

GERIATRIC MEDICINE IN HONG KONG FIFTEEN YEARS AGO (IN THE EYES OF A VISITOR)..... AND CURRENT REFLECTIONS

Tak-Kwan Kong, FRCP(Lond, Edin, Glas), FHKAM (Medicine).

Consultant in-charge.

Department of Medicine and Geriatrics, Princess Margaret Hospital, Hong Kong

J HK Geriatr Soc 2000;10:54-56

E-mail: tkkong@ha.org.hk

In 1984, Professor Robert D. Kennedy wrote in the "Overseas News" Column of the British Geriatrics Society Newsletter (July 1984) after visiting Hong Kong as the guest speaker of the first Scientific Week of the Hong Kong Geriatrics Society,

"The Hong Kong Geriatric Society is a new society that reflects the enthusiasm and growing numbers of doctors involved in the speciality there. The population of Hong Kong is about 5.5 million, of whom 7% are aged 65 or more. As the total land area, including the New Territories, is less than 400 square miles, the population density is excessively high. This shortage of land means that high-rise apartment living is the lot for the majority of the population. The extended family remains still very much the feature of Chinese society there, with three or sometimes four generations living under the same roof, and the marked housing shortage contributes to maintaining this situation. Medicine in Hong Kong is practised at three levels - private, totally government financed as in the teaching hospitals, and a mix of charitable and government finance. The last two offer geriatric treatment and care as we in the United Kingdom know it, based on hospital located assessment and rehabilitation. Most of the long-term care patients still remain a family responsibility, as do the majority of those frail ambulant old people who would usually be considered here for residential care.

The government service, based at the Princess Margaret Hospital, is headed by Dr. Y.Y. Ng, and he and his colleagues there and at other hospitals in Kowloon are well known to several geriatric units and specialists in Britain, for their training follows that advocated by the British Geriatrics Society.

I was fortunate to be invited to speak to their society during the first Hong Kong scientific week in geriatric medicine and also undertake other lectures, as well as clinical and teaching seminars with undergraduates and postgraduates. The meeting of the Hong Kong Geriatric Society attracted a good attendance to hear and discuss the evaluation and

direction of health services for the elderly in the U.K. Another highlight of my visit was the opportunity to address the Department of Medicine in Hong Kong University, where Professor Todd of the Chair of Medicine is supportive of the development of geriatric medicine. Both Hong Kong University and the new Chinese University already have, or intend to have, departments of geriatric medicine, and clinical students have regular teaching in geriatric medicine in the older university. There is now a regular traffic of young Chinese doctors from Hong Kong to Britain to complete their membership training and experience in geriatric units in the United Kingdom.

The level of enthusiasm apparent among the junior doctors in Dr. Ng unit is both impressive and encouraging. His department admits primarily from the emergency room of the Princess Margaret Hospital, approximately 10-12 old people, generally acutely ill, being admitted daily. Due to the paucity of continuing care facilities, the extreme pressure of admissions, and the availability of family support, the average bed stay in this 90 bed unit is about 10 days. Some home visits to assess competence of discharge are carried out, often at weekends. There are a few day hospitals which are facing the same problems of transport difficulties and adaptation of unsuitable buildings, that we are familiar with here. One day hospital, the South Kwai Chung, is located on the top floor of a busy clinic building, and is, in actuality, the covered-in roof area, which also has its own kitchen constructed in part of the day area, where a busy cook and two assistants prepare Chinese meals directly from fresh ingredients for their 30-40 day patients.

I was also impressed with the nurses, and paramedical staff, who have utilised their professional skills impressively in the new units with patients accustomed to a very traditional mode of existence. The contrast of a dedicated team utilising their skills in a modern building within sight of the world second largest container port and massive building construction to rehabilitate elderly Chinese

patients, clad in traditional garb, in their activities of daily living including feeding with chopsticks or the occupational therapy equivalent is a sharp reminder of the enormous contrasts seen in all aspects of life in that populous colony. And, if our medicine is lacking, there is also traditional Chinese medicine to fall back on, where the remedies available in the chemists would certainly interest the Committee on Safety of Medicines. How would they react to Ginseng root or pills from extract of dried snake or bat?"

I was only in my second year in the Geriatric Unit of Princess Margaret Hospital when Professor Kennedy visited Hong Kong. A number of things have changed over these past fifteen years. Our Society name has been rejuvenated from "Hong Kong Geriatric Society" to "Hong Kong Geriatrics Society" in 1996. Hong Kong has changed from a British colony to a Special Administrative Region of China in 1997. The population of Hong Kong has grown to 6.5 million of whom 10% are aged 65 or over. Long-term institutional care remains inadequate with resultant stress on both family members and acute hospital beds. Hospital-based community geriatric assessment teams have been set up since 1994 to provide outreach support to publicly funded residential homes and recently to private residential homes. "Hospital in home" domiciliary visit programs have also been piloted in some geriatric units.

