



# NEWSLETTER

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

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## FROM THE EDITOR

### What's new from the Newsletter?

Our theme report this time is a combination of the new and the old, being new in a sense that a group of to-be doctors are interviewed and their attitudes and values explored. On the other hand, their thoughts renewed the old hearts of ours and many of the long-forgotten dreams and ideals were revived.

Of course, there is also sharing from other members and up-to-date announcements and reports of activities to keep you in touch with the Guild.

*Enjoy!*

## COUNCIL NEWS



### 45<sup>TH</sup> AGM

In our AGM dinner on 10/7/98, Rev. Thomas Kwan shared with us the ways to grow spiritually in our profession life.

Our profession, having the very nature of deep involvement in human suffering, is very different from other types of job. It is a vocation, just like priesthood. It is a call from God. Our workplace is our chapel and our altar. The requirements to fulfill such a vocation are:

1. A heart with *compassion*: to prevent us from despair and development of an indifferent attitude towards our patients after prolonged involvement in human suffering.
2. A sense of *responsibility*: able to love and serve those "disgusting" patients - just because they are our patients and they are images of God (in disguise). We have to respect Life and treasure Life, even if it is inadequate. If we can't cure our patients, we can at least relieve their suffering and comfort their hearts.
3. A *knowledgeable* mind: to prevent us from being ignorant and mal-treat our patients. A good doctor should at least know how to treat the patient with updated knowledge (Evidence-based-medicine?!)

Some practical advises to help you achieve the above:

1. Let the seed of your compassion grow- everyone has the seed planted in their hearts but not everyone bears fruit (remember Jesus's parable of seed sowing?). The best place for the seed to grow is a good family. If you have

missed your chance, save one for your children.

2. Don't be too busy. The Chinese character "busy" can be interpreted as "heart is dead". We all need time to reflect and meditate. After the busy healing business, Jesus found a place to pray and meditate (not watch TV, sing Karaoke etc.)
3. A poor man's tears of gratitude worth more than a fortune. Don't always focus on the bill and save some time and attention for the poor.
4. Make you workplace God's altar: a place for prayer and your service to our fellow man and God.

*Reported by Francis*

### GRADUATION MASS

Graduation Mass this year was held at Wah Yan College Kowloon on 28/6/98 by Father George Zee S.J.

Around 8 graduates and 10 Guild members attended the mass. Surprisingly some of our missed but familiar faces appeared. We had a short but very nice sharing after the mass. Let us all pray for our new doctors who have a long and hard way to go!

*Reported by Michael*



## OUR NEW COUNCIL

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## 新世紀杏林戰士：專訪 2000 年畢業的醫料生

金偉軀

**還**記得自己的醫科生日子嗎？隨韶光飛逝，當年的衝勁、抱負；熱誠也許亦變得模糊了。但這晚，眼前的六位來自兩間醫學院的學生，再次喚醒了心底那顆赤子之心。

讓我們一起重溫久違了的感覺吧。



### 他們的過去.....

一個老生常談，在迎新營不能缺少的話題 - “你怎麼會選擇醫料？”揭開了這一次的訪問。六個小伙子隨即顯示了學生獨有的特性 - 規矩的輪流回答。有人說是興趣，也有的說是為勢所逼，無別選擇下入了醫學院，大家似乎都一致認為這行業能夠幫助人，很有意義，當中更有立下要到落後地醫服務的志願呢！

### 他們的現在.....

「雄心壯志的開始，現在真的是「入局」了；可有發現事實與幻想有分別？到底當上醫學生後，有沒有後悔當初的決定？」

「曾幾何時，以為做一個好醫生只要有愛心待人就足夠。現在才知要當一個好醫生，要求還有很多。

「過程比想像中辛苦。不，是辛苦很多」。

「有興趣才可支持下去。」

「以前當醫生是很了不起的；讀一年班時就覺得二、三年班的師兄師姐很厲害；但到自己讀當三年班才知根本還是十分淺薄，眼見跟自己同齡的大學同學，對社會，對人生的體驗閱歷也比自己豐富，才發現醫生並不是十分了不起。如果只是沉迷於自己的知識領域，很容易變成井底之蛙。」

「有時也有些徬徨，不知原來行這路要犧牲那麼多；繁重的學業令我很難有時間陪伴家人、朋友、也深知這情況只會隨時間更趨嚴重，只好希望家人能體諒吧！」

「真正有多些機會接觸病人時才知原來不是每個病人都能順成章的康復過來。有時幫助人未必是指要醫好；日後可能會面對更多生與死的問題，也會有更多挫折。我想是病人的笑容會支持到自己吧！」

