



# NEWSLETTER

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

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## EUTHANASIA AGAIN

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### FROM THE EDITOR

The media had a round of hot discussion about euthanasia early this year after the announcement of the proposed revision of Professional Conduct and code on Care for the terminally ill by The Hong Kong Medical Council. So far no conclusion can be drawn from the media while they discussed euthanasia with different confusing definitions. As a continuation of the Newsletter May 99 focused on the definition and information of euthanasia, we made a collection of different views on euthanasia from our members in this issue. Our homepage have changed its skin and content recently with the addition of bioethics database and column of spiritual refreshment. I hope that it can be another way of communication with our members as well as the spiritual support on our busy clinical practice.

## ABOUT EUTHANASIA

### 安樂死的挑戰 楊美雲醫生

近幾個月，「安樂死」成了香港的一個討論話題。但它有如一場驟雨，減過之後隨即消散；傳媒的熱潮過後，便是靜默地等待下一次的爆發。而香港教區方面，至今仍未有正式的討論。

很多人覺得「安樂死」與自己沒有關係，其實安樂死不只是一小撮病人可能會想到的問題，也不單單涉及醫療人員、倫理學家、或立法人員；其實是生命在向每個人

挑戰和反問：「到底甚麼樣的生命才值得活下去？」「痛苦的意義是甚麼？」「堅持生命，要堅持到甚麼地步？」

它背後所代表的問題，也不單單是一句「不可以」或「不合法」便能解決。它反映了個人及社會對生命的反思。對於有信仰的人，這題目尤其值得深思，因為信仰的核心正是有關生命最深層的問題。

前陣子「安樂死」突然成爲焦點，主要因爲香港醫務委員會打算在醫生專業守則中加入「被動安樂死」的指引。由於很多人對「被動安樂死」有不同的詮釋，再經傳媒的各自演繹，結果惹來混淆不清的討論。

這證明了，若要有效地討論安樂死，首要任務是搞清楚安樂死的定義，否則，再討論十年，也是枉然。

把安樂死分爲「主動」和「被動」，是多年以前一些學者的做法。「主動安樂死」是指用行動直接令病人死亡(例

如打毒針)「被動安樂死」是指不給予、或終止病人的維生治療(例如拔掉呼吸機)。

這樣去界定「被動安樂死」，實在過於籠統含糊，因爲裡面包含太多截然不同的情況和組合。其實現時醫務委員會真正想要討論的，是對「末期」病人不再給予或終止「無效」的治療(注意：是針對末期病人及無效治療)。但若把這歸在安樂死的大前題下，只會引起誤會，有理說不清。

最好的方法，是壁壘分明，把兩者分開：「安樂死」只表示主動安樂死，而不再用「被動安樂死」；至於「不給予或終止無效治療」，以原文表達最清楚了。

西方社會深深體會名詞混淆之害，早以這種方法分類。

安樂死是一個廣闊而富挑戰性的問題，值得慢慢再討論。本文在此結束，但希望可以作爲一個開場白。

## 「安樂死」與胃管餵食的考慮

莫俊強醫生

**教**會反對任何形式的安樂死，但容許末期病人拒絕一些有「入侵性」但無確定好處的治療，以減輕病人的苦楚及避免無謂的延長瀕死期。終止這些被稱爲「非常規」的治療並不算「安樂死」。至於「常規」治療，則是指一些對病人的基本照顧，如餵水餵食及心理支持等。

「常規」與「非常規」治療的界定有時並不十分清晰，於不同處境可能有不同的考慮。筆者現以末期癱瘓病人拒絕進食爲例，與讀者分享醫療同工處理這困難情況時的倫理考慮。

一般來說，癱瘓病人於末期的一至兩年內，會有胃口減低的傾向。他們會拒絕進食，甚或吐出已餵進的食物，若情況持續，可導至他們身體缺水及危害生命。

面對這類病人，醫護同工都希望查出一些可改變的因素，以對症下藥改善情況：如環境惡劣、食物味道差、餵食方法不正確，或病人患有其他疾病如感染或抑鬱症等。但頗大部分病人的情況是持久的、沒有上述可改變的因素；又由於癱瘓病人的神志不清，不能清晰的表達其意願和感覺，故此醫療同工通常會用以下兩種方法處理：

