



NEWSLETTER

THE GUILD OF ST. LUKE, SS COSMAS & DAMIAN HONG KONG

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FROM THE EDITOR

The challenging year of 1997 is coming. The political temperature in Hong Kong is rising. In this issue of Newsletter, we have an abstracted article on the preparation of our Church to face the political change. Besides the concern about politics, the Catholic doctors should also take note of the new development in the medical field, especially the ethical aspects like euthanasia and respect for aencephalic

babies as reported in this issue. The interview of the editor (me!) brought the Guild's old problem of lack of fresh input into focus again. A look at the name list of the new council may give us some assurance. The reflective article on paganism summarised here leads us to deeper reflection of our religious call. The ending sentence: "Lord, grant us the courage!" is a prayer for all of us.

FEATURE ARTICLES

香港教會與九七



隨著香港主權回歸中國的日子臨近，一向強調政教分離的香港天主教教會也面臨被捲入政治漩渦的命運，要接受獨特的歷史挑戰。不僅教會領袖的政治智慧受到考驗，教徒的信心也在接受試煉。香港天主教教會以「承擔與同行」為口號，迎接九七政權交替，不作旁觀者，與香港人同行，香港教會的最後防線是「維護宗教自由」，傾向務實，並以支持「基本法」和「中英聯合聲明」為保證宗教自由的信心依據。許多人以教徒移民數字作為教會九七信心指數，教會方面雖沒有這方面的統計數字，但根據一般教區觀察，教友的整體流失量還算低，面對九七，神職人員也似無太多顧慮，雖然部份年長的神父基於過去在中國大陸受迫害的經歷及感受而對「一國兩制」有疑慮，一般中、青輩則視九七為教會發展的契機。

面臨政治衝擊的考驗，教徒意見莫衷一是。五月十日，教區秘書處於《公教報》上發表聲明「教區認為若能參與推選首屆行政長官，機會值得珍惜」，而教區對是否應邀加入推委會仍在諮詢階段，對此，正義和平委員會和部份教徒則認為教會若參加推委會，即違反六五年梵蒂岡第二次大公會通過的有關教會不應加入政治權力架構的指示，儘管

教會強調政教分離，但自中英談判香港主權回歸事宜，至「六四」事件後，一些天主教關注社會民間組織或神父走上街頭示威，亦有天主教代表加入支聯會之事；隨著九七將至，政教分離的宗旨可能要承受更大的衝擊。

教會內部雖就政治問題上意見分歧，但對自我革新，趕上社會時代步伐之發展則無異議。天主教普世教會的四個現代化方向，包括禮儀革新，聖經革新，信徒行動，合一運動，亦為香港天主教努力發展之方向。八九年五月，胡樞機向全港天主教教徒頒布未來十年發展路向之具體計劃，定出七個主要工作範圍，包括教友培育，信仰小團體，司鐸和修士、修女的持續培訓，大眾傳播、教育、社會服務、教區與中國及與中國大陸教會的關係。香港教會面臨不少挑戰，須在團結內部，維護教會權益和維護香港市民的社會福祉等多方面求取平衡。正在九七政治漩渦中顛簸的教徒也都希望耶穌基督會擔當舵手，為他們平息風浪。

—— 摘自《亞洲週刊》，六月號
1996「九七的十字架——香港天主教會的應變策略」

The new paganism of defeated cultures and lost young people - excerpt from *Decisions, summer 1995*

Neurologist John Bergin from Wellington, New Zealand, an FLAMC Committee member, discusses in his paper the confusions of a world where science and utilitarianism are overwhelming other cultures. Not ethics alone

but evangelisation is needed to bring the world into line with God design....

“..... The Catholic doctor, at least in the ideal, has a creation story relating back to an omnipotent God whose essence is love, light

and truth, whose message came to earth in creatures. Disruption of the original creation plan was followed by a series of covenants, culminating in the arrival of a redeeming mediator who retold the creation story and stressed the individual dignity of all his human brothers and sisters. He clearly saw their lives as physical and spiritual, natural and supernatural. He was both a teacher and a leader.

There are many meaningful symbols in the relationship between human creatures and their God. Their rituals include the use of these symbols in celebration and worship. To the Christian doctor the stethoscope and scalpel are additional symbols, handling them is ritual, the encounter is love of neighbour underpinned by personhood from conception and life that endures forever. Personhood is of course the starting point for discussion of either culture or ethics.

We have given much attention to culture, and some to ethics, and so far a little to evangelisation, but considering the overall theme of the conference we must relate these thoughts to doctors in action. Catholic doctors might in the first instance experience an element of apprehension as they acknowledge that the evangelising call has come to each of them personally."

