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HONG KONG WOMEN DOCTORS ASSOCIATION
香 港 女 醫 生 協 會

President's Message

Complimentary N95 masks for HKWDA members

It has been a very difficult time for everyone in the last two months. I am so proud of our members and friends who work in the frontline to protect the health of Hong Kong people. Our healthcare workers are under great stress and heavy workload in fighting Covid-19. Having gone through SARS seventeen years ago, Hong Kong reacted quickly to the threat of Covid-19. From individuals' self-protection to the government's policy on travel restriction, we all play our parts in guarding the health and well-being of ourselves, our families and our community. Two months ago, we were saddened by the deaths and sufferings of Wuhan's residents and we worried about the epidemic of Covid-19 in the Mainland. At the same time, we also witnessed the courage, determination and unity of our Mainland healthcare professionals, and the tenacity, patience and kindness of many ordinary people. We share with our international friends China's medical publications on Covid-19, hoping that the hard-earned experience of China could prevent further sufferings and save lives in other parts of the world.

Thinking of our members in this critical time, our Board have initiated a Care for Members program to show our support and appreciation to our frontline members, where we send beautiful posters with positive messages to our members and friends every two to three days. Some members, including medical students, have written back to us with encouraging words as well. Besides psychological support, we collected N95 masks from private donors and have offered these complimentarily to our members. Special thanks to our Welfare and Fellowship Committee which planned and carried out the logistics of this program.

Our HKWDA Charitable Foundation held its Annual General Meeting in October 2019. The term of the last Board of Directors had expired and a new Board was inaugurated. I would like to thank Dr. Winnie Mok, Dr. Victoria Wong and Dr. Mona Lam for their contributions to our Foundation over the past years. These three were the founding Directors who had helped in developing the system and methods for raising funds for the Foundation. In the meantime, I would like to welcome our new Directors Dr. Loraine Chow, Dr. Sharon Chow and Dr. Wong King Ying.

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The main project of the HKWDA Charitable Foundation in the coming year is a Charity Dinner which aims to raise funds for health education and screening for marginalised and underprivileged women in Hong Kong. The Organizing Committee of the Charity Dinner is led by Dr. Loraine Chow and Dr. Sharon Chow. We were pleased to receive an enthusiastic response from donors and members soon after the announcement of the event. However, the date of the Charity Dinner, which was initially set in March 2020, has been postponed due to the Covid-19 threat. I hope the situation will improve in the near future and we can all attend the Charity Dinner with joy and relief.

Our world is small and interconnected in many ways. Covid-19 may have humbled us, slowed us down and made us 'stay at home' while scientists and healthcare professionals race against time to control the pandemic and save lives. But we are closely connected by friendship and we bring love and hope to places we reach out to. This is a challenging time but I believe solidarity will help us win this war against Covid-19 as we share the same human destiny.

HKWDA Annual General Meeting cum Annual Dinner 2019

Dr. Cissy Yu
President of HKWDA

Someone who cares for you needs your care too

For a great majority of women doctors, foreign domestic helpers are an integral part of family life. We rely on domestic helpers to take care of the younger and older members of the family, not to mention the household chores of cooking and cleaning. In Hong Kong, there are more than 380,000 foreign domestic helpers and about half of them are Filipinas. We organised and held a health check event for them, in collaboration with the School of Public Health (SPH) of the Chinese University of Hong Kong on 12 January 2020. Professor Eliza Wong of SPH pioneered research on human papillomavirus (HPV) self-sampling in female sex workers in Hong Kong in 2009.

This health check event for foreign domestic helpers was a pilot project with two parts. In Part A, Professor Wong herself gave a briefing on HPV self-sampling and her team distributed kits for HPV self-sampling, together with information pamphlets. Some participants took the sample on site while others preferred to mail the sample to SPH later with the envelope provided.

In Part B, 2 doctors, 1 dentist and 4 nurses from HKWDA conducted a health check for Filipino domestic helpers from different self-help groups, formed according to their different native origins in the Philippines. Apart from basic height and weight measurement and calculation of body mass index (BMI), blood pressure was checked and finger prick tests for glucose and cholesterol were performed. Table 1 shows the BMI distribution of the 30 Filipino domestic helpers as compared with the Chinese population in Hong Kong. Of the 9 (30.0%) participants found to have elevated blood pressure, only 5 had BMI greater than 23. This is consistent with the findings of a study[1] in Quezon City of the Philippines showing a high prevalence of metabolic syndrome in people of normal BMI. Regarding finger prick test for glucose, only 2 participants had abnormal results. However, 14 (46.7%) participants were noted to have elevated cholesterol. As the finger prick result indicates total cholesterol only, those with elevated levels had been advised that formal blood testing at clinics on high-density lipoprotein (HDL) cholesterol and low-density lipoprotein (LDL) cholesterol would be needed.

Table 1: Distribution of body mass index (BMI) in the 30 participants

BMI	Participants		HK Chinese population[2]
18.5 to <23	15	50.0%	50.4%
23 to <25	6	20.0%	18.1%
25 to <30	9	30.0%	20.7%
>30	1	3.3%	

Initially we planned to organise similar events for more Filipino domestic helpers after this pilot project. Now we have to wait till the COVID-19 pandemic slows down. Nevertheless, this pilot project with a small sample of 30 ladies shows that a substantial proportion are at risk for cardiovascular disease.

Dr. Lowina Tse

Reference:

1. Jasul G Jr. Prevalence of Metabolic Syndrome and its Individual Features Across Different (Normal, Overweight, Pre-obese and Obese) Body Mass Index Categories in a Tertiary Hospital in the Philippines. Journal of the *Asean Federation of Endocrine Societies*. 32;2 (2017)
2. Centre for Health Protection, Department of Health, the Government of the HKSAR. Classification of weight status for Chinese Adults in Hong Kong. April 2016

Blood pressure measurement by Dr. Lowina Tse

A briefing given by Professor Eliza Wong

Visit to the Hong Kong Children's Hospital on 28th September 2019

The Hong Kong Children's Hospital (HKCH) is a tertiary referral centre for complex, serious and uncommon paediatric cases requiring multidisciplinary management. HKWDA had a chance to learn about Hong Kong's brand new children's hospital on a visit on 28 September 2019. Ten members and friends of the HKWDA attended the visit.

The HKCH is situated in Kai Tak on the future waterfront promenade. A Central Rehab Garden and ample greenery lead into the two main blocks with colorful, sun-lit and spacious foyers.

In the Simulation Training Centre, members enjoyed the walkthrough exploring the amalgamation of technology and instruction. In addition to providing procedural training for doctors, it also provides simulations of the operation experience for child patients and their parents to allay their fears and mentally prepare them before undergoing operation.

