

# Caduceus



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## The Kwun Tong Community Health Project

### *What is community health?*

Community health care can be considered on three levels — the treatment and care of diseases, the prevention of diseases, and the building up of health. It has been a mistake of the past to think of these three levels as separated and unconnected. Entities traditionally, the people involved in one type of care will not participate in another. A hospital may do well in the care and treatment of diseases. But a hospital alone can do very little to improve the health of the community. This is what that came to the mind of the Board of Directors of the United Christian Hospitals when they planned to build the hospital, and Kwun Tong Community Health Project (K.T.C.H.P.) gradually came into being.

### — BRIEF HISTORY —

Historically, K.T.C.H.P. started in 1964 as a plan to build a 600 bed central hospital in Kowloon where church clinics from all over Hong Kong could refer their cases. Its function was to be purely curative and not related to any one particular district.

Towards the end of 1968, however, it became evident that there would be insufficient capital fund to build the 600-bed hospital. Also other hospital developments were reducing the acute need in that area and the feasibility of the hospital acting as a central referral point for a large number of peripheral church clinics became less and less evident. To improve the health of the whole community, the plan must extend far outside the hospital walls into the community itself. The community has to be invited to participate in a health care system and held responsible for their own health. Early in 1970, a team of people

experienced in a wide variety of fields were invited to form a Task Force for Community Health. Their series of studies served as a working basis for a program to provide community health services



in the areas of medical and dental consultation and treatment in a clinical setting, community nursing, health insurance, health education, social case work, treatment group work, community organization etc., for the whole

Kwun Tong District in cooperation with existing services, with the United Christian Hospital as the focal point of services. Such program was named Kwun Tong Community Health Project. How-

ever, the whole idea was, for various reasons, unacceptable to the Government, which has rather limited its recurrent subvention to United Christian Hospital only. For administrative convenience,

the United Christian Hospital is separated from the rest of the community health services. These two 'groups' of services function by two different administrative machineries, although they are under the same Board of Directors of the United Christian Hospitals. Hence, the K.T.C.H.P. is interpreted in a narrow sense as the group of services outside United Christian Hospital.

The first step in developing the community health program was taken on March 16, 1972 when the first Health Centre started operating in Sau Mau Ping (South) Estates. Towards the end of 1973 the Headquarters of K.T.C.H.P. was moved to United Christian Hospital which began functioning with out-patient service on November 15, 1973. With the assistance from the USRMU in Hong Kong, another Health Centre was established in Yau Tong Estate in July 1974.

## AIM OF PROJECT

The K.T.C.H.P. has been launched as a pilot scheme to achieve better health for the densely populated Kwun Tong area by setting up a special community health care system with the following three features:

- all aspects (preventive, curative, educational, sociological, etc.) are integrated.
- the emphasis at all times is on health, not disease, nor technology.
- the community itself can play a large and important part.

## SOME CONCEPTUAL BASES

- While there are numerous cases of injustice on earth, the final injustice is injustice of health care because there is nothing so immediate and ultimate as acts around our body — person.
- Health is the positive condition which promotes optimum development of the well-being of the whole society as well as the whole man, his body, mind and personality.
- Although most people, including many medical practitioners, consider health as the absence of disease, yet medical services, especially those institutionalized, cannot bring them health because:
  - diseases are generally not caused in the hospitals;

on the other hand, they are generated in the homes, the families and the communities.

- medical services centres tend to be isolated from medical practice outside their walls, and the professionals there often know very little about the homes or working conditions of their patients; nor would they take these factors seriously into con-

repair service. Rather, we would like to stop them from coming by telling them the way to avoid sickness.

- the hospital-oriented, or institutionalized, medical system is too expensive to be practical. On the other hand, traditional medical services are necessary only when they become part of a preventive health care system.
- The difficulties in affording a curative system have been



sideration when planning treatment.

