EDITORIAL

The Guild of St. Luke, St. Cosmas & St. Damian, Hong Kong is a member of the International Federation of Catholic Medical Associations (FIAMC). FIAMC serves as an international bonding for catholic doctors, maintaining interflow of communications, and providing a support in Catholic ethical principles and spirituality for catholic doctors.

The World Congress of FIAMC is held once every four years. The latest one is held in Sept 2002 at Seoul, Korea. Dr Francis Mok and Dr Michael Poon who attended the conference have given a good account of the conference in this issue of Newsletter. Those of us who are more attuned to attending academic conferences and who used to develop a thirst for the “State-of-the-Art of ……..”, would certainly get some inspirations here on the state-of-the-art of being a Catholic doctor.

The Annual General Meeting of the guild has been held in June, and that sparks off another new year for the council. Dr Albert Lee is continuing with his second year of service as master of the guild. May we thank the council for their hard work in the past one year and give our full support in the coming year.

In Loving Memory

Almighty and ever-living God, you are the source of life and holiness. We praise you for the gift of life and of sonship which you bestowed on our beloved Bishop, Cardinal John Baptist Wu, through our Saviour, Jesus Christ.

By the power of the Spirit, you made him a sharer in your Son's mission as one of the successors of the Apostles. In exercising his Episcopal ministry he guided his flock in truth and in love. Being open-minded and ready to accept new ideas, he promoted a spirit of communion and solidarity among his associates, allowing them to use their own talents in the best possible way. His firm conviction was that, by virtue of Baptism, every Christian is an evangelizer, not as a duty but as a privilege. He encouraged us to love our country and to walk hand in hand with the people of Hong Kong. As cardinal he was a special adviser to the Holy Father in shepherding the universal church.

Lord, now that you have called him to yourself, show him your abundant mercy and welcome him into the company of your saints where he may enjoy the vision of your glory. Let his example be an inspiration to us, so that, under the leadership of our new Pastor, all the faithful may continue to play an active role in the urgent mission of spreading the Good News.

May we all, shepherd and flock, be reunited when Christ comes again, singing hymns of praise in the glory of the Resurrection with all mankind. Glory be to the Father and to the Son and to the Holy Spirit, as it was in the beginning, is now and will be for ever. Amen.
Message from the Master

One day, a philosophy professor stood before his class. He picked up a large empty jar and filled it with rocks. He then asked his students if the jar was full. They agreed that it was.

Then the professor picked up a box of pebbles and poured them into the jar. He shook the jar and the pebbles rolled in the open areas between the rocks. He then asked the students again if the jar was full. They agreed that it was.

The professor picked up a box of sand and poured into the jar. Of course, the sand filled up everything else.

The professor said, “I want you to recognise that this is your life. The rocks are the important things—your family, your partner, your health, your children—things that if everything else was lost and only they remained, your life would still be full. The pebbles are the other things that matter like your job, your house, your car. The sand is everything else, the small stuff.”

“If you put the sand into the jar first, there is no room for the pebbles or the rocks. The same goes for your life. If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you. Take care of the rocks first—the things that really matter. Set your priorities. The rest is just sand.”

Over the recent years, we have witnessed that people in Hong Kong and also in many other urbanized cities are spending a lot of our time and energy in pouring in sand and pebbles leaving no room for the rocks—the important things. We now face the problems of our young generation of losing their identities and values for life. This is a global phenomenon because our young people devote time and energy on small stuff, and neglect the important and fundamental things in life. Our late Bishop of Hong Kong, Cardinal Wu had always guided us in truth and in love, and promoted the spirit of communion and solidarity. We should follow his example of loving our homeland and walk hand in hand with people of our community. One can still build Manhattan on the ‘Pearl Island’ of the South China, but more importantly, we want to feel the spirit of harmony and the warmth of Chinese culture which has evolved over five thousands years.

Albert Lee
October 3, 2002.

COUNCIL NEWS

The New Council

Our new Council has been elected on 28 June, 2002. Dr. Albert Lee and Dr. Michael Poon will continue their post of Master and Honorary Secretary respectively. Dr. Fung Chiu Fai will replace Dr. Constantine Au as our Financial Secretary. We also welcome Dr. Peter Au Yeung and our old friend, Dr. Robert Yuen to join the Council. Let us pray for our Guild and ask our Lord to lead us and guide us. Amen.

