

NEWS LETTER

THE GUILD OF ST. LUKE, ST. COSMAS & ST. DAMIAN HONG KONG

CONTENT

From the editor

Hospital Pastoral Care

A chat with a Pastoral Care Worker

Council news

- Medical Sunday Mass
- Mass for the Deceased Members

Bioethics column

- 醫療倫理新聞
- Some thoughts on cloning
- Fr. Russell
- 醫療人員的道德情操 -關俊棠神父



FROM THE EDITOR

How many times have you come across a patient that needed more psychological support than physical treatment? In my case, more than I care to estimate. We are doctors and our job is to treat people. We were taught explicitly in our medical school days that we must look at a patient from a 'wholeness' point of view. Nevertheless, our busy clinics, tight operating schedule and overcrowded wards forced us, again and again, to ignore the psychological/spiritual aspect of treatments.

Maybe you'll feel better if I tell you that there are in fact a number of workers in our hospitals, going around the wards, giving a helping hand to those in need for spiritual support. They are the Pastoral Care Workers. They sat by dying patient with their relatives. They talked to lonely street sleepers who were once devoted Catholics that lost their faith because of drastic life events. They helped bring Holy Communion to in-patients who are unable to attend Mass. They helped us treat our patients with faith.

To me, they are like an oasis in our business-oriented hospitals. They reminded me of my role as a Catholic on top of that of a doctor. They reminded me that, ultimately, it is faith that heals.

Try seeking out the office of Pastoral Care unit in your hospital and pay them a visit. Give them the support that they deserve.

HOSPITAL PASTORAL CARE

Our new Pastoral care unit in Northern District hospital has commenced its operation on 27th July 98. "It mainly relies on the parish for supplying volunteers for we only have one full time staff working in the hospital," said Mr. Dominic Cheung, Chairman of the Catholic Diocesan Commission for Hospital Pastoral Care. This sentence also revealed the present difficulty in recruiting Pastoral Care Workers (PCW).

Currently there are 18 hospitals in our territory that has a Pastoral Care Unit. They work under the Catholic Diocesan Commission for Hospital Pastoral Care which was set up in 1991. This commission consisted of appointed members from different fields' social work,

legal, medical and priests. According to Mr. Cheung, hospital pastoral care could be summarized by the following, "We walk with the sick, we comfort the broken hearted, and we share the pain." It is well documented that sick people don't simply suffer physical illnesses but also fear and helplessness. Families also have to deal with feelings like tension, anger and sorrow. It is not uncommon that hospital staffs could drift from their believes because of what they see everyday. This is where the Pastoral Care Workers come in.

There are at present only twenty odd full time PCW working in different hospitals. They have to undergo at least 400 hours of basic clinical pastoral care training. Participants are taught Theology, Psychology, clinical

pastoral skills and many other techniques. Some of them have even gone through a further 800 hours of advance training. Mr. Cheung mentioned that for Pastoral care to be fruitful, it has to be based on a mutual relationship between the PCW and the patient that builds upon trust, faith and the love of God.

The current number of full time staff could never cover the needs of the many hospitals. This is where the parishes could help. Volunteers from Salvation Army, Legion of Mary and many other volunteer groups participate in volunteer training and they share the job of

the PCWs. Their involvement is indispensable. It must be emphasized that pastoral care has nothing to do with preaching. The job of a PCW is to assist the patient or their families through times of difficulty with the aid of faith.

It is the hope of the Commission that there will be a Pastoral Care Unit in every hospital in HK and that more people could benefit from this project.

**Adopted from an interview of
Mr. Dominic Cheung from Sunday Examiner*

A CHAT WITH A PASTORAL CARE WORKER

Some time ago, I knocked on the door of the Pastoral Care unit office in my hospital to pay the worker a visit. I thought that as a member of the Commission, I should get to know the job of PCW. I had a chance to talk to Sister Rosa.

She painted me a picture of what they are doing, their worries and their hope.

“Do you know that the Psychiatry unit is moving out of the room next door? Do you think you could go to the HCE with us to see if we could use this room for interviews and prayers?” This was the first question she asked me when I met her. She explained to me that their work is extremely difficult in the present hospital settings. “People get no privacy at all when they are staying in the general wards” said Sister Rosa, “You could hardly pray with the patient when there are radiographers next to us shouting X-ray!!”