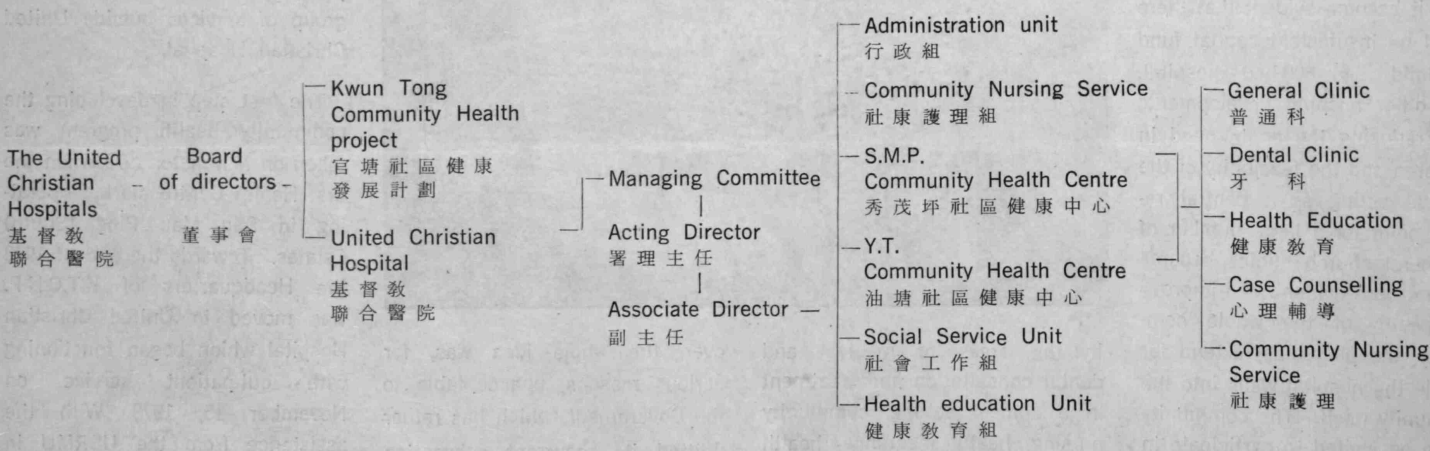
- Hospital/Institution has failed to be the most effective form of health care. As Mr. James C. McGilvray, Director of the Christian Medical Commission of the World Council of Churches, pointed out on October 11, 1969, at a joint meeting of the Committee for a United Christian Hospital and the Medical Services Committee (of Hong Kong Christian Service), we cannot build the hospital, wait for the people to fall sick, and then offer them

further complicated by the shortage of adequate medical leadership, the drop off of expatriate medical personnel and, difficulties in many countries because of political pressures.

- However, the importance of hospitals is not ignored. On the other hand, hospitals are one of the most essential parts of community health care system. For any one city district like Kwun Tong in Hong Kong, as many hospitals as could be is welcome. While it seems unlikely that we can afford enough hos-

pitals to take care of the health needs of the community, one hospital for one district would be adequate in terms of quantity provided that:

- It is well equipped and staffed for teaching and research purposes as well as for curation of complicated illnesses and acute cases.
- It is supported by a number of community health centres so as to form a net-work of services and a complete and comprehensive system for health care in the district. It is understood that these centres are smaller in scale and that they should be built on one-for-an-estate, or a subdistrict basis; or as an alternative, one for every 20,000 to 40,000 people. The siting of these centres must be undertaken with care to provide easy access to the greatest number of people and to avoid overlapping with other existing or projected services.
- Although the scale, or size, of the community health centres may differ from one another, and that both curative and preventive services are provided, we should always emphasize on prevention and building of health.



Scheme of the Kwun Tong Community Health Project

# COMMUNITY NURSING

The concept of community nursing provides one way in which the different aspects of health care can be integrated. Community nurses are registered or enrolled nurses with additional training in community care. Some of the community nurses attend ward rounds in the United Christian Hospital, paying special attention to patients who will be requiring community nursing care. These patients are then subjected to planned early discharge from hospital. Hospital beds can be freed and patients can return to familiar surroundings earlier. The same nurse will visit them at their homes giving injections, making observations on post-surgery recovery, assisting the inexperienced mother with her new born baby and so on. But the important thing is that she can help them from a different viewpoint. She can ensure that the patient can manage self-treatment such as colostomy care and insulin injections, helping the patient to learn from being sick. She can notice health hazards, giving advice on home arrangement, safety measure, dieting etc. She can begin to instill the idea that health is everybody's responsibility, and can open a two-way path of communication between the family and health workers. She can build up confidence, and may

even succeed in encouraging more families to join in the 'Health for Kwun Tong' movement.



