SEPTEMBER 1999

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MASTER'S MESSAGE

his is the third year that I serve as master of the Guild.

In my first year, I hoped I could take up the job well.

In my second year, I hoped I could keep up with the job well.

In my third year, I now hope that I can pass on the job well.

Every year is unique by its own. As for this year 1999, it is uniquely unique. It is the turning point of the millennium. Year 2000 is a holy year in the Catholic calendar. Everything surrounding 1999/2000 seems to be mysterious, even the Millennium Bug seems to be mythical.

This article is written on 9-9-99, which is the most high-risk day before the coming of the real Millennium Bug. Interestingly, to me the Millennium Bug is in a way similar to our familiar arena of Medicine - both are man's handiwork, and both some kind of artificial products by man. Man can create, but man can also destroy, both may be the same things, the two sides of the coin.

The ambition of man is boundless. The fast advancing front in cloning reflects men's ultimate dream in creating human beings on their own. There seems so much that man can do so much so that God can be/should be hands-free from us.

While pondering upon the Y2K issue, I cannot help wondering: what has man done, and what is man going to do? Are we going for better or for worse?

COUNCIL NEWS

New Council 1999 - 2000

Spiritual Director	Rev. J. Russell	劉勝義神父	Wah Yan College HK
Master	Rebecca Yeung	楊美雲	Clinical Oncology, PYNEH
Hon. Secretary	Tsang Hing Lim, Kenneth	曾慶廉	Medicine, QEH
Hon. Treasurer	Tsang Sau Hang, Caroline	曾守衡	Elderly Health Service, DH
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	Fung Chiu Fai	馮照輝	Anaesthesia, QEH
	Kam Wai Kwok, Irene	金偉幗	Psychiatry, PWH
	Kwan Chi Keung	關志強	Medicine, NDH
	Law Wing Sze	羅穎思	Chest Clinic, DH
	Lee, Albert	李大拔	Community Medicine, CUHK
	Lo Siu Chung, Yvonne	盧小頌	Anaesthesia, CMC
	Poon Chi Ming, Michael	潘志明	Surgery, TMH
	Tsang Sam Fung, Anthony	曾三峰	HK Regional Office, DH
	Wong Chi Sing, Frank	黄志成	Clinical Oncology, TMH
	Yeung Hon Ming Jonas	楊漢明	Medicine, AHNH
	Ying Ho Wan, Gary	英浩雲	Forensic Pathology, DH
	Robert Yuen	阮嘉毅	Paediatrics, KWH
Immediate Past Master	Ho Hiu Fai, Paul	何曉輝	AED, QEH

Appreciation and Welcome

The following members have retired from their office of council members:

Dr Paul Au Yeung

Dr Bosco Chung

Dr Pan Tsang

We would like to express our sincere thanks to them for their contributions to the Guild in the past years. May God continue to bless them and guide them in their medical career and their religious life.

This year we have three new council members, they are:

Dr Albert Lee

Dr Frank Wong

Dr Constantine Au.

May we all offer them a warm welcome.

Annual General Meeting

This year the AGM was held on 25-6-99 (Fri) at the Hong Kong Club. The most attractive point for that evening was our guest of honour - Mr Chong Chan Yau (莊陳有). His outstanding performance during the last Legislative Council election is very well remembered by many of our members. During the dinner he delivered an exceedingly interesting and enlightening speech. Even for those who just came for his speech, they would agree that it did worth. He shared with the audience many interesting experiences from his life as a blind person. This is very much in accordance with the title of his book (which is actually his biography) "I cannot see, but" (literal translation from Chinese).

Mr Chong did not mean to challenge us with questions, but I am sure the audience could not help questioning themselves: why although he cannot see with his eyes, he can see life much better than us, and why by living in physical darkness, he seems to have a much brighter and colourful world than us? Mr Chong has not told us his secret explicitly but I think we somewhat had got the hints already.









Our New Council



Graduation Mass

have been attending the Graduation Mass for a number of years since my medical student days. To me, it is one of the most meaningful masses throughout the year. Though it is typically a celebration and thanksgiving for Graduation of medical students, every year it is quite unique on its own - the atmosphere, the make up of audience etc.... is so different from year to year. I especially remember that there was one year in which there were no graduates attending the mass! - all who attended were doctors who had already graduated. Nevertheless the participants shared their faith and their life as a doctor, and all enjoyed the gathering.

This year the mass was held at St. Paul's Hospital, with Fr Stephen Chow saying the mass. The number of participants and the number of graduates who attended were the highest among the years that I can remember. Among the participants, there were also parents and family members of the graduates. The joy mixing with tears of thankfulness from the faces of these parents are a most touching scene.

As for me, besides rejoicing and giving thanks with the graduates, every year the graduation mass reminds me of my own graduation from the medical school and my mission as a Catholic doctor. No doubt, it is a vocation from God. While thanking God for this call, I cannot help wondering again what this call means. I also cannot help the fear that I am not living up to the wish of God and am not worthy of this call. My conclusion is, this is quite a healthy spiritual exercise for me every year.

