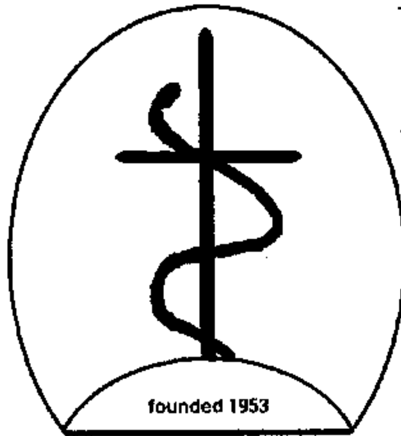
NEWSLETTER



Guild of ST. Luke,SS. Cosmas & Damian,
Hong Kong
香港天主教醫生協會

1 TAI SHEK STREET, SAI WAN HO,H.K. AUTUMN 92

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EDITORIAL

Another new council year has begun, although with limited change in our members, the aspirations had been different. As you will find our newsletter has been prepared in a different way from the past two years. We aim to improve the efficiency and speed up the process of publication. In order to provide a rich source of materials, your contributions are most welcomed. In this issue, you will find the new council members list and the plan for our future approach. With a hope to foster better awareness of importance of organ transplant to the public, the Guild plans to run a series of exhibitions to churches in Hong Kong over this matter in the next few months. The work will be in close collaboration with the Nurses ' Guild as well. Besides, activities will be organised to facilitate exchanges between medical students of both universities. You will find more information coming up in the issues to come!!

REPORT ON THE 3RD MEDICAL ETHICS SUBCOMMITTEE MEETING

26/4/92 HK Wah Yan College
Discussants: Fr. John Russell, Prof. Rosie Young, Dr. Francis Mok,Dr.Stephen Law, Dr. Patrick Chan.

CONTENT:

1. Definition:

We accepted the definition of Euthanasia as laid out in the essay by Fr. Russell (Prolife News Quarterly 6/91 No.4 P.4-7; also published in present Newsletter).

2. The pressure experienced in the various specialities:

a. Geriatrics: Besides the terminally ill those who were suffering from chronic diseases e.g. respiratory failure or those who were severely crippled e.g. chair- or bed-bound patients were also candidates asking for euthanasia. The requests were made either by the patients themselves or by the relatives or attendants. Dependent elderly might be considered as a burden of the society & family, both by the elderly and the attendants, especially when there seemed to be no near end for the situation. The lack of family support was often encountered.

b. Oncology: Less stress faced by the doctors because cancer patients were perceived to have a time limit for the suffering and the situation was more endurable. There was significant public sympathy towards these patients and the supporting services e.g hospice care, social & family support were better organised.

c. Neonatology: pressure existed for the management of crippled neonates & the mentally retarded. The wish for their early death might be strong.

3. Active Euthanasia:

a. Active Euthanasia means with the intent to kill;

b. Forbidden by the Church and the general consensus of the Medical field at present (considered as a sin or crime) in Hong Kong.

4. Passive Euthanasia:

a. A more controversial issue; the actual practice might change with changes in medical knowledge, technology and attitude of the society. The cost of medical management counted a lot in the consideration.

b. A lot of grey zone occurs in our daily practice which may fall into the domain of passive euthanasia e.g. no expensive antibiotics for those with 'poor' quality of life (who can decide this accurately?) ; no CAPD for the elderly (not enough for rationing?); Should we tube feed patients in vegetative states? One sometimes is forced to play GOD when one makes a decision which can significantly affect the patient's life.

c. A team approach may ease the situation and lighten the psychological burden (the responsibility is shared) and less mistakes will be made. Thorough discussion with the concerned relatives may be useful.

d. When faced with tremendous suffering and helpless situation, it is a common experience of the discussants to hope that the patient is better dead than suffering. Thus, there seems to be a space for Euthanasia in human nature for everyone.

5. Euthanasia in HK :Pros -

a. Attempting suicide or seeking to die early is not considered to be a sin in the Chinese Culture (unlike the Christian thinking). It is just a foolish thing or a tragedy. In a culture of high tolerance to abortion and even infanticide, euthanasia can easily take root.

b. Considering "the right to die" as a human right is blooming in the western world.

c. It may be just human nature to take the easy way: let the patient die and a lot of problems will be "solved".

