

# HKDU Bulletin

會訊

01

JAN 2025

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2024-2025**

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# Content

HKDU Council and Content

會長的話 .....	1
創會會長的分享 .....	2
編委的話.....	4
COUNCIL SECTION .....	5-14
MEMBER'S FORUM	
Snapshots in History.....	16-17
新疆，一篇必讀的壯麗史詩 .....	18-21
The story of the Trojan Horse.....	22-24
Wildlife and Nature.....	26-27
醫時 .....	28-29
極速行醫 .....	30
CME Series	
Potential disciplinary investigation arising from issuance.....	32-33
of sick leave certificates	
Benign and Malignant Skin Lesions On The Face .....	34-35
CME Questions.....	36

*The photo in cover page is taken by Dr. Vincent Yeung.*

## 歡迎投稿

發表個人意見，中英文皆可。編輯保留刊登權利。如有需要用筆名，請附上真實姓名和聯絡電話。截稿日期為每月的十號。來稿請寄：香港西醫工會，九龍彌敦道 363-373 號恒成大廈 803-804 室 或傳真：2385-5275 或電郵 [hkdumail@gmail.com](mailto:hkdumail@gmail.com)

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歡迎各位會員在 Bulletin 投稿或分享資訊，因辦公室人手有限，我們建議所有提交的電子檔為 Word/Pdf 格式（如文字）和 Jpg/Pdf 格式（如圖片和照片）。如造成不便，請見諒！再次感謝你們的理解。

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## 會長的話

# 當選感言： 求真務實，籌劃未來

本屆的香港西醫工會會董會大選已在11月30日那天圓滿完成，這是本會會章定下的最後日期（根據本會會章 HKDU Constitution 2014，章程5.1，本會的週年大會及會董會選舉，必須在每年的9月至11月之間完成）。

新一屆會董會已在12月1日順利接棒，多謝本會兩位前副會長（陳培光醫生和張允傑醫生）英明果斷的領導和決策使本會2024週年大會得已有秩序舉行。當然，還要多謝我團隊所作出的犧牲及各位會員、前輩的鼎力支持和鼓勵啦，使今年的週年大會完美完成。

換了位置，換個角度，繼續為香港西醫公會會員服務。我和我的團隊會努力做好這份工作，使本會盡快從迷失中，重回正軌，會務能更上一層樓。首先介紹一下新一屆會董會的團隊，

副會長	佘兆蔭醫生 Dr. She Siu Yam Dominic
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現屆開增了多個職位由以下醫生擔任：

創會會長	楊超發醫生 Dr. Yeung Chiu Fat Henry
副義務秘書	李熊輝醫生 Dr. Lee Hung Fai David
副義務司庫	陳培光醫生 Dr. Chan Pui Kwong
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持續進修委員會	許慧麗醫生 Dr. Hui Wei Lee
副主席	

走馬上任，不經不覺已經三週了，我和各位幹事都馬不停蹄地出席了多個公開活動（HKMAA Annual Dinner, Kennedys Christmas Reception, St. John Christmas Dinner, HKMA Annual Dinner……）和多家藥廠（GSK, MIMS,……）及保險代理（GRS）會面，交代本會的最新情況和商議合作的機會。

而內務方面，會董會已進行了多次內部諮詢及會議處理會務。我們已經在12月2日，聘請了核數公司（Evabest CPA Ltd）處理2019/20, 2020/21, 2021/22, 2022/23, 2023/24 的核數事項。在12月5日，聘請了 ELLALAN（張淑姬趙之威律師行）為本會法律代表，處理一切有關本會的法律事務。聘請了科技資訊公司（Carys），協助移除惡意軟件，VPN，External Devices等，改善及優化本會的網絡保安，務求做到滴水不漏。

會董會的共識是盡快完善會內的管理和管治，重啟所有疫情前的活動，重新發揮我會的實際功能。香港西醫工會是各位會員、祖國、香港廣大市民及特別行政區政府之間的重要橋樑，絕對不可以辜負我們前人60載辛辛苦苦的建構和耕耘。

聖誕節快到，普天同慶。祝願各位會員有一個愉快的聖誕節和新年假期。



陸偉亮醫生  
香港西醫工會會長  
2024年12月22日

## 創會會長的分享

我很高興得知好人成功當選我們心愛的新一屆西醫工會的理事會。無需多言，我當然祝賀他們，並祝願他們在未來的西醫工會事務和成就中取得成功。我們將見證西醫工會更光明的未來。

說到這裡，我想提醒我們的會員在我於2021年卸任會長後發生的幾個事件，希望這些事件將來不會再發生。現在讓我明確指出，工會生存的最重要元素是工會的透明度和凡事集體決策，根據憲法，沒有人是超然的。工會事務應對所有工會成員負責。任何爭議應在工會內部解決。這在我於2021年卸任會長前的第一個行動中體現了，這也在我於2021年3月8日發給當時西醫工會成員的後續信息中得到了體現。其後續信息如下：

### A. “各位西醫工會會員，您好

上星期六3月6日西醫工會2020年週年大會續會由下午二時半開至翌日凌晨兩點，非常感謝大家參與及支持，經過熱烈投票後，雙方陣營所差的票數，大概是32票上下，我當時有以下的說話：

“本人及現屆幹事會不承認現在的點算結果是投票的最終結果。投票當中的32票授權票，其實授權人已經表明意願撤回授權，因此被授權人無權投票。我和現屆幹事會將會向監票的律師申請剔除上述32張已被撤銷的授權票。”

儘管如此，經過兩日深思熟慮之後，為了西醫工會將來更好發展，我決定取消用法律途徑去解決剔除32張取消授權票之問題。多謝大家注意，並祝西醫工會繼續發揚光大。謝謝各位。”

楊超發 於2021年3月8日”

其他三個事件如下：

### B. 有人提出所謂“糊塗帳”的事件

“致各位香港西醫工會會員

還我一個有誠信、處事公正廉潔之香港西醫工會幹事會

今年上半年廉政公署對本人在香港西醫工會以往事務作出了深切調查，了解一切造謠者之指控，結果事實證明本人非常廉潔（請參見2021年7月7號由廉政公署發給我的信件）。

無良造謠者同樣對上屆某些香港西醫工會幹事及職員們作出虛假惡意醜化偽控，詆毀中傷，貶低一班忠誠義務幹事多年對工會的無私奉獻，手法同出一轍，動機背景複雜，居心叵測。事實勝於謊言，真相終於大白，大快人心。

本人譴責此等惡意行為，蓄意誤導大眾會員，引發負面猜疑。所有故意抹黑本人聲譽，沒有事實根據而造出的指控，本人會保留對涉事人士或組織採取法律行動的權利。

一位普通會員 楊超發醫生敬啟 於2021年7月13日”

### C. 有人於西醫工會內壟斷或者弄斷訊息的事件

“各位西醫工會會員，早上好。以上是我本人作為西醫工會推薦的Medical Assessor收到醫委會關於未有適時通知本人不需出席一宗紀律聆訊會議之回覆。

其實大家可否曾細心思考，錯在哪方？在醫委會？在西醫工會？我相信大家心中已經有準確答案。大家撫心自問，這些蓄意的人為錯誤（有人於西醫工會內壟斷或者弄斷訊息的事件，攔截咗醫委會用正常渠道通知本人作為Medical Assessor 要出席紀律聆訊會議的信息），後果可以非常嚴重，牽連多方人士，對案主不公。

楊超發 於2021年9月11日”

### D. 不當地處理外界投訴本會會員的方法

“親愛的朋友，

今天，我收到一封來自香港醫務委員會的信函，確認其決定“撤銷因香港西醫工會投訴而對我進行的紀律研訊”。

這正如預期的那樣，並不令我驚訝。

事件發生在去年(2021年) 8月，一名區議員向包括環保署在內的當局投訴我的診所“涉嫌醫療廢物處置不當”，由於缺乏確鑿的證據，他的投訴無法繼續進行。這位區議員亦有向香港西醫工會提出投訴信，其後事件於2021年9月號香港西醫工會月刊公佈。

