
NEWSLETTER

Summer 96

The Guild of St. Luke, SS Cosmas & Damian

PASTORAL CARE

From the desk of the Editor

The main theme of this issue is "Pastoral Care Unit in your hospital". The development of pastoral care service has taken an accelerated pace in the recent few years. You may encounter pastoral care workers in many public hospitals, not just those with religious background. Religious activities are arranged for Catholic hospital staffs in some units. See if you can spare a few minutes from your tight working schedule to nurture your spiritual life with their help.

Fr. Russell has contributed an article on the issue of live-donors of tissue transplants.



Two pieces of news to our concern are also reported : the setup of the Provisional Council on Reproductive Technology and the election of Sister Gabriel to be the first HKAM Honorary Fellow. The Annual General Meeting of the Guild is coming in early June. Hope to see you there.

The Master's message

Here comes the last issue of 96/97 Newsletter. It signifies the end of the council year as well as the coming of AGM which will be held on the 8th of June (Saturday) at the Ruttonjee Hospital. The new Routtonjee Hospital is now a modern hospital under the Hospital Authority management. I am sure it will still remind us, especially to the senior members, many old memories of the Ruttonjee Sanatorium when it was ran by the Columbian Sisters.

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It was unanimously agreed at the last council meeting that the tradition of inviting non-member to be our Guest of Honour at our AGM other than our own members should be breached. The council has decided to invite Professor Rosie Young, one of our prestigious members of the Guild, as our Guest of Honour in this coming AGM. Professor Young will share with us her views on the role and direction of the medical profession in this challenging era.

Looking forward to seeing all of you in our Annual General Meeting.

Paul Ho

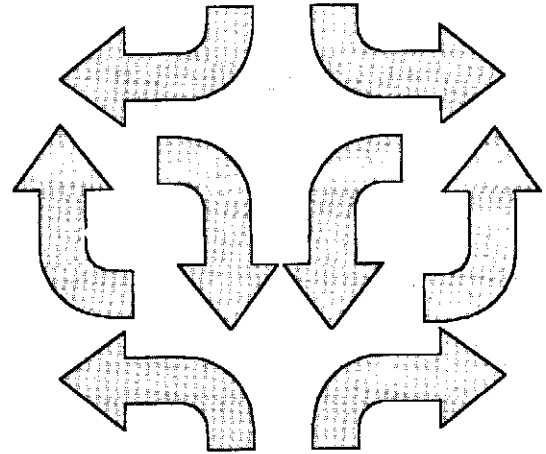
From the Spiritual Director

An item in the newspaper the other day reported how Ms Rita Fan had recently donated a kidney to her daughter. It reminded me of an article I had read last summer in the London Times (30 July 1995) describing how a wife was about to make a similar donation to her husband. Two years previously he had suffered total kidney failure and since then had been taking up to 30 pills a day and enduring four daily sessions, each lasting an hour, hooked up to a home dialysis machine.

The article began : "It is a treatment that divides the medical profession". It went on to describe how the wife in question was about to face life-threatening operation that is neither necessary nor desirable for her. Her doctors had argued that she was putting her life at risk, and that performing an operation of no benefit to a patient breaks a central principle of British medicine. She had battled with the opposition of the

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medical profession for two years before the procedure was approved. She is Irish and her husband is half-Asian. It was only after "an incredible struggle to get them to agree to test me" that the doctors found husband and wife to have better tissue compatibility than if they had been brother and sister. "They had to go through all sorts of checks to make sure he [her husband] wasn't pressuring me in any way".



Professor Sir Roy Calne, described as a leading transplant expert, was quoted as saying: "I am not in favor of carrying out such [living donor] operations. There is a worry in risking the life of someone who is healthy. It opens up all sorts of difficult moral questions". We are not told the nature of the difficulties the professor was referring to. However they do not appear so very compelling, since - according to the article - the case has forced the medical profession to reexamine its transplant policies".