### (一)強行以胃管餵食

即由鼻孔插進一膠管至胃部，或經腹部以手術開一小孔，直接放入胃管，餵飼食水及流質食物。部分病人會接受這種餵食方法，但有些病人似乎不能忍受胃管的存在，不斷將之拔出。醫護人員爲了保持胃管的位置，惟有將病者的手縛起，或以藥物使之昏睡，以減少病人自拔胃管的次數。

(二)任由病人自動進食，就算進食太少也不作特別干預。病人的情況可能轉差，甚或死亡。

大多數人都會認爲，醫護人員道德上有責任爲病人提供足夠的飲食，認爲這是「常規」治療。但如方法(一)所述，若病人需要被縛在床上或使昏睡才可以「胃管餵食」，我覺得這有違病人的意願，也令病人受苦。

曾有一位中風病人告訴筆者，他被縛在床上以胃管強迫餵食數天，那是他一生中受到的最大折磨。一些現代的醫療研究發現，胃管餵食並不如一般人所想象的無害，病人覺得不適外，胃管餵食可導至吸入性肺炎、胃出血、肚瀉及感染等，這些都可能危害病人的生命。故此胃管餵食應被列作「非常規」治療。

至於方法(二)，很多病人家屬都認爲由病者「餓死」是殘忍及不道德的，所以不接受此種處理方法。有一些研究發現，當人饑餓數日後，腦內會產生特殊分泌，減低饑餓的不適，一些進行絕食的人也有類似的經驗。所以長時間飢餓的感覺並不如我們想像中難受，而方法(二)在病人不願接受胃管的情況下，似乎道德上是可以接受的。

醫護同工最希望得到病人清晰的意願，以決定是否用「非常規」的胃管餵食，但我們無法知道大部分癱瘓病人的意願。在不肯定的情況下，醫護人員會採用「延續生命」這個大原則，爲病人插胃管餵食。

若是病人多次拔出胃管，我們只好認爲這反映病人不能忍受胃管，醫護人員會向病人家屬解釋情況，考慮轉用方法(二)。但若果病人家屬不接受，爲了避免受到投訴及引起不必要的法律爭物，我們惟有順從病人家屬的意願，用各種方法去制止病人拔胃管，以繼續強行餵食。但這做法，可能從病人角度來看，並不是最合乎病人利益和道德。

## 「安樂死」去得安樂嗎？

謝建泉醫生

**最**近有很多人從不同角度去討論安樂死;有用倫理的角度,有用宗教的角度。在這裡,我們暫時放開一些學術的討論,不去談安樂死應否合法,或者是否合情、合理。讓我們試問問安樂死,是否真的能讓要求安樂死的人死得安樂?

人爲甚麼要求安樂死?那些要求安樂死的人多數是因爲肉體或精神上覺得有不可解脫的痛苦,所以要求一死,以求解脫。現今的醫學,肉體的痛苦已不再是完全不能控制,至於精神痛苦,人是否完全無助,必須以死解脫呢?

何謂精神的痛苦?當人覺得生命已再**無希望,無意義以及無價值**,那感覺就好像掉進一個無盡黑暗的深淵,無法控制,人到了此地步,除了尋死,還可以怎樣解脫呢?

死是一個非常消極的解脫方法,我們試用一個正面的角度去想想,無論生命有多黑暗或餘下有多少歲月,我們怎樣能將希望、意義和價值重新傾注入這個生命裡,使它從精神的痛苦裡解脫出來呢?