沒有深入研究由一封信和幾張照片組成的投訴內容；在沒有與被投訴對象的醫生會員（即本人）聯繫或討論的情況下，香港西醫工會立即向香港醫務委員會提出投訴。

在這種情況下，香港西醫工會有義務或充分數據向香港醫務委員會投訴嗎？這是不是香港西醫工會在處理來自業界內外對其會員的投訴時應採用的程序？

我會說“不”。

原因很簡單，在香港西醫工會章程第2.1(2)項中已有說明：

“以友好和和解的方式，去處理會員與僱主之間、會員與另一位會員之間、會員與其他僱員之間、會員與合約醫學同事之間以及會員與任何與香港醫療服務有關的法定機構之間的關係和解決糾紛。”

看到香港西醫工會理事會這種完全漠視及蔑視會員福利，不替會員解決問題反而加劇會員危機，甚至傷害會員利益和誠信，惡意圖謀破壞會員間之形象及關係，其背後心態令本人對一直關護的西醫工會尊重及信心蕩然無存。最後一句溫馨提示，發生於本人身上的事情，極有可能發生於其他醫生身上。

祝萬事如意，保重，

楊超發 於2022年8月23日”

我真心希望這類事件不會再在工會中發生。我堅信，在我們新的香港醫生工會理事會的帶領下，我的願望將會很快實現。

祝大家在即將到來的新年裡健康快樂！

超發



廉政公署  
INDEPENDENT COMMISSION AGAINST CORRUPTION

本署檔號：IF/2020/5081  
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- 7 JUL 2021

新界青衣  
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楊超發先生：

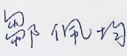
根據香港法例第204章《廉政公署條例》第12(a)條的規定，廉政專員必須接受及考慮所有涉及貪污的投訴，並在其認為切實可行範圍內就該等投訴進行調查。

相信你已知道曾被投訴一事，而廉政公署則必須依法就該投訴進行調查。

有關的調查工作已經完成，調查報告亦已提交審查貪污舉報諮詢委員會審議。委員會認為投訴欠缺實據支持，因此建議廉政公署終止調查。廉政專員已接納該項建議。

謹此致函告知有關結果，並為調查可能引起不便而致歉。

廉政公署  
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(鄭佩均 代行)

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HONG KONG DOCTORS UNION

MINUTES of the "Financial Committee" held in its registered office on 23 December, 2021.

Dr. Leung Hon Fai, Henry – President HKDU  
Dr. Wai Leung Luk, Sunny – Chairman (Zoom attendance and connection)  
Committee Members:  
Dr. Cheung Wan Kit, Raymond – Vice-President HKDU  
Dr. Chan Pui Kwong  
Dr. She Siu Yam, Dominic.

In attendance:  
Mr. S. P. Chow  
Ms Kammy Chan

Dr. Leung Hon Fai presided and opened the meeting by welcoming Mr. S. P. Chow to join as a member of the Financial Committee and the Compliance Committee of the Union. Mr. Chow is a fellow member of the Hong Kong Institute of Certified Public Accountants and a fellow Chartered Secretary and a fellow member of the Hong Kong Chartered Governance Institute. Mr. Chow responded to say that he was honored to be given the opportunity to serve on the Financial Committee and the Compliance Committee of HKDU hopefully to provide useful contribution towards better control of the financial management and in the exercise of more strict compliance with governance of the affairs of the Union in the years to come.

The meeting proceeded as scheduled.

Discussions:

The Sanofi CV Alliance Project, 2016-2019 (Public Health Education Projects)

A set of financial statements of the above project, which was completed in 2019, was tabled at the meeting. It revealed that there was a project end balance of \$26,481.60 (after re-classification, previously only \$6,481.60 was recorded in the CV Alliance temporary account) on completion of the project with a contribution from the donors in the sum of \$1,950,000.00 (\$650,000.00 x 3 years). Mr. Chow reported there were no abnormalities that could be found in the control and recording of the accounts which were supported and approved in the authorization vouchers duly signed by the



楊超發醫生  
香港西醫工會創會會長

# 西醫工會的職責



自從今年五月我重掌資訊科技委員會主席的職務之後，我致力於本會資訊科技系統的更新以及電郵地址之還原，以及會內私隱問題的改善。自 2002年創會時，西醫工會的電郵地址都基於安全性問題而用工會的 Domain(@hkdu.org) 而不會用免費電郵地址(如Gmail或yahoo電郵)的。而較早前有人用假電郵地址來冒充西醫工會的官方電郵地址發信給會員們，藉以發放失實資訊，我們已向警方舉報以作警戒。另外，工會內有部份電腦檔案於四年前不見了，未來的時間裏我們的創會會長楊超發醫生會將不見了的資料還原而努力。此外我也關注到西醫工會辦公室內的私隱問題。番查工會之紀錄，發現有人於三年前在工會辦公室內，安裝了四個 spycam，由於這些 spycam 的存在已經違反了私穩條例。已被我們拆除了。而關於較早前有黑客入侵西醫工會的電腦系統的問題，我們除了已經報警之外也從資訊科技的技術員中折斷了一切可疑的網絡入侵。另外，感謝大家的支持，於較早前我順利當選了西醫工會義務師庫一職。由於要專心做好這職位。資訊科技委員會主席一職會交給本會會董李熊輝醫生繼續擔任。

就任司庫的初期，我致力於本會財務的管理，尤其是核數方面，務求令到本會有一個健康的財務狀況。我們已於去年12月4日委任了Evabest(一間由AGM會員們選出的會計師公司)為我們西醫公會核數，根據《職工會條例》第332條規定，本會的資產只能用於會內，例如一切會務，支付辦公室的租金及本會員工的薪酬。會員的福利(例如持續進修，康樂活動)等等。所有的使費都需要有理據及文件證明先會獲得批准。至於很多會員好關注的2022年本會參與的院舍防疫接種計劃，我也希望

可以盡快將所有關於此計劃的文件交給會計師核數，務求盡快出報告交待給各位會員。好讓大家釋除疑慮，工會財務繼續能夠健康發展。新的一年，我希望能夠回饋會員們

一路以來的支持，已計劃在很快的將來會舉行一連串的康樂活動，例如本地遊，大灣區之旅，不同的體育活動，唱歌及跳舞活動，攝影活動，以及周年晚宴等等……。除此以外，今年特別感謝創會會長楊超發醫生的回歸，全力支持我們將來舉行的活動，新一年裏為大家服務更多。此外，我曾於2024年11月29日接受媒體訪問關於西醫工會的職責，有興趣可以scan以下的QR code打開看看。

祝大家身體健康，心想事成



請用手機掃描此QR code就可以收看我被D100電台的訪問了



義務司庫  
雷浩然醫生



## COUNCIL SECTION

### HKMAA Annual Dinner

Dr Sunny Luk, President of HKDU, and council members of HKDU were invited to the Christmas party and annual dinner of the Hong Kong Medical Aesthetic Association (HKMAA) on 4-Dec-2024. Our Vice President, Dr. Yam Chun Yin Abraham being the President of HKMAA.



### Appointment of Legal Advisor

On 5-Dec-2024, ELLALAN was appointed by the council members as the legal advisor, in the witness of our founder president, Dr. Yeung Chiu Fat.



(From left to right) Dr Louis Lui (Honorary Treasurer), Mr. Charles To of ELLALAN, Dr Sunny Luk (President), Dr Dominic She (Vice President), Dr Arron Lee (Honorary Secretary)

## COUNCIL SECTION

### Meeting HKMA Secretariat at Christmas Party

HKDU council members attended the Christmas Party of Kennedys Law LLP on 5-Dec-2024, where they met the secretariat of the Hong Kong Medical Association (HKMA).



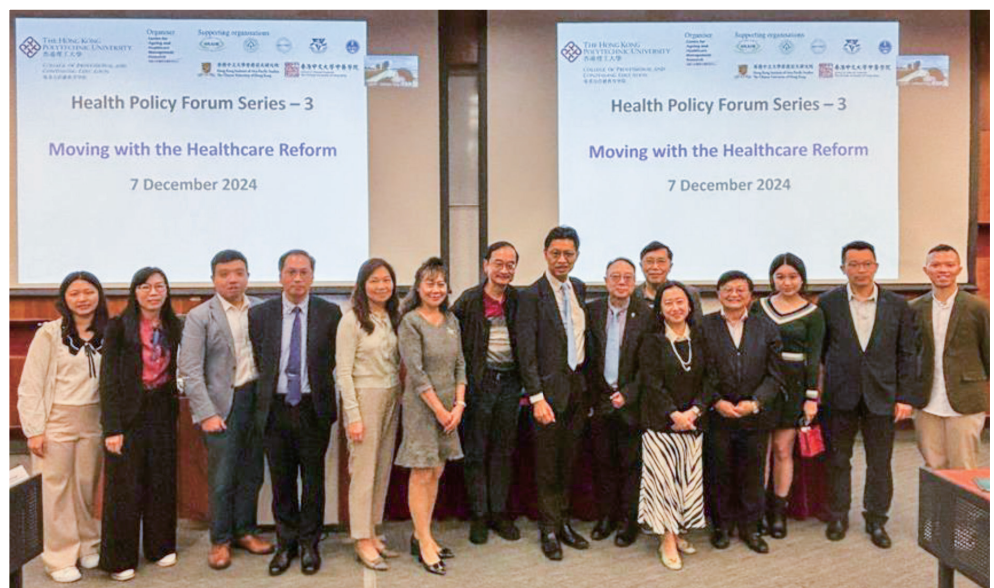
### HKDU CME Seminar

A CME seminar on Coronary Renal Metabolic Diseases was organised at the Hyatt Regency on 6-Dec-2024, with Dr Adrian Cheung served as the speaker.