She explained to me that the Pastoral Care Unit faces many difficulties. As they are not employees of the hospital, the administration frequently have doubts about allowing them the ‘freedom’ to walk around the wards and talking to patients. There are also no proper channels for case referral. At present, the Catholic nurses or families who saw the posters refer most of the cases. The workers are also very concerned about infectious diseases, radiation and many other hazards in the wards.

“Our job is very difficult at present because of the small

number of staff.” Sister Rosa continued. “Every PCW has to manage the referrals from at least 3 to 4 wards. This is not easy considering the fact that they have to follow up on the patients as well as their family members to offer a complete assistance. They also participate in crisis situations where they are called in to help alleviate the distress and the tension of the victims and their families.”

“We learn a lot from the patients. It is not only the patients who benefit from the service but us too. We get to see God in action bringing love and wisdom to the sufferers.”

At present, there is a new challenge to the Pastoral Care Unit. Our hospital is setting up a psychosocial referral system where the referrals will be allocated to psychologist, social workers, or workers from different religion depending on the need of the patient. This means more patients and thus more work.

It is also confirmed that Buddhism is also entering the scenario. They are now discussing with the administration about offices and many other things.

By Kenneth Tsang

P.S. When I wrote this article, Sister Rosa has already left the Pastoral Care Unit



COUNCIL NEWS

Medical Sunday Mass

This year Medical Sunday Mass was held at Wah Yan College Hong Kong again on 25-10-98. Fr. Robert Ng and Fr. Russell held the mass for us. The Gospel was chosen from St. Luke which told us that even Jesus, such a perfect person, was criticised and blamed by the Pharisees. Looking at what Jesus did, we should have the courage to receive the criticism, to serve our patients with patience just like serving our Dear Jesus without fear of complaint. May God grant us the wisdom to face the coming challenge. We all enjoyed the mass and had a short gathering afterwards. Hope that we can meet again next year.

Mass for the deceased members

It was held on 15-11-98 (Sun) at HK Wah Yan College. Fr Russell held the mass for us. This year we also extended our prayers to our friends and relatives who have passed away.

In the homily, Fr Russell reminded us that we do not need to be panic about our death. When the day comes, God would be pleased to find us doing our work as usual. We just need to be prepared always.

BIOETHICS COLUMN

醫療倫理新聞

全球最大醫生協會會長：

安樂死和協助自殺 對醫生病人都不利

(天美社訊)美國德克薩斯州奧斯定教區八月底召開第四屆尊重生命會議，會上美國醫療協會會長指出，安樂死(euthanasia)和「醫生協助自殺」(physician assisted suicides)不但對病人不利，對醫生也是不利的，該會反對兩者合法化。

協會主席南希醫生八月二十二日出席會議時，向約四百與會者解釋該會反對安樂死和「醫生協助自殺」合法化的理據。她說：「我們的職責不是去決定縮短哪個生命。」美國醫療協會是全球最大的醫生組織。

過去，有論者指出醫生幫助病人結束生命，只是尊重病人的要求。南希醫生反駁，醫生和病人的關係並非如那樣，他們更不應鼓勵病人結束生命。

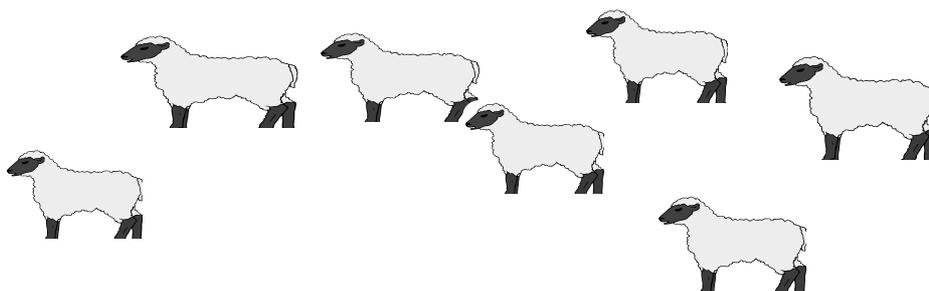
加強善終服務

南希說，老弱殘障者被視為社會負累，承受著極大壓力，以致想

死。她說：「我們可能會淪落到一個地步，以為成功游說窮人早點了結生命，國家便可省回許多公帑。」她又指出，把結束生命的方法變得合法涉及好些因素，包括科技進步、延續生命涉及龐大開支、醫生的善終訓練不足、制度上善終服務匱乏，以至美國的個人主義抬頭。她說，美國人強調個人權利，堅持他們有權決定如何治理其身體，沒考慮有關決定對家人或社會上其他人士的影響。南希說，國內醫生和人民的善終訓練不足，有見及此，協會鼓勵各醫學院加強訓練醫証人員，與臨終病人的溝通技巧、和其他善終服務。該會又特別為現職醫生和其他醫療專業人員設有相關課程。