德蘭修女把一些垂死和無助的人帶返牠的仁愛之家,讓這些人在有限的日子裡,感受人世間的愛,一份無條件,

無要求的愛,不是過去式,也不是將來式,而是現在式的愛;讓那痛苦的人在此時此刻,實實在在的感受到被愛、被關懷和被照顧。

這份愛就好像溫暖的手,把掉進痛苦和黑暗深淵裡的人擁抱著,讓他/她重新感受人際關係的溫暖,重新看見光明和希望;這份溫暖和希望使他/她覺得活著有意義,生命有價值,就算於離世的日子不遠,當下的他/她仍然被愛著,沒有被摒棄,所以更應該好好的活下去,直至最後一刻,然後有尊嚴地離去,這其實是人性的很基本的渴求和希望。

若我們同意讓要求安樂死的人,用安樂死的方法死去,不就是認同了他們真的是那麼無價值、無意義和無希望嗎?如果一個人帶著這一份感受死去,真的能死得安樂嗎?

在這裡我沒有答案。但我絕不願意帶著這一份感受死去。懂得被愛的人不會要求安樂死。懂得愛的人也不會替人進行安樂死。我們在上主的愛內生,亦必須在上主的愛內死。讓我們不要辜負上主的大愛,好好的去愛人和被愛,這才是一個真正的基督徒。

## 「安樂死」不是安安樂樂的死

莫俊強

**安**樂死」是一個專用名詞,教會將之定義爲「爲消除一切痛苦而有所爲或有所不爲,這些爲或不爲的本身都會導致死亡,或因有意圖執行而導致死亡。因此安樂死的發生是在於意向和所運用的方法。」(引自「教會對安樂死的聲明」1980)。現在社會輿論所討論的,特別是醫療界及關心倫理問題人士所討論的,是指這種接近「殺人」的行爲及情況,絕不可與「安安樂樂的死去」或「善終」混爲一談。

作個比方,有些軟性毒品的名字很好聽,如「藍精靈」及「狂喜」等,但它們當然不會令吸毒者精靈些或喜悅些,而只是會毒害身心。故此,我們應認識這些名字真正所指的東西,而不是單靠字面意義來另作解釋。

能夠安安樂樂地死去或善終,是絕大多數教外及教內人士的希望,這完全合乎信仰的觀點,但這絕不是「安樂死」的真義。若我們不慎地將「安安樂樂地死亡」或「善終」等同否定生命價值的「安樂死」,我們只會令維護生命尊嚴的力量分散,及模糊了我們應走的方向,從而助長「否定生命價值」及「死亡文化」這些歪風在香港社會繼續散播。

「安樂死」是繼「墮胎」之後,魔鬼給人類文明的另一個大陷阱,而牠今次更加聰明,給這陷阱一個十分美好的名字,讓人們誤解以至不知就裡的墮進牠的陷阱。

摘自公教報 2000年5月7日

## Revision of Professional Conduct and code by The Hong Kong Medical Council

The Medical Council of Hong Kong has recently published the Revised new sections of the Professional Code and Conduct for the Care of the terminally ill:

### 26. Care for the terminally ill

26.1 Where death is imminent, it is the doctor's responsibility to take care that a patient dies

with dignity and with as little suffering as possible. The rights of the terminally ill patients for adequate symptom control should be respected. This includes problems arising from physical, emotional, social and spiritual aspects.

26.2 Euthanasia is defined as "direct intentional killing of a person as part of the medical care being offered". The Council does not support

- this practice which is illegal and unethical.
- 26.3 The withholding or withdrawing of artificial life support procedures for a terminally ill patient is not euthanasia. Withholding/withdrawing life sustaining treatment taking into account the patient's benefits, wish of the patient and family, when based upon the principle of the futility of treatment for a terminal patient, is therefore legally acceptable and appropriate.
- 26.4 It is important that the rights of the terminally ill patient or his relatives be respected and that their views be solicited. The decision of withholding or withdrawing life support should have sufficient participation of the patient himself, if possible, and his immediate family, who should be provided with full information relating to the circumstances and the doctor's recommendation.
- 26.5 Doctors should exercise careful clinical judgement and whenever there is disagreement between doctor and relatives, the matter should be referred to the ethics committee of the hospital concerned or relevant authority for advice. In case of further doubt, direction from the court may be sought, as necessary.
- 26.6 Doctors may seek further reference from the Hospital Authority, the Hong Kong Medical Association and the relevant colleges of the Hong Kong Academy of Medicine.