### Health Policy Forum

Council members of the HKDU attended the Health Policy Forum organised by the Centre for Ageing and Healthcare Management Research at the Hong Kong Polytechnic University on 7-Dec-2024.



COUNCIL SECTION



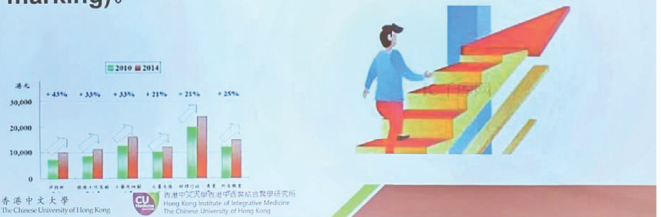
### 2024 Policy Address

**DEEPENING REFORM OF THE HEALTHCARE SYSTEM**

- Comprehensive review on the positioning and objectives of the healthcare system:
  - Division of labour and function of: HA, DH, PHCC
  - Strengthening primary healthcare: Family Doctor, Life course health promotion strategy
  - Public healthcare care service fee reform
- Private Healthcare Governance
  - Legislate to strengthen primary healthcare governance
  - Legislate to enforce fee transparency
  - Quality of care: Evidence based guidelines, quality and cost-benefit indicators
  - Safety: regulation of premises & practice, reporting of adverse events (Cap 633)
  - Enhance data Sharing through e-Health: EHRSS Ordinance amendment

**解決方法：政府层面尽快開展中醫師職級劃分和薪酬待遇的厘定**

- 結合中醫醫院的開張營運，儘快開展中醫師職級劃分和薪酬待遇的厘定，為整個業界長遠發展制定標準（benchmarking）。



## COUNCIL SECTION

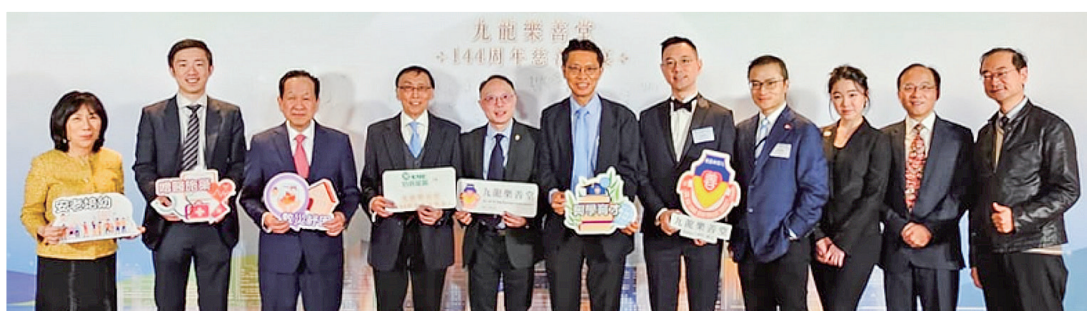
### St. John Ambulance Brigade HKIC Officers' Mess Annual Ball

Council members of the HKDU attended the St. John Ambulance Brigade HKIC Officers' Mess Annual Ball on 8-Dec-2024.



### Lok Sin Tong 144th Anniversary Celebration Dinner

Council members of the HKDU attended the Lok Sin Tong 144th Anniversary Celebration Dinner on 9-Dec-2024.



### Collaboration Meeting with GSK

A meeting on potential collaboration with GSK was held at the HKDU Office on 10-Dec-2024.



## COUNCIL SECTION

### HKMA Annual Dinner

Council members of the HKDU attended the HKMA Annual Dinner on 14-Dec-2024.



# COUNCIL SECTION



# COUNCIL SECTION



## COUNCIL SECTION

### Collaboration Meeting with MIMS

Dr Sunny Luk, President of HKDU, Dr Abraham Yam, Vice President of HKDU, and Dr Dominic She, Vice President of HKDU, and Dr Louis Lui, Honorary Treasurer of HKDU, discussed with the representatives of MIMS at HKDU Office on potential collaboration on 17-Dec-2024.



### December Council Meeting

The December Council Meeting was held on the 19-Dec-2024.



### HKDU Office Christmas Party

The HKDU Office Christmas Party was held at the HKDU Office on 20-Dec-2024, with our honorable guest, Ms. Winsome Hai, CEO of Bamboo Health Care Holdings Ltd (HKEX 2293)



## COUNCIL SECTION



### 香港西醫工會歡迎以下的新會員

Life Member

Dr. LI Ching 李菁醫生

# Join the HKDU



The Hong Kong Doctors Union (“HKDU”) is the one and only trade union specially designed for all medical doctors in Hong Kong, with the mission to fending for the welfare and rights of doctors.

## About HKDU

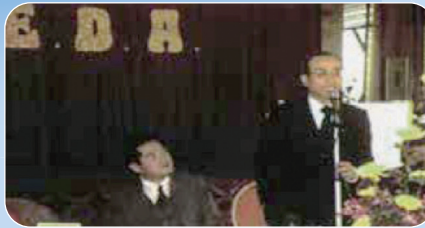
Founded in 1966 as the “Low-Cost Clinics Doctors Management Committee” serving as the liaison body among its members, professional organisations, and the Government. With the expansion of its scope of services and professional roles, the organisation changed its name to Hong Kong Doctors Union Ltd. (HKDU) in 2000.

In future, the HKDU will continue humbly listening and keep on improving in our role as the channel between local medical doctors and our society.



Please join us by scanning the QR code

CME seminar in the past



Sport events for members in the 1970s



Community services



The liaison body between medical doctors and government departments



Member activities



## MEMBER'S FORUM

### Snapshots in History

When I joined the EDA in early 1970's I had in mind one day of practicing in an estate. It never happened. I left HK and worked in New Zealand until 1986 when I returned to Hong Kong. I waited for my luck which of course never materialized. At the invitation of Dr Dominic She, I joined the EDA Council and took up my post in the public affairs committee and the editorial board when Dr Lee Chun Yu was our president. A major move by the Hong Kong government was brewing to impose harsh medical waste requirement on doctors

It was a real challenge. We grappled with the Environmental Department and written a lengthy submission stating our solid grounds for objecting to those frequent collection suggested in the government proposals.

#### Medical Waste Saga

We emphasized that needles were the main concern of pricking dumping site staff by sharps were not great in quantity, never exceeding size of 2 shoeboxes, on average clinic if only the needles in caps were stored discarding the plastic plungers. These latter, we argued, were not contaminated by blood during use.

With our persistence we won the sympathy of the legislature along a parallel campaign against the concomitant government proposal to erect a huge central incineration facility in Tuen Mun. This would bring about a more concentrated pollution issue and severe traffic jam. Ultimately the HK government postponed the compulsory medical waste project until over 10 years later and then the harsh requirement to pay frequent fees to collectors was entirely relaxed.

#### Fair Ballot Allocation

In another battle to fend for EDA members' rights some politicians and media used the fake argument that EDA monopolise the allocation of clinics. They ignored factual history back in the 1950's it was the government who asked us to group together under various names and ultimately adopted EDA as name to carry out the important function of being fair and open

in allocating clinics to doctors and finding doctors for housing estates by lots casting under strict government supervision.