6. Cons:

a. Family, social and medical support are the key counterbalance against euthanasia.

b. The general public should be educated & reflected on the issue. We are looking for a 'better' medical service and not just a 'cheaper' one. Euthanasia should be considered as a failure of the society.

c. Euthanasia will decrease the incentive for research to relieve the suffering of these patients; thus, hampering medical development.

d. The practice will also discourage the caring of the sick, elderly and the chronically ill. This will threaten the already weakened family support net-works and welfare system in HK.

e. If the practice is abused by certain authority in the future, the result will be horrible.

f. We are never sure who is qualified to make the judgement of who to live and who to die.

g. The basic attitude of medical personnel is the respect for life and the relief of suffering.

h. Good education should be started in the medical school of how to manage dying patients, keep their dignity & relieve suffering (e.g. wise use of narcotics etc.).

i. We should preach against Euthanasia through various routes e.g. organise seminars, update our members with information and continue to lobby in the political scene.

j. Our Guild has a duty to uphold the Christian & human principles towards this important issue.

k. Prompt development of Hospice, Geriatric, Oncology and care for the chronically ill should be strived for.

5. Practical difficulties for counteracting the move:

a. Support for the dying and chronically ill is costly. It involves a lot of intensive human care.

b. Under the present situation of constraining medical expenses, it is certainly a hard battle to fight in order to get resources for these "unproductive" patients.

c. The public is still rather ignorant about the situation and the medical dominance is never counterbalanced. Thus one cannot rely on the public pressure at the present moment even if it is against the practice.

Reported by Francis CK Mok
The above report is not reviewed by the other discussants. Any error or misinterpretation are those of the author.

EUTHANASIA

During the abortion debate in Hong Kong some twenty years ago, one of the arguments advanced in favour of a change in the law was the right a woman has over her own body. This was an appealing argument, reflecting as it did the shift that had by then taken place in people's understanding of morality. There was a time, in societies especially where Judaeo-christian values had taken root, when it was certain there were obligations which constrained our moral choices and duties that placed a limit on desire. But since, say, the 1960s, the idea of any limiting of our choices by others had begun to seem more and more unacceptable. Autonomy, equality rights: these were henceforth the principles which alone were to determine our moral choices. And so in Britain in those years abortion was legalised, and homosexuality too; and suicide was no longer considered a crime. In 1969 an attempt was made, unsuccessfully as it turned out, to legalise euthanasia. The argument was the same: we should be free to exercise the right we have over our own lives.

Everyone of course wants a good death: that is what euthanasia literally means. We want to pass out of this world without suffering, to lapse peacefully into unconsciousness. What we fear at the end of life is long-drawn out painful illness or a diminishment of our mental and physical powers that is humiliating to ourselves and distressful to those who love and care for us. To avoid this advocates of euthanasia want a doctor or nurse to be able, without fear of legal proceedings, to give an injection, for example, that will bring about the death of the terminally-ill patient who asks for it.

When discussing euthanasia it is important to be clear about what we mean, for the term is not always used in the same way. Here I use it to mean the intentional termination of the life of a person, a chronically or terminally ill patient, at the patient's own request. I am not considering the case of the removal of an irreversibly comatose patient from a life-support system, or the refusal to attempt heroic measures to revive a terminally-ill patient who suffers cardiac arrest, or the allowing a badly-deformed new-born baby to die, or the giving of pain-killing medication to a dying patient in the knowledge that as a side effect death will occur sooner. Nor do I include respecting the wishes of an alert patient who does not wish to undergo some painful or expensive treatment.

Writing from within the tradition of Catholic moral teaching, I see no ethical problem in the examples I have given. In euthanasia as I have narrowly defined it I do.

In the Judaeo-christian vision life is a gift coming to us ultimately from God, the Lord of life. The flame lit by the Creator at the dawn of time and passed on through succeeding generations, comes to us immediately from our parents, without our being involved in any way. It is gift we are to cherish, not misuse or throw away. We are no more than stewards of our life, not its absolute masters. We have the obligation to treasure this gift in ourselves and in others, to NURTURE it in its many dimensions: physical, emotional, intellectual, spiritual. To do less would be to belittle the gift and therefore insult the Giver.