## COUNCIL NEWS

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### New Year Gathering

The Chinese New Year Gathering was held on 20-2-2000 in the Police Training School. It was a rainy Sunday, and we were delighted to see more than thirty friends coming to the gathering. Many members came with their family, making this a family day for the Guild as well. The gathering started in the morning, with Fr. Russell celebrating the Mass for us. During the Mass, our council member Dr. Fung Chiu Fai and his wife shared with us their precious experience in family life. Afterwards we had a lunch barbecue. Thank God that the rain wasn't heavy and the sky eventually cleared up a bit. Everybody enjoyed the food very much, and the children seemed to enjoy the playground more. The gathering ended after 3pm as the rain became heavy, and we look forward to meet again in the next gathering.

*Reported by Caroline*

### Euthanasia Seminar

The first euthanasia seminar jointly organized by our Guild and the Hong Kong Catholic Nurses' Guild was held on 15/4/2000 at Wah Yan College Hong Kong. Fr. Robert Ng, Dr. Vincent Tse, Mr. Louis Kwok (a nurse working in Nan Long Hospital) and a deceased patient's relative shared their experiences on euthanasia.

Fr. Ng started the seminar with the definition of euthanasia coded from the Sacred Congregation for the Doctrine of the Faith May 5, 1980:

“Euthanasia is understood an action or an omission which of itself or by intention causes death, in order

that all suffering may in this way be eliminated.”

The word ‘omission’ pointed to those ‘ordinary methods’ to maintain life support. Ordinary methods changed with time and economic status of different places. Thus, we should make a decision carefully based on our medical knowledge and our faith to life.

Fr. Ng emphasized the importance of the definition which determined the whole discussion. He also briefly talked about why people voted for or against euthanasia.

Dr. Vincent Tse shared his experiences on the psychology of those patients who requested for euthanasia. When they felt their life had no hope, no meaning and no value at all, they sought the solution for such psychological sufferings. Euthanasia then arised in their mind. How can they overcome such sufferings? Once they were loved, concerned and looked after by others, their meaningful life would come back as there were communications between them and the world again

Louis and Carol shared their feelings on facing patients who repeatedly asked for euthanasia especially when they were close relatives. The seminar ended with an hour of discussion with the audience including doctors, nurses, pastoral care workers and other catholics. The seminar audio record was put on the Bioethics database column of our Guild's homepage.

*Reported by Michael*

## Annual Retreat (16/4/2000)

Just a brief note on the Annual Retreat held last weekend. I was late with my children and attended the afternoon session only. The lunch was excellent and attended by over ten members... many of them were senior members. Paul Chang and his family, Vincent Tse came for the Mass as well. Paul Ho, Jonas and I had a discussion on the possibility of organizing another overnight retreat in September this year. Jonas suggested to go to the retreat house in Pokfulam. Many middle age members cannot stay overnight with the rest but I would be glad to spend a Saturday afternoon and evening, or part of the Sunday in a Christian Retreat. As in the Palm Sunday retreat, the timetable can be sent to all members and they are encouraged to stay for part of the programs.

It would be a very good spiritual rest for us all.