This well accepted procedure, which was our primary aim, in forming our association saved the Housing Authority (HA) time and manpower and ensured fairness. Fairness indeed as even after becoming EDA's Hon Sec in 1994 I have only been successful in being successful in the allocation secret ballots in over 20 years. And to be even fairer I had to write to myself as the Hon Sec to myself as a member, demanding a penalty of half a month's rent for failing to say no in time after been informed of my success in being on the waiting list of would-be tenants of a Chai Wan clinic site. I paid for it.

As planned by the government the HA used this opportunity to claim back their right to allocate by ballot system AND started open tender method.

#### A formal trade union

As we lost our primary function, we thought it best to maintain our functions primarily to promote medical standard in practice since IN REALITY EDA was the first medical institution to regularly hold education for colleagues well before the Medical Council started to talk about CME. We changed our name to HKDU Limited.

Then an incident called for us to fight for the welfare of our members claiming back funds owed by an HMO called Asia Medinet owned by 2 doctors. Then this HMO sued our council for helping our members as we rallied after them, called for them to stick to their rights not to offer service as long as money was owed (in fact over a year).

#### CME Provider and Administrator

We then realized turning into a proper trade union is an option that would protect the council better. The odd thing is we usually consider trade union for employee doctors only. However with the assistance and advice by the Hong Kong Confederation of Trade Unions and the hard work of council headed by Dr. Henry Yeung

## MEMBER'S FORUM

Chiu Fat and our diligent administrative secretary Miss Joanna Mak, we managed to metamorphose into the HKDU with both self-employed and employee doctors, an unique blend of doctors across society with a common goal that of self-improvement professionally and promoting welfare and rights of practicing doctors in HK. Thus, I was the Hon. Sec of 3 successive organizations EDAI, HKDU Ltd and then HKDU.

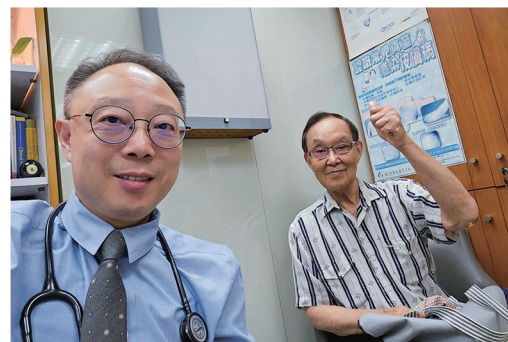
### **Mouthpiece for Doctors and Patients' Welfare**

The government recognized our function and influence and always consulted us when there were important sweeping changes in laws and regulations concerning medical practice from Euthanasia to Universal Superannuation from changes in composition of Medical Council from Written orders to Public Primary Partnership. My challenges thus involved getting information and suggestions from colleagues and getting some common grounds for agreement and drafting submissions to the HK Government regularly to voice out our opinion and calls such as the need to restrict the influence of HMOs at the expense of private practitioners with the Hospital Authority being the largest HMO. Then the inconvenience and inefficient requirement of written orders which we managed to put off for years until a sister organization capitulated. We argued against compulsory labeling of drugs and later the practice of writing prescriptions instead of dispensing since separation of consultation and dispensing is impractical in HK. As I was planning to retire soon finally, I had to reluctantly hand in my resignation as I loved my job both as Hon Sec and as chairman of public affairs committee which I held from 1994 to 2016. I missed of course my colleagues who have worked together in various council under different presidents. I was also the chairman of Subcom for constitution. Though I officially retired from my own practice I did frequently locum jobs and I am honored to be appointed as Hon Adviser to the Council and had attended many council meetings. I look forward to offering my assistance, however small to promote the functions and welfare of the Union.

I love to recall some energetic past councilors who contributed tremendously to our association. Dr. Ng Yu Kin an ex-Vice president who had various contributions in regard to CME and link with for example the Cardiologists Association. Dr Lam Ying Ming, another Vice President, masterminded the structure and PROTOCOL of our CME program and started the Sunday monthly symposiums personally handing down instructions and request to speakers for simplicity usefulness and practical information with less graphic and scientific data if possible. To moderators he advised straight to the point introduction of topic and speakers avoiding long need enumerating of qualifications etc. We cannot avoid mentioning the sacrifice by our energetic long serving ex-President Dr Henry Yeung Chiu Fat who was tireless in meeting almost every social engagement of the DU so that we can socialize with a lot of sister organizations and drug firms. Henry was the most head-turning star at functions, and we associated DU with Henry as we remember his face whenever we mention DU just as we hear his songs at every annual dinner. Dr Lam Ngam, our ex-council member for a number of years, usually had good suggestions for discussing council matters. Another well-known ex Dr Lee Wan Chee who was some 2 years ahead of me. He contributed a lot through his work as Hon. Sec and continues to be concerned with HKDU's affairs even in his retirement. Remember Dr Bernard Wong Bun Lap by his contribution to CME and similarly Ex-Vice President Dr Lee Chok Huen.

*(to be continued)*

Dr Ho Ock Ling, Thomas



## MEMBER'S FORUM

## 新疆，一篇必讀的壯麗史詩

我昏昏沉沉，只覺得四周都是飛沙走石、風雪呼嘯，彷彿舉步為艱地行走在無邊無際的大沙漠中……正在爭扎之際，一聲宏亮的「36人足矣！」從天邊傳來，把我從夢中驚醒！原來導遊正在繪聲繪色地向旅遊巴士上的團友們講述東漢大將班超的英勇故事。

我們的旅遊巴士飛馳在地球第二大沙漠—塔克拉瑪干流動沙漠的公路上，欣賞形態各異的沙丘、沙山，體驗當年張騫和班超等出使西域的艱難險阻。

2,100多年前的西漢，張騫兩次橫穿大漠，翻越帕米爾高原，鑿通西域各國。將東方文明向西方傳播，又將西域的地貌、風情和物產帶回西漢。

繼張騫第二次出使西域後約200年，東漢的班超在42歲那年，猛然醒悟到自己的使命，投筆從戎應征出使西域。他僅帶領36人，首先火燒匈奴軍營，使鄯善國(即古樓蘭國)向漢朝臣服。他又在於闐國劍斬匈奴使團的祭師，扭轉了西域各國的人心所向。一界文官不僅有慎密的邏輯思維，更具武將的謀略和果敢。他以非凡的勇氣和毅力，耗盡30年的人生，帶領36個精英、兄弟，收復了西域五十多國，重開滯敗了半個世紀的絲綢之路，使中斷了半個世紀，漢朝對西域的管轄得以恢復。班超婉拒了漢帝為他增派部下的旨意，著名的豪言壯語「36人足矣！」穿越時空流傳至今！

第四天的行程是參觀克孜爾千佛洞和蘇巴休女兒國，克孜爾石窟是中國以至世界範圍內開鑿最早、延續時間最長的文化遺產。公元628年，玄奘西行取經至此，見蘇巴休古城內香火鼎盛、僧侶雲集，便停留兩月餘，講經弘法。

在歷史的長河中，為華夏、為信仰而前撲後繼，奉獻一生的中華子弟不計其數，被千秋萬代傳頌至今，堪稱民族脊梁的玄奘應運而生。公元627年，為求佛法，他將生命置之度外，孤身一人橫穿浩瀚的沙漠，翻越海拔4,700多米的帕米爾高原高原上的風雪走廊，西行5萬里到達古印度。十七年取經，窮遊一百多個國家，在古印度一次規模最大的辯經(即辯論)會上，他一人單挑十八國的5,000多個信徒，終於征服所有人。他慈悲為懷，品格高尚，忍辱負重，堅守信仰，在異國的土地上，贏得萬民敬仰，奉為聖人先知，使大唐的聲譽遠播萬里。在無與倫比的榮耀面前，玄奘不忘初心，毅然踏上歸途。為了實踐十七年前與義兄高昌國國王的約定，他放棄了安逸快速的海路，再次翻越冰封雪飛的帕米爾高原和危機四伏的沙漠進入西域。可惜這位曾以舉國之力支持玄奘西行的國王已不在人世。玄奘的偉大成就使他在西域各國



南疆深處



石頭城遺址



## MEMBER'S FORUM



神奇大峽谷



沙漠之舟駱駝，樣子傻呼呼的，很可愛。

名聲大噪，成為眾望所歸，應眾懇求在石頭城和于闐國講經10個月。公元654年，玄奘終於回到闊別近20年的長安。一時萬人空巷，爭先恐後聽講經的百姓多達百萬。他兩次謝絕了唐太宗請他從政的勸說，將此後的十九年投入譯經事業中，和弟子們總共譯經1,335卷，平均每五天一卷。他翻譯的經文和著作「大唐西域記」對我國歷史文明作出了巨大貢獻，迅速推動國內文化發展，他的思想與精神已是中國、亞洲、乃至世界人民的共同財富。

