

# NEWSLETTER

Guild of St. Luke, SS. Cosmas & Damian, Hong Kong

Spring 92

香港天主教醫生協會

1 Tai Shek Street, Sai Wan Ho, Hong Kong.

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### THEME: HUMAN TISSUE RESEARCH

#### ETHICAL CONSIDERATIONS IN HUMAN TISSUE RESEARCH

(L. Lam)

Advances in scientific medicine has bring joy and hope to the human race. Previously incurable conditions may now be simple and treatable. Like any field of knowledge, understanding on human diseases builds from nothing to something relies on repeated experimentation, trial and error, and correction of failures. Large amount of wastage occurs in every step when one tries to learn more. The glories of medicine also brings with it unmeasurable amount of sufferings and sorrows.

As human beings are never infallible, the judgement is never complete. When human lives are involved, we talked about ethics (derived from the Greek adjective ethikos, meaning nature and disposition) in an attempt to derive a set of apparently acceptable conditions, to justify what we are doing is right. However, with extreme complexity of human life, there are still situations when personal moral standards are insufficient to make a sensible judgement. The following are just examples to illustrate some everyday encounters that scratch the clinician's mind.

Experiments on human tissue has dramatically advanced the scope of medical practice. End organ failures can now be treated with organ transplant. However, the way donor organs are obtained is by no means as simple as the operation. Can we take out the kidneys of a just-dead person without the deceased's consent?

Can the parents of an anencephalic child decide for him so that all his organs are donated for transplantation before getting rotten. Can we decide for a dead person whether we could remove the heart when it is the only organ pumping rhythmically? Is simple reasoning enough for handling all these problems? How can we derive the ethics of it so that most, if not all, agree upon?

Besides organ transplant, another main field of human tissue research appears to be embryo research. In vitro fertilization helps couples to deliver their offsprings, but also create a lot of problems. Artificial fusion of sperm to an egg destroyed the natural process of affection and mating. Blastocytes are stored, freezed and destroyed. Who is to decide when live begins, at the time of conception, somewhere in the fetal stage, at birth?

When we destroy the extra embryos, are we ruining potential human? What's the difference between this and killing? The ethical problems of using fetal tissues in different researches has also been underestimated. Extractions of tissue factors, growth factors, hormones, prototypes cells may be done when these embryos are still alive, although one may argue that human embryos incapable of independent living are not considered as alive, or in better terms, viable. Prenatal diagnosis

indeed has offered guides to parents' anticipation and helped to treat some otherwise devastating illnesses, a typical example being Rhesus incompatibility, even prenatal surgical operations are currently under researched for treating malformations before the babies' birth. To take the matter further, one would ask about the diagnosed untreatable conditions. Male fetuses with haemophilia, those with trisomy 21, are aborted so that parents will not suffer, apart from the pain of losing an unborn child.

These situations are brought up not for a solution, as everybody knows of no absolute solutions. Each of our decisions and viewpoints reflects ones own character, social, educational, spiritual and professional orientation. As medical practitioner living with Christian faith, you may be interested in some generally accepted ethical considerations about the most difficult problem of science-the study of oneself:

The Declaration of Geneva of the World Medical Association states that " the Health of my patient will be my first consideration" and the International Code of Medical Ethics declares that "Any act or advice which could weaken physical or mental resistance of a human being may be used only in his interest."

In the Declaration of Helsinki of the World Medical Association on research involving human subjects, it states that "concern for the interests of the subject must always prevail over the interest of science and society", "the right of the research subject to safeguard his or her integrity must always be respected", "in any research on human subjects, each potential subject must be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail. He or she should be informed that he or she is at liberty to abstain from participation and withdraw her/his consent at any time." The most important of all, it also declares that "In research on man, the interest of science and society should never take precedence over considerations related to the well-being of the subject."

In an attempt to act with the spiritual dimension, Catholic doctors met at the 17th World Congress of FIAMC and arrived at the following conclusions: Prenatal diagnosis should be taken only when there is a reasonable chance that it will benefit the unborn child. In vitro fertilization, marred by the separation of the procreative and unitive aspects of conjugal love, is considered as best replaced by other means to overcome infertility without offending the dignity of human procreation. Research on embryo or fetuses is unacceptable whenever the natural development is disrupted. "Rational suicide" should be signals for restoration of mental health. Aiding and abetting suicide cannot be reconciled with medical ethics or the Catholic faith. Transplantations of organs often proves to be life-saving, Catholics should have a donor's mind. While exact diagnosis of the death of the donor is essential before transplantation, brainstem death is increasingly accepted as an unequivocal evidence of death.