她說，安樂死、「醫生協助自殺」與病人自行決定不再接受特別治療，是有很大分別的。她說：「頑疾纏身，病人要面對死亡時，你有權停止接受「特別」治療。這與「協助自殺」大不相同。」南希認為，最重要的還是幫助人們多鍛鍊生存意志，並多和家人商量，面對不治之症或重要意外時，家人當知道親人需要甚麼的治療方法。

摘自公教報 13/9/98



MESSAGE FROM SPIRITUAL DIRECTOR

Some Thoughts on Cloning

The cloning of Dolly the sheep is another of these modern-day reproductive techniques which raise difficult ethical problems and need careful examination. The Catholic church has a well-developed system of moral theology that has grown up over the last 2000 years and is based on our reading of the scriptures and examining our conduct in the light of reason: is this or that action, this or that line of conduct compatible with our understanding of what it is to be a human being, with our understanding of human dignity, of our duties to God, to our neighbour, to ourselves? Does it chime with our perception of the demands of love, truth, justice? New techniques have to be looked at against the background of that traditional teaching. When faced with a new technique, we ask: is it in keeping with the attitudes and values that Catholic moral teaching has traditionally embraced?

When new techniques are introduced there is normally a lot of discussion in learned theological journals. Views for and against are put forward. Objections are raised and perhaps answered. Gradually a consensus develops and the position of the Church crystallizes, either for or against.

What values will a Catholic consider in examining this new technique of cloning? First of all, a very essential distinction has to be made between the cloning of animals and that of human beings. In Catholic tradition human beings and brute animals are a world apart. Experimentation that could be quite legitimate or at least tolerable when done on animals could well be judged completely inappropriate and immoral when applied to human beings. So when we talk today of cloning it is really the technique when applied to human beings that we are thinking of.

When reflecting on modern reproductive techniques much of the discussion in Catholic circles is directed towards the status of the fertilized ovum *in its first few days of existence*. It is human, certainly, in the sense that it will not develop into anything but a human being. But at that very early stage is it a human being with potential, or merely a potential human being? On the answer to this question much depends. If the few-days-old embryo is still only a potential human being, one's view of what is legitimate to do with it will differ sharply from the view of another who holds it is a human being with potential: for instance, in the matter of the morning-after pill, experimentation on embryos, in-vitro fertilization, etc. The Church's view is: until there is universal consensus that it is not yet a human being, owed the respect and dignity of a child of God, we may not do anything that infringes this dignity. We must play safe: a hunter may not shoot at a disturbance in the bushes ahead of him until he is absolutely certain that it is an animal and not his hunting companion.

I think the first reaction of most people to human cloning would be one of abhorrence. The press reported widespread negative attitudes to human cloning when Dolly was first introduced to the world. I imagine this reaction would arise partly from our imagination of mad scientists doing unspeakable things in their laboratories. But is there a more reasoned explanation for this first negative reaction to human cloning? In the Catholic and, I am sure, in many other religious traditions, God is our Creator: he invites *men and women* to cooperate with him in this work of creation: parents - both of them together - are called to be pro-creators: however, if I understand it properly, cloning dispenses with the need for a father. Then, God has established the method of human cooperation. It is built into our physiology as man/woman. We ask: how far can we depart from this natural method? In Catholic tradition our respect for our Creator, the wonder and reverence with which we view new human life, a life called to be lived in the context of love, loved and loving, leads us to answer: very little, if at all. In our view, since human life is a gift from God, the fruit of the union of two living people, to replace this most holy and awesome of human acts with the labours of scientists in their laboratories seems to us to reduce a human being to a thing, a product, a made-to-order artifact. This is not to suggest that the "parents" of clones or the parents of children conceived through modern scientific techniques will not be loving parents.

The Church of course has not made any official pronouncement on human cloning. But our Catholic sensitivity leads us to be quite certain that the final verdict, after scholars have had their say, will be negative. The Church has always been conservative when there is question of interfering with life, either at its inception or at its close.