在十二天的旅程中，南疆的美景目不暇給，以至團友們的腦海也幾乎滿溢。流沙山、戈壁灘，神奇大峽谷、塔克拉瑪干世界第二大沙漠、帕米爾高原、香妃墓、天山風光、石頭城、喀什古城，一望無際的棉花田，張燈結彩般滿樹掛著糖心蘋果的阿克蘇蘋果園，走進塔吉克族家庭和他們一齊載歌載舞…最觸動我心靈的非胡楊林莫屬了。

金秋時節的胡楊林如詩如畫，金黃色的樹葉在陽光中熠熠生輝，粗壯的樹幹堅韌不拔，證明著生命力的頑強和壯麗。它們長而不死一千年，死而不倒再一千年，倒而不朽又千年，敢與山川共存，與日月同輝。它們象徵著堅毅不屈的戰士屹立在大漠，守護著邊疆和家園！

中央政府在西域新疆大規模屯墾戍邊始於2,000多年前的西漢。1949年新疆和平解放，1954年新疆建設兵團成立，這是歷史經驗在新的歷史條件下的繼承和發展。兵團是建設新疆的重要力量，為新疆經濟社會發展做出了巨大貢獻，同時也是維護新疆穩定，促進各民族團結的重要力量。

建設兵團的戰士們像一棵棵胡楊樹，把根深深扎在大漠深處，他們向祖國人民保證「一生只做一件事，我為祖國做衛士！」。他們駐守邊疆「獻了青春獻終生，獻了終生獻子孫」。他們是共和國最偉大的公民！

站在祖國的最西北，凝視著那五星紅旗在藍天下飄揚，心中湧起一股暖流，哪有歲月靜好，只是有人用青春和熱血築起了國家安全的銅牆鐵壁！讓我們銘記英雄，砥礪前進，共同守護來之不易的和平安寧。



大漠落日

## MEMBER'S FORUM



流動的沙丘



帕米爾高原上的牦牛幫主人做生意，四腳浸在冰水里，一定很冷冷吧？有點令我心痛。



新疆棉花100%優質！



胡楊樹，生而不死一千年，死而不倒又千年，倒而不朽再千年！

MEMBER'S FORUM



可能胡楊王有說不完的故事要告訴我，怕我太矮接收不到它發出的訊號，所以用它的靈氣把我拉高再拉高。要不然，我怎麼突然變成了大力水手中的愛麗絲呢？



這是胡楊王，據導遊介紹，它已3,200歲高壽，6人牽手才能環抱。



許慧麗 醫生

## MEMBER'S FORUM

### The story of the Trojan Horse

Carl Linnaeus (1707-1778), a Swedish biologist proposed the binomial nomenclature to end all the chaotic names of all living things on Earth. He is called the Father of Modern Taxonomy. The Genus name is followed by the species name. (later the subspecies name is added because scientist find out some differences even within the same species). He chose Latin cause it is not used by any country in the world to avoid argument. The name is given by the one who discovers the new species and can be anything he likes. For some reason or another many use names from Greek Mythology. Here is an example. Since there is a rule in nomenclature, some names will end up a bit different.

In Greek Mythology, Odyssey, written by the ancient Greek poet Homer has an account of the Trojan Horse.

Helen of Troy (1) is the daughter of either Leda (2) or Nemesis (3); the most beautiful women in Greek; has a sister Clytemnestra (4), wife of Agamemnon (5), king of Mycenae and queen Hecaba (6). She married Menelaus (7), king of Sparta. One day she fled with Paris (8), prince of Troy, to Troy. Agamemnon was furious and led an army to invade Troy. Hector (9), eldest son of Priam (10), king of Troy. He was brave and defended the wounded Sarpedon (11), defeated Ajax, <there is a mistake made by Linnaeus, Ajax is referring to 3 different butterfly, I choose only one of them. *Papilio polyxenes* (12)> and storming the Greek Ramparts. Achilles (13), though had an argument with Agamemnon stood up and fight. (Legend said he is impenetrable except his heel, we, as a doctor all knows why it is named). He slain Memnon (14), king of Ethiopia and the amazon Penthesilea (15). He killed Hector and dragged his dead body behind his chariot around the city. According to legend, he was killed by an arrow shot by Paris at his tendon. After 10 years of siege, the wooden horse ended the story. The return is another story.

Dr. Lee Ping Chung



*Troides Helena*



*Melanitis leda*



*Lieinix nemesis*

MEMBER'S FORUM



*Graphium agamemnon*



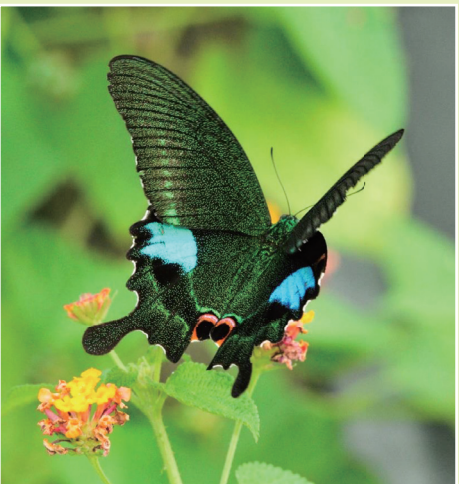
*Hypna clytemnestra*



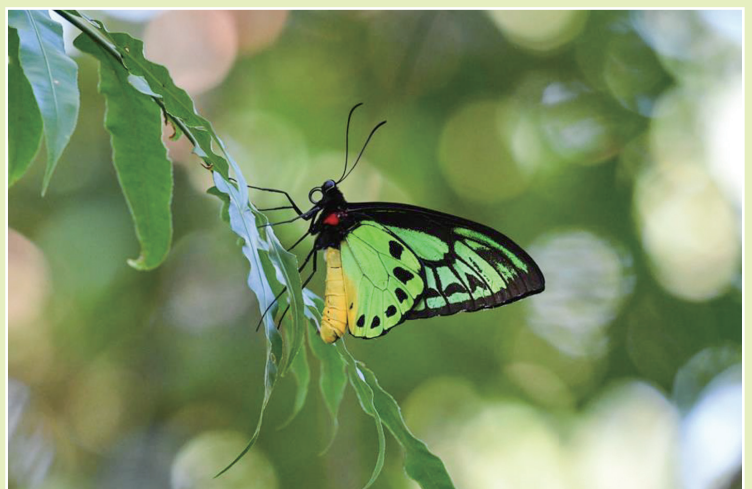
*Atrophaneura hector*



*Eurema hecabe*



*Papilio paris*

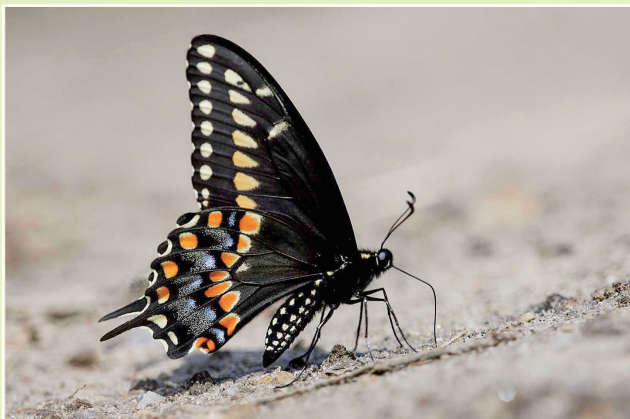


*Ornithoptera priamus*

MEMBER'S FORUM



Graphium Sarpedon



Papilio polyxenes



Cethosia penthesilea



Morpho achilles



Papilio memnon



Morpho Menelaus

# The updated JN.1 mRNA COVID-19 vaccine is now available in the government vaccination programme

- COVID-19 continues to pose a significant health burden in Hong Kong, with infection waves occurring every 4-6 months in the post-pandemic era.
- From Jan 2023 to Aug 2024, the number of severe and fatal cases caused by COVID-19 remains significant, and is around 2 times higher than that caused by influenza in the same period.

