



### Contact Address

Email: hkwda@hkwda.com  
 Editorial Board  
 Hong Kong Women Doctors Association  
 P.O. Box No. 47035,  
 Morrison Hill Post Office,  
 G/F, 28 Oi Kwan Road,  
 Wanchai, Hong Kong

### Internal Communication Committee

#### Adviser:

Dr Wendy Tsui

#### Chairlady:

Dr Catherine Ng

#### Chief Editor:

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#### Deputy Editor:

Dr Catherine Sze

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## President's Message

With the arrival of spring, the world awakens to the brilliance of nature. It revives us all with its warm and cheerful ways. Spring breathes a new life into us - it brings hope and vitality to every one of us. Over the past year, Hong Kong has experienced unprecedented challenges, yet, it does not affect the enthusiasm of the community we serve. We had successfully completed the HPV vaccination to 77 girls came from underprivileged families under the generous support from the Zonta Club of Kowloon and now the programme is proceeding to the second round. More than 100 girls will be benefited this time.



Dr Chan Kit Sheung

We are energetic. We participated the "Run" and "Walk" category to raise funds for "Agency for Volunteer Service", the Globe-athon Hong Kong 2014, Charity Bowling Fun Day to raise funds for International Social Service Hong Kong, and the "Hong Kong Qigong Health Day 2015" (2015全港氣功健康日).

We are caring. We served the low-income families and ethnic minorities through the Ripples Action, and the Women's Day health event with Evangel Hospital. We also visited the Butuo Country Hospital in Sichuan and gave lecture to the medical staff there. With our continuous support to the Butuo Girl's Class' educational programme, hopefully, knowledge may change the girls' fate.

Congratulations to Dr. Mona Lam who won the "The Hong Kong YWCA 8<sup>th</sup> Hong Kong Volunteer Award for Outstanding Women" (香港基督教女青年會第八屆香港傑出婦女義工). It is always good to know that our members' enthusiasm is well recognized in the society.

Thanks to Dr. Florence Cheung for her donation of 20 copies of her the picture album named "且行且畫 - A Ten-year Travel Sketch Book" to our association. Dr. Cheung is a senior family physician and is well known for her painting artwork which is often published in the HKMA's Newsletter as well as in our Newsletter. Despite the fact that she has been suffering from severe lumbar pain in the past year, she has still managed to finish this beautiful album. Her perseverance is something worthy for us to learn.

We had attended the 2015 Western Pacific Regional Conference of Medical Women's International Association hold in Taipei. We made friends with the female doctors from varies countries and did some experience sharing on the topic of "women health awareness promotion". We are proud to announce that Dr. Cissy Yu was elected as the Vice President of Medical Women's International Association 2016-2019 and that our association was elected as the Organizer for the "2017 Western Pacific Regional Conference of Medical Women's International Association". Sure we will be having a busy 2017 following the celebration of the 10<sup>th</sup> anniversary of HKWDA next year. As we are approaching our 10<sup>th</sup> anniversary, I would like to take this opportunity to thank every member for their continuous commitment and support to the association - all would have been impossible without you.

Dr Chan Kit Sheung

## Female Doctor at Work

### Interview with Dr Monica Wong

23 Oct 2014

*In this newsletter, it is our pleasure to interview Dr Monica Wong, Head of Primary Care Office, Department of Health. Dr Wong graduated in 1982 and joined the former Medical and Health Department (MHD), where she started her journey in Community Medicine. In 1989, Dr Wong furthered her training in Community Medicine in Singapore. In early years of her career, Dr Wong worked on infectious disease control, and subsequently, health administration and legislation, including the regulation of private hospitals and medical devices, review of the regulatory frameworks of managed care organization and alternative medicine. Currently, Dr Wong's role in Primary Care Office is to promote the concept of primary care to the general public and to implement a number of primary care initiatives.*



*From left to right: Dr Maria Leung, Dr Monica Wong, Dr Wendy Tsui*

### What drives you to choose public health as your career?

In my university days, I learnt from my Community Medicine classes that unlike clinical medicine which focuses on individual's health, Community Medicine focuses on improving the health of all people in the community. As it is applied to the whole community, a small change in the health policy can lead to significant improvement in health. Ever since I started working in Public Health, I have come across many interesting and challenging issues and tasks which I had never imagined before. I find that the more I do it, the more I love Public Health!

### Any precious experience at work you would like to share with us?

In 1980's and 1990's, I worked in the field of infectious disease control and participated in the investigations of several cholera outbreaks including one involving chickenpaws rice (鳳爪飯) sold in different food premises scattered all over the territory and several domestic outbreaks involving vegetables contaminated by pesticides, commonly known as 「毒菜心事件」. In the investigation of cholera outbreaks, we have to obtain a 5-day food history from the patients, visited all food premises patronised by them to understand how the dishes were prepared so as to trace the source and cause of infection and to carry out control measures including the suspension of licences of the concerned food factories and food premises. For the case involving chickenpaws, the source was traced to a food factory in Yuen Long where the food was processed within 3 metres of a septic tank. Of course, the operation of the food factory was suspended, thorough cleansing of the premises and re-designing of the workflow and workplace was ordered. The experience was truly challenging, just being like Sherlock Holmes in his detective stories! A clear and logical mind is very important. Effective leadership skills and good teamwork are also essential in investigating the outbreaks, especially when we have to fight with time.