As mentioned, this passage is not calling for an unique all-or-none answer. The author wishes to aspire the reader about these hidden dilemma so that more considerations could be called for.

(Part of the information from the passage is quoted from the Declaration of Helsinki of the World medical Association 1975, and the 17th World Congress of FIAMC published in Decisions, Spring 1991)

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## USAGE OF UNBORN HUMAN

(R. Yeung)

You must all agree that human beings are invaluable, both the body and the soul. Have you ever thought of human bodies having a price? Have you heard that babies's bodies from aborting are sold by bag, \$ 25 a batch to \$5500 a pound? Even the baby's placenta is sold for 50 cents to drug companies. Ever used the placenta plus shampoo? Also, the high quality shampoos and hand creams may contain collagen which comes from fetal materials.

It is realized that the sale of late term elective abortions can be an attractive source of extra income for the hospital. And it is recognized that as for the big business of abortion, there is a triple profit associated with it. The first is from abortion. The second profit comes from the sale of aborted babies' bodies. The third profit is from unsuspecting customers buying cosmetics. Hence besides the ethical issues, there is also a commercial and pragmatic side to this fetal industry. It seems horrible that aborted fetuses are involved in so many commercial dealings, but they really are.

Some of the following may be thrilling, but they are recognized practice going on somewhere at the present moment:

- \* The diabetes treatment project at UCLA depends for its existence on the availability of pancreas from late term aborted fetuses.
- \* a rabies vaccine is produced from viruses grown in the lungs of aborted children, according to FDA.

\* tissue cultures are obtained by dropping still living embryo tissues into meat grinders and homogenizing them, according to the New England Journal of Medicine.

\* There was report estimating that 20,000 to 100,000 fetuses sold to drug companies each year in the United States.

There had been news saying that babies were conceived with parent's intention to have its bone marrow donated to his/her siblings having leukemia. While it may seem a double blessing for the family upon successful outcome. Carried to the extreme, this may be a horrible business. There had been young couples who wanted to conceive a baby to be aborted so that the father-to-be could use the embryo's kidney for a transplant that he needed.

Futhermore, aborted fetuses are involved in a wide range of experiements:

\* In California, babies aborted at 6 months were submerged in jars of liquid with high oxygen content to see if they can breathe through their skin. They couldn't.

\* Mayee Women's Hospital in Pittsburgh packed aborted babies in ice for shipment to experimental laboratories.

\* Newsday reported that an Ohio medical research company tested the brains and hearts of 100 fetuses as part of a \$300,000 pesticide contract.

\* A \$ 600,000 grant from N.I.H. enabled an unborn baby (among many others in the experiments done in Finland) to be sliced open without an anaesthetic so that a liver is obtained. The researcher in charge said that the baby was complete and "was even secreting urine". He disclaimed the need for anasthetic, saying " an aborted baby is just garbage !"

Most ethical issues regarding abortion and exploitation of fetuses and embryoes are concerned with one's concept regarding the status of embryoes and fetuses. To whom, besides God, do they belong? Can you, can we, or anyone, has the power to judge?

(Adopted from 101 uses for a dead (or live) baby by Dr. Fairfax published in Bulletin of Indian Federation of Medical Guild 1991, July)

## ORGAN DONATION-A REPORT OF THE FIRST AND SECOND MEDICAL ETHICS SUBCOMMITTEE MEETING

(F. Mok)

Discussants: Fr. Russell, Fr. Robert Ng, Dr. E. Chang, Dr. S. Law, Dr. J. Kwong, Dr. F. Mok, Dr. P Ho

### CADAVARIC & LIFE ORGAN DONATION

#### CURRENT SITUATION IN HONG KONG

1. Increasing demand of organs because of better medical technology developing in HK (bone marrow & liver now possible); In the foreseeable future, probably even more entities (heart-lung etc.)
2. The supply of organs is very limited eg. not many people carry a kidney donation card; long waiting list for organ donation; there is still a persistent shortage of blood in HK despite the fact that this is probably the most safe organ donation.
3. With better medical awareness, the sick know that there is a way for cure which depends on others' generosity. This may create a psychological burden to the patient and his/her relatives.