## Centre for Health Protection recommends updated JN.1 vaccination in the 2024-25 season in high-risk populations:

Individuals in the following priority groups, who have received their initial doses, can receive the JN.1 vaccine booster at least 180 days after their last dose or COVID-19 infection (whichever is later), free of charge, regardless of the number of vaccine doses they received in the past:

- Individuals aged 50 or above
- Individuals aged 18-49 years with underlying comorbidities
- Individuals aged 6 months or above with immunocompromised conditions
- Pregnant women
- Healthcare workers

For more information on the JN.1 COVID-19 vaccination programme, please visit the Centre for Health Protection site: <https://www.chp.gov.hk/en/features/106934.html>

### Updated recommendation for individuals who have not been vaccinated before:

- 5 years and above: 1 dose (regardless of vaccine and infection history)
- 6 months to 4 years: 1-3 doses depending on history and vaccine

### Benefits of updated COVID-19 vaccination:

- Vaccination with updated COVID-19 vaccination can provide ~50% of incremental protection against COVID-19-related emergency/urgent care and hospitalization.

Healthcare professionals play a critical role in educating patients about the importance of COVID-19 booster vaccinations.

Ensuring timely administration of the updated vaccine can safeguard patients and communities from severe disease and complications.

### HKDU COVID-19 vaccination public education

The Hong Kong Doctors Union have developed public education materials to all members in order to provide **clear and relevant information on COVID-19 vaccination for the public** to increase their understanding and awareness on the **need for booster vaccination**.

These materials will be posted to you in January 2025. Please put up the poster and leaflets in the waiting room for your patients.



Please use the QR code to provide feedback on the HKDU COVID-19 educational materials.

Reference:

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## MEMBER'S FORUM

### Wildlife and Nature

This picture was taken in Jan 2000 just before the pandemic. We went to Lake Baikal. It is a World Natural Heritage since 1996.

It is the largest freshwater lake in the world with a deepest depth of nearly 2,000 meters. It is completely frozen in winter with temperature of -10 to -20C. We can travel on the lake by a Russia 4 WD in most part of the lake. The air and water is clear. There are a lot of photo opportunities such as ice caves, ice pebbles, methane bubbles, ice cracks, ice plates, ice pillars ect. This picture was taken inside an ice cave and watching the photographer outside the cave.

Dr. Vincent Yeung





## 藍色時刻

每當談及高端鐘錶的價格，很多人都不大理解為何會如此高昂。這當然與品牌效應、貴重材質、功能技術和工藝美學等有關。然而，不少看倌或許會認為這些特點過於抽象，尤其“工藝美學”一詞的哲學意義甚濃，不易理解。因此，筆者嘗試在本集透過實驗向各位看倌略述工藝美學的含意。

首先，請各位看看腕上的手錶，如閣下的腕錶背面是透明設計的話，請仔細觀看錶芯的設計與部件。即使是設計最簡約的腕錶，其錶面、錶殼、錶盤和指針都有特定的佈局和材質設定。細看之下，不知道閣下的腕錶裡，有沒有藍色的金屬部件呢？此外，各位知道甚麼金屬是藍色的嗎？答案是－鋼！

在大眾的認知裡，鋼材都是銀色的，要令鋼材呈現藍色有3種方法：最簡單和便宜的方法是噴漆；如要色澤更平均和表面效果更佳的話，電導則較合適；而第3種方法就是“烤藍”。故名思義“烤藍”是利用高溫使鋼材表面發生化學變化，從而產生藍色的色彩。

有別於噴漆和電導，烤藍的原本目的並非單純為了裝飾，而是有著實際作用的。早於16世紀，工匠已經懂得將鋼材加熱，令其表面產生一層細緻的四氧化三鐵（ $\text{Fe}_3\text{O}_4$ ），以提供防腐蝕保護。與此同時，當鋼材達到特定的高溫，它們會由硬脆變得更強韌，在外觀上，它們會呈現一種深邃的藍色。因此，這工藝被稱為“烤藍”或“火藍”。除了改變鋼材表面色澤外，亦改善了其物理特性和防腐蝕效能。

各位看倌或會認為烤藍只不過是將鋼材一味加熱的簡單程序，事實絕非如此。在烤藍過程中要得到理想的藍色，對加熱環境的控制和時間的掌握必須非常準確。鋼材在加熱到不同的溫度會呈現不同的色澤，如加熱至250°C時，鋼材會呈現鐵鏽般的啡色，到達300°C時，則是有如矢車菊般深邃的湛藍，這亦是腕錶部件常用的藍色。然而，在烤藍過程中，這種獨特的藍色可謂一閃即逝，儘管數秒之差，鋼材色澤已截然不同。

承蒙源自德國的著名鐘錶品牌格拉蘇蒂原創（Glashütte Original）邀請，筆者有幸親身體驗鋼材烤藍的製作過程。是次實驗所使用的是一台專門用於螺絲烤藍的儀器，將細小的螺絲放進加熱小孔進行加熱，雖然有烤藍的參考時間，由於所用的螺絲體積不同，鋼材變色的時間或會出現差異，所以需要定時檢視色澤變化。看似簡單的程序，（由於筆者技術不濟）卻出現了不同的失敗情況，如加熱過度和轉色不均等。

一顆小螺絲的烤藍處理已殊不簡單，再看整枚腕錶的每個部件，每件都需要不同的工序處理，要求所有部件都達到高度的工藝水平，再匯聚到一枚腕錶內，當中包含不同領域的工匠的經驗和技術。因此，各位看倌在鑑賞腕上的手錶時，不妨從最細微處開始，細味當中的材料科學、機械原理以致設計意念，或許會從工藝作品中對美學有另一番體會。



鋼材加熱至 300°C 時，會綻放如矢車菊般的湛藍



烤藍處理的指針、時標和錶冠除裝飾效果外，有更佳物理特性和防腐蝕效能



烤藍螺絲的儀器



腕錶內的小螺絲



成功烤藍 (左) 與過度加熱而變成淺藍色 (右) 的螺絲



加熱不均導致螺絲尾段色澤較淺

劉源智 博士

鳴謝：格拉蘇蒂原創 (Glashütte Original)

## 極速行醫

# 老驥伏櫪



Cayman 有著 Porsche 一貫的車身線條

跑車的世界很有趣，性能最超卓的未必一定最受歡迎，畢竟速度只是品評跑車整體表現的其中一個指標。亮麗外形、操控感覺、引擎的咆哮聲、安全性和性價比等都是車迷們的關注點。每年各大品牌推出的新款型號固然會吸引一眾車迷的注意，不過很多面世已久的“老爺級”車系至今仍不乏捧場客。當中 Porsche Cayman 雖然已經歷了十多年光景，至今仍是性能和實用性的完美結合。

2005年Porsche在 Boxster 車型之上建立同樣是中置引擎後驅的硬頂 Cayman 車型，同時為兩個車系提升戰力，配置了3.4升的水平對向六氣缸自然吸氣引擎，即Boxster S和Cayman S。有一點各位看倌要注意：Cayman絕非只是一部“有硬頂的Boxster”！加上硬頂之後，改變了車身配重，並且加強了車身剛性。因此，Cayman的發展方向比Boxster更性能化，尤其Cayman S 987.2在傳動核心和設計細節上都進行了顯著升級，採用了DFI缸內直噴技術和PDK雙離合器變速箱，這兩大技術的融合不僅提升了引擎效率，還大幅改善動力傳遞的平順性和

換檔速度。3.4升引擎能夠產生320匹馬力和370Nm峰值扭矩，0-100km/h只需4.9秒。儘管不少車迷認為Cayman是Porsche的入門車系，Cayman S的性能在跑車的領域絕非入門的級別呢！

筆者曾經擁有一部Cayman S 987.2，以用家角度來說，這是一部性價比高而且非常實用的跑車。論外型：Porsche對其跑車的設計有一份執著，經典的線條是其品牌標誌，雖然跟911有少許不同，不過Cayman有Porsche的流麗車身曲線，尤其在夕陽之下，線條更覺性感。自然吸氣引擎除了力量澎湃外，聲線雄渾有勁，加速時的咆哮的確令人不願放鬆右腳。Cayman S的車重只有1340kg，相當輕巧，但車身重心低而且入彎的抓地性非常強。另外，Cayman S的軟感亦相當豐富。

俗語有云拳怕少壯，Cayman已面世差不多20年，同系亦有Cayman GT4和718 Cayman S等更強型號。然而，假如各位看倌有機會試駕Cayman的話，不難感受這部經典跑車的力量不亞於現時不少跑車呢！



中置後驅的底盤設定



Cayman 的性能相比現時不少跑車亦毫不遜色



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## Potential disciplinary investigation arising from issuance of sick leave certificates

Sandy Cho, Partner of Kennedys

Jamie Lin, Senior Associate of Kennedys

The Code of Professional Conduct issued by the Medical Council of Hong Kong (MCHK) provides various requirements relevant to issuance of medical certificates by doctors. Amongst others, doctors are required to issue certificates “on the basis that the truth of the contents can be accepted without question”. Complaints from those receiving sick leave certificates, such as employers or the Labour Department, could often arise if they are in doubt of the information stated. Sometimes, those complaints could lead to disciplinary investigation by MCHK into the standard of care exercised by doctors in issuing the certificates. Besides, they may also attract investigation into the adequacy of documentation of medical information or investigations concerning the relevant consultation(s) when sick leave was granted.