We visited the Laboratory for Newborn Screening for Inborn Errors of Metabolism, where we learnt about the screening program for Inborn Errors of Metabolism, covering a multitude of diseases such as maple syrup urine disease and phenylketonuria, conditions which may cause serious consequences like intellectual disability and organ failure if left untreated. It requires a complex chain in the logistics of the screening and analysis, with an aim to getting results and reaching specialist assessment within 14 days of birth before symptoms arise. The HKCH provides laboratory support, facilitating early diagnosis and follow up of identified cases for timely treatment.

We visited an inpatient ward and were impressed by the care taken in the cheerful décor and design to provide a comfortable, child and family-friendly environment, which helped to reduce anxiety in young children. Leisure and learning facilities were integrated to create a home-like environment as young patients spend a lot of time on the wards. Parents' Quarters were available for overnight stay for parents caring for their children.

Members and friends appreciated the opportunity to visit this child-oriented and family-friendly centre of excellence.

A miniature model of HKCH

Animal decor on the ward

Automated delivery system for sending specimens to the laboratory

Central Rehab Garden

HKWDA members and friends in the HKCH foyer

A tour of the Simulation Training Centre given by Dr. Bill Chan, Consultant Paediatrician

Laboratory for Newborn Screening

Waiting area

Ward with beds for parent and child

Room for leisure activities

Dr. Victoria Tang

Last summer, the Medical Women's International Association (MWIA) turned 100 years old and a big Centennial Congress was held at its birth place of New York City on 25-28 July 2019. Over 1100 participants from all over the world attended this conference, including HKWDA's delegation of five members and five medical students. We selected two student reports on the Centennial Congress to share with readers in this issue.

Report by Emily Wai Yin LEUNG

I'd always liked to joke at social gatherings that I was born to be a feminist - a female born on March 8th, International Women's Day - a day that is meant to celebrate the existence of and work achieved by women given the historical oppression they've faced. Yet, trust me - you'd be surprised by how many male friends have told me they don't understand why there is this need or why there isn't a day that celebrates men exclusively as well. Though I have been joking about being born as someone who has advocated for women's rights her whole life, stories I've heard time and again, especially at this Centennial Congress of Medical Women's International Association in New York City in July 2019, would certainly have shaped me into one anyway.

The conference kicked off on the night of July 25th with a series of ethnic celebrations of the different countries that were present – and it was incredible – there were at least 30 different countries ranging from Korea to Germany to Ghana. As part of a delegation of 10 students and physicians representing the Hong Kong Women Doctors Association, we proudly shouted "Hong Kong" to make ourselves heard. That was truly the first moment in the conference when I understood the importance of a channel such as this to bring together like-minded women's advocates in the same room to instill empowerment in each of us. In the days that followed, I attended various breakout sessions that touched on gender equity, work-life balance, violence against women and maternal health. Many speakers gave impressive presentations, speaking of the unique challenges faced by female physicians based on their respective country. The United States, as advanced as it may appear to everyone in terms of social issues, does not have paid maternity leave written into law, making it the only developed country in this world to lag behind in this aspect. This stands in stark contrast to France, for example, which offers up to one year of paid maternity leave. In addition, it is not unheard of that female medical students have been actively discouraged from pursuing surgery as a specialty because it is historically male-dominated. Even more outrageously, four major medical schools in Tokyo have been exposed for purposely lowering the entrance exam scores of female medical students so as to admit fewer of them. In this case, we see that a country's cultural perception of gender roles plays an important role, because Japan traditionally places women's value in the household and not in the workplace.

In spite of all these stories that tell me that, in this day and age, gender discrimination, often in subtle ways, is well and alive in every corner of this world, it turns out that there exist studies published in journals such as the *Lancet* demonstrating that male and female patients alike survive longer and with better health outcomes had they been treated by a female surgeon/physician rather than a male surgeon/physician. This was honestly just shocking to me! We also know from other studies that more female presence in a corporate company's executive board raises morale and brings in innovative changes. We can speculate about the many different reasons for such observed phenomenon – maybe women are more empathetic listeners and more careful in handling interpersonal relationships and conflict. Either way, it tells me that it's time to use this evidence to raise awareness beginning at the medical student level everywhere to change hearts and minds before we enter the working world, especially for male students.

And with the generous funding support of the Hong Kong Women Doctors Association, I had this precious opportunity to network with students, residents and accomplished physicians (many of them immersed in the field of women's rights and health for decades) and exchange ideas. We are all agents of change, giving voice to this oppressed community and advancing the health of women overall. Aside from attending many workshops, talks, social networking events, I also presented an accepted poster abstract titled *A Mixed-Methods Study: Stress, Health Knowledge and Concerns of Female Foreign Domestic Helpers in Hong Kong*. My research is unprecedented worldwide as it focuses on multiple aspects of health concerns and needs of a unique but overlooked group of working ethnic minority women in Hong Kong – foreign domestic helpers. As we may already know, different subgroups of women face a separate set of challenges depending on the context.

And echoing the voice of many women I felt empowered by at the conference – I guess the answer to my male friends would be that women should never stop being celebrated as a community even when the day true equality comes.

Standing next to one of my poster judges who is an emergency medicine physician from Tokyo Women's Medical University

On the Gala dinner night the Hong Kong delegation all wore QiPao as a symbol of our Chinese ethnicity

A snapshot of our delegation in Times Square after a generous Italian dinner

A few of us had a great conversation with the great-great-grandniece of the famous William Osler, Gigi Osler (middle), who is currently the President of the Canadian Medical Association

Report by Kristy Hiu Ching YIM

The Centennial Congress of the Medical Women's International Association (MWIA) was remarkable for my personal growth in multiple ways. To celebrate the 100th anniversary of the MWIA, the conference was held at New York City, its birth place, on 25th to 28th July, 2019. It was an honour to be amongst inspiring women physicians who gathered from all over the world to celebrate women in medicine.

The storied list of distinguished guests and plenary speakers was the gem and highlight of the Congress. It was a lifetime privilege to listen to Gloria Steinem, one of the world's most influential feminists, on her perspectives on gender, equality and leadership. Another thought-provoking session was by the founders and members of TIME'S UP Healthcare. The healthcare chapter stemmed from the #metoo movement that sparked worldwide reckoning on sexual abuse and the gender gap in the workplace in 2017. Other breakout sessions and workshops covered a variety of topics, from women's health to LGBT medical care, from performance of female medical professionals to burnout and work-life balance. Every session was a fruitful learning experience comprising not only the latest research and evidence, but also serving as a professional yet comfortable platform that encouraged respectful discussion and sharing of personal stories on relevant social topics.