Perhaps next year you can join us and experience for yourself what this means for you.

Reported by Rebecca Yeung

Orientation Day

went to the O day with some anxiety. I was nervous because this is already thirteen years from my own orientation. I was afraid to experience that generation gap.

I met about thirty students on that day. Michael and I received warm welcome and were even mistaken by some as freshman! To my surprise, quite a lot of students were coming from faculties such as engineering, other than medical or nursing as I expected. They were all energetic and cheerful, and young. During the sharing, I was delighted to see that the students did care about their patients (or future patients) rather than just focusing only on bookwork. We shared opinion on why we chose this profession and also on what is expected of a good doctor. After the sharing, one of the girls, who wasn't in my sharing group, told me that she could feel our support just by our presence, and asked us to continue to join in their activities. It was rather touching.

When I left them, the generation gap was still there in our life experience, but there was no gap between us.

Reported by Caroline Tsang







BIOETHICS COLUMN

After our issue on Euthanasia, we received some feedbacks. In particular, Dr Edmund Cheung of the *Christian Medical and Dental Fellowship of Hong Kong* has sent us his comments.

In Responses to Newsletter issue on Euthanasia - from Dr Edmund Cheung

Dear Dr Yeung,

I am writing a response to your article on Euthanasia in the Newsletter of the Guild of St. Luke.

I have trouble agreeing with your definition of Euthanasia, which has a narrower scope.

There are three ways of defining EUTHANASIA.

- The literal sense of the word EUTHANASIA as can be analysed from its Latin Greek root.
- 2. The academic definition of the word EUTHANASIA.
- 3. The common usage of the word of EUTHANASIA.

In your first page, you defined Euthanasia as "the direct, intentional killing of a patient at his/her request." You then classified it as Voluntary, which is in line with your definition, then you mentioned Involuntary Euthanasia, which is not covered by the definition.

The subsequent discussion would depend on what you mean by Euthanasia.

Involuntary Euthanasia is not covered in your statement. I wonder if you will add this in other statement?

Most people would feel that INVOLUNTARY EUTHANASIA is more undesirable or wrong.

Edmund Cheung

Member of Christian Medical and Dental Fellowship of Hong Kong

9 Aug 99

REPLY

Dear Dr Cheung,

Thank you for your message. You are right in pointing out that different difinitions of Euthanasia will confound subsequent discussions on Euthanasia. This is the whole purpose of our clarifying the definitions before discussion. In that special article, we want to concentrate our discussion on Active Voluntary Euthanasia only. In fact, to define Euthanasia as such (ie as Active Voluntary Euthanasia) is a common usage for many authorities concerned.

You mentioned about Involuntary Euthanasia, which is usually defined as: Euthanasia without the consent of patient. This is similar to murder and is clearly unethical. I wonder what you want to refer to is actually Passive Euthanasia rather than Involuntary Euthanasia. Passive Euthanasia is defined as: the withdrawal or withholding of life sustaining treatment. This is often controversial for many people......

Our Guild plans to have further discussion on Euthanasia and related issues later on. Your opinions are most treasured. Actually the ultimate aim of our bringing up this issue is to arouse more concern and discussion on this important bioethical topic.

Rebecca Yeung 6 Sept 99

Dear Dr Yeung,

Thank you for your letter.

The subject of Withdrawing and Withholding of life sustaining treatment is a subject under discussion by the Ethics Committee of the Hong Kong Medical Association. The British Medical Association has recently published a handbook on the subject as a guideline for UK doctors.

The trend now is to encourage discussions with the patients and family in the terminal cases so that a mutual understanding and trust can be established. It is also at this discussion time that the Catholic and Christian doctors can guide the patients and families to a realistic and proper attitude towards life and death, and to prepare them for the eternal attitude of life.

The advance directive is expected to be another trend in the management of terminal illness. Do you have any experience in this in Hong Kong?

Edmund Cheung 6 Sept 99

REPLY

Dear Dr Cheung,

Thank you for your prompt response.

I fully agree with you that on facing the issues of euthanasia /withholding or withdrawing life sustaining treatment, it is not a simple "Red" or "Green" Light that is most important, but a sincere discussion with patients and their family. In this age of increasing individualism, doctors are often torn apart between the

two extremes of requests from patients: to withhold Life versus to withhold Death.

While we are trying to address the issue of Euthanasia, perhaps it is a time that we also begin to think more on Death Education, and to promote a proper understanding of the attitude towards Life and Death. As doctors of the Christian faith, should we not be in a better position to do this?

The advance directive is a subject that worths disucssion. As far as I know, we do not have any formal guidelines for this yet in Hong Kong, at least in the public hospitals.

Perhaps we can have more discussion among doctors of the Christian faith on these related issues.