The stand of the Catholic Church on organ transplants evolved in the 1950s in a number of statements by Pope Pius XII. The Pope justified transplants from living donors where the procedure does not involve the loss of an important function or entail grave danger to life. He saw it as a sacrifice for another resulting in the spiritual fulfillment of the donor. "It is to

place health and life in the service of love", as a prominent moral theologian has put it.

Of course the absolute freedom of the donor has to be safeguarded and informed consent assured. The real possibility of emotional blackmail and other subtle pressures may have been among the moral difficulties Professor Clane was thinking of, especially in the light of the kidneys-for-sale scandal in the late 1980s when some British doctors arranged the purchase of organs from impoverished donors in Turkey for transplant in private hospitals in London. Perhaps as a reaction to the revulsion felt by this trade in human organs, little has been done in Britain to ease the restrictions on live donors, which are among the tightest in the western world. A survey published in July last year listed Britain in 21st place in a league table of 22 countries indicating the number of patients starting dialysis.

On the other hand many British doctors and kidney-patient groups are campaigning for a change in the restrictions placed on live donors. (Only about 100 of the 1600 kidney transplants carried out in Britain in 1994 were from live donors). What are the comparable figures for Hong Kong? What are the views of the medical establishment in Hong Kong? Are the risks facing live donors always accurately but dispassionately explained to those thinking of donating a kidney to a relative? Have the voices of those who have donated been sufficiently heard? Is enough encouragement given to people here to carry donor cards so that their organs become available in the case of death? Are we ready to imitate the opting-out system prevailing in Singapore? Has there been adequate research into the cultural obstacles discouraging people in Hong Kong from donating their organs after death? Perhaps our Guild has a role to play in this whole area of organ donation.

Rev. J. Russell

Pastoral Care Unit in your Hospital

Pastoral Care Service has experienced a great development in Hong Kong during the last few years. The Diocese has established the Diocesan Commission for Hospital Pastoral Care to coordinate its development. Pastoral Care Units have been set up in most large public hospitals. The following is a list of such establishment for your reference :



Kwong Wah Hospital

Location : Rm 609 6/F, Staff Barrack, No. 25, Waterloo Road,
Yau Ma Tei, Kowloon.

Tel : 27826635

Co-ordinator : Sr. Mary Edna Brophy

Pastoral Care Worker : Miss May Yuen, Mr. Simnon Leung

Volunteer : Sr. Stephanie Tang

Religious Activities for staffs :

Prayer Meeting and Bible Sharing

- every Friday 3:30pm - 5:00 pm

Queen Elizabeth Hospital

Location : Block C, Rm 4, Ground Floor, 30 Gascoigne Road,
Kowloon.

Tel : 29587066 Fax: 29587067

Co-ordinator : Sr. Celina Yoon

Pastoral Care Worker : Miss Terrie Chan

Radio-therapy : Miss May Yuen

Religious Activities for staffs :

Mass - every Saturday 3:00 pm - 4:00 pm

**Queen Mary Hospital / Fung Yiu King Hospital /
Duchess of Kent Children Hospital**

Location : Room 107, 1/F, Patient Resource Centre,
Block J, QMH, No. 102, Pokfulam Road, HK

Department in-charge : Mr. Andrew Lau (71128099 # 8235)
Pastoral Care Worker : Miss Maria Yuen
Hospital Chaplain : Rev. Louis Mak (71115181 # 117)

Ruttonjee Hospital

Location : Rm AD23, 1/F, Ruttonjee Hospital, No. 266,
Queen's Road East.
Tel : 28361111 # 139, 28361139

In-charge : Sr. Josephine Yballe
Pastoral Care Worker : Sr. Cecilia Liu

Religious Activities for staffs :
Bible Reading - every 3rd Friday 2:30pm - 4:00 pm;
Every X'mas - Caroling for patients

Kowloon Hospital

Location : Rm 5, 1/F, Blk S, 147A, Argyle Street,
Kowloon Hospital
Tel: 27626292

Pastoral Care Worker : Sr. Mary Edna Brophy

Tuen Mun Hospital

Location : Rm 32, G/F, Blk E, Tuen Mun Hospital.
Tel : 24685230

Chaplain : Fr. Ho Siu Keung

Religious Activities for staffs :
Prayer Meeting : everyday 8:40 am - 9:00 am;
Mass - every first Friday 5:00pm - 6:00 pm