#### OBSTACLES OF PROMOTION

1. General oriental belief of body-soul unity leads to
  - a: the desire to keep the dead body intact, otherwise it is a curse which is believed to affect the process of reincarnation).
  - b: "Operating" on the dead body is still a major event to consider and should not be lightly taken
  - c: the superstition that the dead will be unsettled if some of their body parts are taken away.
2. The need to give the dead a presentable & dignified appearance in the funeral: the wish to leave the living a good memory.
3. The younger generation, though less against the practice, is not enthusiastic. They may sign an organ donation card if approached to but will not pursue one actively; they do not have the concept of fulfilling a civil duty.

4. The objection from the older generation will affect the younger's decision significantly. Parents' objection will probably override the decision for donation even if the dead carry a donation card.
5. The superstition that carrying a donation card may bring along bad luck.
6. The fear of premature termination of life-supporting management for those carrying a donation card who happens to suffer from irreversible illness.
7. Different methods to certify death- using mainly cardiopulmonary death criteria in the general setting but brainstem death criteria in the donation setting may be difficult for the general public to understand and accept.
8. In Western culture, the concept of separation between soul and corpse is well accepted(eg. Western medicine began with anatomy). The Christian belief of sacrifice for others being a merit also plays a dominant role. Thus, they face less problems compared to us.

#### OPINION OF OUR CHURCH

1. The attitude is generally encouraging. Organ donation is certainly a good way to love one another.
2. Degree of involvement in promotion depends on the cultural background of various places; there is not much activity in Hongkong.
3. Donation, an idea of gift, should be free of charge. If it involves money or trade, many problems will arise eg. abuse of the practice etc.
4. One has a duty to take good care of one's body & health as we are only a steward but not the master of our body. Thus we can only risk our body or health for a very good purpose eg. to save one's life.
5. While the act of buying or selling an organ, under full consent of both parties, may not be completely unacceptable under some circumstances, the practice probably reflects some major inadequacies of the society. For eg. the need to sell one's organ for a better life reflects social injustice & poverty while the need to buy organs reveal the general unwillingness of people to donate organs. Thus generally speaking, organ trading is not to be encouraged.

#### LIFE ORGAN DONATION

As life organ donation carries significant morbidity & mortality for the donor, he/she should be informed thoroughly before the procedure- a full & informed consent should be available.

#### SUGGESTION TO IMPROVE THE SITUATION

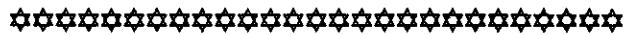
1. Educating the young is one of the major step to improve the situation in the long run. Promotion in school is important and effective. Our catholic schools should set up good examples. Organ donation (similar to blood donation) can be seen as a way to fulfill our civil duties.
2. Better advertisement: some discussants thought that the present one on TV was not direct and instructive enough. Young popular movie-stars or pop-singers will be good advertising figures. Real case presentation would be useful.
3. A long and sustained appeal (similar to that of blood donation) rather than episodic and scattered effort is needed. Coordination between in the Department of Health & Hospital Authority is essential to increase the awareness of the general public.
4. Law enforcement (similar to Singapore: unless one declares the opposite, one is assumed to consent for organ donation after death) is certainly an effective way. However, passing such a law in the present situation of Hong kong seems not that easy.
5. Early involvement of one's family members when one decides to sign a donation card will improve the chance of carrying out the procedure after one's death.
6. Publicizing the technical aspects of the procedures eg. different team for the transplantation and management of the donor, the criteria of death employed etc. may help to alleviate the suspicion and anxiety of the public.

7. Christian faith is certainly a very strong force to balance against the oriental cultural reluctance in this issue. Promotion in our parishes in the way of voluntary Christian Charity should be fruitful. Various methods eg. discussion in the sermon or distribution of donation card/pamphlets after mass can be employed. To the end, spreading our Gospel is one of the fundamental way to change the attitude of our society.
8. Our guild can help by publicizing the issue (eg. through our Newsletter, Sunday Examiner etc.), involving in school education and ask our members for further suggestions.

Next Meeting: 26.4.92 1:30-3:00 pm Hong Kong Wah Yan College.

