

NEWSLETTER

香港天主教醫生協會

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

September 2004

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FROM THE EDITOR

This issue of newsletter contains two interesting articles : one is from Dr Peter Au-Yeung, master of our guild, the other one is from Dr Derrick Au, guest-of-honour at our last AGM.

Peter opens up an enlightening discussion on the conflict between the role of a politician and a Catholic. Though Peter did not discuss the role of a catholic doctor in particular, similar conflicts may appear, eg. a Catholic doctor may act or speak against the doctrines of the Catholic Church on issues related to medical ethics. Perhaps we can get some insight from Peter's article when thinking about this controversial issue.

The article by Dr Derrick Au, Chairman of the Hong Kong Bioethics Association, is the speech he delivered at our last AGM (in June this year). He talked about the beginning of Bioethics, about Euthanasia, and also the challenge of Bioethics nowadays. For those who had not attended the AGM, this is a good chance to share this rich and stimulating speech.

The new council of the guild is elected. You will find the list of new council members. We would like to thank you for your continued support for the guild. May God bless you and your family.



MESSAGE FROM THE MASTER

Election is in the air these days, not only the local LegCo elections but also the US Presidential elections. The first determines how local laws are going to be written in the next few years. The outcome of the US Presidential election will determine how one of the world's super-powers is going to influence all other countries for the next four years.

The US Presidential Election should normally be a matter of concern only to American citizens, except for the problem of John Kerry, Bush's rival. He set himself up as a prominent Catholic politician who consistently goes against the Church's teaching on life. The American Bishops have been put into a difficult position, as they do not want to be seen as interfering with the political process. However, the Vatican is very clear about the way Catholic politicians should conduct themselves, especially in relation to life issues.

The Sacred Congregation for the Doctrine of the Faith (SCDF) issued a Doctrinal Note on some questions regarding the participation of Catholics in Political Life in November 2002^a. It clearly stated the duties of a Catholic politician in a democratic society. In relation to abortion and other issues against the sanctity of life, the document

reminds everybody "that those who are directly involved in lawmaking bodies have a «grave and clear obligation to oppose» any law that attacks human life." (No.4) It also reiterates the teaching in Evangelium Vitae that when it is not possible to overturn abortion laws, «an elected official, whose absolute personal opposition to procured abortion was well known, could licitly support proposals aimed at limiting the harm done by such a law and at lessening its negative consequences at the level of general opinion and public morality». (Evangelium Vitae, No.73) The document then went on to say that "a well-formed Christian conscience does not permit one to vote for a political program or an individual law which contradicts the fundamental contents of faith and morals." (No.4)

Somehow the whole debate then developed into whether such a politician should receive Communion. During the debate within the Bishops Conference, Cardinal Ratzinger (Prefect of the SCDF) sent a confidential letter ^b (subsequently made public) to Cardinal McCarrick, stating that abortion and euthanasia have such a grave moral weight, that there cannot be "legitimate diversity of opinion ... among Catholics ... with regard to abortion and euthanasia." He went on, "Regarding the grave sin of abortion or euthanasia, when a person's formal

cooperation becomes manifest (understood, in the case of a Catholic politician, as his consistently campaigning and voting for permissive abortion and euthanasia laws), “the minister of Holy Communion must refuse to distribute it” to such a person in question, adding that such a Minister is not judging the person, but “is reacting to the person’s public unworthiness to receive Holy Communion due to an objective situation of sin.”

He ended with a particularly pertinent observation with regards to the ordinary Catholic voting for various politicians: “A Catholic would be guilty of formal cooperation in evil, and so unworthy to present himself for Holy Communion, if he were to deliberately vote for a candidate precisely because of the candidate’s permissive stand on abortion and/or euthanasia. When a Catholic does not share a candidate’s stand in favour of abortion and/or euthanasia, but votes for that candidate for other reasons, it is considered remote material cooperation, which can be permitted in the presence of proportionate reasons.”