United Christian Hospital

Location : Hospital Chaplaincy of United Christian Hospital,
Rm 2, Base one, Blk S, New Hospital, UCH.
Tel : 23794571 Fax: 27727098

Co-ordinator : Sr. Nuala Raleigh

Religious Activities for staffs :
Gathering - every first Saturday 3:15pm

Pamela Youde Nethersole Eastern Hospital

Location : PYNEH Chaplaincy, 3/F, Block A, Multi-Centre,
Hospital Chaplaincy, No.3, Lok Man Road,
Chai Wan, HK

Co-ordinator : Mr. Ignatius Yip 25956111 # 855, 25955506
Pastoral Care Worker : Sr. Patricia Byrne

Religious Activities for staffs :
Mass for celebration of Easter & X'mas

Caritas Medical Centre

Location : Basement, Wai On Block, No. 111,
Wing Hong Street, Kowloon.

In-charge : Sr. Amelia Ip 27467051, 27446468

St. Teresa Hospital

Location : St. Teresa's hospital Pastoral Care Unit,
G/F, South Wing, No. 327, Prince Edward Road, Kowloon

Co-ordinator : Sr. Yolanda Chan 27119111

Religious Activities for staffs :
Mass, Retreat and other activities - see notice

St. Paul's Hospital

Location : 2, Eastern Hospital Road, Causeway Bay, HK
Tel: 2896008

Co-ordinator : Sr. Ophelia Lui

Our Lady of Maryknoll Hospital

Location : Shatin Pass Road, Wong Tai Sin, Kowloon
Tel : 23202121

Co-ordinator : Miss Goretti Leung

Religious Activities for staffs :
Prayer meeting - Noon everyday;
Mass for deceased patients - every month;
General Mass - every 2nd Friday 3:00 pm of alternate month.

Precious Blood Hospital

Location : Precious Blood Hospital Pastoral Care Unit,
G/F, No. 113, Castle Peak Road, Kowloon
Tel 23864281

Pastoral Care Worker : Sr. Cecilia Cheung

Canossa Hospital

Location : Canossa Hospital Pastoral Care Unit, 1,
Old Peak Road, HK
Tel: 28252131

Pastoral Care Worker : Sr. Margaret Wong

Religious Activities for staffs :

Prayer Meeting - every 3rd Thursday 3:30pm - 5:00 pm;
Mass for special occasions

News 1 : Provisional Council on Reproductive Technology established

In January 1996, the Government has appointed the Hon Denis Chang Khen-lee and Ms Anna Wu as co-chairpersons of the newly-formed Provisional Council on Reproductive Technology (PCRT).

The 19 non-official members of the PCRT include doctors, social workers, lawyers, theologians, a sociologist, a clinical psychologist, a nurse and other community representatives.

A Government spokesman said that the PCRT was formed to advise on the regulatory framework for reproductive technology and to draw up a code of practice for compliance by licensed reproductive technology institutions.

At its first meeting (25 Jan.), members agreed that the mission of the PCRT was to take a

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multi-disciplinary approach in formulating proposals to ensure the safe and informed practice of reproductive technology in a way which respects human life, the role of the family, the rights of service users and the welfare of children born through reproductive technology. This should be done with a view to establishing a statutory council, upon enactment of the relevant legislation, to provide a framework of regulatory legislation, code of practice and public education.

Two working groups have been formed under the PCRT to scrutinize the draft bill on reproductive technology and to formulate a code of practice respectively. "It is the intention of the Health and Welfare Branch to introduce the bill to the Legislative Council later this year, taking into account the recommendations to be made by the PCRT," the spokesman said.