Our most basic right is the right to life. A nation's level of civilisation can be measured by how it defends and promotes this right on behalf of the most vulnerable and least productive of its citizens: the very young , the very old, the handicapped. No life is useless: God does not make junk. No matter how broken in body or clouded in mind a person may appear, the eyes of faith must always behold someone created out of love in the image of God, one for whom Christ died and who is destined to live eternally. It is this dignity that gives every human being a claim to the best care and love and help available.

The right to life is enshrined in the percept, Thou shalt not kill. Christian reflection down the ages has seen self-defence as the only exception to this commandment: an individual may use violent means- even kill, if this is necessary - to repel an unjust aggressor; so may a nation against an aggressor from within (capital punishment) or from without (war) Euthanasia is often called mercy killing, a term which indicates both compassion which moves those who advocate it and the fundamental objection of those who oppose it.

There are other objections to euthanasia. Put very briefly these are:
(1) the damage to the medical profession if doctors become seen as potential executioners;
(2) the advantage to the unscrupulous, tired of caring for a chronically-ill relative;
(3) the burden on the scrupulous weighed down with guilt after their bereavement;
(4) the impossibility of framing legislation that would not open the door to terrible abuse (as has happened with abortion);
(5) the inevitable exploitation of the vulnerable, weak and elderly who may feel subtly pressured into asking for euthanasia; and
(6) the loss to society if the sense of the sanctity of all human life should be further weakened.

There is an alternative to euthanasia: hospital care. A hospice is a very special place where terminally-ill cancer patients are made comfortable and accompanied on the final stage of their earthly journey. Hospice staff are experts in pain-control and in dealing with other distressing symptoms of advanced disease. They claim to be able to relieve pain except in very rare cases. If they cannot add weeks or days to the patient's life, at least they add life to those last weeks and days. It has been said that you don't go to a hospice to die; you go there to live. It is in a hospice that a person's wish for a good death can be most nearly fulfilled: a gentle death, a death unbe-tubed, with someone beside you to hold your hand. In a hospice nobody asks for euthanasia.

Fr. John Russell, S.J.
(From Prolife News Quarterly 6/91, no. 4 with kind permission)

LETTER TO THE EDITOR

From Dr. S.G. Chua

To the Editor,
Newsletter of Guild of St. Luke,
Hong Kong. 13/4/92

Dear Sir,

I have just returned from the Annual Retreat of our Guild. Like all retreats it was a most rewarding one. However, it was a great shock and disappointment to see only 8 members of our Guild attended!

I quote from Dr. Ramon C. Ruiz's writing in our 35th Anniversary Special issue of our Newsletter page 47 - "Change in the Annual Retreat: the council of 1971 decided to shorten the time of our retreat from two days (Saturday and Sunday) to one day (Sunday). It was thought that many more doctors would then be able to enjoy its benefits. At the same time, the atmosphere became more relaxed. We were not expected to observe silence and be solemn and meditating

all the time, apart from listening to the words of wisdom of the retreat master.

However, whatever the format, the same faithful "oldies" have continued to be the the ones who attend the Annual Retreat. Very few young doctors appear to feel the need to give up one Sunday in the year to do so. Are they really busier than the ones who do attend? "

Yes, what a change - just look at the photographs of past years' retreats - 20 to 40 members usually attended. It was said that the response was good because our late Spiritual Advisor Rev. Father F. Cronin and the Master used to ring up each and every member to remind them of the retreat and encourage them to attend. This may be one of the reason. Surely it must be due to the member's love of our Faith that made him or her to go to spend a day or a few hours with God.

Then why so few as the years go by - is it that our members have lost the faith and love of God? I don't think so. Have our members lost interest in the functions of our Guild? Is it fair to our Spiritual Advisor and Master and our Council who take great pain and trouble to organise the Retreat for us? Is it fair to our Retreat Master (this year the Rev. Father C. Kane) that so few of our members turn up to receive his spiritual talks he so laborously and generously prepared?

