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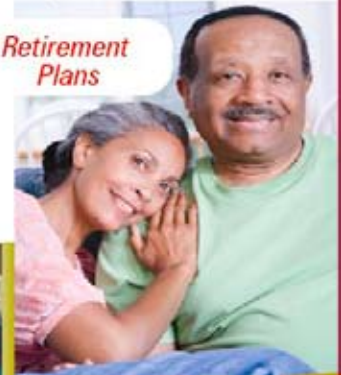
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# President's Message



Welcome to the Medical Association of Jamaica's (MAJ) Annual Symposium 2014. We sincerely appreciate your continued support, and hope that you will find value in the presentations and discussions during the course of this conference.

Our theme this year, 'The World of Medicine', will allow us to reflect on the role of doctors and

other health care professionals from a local and international perspective in delivering quality health care in Jamaica. For many years, our friends and colleagues have continued to conduct important research which has impacted medical practice here in Jamaica as well as internationally. We continue to be grateful to our colleagues who continue to share and impart their knowledge. Technology has made the world a smaller place, while at the same time, increased our appetite for knowledge. During this conference we hope to explore emerging areas in medical practice.

The MAJ Symposium provides the opportunity to share knowledge and experiences with one another. We should all be reminded that the practice of Medicine is a lifelong

undertaking, a lifestyle, and a life of sacrifice. Therefore, we must all continue to improve our practice of the art of medicine; both clinical and non-clinical, for the benefit of our patients and the country.

As the MAJ looks ahead, our "Healthy Population" Campaign was launched earlier this week at our opening ceremony. We will be focusing on the health needs of our country, beginning with Obesity. It is hoped that through this Campaign we will be able to increase the health knowledge of a diverse group of community members on areas including healthier nutrition choices, and the importance of increased physical activity. The "Healthy Population" Campaign will be sustained for the next eighteen (18) months as part of the MAJ's 50th Anniversary Celebrations.

Your support and participation in the activities and programmes of the MAJ are very important to us. Please enjoy this year's Symposium. We look forward to seeing you next year!

Together we are stronger!

Shane Alexis

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# Message from THE MINISTER OF HEALTH



The Medical Association of Jamaica should be commended for hosting another symposium at which members can come together to share knowledge and experience in a bid to improve health care in Jamaica while developing the medical profession. It is important to keep abreast of new technologies and developments in medicine

while we continue to put solutions in place to protect the health of our population. Evidence based policies will largely be determined by the information that we have at hand and this is a good way to ensure that we are moving from an informed position when we make policy decisions that will affect our future.

Your symposium provides us with the opportunity to balance decisions with available information while analysing how new technology and developments have affected health

care in other areas. It is therefore a means by which we can begin to formulate strategies and determine the types of technologies and policies that we will need to combat threats to health and development. This kind of partnership is important for us to move closer to achieving our health objectives outlined in Vision 2030 towards making Jamaica the place of choice to live, work, raise families and do business. Without a healthy and productive workforce, we cannot have sustainable development.

The task ahead of us is not easy, but by working collaboratively we can make meaningful progress. The Ministry relies on partnerships to be able to deliver quality health services to the people of Jamaica and I thank the MAJ for being a valuable partner over the years. I look forward to the outcome of your presentations and discussions. I wish you all the best for the successful staging of your 2014 Symposium.

Dr. Fenton Ferguson, DDS, MP

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# Message from THE SYMPOSIUM CHAIRMAN



I would like to take this opportunity to welcome you to the annual Symposium of Medical Association of Jamaica from June 6th to June 8th. The theme for this year is "The World of Medicine".

The Medical Association continues to seek innovative strategies to host our symposium despite the harsh economic environment in which we operate. Within this context, we are

experimenting with a new format for our academic programme by expanding the allotted time for our sessions and reducing the number of sessions for the 3 days. This we believe will enrich the academic value by allowing the presentations to be more focused and detailed. It also facilitates, on marketing front, increased opportunities for our session sponsors.

For this year's symposium, within the global theme of "World of Medicine", we have chosen to open our conference with innovations in neurosurgical care with lectures from local and international faculty. This will be followed by a session on Disability and Rehabilitation where the keynote address will be given by Dr. Peter Wing who will also be the Guest Speaker at the Awards banquet. On Saturday, June 7th, we


will have our now regular feature of "Business of Medicine" session followed by an Oncology session. This oncology session is part in response to the recognition of the increasing burden that cancers are placing on the health of the nation thus making it a national health priority issue.

We have continued the collaboration with the Caribbean College of Family Physicians and on Sunday June 8th we will have a jointly hosted programme with this group focusing on the Non-Communicable Diseases and Public Health. We are pleased this year to have the Mike D'Silva lecture delivered by Dr. Kam Mung on behalf of the Pan American Health Organization.


Another feature first introduced in 2011 and continued for Symposium 2014 is to include in the symposium magazine, a feature article which can act as useful reference about particular health issues within the country. For this year, the feature article is on "Outlook on Spinal Cord Injuries in Jamaica" and focuses on recent developments in this field.

Once again, on behalf of the Planning committee, I welcome you as well as our various sponsors to our Symposium and wish that you will have a productive and rewarding experience.