In my current position in Primary Care Office, I have to build a good communication channel with various primary care providers: private doctors, non-government organizations and the public, in order to promote primary care and disseminate important health messages. Being assertive and having good persuasive skills are important in building such strong link.



## What do you feel about the difference between female and male doctors in the medical field?

Nowadays, there is not much difference between female and male doctors as far as the choice of specialty is concerned. It really depends on the doctor's personality and his/her interests. But, generally speaking, female doctors are more articulate and fare better in communicating with people. As doctors working in public health often need to communicate with the general public as well as stakeholders, this specialty is actually very suitable for female doctors.

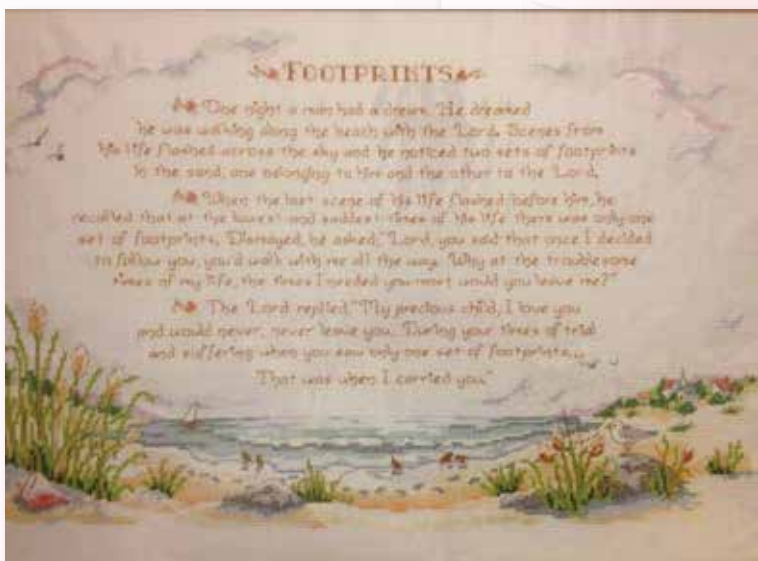
## What is your advice for our young doctors and medical students?

Doctor is a very meaningful profession. Not only does it serve the public, it also helps to guide the up-bringing of ourselves and our own family. Very often, once we start working, we become very busy at work and may forget why we want to be doctors in the first place. It is always important to remind ourselves why we want to be doctors. That would help keep us going when facing tough challenges ahead. I would also like to remind our young colleagues that we should *“never waste our talent or our chance in serving the people”*.

## With a packed schedule at work, how do you achieve work-life balance?

I enjoy cross stitching in my free time. Cross stitch is easy to learn and requires little setup. Yet, it requires patience and is very good for training perseverance.

*We would like to express our sincere thanks to Dr Monica Wong for her precious time and sharing.*



*Cross stitch made by Dr Wong*

**Dr Wendy Tsui, Dr Maria Leung**



## Female Doctors in the Community

### 十二月的四川布拖

十二月初冬，香港日間的氣溫仍徘徊在攝氏20度以上，四川省布拖縣城已經吹著寒風，氣溫只有攝氏4至5度。早上和何老師往訪布拖縣醫院，商討香港女醫生協會慈善基金與布拖縣醫院合資贊助培訓縣醫院年青醫師事宜。由於十一月到廣東河源講課時認識了退休的護理總經理，得悉「香港護士訓練及教育基金會」可為中國內地護士管理階層提供來港學習的機會，故此亦替布拖縣醫院的總護士長和一位年青護士長安排申請。午飯後跟「明日中華教育基金會」的李孟珂會合，一同前往交際河區，翌日再轉車前往合井鄉探望「女子班」的孩子們。



孟珂跟孩子們在簡報

我們在2012年4月首次探訪「曙光慈善基金會」在四川省布拖縣合井鄉辦的彝族女子班，之後決定與「曙光」合作助學，約三十位會員和友好在過去兩年慷慨資助了女孩在學校寄宿和學習的費用，2014年初的探訪亦在去年的會訊報導過。由於各種原因，「曙光慈善基金會」將會解散，主席何愛華女士聯絡了「明日中華教育基金會」China Tomorrow Education Foundation (CTEF) 接辦彝族女子班的項目。成立於1999年的CTEF，總部位於美國西雅圖，成員大部份是微軟公司的華裔員工，在中國農村修建學校和圖書館、設立獎學金等，項目覆蓋13個省份。此行是趁CTEF的董事會成員李孟珂回重慶探望家人，何老師邀她到訪布拖探望「女子班」，並商討項目交接事宜。

李孟珂是IT人，隨身帶著電腦，並準備了一份簡報(powerpoint)跟女孩分享。她自小在重慶附近一個農村長大，由於學習成績優秀，有機會到美國進修，後來受聘於微軟公司。可山區的小孩不曉得「微軟」是什麼，這倒不是壞事，小孩對孟珂跟面對其他義工一樣，純真而熱情地陪伴我們家訪。家訪時碰見一位媽媽從田裏回家，背負著高於一個成年人身高的大捆玉米稈，準備家中牲畜渡過寒冬，何老師說山上的婦女都是這樣克苦耐勞的。



