VOLUNTARY AGENCIES: THEIR ROLE IN SOCIAL SERVICE OF HONG KONG

by vegetarian

EXCERPT FROM 'NOTE FROM THE WRITER'

Medicine knows no boundary; communists or democrats need health to be indoctrinated or dogmatise others. The same applies to this tiny part of the world where medical practice has long been a time-honored profession though for a different purpose. Doctors-to-be, sooner or later enjoying such time-honored status, may be satisfied with this 'due' respect and insensitive to changes in their surroundings outside the medical world. It is simply because they needn't have to keep an open eye to earn a living.

I. Introduction on development of voluntary agencies

Every battle brings about upheaval in social and economic conditions of the countries involved and this is no exception in the Second World War. During the immediate post-war days, it was the private benevolent groups, missionaries and international organizations that helped to rebuild Hong Kong from the shambles of battle, and in succeeding years, they emerged to become the **pioneers** of social services. Today, there are more than 400 voluntary agencies, supplying diverse welfare services which fall into family, child care, youth and rehabilitation services.

Family Service

It helps people to solve personal and family problems arising from conflicts. Casework counselling, financial assistance, employment, placement are provided by Lutheran World Service, Caritas and Hong Kong Family Welfare Society.

Child Care

This arose out of the ever-increasing urban pressure in the industralized community of Hong Kong. Day centres offer great help to working mothers; it is an essential preventive welfare service which promotes the physical, intellectual and psychological development of children that would be left uncared at home. Besides, child care institutions are built for orphans and abandoned children while others specialize themselves in the treatment of those with behavioral problems. Also we have the Caritas and International Social Service to take up overseas adoption service.

Youth Service

In the early fifties, there was a shortage of recreational and educational facilities for youth and recently, the shortage is aggravated by the flow of young refugees into the colony. These prompted the immediate set-up of youth organizations, the aim of which is to teach them the rudiments of living and arts of citizenship and channel their energy into constructive activities. The Children Youth Division of the H. K. Council of Social Service (here we call the 'Council') provides leadership training, award schemes and uniformed group activities.

Rehabilitation

It is relatively new and is slowly growing. The H.K. Society for Rehabilitation was set up only in 1959. But now 30 agencies deal with this aspect in one form or another, covering medical rehabilitation (assessment and diagnosis), vocational training, sheltered employment, job placement and recreational activities. These services for the physically and mentally handicapped, ex-mental, ex-drug addicts and ex-prisoners help them to become useful citizens again.

Other special services

Apart from the above major categories, agencies have branched out to meet particular social needs. These include community nursing service,pre-vocational and vocational training for seamen and serviceman, the Legal Advice Scheme and the Employment Service for the socially handicapped. In order to coordinate and guide voluntary agencies through a period of change, we have the Council as the central body established in 1947. From then, it becomes the leader in the field of social welfare and make frequent recommendations to the Government.

II. Flexibility of agencies and recent trend in services

It is noteworthy that agencies, in order to serve their purposes usefully, must be aware of the changing needs of society and hence should display versatility to cope with new, anticipated needs. This is illustrated by the following patterns of working in recent years.

Community Development

This radical approach requires the cooperation of government and voluntary workers for the development of an area. Up to now there are eleven agencies involved. Fieldworkers, utilizing social centres in new housing estates, stimulate community integration by forming parents-teachers associations, tenants' association where discussions on district welfare take place. On the other hand, community workers assist clients whose living has been affected by urban renewal and these workers present their views to authorities concerned. The most important factor however lies in citizen participation in the community development and the increasing number of clients involved is a good beginning.

Innovative efforts

The three main categories of services provided have undergone changes with a number of modifications. In family aspect, we have home help for the lonely aged and disabled, and foster care to replace institutional care. Also School Social work, began in 1971, is a preventive approach to help students through regular counselling. Social workers from five agencies (Reference I) and teachers from 70 schools are actively involved.

As youth service is concerned, the value of recreational facilities is reassessed. The Youth Tea-House Programme for popular drop-ins of youth and playleadership planning organized in public parks are ready examples. In addition, experimental trial (Reference 2) ie detached youth work has been made. This attempt to work with anti-social youth aims at bringing service out of traditional club to those who want it on their own terms and in their own environment.

In the Rehabilitation field, there are the Halo Pelvic Traction technique for spinal deformity corrections and PHAB (Physically Handicapped & Able Bodied) movement to maintain physical fitness and regain self-confidence for the disabled. Apart from these innovation, agencies also assume a role in providing specialized services; these include marriage counselling and family planning by Catholic Marriage Advisory Committee and Family Planning Association respectively. There are also facilities for immigrants and emigrants by the International Special Service and the International Rescue Committee.

III. New trends in future development

It has been stressed that agencies must adapt to changing conditions of the community and make appropriate response to new development trends. This is vital for its proper functioning. One of the recent trend is the increasing local financial support. From surveys conducted by the Council's Research Department, the decreasing foreign aid has been matched by an increasing local support (Reference 3). Besides the government subvention and donation, the Community Chest is serving as a non-government fund to support agencies. The result of this local finance marks a new era in social welfare and is responsible for the extensive development of the voluntary sector.

Coupled with this is the extended Public Assistance Scheme which came into action last year. This effort of the government causes a significant shift in the emphasis from material assistance to counselling as preventive services. For instance, child care agencies has changed to provide short-term special treatment for orphaned children while Family Service institutions are more concerned with promoting mental health of families. On the other hand, other associations are aiming at fostering a sense of civil consciousness among youths.