### Issuing sick leave certificates without proper care and/or justification and/or investigation

In a case where the Labour Department was investigating into a suspected double claim for employees’ compensation made by a patient against his two employers, the patient was found to have possessed two sets of sick leave certificates issued by the same doctor, covering same sick leave period with same diagnosis. The Labour Department lodged a complaint against the doctor involved for suspected improper issuance of sick leave certificates to the patient.

#### The charges

The doctor was faced with two charges of issuing sick leave certificates to the patient without proper care and/or justification and/or investigation, and also a third charge of failure to refer the patient to a specialist for further consultation and treatment. The doctor

explained that it did not occur to him the patient would use the sick leave certificates to make dishonest claim. He also believed that the certificates contained no statements which were untrue and no statements which he had not taken appropriate steps to verify.

#### Findings of MCHK

MCHK nevertheless found the doctor guilty of the two charges of issuing sick leave certificates to the patient without proper care and/or justification and/or investigation. He was found not guilty for the charge concerning failure to refer the patient for further consultation (as no evidence was offered by the Legal Counsel against him).

In determining the charges concerning issuance of sick leave certificates, MCHK found that the doctor never identified in his clinical records any significant pathology that could be the cause of the patient’s persistent pain, justifying the prolonged sick leave. It was held that the doctor ought to have found out the underlying cause of the patient’s persistent pain instead of simply issuing continuous or overlapping sick leave certificates. It was expected that the doctor should have

taken proper care to assess on each consultation the patient’s medical condition and to review the treatment modality, in case of persistency of pain symptoms. It was also expected that investigations like x-ray or MRI, and etc should have been conducted to look for the underlying cause so as to justify the prolonged sick leave given to the patient.

#### Appeal

The doctor applied to the Court of Appeal for leave to appeal against the sentence imposed on him but his application failed. It was argued on behalf of the doctor

This CME article was prepared by Ms. Sandy Cho and accredited by the Hong Kong Doctors Union (HKDU).

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that MCHK erred in law by sentencing him on the basis of the misconduct of improper diagnosis and/or treatment, which was an entirely different type of misconduct from improperly issuing sick leave certificates. However, based on the findings made by MCHK, the Court found that the charges that the doctor was faced with were not simply improperly issuing two sets of sick leave certificates to the patient, nor a matter of mistreatment or misdiagnosis. It was held that the doctor was sentenced precisely for what he was convicted of, namely that he issued sick leave certificates without proper care and investigation.

### **Failure to maintain proper and/or adequate medical records**

In another case, the employer of five patients lodged a complaint with MCHK against a doctor who issued sick leave certificates to those patients repeatedly.

#### **The charges**

Instead of investigating into the appropriateness of the sick leave certificates issued by a doctor to his patients, MCHK investigated into the deficiencies in those patients' medical records as prepared by the doctor. The doctor was faced with five charges all concerning failure to maintain proper and/or adequate medical records.

#### **Findings of MCHK**

MCHK found that the doctor failed to keep proper and/or adequate medical records in respect of the five patients. It was found that the doctor's clinical notes, largely illegible, were all very simple and mainly mentioned complaint such as "pain still" or "can't return to work" without documentation of the details of accident, physical examination and patient's progress properly or at all.

MCHK stressed the importance of documentation, which should cover records of medical history which might shed light on the underlying cause(s) of the accidents and known side effects of drug taking. In addition, physical examination should be documented as it is considered the most important part of the whole

consultation to elicit clinical signs and determine the severity and progress of injury in order to issue sick leave certificates, especially for those who are on long-term sick leave. Details including place and cause of injury, areas of joints involvement, range of movement, degree and severity of pain, loss of function and any nerve involvement are expected to be documented. For patients who are on prolonged sick leave, their psychological status of prolonged sick leave and detailed management plan should be documented.

### **Legal implications**

Doctors are expected to conduct proper assessment and investigation in order to demonstrate necessary care has been undertaken in issuing certificates, including sick leave or examination certificates. Extra caution such as referral for diagnostic examination or consultation with specialist might be called for, in case of persistent symptoms or where prolonged sick leave is involved. To reflect on the quality of care having been exercised, it is important that doctors keep proper and adequate medical records showing clinical management provided to patients, and where needed, providing justifications against any complaints over his management including the appropriateness of sick leave granted, should questions arise.

# Benign and Malignant Skin Lesions On The Face



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*Specialist in Plastic Surgery*

## Introduction

Skin lesions over the face are very common, with estimated incidence of up to 88% of the population of all ages in Asians. More than 90% of those are benign in nature and warrant no treatments at all besides aesthetic concern. On the other hand, since these lesions presents in all forms of shapes, colours and morphologies, it takes effort to differentiate them from premalignant or cancerous skin lesions on the face, which require urgent attention and treatments.

## History taking and physical assessment

A complete medical history is essential. Age, smoking history, common medical illnesses, history of chronic sun exposure eg Tanka people who lives on boat are important. The patient's current prescribed and over-the-counter medications should be obtained. A history of family history of skin cancers and the age in which they happened should be obtained because they often shared the similar lifestyle and hence the total dosage of UV light exposure. Occupational history including chronic exposure to certain chemicals should also be clearly obtained. Last but not least, inherited syndromes and organ transplantation are risks factors for skin cancer as well. Regarding the skin lesion itself, it is important to document how the lesion started being noticed, the change of the lesion and any symptoms that occurs after it appeared. Benign lesions usually take a long time to grow while malignant lesions may grow quickly with symptoms like bleeding, ulcerating and pain.

Fitzpatrick skin phototype of the patient is very important as fair skin patients have higher chance of skin cancer than patients with coloured skin. Size, site, shape, colour, border, texture of the lesions should be examined and documented for future comparison if it is suggestive of benign in nature. Photographic documentation is highly recommended. High risk features including recent change in size, irregular shape and border, oozing and ulceration, and change in sensation should be carefully examined.

## Common malignant lesions on the face

Basal cell carcinoma (BCC) and Squamous cell carcinoma (SCC) are relatively nonmelanoma skin cancer of the face in Asians, diagnosis are usually made clinically and biopsy are indicated when in doubt or in anatomical difficult areas e.g. eyelids and periorbital region, nose, and lips. Other investigations are often not necessary but if the lesion is advanced, imaging tools including CT scan, MRI scan and ultrasonography of the regional lymph node basins may be useful.

Basal cell carcinoma in Asians has distinct characteristics compared to Caucasians. BCC in ethnic Chinese and other Asian populations presented as nonpigmented nodules in male patients. Most common areas involved is the nose and cheek. Treatment is by complete excision with adequate margins (2mm as recommended) and reconstruction if needed. Most of the BCC on the face are indolent in nature and will not metastasize. Local recurrence is uncommon if properly treated.

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Squamous Cell Carcinoma is another common skin cancer found on the face. It accounts for around 30% of all skin cancers in Asians. Cutaneous SCCs present as enlarging scaly or crusted lumps. They usually arise within pre-existing actinic keratosis or intraepidermal carcinoma. Worth to note that there is a form of more aggressive subtype of squamous cell carcinoma that arise from chronic wounds or scars called Marjolin ulcer in which they are more commonly poorly differentiated squamous cell carcinoma. Treatment is also by complete excision with adequate margin (5mm as recommended) and reconstruction if needed. It has higher chance for regional lymph node metastasis so if there is suspicion it is recommended to do further imaging for proper staging of the disease.