Of course the Bible says nothing about human cloning. But it is from our reading of and reflection on scripture that we have formed the attitudes of great reverence for our Creator and of awe before the mystery of life that move us to reject many of the new reproductive techniques. We do not believe that because scientists can do something, they are therefore entitled, without further discussion, to do it. This matter of human cloning is too important to leave the decision to scientists alone. There should be international debate on its acceptability.

It has been suggested that the motherhood of Mary at the Incarnation can be seen as an example of cloning. I have only slight understanding of the procedure of cloning. But in the recent examples mentioned in the press, doesn't it consist of taking a living cell (with its DNA) from the adult animal to be cloned (from the udder of a sheep in Scotland) or, more commonly, from an embryo of the animal to be cloned (as in the case of the pair of monkeys in the USA), inserting this into an egg of the female of same species, from which the nucleus has

been extracted, and then inserting this combination of enucleated egg and living cell into the womb of a female animal, sheep/monkey or whatever, to gestate in the normal way? A difficult process: it took 227 attempts to produce Dolly, the sheep. (I get the impression that some people understood the cloning process as if the scientists led a fully-formed Dolly - fleece and all - out of their laboratory !) The only possible connection between cloning and the Incarnation lies in the fact that Jesus had no human father.

Is cloning an instance of man creating man? No. Strictly speaking the word *creation* is reserved to describe making something out of nothing. It was thus that God created the world and all it contains, including our first parents, Adam and Eve. (Of course Catholic scholars today look on these descriptions of creation in the Book of Genesis as poetic, imaginative accounts, not to be taken literally. They were written to stress the point that all things in heaven and earth, man included, come from the hands of God. They do not intend to tell us how creation took place). If creation is making something out of nothing, cloning starts with already living elements: living cells, living embryos, living eggs.

Would human cloning not be a good thing as it could, for example, bring Christ back into the world? This is to misunderstand cloning, and to have seen too much of the film *Jurassic Park* ! But even if it were possible, in the Catholic moral tradition a good end or purpose does not justify the use of immoral means to achieve that purpose. Which is why we do not consider that the question of the morality of human cloning is answered just because it may serve a useful purpose in helping scientists to learn more about the embryonic stage of human life, thereby to eliminate hereditary diseases. They should apply themselves to finding other, morally unobjectionable ways of achieving these worthy purposes.

One future beneficial possibility of cloning is the production of organs instead of whole organisms. This would resolve some of the ethical problems arising from the cloning of entire humans. Organs produced from the tissue of the person who needs them would solve the problem of organ rejection, the great hurdle in organ transplants.

Does human cloning challenge God's creation? Not really. Human cloning starts with elements that eventually can be traced back to God's creative act in making our world. However we feel there are limits which we human beings ought not cross in this whole question of begetting human life. The Catholic Church takes the most conservative stance of any of the Christian religions: though I am fairly sure Muslims would agree with us. An article I read on cloning was entitled, *Hello Dolly! Good-bye God?* Man can make a clone, but we need the Creator to make the prototype.

Don't forget identical twins are clones ! As a result of human cloning, the clone would be an identical twin of the person whose DNA has been inserted into an enucleated human egg - but would be a much younger sibling whose subsequent development would depend not merely on his/her genes but on the environment in which he/she is born, especially during the early years after birth, and on the persons with whom he/she interacts: so cloning offers little danger of many Hitlers or little chance of many Mother Therasas.

The widespread instinctive negative reaction to human cloning cannot be just brushed aside. It has to be explained: why do so many people, of all religious, cultural and racial backgrounds react to it in such a negative way?



by Fr. John Russell

醫療人員的道德情操

關俊棠神父

醫
西

生、護士、神職人員、社工、醫療工作者，都是面對人類痛苦問題的人，也是當人在身心痛苦時，站得最近的人。能夠在人感到最孤立無援、恐懼和軟弱的時候，出現在他們身旁，以自己的專業知識、技術和愛心支援他們，讓他們能渡過身體和精神上的困境，是我們這類行業的人最大的榮耀和喜樂。然而，也正是在這裡，隱藏著作為醫療工作者最大的危機。

一名經常和人間疾苦、無奈和困境為伍的專業人士，最容易讓自己陷入的困局就是「失望」。這解釋為何許多雄心勃勃的醫學院畢業生，漸漸把醫療聖召變成為賺錢的工具；白衣天使在沉重的工作負荷下，成了不解溫柔的「護衛員」。神職人員漸漸只會因循，按章工作，喪失了靈氣；社工朋友

