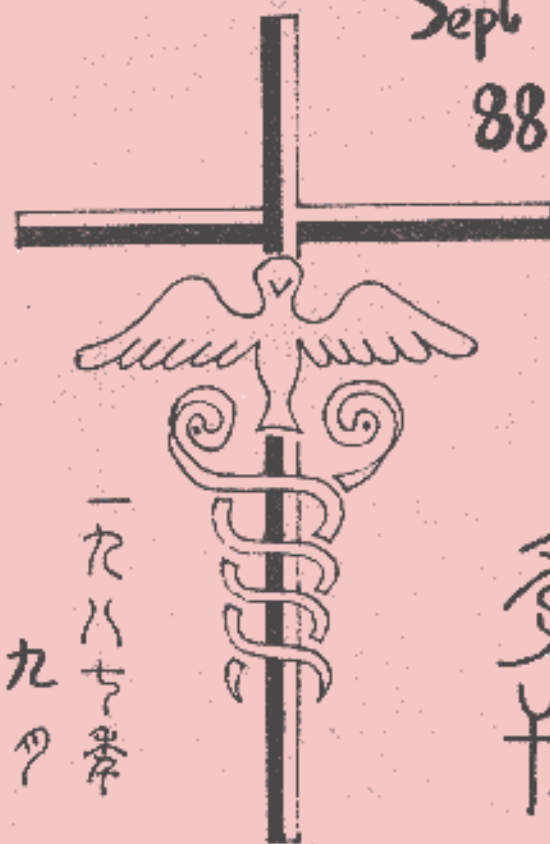


Guild of Saints Luke
Cosmas & Damian
Newsletter

Sept
88

天主教醫士協會
季刊



一九八七年
九月

THE NEWSLETTER
of the Guild of St. Luke, SS. Cosmas & Damian

vol. 4, no.2

CONTENT

News from the Council	1
Annual Report 1987 - 1988	4
Some Personal Thoughts	7
Medical Ethics - a paper read at FIAMC Congress	8
Teaching Medical Ethics	13

NEWS FROM THE COUNCIL

1. Annual General Meeting 1988

The Annual General Meeting of the Guild of St. LUKE was held on 14th July 1988 at the Senior Staff Common Room at Pauline Chan Building, Sassoon Road. Over thirty members and guests attended the meeting on that night. Vicar General Father John HM TSANG gave an introductory talk and encouraged our members to express our views on the Consultative Papers on the future directions of the local Catholic Church in the next decade published by the Diocese of Hong Kong. The Guest of Honour was Mr. FW WONG, Chairman of the Hong Kong Journalist Association and he gave a stimulating talk on "Towards an Open and Accountable Society". Dr. Peter HT WU gave our vote of thanks to our Guest Speaker and the evening ended with a buffet dinner. The following were elected to the Council of the Guild of St. Luke for the year 1988/89:

Master	: Dr. Robert YUEN
Honorary Secretary	: Dr. Paul HO
Honorary Treasurer	: Dr. Bosco CHUNG
Council Members	: Dr. Severinus CHAN Dr. Patrick CHU Dr. KU Kwok Hung Dr. Stephen LAW Dr. Henry LEUNG Dr. Francis MOK Dr. Anthony YING
Immediate Past Master	: Dr. George CHAN
Spiritual Director	: Rev. Fr. J RUSSELL SJ
Honorary Advisor	: Rev. Fr. F CRONIN SJ Mr. Stephen CH LO
Liason & Hospitality Officer	: Sr. M GABRIEL

沈嘉毅
何志輝
鍾志甲
陳晉華
朱偉光
顧德誠
羅步基
王國強
莫文浩
李國平

2. Introducing the New Council

We are delighted to have Father Russell to continue to lead us on physical and spiritual matters and Sr. Gabriel to be the Liason and Hospitality Officer of the Guild. Our new Master, Robert Yuen works in Paediatric A Unit in Princess Margaret Hospital while our new Hon. Secretary, Paul Ho works in Surgical A Unit, Queen Elizabeth Hospital. Bosco Chung works in Dental Unit in Kwai Chung Hospital and Fu Kwok Hung also works there. Both Severinus Chan and Henry Leung work in Medical Unit in Kwong Wah Hospital and Patrick Chu works in Geriatric Unit in Princess Margaret Hospital. Both Stephen Law and Anthony Ying work in Radiotherapy Unit in Queen Elizabeth Hospital.