On the issue of gender inequality, it was an interesting observation at breakout sessions that the same problem, like "diseases", is manifested in various ways or "symptoms". This highlights the sociocultural diversity present in the room, for example, the exacerbation of intimate partner violence by firearm access in the United States or sociopolitical barriers to medical education of female students due to the insurgency in North Eastern Nigeria. The global perspective I obtained from many inspiring women that I met at the Congress prompted me to reflect on the challenges we face in Hong Kong, efforts that have been made and the next steps to be taken. I am truly humbled and empowered by these "Medical Women: Ambassadors of Change in a Challenging Global World" who put into practice the theme of the Congress, to think globally and act locally.

Despite widespread access to resources and rights to healthcare, Hong Kong's greatest problem lies in cultural and social aspects of gender inequality. One need not look further than the victim blaming tendencies in sexual violence cases or unfair accusations of impropriety towards public breastfeeding practice. On that note, I was thrilled to share my work on sexual violence in Hong Kong at the Congress. The poster titled "Health-systems response to Sexual Violence in Hong Kong" was a project inspired by my experience as a hotline volunteer for sexual violence victims at Rainlily. Preparing for the poster presentation was a valuable opportunity to explore scientific research from a whole new perspective while putting into practice evidence-based practice skills that I learnt from our medical curriculum. The presentation session flew by as I indulged myself in talking to physicians and fellow medical students from various countries about my project. Many of them gave me constructive feedback as well as insight into the role of health care in supporting sexual violence victims back in their home countries. I relish this rewarding experience of presenting my work at an international conference for the first time, and eagerly await similar opportunities, should they arise, in the future.

Besides breakout sessions, workshops and poster presentations, I also had the opportunity to attend the daily general assemblies of the MWIA, one of the oldest international professional organizations representing women doctors worldwide. Its service in history for supporting women in medicine and providing a community for them to share medical knowledge and collegiality internationally is carried on by dedicated committees and members from over fifty countries represented in the hall. The energy and camaraderie of this legacy was palpable, especially at the Centennial Gala where everyone in their national costumes celebrated cultural diversity and unity over great conversation and performances. It was strongly reminiscent of the mission of United World Colleges, my alma mater, only that the Centennial Gala exemplified the medical ethos. It was my utmost privilege to be a part of this international gathering, marking the MWIA's 100th birthday at its birthplace.

One of the most rewarding experiences from attending the Congress was meeting inspiring women in medicine. From Dr Gigi Osler, the President of the Canadian Medical Association to Dr Dara Kass, founder of TIME'S Up Healthcare, conversations with them after their breakout sessions were ever more empowering and put my areas of interests into perspective. At a meeting with yMWIA (Young MWIA), the special interest group for young female doctors and medical students, I was delighted to meet medical students, interns and junior residents from the United States, Taiwan, the Netherlands etc. I particularly enjoyed this platform where as younger members of the Congress, we were encouraged to share our experiences and had our voices heard and questions answered by the MWIA leadership. I am also grateful to be a part of the Hong Kong delegation formed by the Hong Kong Women Doctors Association (HKWDA). Their guidance and support throughout the Congress enriched my learning as we shared hearty discussions over topics covered with input from various specialties and interests. Moreover, through their great hospitality in welcoming new member countries to MWIA, I had the pleasure to meet teachers and physicians from Beijing, who made great effort promoting China as a new member of the Association and shared insightful experiences of their practice in the Mainland. It was an invaluable opportunity to meet like-minded doctors and doctors-to-be who share my passion in gender equality and women's health.

The conference experience at NYC would not be complete without a picture at the Brooklyn Bridge. I was pleasantly surprised by the hospitality of New Yorkers and enjoyed a great conversation with a local stranger over coffee and a slice of New York cheesecake during my visit to Hudson Yards before heading back to Hong Kong. This eye-opening opportunity to attend the MWIA's Centennial Congress undoubtedly reinforced my passion for the advocacy for women's health and gender equality. My deepest gratitude to HKWDA for their generous support in making this wonderful learning experience possible.

Dr. Kai N. Cheong

Dr. Kai Ning Cheong is a specialist in Paediatric Immunology, Infectious Diseases and Allergy, with interest in Paediatric Rheumatology. In 2016, she realised her dream of working with Médecins Sans Frontières (MSF) in South Sudan, managing two paediatric field hospitals during the civil war. After attaining her Fellowship in Paediatrics in 2017, she was awarded the Bill Marshall Memorial Fund Fellowship for a year of overseas training at Great Ormond Street Hospital in the UK - in the fields of Rheumatology, Immunology, Infectious Diseases and Bone Marrow Transplantation / Gene Therapy. She currently works as an Associate Consultant at both Queen Mary Hospital / University of Hong Kong and the Hong Kong Children's Hospital, where she has led a small team to successfully implement an innovative, one-stop, holistic, and truly integrated multidisciplinary service model for Rheumatology patients. She has also since 2014 co-founded and run a successful partnership program to help offset long waiting times for urgent imaging in the public sector (Queen Mary Hospital and Tuen Mun Hospital), with charitable donations of free and urgent imaging services / drugs from the private sector (Hong Kong Adventist Hospital), to bridge the gap between public healthcare needs and private healthcare resources. Medical and humanitarian work aside, she is an avid writer, cook, and traveller. I am grateful to my friend Dr. Cheong for taking time to share some of her experiences with our readers.

What first drew you to a career in Medicine, and later Paediatrics?

I think in the beginning I had only a vague understanding about what practising Medicine meant. Graduating from high school I wanted to study something that was both an art, and a science; and I loved both. In the pre-clinical years, and with a lot of parental pressure, I really struggled with the decision to enter medicine so young. But with the understanding I have now, I think that sometimes in life it is not so much about the things we choose, as much as it is the things that choose us. It was also hard during internship years to know where you could fit in and truly be useful. Luckily for me, seniors at Queen Mary Hospital Paediatrics were extremely supportive from the outset, and gave me a job I will forever be grateful for.

Paediatrics is an incredible specialty. The team I have grown up with at Queen Mary Hospital is extremely detail-orientated and dedicated to their work, and I've been very inspired by the teachers and mentors I've had along the way. In Paediatrics, there is a full spectrum of diseases, and a universe of children to work with, from the age of pre-term babies 24 weeks-old, to kids 18 years-old. Every day is different and challenging, and children are incredibly adorable, smart, and resilient. We are all working with the family towards a common end goal, and after discharge, the kids are hopefully going to lead full and healthy lives. For those with chronic diseases, it's about optimisation of family dynamics, and providing the optimal multidisciplinary care and support possible. There is always a movement forward.

You had to overcome many obstacles to put your MSF plans into action. What made you so determined to go on your mission?

MSF was something I had always wanted to do. Even before medical school and definitely in my work thereafter, combating inequities to healthcare access globally has always been a personal passion and mission of mine. Women's health, educational progress and reproductive rights have always been important to me. MSF is one of the only non-governmental organisations (NGOs) that is truly impartial and independent, because more than 95% of its funding globally comes from private donors such as yourself and myself. Our motto is temoignage, a French word meaning to bear witness. Other than providing medical aid and humanitarian relief, we have a duty to advocate on behalf of our patients as well.