Topic: Euthanasia

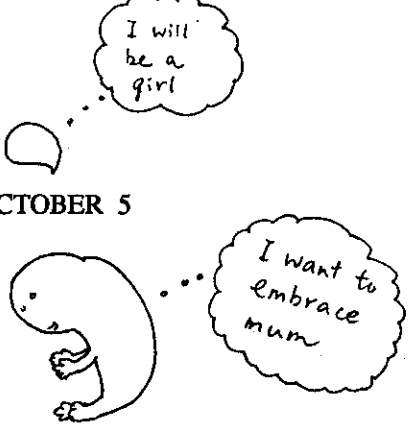
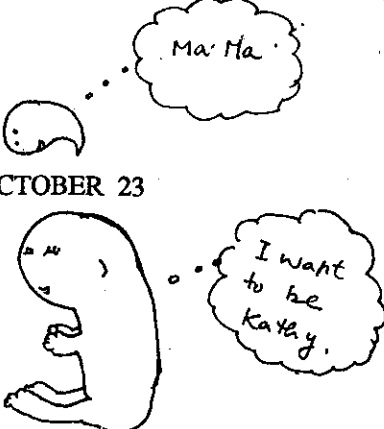

If you are interested, please contact our master.



### SPIRITUAL REFRESHMENT- THE DIARY OF AN UNBORN CHILD

(text from Diary of an unborn child-Bulletin of Indian Federation of Medical Guild 1991, July)

**For Diary of an unborn child.**

- |   |  |
|---|--|
| <p>1. OCTOBER 5</p>    | <p>2. OCTOBER 23</p>  |
| <p>3. NOVEMBER 12</p>  | <p>4. NOVEMBER 25</p>  |
| <p>5. DECEMBER 28</p>   |  |

## PASTORAL CARE SERVICES OF CATHOLIC CHURCH IN HONGKONG

(Paul Ho)

As a preparation for an exhibition organised by the Catholic Doctor and Catholic Nurses's Guild on 27.10.91, three preparatory meetings were held by different workers in pastoral care services. The following is a report about matters arised in the discussion.

### *Problems & difficulties of present pastoral care service in Hongkong*

1. Although many of the pastoral care workers of different hospitals did know each other in privacy, they usually worked on their own in their daily practice. Better co-ordination might improve care and decrease workload.
2. Understaffing had been hindering the development of the services for a long time. Unrecognition of professional role had obviated their provision of service in the wards as well as their right to sit in the administrative network of the hospital.
3. Resources provided by the Diocese upon the pastoral care service were quite limited. It appeared that Christian Church was superior to us in this aspect.
4. Acknowledgement of the service, both in our Church and in the general public, were insufficient. Its importance in the execution of better patient care was underestimated.

### *Possible solutions to present situation*

1. The Diocese of Hongkong-  
It was glad to see that the importance of the service was being recognized. The set up of Pastoral care committee gave encouragement to those pastoral care worker. It was hoped that the diocese could have more support not only in the provision of resources but also during high level conversion with the related authorities in future.
2. The hospital Authority-  
Since majority of pastoral care services were provided in hospitals, recognition of the necessity of the service by hospital authorities were of paramount importance if successful outcome is to be expected.

3. The Parish-  
Hospital Chaplain of individual hospitals came from nearby parish. They should introduce the service to their parish catholic and encourage involvement. Resources in term of money and voluntary staff could then be recruited.
4. Catholic Medical Staff-  
Many of our catholic medical staff did not recognize the importance of the service and thus did not provide convenience to our pastoral care workers during the ward duties. Emphasis of necessity of the service in their pre-vocational training might be helpful. Actually they were the most suitable persons to involve directly in the provision of the service.



## COUNCIL NEWS

The Council wish to take this opportunity to thank for your generous donations as well as the active participation in re-registration.

The thanksgiving mass in 9.2.92 has been a successful attempt for bringing members together in a celebrating mood during the Lunar New Year. Your participation have been invaluable in bring forth the success.

In the coming Easter, our Annual Retreat will be held on the 12.4.92 (Palm Sunday) at Wah Yan College, Hong Kong. We are looking forward to seeing you there.

## FROM OUR STUDENTS

### 開 Cell 的抉擇

~呂煥玲~

「時間就是金錢。」這句真的沒錯，人不單會吝嗇金錢，而且會吝嗇時間，當要面對厚厚的筆記，看不完的書，停不了的測驗和考試時，醫學生通常會十分着緊每一分一秒的時間。除了讀書外，其餘的時間寧願休息和嬉戲，也不願做其他事情。

身為基督徒的我，很想平時忙碌的生活中也能找到天主，這是需要時間去平靜自己，拋開一切雜務，與天主接觸。每逢星期四下午的個半小時，我有機會與其他讀 Medic 的兄弟姐妹一起研經、祈禱和分享生活，有時我會覺得我花起個半小時去與其他兄弟姐妹聚會，有時我內心要經過掙扎才能作出決定。但是，每一次當我完了聚會之後，我內心都會感到平安和快樂，因為藉着其他兄弟姐妹的分享，就像主跟我說話一樣，提醒我在生活上的不足，鼓勵我去面對生活的挑戰，教導我應怎樣去生活。

