



NEWSLETTER

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

Autumn 1993

香港天主教醫生協會

1 Tai Shek Street, Sai Wan Ho, Hong Kong

CONTENTS:

1. Editorial..... 1
2. Message from the master..... 1
3. Guild's 40th Anniversary Celebration.... 2
4. Council news..... 3
5. Current medical ethical issues..... 4
6. Spiritual Refreshment..... 8

MASTER'S MESSAGE

The object of the Guild, as stated in our constitution, is to facilitate the intercourse between catholic members of the medical profession of Hong Kong with a view to the study and discussion of medical questions, and of upholding the principles of catholic morality. In the past few years, the Guild, in corporation with various catholic associations like CNG, Hospital Pastoral groups etc., had made every endeavor to fulfill the 2nd part of the Guild's objective. The ethics subcommittee was set up to discuss and respond to medical ethical issues.

EDITORIAL

Here comes the 1st issue of our Guild's Newsletter for the new Council year. Do get know of our new council and their plans. Our Guild has responded to a number of current medical & ethical issues concerning Hong Kong people. Please study our standpoints and give your opinion. Those who came to the AGM & annual dinner of our 40th anniversary should still remember that memorable evening. If you have missed it, we have written an account for you.

We need a lot of volunteers for a number of meaningful work and service. Please consider our invitation in the appeal letter and respond generously. For the next issue of Newsletter, we will discuss on the topic of HOMOSEXUALITY. Your opinion, thoughts and discussion is much needed. We are looking forward to receiving your response soon.

Topics like AIDS, euthanasia and organ donation had been discussed. Organ donation promotion program has been practising in various parishes until the end of February 94. Volunteer as instructors are urgently needed as well as in Natural Family Planning clinics of the H.K. Catholic Marriage Advisory Council. You will find in this issue summary of the 2 discussed topics, namely 'Scientifically Assisted Human Reproduction' and Government's consultative document 'Towards Better Health'.

Every year, the council have provided opportunities, through the Medical Sunday, Chinese New Year Gathering, Annual Retreat and AGM, to our members to facilitate their re-union with one another as well as with our Lord God. However, the attendance of the Annual Retreat was still disappointing. This same hard feeling was shared by our 2 past masters, Dr. Ramon C. Ruiz (Special Issue of Newsletter 35th Anniversary) and Dr. S.G. Chau (Autumn Issue of Newsletter 92). Dr. Ruiz in his letter to the Special Issue had reminded us the happening in 1971 when he was master of the Guild:-

"The council of 1971 decided to shorten the time of our retreat from two days (Saturday & Sunday) to one day (Sunday). It was thought that many doctors would then be able to enjoy its benefits."

20 odd years had passed and the situation is getting worse. Radical changes were made in last council year like using Chinese, choosing a new date and a new venue. Improvement of attendance was observed. It was further proposed in the 1st council meeting of this council year that the two day retreat should be revived. I must emphasize that change of format is geared at attracting more members to come and maximising their benefit from this annual spiritual function. The schedule will be arranged in such a way as to facilitate those who can make themselves available only in one day out of the 2 day retreat. The council is longing to hear your opinion and advice.

Ho Hui Fai Paul
Master

**CELEBRATION
THE GUILD'S 40TH ANNIVERSARY**

REPORT ON THE AGM & DINNER:

Linda Lam

The AGM of the Guild was held on 2.7.93 at Caritas Centre. We also celebrated the 40th anniversary this year at the same time. The meeting took place at 7pm in the evening. After a concise annual report by the master and secretary, the members had elected the new council members of this year. Dr. Ho Hui Fai Paul, after many years of service in the Guild, agreed to take up the chair as the Master for the association this year. He has been serving the Guild for many years as the secretary and was well aware of the structure and organisation. Thus his nomination was very well received and all members were very glad to welcome our new Master.

After the AGM, a thanksgiving mass to celebrate our 40th Anniversary was conducted at the Cathedral of the Immaculate Conception. We were very honoured to have His Eminence Cardinal John B. Wu to be the chief celebrant. Over 50 members and guests attended the service. It was a special memorable event when so many members from different periods gathered together to remind ourselves the 40 years that had passed in the Guild's history.