**Professor Marvin Reid, MBBS, PhD**



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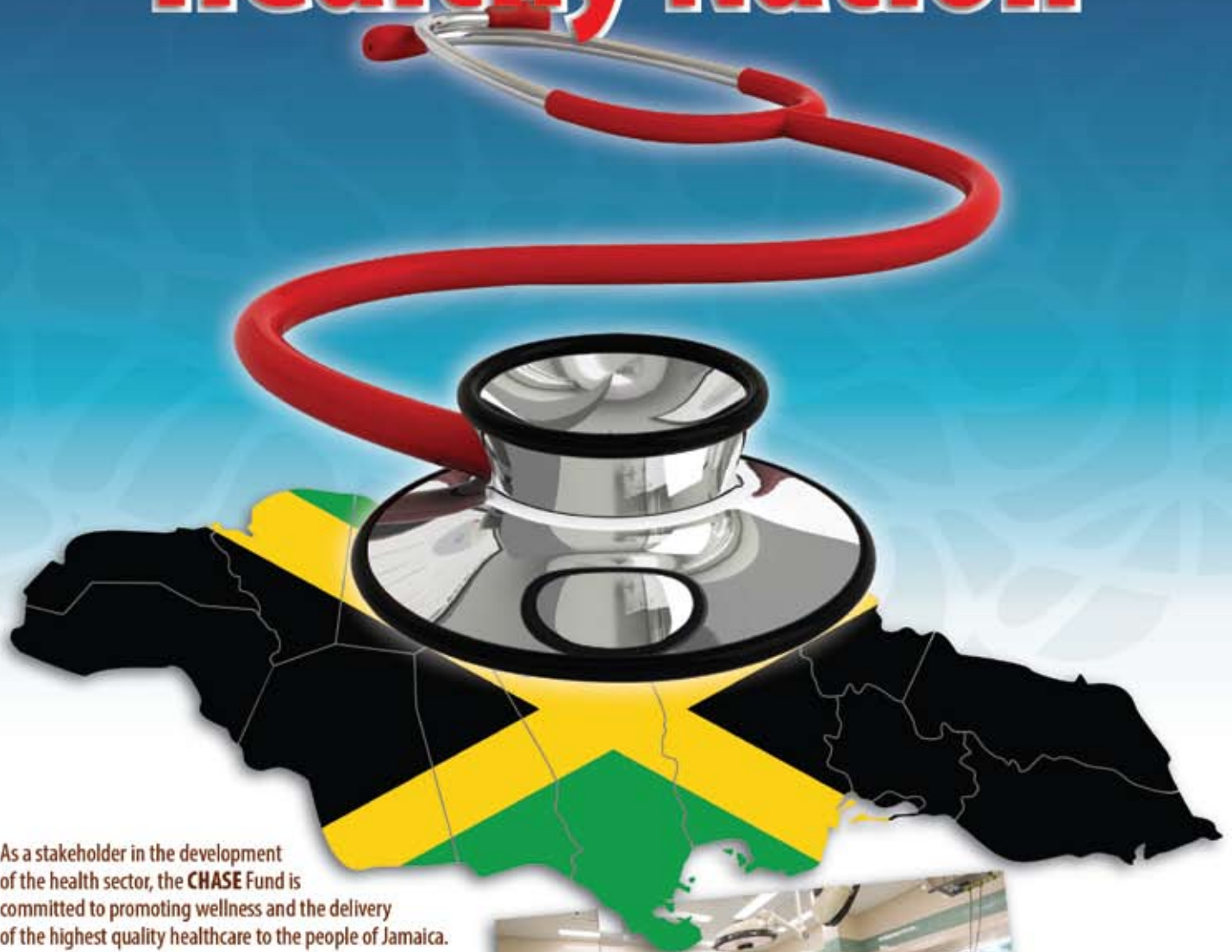
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# ABOUT THE MAJ

The Medical Association of Jamaica evolved from the BMA Jamaica Branch which was constituted as the first overseas branch of the British Medical Association in 1877. After independence, the Medical Association of Jamaica was formed to replace that body. There are now over two thousand (2,000) members (representing all specialities and medical students).

The MAJ is the umbrella organisation for all professional medical associations and societies in Jamaica, all of which have a representative elected to sit on the Council of the Association.

The Medical Association of Jamaica provides a wide range of advisory services including health sector reform and rationalization, continuing medical education seminars and workshops, and the following insurances - medical indemnity, motor vehicle, health, disability and income replacement.



The activities of the Association are financed from the income derived from annual membership subscriptions, symposia, MAJ travel club, endorsements, investments, premium commission earned from the conduct of business services which include medical indemnity insurance, fax and photocopying.

The Association's head office is located in St. Andrew and is staffed by an Administrator, Secretary/Receptionist, Secretary (Temporary) and two other full-time members of staff.

The Association is a registered non-profit organization which is run by elected officers including a President, President Elect, Vice President, an Honorary Secretary and Assistant Honorary Secretary, an Honorary Treasurer and Assistant Honorary Treasurer, and a Council comprising of elected officers, past presidents and presidents/chairmen of member associations/societies.

The activities of the Association are run by the Executive and a number of committees.

## MAJ's Secretariat Staff



**Back:** Dr. Colette Cunningham-Myrie, Kadesha White Rowe, Michael Gordon  
**Front:** Anetta Anderson, Marsha Henry, Maureen Phillips-Campbell

## MAJ Executive Members 2013 -2014

Dr. Shane Alexis  
 Dr. Myrton Smith  
 Prof. Marvin Reid  
 Dr. Colette Cunningham-Myrie  
 Dr. Karen Phillips  
 Dr. Colin Abel  
 Dr. Steve Foo  
 Dr. Aggrey Irons

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## MAJ Five Year Five Point Plan (FYFPP) “Healthy Population”



During the administration of past MAJ President Dr. Winston De La Haye a strategic plan to underpin the operation of the MAJ was created entitled “Five Year Five Point Plan (FYFPP), “Towards The Golden Jubilee”. The strategic plan states “The goal of this new five-year blueprint frames our efforts here at the MAJ to build on the foundation of

a Strong and Effective MAJ and direct all of our services towards achieving a Healthy Profession, Healthy Patients, Healthy Physicians and a Healthy Population. It is our intention to benchmark the Association’s plan for improving medical services in Jamaica to international standards

and to align the FYFPP goals with our Government’s and CARICOM’s plans to meet the Millennium Development Goals for the Health Sector”. This plan has been adopted by all subsequent administration with varying levels of implementation success. At the start of this administration, a decision was taken to conflate the activities of this strategic plan into a single theme that of “Healthy Population”. This brief dissertation will provide an overview of the programme.