知恥近乎勇。我們的六位未來主人翁都能懷著謙虛的心來面對眼前的挑戰，可喜可賀。慚愧的是，我們這些過來人，有時會喜歡擺「醫生款」，以為自己不可一世，倒聽這班師弟的肺腑之言，可令我們反省 - 其實我們還不是同時渺小！

這群新血對於作為前輩的我們，培育他們時可有什麼要求？大部份的同學都希望輩們能多些了解他們的需要，除了書本上的知

識，臨床的經驗以外，也希望能夠與導師分享他們面對醫科生涯壓力時的心得。這些小伙子似乎都不怕捱罵，只要不是太過份的傷及自尊，他們也可接受。事實上，他們都預計日後捱上司，以及家人及家屬罵的日子還挺多呢！

### 他們的將來.....

談到將來，發言越益踴躍了，筆者要他們想像五年後的今天，他們會怎麼樣。繼然臣科畢業生的“鐵飯碗”已今非昔比，他們都並不太悲觀。有人回答他們那時不是當醫生，也沒有預計自己那時在「量地」。醫管局似乎都是他們的理想「好歸宿」，縱使他們也深深明白到那時的薪酬肯定是一減再減的了。大家都興緻勃勃的談自己理想中的專科 - 有的愛做外科、骨科、有的鍾情於內科；亦有人喜歡精神科。但最後一向現實的話把諸位對夢想打擾了 - 「那時要簽合約，可能根本沒有選擇。」「三年後續約與否也成問題呢！」原來那位滿腔熱誠立志要做無國界醫生的小夥子，也不得不向現實低頭 - 「畢業後還要養家，家人對自己一定有期望，看來要等弟妹都出身了，才可實現自己的理想。」

眼見大家的心都沉了下去，好不容易才問最後一個問題振奮大家一下：「作為天主教醫生，你對將來又有什麼展望？」

突然一股使命感從各人身上散發出來。答案幾乎是一致的。無可置疑，醫生的工作令人有很多機會去活出信仰。有人以耶穌作為典範，以治療身體、心靈作為己任。亦有人認為面對生老病死，信仰是一種極大的支柱。也許天主教徒都是比較低調的，對於從工作中傳揚福音，大家都有不同的看法。他們都不認為傳揚福音就是等於要對病人講解聖經或道理；有的覺得信仰令自己心中更足夠，賴信仰的推動，在生活中幫助別人解厄除困就是傳揚福音。有的則覺得自己的工作就是一種祈禱；無論怎樣、信、望、愛對於一個公教醫生是不可或缺的支柱。

### 後記.....

無獨有偶，原來六個小夥子中有四個是中學同學，就讀於距離訪問地點只有一條馬路的一間天主教中學；這晚的聚會竟然變了他們的“班聚”。

訪問完結時，不覺與他們閒聊起來。究竟他們眼中的天主教醫生會是怎樣的？從他們對筆者先前必恭必敬的態度就可知一二了。但大家不用擔心，在訪問完結時，筆者已明顯地把他們的印象改變過來。畢竟這會中也是有充滿朝氣甚乎孩子氣的會員！

## The aging problem of Hong Kong - perspectives from a geriatrician



Though Hong Kong is just a small city, she follows the steps of most developed countries that she needs to face the challenge of the aging population. The present Hong Kong population is over 6 million. The number of person aged 65 and above increased from 5% in 1981 to 10% in 1997. The life expectancy at birth is 79 for male and 84 for female. This longevity is just second to Japan. It is estimated that at 2010, the Hong Kong population will be 8 million and there will be an increase of 19% for the age group 60-69, 35% for 70-79 and 127% for >80.

With the success of change of sovereignty and the establishment of the HKSAR in July 97, Hong Kong has entered into a new era. The Chief Executive, Mr Tung Chee Hwa who strongly believed in the Confucian way of management, promised to provide adequate support and services to the elderly people. The contribution of elderly people to society should not only be memorized and respected but also further explored and developed. Resources have been planned for the development of the various aspects of the welfare of the elderly people. Unluckily, Hong Kong was involved in the recent Asian economic turmoil. Many of the good ideas of Mr. Tung may not be materialized.