Malignant melanoma is a rare disease in Asians but potentially the most aggressive form of skin cancer worldwide. It can occur in any melanocyte-containing anatomic site. There are four main subtypes: lentigo maligna melanoma (LMM), superficial spreading melanoma (SSM), acral lentiginous melanoma (ALM), and nodular melanoma (NM). In Asians, unlike Caucasians which LMM is the most common subtype, ALM has the highest incidence in Asians. When it happens on the face, it tends to mimic a benign naevus to start with but with its rapidly evolving nature, soon it will grow and shows malignant features. Excisional biopsy as much as possible is the key to diagnosis and staging as the thickness of melanoma determines the prognosis. Wide local excision depending on the thickness up to 2cm is recommended and it is often not possible to completely excised without complex reconstruction on the face. Lymph node status should also be examined and preferably a multispecialty management with oncologists for postoperative care.

### Benign lesions in anatomical difficult areas on the face

Although there is no clinical urgency to remove benign lesions on the face, but it is often sought surgery for better aesthetic result and to prevent possible malignant change e.g. Sebaceous naevus or complications e.g. infection in sebaceous cyst.

Sebaceous naevus is a common type of birthmark affecting 0.3% of live births. Present at birth and most often found on the scalp and face, it consists of overgrown epidermis, sebaceous glands, and hair follicles. It often presents as a solitary, smooth, yellow-orange hairless patch or plaque, often oval or linear in shape. It can be smooth or verruciform. In 10–20% of cases, another secondary tumour may grow within the lesion so complete excision is recommended.

Melanocytic naevi are often aesthetically disturbing especially large ones. Besides ablative lasers e.g. CO2 laser for small lesions, larger ones are managed carefully with excision and various reconstructive options. Full thickness skin graft in aesthetic units and local cutaneous flaps are excellent options with the best aesthetic results. Serial excisions and tissue expansions are also useful techniques in some cases.

Xanthelasma is a sharply demarcated yellowish deposit of cholesterol underneath the skin, usually occurs in eyelids. Incidence around 1% of the population but when it happens, it is aesthetically disturbing and often removal are requested by patients. Lasers, chemical peels and surgical removal are the options of treatments. While in many cases a carefully planned incision site can lead to a well-hidden scar along the eyelid crease hence giving the patient a rejuvenated look while removing the xanthelasma.

### Summary

Benign and malignant skin lesions on the face are commonly seen in general population and a usual request for removal, both due to clinical or aesthetic reasons. Careful evaluation and referral to plastic surgeons when indicated for biopsy and treatment will lead to the best outcome for the patients.

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**Questions for "Potential disciplinary investigation arising from issuance of sick leave certificates"**

(Please put T/F for True/False for each question)

1. A third party (not the patient) cannot make a complaint to MCHK regarding the sick leave issued to the patient.
2. When MCHK investigates into the issuance of sick leave certificate by the doctors, they will also look into the adequacy of documentation in relation to the sick leave granted.
3. A doctor should issue sick leave certificates to a patient whenever they ask for sick leave, so long as the patient reports that he/she still has persistent symptoms.
4. For patients who repeatedly return for sick leaves, further investigation or referral for specialist consultation is not required, if patients do not make such request.
5. The physical examination is considered the most important part of the consultation as it elicits clinical signs and determines the severity and progress.

**Questions for "Benign and Malignant Skin Lesions On The Face"**

(True/False)

1. Malignant Melanoma is the most common type of skin cancer in Asians.
2. UV light exposure is one of the risk factors for skin cancer.
3. Excision of all sorts of skin lesions on the face with primary closure is the best treatment option.
4. Sebaceous naevus is totally benign in nature and does not have malignant potential.
5. Xanthelasma occurs most often in eyelids.

Please scan the QR code to submit your answers on or before **20-Feb-2025**:

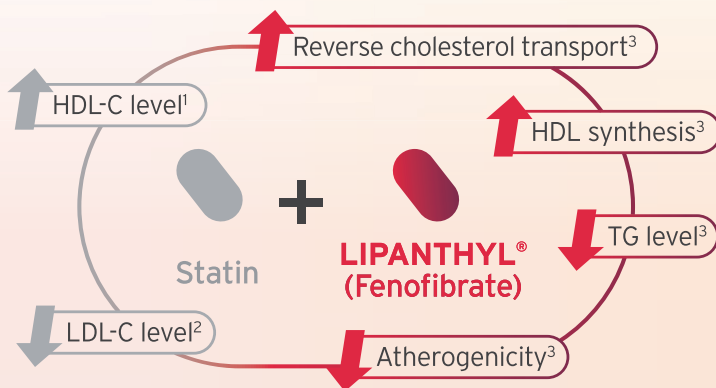




# Managing lipid levels in an **all-round way**

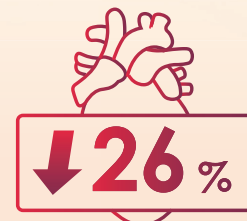
Patients who achieve their LDL-C target with marginal TG (2.3 - 5.6 mmol/L), initiate co-statin treatment with LIPANTHYL® to achieve non-HDL-C target level and reduce CV risk

## Co-statin treatment with **LIPANTHYL®**



### **ECLIPSE-REAL Study\*<sup>4</sup>**

CV benefits of LIPANTHYL® plus statin have been proven in the study with **over 2.5 years of follow-up<sup>4</sup>**



reduced hazard of CV events  
**in adults (≥40 years) with metabolic syndrome**  
receiving co-statin treatment with LIPANTHYL®  
versus those with statin alone<sup>4</sup>

## 2020 AACE/ACE guidelines recommendation



ASCVD risk factor modification algorithm for patient who are under statin therapy, TG levels should be **<1.7 mmol/L** at every risk level<sup>5</sup>



\* Study design: A total of 29,771 adults with metabolic syndrome (≥40 years) received statin treatment, of which 2,156 patients receiving combined treatment (statin plus LIPANTHYL®) were weighted based on propensity score in a 1:5 ratio with 8,549 participants using statin only treatment. The primary outcome was composite cardiovascular events including incident coronary heart disease, ischaemic stroke, and death from cardiovascular causes.<sup>4</sup>  
AACE=American Association of Clinical Endocrinology; ACE=American College of Endocrinology; ASCVD=atherosclerotic cardiovascular disease; CV=cardiovascular; ECLIPSE-REAL=Effectiveness of Fenofibrate Therapy in Residual Cardiovascular Risk Reduction in the Real World; HDL=high-density lipoprotein; HDL-C=HDL cholesterol; LDL-C=low-density lipoprotein cholesterol; TG=triglyceride.  
References: 1. McTaggart F, Jones P. Cardiovasc Drugs Ther. 2008;22(4):321-338. 2. Cholesterol Treatment Trialists' (CTT) Collaborators, et al. Lancet. 2012;380(9841):581-590. 3. Keating GM, Croom KF. Drugs. 2007;67(1):121-153. 4. Kim NH, et al. BMJ. 2019;15125. 5. Garber AJ, et al. Endocr Pract. 2020;26(1):107-139.



# 21 ASHLEY

A New Landmark of Medical and Wellness Axes



## Redefining Wellness

Located at one of the busiest district in Hong Kong, 21 Ashley secured a panoramic view towards the Victoria Harbour.

A rare brand-new purpose-built building for medical and health care services with professional facilities. 21 Ashley is aimed to be a new destination for medical center and clinics.



LOCATION: TSIM SHA TSUI | The map and images are both not-to-scale and for reference only  
L5 MTR BARRIER - FREE EXIT L5

 Typical Floor 4.5m Second Floor 5.0m	 Ample Lift Provision	 Typical Floors 5kpa Special Floors (2/F & 5/F) 7.5kpa	 Air Exchange Louver
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## For Lease

Sizes ranging from approx. 754 ft<sup>2</sup> to 5,461 ft<sup>2</sup> (whole floor)  
 Subdivided units perfectly fit for various Medical and Beauty services are now available for Lease.



G/F lift lobby



Ashley Lounge

## Common Facilities

Ashley Lounge is a sophisticated shared space perfect for relaxation, casual client meetings, and dining. Dining tables, comfortable couches, and a kitchen island with bar stools can accommodate up to 50 people.



Actual view of 19/F

Ashley Hall is a 2,800 sq.ft. multi-purpose event venue with a theatre stage setting that can accommodate up to 100 people. It is perfect for various activities, including doctor's seminars and health and insurance talks.



Ashley Hall

## Leasing Information

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Brochure



Website



Virtual Tour