Back to the local elections, we have no problems of this kind. On the other hand, it is not at all certain whether politicians belonging to political parties can vote according to their conscience, irrespective of their own party’s position, on matters with a moral impact. What happens in say, England, is that any politician (whether they belong to the Conservative, Labour or the Liberal Democrats, to name the biggest three parties there) can vote on say abortion entirely according to their own conscience. It does not matter even if they are voting against the position of their own party; they would not be censured on that vote.

It is not only unclear if there is conscience-based voting here in Hong Kong when it comes to issues such as abortion and euthanasia, it is not even evident (at least not from browsing their Website) what policies or positions the various local parties have on such matters. What of the independent legislators?

The most important of these as far as we are concerned must be that returned by the Medical Functional Constituency (MedFC). I have no idea how the last MedFC legislator would vote on these issues. Perhaps he would send out a questionnaire to his constituents and vote according to the majority return on his questionnaire. At least he is consulting his constituents, not like the one before him, from whom I have not had any opportunity to express my views on the legislation before LegCo, even if it was a matter of overwhelming medical interest. There are now three candidates contesting that seat. It would be

interesting to hear their views on these matters.

Apart from the narrow pro-life/pro-choice issues, are there any considerations one might give to the political parties? One of these could be whether those whom you might vote for, would allow everyone to participate more or less in public affairs. Or put it another way, would they support greater democracy?

Democracy is not a panacea for all ills. Democracy needs responsible citizens to make it work. Otherwise it is “the tyranny of the majority”. In a perfect society, the minority interests are also taken care of, but that does not mean that no bad laws are ever passed. Talking to the Bishop at the AGM about the Government’s bill on school-based management, I mentioned the problem of secularization in the world in general and gave the example of the French Parliament passing a law banning headscarves and other religious apparels, commenting that it could be viewed as infringing religious freedom in France. The Bishop replied that at least the people wanted it that way. It was their choice.

In the end every society gets what it deserves. If people do not participate, then those who want to can have a greater say. If there are people with specific agendas, then they will find it easy to promote their point of view. The silent majority is bypassed and their silence is not only taken as no objection, but is often portrayed as consent. Yet if democracy is restricted, then those who want to may be prevented from participating.

There is more than enough in my reflections above to be getting on with as we go into the Legislative Council Elections. Let us pray that the people of Hong Kong would vote responsibly to elect a Legislature that will take care of their needs. Let us pray also that such a Legislature will enhance rather than hinder the way we practice our Medicine in the service of God.

Peter Au-Yeung (August 2004)

Notes:

- a) The full text of the document could be found posted on the Vatican Website at the following URL: http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20021124_politica_en.html
- b) Those interested in viewing Ratzinger’s letter to the American Bishops can contact the Hon Secretary who can email a copy of the document to you.

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COUNCIL NEWS

Graduation Mass - Say Yes to God

by Stella

Entering song was begun. There was not many graduates in this year, but the happiest is to see both Catholics and non-Catholics, freshmen and the graduated, new members and old members in our great

family. Fr. Ng’s bible sharing is always the most refreshing part. This year’s bible sharing is the Ephesians 6 : 13-2. It says: *Therefore, put on the armor of God, that you may be able*

to resist on the evil day (call) and, having done everything (post-call), to hold your ground. 為此，你們應拿起天主的全副武裝，為使你們在邪惡的日子能夠抵得住 (call)，並在獲得全勝之後 (post-call)，仍屹立不動。 所以要站穩！...*In all circumstances, hold faith as a shield.* 還要拿起信德作盾牌... (believe that u can pass all the challenges/ exams/ ups and downs).

In the sharing part, students promptly say 'YES' to God, with great excitement on their faces, but some uncertainties



in their hearts. Two years ago, I'm just like them. Yet after two years' training, going through life and death, ups and downs, I'm very proud to still say, in certainty, 'YES' to God.