To qualify for a seat on the MSF plane is an incredibly long route. When you arrive, you are more or less the most senior expertise in your field and it takes a lot of all-around training to get to that level of capability. Yet, at the same time, MSF doctors have their own lives to lead, marriages to support, children to have and raise; there is a lot of personal sacrifice involved. You're going where no one else goes, heading into situations of insecurity, flying into places of civil war - you need a lot of discussion and support from family members and partners who may or may not be understanding. These are some of the personal obstacles. My own family didn't speak to me for nine months leading up to my departure (out of worry for my safety), something that was extremely difficult for us to overcome, but ultimately they became my biggest supporters.

Beyond that, there is also the logistics of it. I had to apply for leave from a department which was already short-staffed. At the time I was the first paediatric trainee to apply to the Hong Kong College of Paediatricians for training interruption for a humanitarian mission, and the first paediatrician in Hong Kong to be sent into the field with MSF - there were many glass ceilings being broken, especially by a woman! It was perhaps difficult for some people to accept that it would add value to my training, and as valid a reason to take leave as other colleagues taking maternity leave to have children. The entire process from application to actually stepping on the plane took three to four years, and I could not have done it without the immense support of the many junior and senior colleagues who agreed to contribute extra calls during the period I was away.

I put myself on call every public holiday for five years, and eventually did the mission with three months of accumulated annual leave over the course of five to six years, and two months of unpaid leave.

Although there were a lot of personal sacrifice and logistical obstacles involved, it was something I felt very strongly about. I wanted to see what medicine was like at the other end of the spectrum, where you have no resources because you're not in the first world. What do you do then? What impactful changes can we implement? I wanted to understand medicine and service from a more humanitarian perspective, and I needed a personal challenge at the time. I wanted to put myself through the most difficult situation possible, in order to learn and grow and gain perspective, and that's what I got. In a world with no resources, we must go back to the basics of excellent clinical skills, communication, and intensive monitoring. I have no doubt it made me a much better doctor. Coming back, I do feel that even just talking about my experience has implemented a lot of change and options for students and trainees in the future. We now finally have medical humanities as part of the medical curriculum in the University of Hong Kong.

Were you given a choice of where to go for your MSF mission? How did you decide on South Sudan?

When you apply to MSF, you give them your availability and any preferences that you might have. After that, it's very much a matching game. Your skills, your experiences, your capabilities are entered into a database of MSF postings, and they match you with the most suitable post at the most appropriate time.

I was originally supposed to go to Sierra Leone for six months. Unfortunately, the Ebola outbreak happened and the nature of the mission changed. I was doing my Diploma of Tropical Medicine in Liverpool when this very sudden opportunity came up - someone with an urgent family matter had to leave the South Sudan mission - and it was a perfect fit for me to go in the timeframe that was allocated. So it was really by happenstance and serendipity that South Sudan happened. I'd never considered it as a possibility before, but suddenly that was where I was probably going.

You can always say yes or no to any mission that is proposed to you, depending on security levels and your own comfort levels. You're never obliged to take a mission you don't want to - but for me, it was the perfect place for the amount of time I was able to take out, and ended up changing my life in many fundamental ways that I could never have imagined.

Can you tell me a bit more about South Sudan?

South Sudan is one of the youngest countries in the world, formed in 2011. It split from (North) Sudan, commonly known as Sudan, after Africa's longest civil war this century of 65 years, and prior to that, centuries of tribal warfare. There is ongoing violence despite multiple peace agreements, with the country split along ethnic and tribal lines and multiple armed local militias with their own agenda. In terms of security, it is probably the most desperate place on the planet, and the strategic use of genocide, child soldiers and rape is very common. Because of ongoing insecurity, more than one third of the population (4 million) is in frank starvation, and more than three quarters of the population (> 8 million) is displaced without reliable access to food. South Sudan receives billions of US dollars in aid every year, and is heavily dependent on NGOs and foreign aid for infrastructure. When you fly into the airport in the capital Juba, the runway is lined with thousands of white humanitarian aid planes at the airport carrying cargo, and we fly into our projects on planes run by the World Food Program. It is incredibly heartbreaking, because the need is so enormous.

My first project was based in a place called Gogrial, which even for South Sudan, is incredibly remote and poor, with the high rates of poverty and lowest rates of adult literacy. We had the only concrete building for miles, and we were the only facility with electricity or running water from a generator and water pump. People lived in mud huts, there were no flushing toilets (latrines only). There were no paved roads, and people had to walk for days just to get to our hospital.

We were the only facility providing 24 hour emergency care for all age groups, and we had a paediatric outpatient clinic, general ward, malnutrition ward, newborn and paediatric intensive care unit, as well as a maternity unit.

What were the biggest challenges that you faced in South Sudan? Do you think you were able to overcome them by the end of your mission?

Challenges were many and manifold.

We saw all the usual bread and butter cases of Paediatrics – asthma, gastroenteritis, pneumonia. There was however a lot of severe malnutrition, and a lot of surgical cases that required referral to the nearest hospital with surgical support, four hours away by ambulance. Children would walk into the forest to gather firewood, and grenades would blow their hands off. There was also the difficulty of managing chronic cases such as epilepsy or diabetes – how does a family store insulin when the ambient temperature is 50

degrees Celsius at noontime? South Sudan is the second hottest country in the world after Libya. Families have to walk for days to get to your hospital, or are running for their lives. You have to treat each patient as if it is the last time you might see them.

Within the project, there were minimal resources. We had minimal laboratory support, no x-rays, constant medication shortage, two saturation monitors and three oxygen concentrators. We had a skeleton team of expats finding creative ways to implement first-world standards of healthcare in the developing world, and train staff with little or no medical or even secondary school education. Initially staff had low motivation, but this was mainly due to lack of understanding of the difference in physiology between a pre-term baby, a newborn, and an older child. It is important to remember that when you have no resources, you still have human beings – your biggest resource of all. With *a lot* of training, we took secondary school teachers and empowered them to become extremely competent nurses or clinical assistants. Sometimes we even had to give math tutorials in the evening to help them with calculating drug dosages. Sometimes we had to manually bag apnoea patients throughout the whole night, but they would stabilize and recover. The attached picture is of a baby that came in with severe meningitis, kernicterus and refractory seizures. I honestly thought she was going to die, but we showed how without fancy equipment, even with just the basics of good clinical sense, understanding of physiology and intensive monitoring, you can still support a neonatal intensive care unit. With careful fluid monitoring, anti-epileptics, antibiotics and intensive support, she recovered fully with no neurological sequelae, gained weight and was discharged seizure-free. The family decided to name her "Kai" after me, which was very sweet.