## HEALTH CENTRES

It is too expensive to build another hospital in the area. Instead a number of community health centres may form a network of service supporting the hospital.

At present, there are only two community health centres: one in Sau Mau Ping (South) Estate and the other in Yau Tong Estate. Both provide:

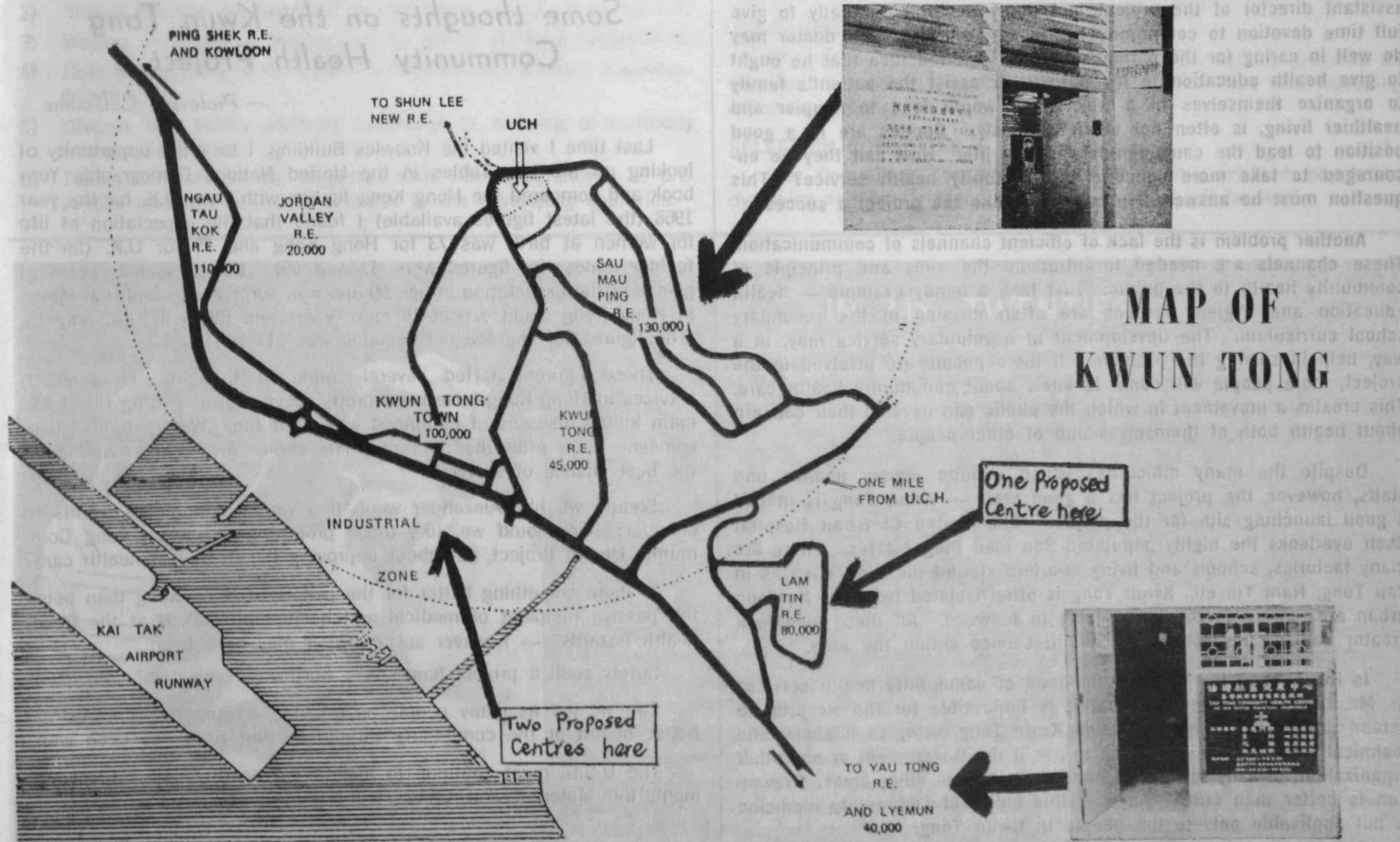
1. general clinic service
2. follow-up services for patients discharged from hospital
3. dental clinic service
4. simple laboratory and x-ray procedures
5. intensive counselling service
6. health education