3. Special Issue of the Newsletter on the 35th Anniversary of the Guild of St. Luke, SS. Cosmas and Damian, Hong Kong

Thanks to support from our members, we have received quite a number of articles for the Special Issue and a generous donations of over \$8000. The Special Theme of the issue would be "The Catholic Medical Service in Hong Kong: the Past, the Present and the Future". Due to unforeseen circumstances, the date of publication of the Special Issue would be delayed and it would be available towards the end of this year.

4. Goodbye and Best Wishes

We would like to say goodbye to George Chan who has recently been appointed Consultant Haematologist in Auckland, New Zealand. George has been the Master of the Guild for the past three years and has contribute a lot to the Guild. We would like to wish him every success in his future career.

5. Publication Subcommittee

Patrick Chu has been appointed Chief Editor of the Newsletter of the Guild for the coming year and Eosio Chung has been appointed Deputy Editor of the Newsletter.

6. Medical Sunday Mass

The Medical Sunday Mass this year is jointly organized by the Guild of St. Luke and Catholic Nurses' Guild and would be held on 16th October 1988 at the Cathedral. There would be an exhibition by the Guild and other paramedical associations. Members and medical students are welcomed to attend this annual function. Please remember to keep this morning free.

7. Appeal to Members

If you know of any doctors, dentist, medical and dental students who would like to receive our Newsletter or join our Guild, please contact any Council Member or write to us.

ANNUAL REPORT OF THE GUILD OF ST. LUKE, SS. COSMAS & DAMIAN

天主教醫生協會週年報告

1978 - 1988

This year we have seen a steady growth in the number of members of the Guild. The growth with number of student members is especially satisfactory. Thanks to the work of many dedicated members, we have able to maintain and strengthen our links with the Catholic medical and dental students in the two Universities, the Hong Kong Catholic Nurses' Guild and Catholic Doctors' Association in other parts of the world.

(1) Council

the Council met four times this year to discuss on the activities of the Guild. It appointed Dr. George Chan as the representative to the Council of the Federation of Medical Societies of Hong Kong, Dr. Bosco Chung as the representative to the Executive Council of the Birthright Society and Dr. Robert Yuen as the Chairman of the Publication Committee.

(2) Membership

the Guild now has 112 full members and 34 student members on the register. Some of our members have immigrated abroad and still maintain contact with us. The Guild remains a member of the Federation of Medical Societies of Hong Kong and the International Federation of Catholic Medical Associations (FIAMC)

(3) Masses for Special Occasions

a. Medical Sunday Mass

It was held in October 87 at the Cathedral and was well-attended by Catholic nurses, medical students, members of auxiliary medical services and members of the Guild. Rev. Fr. John B Tsang celebrated the Mass and being the first time in Chinese. The general comment for the change was good.

b. Mass for the deceased members of the Guild

it was held on 6th February 88 at Hk Wah Yan College chapel. Fr. Russell was the minister. It was well attended by our members.

c. Thanksgiving Mass for the medical graduates 1988

it was held on 26th June 1988 at Wah Yan College, Kowloon. The Mass was celebrated by Fr. Robert Ng and over 20 medical and dental graduates, medical students of both Universities and members of the Guild attended the Mass. It was followed by an informal tea-gathering and sharing among the participants.

(4) Annual Retreat

the traditional full-day retreat was held on 27th March 1988 at Hong Kong Wah Yan College. The Retreat Master was Rev. Father Thalman MM. It was attended by 18 members and photos were taken at the end.

(5) Combined Meeting

Drs. Francis Mok, Stephen Law and Paul Ho represented the Guild to organise the Medical Ethics Meeting with the Catholic Nurses Guild. Four such meetings were organised last year. Guest speakers were invited to speak on related topics and that was followed by small group discussions. These meetings proved to be popular to the medical students, Catholic nurses and other disciplines of our church though few of our members could find time to attend them.

(6) Newsletter

the Newsletter of the Guild continued to be published once every three months. Rev. Fr. Russell, Sister M Gabriel, and all the Council Members participate in the publication with Dr. Robert Yuen as the Editor. Over two hundred copies were distributed to our members, Christian Medical Fellowship, Catholic medical students and others interested in the work of the Guild. The Newsletter is now on the exchange list of the Bulletin of the Indian Federation of Medical Guilds and Linacre Quarterly, the official journal of the National Federation of Catholic Physicians' Guilds, USA. Our Editor was also invited to be a contributing editor of the Quarterly.