This year's Retreat has come and gone. What of next year? Will there be less of our members attending? May be only 2 - the Master and the Retreat Master! Heaven's forbid!

Luke Chua S.G.

REPLY FROM THE GUILD

I fully shared the disappointment with Dr Chua when I attended the last annual retreat. Letters have been sent to all registered members of the Guild 2 to 3 weeks before the event but the attendance rate was the lowest that I could remember. Most of the council members could not come because of other affairs. Some of our senior members who have been faithful supporters of the event could not turn up either, so making the situation even worse. The problem was not just last year. Actually no new face was seen during the retreats of the past few years. It did seem that the younger generation do not favour such an activity.

During the last few council meetings, there was hot discussion over the issue and we tried to look for the causes and remedies. Some of the view-points were as follows:

1. Some young members were not accustomed to retreat in English.
2. Our retreat usually took place on the Palm Sunday. Some members, being active in Parish activities, could not attend. Parish priests could not accept our invitation to be the Retreat Master either.
3. Sunday is usually the family day and those members with young children (a large proportion of our 'young' members) were less likely to come as the setting was only suitable for adults.
4. ? a general decline in the younger generation of Catholics to attend retreats.

Thus, in the coming year, we may consider changing the format of our annual retreat : use Chinese, a new date, and/or a new place. Certainly the use of personal phone contact should be tried to encourage members to come.

If you have any new ideas, don't hesitate to contact us or express them through our Newsletter. Dr. Chua has set a very good example. It is much better for you to modify the annual retreat to satisfy your own needs than to find a reason every year to decline the invitation. Please remember our council's advice: Annual Retreat is good for your spiritual health!

Francis CK Mok
Master

MINUTES OF THE FIFTH COUNCIL MEETING OF THE GUILD 91/92

The last council meeting of the year was held in the evening of 15-5-92 at Wah Yan College, Kowloon. Fr. Russell and most of the members of the council had attended. The purpose of the meeting was to review the running of the Guild's functions, to identify strength & weakness of current situation and to gear the Guild's directions in the coming council year.

MATTERS ARISING

1. "What should be done by our Guild? - our Spiritual Director's perspective" by Fr. Russell.

   Fr. Russell reminded us the `Objectives of the Guild' as printed in the Constitution & Bye Laws. It stated :

   > "To facilitate the intercourse between Catholic Members of the medical profession of Hong Kong with a view to the study and discussion of medical questions, and of upholding the principles of catholic morality."

   He suggested that the Guild should hold some kind of forum on ethical issue so that those medical ethical issues could be studied. Furthermore, members could thus be reminded of the issues through discussion or reading the matter published in the Newsletter. The Guild should also devise more religious-related activities so as to help our members to uphold the principles of catholic morality.

2. "Strength & Weakness - current situation of our Guild" by Francis Mok

   Francis had performed analysis on 2 aspects :-

   a. *Membership* - Membership characteristics such as year of graduation, number.of dentist, number. of student members were analysed and the result was plotted on

distribution charts. It was noticed that no. of members with the year of graduation in the period of 1986 - 1990 was lowest. It signified that the Guild as well as the council were aging if no fresh graduates joined in future.

b. *Questionnaire* - A questionnaire exercise about members' interests on Guild's functions was performed last year and the result was published in the Newsletter. The result was reviewed and analysed. It was interesting to know that most of the replied questionnaire (25%) came from either the most senior members (50's or 60's) or the relatively junior members (80's). Nearly all agreed that the Guild should continue to exist and represent the profession of Hong Kong although some believed that the Guild was nothing more than a symbol of the medical profession in the church.

3. "Can our Guild be a Basic Christian Cummunity?" by Robert Yuen.

According to Robert's memory, prayer meetings had been organised about 10 years ago. Religious sharing among council members was started 2 years ago. However both were unsuccessful and ended eventually. The reasons being :
a. Difficult to gather a group of doctors with similar knowledge and experience.
b. Members too busy in their practice.
c. No planning of spiritual exercise.

Before tackling the above difficulties, 2 prerequisite situations had to exist, namely,
a. A group of interested people had to be.present.
b. Committment to come to the meeting had to be ascertained.