2. school health services
3. communith development
4. community health education
5. research in small scale
6. development of both complementary and supplementary programs

Besides having close links with the United Christian Hospital, the community health centre also work closely with both Government offices and voluntary agencies of social services in Kwun Tong in order to help people in the vicinity to achieve health.

In addition to the present two community health centres, proposals have been made to set up another community health centre in Lam Tin and two industrial health centres in the industrial zone of Kwun Tong. In fact, other areas around, say in To Shun Lee New Resettlement Estate, Ngau Tau Kok Resettlement Estate, Jordan Valley Resettlement Estate are also sites in which health centres can be set up in future.

- Furthermore, the centres also act as a base for:
1. community nursing services



## SOCIAL WORK SERVICE

As mentioned before, community participation is very important in the project. This requires the help of both educators and social workers. Health activities such as Tai-chi Chuan classes, picnics and other sports programs are arranged, hoping that people participating will gradually know more about the project and become involved in it eventually. An old people's club together with a few other welfare agencies have been organized in the Sau Mau Ping Estate. It is hoped that a club group for mothers with mentally retarded children will be developed. A 'Good Neighbour' program is also developed in the Sau Mau Ping Estate. The 'Good Neighbour' chosen is trained to function like a health warden for the floor on which he or she lives. Task groups and ad-hoc committees are organized to deal with community

problems. There are also program advisory committees for the community health centres and intensive counselling services to individuals.

In addition to the above direct service programs, at grass-root level, many community functions are working in the agency level like seasonal fun fairs, quiz contest, round the district walk, clean the district campaign, development of volunteer service etc.



## EDITORIAL:

### Advance for community medicine in Hong Kong

'We cannot build the hospital, wait for the people to fall sick, and then offer them repair service. Rather, we would like to stop them from coming by telling them the way to avoid sickness and assisting them in practising it.' The Kwun Tong Community Health Project therefore aims at both preventive and curative treatment of diseases.

However, the project is still at its seedling stage. We can foresee some of the difficulties it has to overcome in order to attain its high ideals. One is the shortage of staffs. According to Mr. Y.W. Lee, assistant director of the project, not many doctors are ready to give full time devotion to community health service. (Why?!) A doctor may do well in caring for the patient's illness. But the idea that he ought to give health education to his patient, or assist the patient's family to organize themselves in a way which would lead to happier and healthier living, is often not taken zealously. Doctors are in a good position to lead the campaign for healthy life. How can they be encouraged to take more concern in community health service? This question must be answered in order to make the project a success.

Another problem is the lack of efficient channels of communication. These channels are needed to introduce the aims and principle of community health to the public. Just take a handy example — health education and hygiene lessons are often missing in the secondary school curriculum. The development of a voluntary service may, in a way, help in solving the problem. If more people are involved in the project, more people will come to know about community health care. This creates a movement in which the public can develop their concern about health both of themselves and of other people.

Despite the many difficulties which include mainly finance and staffs, however, the project has a good start — Kwun Tong is indeed a good launching site for the project. The United Christian Hospital itself overlooks the highly populated Sau Mau Ping estates. There are many factories, schools and living quarters around the area, such as in Yau Tong, Nam Tin etc. Kwun Tong is often isolated from the Kowloon urban area owing to the traffic jams in between. All these lead to a greater demand for community health service within the area.

Is Kwun Tong the only site in need of community health service? As Mr. Lee has pointed out that it is impossible for the Hospital to extend the project to areas outside Kwun Tong owing to financial and technical reasons, one would like to ask if the Government or any other organization is ready to develop similar projects in other areas. 'Prevention is better than cure'. Anyway, this motto of community medicine is not applicable only to the people in Kwun Tong.

