure slightly longer than her two predecessors Professor OER Abhayaratne (1949-1968) and Professor Earl De Fonseka (1968-1988). In 1992, she was also appointed the Course Director of the MD in Community Medicine of the PGIM and became the Chairperson of the Board of Study in Community Medicine and held this position for three terms. The professional association of the public health practitioners originally established in late 1920s as the Society of Medical Officers of Health had become the Association of Social and Preventive Medicine in late 1960s and was renamed as Sri Lanka Association of Community Medicine in the early 1970s. Professor Fernando became its president in 1995. It underwent a major transformation into the College of Community Physicians of Sri Lanka during her tenure. She was the Founder President of the College in 1996/97. This was certainly not an exercise in semantics but a quantum leap in the character and public perception of the profession. She oversaw this transformation in her unobtrusive but emphatic manner.

She was a true role model for the new breed of specialists in community medicine. With impeccable decorum, modesty in spite of her significant achievements and absolute integrity in research, teaching and administration, she mentored her trainees in the same mould. Almost all the post graduate trainees whose doctoral theses she supervised, have gone on to excel in their chosen area and have contributed to the development of the discipline of community medicine by both precept

and practice. Many have reached the highest rungs of academia, administration or clinical services holding senior decision-making positions in health policy and healthcare delivery nationally and internationally.

Being conversant with the essential public health functions and the need for diverse human resources for health, Professor Fernando actively involved herself in training such categories and initiated several extension courses in which those without a medical degree could participate. She initiated a Centre for Health Service Research and was actively involved in getting research into practice by participation in numerous policy-making and technical advisory committees. She provided consultancy services to both national and international agencies involved in healthcare. In all these activities, she epitomised the role of a community medicine specialist.

In the Sri Lankan context, from the time when the first health unit was set up in 1926, it is the MOH who gave leadership to the health team. The success of this physician led model in improving the health status of the people is undeniable. While recognizing the tremendous role that other health professions have played in this success, Sri Lanka has opted to continue with this model in the delivery of public health services. The new breed of community physicians has the ability to be evidenced-based in decision making. They are more participatory in their approach to research and health care delivery. They will continue to give leadership to the essential public health functions in the Sri Lankan context.

Professor Dulitha Nandanie Fernando's role in developing and sustaining this model needs be placed on record.