們由滿懷愛心，循序至痛心、灰心甚至硬心。因為，我們越碰得多愛莫能助的情況，就有可能為我們內心深處的無助感和失望多添一份柴火！

面對生命陰暗面工作的人，除非自身擁有一份或培養一份對生命由衷的熱愛，否則，很難想象他們能對自己的專業熱誠堅持到底。這份對生命的熱愛，化成具體生活所執持的那份情操，就是慈悲心。佛家所強調的「無緣大慈，同體大悲」，正是慈悲心最貼切的註釋：慈，就是愛，是清淨的愛，沒有污染的愛。他與我雖無緣無故，而我卻能愛他，心願他活得快樂，我也沒煩惱，這就是最大最清淨的愛。眾生與我未必相識，也非親非故，但他的苦就是我的苦，他的痛就是我的痛。苦在他的身，憂在我的心；傷在他身，痛在我心。這就是大悲。把無形的慈悲化作有形的醫療護

理，把理論化成行動，時時刻刻拿出一份「我不去愛他誰去愛他」的大慈大悲的慈濟精神；能如此，醫院亦可成爲淨土，工場就是道場。

好果醫療工作者首要的道德情操是對生命由衷的熱愛、並由此而引發出那份慈悲心的話，有人會問：生命是否真的可愛？面對一名活潑的BB，一位年華雙十的少女，一個前程似錦的大學生，一對恩愛夫妻，一雙疼愛子女的父母。一位愉快智慧的老人……生命的確能呈現出其醉人的一面。然而，眼看著一名一生下來就有缺陷的嬰兒，墮落風塵的少女，自暴自棄的學生，終日吵鬧的夫妻，毒打子女的父母，病得不似人形的末期病患，或一位又嚙嚙又討厭的孤獨老人……時，我們會問：生命真的可愛？！正是這裡，我們發現了醫療工作者第二個道德情操——責任心。當大家選擇了這行業作爲終身職業時，已有一個假設，就是生命並不完美，且有缺陷。曾幾何時，我們有些志向，就是願意透過自己的努力，讓眾生生活得美好一點，讓無奈與無助輕減一點。正是上述那些無可避免的人生缺陷，正是眼看受疾病煎熬的生靈，打動了我們的心，力求有關的知識和技能，好爲他們服務。這是我們對自己的一項承諾，也是對眾生的承諾。這項承諾，並非只建基於生命所呈現的祥和、順利、快樂及健康上；它是建基於生命的本身，不管它的表層是美是醜，只因是生命，所以可貴。就如一位母親，無論是愚是智，是美是醜，只因他是自己的孩子，對他使會有那份對別的孩子所沒有的珍視和感情。又譬如自己手做的第一件工藝品，怎樣看也是不錯的作品一樣。責任心的意思就是無悔於自己當初的選擇，爲有缺陷的生命服務的抉擇，就算我們在盡心盡力後不一定成功。

醫療工作者的第三種道德品格就是不斷汲取本行新的知識。老師若不備課，很快就會成爲一名不稱職的老師；神父不好好準備主日道理，平日不進修，很快教友們就會覺得他來來去去講的都是三幅被。一位醫療人員若疏於增添自己專業上的知識，以致在判症、下藥、治療過程中，耽誤了病人的時間和金錢，甚至把原有希望復原的弄得爲期已晚，是一種嚴重的失誤。醫生若不進修，醫療人員若不經常參與更新的課程，以增加自己在醫療護理上的知識和自我情緒處理上的能力，是對不起自己，也對不起信任自己的病人和他們的家人。

慈悲心、責任感、求知欲三者都是一位醫療人員不可缺乏的道德情操，缺一，就有愧於醫療工作者的稱號和聖召。下面要與大家分享的，是幾點幫助促進及維持上述那份道德情操的一些日常生活的建議：

一·「慈悲心」是一粒種籽，人人皆備。但這粒種籽能否發芽生長，卻需後天的努力栽培，而栽培最好的園地就是每人自己的家。無論你是如何忙碌或有愛心，總不可忽視自己的親人。關懷病人固然是慈悲心的流露，但關懷自己的家人和接受家人對你的關懷，卻是慈悲心的滋養和後勤。過份忙碌的工作（不管動機何等善良），可能最後使你的家人愛成缺愛的病人！