Within the community with zero to no education about science and living with constant insecurity, we had to work very hard to gain trust and promote public health education. Women also solely existed to be traded in marriage in exchange for cattle and to create children for battle, and there were no educational opportunities for them or even recognised reproductive rights. I worked in a hospital with all men, with families for whom the decision maker may be a father, and finding the right balance of authority and deference was complicated. I taught myself the local dialect *Dinka* in one month so that I could communicate with the mothers directly, take a proper history, and counsel for management of common problems such as asthma and diarrhoea. They always found it incredibly amusing, and it was great for building rapport. Mothers with more than nine children were also already so used to child mortality, and had the mentality of letting the weakest link die. In the newborn unit, we turned the daily weighing of our babies into a song and dance celebration, so that they could see glimmers of hope as sickly pre-term babies gained weight and reached term, healthy.

In terms of manpower, I was the only doctor in the project, on call 24 hours a day, 7 days a week for 5 months. I had gone from just being another Paediatric resident to a hospital manager. All problems with hospital management were identified by myself at the end-point of patient care, and we had to be extremely proactive in problem identification before we could even move to the next step of solving them. An example was an outbreak of cutaneous anthrax in the community, which occurs when people ingest meat from animals that had been dead for a long time (due to starvation). The cases themselves were not severe but due to resistance would have to remain as inpatients to receive intravenous antibiotics for ten days. During malaria season we just did not have enough beds. With a bit of epidemiological triangulation, we were able to identify the specific meat vendor in the market, shut them down, and convince the government to start vaccinating cattle. Within weeks we had zero new cases, which significantly relieved our workload.

For myself, I had no leave, but did have to have a medical evacuation for right pyelonephritis and renal abscess. I was able to return to the project right after medical treatment as thankfully the abscess was less than 3mm in size. That was an exciting break… I was relieved to return to my project as I couldn't sleep for the week I was away, wondering how all our staff and patients were coping. It turned out we had really trained our staff so well that I was extremely proud of how they managed on their own.

How do you think the mission went? What do you think you were able to achieve?

I was very lucky. The five months I was there was a tiny window in peace and stability. The biggest achievements were in public health education, and optimizing capacity and education of the local staff. When we first arrived, they did not know how to interpret vitals signs or even recognize a cardiac arrest. By the time we left, they were running their own CPR successfully with designated roles, diagnosing and managing common paediatric conditions independently, and extremely motivated to serve their community. For a hospital with 500 inpatients and outpatients, the mortality rate was only 2-3 per month.

© Kai Cheong

Unfortunately, civil war broke out again and we had to have a security evacuation. It was extremely heartbreaking, because no one could take over the project. I cried the entire way on the plane ride home. My nurses tried to keep the hospital running, but after one week they ran out of medications, after two weeks they ran out of food, and after three weeks the generator stopped working. I also lost Akot Chan, one of the best ER nurses I have worked with, to gunfire.

A lot of people ask me if I feel the work was for nothing. It is important to remember that we can always plant seeds of hope, and we also serve to bear witness, reaffirm human dignity, and give those whom are silenced a voice. In our hospital, men had to lay down their weapons at the door. In our sacred space, mothers could learn to be mothers again, and children could learn to be children and play and laugh and grow. My staff scattered to other projects, but brought with them everything they learned. My best ICU nurse Alex has graduated from medical school in Uganda with MBBS, and is now back in South Sudan working as a doctor with MSF. During my last week, a little girl followed me around the hospital with a stethoscope, mimicking my every move. If we could change the world she grows up in, so that she never has to know the suffering of her mother's generation, and empower herself with the opportunities of mine instead, wouldn't that be the best? I am a strong believer in educating girls and women as a means of combating poverty. Also remember that at the Rio Olympics in 2016, for the first time there was a refugee team, and five South Sudanese athletes competed in the marathon. Imagine an entire country of people running for their lives, instead running for Gold. That is the transformative and positive power of hope and change, even if we are all just drops in the vast ocean of humanity, effecting change from individual to individual.

The reason I am doing this interview with you today, or why I still avidly fundraise or talk about my experiences in South Sudan, is because I was a woman who was lucky enough to be given a voice, and there are many women and children who do not have that opportunity. I think of my orphaned children in South Sudan every day.

After MSF, you spent a year working at the Great Ormond Street Hospital in London, UK. How did your experiences there shape your path to becoming the specialist that you are today?

My subspecialty is Paediatric Immunology, Infectious Diseases and Allergy; with Rheumatology training. I think MSF definitely taught me a lot about public health and infectious diseases, especially those that were tropical in nature, such as malaria, tuberculosis, HIV and anthrax.

After South Sudan, I came back to complete my paediatric fellowship in Hong Kong and then went for subspecialty training in Rheumatology and Immunology at Great Ormond Street Hospital, which was at the other end of the medical spectrum: very highly specialised, working with a lot of resources, working from the genetic point of diagnosis and pathophysiology, at a molecular and cellular level for the individual patient and with novel therapies such as gene therapy, as opposed to tropical diseases on a public health level in a country with almost no resources. It was good to hone those skills and stay up to date on management, because the danger sometimes of being a humanitarian doctor for too long is you lose track of updating yourself and learning things. The danger of working in the first world is you lose track of public health and the implications on a global level, so it's important to bridge the two.

At Great Ormond Street, I learned a lot about setting up a service that is multidisciplinary and very targeted to individualised patient care, which is very different from a global approach where we provide empirical basic care for many, many different children due to lack of resources or funding. These two different aspects of medicine are both very, very important; finding the middle ground is something I still work at every day.

What outlets did you have for the emotional stressors and conflict you experienced during MSF?

I write a lot. I wrote a lot about my experiences in MSF on the MSF website blog. I write in English but some entries have been translated into Chinese, one of which was translated by my father. I remember him saying at one point he had to take a break, because a story of a severely malnourished child borne of sexual violence during war was too heartbreaking. The whole MSF experience has really brought my family closer together, because without phone calls we had to write a lot and we all learnt how to be more expressive and communicate better. With patients and staff, we also sang and danced and cooked a lot! I had to learn how to chase down a goat and prepare it for a meal from start to finish…

After MSF I took a break and went travelling in Kazakhstan, and spent time in the mountains with nomadic tribes in Kyrgyzstan, which really helped me to heal. Appreciating the simple things in life and not having to worry about managing anyone's medical problems, for a change!

How long was the gap between your return from South Sudan and the start of your clinical attachment in London? Were you overwhelmed by the contrast between the two extreme ends of the spectrum?