"This may be followed by relief when they realise that competence and compassion, not preaching and public praying, will be the main components of their witness. As challenges arise they may reflect that intellectual and moral preparation are both necessary for the task in all branches and at all levels of health care; and granted that lone individuals do make outstanding contributions, and small prayer groups can be invaluable for grace and

survival, they will realise that external impact is significantly lessened or impossible without the solidarity and support of wider membership.

There are various ways in which doctors may combine for the furthering of spiritual growth and of moral action in the face of modern scientific culture....."

"Presuming that we implement the papal advice and evangelise ourselves first, our attention should perhaps go next to our non-member Catholic colleagues, hoping that they will come to share our view that evangelisation aim is a real but not flaunted priority in our professional lives rather than an optional extra.



In doing so, we should remember that the position we adopt must be one that we can apply at floor level in the wards, the operating theatre, the lecture theatre, the consulting room, the mission hospital, wherever the medical vocation lies. A special need today is a significant presence before the commissions and committees

appointed by professional groups or government to make recommendations prior to legislation on life-giving or life-taking procedures. Submissions to such bodies can be onerous but part of today apostolate."

"Evangelisation, even in its simple form of witness, will not be effective without personal formation and the formation will not be complete without the assiduous study which Pope Pius XII recommended to Catholic adults with ethical responsibilities. The responsibilities, always considerable in medicine today are greater not only on account of the technological factors, but also of the justice issues related to poverty and health in some parts of the world, and high costs and resource allocation in more developed areas. Despite the fact that the doctors, for a variety of

valid reasons, attract less esteem in the eyes of the community that they once did, they still have status and privilege enough to add weight to their evangelising responsibility.”

“.....Words are easier than actions but my own thought is that knowledge, love and courage are

the strengths we need, and that they are increasingly difficult to come by, in that order.

Lord, Grant us the courage.”

NEWS TO NOTE

尊重無腦畸嬰領洗善終權利 不容墮胎或擅取器官

(天美社訊) 美國天主教主教團公布聲明，不接受對無腦畸嬰的墮胎行爲，若有關嬰兒順利被產下，更應領洗，並接受適當善終護理直至去世。

此份名爲「有關無腦嬰兒的道德原則」的兩頁文件，九月底得到全國主教團行政委員會批准後，已發給全國的天主教主教。

該份文件指出，無腦畸嬰的墮胎行爲在道德上不能接受，就算在未經證實死亡的嬰孩身上取出器官作移植亦不應該；而當有關嬰兒去世後，更應該舉行葬禮以見證教會對人類生命的尊重。

大部分無腦畸嬰均是腦袋先天發展不正常，或頭骨及頭皮發展過度，令腦袋生長出現問題所致，而有關嬰兒通常在出生後數天便會死亡。

譴責荷蘭濫用安樂死 美主教辦事處表讚揚

(天美社訊) 近日，美國主教團支持生命秘書處，聯同醫生及議員，對一份譴責荷蘭方面，濫用安樂死的國會報告加以讚揚。

藉這份安樂死報告，小組委員會強烈指責有關人士如何以「自由選擇」爲名，將先進醫務安排，演變成爲一種擯棄無力獨立生活人士的最佳辦法。

基於一九九一年的雷明理報告，美眾議院憲制小組委員會主席加乃迪表了一份有關安樂死之聲明，內容指出，荷蘭方面如何濫用非自願安樂死，而這種不合理現象已自一九七零年開始一直容忍至今。

雷明理報告又指出在一九九零年，有超過一千個病例是主診醫生在沒有得到病人的同意下而結束其生命。

一九九四年，荷蘭政府立法規定在若干情況下，例如應病人之請求協助他們自殺或安排安樂死，或是在沒有得到病人同意下結束他的生命等等，醫生都要向死因裁判官作出匯報及填寫一份問卷。

「當一個社會決定將安樂死合法化之時，它亦應考慮到法案容許醫生擔當雙重的角

色，即同時為救人者與殺人者時，所帶來的弊端。」

(摘自《公教報》1996.10.18)

REFLECTION

與莫俊強 (法蘭士) 的一席話

除了知道法蘭士的名字，工作地點及職位外，其他的就一無所知。今晚我是第一次與他開會討論下期Newsletter的內容，看見他已訂下的內容，心裏實在佩服他的魄力；使我不禁要問一問法蘭士的歷史。「做了Newsletter已經有六年了，從一九九零年開始由羅拔手中接捧。」法蘭士回憶當年出版Newsletter的日子，樣子甚為興奮。「當時我們有五、六人，一起開會，一起搜集資料，四出訪問，配合醫生協會籌辦的活動，也和護士協會一起舉辦器官捐贈等活動，十分有意思！」

可惜近期只有一、二人背起出版的責任，畢竟一個人思想有限，縱然，我可以維持一年出版三期Newsletter，但內容不免馬虎了。」法蘭士慨嘆地說：「我現在的活力已減少了！需要兼顧的實在太多，日常工作，家庭生活，就是去開幹事會也很困難呢！醫生協會實在需要新的成員衝擊一下！」