*Sharing from Robert*

## DIOCESAN SYNOD

Our Guid was invited by the Diocesan Synod to give our opinion on the future development of health related issues in Hong Kong. Robert

Yuen, Paul Ho, Vincent Tse and Rebecca Yeung attended a meeting held on 29/5/2000. Other participants included pastoral care commission, nurse representative, executive from CMC and Our Lady of Maryknoll Hospital etc. A few suggestions was made:

1. Invite oversea experts on medical ethics to teach interested health personals in Hong Kong some basic training on medical ethics and solicit views on controversial issues.
2. Set up a resource library to collect and index all reading materials eg. books, journals, articles and Website on ethical issues interested to Catholic health personals.
3. Think about organizing something like the Catholic Health Organization in USA to consolidate views and develop strategy to face ethical challenges in Hong Kong. It would be nice to know the experience of related organization in other parts of the word as well eg. UK, Australia, Canada and SouthEast Asia.

As Health issue is an important matter for the society and the Diocese, your opinion and comment are most welcome.

## OUR HOMEPAGE – A NEW FACE

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Our website have had a renovation recently. Two columns have been added: (1) Bioethics database and (2) Spiritual refreshment. Details are as follows:

### Bioethics Database

- Euthanasia
- Human Cloning
- Internet Resources

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#### Euthanasia

1. **教會對安樂死的聲明** 一九八零年五月五日發自羅馬信理部
2. **DECLARATION ON EUTHANASIA** - Prepared by the Sacred Congregation for the Doctrine of the Faith (May 5, 1980)  
<http://listserv.american.edu/catholic/church/vatican/cdf euth.txt>
3. **NEWSLETTER** May 1999: Euthanasia
4. Euthanasia: By Fr. John Russell, S.J. from Pro-life News Quarterly No.4, June 1991
5. Euthanasia and Assisted Suicide: Seven Reasons Why They Should Not Be Legalized: Luke

Gormally [1997] – From the Linacre Centre  
<http://www.linacre.org/euthlist.html>

6. A Flawed Report and a “Botched” Suicide: Oregon’s Second Year of Assisting Death by Richard M. Doerflinger, M.A. **Ethics and Medics**: April 2000, VOL 25 NO. 4  
<http://www.ethicsandmedics.com/0004-2.html>
7. Sharing in Kung Kao Po 公教報
8. Euthanasia Seminar on 15/4/2000 (on line audio)  
[http://members.xoom.com/alleluia\\_hk](http://members.xoom.com/alleluia_hk)

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#### Human Cloning

1. **DANGERS OF GENETIC MANIPULATION** - Address by Pope John Paul II to members of the World Medical Association (October 29, 1983)  
<http://listserv.american.edu/catholic/church/papal/jp.ii/genmanip.asc>
2. Some thoughts on cloning – Fr. John Russell

3. Human Cloning - A response by The Linacre Centre to the consultation document 'Cloning Issues in Reproduction, Science and Medicine' [1998]  
(<http://www.linacre.org/clone.html>)
  4. Stem Cell Research and the Human Embryo Part 1 & Part 2: Ethics and Medics AUGUST 1999, Vol. 24 No. 8  
(<http://www.ethicsandmedics.com/home.html>)
- 

## Internet Resources

1. Catholic Resources for Medical Ethics  
<http://cwis.usc.edu/hsc/info/newman/resources/ethics.html>
  2. Ethics and Medics – A Publication of the National Catholic Bioethics Center  
<http://www.ethicsandmedics.com/home.html>
  3. The Linacre Centre for healthcare ethics - The Catholic bioethics centre in London, England  
(<http://www.linacre.org/nflistb.html>)
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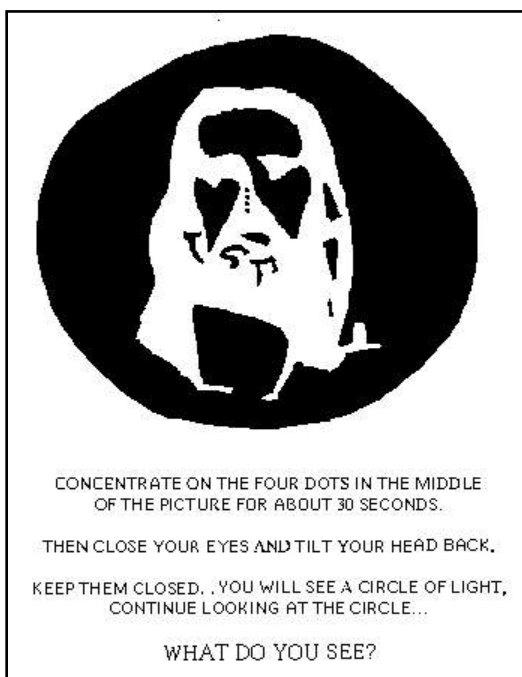
## Spiritual Refreshment