背著玉米稈的媽媽和女孩



由於時近聖誕節，此行帶了一批聖誕卡讓孩子們寫給助學者。原來她們從未見過賀卡，也不曉得寫，中文老師趁機教她們賀卡的格式。回想首次到訪時孩子們只懂彝語，第二次到訪時她們能以普通話與我們溝通，此次能書寫簡單的問候句子，確實是很大的進步。老師也是值得敬佩的，合并鄉小學位於山腰上，常年缺水，沒有網絡訊號，住宿條件不理想。一個舊課室便是一家三口生活起居的空間，包括煮食和睡覺，冬天下雪時更是冷得厲害。果不然我們在回縣城的路上開始降溫，途經一間民辦收容殘疾兒童的學校，探訪完畢時路面已結冰。在縣城吃過午飯並與教育局官員會面後，繼續趕路往西昌，沿途風景有些像聖誕卡，樹枝都結了冰，煞是好看。



中文老師教孩子們寫賀卡



寫聖誕卡



結冰的樹枝



後記：今年四月十八日在廣華醫院舉辦了「布拖女子班敘會」，分享三次的探訪及匯報新的合作夥伴，與會者共渡過一個輕鬆愉快的下午。

謝喜兒醫生

這一排舊課室便是老師的宿舍

## HPV Vaccination Programme 2015 (Tin Shui Wai and Shamshuipo)

In collaboration with Zonta Kowloon and International Social Service Hong Kong Branch (ISSHK), we have organised a project to provide free HPV vaccine to underprivileged girls aged 9-18 years in Shamshuipo in 2014. A total of 77 girls benefited from the vaccination project. We would like to express our sincere gratitude to all the volunteers and helpers.

This year, with further funding from Zonta Kowloon (HK\$130,000), we have organized another HPV vaccination programme in Tin Shui Wai. Our targets are 9-18 years old girls from underprivileged families. A total of 101 girls enrolled in the programme. The first injection was given on 17<sup>th</sup> January 2015 at Sap Pat Heung Rural Committee Kung Yik She Primary School in Tin Shui Wai. After the kick off ceremony, Dr Stephanie Yau delivered a health talk on HPV vaccination before the injection. The second injection was given on 14<sup>th</sup> March 2015 at ISSHK Tin Shui Wai (North) Integrated Family Service Centre. Sex education talk was delivered by social workers.

Due to change in vaccination schedule for girls aged 9-13, there are spare HPV vaccines. In order to fully utilize the funding and benefit more girls, an extended programme is arranged and the spare vaccines will be given to those who missed the vaccination at the Shamshuipo event last year.

**Dr Mona Lam**

(Community Service Committee)

## Safeguarding Women's Right to Better Health – Advocacy of HPV Vaccination in the Community

Children are the future of our society. In school, they are brought out intellectually and morally, and they are protected and assured of a nurturing environment to grow up. To take care of our children holistically, their health can be promoted and protected through prevention. This is what had been realized at the Tin Shui Wai HPV Vaccination Programme at Sap Pat Heung Rural Committee Kung Yik She Primary School on 17<sup>th</sup> January 2015.

Cervical cancer is one of the few cancers which can be prevented by vaccines. Early vaccination can protect girls from the threat of this notorious disease for life with just three doses of injection. However, local parents are often deterred from granting this invaluable gift of immunity to their daughters due to lack of knowledge, worries and concerns about the side effects, and in some cases, the expensive prices of each injection. These hurdles were cleared in the aforementioned programme by means of both subsidized vaccination and education so that children's right to the highest standard of health was advocated.





On the day where the girls were scheduled to have their first HPV vaccine injection, professional healthcare workers and school teachers, with the unanimous goal of facilitating children's healthy development to the utmost, cooperated with each other in enhancing the cult of women's health on campus and actualizing the programme's objectives. The programme had received an enthusiastic group of participants. Girls, along with their parents, and even siblings for some, were eager to know more about the concept of vaccination and how it related to their health.

The injection was kicked off by a brief opening ceremony of the programme at the school hall. Gratitude was presented to the organizers, sponsors, healthcare professionals and participants who were all striving for the best for children. Ensuing this ceremony was an educational health talk given by an obstetrician and gynecologist, Dr Stephanie Yau, in which a comprehensive picture of the epidemiology of cervical cancer in Hong Kong and around Asia was drawn to the participants and the mechanism of vaccination that fights off the nasty virus was illustrated in details.

The girls were directed to a classroom where qualified doctors explained to parents and guardians individually details of the injections and ensured that their daughters were suitable to receive the doses, with the girls listening attentively by their sides. They then proceeded to a second classroom, where the girls, the youngest ones being nine-year-olds, manifested their courage – overcoming the fear of a needle as the nurses performed the vaccine injection on their little arms reflected a step towards better health as well as a huge step in their development of self-assurance.



Finally, they had a little time to rest in a third cozy classroom where they were provided with light refreshment and a short questionnaire to test their knowledge about HPV vaccination. To the girls, not only were the cakes, drinks and candies energy sources for recuperation, but they were also treats to celebrate their gain of knowledge of how they, as very young women, were able to take control of their own health and keep health risks at bay.

Along with the reminder to participants to note the dates for the second and third injections in the coming six months, this wrapped up the first injection day of the programme, which was a fruitful, promising start of the endorsement of women's health among primary school students, parents and teachers. The betterment of young girls and their parents' concepts of their ability in sustaining good health and early vaccination were envisaged.

**Ms Jaime Chung**  
HKU Medicine Year 3

## Health Update

### Stress Management for Modern Day Women

**Dr. KAN Chung Sing**

*Specialist in Psychiatrist*

*MBChB (HK), MRCPsych (UK), FHKCPsych, FHKAM (Psych)*

Do you know the divorce rates for female and male doctors? Would you guess men having divorce rate higher than women in the field of medicine?