Solutions proposed to solve the difficulties :
a. To improve efficiency of each meeting and choose a place convenient for those attendants.
b. To use commercially available ready-make material as topics of sharing.
c. For hospital based members, joint function with the nurses might be considered.
d. To seek support from parish when necessary. Format of future spiritual exercise was suggested as follow:
i. Pre-council meeting sharing.
ii. Family gathering at member's home.
iii. Pre-set time and place e.g. bimonthly or at a specific date of each month - those interested could come.

REPORT ON ANNUAL GENERAL MEETING 1992

In the evening of 26th June 1992, about 30 members of our Guild and invited guests gathered at the Hong Kong Club in Central for the 39th Annual General Meeting of the Guild. The meeting started at 7:30 p.m. The minutes of A.G.M. 1991 was adopted. The Hon. Secretary's and Hon. Treasurer's reports 1991-1992 were accepted. The Office-Bearers and Hon. posts 1992-1993 were elected.

The Buffet Dinner began at about 8:00p.m. Three tables of members and invited guests enjoyed the delicious meal in a warm and friendly environment.

Mr. Leo Goodstadt, the Governor's think-tank, addressed the Guild after the dinner. He reminded the Guild's members that we were a group of catholics with special gift from God. We were educated and professional. We had analytical mind and knowledge. We owed the duty to express our opinion on related subjects and advise the diocese and the government when necessity arised.

I am sure that those attended would enjoy the evening very much. Looking forward to seeing you and your family at the A.G.M. next year.

Hon. Secretary,
Paul Ho

Office bearers 92

We have much pleasurer in informing you that the office-bearers of the Guild of St. Luke, SS. Cosmas & Damian Hong Kong 1992-93 have been elected in 26-6-1992 at the Annual General Meeting. The list is as shown:

Master:
Dr. Francis Mok,
Geriatric Unit,
Tuen Mun Hospotal,

Hon. Secretary:
Dr. Paul Ho Hiu Fai,
Surgical A unit,
Queen Elizabeth Hosp.,

Hon. Treasurer:
Dr. Bosco Chung,
Dental Unit,
Kwai Chung Hospital,

Council Members:

Dr. Law Wing sze,
Acident & Emergency Dept.,
Tuen Mun Hospital,

Dr. Linda Lam,
Psychiatric Dept.,
Kwai Chung Hospital,

Dr. Philip Lee,
Dental Unit,
Tuen Mun Hospital,

Dr. Rebecca Yeung,
Radiotherapy Dept.,
Queen Elizabeth Hosp.,

Dr. Anthony Ying,
Radiotherapy Dept.,
Queen Elizabeth Hosp.,

Dr. Au Yeung Kai Ming
Radiodiagnostic Dept.,
Queen Mary Hospital,

Dr. Choi Cheung Hei,
Medical C Unit,
Queen Elizabeth Hosp.,

Student Representatives:
Mr. Tsang Sam Fung, Anthony (H.K.U.)
Mr. Lau Man Wai, Dominic (C.U.H.K.)

THANKSGIVING MASS FOR THE MEDICAL GRADUATES 92

Traditionally, catholic medical graduates of H.K.U. celebrated the graduation mass every year after the final examination and before they started their internship in

hospital. In 1986, C.U.H.K. began to produce their medical graduates, and since then, our Guild had taken up the role of coordinator on this event. In the past 6 years with the exception of last year, joint graduation mass were arranged for graduates of both universities. The mass was usually followed by an informal friendly discussion on "Houseman's life" among the graduates and their senior fellows.

In the last council year, the graduation mass was held on 28-6-1992 (Sunday) at 3:00 - 6:30 p.m. at Catholic Institute for Religion and Society at Waterloo Road. About 30 people attended, including the graduates, family members, their junior schoolmates and other members of the Guild. Rev. Matthew Chan of Salesians of Don Bosco kindly celebrated the occasion with us. Those graduates left behind after the mass were well nourished by their senior through sharing of their past experience as interns and medical officers.

ACTIVITIES

1. Medical Sunday Mass
   18 Oct.1992 9:30am
   Christ The King Church, Causeway Bay.
   Detail will be mailed to members later.