Health issue is usually the first item on the agenda of solving the aging problem. The initiative of the Government lags behind the development of the problem for decades. The medical and health system of Hong Kong has long been criticized to be enjoying the golden glory of controlling infection and reducing the infant mortality rate of the good old days. There is no long term strategic direction to face with the health problems, like aging, chronic illness and handicap etc. of the contemporary world. Geriatric medicine, the specialty dedicated to deal with elderly medical problems, was first set up in Hong Kong at 1975. However, the geriatric unit set up by then was just a showcase. It was only in the beginning 90's, after the setup of the Hospital Authority, there was significant development of geriatric services to tackle the real threat of the aging population. The Department of Health, the guardian of public health in Hong Kong, only started to emphasize on elderly health issues last year. It is hoped that these initial steps are large enough so that we can catch up in foreseeable future with the aging health problems which are miles ahead of us.

Placement of elderly is another major welfare problem for Hong Kong to face with. The traditional Chinese virtue to treat elderly as a resource of a family has gone. The opposite view of elderly are burdens prevails in our society. Many elderly people are either living with their equally old spouse or actually living

alone. Institutionalization rate of Hong Kong elderly is high, about 6.5% (5% for UK). The suicidal rate of Hong Kong elderly is also high (28 in 100,000 compared with the general rate of 12/100,000 in 1995). Our Catholic Church, through the services of Caritas, has contributed significantly in providing care to the needy elderly. However, the provision of public placement to elderly in need still greatly falls short of the demand. The situation is even worse for those with severe handicap. It takes four year of waiting before a bed-bound elderly can be admitted to a public infirmary. More than half of the institutionalized elderly are now being taken care of in private nursing homes which are notorious for their highly variable standards - most of the time subnormal standard. For the recent two years, the Government has started the initiative to regulate and improve their services. However the resources put in was far too little when compared with the large size of the problem. The improvement expected is certainly far from satisfactory.

In the long run to deal with the elderly problem, one maneuver that the Government has employ was to enforce the legislation of a compulsory pension scheme to all workforce of Hong Kong. In the decades to come, this may alleviate the increasing financial burden of the elderly people to the society. However, for those who are old and dependent at present, they have to depend on their own resources or the subsidization from the Government.

It is said that the maturity of a society is best reflected from how she deals with the needy people - the old, the sick and the handicap. Hong Kong is certainly not exemplary in this aspect. The welfare of Hong Kong elderly is quite marginal and some are actually below the acceptable standard. Uplifting the status of the elders, though takes a long time, should be the direction to go for. Our youth should be taught and actually see that our old people are being well taken care of. Old people should be encouraged to voice out their needs and fight for their rights. Their voting power is probably one of their good weapon.

With the pass of the 1997 issue, Hong Kong people should switch their attention from the political issues back to the welfare of their fellow people. Being a Hong Kong citizen and a Catholic doctor, I see my duty to improve the overall living environment of my patients - a better place for all Hong Kong people. Certainly, here is not Heaven but we are called and gifted to make here heaven as far as possible.

**Francis CK Mok**  
Consultant Geriatrician



## SPIRITUAL SHARING

### WHO AM I?\*

I heard of a piece of interesting news. One of the test for US Astronauts was to give 20 answers to the question: Who am I? It appears easy but you can try it now. It may be easy for the first few answers and difficulty increases afterwards. If you have finished, please look back at your answers. How many are just your positions or social status e.g. doctor, Catholic? How many are just your relationships to others e.g. your wife' husband, your children's father? But who exactly are you?

Here is the important point: it is easy to know a lot about

ourselves but not know ourselves. The same applies to our knowledge of God. People can know a lot about God but not know God. The former is based on one's intelligence but the latter requires one's heart. Knowing God is not just opening the Bible and read about God but opening your heart and loving God.

#### *Francis*

Adopted from Vision 2000\* \* Praying Scripture in a contemporary Way by Mark Link, S.J.

## NOTICE BOARD

### OUR HOMPAGE IS READY!

Have a look at our address on the internet:-  
<http://medicine.org.hk/guild>, you will discover something interesting! Let us know your comments and suggestions so that we can make it better and better.  
Don't forget, we need your support!



### MEDICAL SUNDAY MASS

Date: 25-10-98 (SUN)  
Time: 9:00am  
Venue: Wah Yan College Hong Kong  
(Parking available)  
Principal Celebrant: *Fr. Robert Ng*

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