Mass ended, student's medical life started. May I share with them the following bible: Matthew 28: 20; *And surely I am with you always, to the very end of the age.*



51st AGM by Michael

The 51st AGM was held on 25 June 2004 at Hong Kong Club. It was our honour to have Bishop Joseph Zen as our principle celebrant of thanksgiving mass. Around 60 members and guests joined the mass and dinner. Dr Derrick Au, the chairman of Hong Kong Bioethics Association, being our guest of honour shared with us about his view on secular ethics. We met our old friends Fr. Robert Ng, Fr Harold Naylor, Fr Baptista, Fr. Deignan, Fr. John Baptist Tsang, Ivy from CNG, Alice from Birthright Society.... and also medical students and fresh graduates..... Thanks for your support! Though the Guild has survived for another year, we have to remind ourselves again why the Guild exists. Fr. Naylor led us to reflect on our vocation in Palm Sunday Retreat. We should ask again, "what is the vocation of catholic doctors?" Apart from discussion of bioethical questions, do we have other missions our Lord asks us to do? I found I had very little pieces to write during the preparation of AGM report. We should work hard in the next council year. Do pray for us!



Bishop Zen and Medic Cell



Dr. Choi Kin (middle) and council members Dr. Kris Leung (left) and Dr. Kwan (right)



Prof. Young and Fr. Deignan



Fr. Naylor and Dr. Ramon Ruiz



New Council 2004-2005



With God's blessing our new council was elected in the 51st AGM. Fr. Russell is always with us as our spiritual adviser. Office bearers remained the same, with 3 new council members and 3 council members resigned from the council due to other engagements. Let us welcome our new council

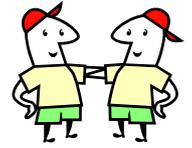
members: Dr. Francis Chu (Family Medicine, TMH), Dr. Jane Lau (first year medical officer working in Neurosurgery, KWH), and Dr. Assumpta Wong (second year medical officer working in O&G department, QEH). Here we should salute to Dr. Martin Lau, Dr. Constantine Au and Dr. Kenneth Tsang who greatly supported the Guild in past years. Although they are not able to continue the post of council members, we are always in unity.





PRESS RELEASE

UK AUTHORISES THE CLONING OF HUMAN EMBRYOS



The UK Human Fertilization and Embryology Authority decided to **authorise** a Laboratory in Newcastle to carry out **experiments on human embryonic stem cells** (hESCs) for therapeutic purposes. The authorisation is limited in time and subject to revision and it was released under condition of strict therapeutic goals and with the age limit of 14 days for the embryo in culture.

The announcement came after the recent publication on *Science* of the development of human embryos up to the stage of blastocysts made by a team of Korean scientists and appears as a confirmation that the scientific-industrial race for the production of hESCs, feared by many individuals and institutions, has actually begun. In fact, in July the Japanese government authorised a limited use of human embryo cloning for therapeutic purposes, while the first Australian licence for the production of cellular lines of hESCs was recently granted.

As always, the "ethical" justification for the studies on cloning is the potential of hESCs for the cure of important diseases, like Parkinson's and Alzheimer's diseases and diabetes.

As always, the humanitarian aims are just a curtain that permits the **manipulation of public opinion** in order to hide the enormous **financial and industrial interests** that are behind hESCs.

Once again, the high potential for uncontrolled growth of hESCs, which will translate to a high **risk of malignancy**, whenever used for tissue or organ repair or replacement, has not been mentioned; there has been no reference to the fact that a powerful method of inducing immune tolerance must be found before hESCs can be used therapeutically.