2. Joint Function with Catholic Nurse Guild--'ORGAN DONATION' Promotion Programme

- Promotion, explanation and exhibition at various parishes on various Sunday
- Start from Medical Sunday to mid-93
- Volunteers are much in need; Medical Students are equally welcome. If interested please contact our Council.
- The estimated expediture is $3000-4000. Donation to the project is well appreciated. Please send cheque to our Master.
- Briefing of our project and seminar on "Ethical issue of Organ Donation" by Fr. Robert Ng ,S.J. would be held on 9 Oct.1992(Friday) from 7:00-9:00pm at Kowloon Wah Yan Common Room.

A SONG FOR NAGASAKI

This is the moving story of a Japanese doctor, Takashi Nagai (1910 - 1950), who was in Nagasaki and very close to ground zero just after 11 o'clock on the morning of 9 August 1945 when the atom bomb exploded and destroyed this Naples of the Orient, killing an estimated 72,000 souls.

The young Nagai was brought up in the Samurai and Confucian tradition and at medical school was thoroughly imbued with the scientific rationalism that destroyed his Shinto beliefs. While still a medical student he was called home to his mother's deathbed. As he looked into his dying mother's eyes he could not shake off the conviction that the human spirit lives on after death. He was not perhaps utterly unprepared for this experience of the supremacy of heart over intellect. In high school his French teacher had recommended to the class the Pensees of Pascal for its literary style. He could not help comparing his intuition at his mother's deathbed with that of the 17th century French mystic and scientist who wrote that the heart has its reasons which reason knows nothing of. On his way back to medical school he bought a copy of the Pensees. It was to remain his constant companion during the years ahead.

Questions about the existence of God and the purpose of life would not leave him. "If you find anything cogent and attractive in my words", he read in the Pensees, 'know that they come from a man who goes down on his knees. Even though you cannot yet believe, do not neglect prayer of the Mass'. The beauty of the countryside around Nagasaki seemed to Nagai to make Pascal's Creator-God a reasonable hypothesis. The scientist in him reflected; " I am always ready to test an hypothesis in the laboratory. Why not try this prayer that Pascal is so insistent about, even if only as an experiment ". In the spring of 1931 he sought out a Catholic family willing to take a lodger. In this way he could learn about Catholicism and Christian prayer without committing himself. He knocked at the door of the Moriyama home not knowing that the two-storey house had been for two and half centuries the secret headquarters of the Hidden Christians.

Francis Xavier landed in Japan on 15 August 1549. He and the priests who followed him succeeded in winning many converts among the civil farmers and townspeople as well as from the warrior classes. Soon Nagasaki became Japan's first and only Christian city. The rapid spread of Christianity provoked apprehension among the civil authorities and a time of persecution began. In 1571 the 26 Japanese martyrs suffered crucifixion in Nagasaki. Many others died in the following years. In 1614 a group of Christians fled northwards to escape the ongoing persecution and for the next 250 years kept the faith, though without priest or Eucharist. On 17 March 1865 a small band of these Hidden Christians made their way to a newly-built church in Nagasaki. They had kept alive the conviction that the Church would return to Japan and that they would recognise it as the Church of their ancestors by three signs: the priests will be celibate, there will be a statue of Mary and it will obey the Papa-sama in Rome.

It was among the descendants of such staunch Catholics that Nagai began to lodge. Upon graduation he specialised in radiology. But soon, in January 1933, he was sent to Manchuria to serve as an army doctor in the Sino-Japanese war. His experience as a field doctor, the suffering and cruelty he witnessed, troubled his vision of science and human progress as a source of energy and optimism. Japanese soldiers bowed to the Shinto gods in the shrines that dotted the landscape of Japan. But when these same soldiers lay in his wards waiting for death, which Pascal called the moment of ultimate honesty, Nagai noted that few were able to turn to them for comfort. When he went to the front, the daughter of the house where he had been a lodger sent him a copy of the catechism and prayed every day for his safe return. Not long after he got back, in June 1934, he was baptised, taking the name of Paul in honour of the Jesuit Paul Miki, one of the 26 martyrs of Nagasaki. Later that year he married Midori, the girl who had prayed for him and to whom, under God, he owed his faith.