Well, there was a recent research in British Medical Journal (published 18.2.2015) talking about divorce among physicians in the United States. It is a retrospective analysis of census survey of the year 2008 to 2013. The sample size is 48881 physicians. It found that **female physicians got higher prevalence of divorce** than their male counterpart. It is partly attributed to the differential effects of the hours they worked.



*Dr. KAN Chung Sing*

Living in a busy cosmopolitan city like Hong Kong is stressful for everyone. As women, we frequently take up **multiple roles**: as daughters and siblings of the maiden family, wives and in-laws of the husbands' family, mothers to our children, and career women in the multidisciplinary team in the hospital. Moreover, we being **Chinese** ladies would be expected to take care of **family** issues like care of parents-in-law and childcare. Being women doctors in a male-dominated medical field, we need to work harder to achieve. Fortunately, we got maids to help us but there is only twenty-four hours a day. So, we have to be **multi-tasking** all the time. Though there is movement urging everyone to live in slower pace, like taking food slowly and walking slowly to enjoy life and reduce stress, I wonder we lady doctors could do it in the way the movement suggests.

#### What is Stress

Stress was coined by Hans Selye in 1936 and defined to be 'the nonspecific body response to any demand for change'. Stress can be objective, subjective and relative. It could be arisen from intrapersonal or interpersonal. The stress could also be from the family, society or culture. However, in the end of the day, it is how we **perceive and react** to it that counts.

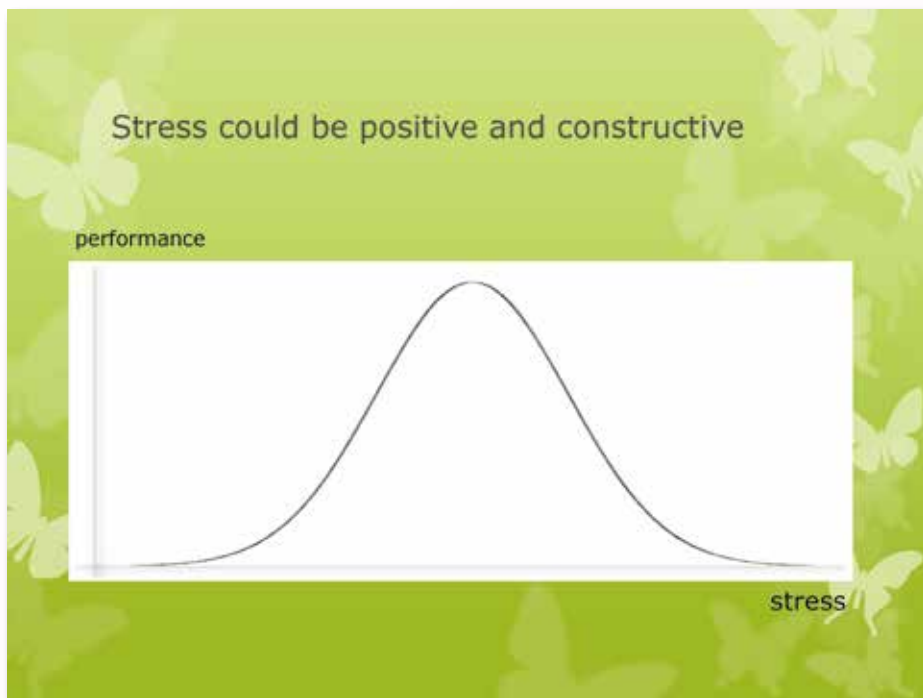
When we react to stress, the acute physiological response would include activated sympathetic outflow and increase adrenaline secretion from the **adrenal gland** leading to the fight-flight response. But when stress becomes chronic, there is activated **hypothalamus-pituitary-adrenal axis**, namely the **stress hormone (catecholamines, glucocorticoids, growth hormone and glucagon)** would increase secretion and the effectiveness in cellular level, together with **insulin resistance**. In the immunological aspect, there is increased **immunoinflammatory activation** like the secretion of **interleukins and cytokines (IL-1, IL-6, cytokines and TNF- $\alpha$ )** and it would manifest as **sickness behaviour** with fatigue, decreased appetite and interest, weakness and decreased self-care. Therefore, your friends and people around you would notice you being under stress as you have tiredness, restlessness, worries, tearfulness, irritability, poor concentration, inability to decide, and avoidance of difficult situation. You may note your heart rate and breathing speed up, perspiration, headache, lack of appetite and insomnia.

However, as what we learnt in our undergraduate days, a little bit stress could be positive and constructive leading to improved performance. However, it is the critical point that we get over and then tumble. So, **how could we know when it is the critical point?** Firstly, education leads to **knowledge and understanding about we ourselves**.





Secondly, **the past predicts the future**. Last but not the least, **be mindful** (this is the trendy word nowadays in psychology and psychiatry fields) of yourself, that is the mental and somatic symptoms you feel.



### The Major Stressors at Work in Hong Kong

The below tables depict the major stressors at work in Hong Kong, namely lack of autonomy, interpersonal conflicts, work/family conflicts, job insecurity, emotional labour demand, workload, physical work condition, organizational climate and organizational constraints. From these factors, we can see that the **control, conflicts and emotional demand** are those from within oneself relating to coping and resilience while other factors are from job environment and so on.