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<td>Immediate Past Master:</td>
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Our 49th AGM was successfully held on 23 June 2002 at Shatin Jockey Club. More than 80 guests and members attended the thanksgiving mass and dinner. Father Russell, Fr. Lawrence Lee and Fr. Kane said the mass for us. Mrs. Anson Chan, our Guest of Honour, shared with us on “Current Challenges in Hong Kong”. She emphasized it is our responsibility as a citizen to make use of the freedom of speech in Hong Kong. We should speak up on the issues of injustice and we have to defend against immoral action towards the poor in society. Current economic status of Hong Kong was not so gloomy since we still have well developed hardwares, which included the degree of freedom in commercial trading, a lawful society with stable political environment and the enthusiasm of Hong Kong people. Many members queued up to take photo with Mrs. Chan after the dinner and were very impressed by Mrs. Chan’s shining smile, which was full of kindness and love.

Graduation Mass

Graduation Mass for Class ‘02 was held on 23 June 2002. Our old friend, Fr. William Lo said the mass for us. Here is the sharing from our fresh graduates.

Five years is really not enough to learn all the things about how to be a good doctor. I guess, even fifty years is not enough. I am really grateful that God was with me all the time, be it ups or downs, during these five years. God has given me many great classmates to study with and many good doctors to learn from. May God bless all the new graduates, help us to handle the workload of internship, and to learn more so that we may better equip ourselves for the future challenges.

Henny
MBBS 02

The above is the lyrics written by me during my most stressful time in February while preparing for the final MBBS. Many things come across my mind and many feelings rush by, and I just wrote them down in the form of lyrics as a form of reflection and a way to release my pressure.

Bonita
Medical Sunday Mass - Sara Tong

In celebration of the Feast of St Luke, this year’s Medical Sunday was held on 13th October in Wah Yan College. The mass and symposium were jointly organised by our Guild and the Catholic Nurses's Guild.

On that special day, we were delighted to have Father William Lo, Father Robert Ng and Father Russell to celebrate the mass. Several close friends and senior members of the Guild, members of the Catholic Nurses’ Guild, Diocesan Commission for Pastoral Care and representatives from Catholic hospitals were amongst the congregation.

The mass was followed by the symposium. The title was: Healing - A perspective from the church and health care workers. We invited several speakers including Father Louis Ha, Sister Agnes Ho Kwai Ping, Professor Rosie Young, Miss Josepha Tai (a nursing specialist of the bone marrow transplant team, QMH), Sister Magdalene Kwok and Miss Maria Yuen from Diocesan Commission for Pastoral Care to share their views on this topic.

In the symposium, Father Ha shared with us on the history and role of the church in the development of the Catholic hospitals in Hong Kong. He stressed that “cure” means curing patients physical illness, yet what is more important is spreading the message of Heaven, whatever we receive from our dear Lord, we should share with the needy. Sister Agnes Ho shared on caring for patients’ spirituality and the respect health care providers should have for patients. Professor Young enlightened us on the challenges of Catholic doctors and shared with us her personal experience on facing life and death with optimism and treating patients in Christian faith. Other speakers also discussed on empathizing with patients and walking in others shoes who are in physical pain and distress. I am sure everyone agreed that we learnt a lot through the sharing and discussion.

We would like to offer heartfelt gratitude to all those who contributed to make this a joyous and meaningful occasion.

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21ST WORLD CONGRESS OF FIAMC

Report of the 21st World Congress of FIAMC - Michael Poon

F IAMC is the International Federation of Catholic Medical Associations. The letters F.I.A.M.C. are taken from the French name of the organization: "FEDERATION INTERNATIONALE DES ASSOCIATIONS MEDICALES CATHOLIQUES”. French has been designated its official language. FIAMC is made up of about 50 National Catholic Physicians’ Associations from all over the world. It is divided into six regions:

- Region I - Africa
- Region II - Asia (Asian Federation of Catholic Medical Associations - AFCMA)
- Region III- Australia and New Zealand
- Region IV - Europe (Fédération Européenne des Associations de Médecins Catholiques - FEAMC)
- Region V - North America
- Region VI - Latin America (Federacion de Asociaciones Médicas Catolicas Latino-Americanas - FAMCLAM)

The World Congress is a 4-yearly function organized by
The International Federation of Catholic Medical Associations to gather catholic doctors from different countries in the world. The 21st International Congress of FIAMC was held in Seoul from 1 to 4 September. Participants from 28 countries gathered in Seoul to reflect on “Identity and Mission of Catholic doctors in the health care - Ethos, Ethics, and Economics in the Pluralistic World”. On behalf of our Guild, I had the honour to chair a scientific session and Dr. Francis Mok had led the workshop on Aging. We both earned the invaluable experiences in interflow with catholic doctors from other countries in this 4-day congress.

The congress was opened by a keynote lecture on “The Identity of the Catholic medical doctor” presented by His Excellancy Archbishop Javier Lozano Barragan. He made a clear summary of the Christian identity of the medical doctor, which is received from a vocation and a mission which is at the roots of a ministry: the ministry of life and health. Below is a summary on his lecture.

"To be"
The vocation, or call of God consists of three essential elements: “to be”, “with” and “for”. We are called to be (to exist), with God and for others. We are called to be a profession, that is, a responsibility and a obligation which is contracted with God Himself. This spring the Hippocratic oath – the oath not to do harm to the patient, to act always for his best interests, and to be totally in favour of life at all of its various stages, while the oath is addressed directly to God. How can we behave to reflect our identity? Good Samaritan is the figure who determines the identity of the medical doctor, who has such compassion for the patient. He does everything he can to heal the patient, out of love for fullness. It is in this love that our relations with our patients are permeated by humanity, by comprehension, by sensitivity and by care and concern. Under this love we are asked to defend life at every stage, especially the weakest stages: the beginning and the end of life.

"With"
This means the whole vocation exists to be with God, the transmittance of Christ. We should care every infirmity and illness as Christ did and transmit pain and suffering to our faith on formal discussion platform and enjoy some scientific inputs. The meeting did have the effect of fueling my soul with hotness to serve our Lord and our Church. One of

Reflection on FIAMC

I am really glad that I attended the International Federation of Catholic Medical Associations (FIAMC) 2002 meeting in Korea. It’s the first time that I visited Korea. It’s also the first time that I could attend mass daily, discuss with brothers and sisters all over the world about our faith on formal discussion platform and enjoy some scientific inputs. The meeting did have the effect of fueling my soul with hotness to serve our Lord and our Church. One of

“for”
While we are called to work for others, we cannot merely think that enough money that we no longer needs to work, and that for this reason we can retire from our profession. A real physician is a physician for the whole of his life and if he has really received this vocation he will always maintain it, and he must practice it for the benefit of humanity as a mission received for the good of everybody, and in relation to which he must render account to God when God says to him: “I was sick and you visited me” (Mt 25:36-43). Archbishop made a concise conclusion on the identity of the medical doctor: it is a ministry which springs from a vocation within the Church. It is the mission of healing. It is a path to reach and achieve the fullness of the total giving to other people. It is the transmittance of the healing Christ.

From identity to mission

Apart from the keynote address, many aspects of “Ethos, Ethics and Economics in the Pluralistic World” have been discussed in the Congress. Just to mention a few, “The ethical challenges for Catholic doctors in the just distribution of health care” was presented by Rev. Dr. Stephen Fernandes from India. He mentioned distributive justice and ethical challenges of a just health care system which gave me some notions on resources allocation. Prof. Salvino Leon, Professor of Moral Theology from Italy shared his thinking on “Dialogue between Christian and secular ethics”. There were workshops in small groups on Hospice, Natural Family Planning, Medical Ethics Education, Aging and AIDS. The mission of Catholic Doctors was witnessed by doctors from Philippines, Ghana, Korea, Vietnam, Portugal, Singapore, Japan and Italy. Lots of volunteered medical services have been carried out regularly. I was particularly impressed by a group of doctors from Rome traveling to Romania to take care the pediatric AIDS patients. Free paper presentiations on Euthanasia from Neth erlands and Germany agitated hot discussion on “Living Will”.