(7) 35th Anniversary of the Guild

1988/89 was the 35th Anniversary of the Guild. Numerous projects were proposed to celebrate this great occasion. A special issue is under publication and will be distributed to our members soon. Other programmes will be arranged later. The Council is looking forward to the support from all the members.

(8) Ethics Sub-Committee

members included Fr. Russell, Sr. Theresa, Dr. George Chan and Editor of the Newsletter, Dr. Robert Yuen. The aim is to respond to current issues in the medical field especially ethical ones.

(9) Other services

three medical services Sunday were organised jointly with other interested Catholic medical groups at the request of some parishes. Medical talks, exhibition and blood pressure checks were provided at the occasions.

The Council wish to take this opportunity to thank all the members and friends who have supported us the past year and ask each and every one of our members to continue to pray for us, give us advice and guidance and participate in the future functions of the Guild.

SOME PERSONAL THOUGHTS

The head of the provisional Hospital Authority has been named and the process to reorganize the public medical service is officially in motion. This process which stems from the Scott report purports to streamline the public medical service and the process, I suppose, will lead to cost containment and greater cost-effectiveness.

Medical service is in some sense a bottomless pit, and it is fair that attention should be paid to the economic aspect of it to ensure that the money spent is worthwhile and necessary; however, medical service is not a business nor an industry, and its books can never meet by itself. I accept that it is necessary to think about accountability, cost-effectiveness and cost-benefit, but in talking too much about these we may forget that we (and I include the government also) are providing a service to the sick, the weak and the disabled, to a sector of our community and our brethren, and we are dealing with human life which is priceless. Cost therefore should not be the prime consideration in planning the service.

Advances in technology does not always help in improving patient service. Improper use of technology which is commonplace pushes up medical cost unnecessarily, and when subjected to technical analysis, the patient will become just an image, a profile, or a set of data, and it is easy for the doctor to forget the human aspects of his patient, and perhaps to forget altogether that it is human life and not images, profiles and data that he is dealing with.

When we concentrate too much on medical economics and technology it is easy for a doctor to drift to become a businessman or a technocrat, and forgets his primary role to comfort and to heal. We need something to balance this, and of the many reasons to teach and talk about medical ethics, I think this is an important one: to remind ourselves that we are encountering in our patients fellow brethren with all their human attributes and values.

George Chan

MEDICAL ETHICS

A Paper Read at the F.I.A.M.C. Congress

Certainly we would all agree the teaching of medical ethics applies at all stages of a physician's career as new problems come up. Also it is a federation like this which enables us to have the means to understand how current ethical problems are being dealt with in other countries where culture, attitudes, legal positions and types of delivery of health care, all have a tremendous influence on ethical teaching, there being no one easy formula to solve a problem which can apply in different guises in individual countries. I am always very surprised that teachers in medical schools never have had usually any training in the science of educational methods although possibly, hopefully this situation is changing. Very often the position is, while we have excellent pre-clinical and clinical teachers well able to deliver the content of their knowledge it is another matter as to whether they get really involved in the models of teaching and learning process. I therefore believe that any teacher in the medical faculty of the university or a medical school should at least have some knowledge of the theory of teaching and learning. This is a very important point in the teaching of medical ethics as, of course, many excellent university lecturers or professors will not themselves have had any formal education as regards medical ethics and have probably picked up most of their knowledge along the line by attending odd meetings and having to deal with the ethical conflicts themselves, often in consultation with other colleagues. This can be quite a effective way but is no longer a proper way in which to teach this important subject of ethics. Definitely medical schools must institute formal courses in medical ethics which must be seen as a discipline in its own right, not something to be squeezed into some little opening in the students' already tight timetable, and no apologies should be made for doing this. Universities and medical schools are full of little empires where the heads of departments are extremely jealous of the size of their departments, resent any inroad into