Major Stressors in Hong Kong	
<b>Workloads</b>	
<ul style="list-style-type: none"> <li>Meeting tight deadline</li> <li>Over-load or under-load</li> <li>Frequent changes in day/night shift</li> <li>Working hour too long, insufficient rest</li> </ul>	<ul style="list-style-type: none"> <li>Routine and miscellaneous job</li> <li>Limited control on job priority</li> <li>Jobs related to conflicts, violence, deaths</li> <li>Great responsibility, enduring concentration at work</li> </ul>
<b>Lack of autonomy</b>	
<ul style="list-style-type: none"> <li>Ambiguous responsibility assignment, employees are confused</li> <li>Employees taking several roles, some of which are conflicting</li> </ul>	
<b>Interpersonal conflict</b>	
<ul style="list-style-type: none"> <li>Lack of colleague support</li> <li>Conflicts with clients</li> <li>Conflicts with supervisors/subordinates</li> </ul>	<ul style="list-style-type: none"> <li>Workplace violence</li> <li>Lack of human contact or communication</li> </ul>
<b>Physical work conditions</b>	
<ul style="list-style-type: none"> <li>Noise</li> <li>Dim or strong light</li> <li>Messy and tiny working space</li> <li>Poor air quality and uncomfortable temperature</li> </ul>	<ul style="list-style-type: none"> <li>Dangerous working environment</li> <li>Contact with dangerous or radiation materials</li> <li>Workplace design leading to improper physical position</li> </ul>



### Women vs Men Doctors

A paper in the Journal of American Medical Women Association written by Linzer M & others (2002 Fall, 57(4):191-3) compared the sex differences in Physician burnout between the United States and the Netherlands. Actually there was no significant difference in the Netherlands but the United States. Female got **higher burnout** than male. Women doctors **worked fewer hours** than men but they had **less work control**. A study in Stress & Health (vol. 27, issue 1, pages 73-87, 2/2011) tried to find out the predictive value of individual factors, work-related factors, and work-home interaction on burnout in female and male physicians. This longitudinal study in Norway revealed the differences between men and women in the pattern and strength of significant effects, namely **workload in men** predicts burnout while **work-home conflict in women** does so. The common factors in predicting burnout would be **job performance-based self-esteem, goal orientation, value congruency, autonomy and work-home facilitation**.

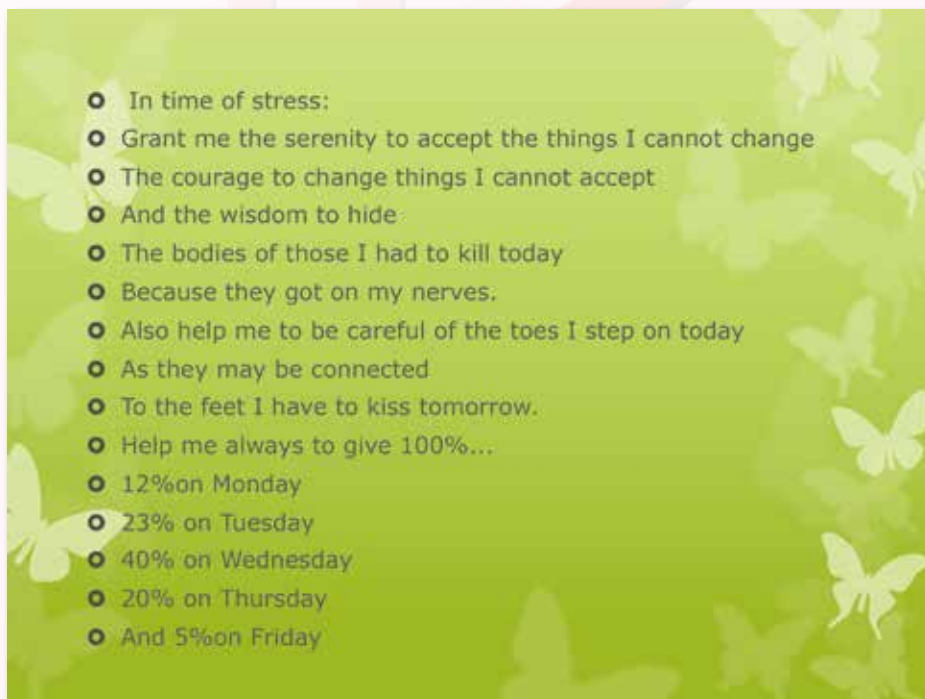
From these analyses, we could see that female doctors in Hong Kong would be under stresses from work and family while gender discrimination may be a significant factor noted at work.

### Work Stress Management





There are ways that organizations like Hospital Authority would help out in the work stress management, like support (OASIS), team spirit (team building activities within hospital) and so on. OASIS is the official counselling service for staff working in HA and the staff needs no referral to see the clinical psychologists working there totally free of charge at their working hours. OASIS would also launch some education talks, workshop etc to educate staff in issues relating to work related stresses, stress management and relaxation exercise etc. However, individual differences such as **resilience, optimism, self-efficacy and locus of control** do contribute and predict the eustress and distress leading to positive or negative **coping strategies**.



We lady doctors should try to have first detection of stress response (whether it is excessive or prolonged), secondly management of the physical and psychological aspects of the stress response, and lastly resilience training.

Management of the physical aspects of the stress response, like palpitation, increased blood pressure, poorer immunity, insomnia, anorexia, weight loss, headache, pain symptoms, ulcer pain, exhaustion, tiredness and so on, would involve a **structured daily life** with adequate time for **rest and food**, regular **exercise** and **relaxation** training. Having a rest not only is the daily sleep but also **episodic rest** of your mind and body, like taking half-day off to have a cup of tea with your friends or going to the park for breathe-in space. If a day is busy, a **power nap**, a short **yoga** session or **meditation** would be good for your mind and body. Exercise is good for improvement of your physical health and increase of endorphin to improve your mood.