Epidemiological studies in Jamaica have reported that non-communicable diseases are the major health problems in Jamaica. For example, Cardiovascular Diseases (CVDs) are common with ~36% of Jamaican between 15 to 74 years having at least 1 CVD. Approximately 25% of the Jamaican population is obese with a female to male ratio of 3:1 (Wilks et al, Jamaica Health and Lifestyle Survey Dissemination Report 2008). Additionally, CVDs accounted for four of the five leading causes of death in 2004. These



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chronic diseases are often preventable through modification of health risk behaviors and exerts tremendous cost burden on the health system and on the population. Health risk behaviors are unhealthy behaviours that are amenable to change and include sedentary life style, alcohol and tobacco consumption.

The "Healthy Population" initiative will seek to promote wellness and reduce health risk behaviors in the Jamaican population through health promotion and health education. To facilitate this, the MAJ will be implementing the project in concurrent phases. These include:

- 1) Securing project financing;
- 2) Improving the MAJ Headquarters (MAJ house) to facilitate Health Education activities;
- 3) Collaborating with stakeholders such as schools, churches, companies, public sector bodies to identify barriers to healthy behaviours and working with them to promote wellness and reduction in health risk behavior;
- 4) Advocate at the policy level, strategies to improve the health sector capacity to respond to the burden of the chronic diseases, to reduce health disparities where it

exist including access to health care, and to reduce the obesogenic environment.

This administration has continued to build on the foundation established by the earlier administrations by executing some activities under this initiative since September 2013. For example the MAJ hosted a public seminar on sustainable Health Care Financing in October 2013, as well as developed and promulgated a theme for the year entitled "Obesity" for CME and other health education activities. As of time of writing, the MAJ House is almost fully renovated and the expectation is that in the summer months the first phase of the Health Education campaign will begin. The refurbishing was accomplished though project funds from our Five Star partner ScotiaBank Jamaica Ltd. Additionally, the MAJ is continuing its search for additional project financing to facilitate the continued roll out of activities under this program.

**Submitted by: Professor Marvin Reid  
Chairman, FYFPP**

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## OUTLOOK ON SPINAL CORD INJURIES IN JAMAICA

The global incidence of Spinal Cord Injuries (SCI), both traumatic and non-traumatic, is likely to be between 40 and 80 cases per million population. Based on the 2012 world population estimates, this means that every year between 250,000 and 500,000 people suffer a spinal cord injury. The incidence of traumatic SCI reported in country-level studies ranges from 13 per million to 53 per million. Historically, up to 90% of SCI has been traumatic in origin, but data from the most recent studies indicate a slight trend towards an increase in the share of non traumatic SCI (NTSCI) [World Health Organisation (WHO), 2013]. The estimates of SCI prevalence was as high as 2525 per million population for Canada in 2010 (WHO, 2013). Road traffic crashes, falls, and violence are the main three causes of SCI, the incidence rate peaking in young adulthood, and to a lesser extent, in old age. Young males predominantly are affected by traumatic SCI.

The incidence of SCI in Jamaica is not accurate as only patients who present to the Sir John Golding Rehabilitation Centre have been included in the data collected. An average of 50 new cases or 16 per million population, present each year (Dixon, 2013). Violence is the major cause of SCI, mainly by gunshot wounds, followed by motor vehicle crashes and falls. The majority of persons affected being young males in their productive years. The SCI prevalence in Jamaica is unavailable to date.

The personal and social impacts of spinal cord injury are considerable. In general, 20-30% of persons with SCI show clinically significant signs of depression which is higher than the general population. People with SCI have a narrower margin of health, due partly to preventable complications such as urinary tract infections and pressure sores. SCI is associated with family breakdown, as well as family resilience. There is lower participation in school as children are less likely to attend school or transition to tertiary education. SCI is associated with lower rates of economic participation with the average global employment rates for people with SCI are only 37%, with a high of 51% in Europe. Costs of SCI are higher than for comparable conditions such as dementia. In Australia the lifetime costs (including the financial costs and burden-of-disease costs) were estimated to be AU\$5million for a person with paraplegia and AU\$9.5

million for a person with tetraplegia. Indirect costs, such as lost earnings, generally exceed direct costs (WHO, 2013).

In Jamaica it is noted that persons with SCI face significant social and physical barriers. In the acute care setting, it takes an average of 6 days between injury and admission to a specialized centre such as the Kingston Public Hospital. It takes 2-3 weeks after injury to obtain surgery. The average patient then spends at least a month in the acute care specialist hospital before being referred to rehabilitation. Because of limited bed space however, the average time between injury and start of rehabilitation is 1-3 months (Dixon, 2013). After rehabilitation it is noted that over 70% of persons are unable to obtain employment. The majority of persons report that they hardly get out of the house to participate in any physical or social activity. Because of limited resources, most persons with SCI are not able to obtain continued medical care and there is a high mortality in this population of approximately 20% (Minott, 2012).

It has been noted that the quality of life of persons with SCI is restricted due to various barriers to services and environments. Often appropriate policies and services are lacking in areas such as inclusive education, accessible environments and rehabilitation. For example, it is has been noted in low- and middle income countries only 5-15% of people have the assistive devices that they need, and this delays discharge from rehabilitation centres when there are delays in obtaining wheelchairs and other assistive devices (WHO, 2013). Most schools, government buildings, and even health centres in Jamaica, are not accessible to wheelchairs, despite Jamaica being one of the member countries that signed the Convention of Rights of Persons with Disabilities. Negative attitudes by society in general, and lack of knowledge and skills by even persons who provide rehabilitation care, serve to undermine the quality of life of persons with SCI (WHO, 2013).