I also enjoyed the Shrine Tour to Jeoldusan Martyr’s Shrine, which stated the history of one of the major persecutions of Korea Catholics in 1866. “Anyone who wants to save his life will lose it: but anyone who lose his life for my sake will find it.”(Matthew 16:25). My identity as a catholic doctor is refreshed after the Congress. The light of the mission in my heart bursts into flame and I hope we can do something in the near future to fulfill our vocation.
the speakers said that we, Catholic doctors, are the arm of the Church to serve the sick and we should never retire (in this aspect!). What an appealing request to us to rethink our vocation as a Catholic medical doctor! One should not miss such a chance which is good for our spiritual and professional lives. The next is the Asian Federation of Catholic Medical Association 2004 meeting at Taiwan. Try to join us. You won’t be disappointed.

Our Guild can do better … Michael Poon

Catholic doctors from Korea, Vietnam, Taiwan, Singapore, Japan, Portugal and Italy presented their medical missions in the FIAMC Congress. I was deeply inspired by their urge to help the needy. Their full awareness on their identity and mission sparked the fire in my heart. A group of doctors from Rome had regular trip to Romania to take care of the paediatric AIDS, who were abandoned and ignored by the society. Korean doctors have recently set up a free Raphael Clinic for the foreign workers. Vietnam catholic doctors, who were under pressure from the Communist Government cannot organize their own association. However, they can still gather together to take care the poor. Leprosy patients in Vietnam are mostly cared by catholic doctors in Leprosy village. Catholic Medical Guild of Singapore has regular mission trip to Myanmar and supplies necessary medicines to them. They have few people in the Guild. Dr. Victor Wee had been the Master for ten years while Dr. John Lim held the post of Secretary for 15 years in 1980s. Their faith to the Guild should deserve high respect. Few catholic obstetricians, led by Prof. Walley have organized MaterCare International which is dedicated to the care of mothers and babies in developing countries which have high maternal mortality rate up to 1 in 15 to 50. Despite their few manpower, they have organized enormous training courses and health projects on safe delivery and treatment of obstetric fistula which is a nightmare to mothers.

Our Guild focused on keeping intimate relationship with other members and making echo to the health-related issues in the past. However, we have little concern to what worldwide catholic doctors are doing and we have remote relationship with other Asian countries nearby. Our work on prolifere education is not strong in the aspect of protection of the beginning and the end of the life. “We are obligated to protect the lifer from conception to its natural end.” Pope John Paul II said. It will be the best offering to our Lord in celebrating our 50th Anniversary with our work on these issues. We should remind ourselves on our vocation as the servants and guardians of life.

AGING – THE CHALLENGE OF THE 21ST CENTURY
C. K. F. Mok
Department of Medicine and Geriatrics, Tuen Mun Hospital
Hospital Authority, Hong Kong SAR

The Word Trend
The population of the old is growing, both in developed and under-developed countries. This posts a great challenge to the social support system and medical and health system of the place. It is particularly the old-old (>= age 70) will cause a challenge to the health care system. One has to be alert of the situation and prepared to prevent this or manage this.

What is the demographic change that is expected in your country in the coming two to three decades?

Successful Aging Vs worship of youth
Prevention of sick and handicap in the elderly population is a correct direction to pursue. People should be encouraged to adopt healthy life style, do regular exercises and seek medical advice early if ill. The society should promote self-awareness and responsibility for one’s health. However, one point to note is that we should not over-emphasize the value of youth to the extent of worship. Becoming old is to be accepted and well prepared and not to be avoided. Avoidance behaviours and culture play no role in helping us and society to face the destiny.

What strategies are your country using to promote healthy aging?
Is your Church assisting those facing retirement and aging?

Unsuccessful Aging
Despite our effort and those of the Society, one would get old and fall sick. It has been observed that most of the illness actually falls in the last few years of life – likely in the old-old range in the coming future decades. Thus, caring of the chronic sick and disability is the main theme of medical care to suit the aging population. Cure and lengthening longevity should give way. Catholic beliefs and conduct have been playing a major role in many countries in this aspect. Our good tradition should continue and also influence the medical care system. The successful experience of Palliative Care in many countries should be a good model to follow and promote. Support of the informal carers is also a major task to tackle. Rebuilding family link and mutual support should be the culture to recover.
How is the sick, poor and chronically disabled elderly being treated in your country?
How is the distribution of resources – is it just w.r.t. the elderly sick?
How can the Catholic Church, doctors offer a hand, set up good examples in the modes of care delivery?
How can we prepare those sick to face death well?