proposed that so many hours in practical teaching of surgery must be offered to the students and so many lectures in the theory of surgical practice also given. Obviously most be left to the good sense of the universities themselves, but my experience has taught me that in regard to the teaching of ethics in the United States and the United Kingdom there is a very great variation and, indeed, this has been well written-up in a number of publications. My personal view for the formal course would be that it should be during the clinical years when a student is more mature and not in the pre-clinical ones where possibly it might be included amongst sociology or psychology, and therefore in my view it would become dilute and lose its impact. Doubt exists in my mind as to who are the best teachers of medical ethics, whether it is best taught by the theologians, philisophers, clinicians or some other group. Certainly I have a feeling that clinicians should never be excluded from such courses and that multi-disciplinary approach is the best, but I see the clinician as the most important. I have seen this work in one United States university, namely Georgetown, where I felt that the course was competent, but had an impression that it was not long enough and, indeed, was possibly limited in its scope because of time. The reason for my emphasis on the ethics course being in the clinical years is that that seems the time when the student is puzzled and bemuzed by the ethical problems at a very sensitive and important time in his career development. Obviously demands of time on the curriculum might mean that not so ideally it should be in the pre-clinical years especially in those countries where pre-clinical years are more paced out. To show the importance of ethics I think that a formal examination at the end of a course should always be instituted or certainly one question of ethics included in the final papers before qualifying examinations in those universities where this system exists. I always emphasise to medical students who always seem to me to be very keen about ethical problems, that an ability to be able to work out the ethics of a clincial dilemma will relieve much anxiety for them in their like as pactising physicians or surgeons. It can relieve them of much unnecessary anxiety and give them an ability to accept the pain of knowing that there is really no comfortable solution.

anything which may take away a particular group of students from them. Therefore there must be a formal course of ethics and its structure will obviously vary according to local conditions. In addition, during the clinical years certain teachers should be given the task that they must always include in their teaching about a patient's medical problem, the ethical aspects of that particular patient's problems. So, for example, while we would all agree that a good medical, social, family and occupational history is essential in the evaluation of any medical case - unless it be some straightforward, simple problem - the ethical overtones must be stressed. Unless certain teachers are definitely allotted these roles and undertake a responsibility which they must carry out in these roles, ethical teaching in what I would describe as, the hot situation, will be omitted. I am asking therefore that in the clinical years both teachers and students should be aware of ethical implications just as they are always aware of the pathological causes of disease. After a formal course of medical ethics where the student has grasped some of the fundamentals, the best teaching in my view will come from the clinician. I am very much against the idea of an inhouse ethicist as apparently exists in at least one country tha I have visited, rather like an inhouse lawyer, though I suspect the latter will become a permanent feature certainly in many Anglo-Saxon countries. One must also be careful that the ethical problems do not get covered over by legal implications because of the increasing problems of litigation in medicine which are already changing clinical practice, resulting in over-investigation and increasing costs in the provision of medical care. Legal problems and/or laws must never be mixed with ethical premises or principles.

I should like to go further and say the decision to set up a formal course of ethics by a university medical faculty should not be left entirely to the university, but it should be a requirement by the State Regulating Board which is responsible for maintaining standards of education for that state. In other words it is quite common in some countries for the regulating body to lay down a formula for say, surgical teaching, when it is

If you will allow me to become a little anecdotal only for a minute, rather like the old village midwife, I have to say I was extremely fortunate to be in a university where, in the first clinical year, a formal course of medical ethics involving three lectures per week spread over a period of about 7-8 months with a formal examination at the end of that time. This was way back in 1945, and it was really due to the enthusiasm of the theologian who saw the need for medical ethics to be taught to students. Of course, at that time, clinicians were not involved in it and indeed, I think most of them thought it was all rather a bizarre, unnecessary business, but those lectures have stood me in good stead.

I come now to another point which should be made to medical students which is that the physician has a great role in leading other health care professionals. This may be a rather controversial thing to say, but I do feel that the physician is in a particularly responsible position and can give much help and support in medical matters to nurses especially, and this is a point which must be emphasised in the teaching of medical ethics.