No recognition is given to research on **adult stem cells**, despite the fact that it is the only field which has already produced important results, from the clinical point of view as well. In fact, only in the past few weeks, *Nature* published a study carried out in California reporting that stem cells from mice brains can turn into blood vessel cells, while German scholars reported on *Lancet* that stem cells derived from bone marrow improved cardiac

functioning after heart attacks. On the same journal, English researchers reported that skin cells were turned into brain cells, raising hopes of finding an adult stem cell cure for Parkinson's disease which will be ethically non-controversial.

Paradoxically, *The Lancet*, one of the world's leading medical journals, has launched a campaign for human embryonic stem cell research as the UN approaches a debate on a cloning ban and US voters go to the polls. A very recent Issue is devoted almost solely to medical, scientific and regulatory issues surrounding stem cells, with an editorial urging scientists to lobby hard for the cause. Ironically, the journal's press release highlighted only progress in the field of adult stem cell research. However, the editorial declared that clinical applications for embryonic stem cells are around the corner.

FIAMC reaffirms that **it is ethically unacceptable to deliberately sacrifice the life of any human being, though at an embryonic stage**, even if this is done in order to relieve the health problems of other human beings.

FIAMC invites all Catholic doctors and researchers to be active and to lobby, on the occasion of political elections also, in order to obtain the **generalised ban of any cloning of human embryos, including human cloning for therapeutic reasons**.

FIAMC invites the Catholic Members of all Parliaments to consider the **risks for mankind deriving from human cloning**.

FIAMC urges public authorities and private sponsors to **support the studies on adult human stem cells**, whose therapeutic potential has already been assessed.

Finally, FIAMC invites everyone not to forget that the planetarian epidemics of **malaria, AIDS and malnutrition**, afflicting particularly Africa, could be completely solved with much less funds.

Prof. Gian Luigi Gigli
(President of FIAMC)
12 August 2004



"God created man in his image; in the divine image he created him; male and female he created them."

Genesis 1:27

PRESS RELEASE
HOLLAND AUTHORISES EUTHANASIA ON CHILDREN

The recent decision of permitting euthanasia on children under the age of 12 years in Holland is another violent laceration of the very fundamentals of our social living together.

Officially aimed to put an end to “unbearable suffering” it actually permits the killing of human persons without their consent. This happens in a society, like the Dutch one, in which euthanasia on adults has been legally performed even in depressed persons and where, as documented by official studies, there is already an illegal, but tolerated, euthanasia performed by physicians on non consentient patients [1, 2]. Once again, the decision proposes a death solution in situations which could be afforded by modern palliative care. In addition, the decision raises the suspicion of a financial interest of public authorities, since it decreases the “burden” of a prolonged and expensive care in clinical conditions for which any extension of life duration is considered meaningless.

More importantly, it opens the door, on a national scale, to the “mercy” killing of other mentally incompetent persons, to be eliminated, without their consent, for reasons based on an external appreciation of their quality of life.

In the same direction goes a decision issued on August 26th by the Kentucky Supreme Court, granting legal authority to the state of Kentucky to end the life of a citizen of the state. The case involved a mildly retarded black male, Matthew Woods, who was placed on a ventilator after suffering cardiac arrest at the age of 54. The state requested permission to remove his life support, contrary to the wishes of Woods' guardian *ad litem*.

Although Woods died of natural causes during the litigation process, the Court agreed to rule on the legality of the state's request, because of the legal questions

involved. Prior to his natural death, Woods had never expressed whether he wanted life-supporting measures removed.

Catholic doctors call all their colleagues, medical doctors still committed to the Hippocratic Oath, to feel the moral imperative to contrast the slippery slope that, step by step, is permitting the public authorities to take decisions on which lives are worthy to be lived. The next steps will be the Mental Capacity Bill under scrutiny by the British Parliament [3] and the attempt to change the Ethical Code of Belgian Doctors made by local authorities [4]. The risks of such an attitude, in terms of violence and discrimination, should be evident for physicians and call them to resist and fight.