### To Pray...

1. Sacred Space - Daily Reflection by Irish Jesuit  
<http://www.jesuit.ie/prayer/index.htm>
2. Vision 2000 – Praying Scripture in a Contemporary way: Reflection daily or by week  
<http://www.v2000.org/index.htm>
3. Holy Rosary Site – The prayer of the Rosary  
**(Highly Recommend)**  
<http://www.geocities.com/Athens/3362/>

4. Stations of the Cross – to pray the way of the Cross  
<http://www.cptryon.org/xpipassio/stations/index.html>
  - 主日講道  
<http://www.catholic.org.hk/hymns/homily.html>
  - **Daily Reading** – by The National Conference of Catholic Bishops (NCCB) and the United States Catholic Conference (USCC)  
<http://www.nccbuscc.org/nab/index.htm>
  - 每日讀經 – 由香港教區禮儀委員會提供  
<http://www.glink.net.hk/~hkcdlc/frame3.htm>
  - **On Line Bible**
  1. Bible Gateway – Search the bible in seven languages and multiple bible versions  
<http://bible.gospelcom.net/bible?language=English&version=NIV>
  2. The New American Bible  
<http://www.nccbuscc.org/nab/bible/index.htm>
  3. 天主教聖經 – 思高聖經學會  
<http://216.22.148.204/cgi-bin/bible-database.cgi>
  - **Catechism** of the Catholic Church 天主教教理  
[http://www.scborromeo.org/ccc/ccc\\_toc.htm](http://www.scborromeo.org/ccc/ccc_toc.htm)
  - **Sharing and Stories**
  1. The Pictures of Jesus
  2. How, if all, does the book of Job address the issue of suffering? – By Professor Victor Yu
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Come and have a browse!



# SPIRITUAL REFRESHMENT

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## HOW, IF AT ALL, DOES THE BOOK OF JOB ADDRESS THE ISSUE OF SUFFERING?

### ABSTRACT

*Although suffering may not be the central theme of the book of Job and it does not provide all the answers for the problem, it gives many important insights into this issue. Of the many dimensions of suffering, Job's experience informs us that the greatest is the spiritual agony of God's apparent silence and the consequent despair of meaninglessness. A number of reasons for suffering were alluded to in the book. However, the cause of suffering remained a mystery to Job, and probably likewise to most sufferers who came after him. The book of Job illustrates that Satan can use suffering to undermine our relationship with God, but Satan can only act within the limits of God's sanction. The theory that all instances of suffering represent divine retribution for sin is decisively refuted; unmerited suffering which is beyond human comprehension does exist. The book of Job is instructive on how we should respond to suffering. It gives us permission to be candid in our despair and honest with our questions to God. It encourages us to endure and to have trust and faith in an all-powerful God who cares intimately for all his creation. It emphasises the importance of remaining in fellowship with God, for his presence promises us spiritual enrichment. The plurality of voices on suffering in the book of Job are not only helpful but essential. They remain relevant to contemporary Christians. However, they can now be understood in the light of the true innocent sufferer, Jesus Christ.*

### INTRODUCTION

It is generally assumed that the primary purpose of the book of Job is to provide a comprehensive explanation of the mystery of human suffering, in particular, the suffering of the innocent. For example, one commentator has written: 'This book's special contribution to the canon, and to the topic of evil and suffering, is its treatment of what most of us would call irrational evil, incoherent suffering.'<sup>1</sup>