雖然開 Medic Cell 並不是一個唯一的途徑去培育信仰和尋找天主，但是因為 Cell 內的兄弟姐妹有同一個信仰、同一個理想——朝着做醫生的方向去愛主愛人，當在旅途中遇到困難和挫折時，我們會互相鼓勵和支持，主與我們同在！希望 Medic Cell 越來越成熟，更多兄弟姐妹願意每週付出個半小時的時間與我們一起在醫學生涯中尋找天主！

## A CHRISTIAN REFLECTION ON PSYCHOLOGICAL HEALTH

(E. Chen)

Just as advancing technology promises increasing material comfort, modern urban life become more and more stressful, fragmented, and dehumanized. Many urban populations report high levels of "psychological morbidity", regardless of the precise manner in which morbidity is defined. Being "in the world", yet not "with the world", Christians in the modern world face the question of psychological health just as much as, if not more than, a non-religious person.

"Health" is not a easy concept to define. For pragmatic medical purposes health is often taken to mean the absence of a "disorder". A "statistical approach" equates "norms" with "normality". It does not address the possibility where the majority of the population could be "unhealthy". Clearly, there is a need for a more positive and committed concept of "health". The definition offered by the World Health Organisation fulfills part of this need. "Health" is considered "... not just an absence of disease..., but a state of complete physical, mental and social well being."

The "state of well being" is open to interpretation according to one's view of the nature and purpose of human existence. The twentieth century has seen the flourishing of a number of schools of psychology and psychotherapy, each offering its own concepts and ideas about this "state of well-being". Some of these concepts and ideas have permeated the popular culture.

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Maslow constructed a "hierarchy of human needs" and glorified "self-actualisation" as the ultimate aspiration of human existence. He proposed a list of characteristics of the "self-actualised" person. This included such items as self-sufficiency, democratic attitude, nonconformist personal style and capacity for "peak" (i.e. estatic) experience. Far from being culture-free, Maslow's theory was constructed from a study of "successful" Americans. In the psychoanalytic theory formulated by Freud and his followers, health appears to be related to successful "ego-functioning". This means an ability to make "mature" use of defense mechanisms to keep at bay conflicts and anxieties arising from the instinctual and moralistic part of the mind. Jung conceived of the human psyche as striving towards "individuation", a state of wholeness resulting from integration of the conscious and the unconscious parts of the self. These are but a few of the large number of views on psychological health offered by secular psychologies.

The christian perspective is not entirely confluent with contemporary psychological theories. The bible outlines an attitude rather different from those advocated in secular psychology. One major point of divergence appears to be ways of looking at the "self". Psychology encourages active development and enrichment of the "self" as if the "self" is an end in itself. In contrast, in the bible the "self" is likened to a vessel, never an end in itself. There is a new dimension of "existence in relation to God". This enables a possibility of an open encounter with God. Man is no longer closed or existing in a closed universe. It is in relation to this possibility of openness and encounter with God that the christian considers the "self".

Some of the ways in which "self" is discussed in the bible can be seen from these quotations.

"Whoever finds his life will lose it, and whoever loses his life for my sake will find it." Matthew 10:39

"If anyone would come after me, he must deny himself and take up his cross and follow me. " Matthew 16:24  
"Do not conform any longer to the pattern of this world, but be transformed by the renewing your mind...."  
Roman 12:2

Often faith is thought of as a way to obtain "peace" of mind and freedom from anxieties. If that is the only spiritual reality, it may be said that this is little different from other defense mechanisms. But faith leads further than that. Indeed it often leads to deeper self-examination and greater openness and integrity. In this process, it may well be necessary that cognitive systems such as world-view, self-concept, and value systems are radically and ruthlessly challenged. Being open to God empowers a person with a confidence to give up the comfort and security of his previous views and attitudes. It is conceivable that a person seriously practising his faith may be less willing to make use of defense mechanisms, and less driven to a self-seeking behaviour. according to secular psychology, this may lead to a more vulnerable state of mind. In this sense, along the spiritual journey, there may well be a stage in which psychological stress is heightened. This fact has been emphasized in writings of contemplatives of the past.

The importance of acknowledging such vulnerability frees the christian from a false sense of infallibility. It reaffirms the need for mutual support in the context of a community. The call to a serious commitment in faith is at the same time a call to participation in the suffering and weakness of the human condition.

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