After the thanksgiving mass, we had buffet dinner at the restaurant of Caritas Centre. We had invited Dr. SH Lee (Director of Health), Mr. MK Ho (Legislative Councillor) and Dr. Antony Leung (H.C.E. of Haven of Hope Hospital) to be our Guests of Honour. Dr. Leung was also the

guest speaker of the annual dinner. In his speech, he told us about his 20 years' experience as a Christian doctor and how the Christian life incorporate into his profession. He considered that a Christian doctor has to be humble, ready to accept opinion, not to be distracted by power and vanity, not to stay away from God and should always stay with him actively. Dr. Leung also stressed the importance of working together with other disciplines and stayed hand in hand with others as a whole. Finally, in the presence of his wife, he proudly stressed to the members the importance of having an understanding partner who shared the experience. Throughout his speech, he emphasized the importance of total patient care. Patients should be treated equally, as human beings, and wholeheartedly. He felt that this is the only way to develop a good relationship. The members all enjoyed his humorous delivery with deep appreciations. The dinner ended at around half past nine successfully.



Photo: 1. Dr. Antony Leung, our guest speaker delivered his speech at the Annual Dinner.
2. Group photo after the Annual Dinner.

FROM THE SPIRITUAL DIRECTOR
John Russell S.J.

In the 1950s, as a result of new techniques in medicine and a shift in moral values, many ethical questions, old and new, were actively discussed. What, for instance, was to be thought of organ transplants? How far could pain-killers be used if at the same time they hastened death? Then pressure groups were already at work to bring about changes in the law on practices such as abortion and euthanasia. Now the Catholic Church with its well-developed and coherent ethical system had a good deal to contribute to the debates. So in many countries Catholic doctors came together to promote Catholic ethical principles, to offer solutions to the dilemmas posed by the new advances in medical practice and to uphold moral values which seemed more and more under attack. It was in this context that, 40 years ago, a number of Catholic doctors in Hong Kong, under the guidance of the late Father Fergus Cronin, established the Guild of St. Luke, SS Cosmas & Damian.

The last four decades have seen even greater advances in medical techniques and at the same time a departure from traditional principles of medical ethics that those who founded the Guild would have scarcely imagined possible. There is therefore all the more reason today for the existence of the Guild to provide Catholic doctors with a forum where new ethical problems can be discussed, and where, through exchanges with their colleagues, they will be helped to deepen their spiritual life and to clarify for themselves what it means to be a doctor who is also a Catholic. By coming together in the Guild they will be encouraged to stand up in defence of Catholic principles, realising that they do not stand alone.

In its 40th anniversary year the members of the Guild look back in gratitude on all those who served the Guild so well in the past. They remember especially the deceased members and commend them to God's mercy. They hope and pray that they will not prove too unworthy of their predecessors who founded the Guild and set it on the course it still follows today.

ACKNOWLEDGEMENT

A total of \$8100 was donated by our members for the 2 projects of our 40th anniversary celebration, namely publication of our prayer book and publishing our Guild's history in Kung Kao

Pao. We have to thank the following members for their generosity:

Dr. Chan Chi Sik
Dr. Chan Patrick
Dr. Chan Wing Kin
Prof. Choa Gerald
Dr. Chow John
Dr. Ho Man Leung Brian
Dr. Langenberg A. Van
Dr. Yuen Robert
Sir Rodrigues
Dr. Tsang Man Wo
Prof. Young Rosie
Dr. Wu H.T. Peter

COUNCIL NEWS

The 93/94 council of the Guild has been elected at the 40th AGM on 2nd July 93. The new office-bearers and council members are as follow:

MASTER

Dr. Ho Hiu Fai, Paul
Department of Surgery
Q.E.H
Maryknoll Fathers' Sch
Mass. Centre

HON. SECRETARY

Dr. Yeung Mei Wan,
Rebecca
Department of
Radiotherapy
Q.E.H.
S.S. Cosmas & Damian
Church,
Tsuen Wan

HON. TREASURER

Dr. Law Wing Sze
Department of Medicine
Q.E.H.
Our Lady of China
Church
Tai Kok Tsui

COUNCIL MEMBERS

Dr. Au Yeung Kai Ming
Paul
Dept. of Radiodiagnosis
Q.M.H.
Immaculate Heart of
Mary Chapel (Catholic
Centre) Central, H.K

Dr. Chan Kwok Keung
Department of Medicine
Q.M.H.
St. Anthony's Church
Pokfulam Road