Dr. Y. Y. Ng has left Princess Margaret Hospital for private practice in 1988 and many of my previous colleagues have helped to set up new geriatric units in other public hospitals. Both Universities have included geriatric medicine in their undergraduate curricula, while the Chinese University has a full time Professor in Geriatric Medicine.

Over the years, the admission criteria for acute geriatric medicine in Princess Margaret Hospital has changed from a fixed quota basis to an age-related basis, and recently to an integrated model; the last change has unfortunately been generated by and has generated more heat than light. The current length of stay is about 7 days. Continuing care facilities remain scarce and will hopefully be improved by the opening of a nearby new extended care hospital.

The geriatric day hospital at South Kwai Chung has been a wonder and site of attraction for visitors all over the world. Its leaky roof-top has however become problematic and the day hospital

was relocated back to Princess Margaret Hospital in 1997, occupying the ground floor of a staff-quarters building, and is, in reality, the walled-off carpark area, corridor, as well as converted staff quarters. Soon after its opening, it was visited by the first Chief Executive of Hong Kong, Mr. Tung Chee-hwa, who had listed elderly care as one of his priority policy areas. The number of day places remains unchanged at forty. I once remarked to Professor Peter Millard during his visit in 1998 that this 40-place day hospital seemed to be a counter-example of his published finding that "large-sized day hospital tends to be custodial and inactive" and he left his comments in the guest book as "proving that bigger can be much better with enthusiastic committed staff." Despite the admiration from visitors, administrators are pressing for justifications and evidence for the cost-effectiveness of day hospitals.

The Special Administrative Region has taken on new initiatives to promote Traditional Chinese Medicine in Hong Kong. But the proposed inclusion of Chinese Medicine practitioners in the Medical Functional Constituency for the 2000 Legco election has recently sparked off heated discussions and was met with oppositions from the majority of western-trained doctors and a call for more formal accreditation of Chinese Medicine practitioners. It is of interest to note that there is much enthusiasm in the application of oriental medicine to the care of elderly people not only in China, but also in some other Asian countries. During a section on "International Perspectives in the Practice of Geriatrics" of the American Geriatrics Society Annual Meeting in 1994, a Japanese speaker commented that the "kampo" (oriental medicine in Japan) matches the special requirements of elderly people by virtue of its holistic, individualized, preventive, palliative and immuno-potentiating effects. The Koreans have recently opened a Korean Research Institute of Geriatrics which is based on oriental medicine. In a Round Table Discussion on Geriatric Medicine in Asia during the recent 6th Asia / Oceania Regional Congress of Gerontology in Korea in June 1999, I was asked about my thoughts on the role of Traditional Chinese Medicine in Geriatrics. A course on basic pharmacology of Chinese Herbal Medicine, which I attended four years ago, clearly could not equip me to give a fair answer to this question. Meanwhile, Tai-Chi exercise and the herbal drug Ginkgo have become popular choices (often self-prescriptive) among senior folks in Hong Kong to promote their physical and mental fitness.

Professor Kennedy has changed too: He has left Glasgow for the United States and I happened to meet him in Los Angeles in 1994 during the American Geriatrics Society Annual Meeting, when he was then the Senior Vice President for Medical Affairs in the Beth Abraham Hospital in New York. Despite all these changes, there remains the strong

tie between the geriatricians of Hong Kong and of the United Kingdom, as evidenced by the strong representation of the UK geriatricians in the international editorial board of our Society Journal, as well as the steady stream of higher trainees going to UK for overseas experience. ■

THE LOGO OF THE HKGS

If my memory train hasn't gone astray, it was Dr Ernest H C Tam, secretary of the Society, who proposed to have a logo to intensify the Society's image in a council meeting in 1983. The proposal was unanimously passed and the prize was a tenth gram Krugarrand gold coin donated by Dr CHAN Sik.

As a physician with special interest in art and design, I submitted my work which is in arcs and circles to the Society in early 1984. An elderly, holding on to the staff of the serpent, symbol of Medicine, is in the arms of the Geriatrician whose holistic management from acute going right through to the end is illustrated. I was indeed privileged to

have it accepted though it was the one and only design submitted to the society without a good competition. As a finishing touch, a chignon was added to the head of the elderly by the order of Dr YY Ng, the President and my former boss of course.

The Krugarrand was passed into my hands from Dr CHAN Sik at the AGM of 1984 in the Furama Hotel. Within weeks the sale of Krugarrand was banded as part of the embargo on the then South African government for its apartheid policy. While the coin has been staying out of my sight in my bank's safety envelope for the past 15 years, I am delighted that the logo is well serving its function into the next millennium.

WP Mak