Prof. Gian Luigi Gigli
President of FIAMC
Udine, 2 September 2004

[1] B.D. Onwuteaka-Philipsen, et. Al. Euthanasia and other end-of-life decisions in the Netherlands in 1990, 1995, and 2001, **362 Lancet** (2003), 395-9.

[2] Rietjens JA, et Al. Physician reports of terminal sedation without hydration or nutrition for patients nearing death in the Netherlands. *Annals of Internal Medicine*, **141** (2004), 178-85.

[3] Parliament of the United Kingdom, The Mental Capacity Bill, Presented on 17th June 2004 <http://www.publications.parliament.uk/pa/cm200304/cmbill/s/120/2004120.htm>

[4] Conseil national de l'Ordre des médecins (Belgium), Avis relatif aux soins palliatifs, à l'euthanasie et à d'autres décisions médicales concernant la fin de vie, <http://195.234.184.64/web-Fr/fr/a100/a100006f.htm>



Why Bioethics? Why not Euthanasia?

Dinner presentation at Guild of St Luke Annual General Meeting, 25 June 2004

Dr Derrick Au

Chairman of Hong Kong Bioethics Association

Dr Au Yeung, dear colleagues and friends:

Good evening. I am very honoured to be invited to give a talk on this special occasion. I decided to seriously prepare for this, and asked my brother Simon for advice. He said, “You’d better prepare something entertaining, and make sure the fellow audience get their money’s worth.” “This would be a problem,” I thought.

It would be a problem because I was asked to talk about bioethics. A Professor of philosophy has made this observation: The only time when students come to ask him to talk about bioethics is when they need help with their term paper. Bioethics is hardly an entertaining subject to speak on; and mind you, this is after your full

dinner, at such late hour of the day.

But yes, I shall talk about bioethics – what it is, how it came about, and why it is a challenge. I shall touch upon the recent sensational topic of euthanasia. I hope to impress upon you that arguing against euthanasia is actually not as easy as it seems. Lastly, I shall explain why the challenge of bioethics is somehow related to the difficulty in rejecting euthanasia.

Bioethics is a young discipline. It is the study of the moral dimensions of the life sciences and health care – including moral vision, moral decisions, conduct and ethical policies. The subject matters range from abortion to euthanasia; from genetic engineering to human cloning;

from bedside clinical ethics to health care resource allocation.

But the birth of bioethics has something to do with moral misconduct in biomedical research. Professor Albert Jonsen, Professor of Medical Ethics at University of Washington, considered 1947 to be the year when bioethics was born. Now this was the year of the Nuremberg Trial, in which 23 physicians were convicted of war crimes committed in the name of medical experiments under Nazi Germany. So, at its origin, bioethics was not so much concerned with bedside clinical ethics, it was more concerned with the ethics of human experimentation.

It is surprisingly easy to subject human beings to unethical, risky, and even fatal biological and medical experiments. The Nazi did it in Europe, the Japanese did it in China, and as you may be surprised to know, the Americans did it in her homeland, and that was not even wartime. After WWII, the US Department of Defense continued to conduct nuclear tests and radiation exposure studies. For more than two decades, they exposed thousands of citizen populations to dangerous levels of radiation without informing them of the test programme. Locally, in Oregon and the state of Washington, prison inmates were paid to receive huge X-ray radiation dose to the scrotum and testes. They got their money, but were not warned about the possibility of contracting testicular cancer.

In 1966, Prof. Henry Beecher at Harvard published a landmark paper in the New England Journal of Medicine. In this paper titled "Ethics and clinical research", he cited 22 examples of unethical experimentation, drawn from published articles by leading research scientists, and showed that they exposed patients to excessive risks, ignored proper consent, or used mentally incapacitated persons as subjects. The shock was tremendous, both to the medical world and the public. Unlike the previous cases of government cover-up, these were published research studies – what the medical professionals considered to be respectable. Yet they failed badly in the test of public scrutiny.