Dr. Chung Ting On Bosco	Dental Unit Kwai Chung Hospital Holy Spirit Mass Centre Homantin
Dr. Lam Chui Wah Linda	Department of Psychiatry Kwai Chung Hospital St. Benedict Church Shatin
Dr. Lee Kin Man Philip	Oral Surgery & Dental Unit Tuen Mun Hospital Bl. Peter Wu Kuo Sheng Chapel, Cho Yiu, Kwai Chung
Dr. Lo Shek Man Simon	Department of Radiotherapy Q.E.H. St. Ignatius Church Waterloo Road
Dr. Tsang Sau Hang Caroline	Shatin Infirmery & Convalescent Hospital S.S. Cosmas & Damian Church, Tsuen Wan

STUDENT REPRESENTATIVES

Mr. Tsang Sam Fung Anthony	Final Year H.K.U. Holy Cross Church Shaukiwan
Mr. Lau Man Wai Dominic	4th Year C.U. Holy Cross Church Shaukiwan
Mr. Ying Ho Wan Gary	3rd Year C.U. St. Luke's Mass Centre Aberdeen

IMMEDIATE PAST MASTER

Dr. Mok Chun Keung Francis	Dept. of Geriatrics Tuen Mun Hospital St. Jude's Church North Point
-------------------------------	--

GUILD'S FUNCTION FORECAST

1. MEDICAL SUNDAY MASS 93

Date	:	17-10-93
Time	:	9:45 a.m.
Venue	:	Christ the King Chapel, Causeway Bay
Priest	:	Fr. John B. Tsang

2. CHINESE NEW YEAR MASS & GATHERING

Date	:	20-2-94 (Tentative)
Time	:	11 a.m.
Venue	:	Wah Yan College, Hong Kong

3. ANNUAL RETREAT

Date	:	2-4-94 - 3-4-94
Time	:	4 p.m.(2-4-94) 4 p.m.(3-4-94)
Venue	:	Holy Spirit Seminary, Aberdeen

4. ORGAN DONATION PROMOTION PROGRAM

- The program will be extended to the end of February 94.
- Those interested as instructor, please contact any council members for arrangement.

CURRENT MEDICAL ETHICAL ISSUES

(A) REFLECTIONS OF THE CONSULTATION PAPER ON THE FINAL REPORT OF THE COMMITTEE ON SCIENTIFICALLY ASSISTED HUMAN REPRODUCTION

Sister Howard
PROLIFE ACTION ASSOCIATION, LTD

1. INTRODUCTION

We of the PROLIFE ACTION ASSOCIATION, LTD. have already commented at length on the work and recommendations of the COMMITTEE ON SCIENTIFICALLY ASSISTED HUMAN REPRODUCTION (CSAHR) in our previous papers: (1.) AN OPINION ON SCIENTIFICALLY ASSISTED HUMAN REPRODUCTION WITH EMPHASIS ON SURROGACY, May, 1988 and (2.) AN OPINION ON THE INTERIM REPORT: SURROGACY AND ARTIFICIAL

INSEMINATION BY DONOR (AID), October, 1989. We stand behind these opinions and concerns as valid and as being increasingly substantiated by the experience in Hong Kong and other countries. In this paper it is our intention to build on that base rather than to repeat material already covered.

2. DEBATE ON SCIENTIFICALLY ASSISTED HUMAN REPRODUCTION (SAHR)

The summary of opinions previously expressed in the debate provided in this section is so sketchily done that it does no pair service to either side's opinions but rather produces a caricature of their opinions. Some of the statements can be proved false by experience.

For example, contrary to the statement in Paragraph 8; (c) the difficulties of SAHR procedures did not indicate a continued commitment to rearing their triplets born through in vitro fertilization and embryo transfer by the Australian parents who gave two of the three children up for adoption at three years of age. Similarly an American couple have been caught up in protracted court battle over the frozen embryos that the mother wished to bear but the father did not want implanted after their divorce. Perhaps these are isolated incidents but the pressures exerted upon the couple during SAHR procedures are quite intensive and can break as well as strengthen bonds.

3. SAHR FOR SINGLE PERSONS

If marriages can break up certainly relationships without social support and approval such as homosexual and lesbian "marriage" are even less stable. We therefore find the statement under Paragraph 8; (g) that SAHR procedures should be available to single men or women under certain circumstances definitely biased toward providing the adult with what he/she desires without placing sufficient care and value on the child's best interests.