二·別讓自己太忙，忙得沒有休息的時間，以致影響你治療和診斷時的精神和判斷力，也使你無暇去進修、閱讀和反省。我們需要的是健康和有上進心的醫生和護士，而不是護理機械人或斷症電腦。「三天不訴書，就會面目可憎」。

診斷太多病人，既機械式，又難免馬虎，更建立不到人與人關係。對自己，對病人都沒好處！

三·在病人面前，該考慮的僅僅是他的病情，而不是病人的

地位和錢財。應該估量一下有錢人的一撮金錢和窮人感激的淚水，你最要的是那一個？

四·每天踏進醫院開始你的工作時，請記著，醫院就是道場，你成己成人的地方，是你的修「道」院，也是你侍奉神的地方。基督曾說過一個十分精彩的預言，載在瑪竇福音25:31-46節，預言是這樣爲的：「當人子在自己的光榮中，與眾天使一同降來時，那時，他要坐在光榮的寶座上，一切的民族，都要聚在他面前：

他要把他們彼此分開，如同牧人分開綿羊和山羊一樣：把綿羊放在自己的右邊，山羊在左邊。那時，君王要對那些在他右邊的說：我父所祝福的，你們來罷！承受自創世以來，給你們預備了的國度罷！因爲我餓了，你們給了我吃的；我渴了，你們給了我喝的；我作客，你們收留了我；我赤身露體，你們給了我穿的；我患病，你們看顧了我；我在監裡，你們來探望了我。那時，義人回答他說：主啊！我們什麼時候見了你饑餓而供養了你，或口渴而給了你喝的？我們什麼時候見了你作客，而收留了你，或赤身露體而給了你穿的？我們什麼時候見了你患病，或在監裡而來探望過你？君王便回給他們說：我實在告訴你們：凡你們對我這些最小兄弟中的一個所做的，就是對我做的。然後他又對那些在左邊的說：可咒罵的，離開我，到那給魔鬼和他的使者預備的水火裡去罷！因爲我餓了，你們沒有給我吃的；我渴了，你們沒有給我喝的；我作客，你們沒有收留我；我赤身露體，你們沒有給我穿的；我患病或在監裡，你們沒有來探望我。那時，他們也要回答說：主啊！我們幾時見了你饑餓，或口渴，或作客，或赤身露體，或有病，或坐監，而我們沒有給你效勞？那時，君王回答他們說，我實在告訴你們：凡你們沒有給這此最小中的一個做的，便是沒有給我做。這些人要進入永罰，而那些義人卻要進入永生。」

最後，願借一位十二世紀的猶太醫師 Moses Maimonides 的祈禱文、與各醫療人員共勉。

「永生的主既命我善顧世人生命的康健，惟願我愛護醫道的心策勵我前進，無時或已。一一勿讓貪欲、吝念、虛榮和名利侵擾我心。只因上述種種皆屬真理與慈善之敵，足使我受其誘惑而忘卻爲人類謀幸福的高尚目標。

願我視病人如受難的同胞。

願上天賜我精力、時間與機會，俾能學業日進，見聞日廣、只因知也無涯，涓涓日積，方成江河。且世間醫術日新，覺今是而昨非，至明日又悟今日之非矣。」

慈悲的主啊，你既命我善視世人的生死，我謹以此身許職。我今爲此職向你虔誠懇禱：

「事功艱且巨，願神全我功。

若無神佑助，人力每有窮。

啓我愛醫術，復愛世間人。

存心好名利，真理日沉淪。

願絕名利正，服務一念誠。

神清求體健，盡力醫病人。

無分愛與憎，不問富與貧。

凡諸病疾者，一規如同仁。」¹

¹ 選錄李瓏編《醫學倫理學》224頁·法律出版社，北京，1991

45th Anniversary of Guild of St. Luke Mass & Dinner

DATE :	6th Dec 1998 (Sun)
VENUE :	6th floor, HK Jockey Club Shatin Clubhouse
TIME :	6:00 pm - 9:30pm **6:00pm - Mass **7:30pm - Dinner
GUEST SPEAKER:	SECRET
PARKING :	available (just quote our function)
FEE :	\$400 per person

**Dressing Code : Tie & Jacket

~~~ *Please do come and share a memorable evening with us !* ~~~



## EDITORIAL BOARD

**Chief Editor** of this issue: Dr. Kenneth Tsang

**Board Members:** Dr. Francis Mok,  
Dr. Rebecca Yeung  
Dr. Michael Poon  
Dr. Irene Kam

**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](mailto:alleluia@netvigator.com)