In 1972, another scandal was exposed. Since the 1930s, the U.S. Public Health Service had signed up some 400 men for so-called free medical care. This was in fact an observational study on the natural course of syphilis. These men never knew about their own diagnosis; they were told that they had "bad blood" requiring follow-up. Years after penicillin came into use in 1947, they were not given any active treatment. By the time the study was exposed, 28 men had died of syphilis, 100 others were dead of related complications, at least 40 wives had been infected and 19 children had contracted the disease at birth.

I quoted the above scandals in some detail, not to bad-mouth the Americans, but to give a sense of the historical and social context in which bioethics was born, in no other place than America.

Bioethics was therefore born with two birthmarks – First, a mistrust of the biomedical institution to be able to regulate itself from within; second, an urge for the public to have a say in defining what is and is not ethical in biomedical research and medical care.

This is why I sometimes say that bioethics is not exactly the same as medical ethics. For instance, we used to think that the mission of hospital ethics committee was simply to promulgate guidelines and codes of conduct, and see to it that the doctors will comply. In a sense, bioethics has turned the table around. No longer is ethical guidelines written up by doctors alone without making reference to lay people's values and perspectives. More and more, having lay members participating in ethics committee is the norm of today.

In practice then, the challenge of bioethics lies in understanding and appreciating competing moral principles, in dealing with the dialogue and conflict between professional values and lay values. It is no longer acceptable to assume that professional views are superior to lay people's views. You can't just 'educate' the public, you have to listen to them, and you must listen carefully and sensitively.

I have been interested in bioethics for some years. By year 2004, I imagine that I am familiar with its underlying principles and arguments. I have no difficulty articulating my ethical positions. In short, I felt reasonably secure.

A recent euthanasia debate made me think twice. A month ago, my teenage son was helping his class debate team to prepare argument points for a debate on whether euthanasia should be legalized. He came to me for assistance. I was busy with my computer, so I tried the easy way out:

'It's simple,' I said, 'just read up the articles that I wrote against euthanasia, you will find lots of good arguments there.' 'Sure I will,' he said, 'but our team was actually assigned to the side arguing FOR euthanasia.'

So then we had to work on it from scratch, and we came up with some very respectable arguments in favour of legalizing euthanasia. His class team, not owing to my help I suspect, went on to win the debate. And this victory was what made me wonder.

Let me take a minute to be the devil's advocate for euthanasia.

As Catholics, you would be against euthanasia, because you believe that life is sacred. Life is the gift of God, and only God will take it back, at the right moment. But in an age of powerful life-sustaining technology, that right moment has long become obscure. Every positive medical intervention is setting the clock back, and medical complications may move it forward.

More importantly, for the vast majority of the public, personal choice has become such a fundamental value. You may believe that life is the gift of God, but, with due respect, for a secular person like myself, it is my life, no more and no less. If I wish to end it in my sane mind, and if I can find a sympathetic doctor to assist me to die, why should my wish not be respected? As a local academic put it, if Man is given the free will and allowed to choose even to reject eternal life, why shouldn't he be allowed to choose to give up this physical mortal life?

I am not for euthanasia as such. But if I were, I suspect it might not be easy for you to argue against me. I am not claiming to be a better debater than any of you; I may just be better prepared. More than that, in our

contemporary society, with its deep-rooted value of individual freedom and rights, it is actually easier to argue FOR euthanasia than against it. This was what made me wonder.

So now we find that the challenge of bioethics and the difficulty of rejecting euthanasia have something paradoxically in common. On the one hand, we embrace bioethics over traditional professional medical ethics, because it is closer to the values of the lay public, it is less sacred (quote-unquote), less self-righteous, more pluralistic and hence more open-minded; on the other hand, this same paradigm of pluralism and respect for

secular values are actually in favour of euthanasia.

I can't really tell for sure how this paradox may be resolved, but I suspect that, in matters of medical right and wrong, of living and dying, we may have to go beyond intellectual arguments in classroom debates, and search for answers elsewhere.