4. RESEARCH ON "EXCESS EMBRYO"

We would also like to restate in the strongest terms our objection to the use of "excess embryos" for research purposes as stated in Paragraph 8; (h). We challenge anyone to point out how this type of research has been of benefit to the body of scientific knowledge. It certainly is not of benefit to the tiny human being on which the destructive research activity has been carried out. Most research protocols reveal in a veiled manner the concern for the harmful nature of research by stating that no research embryo should be implanted in a human womb.

We further wish to point out that the term "excess embryos" indicates the core ethical

problem with SAHR in which human beings are deliberately created to become the chattel of either the parents or the institution in which they were created.

5. NO MORE DELAY

We believe that there has been enough delay in moving forward on regulation of SAHR procedures. We believe that it is in the best interests of all that there be established a regulatory body similar to the HUMAN FERTILIZATION AND EMBRYO AUTHORITY which has been established in the United Kingdom. This body should develop a strong Code of Practice and have sufficient powers to enforce its recommendations. It is likely that establishing this power will require legislation.

6. REGULATORY BODY'S ETHICS COMMITTEE

This regulatory body should have the benefit of a strong ethics committee with as wide a representation of various schools of thought in ethical matters as possible. We believe that the CSAHR suffered from a bias toward pragmatic situational ethics and experienced difficulty in understanding the input of groups and individuals who would like to see primary emphasis placed on the integrity of the family and the intrinsic value of human life, especially in its earliest and most vulnerable form.

7. CENTRAL REGISTRY OF DONORS OF GAMETES/EMBRYOS

Among the duties of this body should be to set up a Central Registry of Donors of gametes and/or embryos employed in SAHR procedures.

8. REGULATORY BODY AND OTHER PROFESSIONAL GROUPS

This body should have strong but independent relationships with professional bodies and with the Medical Council. As developments occur it will require professional input. As a regulatory body it will of necessity be independent to avoid undue influence by professional bodies. The Medical Council has overall responsibility for regulation of all aspects of medical practice and has more than enough to do.

9. UNFINISHED BUSINESS OF THE CSAHR

The regulatory body should take up the unfinished business of the CSAHR, namely the serious study of the remaining issues listed in Paragraph 4.2 of its interim Report issued July,

1989. It has discussed at length Surrogacy and Artificial Insemination by Donor; the remaining topics listed when describing its task are In-vitro Fertilization, Gamete Intrafallopian Transfer, Sex Selection, Embryo Handling and Research, Egg/Embryo Donation, and Regulation of Provision of Services. There also deserve more thorough discussion.

10. SAHR: LOCAL STATISTICS

In Appendix C: SCIENTIFICALLY ASSISTED HUMAN REPRODUCTION: LOCAL STATISTICS; we note with approval that thus far there has been no known case of surrogacy. We restate our opposition to surrogacy and believe that surrogacy arrangement should be unenforceable in law.

We believe that this table indicates the low rate of success of SAHR procedures. Persons approaching centers for treatment should be fully informed in writing of the overall rate of success as well as that center's present rate of success. The regulatory body should actively review the general public has unrealistic expectations of what can be achieved by these procedures and at what cost in physical and mental stress. It is imperative that providers of such services provide very intensive counselling and long term follow up in both successful clients and unsuccessful ones.

11. PARENT AND CHILD ORDINANCE

The provisions of the Parent and Child Ordinance enacted by the Legislative Council on 10 March, 1993 moves us to restate the need for emphasis on the value of the child being able to maintain links with his/her ancestors and provide adequately for his/her descendants. Part of this provision is a reasonably accurate history of diseases prevalent in his/her genetic parents. While careful screening of donors may lessen the risk of inherited disease it is conceivable that an apparently healthy donor may later die of a serious inheritable disease such as Alzheimer's. The child born as a result of this donation of gametes will have no indication of this danger to his/her own life.

12. AID: NOT WELL ACCEPTED IN HONG KONG

We believe the well documented difficulty of the Family Planning Association in encouraging semen donors to come forward such that they have aimed their promotional materials at the police and fire services for recruitment indicates that artificial insemination by donor is truly not well accepted in Hong Kong. It seems unfortunate that the Parent and child Ordinance was enacted to

support a largely failed procedure.

(See Appendix C: SAHR: LOCAL STATISTICS)

13. USE OF TAXPAYERS MONEY

Since there is at present and most likely in the future such a low success rate associated with all these procedures, we feel that there is no justification for the injection of tax-payers funds to subsidize these costly procedures.