I returned from South Sudan in July 2016 and was in the UK by October 2017, so I had a year's gap where I was working in my normal job in Hong Kong. I was very overwhelmed, and not just from a medical perspective. I remember walking into a supermarket the day I got back and bursting into tears because there was so much food and so much wastage, and I had spent five months in a country where there was malnutrition on my doorstep every single day, and so much desperation and disaster. But I was also extremely grateful for the level of care and expertise of my colleagues here. The adjustment is a difficult thing that a lot of humanitarian workers suffer from, this feeling that you go between worlds.

To be fair, it's a magnified aspect of the fact that, as doctors, we put down our personal lives when we walk into hospital every day, before we try to manage multiple patients with medical problems and counsel them on their many concerns. It's equally important that we physically and metaphorically put down our white coats before we walk out the door, otherwise we wouldn't be able to survive.

Of course, that's easier said than done in a place like South Sudan.

In an ideal situation, you would have a multidisciplinary team managing every aspect of patient care. For example, in Hong Kong we would have specialty nurses dedicated to optimising patient care at home, child life support play therapists and social workers. We try our best in a limited system to provide all-around patient care but obviously in a place like South Sudan, I was the only doctor for five months, there was no support staff, and it was also terrible knowing that my patients would get better and I would be sending them home to war. The children would get fit, fit to become child soldiers. Women would get better, fit, healthy to become mothers to even more children again. So we send them back to a cycle of violence, which is very difficult to contend with. All humanitarian aid really needs is multidisciplinary and multi-organisational collaboration across nations; there needs to be a lot of strong international collaboration and outlook on the way we approach our projects before the United Nations can achieve any world development goals before 2030.

How are you trying to bring attention to South Sudan? What kind of message do you wish to send out?

I have been presenting the story and fundraising every chance I get – at just one fundraising event in London we raised HK$700,000 for MSF through the hard work of friends. South Sudan is one of the most forgotten parts of the world. By virtue of having been there, I have a platform and opportunity to speak up about it. We're inundated by news and information each day about far flung places that seemingly have no connection to us; but in a world of globalisation, infectious diseases, insecurity and conflict, these issues spill over across international borders. This is the time to step up and care more, not less. Women's education, social healthcare, raising countries out of poverty, having stability in regions to foster socio-economic growth to prevent sections of society becoming radicalised out of desperation - all these are vital.

You're in a unique position to compare your past experiences with your future experiences at the new Children's Hospital in Hong Kong. What are your hopes and dreams for the future?

I am currently splitting my time between Queen Mary Hospital and the new Children's Hospital. I have a great team who have supported my dreams and all my training from start to finish, even when my family could not understand why I was flying off to a civil war.

Queen Mary taught me to be resilient, how to work as a team for excellence, how to be flexible and adaptive and to never compromise quality of care. All the mentors I had there, I have taken their lessons with me to the new Children's Hospital, where we have had an opportunity to build a service from scratch.

Ten years after medical school, and after the hard work and dreams of three generations of doctors, we have finally created an entirely new one stop, integrated, holistic, patient-oriented multidisciplinary Rheumatology team service model at Hong Kong Children's Hospital. Within three hours on the same day, patients get reviewed by a Rheumatology doctor, nurse, physiotherapist, occupational therapist, speech therapist, dietitian, social worker to organize funding for biologics. Prosthetics and orthotics made, they are admitted for biologic or intravenous drugs, and supported by Child Life Support or Rheumatology patient group representatives. Any other shared care (Renal, Ophthalmology, Dermatology) is pre-organized to happen on the same day if possible. Patients may stay behind for intensive rehabilitation in the afternoon – we even have a hydrotherapy pool!

It is more difficult to create something new from scratch in a new place and a new environment, than it is to take something and try to make it better. I already did that in South Sudan, so I'm looking forward to a different opportunity now to take all the lessons I learned from every country I've worked in as a doctor, to create the best service with as many key players and multidisciplinary teams as possible - to provide individualised care on a personal level, but also a service that will ultimately impact public health. With funding and support there is huge potential for growth, for Hong Kong to be a centre of healthcare research, education and excellence within Asia, as we hopefully continue to incorporate novel research understanding and therapies. For example, we have the first and only case of primary immunodeficiency successfully cured with gene therapy in Asia so far.

I still think about South Sudan every day and my team and patients there, but it is difficult to leave with my commitments here. And so right now I am focusing on fundraising and awareness, to illuminate forgotten corners of the world. Some corners are sometimes even right on your own doorstep, in your own city, next to your own home. As doctors we are blessed to be able to be positive forces of change, no matter where we are or what we are doing. I hope that the younger generation will continue to have the opportunities I have had, and even more with the foundations that we can lay for them; hopefully in a world that is more compassionate, more collaborative and more empowering of the individual, and of women and girls in general.

If you are interested to find out more, please visit Dr. Cheong's MSF blogs:

ENGLISH: http://msf-seasia.org/blogs/kaicheonge

CHINESE: http://msf.hk/blogs/kaicheongt

To support MSF's work: https://msf-seasia.org/

To become a blood and bone marrow donor: https://www.redcross.org.hk/en/

Dr. Wai Ki Tsoi accompanying Dr. Kai Ning Cheong to donate blood on her birthday

Dr. Wai Ki Tsoi

Welfare Committee Update

Care for Members during the COVID-19 Outbreak

Encouraging Messages

During this difficult time, especially for healthcare professionals, a series of encouraging messages have been sent out to our members and friends. Heartfelt thanks to Dr. Christina Cheuk, Dr. Connie Ngai, Mr. Y. L. Tang and Miss Kathy Yu for the most beautiful photos and affirmative quotes (please see our Artwork and Affirmations Corner on the page opposite for a selection of such messages).

Free N95 Masks

The past few months have been a testing time for medical workers worldwide due to the outbreak of COVID-19. It is, however, a time when warm support from our society is much needed and appreciated. In March 2020, the HKWDA received a kind donation of 120 pieces of N95 masks (including 40 pieces of Gerson 1730 and 80 pieces of ValuMax 5902) from the community. Distribution of the masks to HKWDA members was arranged by drawing lots, and was met with good response. The HKWDA would like to express gratitude to all members who have worked hard to safeguard the health of Hong Kong people during this pandemic.