With the emphasis on primary care, prevention of spinal cord injury is possible. Safe systems approach to improving road environments contribute to lowering motor vehicle crashes. Workplace codes on health and safety can also reduce injuries. Where possible, limiting access to guns and knives will prevent injuries (WHO, 2013). This would be

*Cont'd on page 14*



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## Outlook *Cont'd from page 12*

of great significance in Jamaica where the majority of SCI is secondary to GSW (Dixon, 2013). In sporting activities, better design of equipment and stricter adherence to rules and regulations can minimize accidents. For example, metal goal posts in football have caused recognizable head and spine injury in Jamaica. This can be prevented in the future by constructing the goal posts out of PVC. For congenital spinal cord disorders such as spina bifida, improved nutrition could lower the incidence of neural tube defects. Primary prevention also includes prevention of complications in persons who are living with SCI. Prevention of pressure sores, renal complications, and respiratory complications would thus take priority.

It is important to remember that spinal cord injury is survivable. Therefore appropriate pre-hospital care is vital for immediate survival. Proper acute care centres will further minimize morbidity and after stabilization and rehabilitation, access to ongoing medical care will also improve the quality of life. In more developed countries there is an increasing prevalence of older persons with SCI. As such, the services that are in place should support the return of persons with SCI to education and employment (WHO, 2013).

### Recommendations

1. Improve health sector response to spinal cord injury. This requires building the capacity of the health and rehabilitation work force, extending health insurance coverage so that SCI does not lead to catastrophic health expenditure.
2. Empower people with spinal cord injury and their families. Educating persons and their families about SCI, the expectations and the prevention of complications will help to reduce morbidity. Out of this has been established Community-based rehabilitation (CBR), particularly in low-income settings. Formalization of CBR is needed in Jamaica.
3. Challenge negative attitudes to people with spinal cord injury by increasing awareness campaigns reaching out to the public as well as health care workers
4. Ensure that buildings, transport and information are accessible. As it is, these commodities are not even accessible to many able bodied persons. It is thus a

greater challenge for the modifications and adjustments to be made to make these accessible to persons with SCI.

5. Support employment and self-employment. Unemployment is one of the biggest problems for persons with SCI. It is important to have vocational systems in place and the ability to re-educate persons with SCI so that they can be truly independent when they return to their environment.
6. Research and Data Collection. Proper planning, distribution of resources and implementation of systems can only be effective if the data on SCI is readily available in a format that is easily retrievable. It is important, that legislature be implemented, establishing a registry for persons with SCI, and ensuring that data is submitted from all centres that treat persons with SCI.

The WHO annual assembly will be held in May 2014. Out of this many of the recommendations mentioned will be ratified for not only SCI but for persons with disabilities. This has serious implications for Jamaica, being a signatory on the Convention for Persons with Disabilities. By being a signatory, it means that the appropriate systems will have to be implemented to improve the quality of health care, the quality of assistive services such as transport and accessibility to buildings etc, and the inclusion of care for persons with SCI, and other disabilities, in health care insurance policies.

### References:

1. World Health Organization (WHO): International Perspectives on Spinal Cord Injury. December 2013
2. Dixon, Rory: **"The interaction between acute care and rehabilitation for new traumatic SCI"** . Nov 2013, Istanbul.
3. Minott, Opal: "Social Outcomes of Persons with Spinal Cord Injury". June 2012. Annual Symposium Sir John Golding Rehabilitation Centre.



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**FRIDAY 06 JUNE 2014**

9:00 a.m. Welcome (Prof. Marvin Reid, Chair Symposium Committee)

**SESSION I – PAIN & NEUROSURGERY**

**Moderator:**

**Sponsor:**

**JIPA**

9:10 a.m.

Plenary Talk: 'Concussion in Sports' – **Dr. Kester Nedd**

9:50 a.m.

Philosophy of Less Exposure (LES) Spinal Surgery - **Dr. Kingsley Chin**

10:20 a.m.

Use of Mediolateral Cortical Screw in Lumbar Degenerative Disease - **Dr. Mark Morgan**

10:50 a.m.

Question & Answer

11:00 a.m.

**COFFEE BREAK & VIEWING OF EXHIBITS**

11:30 a.m.

New Minimally Invasive Surgery Options in Jamaica – **Dr. Patrick Roberts**

12:00 p.m.

Towards Dynamic Motion Segment Replacement - the case for Arthroplasty. – **Dr. Carl Bruce**

12:30 p.m.

Spine Horizons .....Cervical Arthroplasty and Kyphoplasty – **Dr. Roger Hunter**

1:00 p.m.

Question & Answer

1:10 p.m.

**LUNCH**

**SESSION II – DISABILITY & REHABILITATION**

**Moderator:**

2:00 p.m.

Plenary Talk: 'Orthopaedics and Rehabilitation – Strange bed fellows' - **Prof. Peter Wing**

2:30 p.m.

Interaction of Acute Care and Rehabilitation for New Traumatic Spinal Cord Injuries in Jamaica – **Dr. Rory Dixon**

2:50 p.m.

Spasticity Management in Cerebral Palsy - **Dr. Paula Dawson**

3:10 p.m.

Question & Answer

3:20 p.m.

**BREAK & VIEWING OF EXHIBITS**

3:50 p.m.

Amputation and Prosthetics – The Jamaican Experience – **Mrs. Suzanne Harris-Henry**

4:10 p.m.

Coping Skills of Persons with Spinal Cord Injuries and other Disabilities - **Mr. Donald Taylor**

4:30 p.m.

Social Outcomes of Persons with Spinal Cord Injury – **Ms. Opal Minott**

4:50 p.m.

Question & Answer

5:30 p.m. – 7:30 p.m. **Ethics Seminar, Friday June 6, 2014**

**Theme:** 'HIV, Human rights, Law and the Ethics of Health for Vulnerable Groups'

**SATURDAY 07 JUNE 2014**

**SESSION III – BUSINESS OF MEDICINE & HEALTH INFORMATICS**

**Moderator:**

**Sponsors:**

**(Scotiabank & MAJIF)**

9:05 a.m.

Medical Records: Your best defense – **Dr. Albert Lockhart**

9:35 a.m.

Jamaica's Economic Prospects under the IMF – **Mr. Jason Morris**

10:05 a.m.

Retirement Planning – **Mr. Michael Isaccs**

10:35 a.m.

Question & Answer

10:45 a.m.