14. CONCLUSION

A. Throughout the consultation our concern has been for the integrity of the family as the most basic unit of society. We feel that this concern has been poorly represented throughout the consultation by the CSAHR.

B. We believe there is need for a strong regulatory body with sufficient powers and broad-based community representation to adequately deal with the serious ethical problems integral to SAHR techniques.

C. We believed that AID has been misrepresented as acceptable in the face of numerous reports about the Family Planning Association's difficulties in maintaining adequate supplies of stored semen.

D. We believe that the CSAHR did not have the necessary courage to ban surrogacy; instead it made a series of conflicting statements which indicated that it lacked unifying guiding principles. This consultation paper reflects the same lack of principles required to judge and act in these matters.

E. CSAHR labored for years and produced an Interim and Final Report which did not differ significantly from its earliest press statements. In the end there is a considerable body of unfinished business.

F. We believe that the majority of people are too intimidated by the scientific aspects of SAHR to express their opinion. Their opinion is expressed in non-interference and non-support.

The above has been submitted to the government

政府於本年三、四月間發出是項諮詢文件，內容是有關「人工授精」科技所引起的問題，及由政府委任的委員會所提出的解決方法及建議。本會反對報告書中的一些建議：即准許代母懷孕（註一）、他精人工授精成孕（註二）及容許用授精不足十四天的胚胎作研究用途等。詳情如下：

本會認為完整的婚姻及家庭生活，才是衍生及培育下一代的理想環境，若有第三者參與生育和繁殖下一代，婚姻及家庭的完整，便會受到很大的危害。我們可預見一位代母懷孕的婦人，會遇到很大的社群及心理壓力，尤其當我們無法百分之百完全杜絕商業及利誘因素的存在時，代母懷孕可以成為另一種對貧苦階級的剝削。每個嬰孩，無論已出生否，都應擁有完全的人性尊嚴及權利，並應受到社會的尊重與保護。故此，我們反對立法准許：

- (一) 任何形式的代母懷孕。
- (二) 他精人工授精成孕。

本會贊同報告書中所提到，不得刻意製造胚胎作研究用途，但我們卻反對建議容許用授精未超過十四天的胚胎作研究試驗。我們認為，受精後的胚胎，本質上已成為一個獨特的人類生命，應該得到完全的尊重與保護，而報告書中所提及的「十四天」原則，並沒有足夠及可信的科學證據支持。故此，我們反對立法容許

(三) 對任何人類胚胎作研究用途，不論其成熟程度如何，除非是項研究是行為著這個胚胎的利益出發（例如：作為治療一些遺傳疾病的方法。

本會以上的反對意見，將會送交政府衛生福利科；在此謹呼聲各位神長及主內的兄弟姐妹，關注並研究是項諮詢文件，並於六月三十日前，向有關方面反映意見，以免這些對人性尊嚴、婚姻及危害家庭深遠的法例，被草率通過。

註一：代母懷孕是指代母為別人接受胚胎移植，並為該人懷孕，至嬰兒出生後，將其交給該人。

註二：他精人工授精，即由他人（捐精者）提供精子，以人工方法令之與渴望懷孕夫婦的女方卵子結合，令其懷孕。

(This article was published in Kung Kao Pao on 18/6/93, the English version has been submitted to the Government as the formal standpoint of our Guild. Copies were also sent to Executive and Legislative Councillors with Catholic belief)

(C) ETHICS SUBCOMMITTEE DISCUSSION ON GOVERNMENT'S CONSULTATIVE DOCUMENT "TOWARDS BETTER HEALTH"

Date : 17-8-93
Time : 6:00 - 8:30 p.m.
Discussants : Fr. Russell, Dr.F.Mok,
Dr.E.Chang, Dr.P.Ho, Dr.C.Tsang, Dr.B.Chung,
Dr.S.Sou

This Government's recently published consultative document on healthcare system in H.K. was hotly debated by various political groups and concerned parties. Being a body formed by medical professions of H.K., the Guild owned her duty to look into the matter and voice out her opinion when indicated.

I. Keypoints of the Document

A. The emphasis of the document is in 3 areas :-

1. Removing flaws in the present healthcare system*
2. Rationalising the financial

structure of public health services

3. Facilitating interface between the public and private sectors

(*The most arguable point)

B. Reform needed because environment changed :-

1. Ageing population
2. Escalating medical costs
3. Rising public expectations about standard of medical care

(These factors affect the tertiary sector i.e. hospital care of the healthcare system most.)