Board Member on Duty

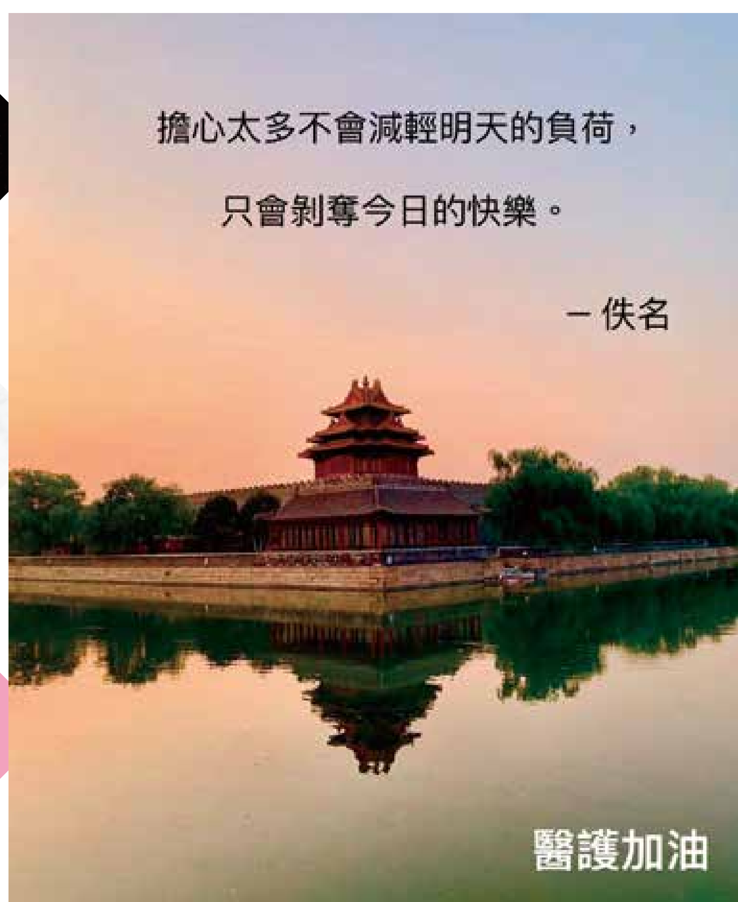
Dear Members,

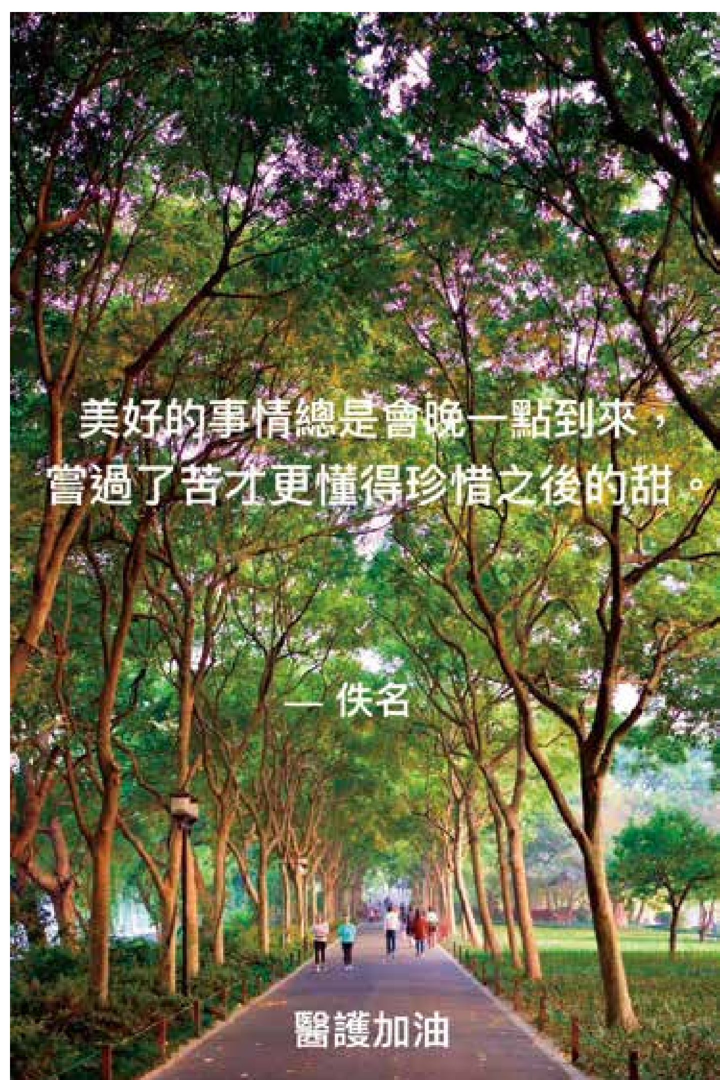
We strive to enhance communication between yourselves and our Board and Committees. Please feel free to contact our Board Member on Duty, Dr. Fiona Luk (hkwda@hkwda.com), with any questions or comments.

你只管善良，福報已在路上。
— 佚名
謝謝醫護，守護香港這個家。

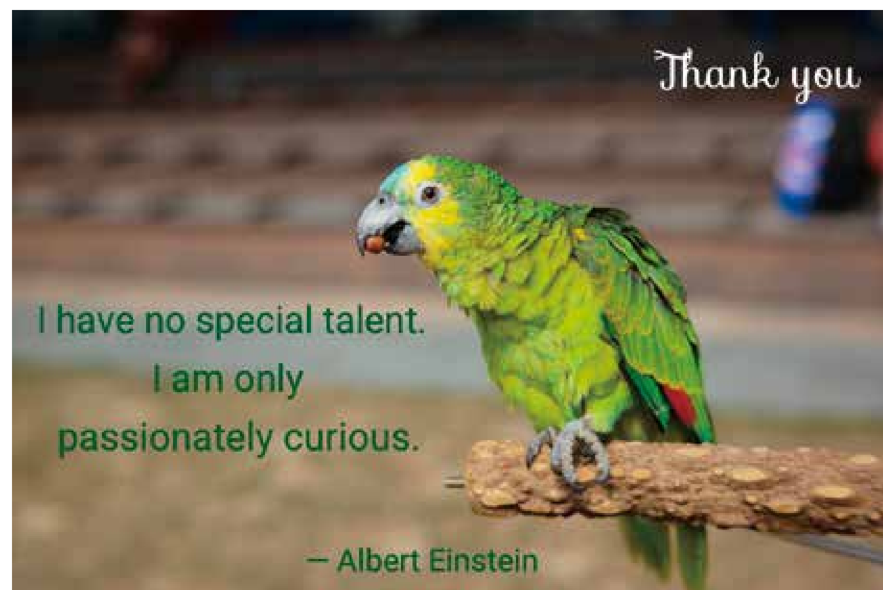
没有不可治癒的傷痛
没有不能結束的沉淪
所有失去的
會以另一種方式歸來
醫護加油
— 約翰·肖爾斯

The greatest wealth is to live content with little.
— Plato
Thank You


擔心太多不會減輕明天的負荷，
只會剝奪今日的快樂。
一 佚名
醫護加油


美好的事情總是會晚一點到來，
嘗過了苦才更懂得珍惜之後的甜。
— 佚名
醫護加油

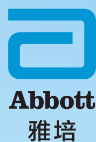
有一份熱，發一份光
就令螢火一般，也可以在黑暗裏發一點光
不必等候炬火
— 魯迅
醫護加油