Nagai was then the staff of the radiology department of the University of Nagasaki. Though too busy to notice them, war clouds were quickly gathering. On July 1937, the day his daughter and second child was born, news came of the outbreak of hostilities between Chinese and Japanese troops near Marco Polo bridge close to Peking. Nagai was called up and soon was chief surgeon of a field hospital, tending to the terrible wounds of both soldiers and civilians. He quickly came to realise that he felt the same compassion for a wounded Chinese as for a wounded Japanese. He wrote in his diary: "I now know I have come to China not to defeat anybody, not to win a war. I have come to help the wounded, Chinese as much as Japanese, civilians as much as combatants".

In early 1940 Nagai was back in his old job in Nagasaki, x-raying patients, teaching, writing research papers. Food shortages resulted in an increase of TB patients, most of them x-rayed by Nagai himself. When the tide of war changed, bombs began to fall on Japan. From August 1944 air-raids were a daily occurrence over Nagasaki. More x-rays, more operations. At the beginning of 1945 Nagai's own health deteriorated. X-rayed by a colleague, he learned the dread news: incurable leukaemia. And the prognosis: life expectancy two to three years; death lingering and painful. This was a terrible blow. The hardest thing was breaking the news to his wife. They knelt before the crucifix her family had guarded through 250 years of persecution. Her acceptance of the situation and the support she gave him overwhelmed him. He experienced, he recorded, great peace and a surge of energy for whatever there was left to be done. Was this the joy that comes from abandonment to the Will of god that Pascal wrote of?, he wondered.

Nagai was in his office at 11 o'clock on the morning of August 9 when the atom bomb exploded. He was pinned to the ground by the fallen debris of the shattered building. He was rescued by a nurse, and when his injuries - an artery in his temple severed by flying glass - had been seen to, he rallied the survivors and did what could be done to help the victims who were still alive. It was only two days later, when army doctors and nurses arrived on the scene, that Nagai was able to think of his family. He knew that his children were safe. They had set out on that fatal morning to visit their grandmother, six kilometres away. But Midori? When with difficulty he found what had been his home, a few charred bones was all that remained of his wife. A blob of fused metal among the powdered bones of her right hand he recongised as her rosary, and in his grief he gave thanks to the Mother of Sorrows who had been with Midori at the hour of her death.

In November 1945, among the ruins of the Cathedral - it had withstood the blast surprisingly well only to be destroyed by a fire that broke out twelve hours later - a requiem Mass celebrated for the 8,000 Catholic victims of the bomb. Nagai was asked to preach. In a sermon that proved controversial he pointed to God's providential plan in the events of August 9. Nagasaki had been the secondary target of the Americans, chosen only because of cloud over the primary target. Then due to some mechanical fault the bomb had to be released earlier than intended and so landed on the suburb where the Catholic community lived around the cathedral. All that day the Emperor had been discussing peace with his advisers, and at midnight, just when the fire broke out in the cathedral, he had decided on surrender. In these coincidences Nagai saw God's plan: the Christian community of Nagasaki was a chosen victim, a whole-burnt offering in atonement for the sins of all the nations involved in the Second World War. Their sacrifice saved millions of lives, brought peace to the world and restored religious freedom to Japan. Amid shouts of protest he gave thanks that Nagasaki had been thus chosen.

The books Nagai wrote reflecting on the bombing of Nagasaki and of the significance of atomic power for the future of the world won him a good deal of acclaim in Japan. during the last four years of his life he received an average of five letters a day. Many visitors, including the Emperor himself, sought him out in the modest little hut he built for himself and his children. All were impressed by the faith of this man slowly dying of leukaemia. With Gandhi he believed that the Sermon on the Mount provided a practical chater for world peace. To those who doubted he recalled the advice of Pascal, that we must pray the gospel.

"Blessed are they that weep" was Nagai's favourite beatitude. He wrote: "unless you have suffered and wept you really don't understand what compassion is, nor can you give comfort to someone who is suffering. If you haven't cried you can't dry another eyes. Unless you've walked in darkness you can't help wanderers find the way. Unless you've looked into the eyes of menacing death and felt its breath you can't help another rise from the dead and taste anew the joy of being alive".