C. The stated objectives are :-

1. Increased accessibility
2. More choice
3. Better service
4. Improved efficiency and cost effectiveness
5. Simpler administration

II. The proposed options

A. The Percentage Subsidy Approach

- concerned hospital fee

- below is a table of daily fees for general ward in an acute general hospital:

Operating costs	Present Subsidy	95% Subsidy	90% Subsidy	85% Subsidy	80% Subsidy
\$2105	\$43	\$105	\$210	\$316	\$421

B. Target Group Approach

1. Semi-private rooms in public hospitals

- for acute general hospital, daily fees for this room:

Operating Costs	60% Subsidy	40% Subsidy
\$2105	\$842	\$1263

2. Itemised charging - charges for

- i. Hospital admission
- ii. First referral to specialist clinic
- iii. Drug at specialist clinic
- iv. Use of A & E service

3. Target wavier group

C. Voluntary Insurance Plans

- little Government intervention
- Government will designate a statutory body to approve insurance plans submitted by private insurance companies.

D. Compulsory Comprehensive Insurance Approach

- Centrally administrated by Government

E. The Prioritization of Treatment Approach

Our Response:

'The Scene Hidden Behind the Screen'

The underlying purpose of healthcare system reform was seriously questioned by some of the discussants. The medical & health system in H.K.

have been under tremendous change in the past few years. These changes, including the formation of Hospital Authority and the proposals recommended by this consultative document, have created not less chaos than the matter of 1997 to the society of H.K. One would, therefore, wonder why the Government suddenly became so enthusiastic in reform. Furthermore, taking into consideration of Government's general policy in privatising Government run public services, like KCR, in the recent few years, it just couldn't stop one from postulating that the Government was taking steps to refrain from her social responsibility and preparing her retreat before 1997. If the postulation was correct, the only aim or emphasis of this consultative document was to restructure the financial situation of the present medical and healthcare system so that Government could decrease her share.

Need For Reform

Although we might not agree with the postulated underlying purpose of the consultative document, we did think that the stated reasons for reform were valid. It was true that the monthly household income of the citizens of Hong Kong had increased during the past 2 decades, and their rising expectations about standard of medical care were understandable. To fulfil their expectations and together with the escalating medical costs, expenditure on medical and healthcare system had to be increased. The ageing population of H.K. did impose a heavy burden on the system. They were the frequent users and usually stayed in hospital for longer time (much longer than the median length of stay of 4.4 nights). They were usually the group with less good financial status. They would be excluded from any kind of insurance program. If they were quoted as one of the reasons for reform, they should not be excluded from the benefit of the reform.

OPTIONS

Having accepted the necessity for reform, the discussants, in general, agreed with the percentage subsidy approach (Option A) and target group approach (Option B). However, the percentage of subsidy on the operating cost of each type of hospital had to be fixed at a figure which could be affordable by the general public of H.K. To our opinion, the 90% subsidy (i.e. \$210 daily fee for general ward in an acute general hospital) should be acceptable to the general public at the moment. However, more details should be specified in the identification of target waiver groups (e.g. the definition of chronically ill) and the degree or percentage of waiving, instead of the vague term 'partial waiver'.

Proposed by Paul Ho
(A chinese version of the above has been submitted to Kung Kao Po for publication)

SPIRITUAL REFRESHMENT

*Blessings of God's Love
Each day I thank the Lord above,
For these: the blessings of His Love,
The emerald grass beneath my feet,
The scent of roses, soft and sweet;*

*The coolness of a summer breeze,
The sound of birds in budding trees,
The laughter of a child at play,
The Golden sun at dawn of day;*

*The warmth of spring that fills the air,
The fruitful birth where ground was bare,
The waves that dance upon the sea,
The wonder of what life can be;*

*The love of friends, the joy of birth,
The miracle of Mother Earth,
The winter, summer, spring and fall,
I thank the Lord I've shared them all.*

- Patricia Emme -

EDITORIAL BOARD

CHIEF EDITOR:	Mok C K Francis
Board Members:	Lee K M Philip
	Lam C W Linda
	Lo S M Simon
	Yuen K N Robert

NOTIFICATION OF CHANGE OF ADDRESS

When notifying change of address, please fill in the new address in the space provided below and return

BLOCK LETTERS PLEASE

This address effective from..... Month Date