## HEALTH EDUCATION

Medical and nursing staff alone cannot make a healthy community. The project can succeed only if the people concerned accept it and look upon it as their project. Hence, health education is actually the central theme for the K.C.C.H.P. The target population of the project, the 60,000 living and working in Kwun Tong must be made to understand what health is and how to promote it, convinced of their responsibilities for their own health and invited to participate in the project.

The most effective method of teaching is by individual instruction. Therefore, doctors and nurses of the project are encouraged to talk to patients directly, ensuring that every patient knows as much as he can about his illness and what he should do to help himself and others in future. These can be done when patients come for consultation or are visited at home by the community nurses.

Besides, group teaching and mass-communication is also practised. A health educator is responsible for:

1. organization of educational programs or class sessions on health inside the health centres.
2. giving health talks to school

3. maintaining contact with other health education agencies, or projects for exchange of experience and facilities, cooperation and coordination in order to promote the renewed concept of health.

The content of the health education program, include lectures, discussion, broadcasting, television, publication, displays and campaign on:

- 1) first aid,
- 2) home care,
- 3) maternity and baby care,
- 4) nutrition,
- 5) dental health,
- 6) mental health,
- 7) sex education,
- 8) drug addiction, and
- 9) matter of general medical interest.

Wherever appropriate, the joy and advantage of open-air exercise, camping, hiking, swimming, and other recreational activities is emphasized.



### Some thoughts on the Kwun Tong Community Health Project

— Professor Colbourne

Last time I visited the Knowles Building, I took the opportunity of looking up the Life Tables in the United Nations Demographic Year book and compared the Hong Kong figures with from U.K. for the year 1968 (the latest figures available) I found that the expectation of life for women at birth was 73 for Hong Kong and 75 for U.K. (for the feebler males the figures were 67 and 69). I then took a personal glance at the expectation at age 60 and was surprised to find that males in Hong Kong could expect 16 more years and those in U.K. only 15. (The figures for the tougher females was 21—20.)

These figures started several trains of thought. First health services in Hong Kong have been pretty successful at getting rid of the main killing diseases of childhood and adult life. Water, drains, food, someone looks after them for us. The clinics give mother and child the best chance of survival.

Should we like Alexander weep that we have no more worlds to conquer? Or should we, like those proposing the Kwun Tong Community Health Project, set about improving the quality of health care?

Is there something better for the people of Hong Kong than being the passive recipient of medical and health care aimed at the major health hazards? — however successful it may have been.

Surely such a project has a very worthwhile objective?

Can we get as many people as possible co-operating towards the better health of the community without losing what has been won?

The U.S.D. must continue to maintain a healthy physical environment, the Maternal and Child Health must continue to protect the

(Cont'd on Page 5)

(Continued from page 4)

vulnerable mother and child, there must still be quick effective treatment for the medical and surgical emergencies.

How can we keep all this going and at the same time get more participation of the members of the community in the care of their own health? One aspect already being tried in Kwun Tong is Community Nursing which allows the hospital patient to go home early but provides expert nursing care at home, thus breaking down the rigid barrier inherent in the idea that "if he is in hospital he is sick if he is at home he is well". Another idea under discussion is to find ways of getting the opinion of the consumer, the men and women of Kwun Tong, about the health services provided and also to find ways of giving them a say in their implementation. This should certainly help to get Health Education working in the fields where it is really required. People are much more receptive to information aimed at the solution of problems that they recognise rather than those that "they" think they ought to recognise. If there are some problems recognised by everyone so much

the better. Such an attitude also lead to an improvement of services. Doctors can retain their clinical omniscience while admitting that their organisation can be improved.

It is good to see the medical students of Hong Kong University taking an interest in these interesting attempts to provide a better down-to-earth method of improving the well being of the Community. It is good to see a proposal which will achieve this without a vast expenditure on glistening equipment — a solution very suitable to today's economic situation.

It will not be easy to co-ordinate the efforts of such diverse groups, official and voluntary, medical and social, richer and poorer. Good organization and planning will be essential. Recognising the difficulties will help to prevent failure. Student participation is only acceptable if it is serious and continued until the objective is achieved; but those who make a success of it will be teaching their teachers what community medicine is all about.