**COFFEE BREAK & VIEWING OF EXHIBITS**

11:15 a.m.

Consent: Implied and Informed – **Dr. Albert Lockhart**

11:45 a.m.

Our e-Health Journey- **Dr. Michele Roofe**

12:05 p.m.

Jamaica implementation of the GNU-Health System - **Dr. Luis Falcon**

12:35 p.m.

Question & Answer

12:45 p.m.

**LUNCH**

Cont'd on page 18

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# PROGRAMME SYMPOSIUM 2014

## THE WORLD OF MEDICINE

### SESSION IV – ONCOLOGY/HIV: Improving Outcomes in Jamaica

**Moderator:**

**Sponsor:**

**National Family Planning Board**

- 1:45 p.m. Plenary Talk – ‘Two is still better than too many...family planning for persons living with HIV’ – **Dr. Tina Hylton-Kong**  
2:25 p.m. Colonic Cancer in Jamaica - **Dr. Joseph Plummer**  
2:45 p.m. Improving the Care of Children with Cancers – the sick kids Jamaica initiative - **Dr. Michelle Reece-Mills**  
3:05 p.m. DIEP flap microsurgical Breast reconstruction (Technical and logistical challenges) - **Dr. Jan Hochtritt**  
3:25 p.m. Surgical Management of Breast Cancer in Jamaica - **Dr. Kenneth Appiah**  
3:45 p.m. Question & Answer

7:00 p.m. Annual Awards Banquet, Saturday, June 7, 2014

### SUNDAY, 08 JUNE 2014 - MAJ & CCFP Joint Sessions

#### SESSION V – CARDIOVASCULAR & PUBLIC HEALTH

**Moderator:**

- 9:00 a.m. Diastolic Heart Failure – **Dr. Alva Smith**  
9:30 a.m. Oral Health & Systematic Disease – **Dr. Arvind Babu Rajendra Santosh**  
10:00 a.m. Diabetic Retinopathy - **Dr. Lizette Mowatt**  
10:30 a.m. HPV Vaccination & Cervical Cancer Prevention – **Dr. Sharmaine Mitchell**  
11:00 a.m.  
11:30 a.m. Question & Answer  
  
11:40 a.m. **OFFEE BREAK & VIEWING OF EXHIBITS**

#### SESSION VI - CHRONIC DISEASES & PUBLIC HEALTH

**Sponsor:**

**Sanofi**

- 2:50 p.m. **MIKE D'Silva Memorial Lecture** “Quality and use of Health Information” - **Dr. Kam Mung**  
1:30 p.m. Strategy for Initiating Insulin Therapy in Type II Diabetics - **Dr. Karen Phillips**  
2:00 p.m. Advances in Radiotherapeutic Management of Cancers in Jamaica - **Dr. Venslow Greaves**  
2:30 p.m. Free the Weed! ... At What Cost to the Jamaican Society?! – **Dr. Winston De La Haye**  
3:00 p.m. Question & Answer  
  
3:10 p.m. **CLOSING CEREMONY**

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  - Nephrology
  - Neurology & Neurosurgery
  - Orthopedics
  - Pulmonology
  - Urology

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  - Diabetes & Endocrinology
  - Gastroenterology & GI Surgery
  - Geriatrics
  - Gynecology
  - Nephrology
  - Neurology & Neurosurgery
  - Orthopedics
  - Urology

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  - Gynecology
  - Neurology & Neurosurgery
  - Orthopedics
  - Pulmonology

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# FACULTY

## FRIDAY, JUNE 6, 2014

### SESSION I

**Dr. Kester Nedd**, Director of Neurological Rehabilitation, University Of Miami School Of Medicine & Associate Professor in the Departments of Neurology and Neurosurgery in the Miller School of Medicine, University of Miami

**Dr. Kingsley Chin**, Board Certified Orthopaedic & Spine Surgeon, Affiliate Associate Professor of Clinical Biomedical Sciences, Charles E. Schmidt College of Medicine, Florida Atlantic University

**Dr. Mark Morgan**, Consultant Neurosurgeon, Kingston Public Hospital & Associate Lecturer, The University of the West Indies

**Dr. Patrick Roberts**, Consultant Hepatobiliary Surgeon, University Hospital of the West Indies

**Dr. Carl Bruce**, Consultant Neurosurgeon, Head of Neurosurgery, Associate Lecturer of Neurosurgery, and Cerebrovascular and Skull Base Surgeon, University of the West Indies

**Dr. Roger Hunter**, Consultant Neurosurgeon & Spinal Surgeon, Oxford Medical Centre

### SESSION II

**Prof. Peter Wing**, Emeritus Clinical Professor, Department of Orthopaedic Surgery, University of British Columbia, Canada

**Dr. Rory Dixon**, Consultant Orthopaedic Surgeon, Senior Medical Officer, Sir John Golding Rehabilitation Centre

**Dr. Paula Dawson**, Consultant Physiatrist and Lecturer, Physical Medicine and Rehabilitation, Spine and Sports Medicine, University Hospital of the West Indies

**Mrs. Suzanne Harris-Henry**, Charge Physiotherapist, Sir John Golding Rehabilitation Centre

**Mr. Donald Taylor**, Counselling Psychologist Sir John Golding Rehabilitation Centre

**Ms. Opal Minott**, Social Worker, Sir John Golding Rehabilitation Centre & Lecturer, Northern Caribbean University

## SATURDAY, JUNE 7, 2014

### SESSION III

**Dr. Albert Lockhart**, Chairman, MAJ Insurance Fund

**Mr. Jason Morris**, VP, Business Analytics, Portfolio Advisory & Product Development, Scotia Investments

**Mr. Michael Isaccs**, Regional Sales Manager, Scotia Insurance

**Dr. Michele Rooffe**, Senior Medical Officer, Health Informatics

**Dr. Luis Falcon**, Founder and CEO of Thymbra

### SESSION IV

**Dr. Tina Hylton-Kong**, Medical Director, ERTU-CHART

**Dr. Joseph Plummer**, Consultant Surgeon, Department of Surgery, the University of the West Indies, Mona

**Dr. Michelle Reece-Mills**, Consultant Paediatrician, University Hospital of the West Indies

**Dr. Jan Hochtritt**, Consultant Plastic Surgeon, Private Practice 129 Pro, Kingston, Jamaica

**Dr. Kenneth Appiah**, Consultant Plastic Surgeon, Winchester Medical Centre

## SUNDAY, JUNE 8, 2014

### SESSION V

**Dr. Alva Smith**, Associate Professor of Medicine Commonwealth Medical School, Scranton PA

**Dr. Arvind Babu Rajendra Santosh**, Oral and Maxillofacial Pathologist & Microbiologist, Lecturer and Research Coordinator - Dentistry Programme, Faculty of Medical Sciences, The University of West Indies