At the end of this evening, you will not come away with many answers; you were probably not even entertained. As I have warned you in the very beginning, getting your money's worth would be a problem; I can only thank you for bearing with me to the end, thank you.



BIBLE SHARING

by Elizabeth

Acts of Apostles Ch.6 & 7

St. Stephen was one of the Seven who was chosen to share the work of the apostles, to give out food. "The Twelve could devote themselves to prayer & to the service of the word." (Acts 6:4) However, St. Stephen did more than he should. "He was filled with grace and power and began to work miracles and great signs among the people." (Acts 6:8) It seems that there was an urge in him and he could not withdraw himself

from preaching the good news and to be the witness of Jesus. We are also filled with the Holy Spirit, do we have an urge to preach the good news? We have different duties in our work, in our families and in the Church. Do we set evangelization as the top priority of our duties? Let us ask the Holy Spirit to give us fire to tell our neighbours who Jesus is and God is love wherever we go and whatever we do.



COMING EVENTS

MASS FOR THE DECEASED

Date & Time: 12pm, 7-11-2004 Sunday
Venue: Chapel, Wah Yan College Hong Kong

Gospel Sharing on Acts of Apostles
We hear the Words of God

7pm-8:30pm, 2nd Friday every month
G/F, M Block, QEH

12-11-2004 (Ch.8-9)
10-12-2004 (Ch. 10-11)

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

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13th Congress of Asian Federation of Catholic Medical Associations

November 25-27, 2004, Taipei, Taiwan

Registration Form

Please fill in with block letters or type , then return the form by fax or postal mail:		For Office Use Only	
Conference Secretariat, c/o Cardinal Tien Hospital 362 Chung Cheng Rd., Hsientien, Taipei County 231, Taiwan, R.O.C. Tel: +886-2-2219-2395 Fax: +886-2-2219-5821 Email: service@cth.org.tw		RCV Date	
		Reg. No.	
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Last Name _____		First Name _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> DR.	
Title _____		Organization _____	
Tel _____		Fax _____ E-mail _____	
Mailing Address _____			
Country _____			
REGISTRATION FEE			
Participant	Physician	Non-Physician or Accompanying person	Amount
Fee	USD 199	USD 100	(Subtotal A)
Number of persons			USD:
ACCOMMODATION (Please read carefully before filling in the box)			
Hotel	China Trust House		Wen Chwei Activities Center
Occupancy	Single	Double	Single Double
Rate/person/night	USD37	USD 19/person	USD 31 USD 19/person
Number of persons			
Number of nights			
(Subtotal B)	USD	USD	USD USD
Date of check-in	Nov.	Date of check-out	Nov.
1. The deadline for hotel reservation is Nov. 12, 2004.			
2. The room will only be reserved upon the receipt of full payment.			
Total Payment:	Subtotal (A) +Subtotal (B)		= USD
PAYMENT METHOD			
Bank Transfer	* All bank charges for remittance must be paid by applicants. * Please specify your name and affiliation on the remittance form and attach a copy of the receipt to this form. Sender's Name: (_____) ● Name of Bank: Cathay United Bank ,Taipei ,Taiwan Swift Code : UWCBTWTP ● Account NO: 024038024333 ● Beneficiary: Federation of Catholic Health Care Associations of Taiwan ● Address of Bank:542-4,Chung Cheng Rd., Hsin Tien City, Taipei, Taiwan (R.O.C.)		
Signature: _____		Date: _____	

THEME

Love, Hope and Faith in Family Health Care-

Reflections of Christianity in Physical, Mental and Spiritual Care

I. Mothers and Children :

Reporting, education and health care of pregnant women, infants and children

II. Adolescent and Adult :

Challenges and perspectives of adopting the new information technology to spiritual health care

III. The elderly :

Reflection of Christian spirit in caring of the elderly: challenges and perspectives