## ASIA REGIONAL WORKSHOP ON POPULATION ESSAY COMPETITION

### ARWOP

The Asia Regional Workshop on Population is to be held in Singapore on 16th-23rd May, 1975.

### PARTICIPANTS

Medical students from 33 Asian countries and also students of other disciplines.

### TECHNICAL DETAILS

The essay should be written in English, and it should be of 2000-3000 words in length. It shall be preceded by a short abstract of not more than 100 words. References are to be numbered consecutively as they appear in the text, and complete references included at the end. Figures and tables can be used. Only a double-spaced typed manuscript of size 21 cm by 28 cm is acceptable. The following particulars should be enclosed:—Name, (Family name underlined), age, sex, address incl. phone no., Medical School or University, year of study, state, country, date of mailing (evidence of mailing is no evidence of receiving) and a short introduction of author and the activities he/she is involved in.

### ESSAY TOPICS

- 1) Discuss family planning as an essential part of family health care.
- 2) Should abortion be legalised to contribute to population control?
- 3) Women must play a leading role in family planning programmes.
- 4) Does the uplifting of the role of women in society affect population growth?
- 5) Discuss how family planning contribute to lowering of morbidity and mortality rates.
- 6) Family care should be integrated with other programmes of preventive medicine and public health in the developing countries.

7) How would you go about setting up a family planning unit in the rural areas of your country?

8) Goals and structure of a student organisation designed to carry out population action programmes.

### DEAD LINE

All entries must reach the Selection Committee by March 28th, 1975.

### CONTEST ADDRESS

Selection Committee  
ARWOP Essay Competition  
Alumni Medical Centre  
4A, College Road  
Singapore 3.

### THE PRIZE

The Winner, one per country, will receive a return ticket (Full or part subsidy depending on funds available) from his/her country to Singapore as well as free board and lodging during the Workshop.

Results of the Competition will be made known by the 23rd April, 1975 and the Winner will receive his/her ticket by the 2nd of May, 1975.

### CONSOLATION PRIZE

Free board and lodging during the Workshop will be given to all who have submitted essays and are able to raise their own travelling expenses to Singapore.

### SELECTION COMMITTEE

The Committee consists of experts in the field of population dynamics and family planning. Their decision will be final.



## IN MY TWENTIES

Winter comes and winter goes. What can be more fascinating than just simply let time pass, but leave behind bags and bags of treasured memories! When you feel your eyes wet in the midst of a smile or at times when you like so much to shed your tears but you are still able to put on a gentle smile, you know that the simple-minded age must have crawled into the past.

Bare winters are not without beauty; leaveless trees are still alive; in the midst of haze and hurk you still see hope and joy ahead of you. The hardest part of the life — that period of life that needs most care from others — has already passed away. So, life is now at your own disposal—to make it meaningful as well as colourful.

Hard moments in life are not impossible to bear. Men are not promised a life without obstacles and sorrows. Sufferings only enhance the value of peace and joy, and enable one to see the world in a grain of sand, and a heaven via a wild flower, to hold infinity in the palm of your hand and eternity in an hour. What can be hard is when love and kindness lavishes on you so unselfishly that you feel yourself being too small to receive it. Life is too full!

Sun rises and sun sets; flowers bloom and then perish; seasons just go round and round. But when a child grows up, there is no return. In my twenties, I must admit with joy and gratitude that I have grown up. I must be mad if I think of the riches of life that have been bestowed on me in the past and that will be in store for me in the future:

A winter's night Jan., 1975

# 啟思

## 啟思錄 死刑

每文

反對死刑的論據，有很多都令人大惑不解，顯着的有下列數項：

(一)「沒有人有權奪取他人性命」  
撇開宗教不談，權力其實都是由社會的大多數所賦予。如果要確定大多數的思想合理，便不應本末倒置地蒙混以其實不存在的權力問題。此外亦沒有理由相信生命比名譽、自由等等更為神聖。如果說沒有人有權奪取他人性命，也應該說沒有人有權用監禁或其他刑罰去剝奪他人的自由和名譽。