**Dr. Lizette Mowatt**, Senior Lecturer of Ophthalmology, The University of the West Indies

**Dr. Sharmaine Mitchell**, Senior Lecturer, Obstetrics & Gynaecology, The University of the West Indies

### SESSION VI

**Dr. Kam Mung**, Disease Prevention and Control Advisor, PAHO

**Dr. Karen Phillips**, Consultant Physician and Head of the Department of Medicine, Kingston Public Hospital

**Dr. Venslow Greaves**, Radiation Oncologist, Radiation Oncology Centre

**Dr. Winston De La Haye**, Lecturer and Consultant Psychiatrist, Department of Community Health & Psychiatry, The University of the West Indies

# Annual Awards Banquet



**C**linical Professor Emeritus, Division of Spine, Department of Orthopaedics, University of British Columbia.

English by birth and Canadian by nationality, Dr Wing received his medical training in Edinburgh, graduating in 1966. He interned in Des Moines, Iowa. After a short spell of general practice in the UK he moved to Canada to train in Vancouver as an orthopaedic surgeon, also completing at that time a Master's degree with a research project focussed on the analysis of spinal pain-related disability after lumbar intervertebral fusion. He was awarded the FRCS(C) in 1975.

For several years he practised general orthopaedics including knee and hip arthroplasty, then focussed on surgery of the degenerative spine and care of those with traumatic spinal cord injury (SCI). He formed a multidisciplinary back pain clinic, with a research interest in the problem of back pain during space travel (a team from the spine program worked with Canadian and US astronauts from 1989-1994 to assess spinal changes in microgravity). Another interest during this time was injury prevention (he initiated the Spinal Cord Injury Prevention Program, which later evolved into the BC Injury Prevention Centre). He was for some years the head of Orthopaedics at Shaughnessy Hospital then (with the closure of Shaughnessy) Spinal Orthopaedics at Vancouver General Hospital, remaining (prior to retirement) a member of the newly-formed Combined Neurosurgical and Orthopaedic Spine Program at VGH. He has been on the Board of the American Spinal Injury Association (ASIA) and the Council of the International Spinal Cord Society (ISCoS), and co-hosted the first combined annual meeting of these two organisations in Vancouver in 2002.

Dr Wing served terms as the chair of the Vancouver General Hospital and then the Coastal Health Authority Medical Advisory Committee. He also chaired the expert panel for the Consortium for Spinal Cord Medicine which developed the Clinical Practice Guideline on Early Acute Management in Adults with SCI, a CPG for Health-care professionals (2008). Following a workshop in Sydney, this standard was adapted for the Australian situation and was presented at the Japanese and the UK annual SCI meetings. He chaired the Rick Hansen Institute (RHI) Translational Research Advisory Committee for a short period and has continued as the RHI representative on the Steering Committee for the Consortium for SCI medicine. He was on the advisory panel developing standards for acute and rehabilitation SCI care for Accreditation Canada (an RHI-sponsored programme). He retired from clinical practice in 2009 but his interest in Spinal Cord Injury continues. He has published on the topic of global mapping of SCI epidemiology, has taught on the subject of SCI acute care in South Africa, Uganda, India and Nepal and worked with ISCoS on the development of an open-access online e-learning curriculum for SCI. He served on the Editorial Board of the journal Spinal Cord until this year. Dr Claire Weeks, his wife is a physiatrist also with a particular interest in SCI. They are currently assisting two young Nepalese physicians towards specialty training in spinal surgical care and SCI rehabilitation, and most recently visited Nepal in November 2013 to participate in workshops concerning care of the spinal-cord-injured.

## PROGRAMME

### Master of Ceremonies

Michael Abrahams, MBBS, DM (O&G), MRCOG

### Procession of Past Presidents

### National Anthem

### Welcome

Shane Alexis, MD

President, MAJ

### Grace

### Dinner

### Introduction of Guest Speaker

Myrton Smith, MBBS, DM (ORL)

President Elect, MAJ

### Guest Speaker

Professor Peter Wing, MB ChB MSc FRCS(C)  
Clinical Professor Emeritus, Division of Spine,  
University of British Columbia.

### Presentation of MAJ Awards

Dr. Margaret Green

Chair, MAJ Award Committee

### MAJ Awards

Hopeton G. Falconer, MBBS, MSc (Immunology),  
DM (Internal Medicine)

Romer E. Christopher Rose, CD, FRCSC, FACS, MBBS

### President's Award

Ray A. W. Fraser, CD, JP, MBBS, FRCS (Edin.)

### MAJ Presentation to Charity

Steve Foo, BSc, MBBS

Assistant Honorary Treasurer, MAJ

### Drawing and Presentation of Gate Prizes

### Vote of Thanks

Colette Cunningham-Myrie, MBBS, MPH, MSc

Honorary Secretary, MAJ

### Music

Live Jazz band featuring

Ozou'ne and his friends

with guest saxophonist/flautist Nicholas Laraque



**MAJ'S AWARDEE**

**DR. HOPETON GEORGE ST. CLAIR FALCONER**  
**MBBS, MSC (Immunology), DM (Internal Medicine)**

**D**r. Hopeton George St. Clair Falconer is a Consultant Physician at the Mandeville Regional Hospital (MRH) and Associate Lecturer in the Department of Medicine at the University of the West Indies, Mona.