It is easier to detect physical symptoms of being stressed out but not the emotional responses. In our clinical work, we note the life and death experience of our patients but not our feelings about it. We **tend to suppress and disregard our emotions**. Being an adult and a clinician, lady doctor tries to cope with her positive and negative emotions by **denial** so as to be **professional**. But is it alright for us? Why not try to cry, to hit, or scream when we are frustrated, angry, depressed or overwhelmed?

Nowadays, we advocate **resilience training** to boost up our immunity against burnout. More or less like rehearsal for earthquake, we need to have regular exercise to prepare for ups and downs. Taking time to compete to lose or win means you would undergo **training for acceptance of failures and success**, so that your resilience would improve. Finding time for the family life and for childcare would be difficult at times but it would be more difficult to accept things going wrong, like your children's schooling results after putting in your precious time to revise books with them. So, **take your time and understand things may not go right all the time**.

This is the summarized table for our stress management for lady doctors.

## strategies

- Source of stress: **change** working environment, setting task priorities, time management
- **Adaptation**: face the reality, reasonable expectation
- **Reduction** of stress bodily responses: rhythm(work/play/rest) and balance, exercise, food, ventilation, social buffer
- **Change mind set**: perfectionistic, obsessive, time urgency, self-criticism, keep asking why me, blaming, seeing every task as risky but not challenging
- At times, give self some small praise/gift/space

Remember it is not the stress we need to reduce; it is the **perceived stress** which makes us suffer. So be **mindful and change your mind set**.



## Youth Column

### Glassy- Eyed Reflections

Having withstood the temptations of service trips for fear of failing Specialty Clerkship, it was only lunching with Dr Callie Ko and other students as part of the HKWDA Mentor Mentee Program and hearing about her stories of the Orbis Flying Eye Hospital that inspired me to simply get up and go. Armed with that much-needed push through the doors of Queen Mary Hospital, I set off with fundoscope in one hand and stethoscope in the other (no harm getting some clerking done along the way!) for a program offering cataract operations at fifty dollars each to the under-served in Meizhou (梅州), China.

Not knowing what to expect at seven in the morning on my very first day, I arrived Yue Dong Hospital only to find myself engulfed by hordes of villagers who had long since arrived from towns as far as three hours away - every one of them anticipating an end to what must have seemed like a lifetime of stumbling through haziness (walking into pillars/people bleary-eyed). As I maneuvered my way through clans of anxious relatives, taking in the hopeful smiles of cloudy-eyed patients while being careful not to step on the plastic water buckets strewn across the floor (the use of which I will divulge later), it soon became apparent to me that screening them for hospital admission was just one single step out of a service line that had started long before I came, beginning with recruitment and preliminary rounds of assessments in remote villages scattered across the province. Most important of all, seeing how far these patients have come both figuratively and physically with the help of so many volunteers ahead of me opened my eyes to the impact of our responsibilities in pre-operative assessment. Determined to retain as many of our recruits as is medically possible, I set up camp at once with my blood pressure monitors, Snellen charts and hemesticks, and opened the doors to the first surge of eager patients. Let the screening begin!

The remaining hours of the morning would be spent in useful employment, rotating feverishly between performing health checks and shuttling patients from room to room. And yet, amidst all this enthusiasm flowed an undercurrent of uneasiness, with the fear of being rejected for surgery looming over the patients' families as they paced back and forth along the corridors outside the assessment rooms. Inside, any apprehension the elderly might have felt translated into the all-trusting, polite smiles they gave me as they held my hands in gratitude. To them, we represented their final hurdle, the key to the only source of light they could afford. At that moment, my heart sank as their systolics rose and rose against my will, and out of desperation more than anything else, I helped them take off as many sweaters as I could, leaving their arms bare but for the thin traditional cotton shirt most Hakka women wear. Knowing full well the futility of my request, I asked them to relax and wait for a second measurement before turning to the next batch of nervous-looking patients. When it was clear that, after persistent attempts, white coat jitters was only the tip of their hypertensive iceberg, we had no choice but to bid them farewell, our parting words of encouragement to seek proper medical advice met by nothing but a dejected nod.

Seeing off successful recruits as they were escorted upstairs to prepare for surgery with buckets in tow (it didn't take me long to discover its use as a suitcase for pajamas and other inpatient amenities) would always be my happiest memory of the trip; I experienced the sweetness of fulfillment that could only come from having a role-however small- in helping people see properly again. However, subsequent thoughts of having singlehandedly let down the



unfortunate only sought to pick apart that fragile sugary coating, leaving me with nothing but a bitter aftertaste. Having to operate on the same level of optimism for each of the patients in this never-ending line became increasingly difficult as the number of rejections rose. What only took half a day from start to finish would already feel like a lifetime, and each new day became a mental exercise in itself. On the final day of service the defeatist gnarl in my stomach hit home, and for the first time, I learnt of the weight medical professionals, or ophthalmologists in this case, carry upon their shoulders in face of unpleasant situations.