(二)「人不畏死，奈何以死懼之」  
當然，很多罪犯都是天不怕、地不怕、或只會在自以為胸有成竹不致被捕的情形下才犯罪。但既然如此，其他刑罰更不會在考慮之列。那麼，是否「人不畏監禁，奈何以監禁懼之」，「人不畏罰款，奈何以罰款懼之」……然則法律何用？

(三)「判案有時錯誤，為了避免有人枉死，故不應用死刑」  
如果死刑對社會有用，顯然這是因噎廢食的行爲。醫生用藥有時錯誤，是否要廢除醫生或一切醫藥？

(四)「死刑在一些地方已實行了數千年，但兇殺仍有發生，是故死刑對防止兇殺其實無效，所以應該廢除」  
有關交通罰則亦已實行了幾十年，但交通違例仍有發生，是否證明交通罰則無效，應全部廢除或改用其他懲處方法？

(五)「終身監禁比死刑更令人可怕，所以應以終身監禁代替死刑」  
即使命題正確(?)；兩種刑罰都是把犯人永遠與社會隔離。終身監禁並無更大建設性，而只是較可怕。提此議者是否有虐待狂？有乘人道主義？在另一方面來看，這論據間接支持可怕刑罰可以阻嚇罪案一說。

(六)「刑罰對受刑者有建設性，方是適當的刑罰，所以死刑並不適當」  
建設性應該從社會着眼。即使其他刑罰能最後使一個罪犯改過或逼他為社會貢獻一些勞力，如果不能幫助嚇阻更多的兇殺案發生，以致多死幾個對社會有用的人，這些刑罰已是功不補過。

當然，贊成死刑的也有很多不能立足的論據。綜合兩方意見的衝突所在，似乎端繫於對現行教育方法和刑罰的信念不同上。反對死刑的人，對教育都有無比樂觀的期望，而不信任刑罰的效用。在這方面，我們有兩點可以考慮：一是在當時當地的香港，各種教育工作如學校、宗教、心理衛生、康樂活動……以至教導所、監獄等是否已辦理完善？二是為了試驗教育和刑罰的效用，在大力推行交通安全運動之際，廢除或大大減輕一切交通罰則，看看有什麼效果。

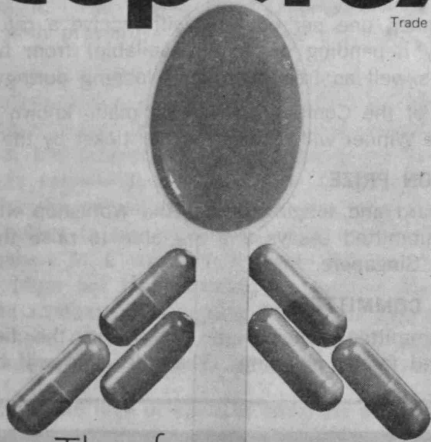
## 編輯室通訊

一、新聞版  
各位同學，你們最近有沒有經過圖書館側的樓梯呢？想當然你必會經過，因為它會帶引你去休息室、醫學會辦公室、鎖房、和洗手間……在樓梯轉角的壁報版上，你有沒有留意到有一個新面孔出現，那就是「啟思」新聞版。  
大家都知道「啟思」是一份月刊，在時間上有一定的局限，所以對於時事性的新聞便不可能趕得及報導，更由於篇幅有限(每次只有六至八頁)，有很多有價值的消息都不能刊登。同時由於我們和其他院系和學校都有聯絡，他們都會將所出版的刊物送給我們，這些刊物對於瞭解醫學院以外的同學頗有幫助，然而因為數量有限，不可能每一位同學都能閱讀得到。基於以上原因，我們覺得有需要設立一個新聞版以補「啟思」不足。

二、基督教聯合醫院社康計劃  
這個計劃是香港醫療界的一個創舉，是推翻了醫療專業為專業人員壟斷所開一個新的境界。由於這個計劃只是推行了一段短時期，有很多問題還是在摸索之中，正如該計劃主持人所說：「要使這個計劃更完善，就要接受多面的意見和批評。」所以我們特別在三月六日舉辦一個座談會，並邀請該計劃的主持人出席，大家一同討論，新天地的提供一點意見。

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### Deadline for Essays

Please note that all essays for publication in any coming issue are to reach the Editorial Board by the end of the month preceding that issue.

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