A son of St. Elizabeth, he attended Jamaica College before entering the University of the West Indies to study Medicine. He graduated in 1974 with Honours in Applied Pharmacology and Therapeutics, and later returned to pursue the DM in Medicine. On completion, Dr. Falconer was awarded a fellowship by the Dutch Government and read for the Master of Science degree in Immunology at the University of Amsterdam. He returned to Jamaica in 1981 and has served as Consultant Physician at the then Mandeville Public Hospital, ever since.

Dr. Falconer was responsible in the development of Internal Medicine services for Central Jamaica. Under his leadership, the MRH was accredited for internship rotations in Medicine. During his tenure he also developed an interest in non-invasive Cardiology and after completing training at the Medical College of Georgia in the USA, introduced Echocardiography to the Region. With Regionalization of the health services the Mandeville Hospital were upgraded Dr. Falconer oversaw the establishment of subspecialty clinics and services in Nephrology, Asthma, Dermatology and Haematology/Oncology.

In 2008, Dr. Falconer was appointed Senior Medical Officer at the Mandeville Regional on the retirement of Dr. Peter Wellington. Under his direction, the menu of services was broadened to include a Haemodialysis Unit, a High Dependency Unit, an ENT department, Haematology/Oncology and Urology all lead by consultant staff. Under his direction the hospital was accredited to accept 4th and 5th year medical students from the UWI for rotations and senior staff in these departments were appointed Associate Lecturers of the UWI. Dr. Falconer continues to direct these programmes.

He continues to serve the Mandeville community and sits on the boards of several schools and colleges in the area. He is also a Past President of the Lions Club of Mandeville and has served Lions Club International as Chairman of several service areas at the District level. The St. Elizabeth Homecoming Foundation awarded him the Golden Thermometer Award for services to medicine; and the Government of Jamaica, as well as the MRH has also formally recognized his services to the Hospital and the country.

Dr. Falconer has membership with the Medical Association of Jamaica, the Caribbean Cardiac Society and is a board member of the Association of Consultant Physicians of Jamaica. He is married with three adult children and two grandchildren.



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**MAJ'S AWARDEE**

**DR. ROMER EUGENE CHRISTOPHER ROSE, CD, FRCSC, FACS, MBBS**

**D**r. Romer Eugene Christopher Rose is a consultant orthopaedic surgeon in private practice and Honorary Consultant in the Division of Orthopaedics, University Hospital of the West Indies (UHWI).

A native of the Spice Island of the Caribbean (Grenada), he attended the Grenada Boys Secondary School. He completed his undergraduate training at the University of the West Indies (UWI) in 1975, and his orthopaedic training from the University of Ottawa, Ontario, Canada in 1983. He also completed a three month fellowship in limb lengthening, limb reconstruction and deformity correction in Italy in 1996.

He joined the Faculty of Medical Sciences at the UWI, Mona in 1984 as a consultant and lecturer in orthopaedics. He functioned as the sole consultant in orthopaedics for eight years, and was Head, Division of Orthopaedics from 1989 to 2010. He was granted indefinite tenure in 1998 and promoted to senior lecturer in 2004. He continues to provide consultancies to the UHWI since retirement in 2010. Dr. Rose was responsible for the creation, implementation and development of the Post-graduate Orthopaedic Training Programme at Mona, which was started in 1991 and at the end of 2013, had graduated twenty-nine orthopaedic surgeons with all finding employment in the Caribbean (Jamaica, Barbados, Trinidad and Tobago, Bahamas).

Dr. Rose pioneered limb lengthening and deformity correction (Ilizarov Method) in Jamaica. This method has been used successfully to treat approximately one thousand patients from Jamaica and other Caribbean islands. Under his initiative, all funding for the Ilizarov equipment since the first case in 1998, was secured from the private sector.

An accomplished researcher, Dr. Rose has published thirty-four papers in peer-reviewed journals and presented sixty-one papers locally, regionally and internationally.

He initiated the formation of the Orthopaedic Alumni Fund in 2006. This fund ensured that residents were able to attend conferences overseas.

He is the recipient of the following awards: outstanding and unselfish contribution to nursing (2001); contribution to orthopaedics through the training of residents – Jamaican Orthopaedic Association (JOA) (2010); outstanding contribution to the Health Services and advancement of surgery in Jamaica – Association of Surgeons, Jamaica (2012); Order of Distinction (CD) conferred by the Government of Jamaica for outstanding contribution to orthopaedics and surgery in Jamaica (2013); lifetime recognition of my development of orthopaedics in the Caribbean – JOA (2014).

His community service has extended to sports, looking after the orthopaedic needs of netballers, footballers, cricketers and runners. He also served for many years as the Vice-President and Chairman of the Educational Committee of the Jamaica Association of Sports Medicine. Additionally, he provided service to the General Hospital in St. Georges, Grenada, by lecturing to nurses and doctors, assisting in Out-patient Clinics and performing surgeries with the local surgeons. Continuing in the role of trail-blazer, Dr. Rose also initiated the first meeting of the orthopaedics surgeons in the English-speaking Caribbean. The Association was formalized in 2007, and he was elected the first president.

His other interests include cycling, playing the steel pan and reading poetry.

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JAMAICA HOSPITAL SUPPLIES	TRUEbalance Glucometer
RECHARGED DISTRIBUTORS	Standard Diagnostics(SD) Code Free Glucometer
CARIMED	Freestyle Optium Glucometer

\*Insulin Delivery

Revised 09/05/2014





**President's Awardee**

**DR. RAY ANTHONY WIGNAM FRASER, CD, JP, MBBS, FRCS (Edin.)**

**D**r. Ray A. W. Fraser is a Consultant General & Laparoscopic Surgeon, Fellow of the Royal College of Surgeons in Edinburgh and is the Senior Medical Officer for the Annotto Bay Hospital for the last twenty (20) years.