**Elderly Abuse and Ageism**
Elderly Abuse is said to be quite common but an uncovered fact in many countries especially in the oriental culture. Ageism is always prevailing even in developed countries like UK.

What we can do
Caring, Accept our limitation

**FIAMC 2002 Resolutions**

1. The lifetime vocation of the Catholic doctor is the same throughout the world. It is based on love for the patient, shared with God, and with respect for all human life from conception to death. Patients are treated in the overtly shared spirit of faith and hope of the resurrection, towards healing in body and spirit.

2. In the advent of experimental medicine and advanced technology, the identity of the doctor cannot be relegated to the individual and private sphere. The role of the Catholic doctor in particular must be restored, so that the patient is treated with the love and full recognition of the patient's medical, social, and spiritual status, and protected from all possible harm.

3. Catholic doctors reinforce again their faithful adherence to the Magisterium of the Church, in collaboration with the Pontifical Council of Health Care Pastoral. They promote the defense of that position, wherever it is under attack.

4. Suffering, pain, and death are experiences of life that should not be rejected, but rather seen in the light of the “Gospel of life, considering them joined to Christ’s Death and Resurrection. Understanding compassion, and alleviation of suffering, until point of natural death, must be the hallmark of Catholic Health care.

5. In our pluralistic world, catholic doctors will adapt the management of patients’ illness, in sympathy with patients’ culture, and religious belief, respecting the patients’ own identity.

6. The rights of all patients to basic medical care, transcend all religious cultures, but will be assisted where possible by dialogue and collaboration, across the boundaries that characterize non-Christian cultures.

7. Catholic doctors propose more intensive investigation of the possible benefits all types of stem cells therapy, except human embryonic stem cells. Doctors and the public require reliable information on the benefits and adverse side effects, so that legislators can be accurately informed. Propose alternation in laws affecting bioethical matters (euthanasia etc.) will be also collated and distributed for advocacy and political action. Catholic doctors oppose the freezing of human embryos which are to be treated with the same respect and rights that apply to all living human beings. Catholic institutions should fund and support research on stem cells, alternative to the use of embryonic stem cells.

8. Catholic doctors need to find ways and means of bringing basic health care to all people, who have little or no medical services, by advocacy (NGO/ UN) and personal effort, especially obstetrical and gynecological services (1000 million people lack running water and live on less than $1.00/day).

9. Catholic doctors are concerned for the welfare of Catholic Health institutions/ hospitals and their Catholic identity/ Ethos. Catholic doctors are urged to give direct assistance through committee activities in the areas of Ethics and other advisory committees. Catholic doctors encourage the Catholic Health institutions also to welcome the support of committed Catholic professionals to share their mission.

10. Catholic doctors recommend that as Bishops take responsibility for the Catholic identity of Catholic health institutions, they be represented on Ethics committees and receive regular reports on matters that involve ethical difficulties, or affect Catholic identity. Bishops will give leadership to institutions when required to do so.

11. Elaboration of basic Catholic bioethics and evolving bioethical problems remains a concern for Catholic doctors. In the age of “information overload”, it will become a function of the executive committee to collate, condense, and distribute advice from authentic Catholic bioethical centers. Proposed alteration in laws affecting bioethical matters (euthanasia etc.) will be also collated and distributed for advocacy and political action.
Vigil Mass - Rebecca Yeung

I attended the vigil mass of Cardinal Wu this evening.
We mourn, but we also celebrate.
Somehow I reaffirmed my vocation as a doctor.
Cardinal Wu spent his last years suffering from a disease which is so familiar to me.
His doctors are among the closest ones to him during his last days.
Being a doctor is such a noble and holy job.
May we all continue to pray for our Cardinal, for our patients, and also for ourselves.
Hope we may be worthy of the trust of God.

27 Sept 2002