Rebecca Yeung 8 Sept 99

「誰犯了罪,竟使他生來瞎眼?」(若9:1-2) 作者:川間

斯拉夫的戰爭中,許多百姓去了性命,失去家園。 在非洲與北韓中,人生下來不久便會餓死。

在癌症部工作了七個年頭,在每次的新症門診中,我都會遇到同一個問題:「我做錯了什麼?竟叫我患上末期癌病?」

我們相信神是愛。可是你如何告訴這些受苦的人,天主是仁 慈的呢?

基督告訴我們:「你們求,必要給你們。」(路II:9)可是很多人一次又一次地得不到回應。「痛別離,求不得」,那種感覺實在不好受。你如何告訴這些失望的人,上主是公義的呢?

是上主遺棄了那些人嗎?是誰犯了罪,竟叫他們受苦呢?

不同的人,對於面對痛苦可能有不同的看法。那麼聖經怎樣 啓示我們呢?

「耶穌前行時,看見了一個生來瞎眼的人。他的門徒問他說:『辣彼,誰犯了罪?是他,還是他的父母,竟使他生來瞎眼呢?a耶穌答說:「也不是誰犯了罪,而是爲叫天主的工作,在他的身上顯揚出來。』」(若9:1-3)

不少自然的或人為的事,也可以為我們帶來痛苦。痛苦的經驗是生俱來的。有人此刻面對死亡,但那邊廂有人出生,大自然生生不息。嘗過火灼的滋味,我們學會避免火種。曾經被人遺棄,我們懂得珍惜親情及友情。痛苦有時候會給我們

留下寶貴的經驗,但當痛苦超出了我們的承受力時,我們會感到受苦和無助。

不是上主要降禍給誰人,叫人受苦。相反他比誰人更明白和關心我們所受的痛苦與哀傷。當拉匝祿的死訊傳到耶穌時,瑪利亞與身邊的人都哭泣起來。耶穌當時並沒有禁止他們哭泣。相反,經上記載:「耶穌心神感傷,難過起來。」(若11:33)

「因爲我餓了,你們沒有給我吃的;我喝了,你們沒有給我喝的·····」(瑪25:42-43)

是富有的人寧可把食物棄掉,也叫貧窮的人餓死。是子女的無情,叫年老病弱的雙親得不到照顧。是父母的自私,叫孩工在破碎的家庭成長……

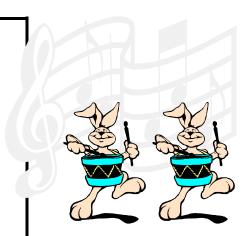
上主要我們彼此相愛,他要透過我們去幫助受苦的人。神蹟並不一定是超自然的事。當我們「給餓的人吃,給渴的人喝,收留作客的····」我們也會像主耶穌治好了瞎子的眼睛一樣,讓天主透過我們爲他們行了神蹟,從而光榮了天主。因爲「你們對我這些最小兄弟中的一個所做的,就是對我做的。(瑪25:40)

因此,當我們看到別人遇到苦難時,不要再懷疑天主是否公義了。我們應該像耶穌關心我們一樣,去關懷他們,並讓天主透過我們去回應他們這是光榮天主的時候呢!

Special Thanks !!

We would like to thank the following members who have kindly given donations to our Guild:

- 1. Au Yiu Kai
- 2. Chan Chi Sik
- 3. Chan Wai Kai Joseph
- 4. Chan Wing Kin
- 5. Chan Yuk Wah
- 6. Cheung Hung Leong
- 7. Choa G.H.
- 8. Choa George
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- 33. Van Langenberg A.
- 34. Wu Peter H.T.
- 35. Yan Ka Lok
- 36. Yang Joseph
- 37. Yeung Jonas
- 38. Young Rosie
- 39. Yuen Kar Ngai Robert



MEDICAL SUNDAY MASS

DATE: 10 Oct 1999 (Sunday)

TIME: 9:00am

VENUE: Chapel, Hong Kong Wah Yan College, Wan Chai

PRINCIPAL CELEBRANT: Fr Robert Ng

THEME: Millennium for Medicine 千禧醫療

All Catholic health care workers are welcome!

MASS FOR DECEASED MEMBERS

Date : 14 Nov 1999 (Sunday)

Time : 11:30am

Venue: 1/F chapel, Hong Kong Wah Yan College, Wan Chai

(The mass would be conducted in English)

If you have names of members who passed away in recent one or two years, please tell us so that we can pray for them during the mass.



EDITORIAL BOARD

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Home Page Address: http://medicine.org.hk/guild

Correspondence: Newsletter Editorial Board, 1, Tai Shek

Street, Sai Wan Ho, Hong Kong

e-mail: alleluia@netvigator.com

NEXT ISSUE: INTERNET MEDICINE

「我的靈魂頌揚上主,我的心神歡躍於天主,我的救主。」