Originally from the parish of Manchester, he attended Kingston College, then went on to the University of the West Indies (UWI) where he obtained a BSc degree in Chemistry and Biochemistry. He was subsequently awarded a scholarship to study medicine in Havana, Cuba.

Upon his return home he worked at Mandeville Public, UWI and the Kingston Public Hospitals and also did short stints at the St. Ann's Bay Hospital, Falmouth and Princess Margaret Public Hospitals. He later pursued graduate studies in Surgery in Edinburgh, Scotland.

Currently, he is the second longest serving Senior Medical Officer in Jamaica. In 2012, he was awarded Order of Distinction (Commander Rank) for his outstanding service to the field of Medicine and Community Development. He has also received both the Mayor's Medal and the Chamber of Commerce Award for contribution to Medicine in the parish of St. Mary. The Northeast Regional Health Authority has also formally recognized his contribution to the development of the Annotto Bay Hospital where he spearheaded its transformation from a Type C to a Type B status and established its Laparoscopic Programme.

Dr. Fraser remains instrumental in teaching, mentoring and guiding graduates from overseas universities in preparation for the Medical Council Examinations and medical practice in Jamaica.

Dr. Fraser's service to his profession and country include the following:

- Justice of the Peace
- Medical Council of Jamaica
- Medical Association of Jamaica
- Past Chairman of the Membership Committee of the MAJ
- Past Chairman of the Northeast Branch of the MAJ
- Association of Surgeons of Jamaica
- Association of Government Consultants of Jamaica
- Director of Winchester Surgical & Medical Institute
- Past President - Kingston College Old Boys Association
- Past Chairman of the Annotto Bay High School
- St. Mary Health & Environmental Committee

He is happily married to Angella and has three (3) children. Son Rouel and daughter Raychelle are both college students in Florida and son Antoine is a medical student at the UWI.



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References:  
1. Nishida K, et al. The Safety of Allergic Effects Covariate Analysis in Rapid Selection of Doses in Pediatric Subjects: A Case Study with Fexofenadine Hydrochloride. *Biopharm Drug Dispos* 2004; 25: 373-387.  
2. Muller FO, et al. Safety and efficacy of oral fexofenadine in children with seasonal allergic rhinitis - a pooled analysis of three studies. *PediatrAllergy Immunol* 2004; 15: 233-260.  
3. Product Prescribing Information, last revised on May 2009.  
4. Mansfield LE. Fexofenadine in pediatrics: oral tablet and suspension formulations. *Expert Opin Pharmacother* 2008; 9(2):329-337.





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# WHO WAS DR. MICHAEL D'SILVA

Who was Mike D'Silva? Why have a Mike D'Silva Lecture? These are questions that are frequently asked by younger members of the Association.

Michael Douglas D'Silva was born in Belize in Central America on 20 August 1950. Mike, as he was known to most persons, did his O' Levels and A' Levels at Campion College in Jamaica and St John's College in Belize.

He studied medicine at the University of the West Indies (UWI) and graduated in 1975. After his internship, he spent two years as a Resident in General Surgery at the University Hospital of the West Indies (UHWI). He went into private practice at Oxford Medical Centre but also did a rural practice in May Pen, Clarendon.

Mike became the medical examiner for the Civil Aviation Department and was frequently referred to as the 'Airline Doctor' being the examiner for the Air Wings – Jamaica Defence Force and Air Jamaica. He also became the Medical Director for British Airways, Air Canada, American Airlines and Pan American Airways.

He continued his postgraduate studies and attained the Master of Science (MSc) in Family Medicine in 1985 and the Doctor of Medicine (DM) in Family Medicine in 1987. His DM dissertation was "Continuing Medical Education in Jamaica." At every opportunity, he could be heard expressing the need for continuing medical education and recertification for doctors.

He was a member of the Executive of The Medical Association of Jamaica (MAJ) and the Treasurer under the presidency of Dr Orrin Barrow. Mike was a founding member of the Jamaican Chapter of The University of the West Indies Medical Alumni Association and was its first Secretary. He was also a founding member of the Association of General Practitioners of Jamaica (AGPJ) and the Caribbean College of Family Physicians (CCFP).

Mike had a very effervescent personality. He was involved in many other activities other than medicine. His flashy sports car reflected his personality and when he died suddenly on New Year's Day in 1988 it was shock to his colleagues. Given his expressed desire for continuing medical education, the Medical Association of Jamaica decided to have a Mike D'Silva Lecture to honour his contribution to medicine in Jamaica.



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# MAJ SYMPOSIUM 2014

## Layout of Exhibitors



1. Scotiabank
2. Mar-Roc (Sat, Sun)
3. Tru-Juice
4. Nestle
5. Sagicoor
6. Merck Serono (Sat)
7. Pharmascience (Fri, Sat)
8. Sanofi
9. Sanofi
10. Arel
11. National Family Planning Brd
12. HD Hopwood (Fri, Sat)
13. Seven Seas (Fri, Sat)
14. NHF
15. NHF
- 16.
17. Abbott Nutrition
18. Merck Sharpe & Dohme (Sat)
19. Cardiac Solutions Inc. (Sat, Sun)
20. Federated Pharmaceuticals (Fri, Sat)
21. Caledonia Medical Lab
22. Leo Pharma/ Carimed
23. Medical Technologies (Fri, Sat)
24. KRKA
25. Winchester Medical Centre
26. Healthcare Marketing (Ja) Ltd (Fri)
26. Dank Pharma (Sat, Sun)
27. JIIPA
28. Heart Institute of the Caribbean(Fri, Sat)
29. Recharged Distributors Limited
30. Cardiovneds (Fri)
30. Creative Coping (Sat)
31. Facey
32. Apotex/ Carimed (Sat)
33. Facey (Sat, Sun)
34. Facey (Sat, Sun)
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38. Glenmark Pharmaceuticals (Sat)
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# Acknowledgements

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