TERMS OF REFERENCE OF PCRT:

- a. to keep under review local and international developments about, and information on, reproductive technology;
- b. to advise the Secretary for Health and Welfare on permitted and new reproductive technology procedures and areas of embryo research, having regard to the social, moral, ethical, legal and other implications of reproductive technology and to community views;
- c. to advise the Secretary for Health and Welfare on the drafting of the Reproductive Technology Bill and Regulation;
- d. to consider the arrangements for inspecting, licensing and monitoring service providers;
- e. to devise a Code of Practice on reproductive technology (including reproductive technology procedures, embryo research and gamete/embryo storage);
- f. to consider and make recommendations on what information service providers should be

required to supply and what records the Council should maintain, including :

- I. a central registry of gamete donors;
- II. a register of reproductive technology procedures performed;
- III. a record of embryo research conducted; and
- IV. a registers of reproductive technology centers, embryo research centers and storage facilities.

News 2 : *Sister Mary Gabriel O'Mahony elected first HKAM Honorary Fellow*

Sr. Gabriel, known throughout the local medical community for her work on prevention and treatment of tuberculosis, was elected the first HKAM Honorary Fellow on 15 February 1996. The motion for the election was proposed by 15 Council members, and carried unanimously.

Rev. Sr. Gabriel graduated from University College, Dublin, in 1947 and came to Hong Kong as a member of the Missionary Sisters of St. Columban in 1948. She joined the Ruttonjee Sanatorium as a Medical Officer in 1952 and was appointed Consultant in 1960 and Medical Superintendent in 1985. She also taught as Honorary Clinical Lecturer at the University of Hong Kong (1952-1988) and Chinese University of Hong Kong (1985-1988). From 1988 until her retirement this year, she worked as a part-time Consultant in Hospice medicine and home care at the Society for Promotion of Hospice Care.

Sr. Gabriel is widely regarded as a pioneer in the field of pulmonary tuberculosis and has published widely on the subject. The Academy has seen fit to bestow upon her the first Honorary Fellowship for here selfless dedication to medical services in the local community.

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The conferment ceremony will be held at the Academy Third Annual General Meeting at the end of this year.

- reported in the Academy New of Hong Kong Academy of Medicine, March 1996

Editor notes - Sr. Gabriel is one of our most senior members and together with late Sr. Aquinas are called the 'Guarding Angels' of the Guild. Everyone would remember the hospitality one has received in the Ruttonjee Sanatorium. The editor received a thank you card from Sr. Gabriel in Feb. this year :

" Kung Hei Fat Choi! I am off to Ireland on retirement on the 25th of Jan. I want to thank you for keeping me in touch all these years. I think the Guild is now on a firm footing and you will do much good in the years to come. Wishing the Guild all the best.

Yours very sincerely,

Sr. M Gabriel "

REPORT OF CATHOLIC MEDICAL FELLOWSHIP - 1ST MEETING

Our first Fellowship gathering was held on 19th April 1996, just a week or so from the Easter Sunday at Queen Elizabeth Hospital. Despite of the very bad weather that day, five members attended the gathering. The program included self-introduction, listening to recordings of Fr. Tsui's sermon on "atholic Cell Group", sharing of our work and daily life and prayers. It was generally felt that the Fellowship gathering was a tranquil time and rest from our busy and hectic

life. It will be held on every second Friday of each month at QEH from 7:pm - 9:00 pm for the time being. Sandwiches and drinks will be served. The next meeting is on 24.5.96 (Friday). Join us if you can. Please contact Dr. Paul Ho Hui Fai, A&E Dept. QEH - Tel : 29586063 for car-parking and other details.

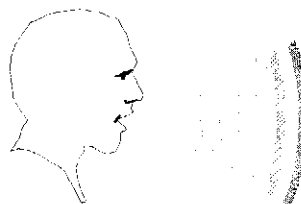
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BLOCK LETTER PLEASE



*Annual Dinner
 will be held on 8th of June,
 do come and support your Guild*

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

*Dr. Francis Mok Chun Keung,
 Department of Geriatric Medicine,
 Tuen Mun Hospital,
 Tuen Mun.*