我相信這不單是法蘭士的心底話，也是其他服務多年的幹事的心聲。現在的醫生協會，正是缺乏一份衝勁。做了多年幹事的兄弟姐妹，實在有一點累，加上生活上其他的擔子，從有限的時間擠出一點給醫生協會便更加困難。然而，每當我想起這個「天主教醫生協會」是將相同信仰的「同行」聚首一堂，在天主的帶領下去作證時，花一點時間，出一分力是值得的。

醫生協會實在需要各位支持，一個意見，一份感受，一篇文章，一點批評，都是對「我們」的協會的一份貢獻！

米高潘

4/10/96晚

伊利沙伯醫院

(註：莫俊強——法蘭士是Newsletter的主編；米高潘則是編委會的新血)

Reflection on the monthly Fellowship meeting of the Guild

R.Yuen

It is a very relaxing and enjoyable experience to sit together with some old friends in the monthly Fellowship meeting. We meditate and share on the Bible and renew our faith in our Lord Jesus Christ. Hopefully more of our Guild members can take the first step to join one of the Fellowship meeting and see whether he or she likes it or not.

Editor's note:

The monthly Fellowship meeting is held in QEH, 2nd or 3rd Friday each month from 7:00pm to 9:00pm (snack provided) The exact time and venue can be obtained from Dr. Ho Hiu Fai, our Master by 27826458 (Fax) 29586695 (office). Everyone is welcome.

COUNCIL NEWS

New Council 96/97

Master	Ho Hiu Fai Paul	A&E, QEH
Hon. Secretary	Yeung Mei Wan Rebecca	RT, PYNEH
Hon. Treasurer	Law Wing Sze	Chest, Wan Chai
Council Members	Lo Shek Man Simon	RT, QEH
	Fung Chiu Fai	Anaesthesia, QEH
	Au Yeung Kai Ming Paul	RD, QMH
	Kam Irene	Psychiatry, CPH
	Yeung Hon Ming, Jonas	Medicine, QEH
	Chung Ting On Bosco	Dentist, WCH Police training school
	Tsang Sau Hang Caroline	Geriatric Medicine, TMH
	Poon Chi Ming Michael	Surgery, QEH
	Tsang Sam Fung Anthony	Orthopaedic Surgery, QMH
Spiritual Director	Rev. J Russell	Wah Yan College Hong Kong
Immediate Past Master	Mok Chun Keung Francis	Geriatric Medicine, TMH
Student Representatives	Lau Man Wai Dominic	CUHK
	Ying Ho Wan Gary	CUHK
	Lau Che Ying Martin	HKU
	Leung Kris	HKU

From the medical students

MEDIC CELL是一個HKU內的信仰小團體，對象是不同年級的醫學生，每星期一次的敘會，內容主要以討論時事、倫理問題或聖經作大綱，以信仰為基石，各人發表個人的看法及經驗，從而互相學習，使生活與對天主的信仰連成一體。此外，面對著人

生的各種考驗及挫折，每每會使人變得散喚、空虛，繼而對信仰失去信心。我們亦希望透過MEDIC CELL，做到互相勉勵扶持，一起步向更真、更善、更美。

OBITUARY

To our Dearest George

On 15th November 1996, I received a telephone call from Fr. Cris Gleason SJ, Headmaster of St. Ignatius College Sydney telling me of the tragic death of Dr. George Ho. The news came as a great shock. He will be sadly missed by his wife Priscilla and their sons Jonathan and Frederick, both of whom are studying in St. Ignatius College. He will also be missed by his many colleagues, relatives and friends.

George was a very good Catholic at school in Wah Yan College Hong Kong. He was an altar-boy and was very active in Catholic activities. He loved football and played on the school team. Academically he was very bright and did very well at his studies. George was a deep person, quiet and shy in many ways but with a very good sense of humour.

After entering the University he continued his commitment to living his faith and was an active

member of the Legion of Mary. Priscilla was also a Legionary. They later got married on 23rd December 1978 in St. Margaret's Church.

George specialised in pathology and became very experienced in this field. He worked for quite a few years in Queen Mary Hospital. The family emigrated to Australia nearly two years ago and George took up a post in hospital in Sydney.

We pray that the Lord in His Love and mercy will grant him eternal joy and happiness. We trust too in the care of Mary, our Mother to whom George was so devoted over the years.

Our deepest sympathies go out to Priscilla and the children and we pray that God will give them His special support and strength in their sad bereavement.

A.J.Deignan, SJ

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Comment and Letters to the Editor are most welcome. Correspondence can be sent to the Chief Editor:

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Tuen Mun Hospital,
Tuen Mun*