I should now like to come to the second part of my paper which is to question an assumption- perhaps I am wrong - that if ethics are taught to medical students this will help the present problem the Catholic Church has with the teaching of Catholic ethics throughout the world. Certainly the Catholic Church has a long tradition of studying ethics before it became a very topical subject some 20-30 years ago. You never see a course of ethics ever in any way being associated entirely with orthodox Catholic teaching. The dilemma entirely therefore for Catholic universities might be that, while it can only emphasise the Catholic position on ethical matters, it nevertheless will be involved in expressing alternative views, for ethics is, of course, both a philosophical and theological discipline. In any course the development of multiple ethical theories will have to be stressed. I have in mind philosophical concepts such as the

theory of utilitarianism associated so much with Bentham and Mills and the now classical deontological theories of Kant now very fashionable in the philosophical teaching of ethics. Of course, for us, natural law theory, developed so much by St. Thomas Aquinas in the 13th century, concepts of paternalism, autonomy, concept of rights are now very common in ethical debate. A short mention too must be given of the various codes of ethics, such as the Hippocratic oath, Helsinki Agreement, a 1957 ethical code of the American Medical Association, British Medical Association, Ethical committee decisions all of which set down individual approaches to the ethical dilemmas and must be included in any ethical course for debate and criticism.

In short, therefore I conclude by saying I do not think it is possible any longer for a young doctor to be turned out into the world to practise without a good groundwork in ethical training. I look warily at medical schools who do not include in the curriculum a formalised course in ethics. I must conclude by saying that I consider Catholic medical ethical teaching to be synonymous with good medical clinical practice. One just wonders whether, if Rights theories were challenged in ethical courses it might change the prevailing pro-abortion philosophy of too many countries today, but possibly that is a pipedream. I see therefore the inclusion of medical ethics in the curriculum of medical education as an essential help to the young doctor qualifying, and hope that courses in medical ethics would have a spin-off effect in correcting a so-called humanistic approach to medicine.

Dr. T.P. LINEHAN
President
International Federation
of Catholic Doctors' Assoc.

TEACHING MEDICAL ETHICS

In September 1979, Sister Marya Zaborowski of the school of Nursing, Our Lady of Maryknoll Hospital, wrote to me " to share in Chinese some of your expertise in Ethics with our student nurses". She also suggested some of the topics that I might talk about. For a Catholic to teach Ethics in Chinese might seem a difficult task, for where were the books on Medical Ethics by Catholics in Chinese? Sister Marya had, however, anticipated that particular difficulty. Before she asked me to help her she had had a well-known and substantial book on Medical Ethics, The Dignity of Life - Moral Values in a Changing Society by Fr. Charles J. McFadden, O.S.A., translated and published. The students had each a copy of the Chinese version while their teacher was to be provided with the English original as well.

So with the encouragement of Sister Marya and the help of Fr. McFadden I began to share what Sister Marya kindly called "my expertise" with the student nurses. In the early days it seems that we covered a lot of topics together... introduction to Ethics and basic ethical concepts, professional responsibility, many problems connected with the preservation of life and the care of health, the use of drugs, experimentation, terminal illness and death. In his book Fr. McFadden had written three chapters on the meaning of marriage and family life. These provide the background to his treatment of family planning, abortion , artificial insemination and related topics. So among the subjects covered in the ethics class were conjugal love, the purpose of domestic society and the marriage contract. Fortunately, other members of the teaching staff deal with questions about family planning, abortion and so on.

It has been said that by talking to people one can give information but that by talking to one another people can change their attitudes. In our ethics classes we have both kinds of talking. The students have acquired a large store of knowledge about Ethics by the time they come to learn about Medical Ethics. So I try to show them how to apply what they have already learnt to medical problems. When they differ from their teacher, their views are generally stricter than his.

Teachers are frequently encouraged to keep abreast of their subject; any danger that I might lose contact with developments in Medical Ethics is averted through the vigilance of Sister Marya and Sister Therese Howard who provide me with reprints of articles about present-day problems. The Medical Library in the hospital has one section on Medical Ethics and current magazines dealing with the subject are to be found in the magazines section. Besides, the Medical Moral Guidance Committee under the chairmanship of the Medical Superintendent, Dr. Yu Wing Kwong, has drawn up Ethical Guidelines for use in the hospital and it meets regularly to discuss the practical problems that arise from time to time. Finally, occasional visits to the operating theatre for minor repairs at the expert hands of Dr. Yu have also helped to keep this non-professional in contact with the medical world and some of its problems.

Recently, after an assessment of the courses in the Nursing School, it was decided that the class load was too heavy. In an effort to lighten the students' burden the overall number of class hours was reduced. As a result, less time is now devoted to Medical Ethics. However, I still tell the students that they put in more time at this subject than do most medical students in Hong Kong.

Peter BRADY SJ