It was not so much the success cases as the rejections that made me feel acutely the ridiculous sense of entitlement many in Hong Kong possess (including myself). With all the positivity I had hinging on a situation beyond my control, I was starting to understand how much more of a roller coaster ride it would be for me emotionally as a future doctor. Visiting newly recovered patients only served to give momentum to a cruel descent as I hurtled down from the peak of satisfaction upon seeing failed recruits stumble home empty-handed. I would have easily fallen into a pit of cynicism, were it not for the wise words by doctors at the Careers Talk organized by the HKWDA. In preparing us for the ups and downs in this field, they warned us not to fall prey to disillusionment, and instead, make the most out of it and bring home as much happiness as we could find. Sad as it was that some patients were turned away, it was comforting to know that we conducted what might have been their first ever body check, and helped them uncover previously undiagnosed hypertension!

Re-embracing the serenity Queen Mary offered after a tumultuous ride in Meizhou was nothing short of surreal. In just four days, the cataract program provided over sixty villagers with a whole new standard of vision. What's more, it made me see the light.

**Alison Lam**  
MBBS Class of 2016

## Association News

### Seminar on Overseas Education 22 Nov 2014

The seminar on Overseas Education was successfully held on 22<sup>nd</sup> November, 2014. We have invited Miss Vivien Tse, Education Manager of Apollo Learning to share her experience and tips on “How to get into a good university overseas”. This seminar was targeted to members and friends of HKWDA who may send their kids to receive higher education abroad. The first step is to choose the right university and the right subject. Not only academic results are important, but also well-written personal statements can additionally impress others about non-academic achievements.



*Souvenir presentation to Miss Vivien Tse by Dr Fiona Luk*



## Pistol Shooting

There are very strict restrictions that govern the possession and handling of firearms in Hong Kong. Yet shooting is a well-recognized Olympic sporting event.

We were very lucky to receive help from the Hong Kong Gun Club <http://hongkonggunclub.com>

A one-day introductory course to pistol shooting exclusively for HKWDA with 10 precious quotas was organized on 24/1/2015 (Sat). More people would like to register if the course were not held on a Saturday.



*It was a properly designed course. Instructor Mr. Danny Ying taught us the basics first in the classroom. Safety aspects were emphasized.*



*Then it came the highlight of the day – shooting a real .22 pistol.*



## Here are what some of our participants said:



*Dr. Jane Yeung (Ophthalmology): a cool sport*



*I'm proud of my first 10 shots, all on target!*



*Dr. Christie Chong (Psychiatry): It is never too late to learn new things*



*Dr. Jenny Shum (Ophthalmology): Exhilarating and fun experience shooting a pistol for the first time!*



*Dr. Grace Wong (Anaesthesia) :*  
很開心被邀請，一般人很少機會接觸的射槍活動  
準備時很緊張！  
描準時要有耐性和平靜的心境，當試過後，太開心，想像不到原來自己也可以  
只是希望下次女醫生協會可以再次舉行這些活動

It was an unforgettable day. Definitely we are looking forward to organizing another similar course to introduce this exciting, special sport to more friends and colleagues.



# 多與孩子在一起 - 張意靈醫生

## Spend Time with Your Child

Dr. Florence Cheung

[www.florencecheung.com](http://www.florencecheung.com)

獨子年幼時，我因忙於診所的工作，因而疏忽了兒子，全賴外傭和KK工餘照顧他。

移民澳洲的第二年，我需要與當時只有五歲的兒子單獨居住。雖然我在安排孩子入學、考車牌及重新在醫院實習方面遭遇不少困難，但我可以有比在香港更多閒餘和他去買他愛吃的東西、去公園玩、上圖書館、床邊講故事及教他彈鋼琴等等。我慶幸有這一年。

兒子很溫純，他知我失眠易醒，早上我起床前他總是靜悄悄的。在澳洲某個早晨，我帶著惺忪的睡眼從床上爬起來，趕著在上班及送他上學前弄早餐，當我走入廚房時，竟然看到已有兩份香腸及麵包放在焗爐旁邊，原來是兒子踮著腳在小板凳上打開冰箱拿出來的，而他則在房內靜靜地看圖書...每次回想此事時，我心底總泛著暖意；而執筆此文時更是熱淚盈眶了。

可惜回港後，我又再全時間投入診所工作，此時KK也開始了他的私人執業，兒子放學後單獨在家的時間比移民前更長了。兒子能夠沒有大的行差踏錯，實在是非常感恩的。

*你的時間，是你送給孩子最好的禮物。*



孤獨的孩子 *The Lonely Child*

# 讓孩子高飛 - 張意靈醫生

## Let Your Child Fly

Dr. Florence Cheung

[www.florencecheung.com](http://www.florencecheung.com)

兒子離家到美國求學，轉眼快要十年了。

兒子很孝順，這些年來他都儘量每週兩次在約定的時間內和我通電話，省了我的担心和惦念，這是非常值得感恩的。

留學的頭七八年，兒子回港的次數很疏，而每次停留的時間也不長。當我身體健康時倒也不太懸念，KK和我寧願自己去旅遊，也絕少在學年中間到美國探望兒子。我們各忙各的，定時通了電話就放心了。

2013年我腰患復發，住了個半月醫院病情仍不甚好轉，那時家裏已再沒有了笑聲。某日我和同樣在美國留學的未來媳婦通電話時，得知兒子為我的疾病很担心，我得悉後非常難受。掛上電話後我撫摸著兒子的大學畢業照片痛哭，心想我為什麼那麼不小心身體，竟要遠在美國的兒子為我擔憂？

*不要怪責自己了，讓他學習面對父母的老病和死亡吧。*

如今已是2015年了，我手術後病情更轉複雜，心裏渴望兒媳在博士畢業後回港工作。但是兩人修的是尖端科學，立意繼續在大學內工作，新畢業生很難在港找到合適的職位，反之留在美國則有更好的機會去繼續做研究來累積學問；況且他倆現時在彼邦生活也頗愜意。

但我病重，我很想念很想念兒子...