Although suffering contributes to the ingredients of the story and is at the heart of the debate, the book does not actually provide a definitive answer to the problem of suffering. Indeed, it has been said to raise more questions concerning suffering than it answers.<sup>2</sup> Many commentators believe that the issue of suffering is not the book's central theme. Rather, the main purpose of the book is to clarify the proper relationship between God and humankind,<sup>3</sup> or to examine the issue of faith and doubt, including the doctrine of justification by faith.<sup>4</sup>

Nevertheless, the book probes multiple aspects of human suffering and reveals many insights into this issue. In particular, it sheds light on certain misconceptions that are as widespread today as they were in Job's time. Furthermore, the dialogue and divine speeches serve as a vehicle for considering a number of important religious issues which emerge from the experience of suffering.

### THE DIMENSIONS OF SUFFERING

Job suffered in every dimension of his existence: physical, social, emotional and spiritual. He lost his wealth and children in a single day (1:13-14) and was struck down by a dreaded disease (2:7). Job, a respected elder in the Ancient Near East, was socially alienated from his community, sat among the ashes outside the city's walls (2:8; 19:13-19), and became a laughing-stock, a taunt and object of reproach (16:10; 30:1-15). He felt the

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<sup>1</sup> D. A. Carson, *How long, O Lord? Reflections on suffering and evil* (Leicester: Inter-Varsity, 1990), 154.

<sup>2</sup> Philip Yancey, 'Riddle of pain. Clues from the book of Job', *Christianity Today* 18 (1985): 80.

<sup>3</sup> Walter A. Elwell (Editor), *Evangelical dictionary of biblical theology* (Grand Rapids: Baker, 1996), 415; Gregory W. Parsons, 'The structure and purpose of the book of Job', *Bibliotheca Sacra* Apr-Jun (1981): 142; and Edgar Jones, *The triumph of Job* (London: SCM, 1966), 21.

<sup>4</sup> Philip Yancey, 'A fresh reading of the book of Job', in *Sitting with Job*, edited by R. Zuck (Grand Rapids: Baker, 1992), 142; T. Miles Bennett, *When human wisdom fails* (Grand Rapids: Baker, 1971), 22; Henry McKeating, 'The central issue of the book of Job', *Expository Times* 82 (1971): 246; and Anthony and Miriam Hanson, *The book of Job* (London: SCM, 1953), 29.



treachery of disloyal friends who did not believe his innocence (6:14-23). He experienced anguish (7:4, 13-14), distaste for life (9:2), uncertainty (9:20), fear (9:28), rejection (10:3; 12:4), loneliness (19:13-19) and dismay (21:6). Consequently, he lost all sense of inner tranquillity (3:26) and groaned in the bitterness of his soul (7:11; 10:1; 27:2).

Above all, his agony was greatly augmented by God's silence (23:8, 9, 15).<sup>5</sup> He wished for some explanation, some word of perspective, but God failed to speak. Of all the dimensions of Job's suffering, the most devastating was the despair of meaninglessness. The crisis raised questions regarding the meaning of life, in which there was no justice, no purpose, no relief, and no future which Job could discern. Yet, Job never doubted the reality of God. The book of Job legitimates our quest for self-understanding and meaning when confronted with suffering, and helps us towards developing an emotionally mature and credible biblical faith:

There is a need for an honest, open and mature faith in a transcendent and mysterious God - a faith that can live with ambiguity and unresolved religious dilemmas. Only with such a faith can believers of any age attain some degree of meaning for the Job-like absurdities that come their way. Absurdity cannot be avoided; meaninglessness can.<sup>6</sup>

<sup>5</sup>G. Tom Milazzo, *The protest and the silence. Suffering, death, and biblical theology* (Minneapolis: Fortress, 1992), 120.

<sup>6</sup>Alexander Di Lella, 'An existential interpretation of Job', *Biblical Theology Bulletin* 15 (1985): 55.

(To be continued in the next issue of newsletter)

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