On another occasion he wrote: "Those words in the Sermon on the Mount, 'blessed are those who weep', should be taken literally by doctors. A real doctor suffers with each patient. If the patient is frightened of dying, so is the doctor. When the patient at long last gets well and says, 'Thank you', the doctor responds, 'Thank you'. If your patient is an old man you treat him as your own father; if the patient is a child, as your own child ... Each patient become your brother, your sister, your mother, for whom you drop everything else. You anxiously re-examine those tests and x-rays, you pore over the medical chart leaving no stone unturned ... How mistaken I was as a young doctor when I thought medical practice was a matter of medical technique. That would make the doctor a body mechanic! No, a doctor must be a person who feels in his own body ad spirit all that the patient person who feels in his own body and spirit all that the patient suffers in body and spirit ...

I've come to understand that medicine is a vocation, a personal call from God - which means that examining a patient, taking an x-ray or giving an injection is part of the Kingdom of God. When I realised that, I found myself praying for each patient I treated".

The end came on 1 May 1950 following a series of haemorrhages. The funeral, attended by some 20,000 mourners, took place on 3 May in the rebuilt cathedral. After the Mass, the Mayor of Nagasaki read out the 300 messages that had come from far and wide as a tribute to the enormous respect in which this great and good man was held. His memory lives on in his books and especially in his best-seller, The Bells of Nagasaki, which was later to become a top box-office film. He was laid to rest beside the

remains of his wife Midori, Whose bones he had collected in a bucket from the ashes of their home, devastated by the atom bomb.

FROM OUR GRADUATES

五年

從來沒有寫日記的習慣，故此在知道要寫一篇關於過去五年醫學生涯的文章時，腦海中似乎是一片空白。難道過去的醫學生生涯是如此逝去得無影無蹤。

沒有翻看相簿，因往往沒有在「歷史性」的時刻拍照，又或拍照後遲遲也未有相片而不了了之。但總有數個片段是留在腦海中....

中七選科時傷透了腦筋，從房間的窗向外望可見「偉大」的陸佑堂；心中常希望能進入香港的最高學府。沒有特別的喜好，見到醫生既能助人，又受人尊敬（可惜已今非昔比），收入穩定（可能這是一個很重要的因素），於是帶一一顆初生之犢的心，投報醫科了。至於現在有沒有後悔，我仍未能清楚地回答這問題，可能在一年後沒有人聘用時是會的；但到目前為止，倒還未擔心出路問題，因感到任何的工作都會有主的眷顧，心中也平安不少。

迎新營的最後一夜，是「大仙」來探班的日子。印象最為深刻的，並不是他們介紹的甚麼好書或甚麼講師，而是他們老是說自己其實對醫科只懂皮毛，對於當時的我，當然覺得全是謙虛之言，現在想起來倒非常同意他們的話。

一次偶然的機會下看見天主教同學會的壁報，因好奇及朋友的提議便參予了「細胞組織」的聚會，也為我成為天主教徒而舖路。經過約兩年的慕道，結果在三年級（一九九零年的四月）領洗，成為教會的一份子，真巧合，剛好領洗在考ＭＢ之後。彌撒中除了感受到自己及朋友的喜悅外，令我高興的是我的父親，雖然平常是「拜神一族」，也主動來參加我和基督的「婚宴」，令我在「天上」和「人間」（未來）的婚宴中都更完美。

常感到自己和其他醫學生是病房中最渺少的一群，也是最為討厭的一群。固然不能幫甚麼忙，更加添別人的麻煩，無論是護士，病人，甚至是拖地的阿嬸。到現在為止，只感到做醫學生能直接幫助病人的便是做assistant intern的數天。

很快的便考完了Final ＭＢ，五年的青春又已消逝，感到在校園中的五年總是比那些在社會工作中的五年較為簡單，所以總有點兒依依不捨；另一方面，新的角色（House Officer）卻可帶來滿足感，不需背負甚麼的責任，也未有要讀書準備考試的擔子；雖然體力方面有點透支，但仍會做得高興；至於未來的日子，並不會抱有甚麼期望，只希望自己能憑著我那薄弱的信德，接受及讚美主繼續賜予我的一切。

綠草

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