*他倆已憑努力成功完成學業準備開展人生的另一階段，你若愛他們，要放手讓他們走自己的路，免他們日後後悔和不開心，甚至怨恨你。*

若我病重難受時，我很想兒子能留港一段長時間來照顧我...

*要記著兒子已結婚了，二人若因分隔太久產生感情問題，你忍心危害兒媳的幸福嗎？*

*愛是恆久忍耐，又有恩慈；...不求自己的益處...愛是永不止息。-----聖經哥林多前書13章*





## Members List

The Board of Directors approved, on recommendation of the Membership Committee, the following applications for membership on 15 Jan 2015, 12 Mar 2015 and 20 May 2015 with Directors' Board Meetings:

Name in English	Name in Chinese	Specialty	Employment
<b>Life Members:</b>			
NGAN Yuen Sheung Hextan	顏婉嫦	Gynaecology Oncology	HA/University
TSE Ka Yu	謝嘉瑜	O&G	HA
LAW Yun Pui, Jessica	羅欣珮	O&G	HA
<b>From Full Members to Life Members:</b>			
CHAN Kar Mun Carmen	陳嘉敏	Ophthalmology	HA
FONG Hon Chi, Angie	方瀚芝	Ophthalmology	HA
<b>Full Members:</b>			
TSOI Wai Ki	蔡蔚杞	Internal Medicine	HA
WONG Lai Sze Grace	黃麗詩	Anaesthesiology	HA
KWOK Lan	郭蘭	GP	Private
<b>Student Members:</b>			
NG Shu Man Carmen	吳樹泯	N/A	HKU Medical Student -Year 4
TSANG Chi Yau Alice	曾子柔	N/A	HKU Medical Student -Year 4
LEE Wah Yan	李樺欣	N/A	HKU Medical Student -Year 3
MOK Tsz Hing	莫紫馨	N/A	HKU Medical Student -Year 2
YOUNG Yee Man, Catherine	楊綺文	N/A	HKU Medical Student -Year 3

## Friends of HKWDA

The Board of Directors approved the following applications for "Friends of HKWDA" on 15 Jan 2015 and 12 Mar 2015 with Directors' Board Meetings:

Name in English	Name in Chinese
CHAN Sui Cho	陳遂初
YEUNG Yan Yan, Annette	楊欣欣

## Board Member on Duty

### Dear Members,

To enhance communication between members and our Board and Committees, you are invited to share any comments with us. Please feel free to contact our Board Members on Duty so that we can improve our services and most importantly, cater for your needs. Our email is <http://www.hkwda.com/>:

1<sup>st</sup> May 2015 - 31<sup>st</sup> Jul 2015 Dr Callie Ko

1<sup>st</sup> Aug 2015 - 31<sup>st</sup> Oct 2015 Dr Fiona Luk



Dr Callie Ko



Dr Fiona Luk

## Year Planner

Date	Event
7 March 2015	第八屆香港傑出婦女義工頒獎禮午宴
12 March 2015	57 <sup>th</sup> HKWDA Board Meeting
14 March 2015	HPV Vaccination Program - Tin Shui Wai
15 March 2015	Voluntary Medical Service of Tzu Chi Foundation (HK) in Shamshuipo
15 March 2015	FMSHK 50 <sup>th</sup> Anniversary Gala Dinner
16 March 2015	HKWDA Submission of Comments on Public Consultation on Voluntary Health Insurance Scheme (VHIS)
27 March 2015	香港工商婦女紀念“三八”國際婦女節聯歡宴會
18-19 April 2015	Shenzhen Exchange Trip
18 April 2015	Sponsorship Programme for the Butuo Girls Class - Sponsors' Gathering & Sharing
24-26 April 2015	2015 Western Pacific Regional Conference of Medical Women's International Association - Taiwan
April - October 2015	Supporting organization to The Hong Kong Breast Cancer Foundation's 10 <sup>th</sup> Anniversary Campaign
9 May 2015	HPV Vaccination Program - Sham Shui Po
10 May 2015	Co-organizer of The Hong Kong Qigong Health Day 2015
20 May 2015	58 <sup>th</sup> HKWDA Board Meeting
26 May 2015	HKWDA Doctors Lunch Gathering
9-15 June 2015	香港專業女性甘肅考察團
26 June 2015	59 <sup>th</sup> HKWDA Board Meeting
4 July 2015	Charity Bowling Fun Day
11 July 2015	HPV Vaccination Program - Tin Shui Wai
31 July 2015	HKWDA AGM cum Annual Dinner
20 September 2015	Supporting Organization of the Globe-athon Hong Kong 2015 Charity Walk
September/October 2015	Caritas Secondary School Onsite HPV Vaccination Program - Education Talks
October/November 2015	Caritas Secondary School Onsite HPV Vaccination Program - Vaccination
November 2015	HPV Vaccination Program - Sham Shui Po

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Dear Members,

If you are interested or have talents in editing or computers, you are most welcomed to join our Internal Communication Committee.

Please contact [hkwda@hkwda.com](mailto:hkwda@hkwda.com)