Thank you
I have no special talent.
I am only
passionately curious.
— Albert Einstein

我們之所以讚頌勇氣
是因爲人類總是在明知風險的時候
仍然選擇做我們該做的事
— 回形針
謝謝你們的勇敢和堅持

Membership Endorsement from August 2019 to March 2020

Name in English	Name in Chinese	Specialty
Life Member		
CHAN Karen Kar Wun	陳嘉媛	Ophthalmology
Full Member		
CHENG Wendy	鄭菲蓮	Emergency Medicine
HO Wing Sze	何穎詩	Intensive Care Medicine
KWOK Fung Kwai	郭鳳貴	GP
SAU Chung Ying	修仲瑩	GP
WU Wing Yee	胡詠儀	Emergency Medicine
From Student Member to Full Member		
CHAN Sze Ling	陳施伶	
CHEUNG Yui Lam Karis	張睿嵐	
CHOW Chi Wing Stephanie	周緻潁	
CHOW Chun Yee	周濬儀	
FUNG Sze Hang	馮思珩	
KWAN See Wing Sally	關思穎	
LAM Sze Man Vivian	林思敏	
LAW Wing Sze Nancy	羅詠詩	
LEE Yee Yan Sophia	李苡炘	
MAK Yuen Kwan	麥婉君	
NG Yuk Yiu	伍煜瑤	
NGAI Yu Yan Regina	魏汝恩	
POON Yan Ting Stephanie	潘恩婷	
TAM Ka Yue	譚嘉裕	
TANG Nga Ping	鄧雅冰	
TSE Sze Wa	謝思華	
WONG Ho Yi	黃皓兒	
WONG Kit Yee	王潔儀	
YAM Hiu Ki Kady	任曉祈	
YIM Carmen	嚴嘉敏	
YOUNG Yee Man Catherine	楊綺文	
Student Member		
FUNG Annie Chi Hua	馮芷華	Intern
IP Patricia Kit Ying	葉潔盈	Intern
LAM Kiu Yan	林翹昕	Norwich Medical School (UK) - Year 2
LIN Flora	連卓芝	Intern
POON Ho Kiu Allie	潘灝蕎	HKU Medical Student - Year 2
SHAM Pui Sze	岑佩思	HKU Medical Student - Year 1
TONG Hoi Sin	唐海倩	HKU Medical Student - Year 2
TSUI Ming Yan Serena	徐銘欣	HKU Medical Student - Year 2
WONG Jin Ning Clarabel	黃津翎	CUHK Medical Student - Year 6
WONG Yuen Sum Kylie	王琬琛	HKU Medical Student - Year 2
Friend of HKWDA		
CHAN Sheung Kwan	陳尚君	
CHAN Wing Yin	陳詠妍	
CHOW Wing Nam	鄒頴楠	
HAR Ronnie	夏諾恆	
HO Yui Tung	何蕊潼	
KWOK James Chun Kan	郭俊勤	
LEE Cheuk Sze	利卓施	
LI Pun Yin Jerry	李品賢	
MAK Chi Cheong	麥志鏘	
TAM Wing Man	譚詠敏	
TONG Sau Yi	唐秀怡	
TSANG Wun Yan Angela	曾煥欣	
WONG Chun Ho	王鎮灝	
YEUNG Ho Sum	楊昊琛	
YIM Kam Jun Gloria	嚴錦津	



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糖妹
阿糖

廖啟智
阿廖

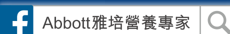
營養成分符合 美國糖尿病協會建議[1]

穩醣，穩妥！

特有醣穩妥組合，
緩慢消化！阿糖穩定晒！

+ Ipsos Healthcare 2015年醫療營養品調查報告（香港家庭醫生）/ Ipsos Health 2015 nutrition product study (Hong Kong Family Physicians)

此產品沒有根據《藥劑業及毒藥條例》或《中醫藥條例》註冊。為此產品作出的任何聲稱亦沒有為進行該等註冊而接受評核。此產品並不供作診斷、治療或預防任何疾病之用。1. Diabetes Care, 2014(37), S120-142 (符合美國糖尿病協會之碳水化合物及脂肪建議); Diabetes Care, 2010(33), S13-61 (符合美國糖尿病協會之蛋白質及脂肪建議) 2. Devitt AA et al., J Diabetes Res Clin Mtab.2012;1:20. 3. Devitt AA et al., Advances in Bioscience and Biotechnology, 2013, 4, 1-10 △ 基於已發表的關注血糖專用營養臨床研究 M19-S434-L-0242



Year Planner

12 Jul 2019	深港青年學生參觀高科技企業
19 Jul 2019	HKWDA CME Lunch Symposium
20 Jul 2019	Health Check for Ethnic Minorities at Kwai Chung
25-29 Jul 2019	Medical Women's International Association (MWIA) Centennial Congress in New York City, USA
11 Aug 2019	Rainlily Health Check and Cervical Smear Test in Ho Man Tin
25 Aug 2019	Ripple Action Service at Family Planning Association Ma Tau Chung Clinic
29-31 Aug 2019	International Conference on Women, Safety and Health in Asia in Kathmandu, Nepal
10 Sep 2019	香港醫學界慶祝建國七十週年晚會
28 Sep 2019	Visit to Hong Kong Children's Hospital
17 Oct 2019	HKWDA CME Lunch Symposium
19 Oct 2019	Careers Talk on Anaesthesiology at Queen Mary Hospital
25 Oct 2019	HKWDA Annual General Meeting cum Annual Dinner
5 Jan 2020	Hong Kong Medical Association Organ Donation Promotion Walk
12 Jan 2020	Health Check for Ethnic Minorities at Shatin
Feb 2020 onwards	Care for members during fight against COVID-19 - Encouraging messages (photos and affirmative quotes) broadcast to members and friends
14 Mar 2020	HKWDA Charitable Foundation Charity Dinner (postponed until further notice)
Mar - Apr 2020	Free N95 Masks for HKWDA's Members
15-17 May 2020	Medical Women's International Association Northern Europe Regional Meeting - Helsinki/Stockholm (postponed to 2021)
Jul / Aug 2020	廣州 / 北京醫學院交流實習
8-10 Oct 2020	The Western Pacific Regional Conference 2020 of the Medical Women's International Association at Seoul, South Korea

Please note the following corrections in our August 2019 issue:

Page 4, Community Service Update
Health Screening for Domestic Helpers took place at "St. John's Cathedral", not "St. Paul's Cathedral"

Page 8, Association News
The second sentence should be corrected to " 該學習班由中聯辦協調部委托國家行政學院主辦，五天內容非常豐富。"

We sincerely apologise for the above errors.

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