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EDINBURGH SUMMER SCHOOL

The 5th summer school in "Medical Research Techniques" is to be held in Edinburgh from 2nd — 23rd July, 1973, at a cost to each participant of £35 or $84. The number of students who can take part is limited to thirty, and medical students from all the member countries of I.F.M.S.A. are invited to attend.

Once again the summer school is being organised by a committee of Edinburgh medical students, under the auspices of the Faculty of Medicine, the Medical Students' Council, and the Royal Medical Society of the University of Edinburgh.

The **aims** of the summer school are to provide medical students with a background knowledge of the general principles and methods of medical research, and to give them a comprehensive view of the wide range of research projects which are carried on in Edinburgh. This will be achieved by a series of seminars, and by visits to research units; it is hoped also that individual attachments to local research workers can be arranged.

Subjects which it is intended to cover include experimental design, measurement techniques, genetics, the electron microscope, radio-isotopes, and computers in medicine.

The cost of the summer school will cover all accommodation charges, as well as many of the meals. Sightseeing visits to west and central Scotland will be arranged, and there will be a full programme of social events, including opportunities to meet other foreign students visiting Edinburgh at the same time.

Information and application forms are available from: Medical Summer School Secretary, c/o B.M.A. House, 7 Drumsheugh Gardens, Edinburgh 3, Scotland.

Closing date for applications 12th May 1973.

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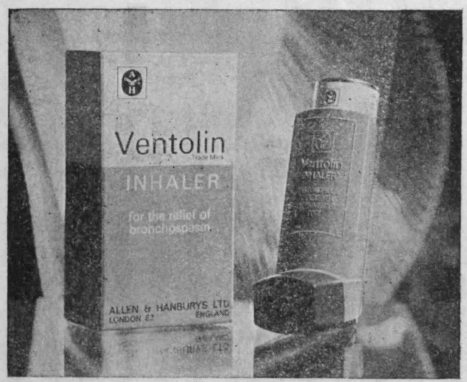

A NEW STANDARD IN BRONCHODILATOR THERAPY

Previously available β-adrenergic stimulants such as isoprenaline and orciprenaline act on the β_1 receptors of heart muscle as well as on the β_2 receptors of bronchial muscle. Consequently, undesirable increases in heart rate and pulse pressure sometimes occur when these drugs are used to produce bronchodilatation. Ventolin is different: first, because it is highly selective in its action, affecting primarily β_2 receptors: second, because it is more effective than existing bronchodilators: and third, because it is longer acting.

MORE EFFECTIVE

Clinical trials have shown that Ventolin Inhaler is a more effective bronchodilator than isoprenaline or orciprenaline when given by inhalation.

LONGER ACTING

Ventolin is long-acting, its effect persisting for at least four hours. By contrast, isoprenaline, even in large doses, has a characteristically intense but much shorter effect. In a study using whole-body plethysmography, inhalation of 100 μg of Ventolin produced an almost immediate maximal increase in airway conductance which was sustained for four to six hours.

MORE SELECTIVE

No side effects have been reported with therapeutic doses of Ventolin Inhaler. In studies comparing Ventolin with isoprenaline, a major difference found was that Ventolin did not stimulate the heart or affect the blood pressure, even after inhalation of a relatively large dose.

MORE ACCEPTABLE TO PATIENTS

Patients expressed a marked preference for Ventolin Inhaler in double-blind studies comparing Ventolin with aerosols containing isoprenaline or orciprenaline.

SAFETY IN USE

Past experience suggests that misuse of aerosol bronchodilators by asthmatic patients may lead to dangerous effects on the heart or give a false sense of security to patients with incipient status asthmaticus. Ventolin Inhaler has no effect on the heart in therapeutic dosage and has a long duration of action. Both these properties provide additional margins of safety; the lack of cardiac effects should reduce any likelihood of deaths due to ventricular fibrillation and the long duration of action makes it possible for patients to realise in time if the drug is becoming less effective. Because an effective treatment with Ventolin Inhaler should last for at least four hours, patients have been advised to consult their doctor immediately if the effect lasts for less than three hours, so enabling the doctor to take timely action.

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Improvements in services

With more financial support, improvements in the quality of services are rendered possible; such as a rise in professional qualification of staff. Futher more, self-evaluation exercises practised in child care institutions and the future set up of the proposed Social Services College are ready examples. Hence the confidence of clients in the voluntary agencies is reinforced by assuring them that the money is worthily spent.

Research

Agencies must be ready to expand in various directions and willing to launch experiments with unconventional sociological approaches. This approach has to be complemented by well-planned researches either on individual agency basis or in co-operation with the government such as the participation of the Council's Social Planning Section in government's Five Year Plan of Social Service. In this way evaluation of existing services and the discovery of unmet needs may be efficiently dealt with.

Conclusion

In the past, voluntary agencies have served a large cross-section of the community through the provision of basic social services. In **recent years,** however, they have shifted from handling emergency needs to specialised preventive services like counselling. For the future, a new trend emerges to reach out in depth to the community so that basic social problems so far unmet can be dealt with. This expression of social concern, which runs through the whole essay, is why voluntary agencies have been set up. And once again, alive and sensitive to changing needs, they have lived up to this indispensible role (I hope you will all agree) as the pioneers of social services in Hong Kong.

So voluntary agencies really do something, something that can be measured and not just empty slogans or promises of grandeur.

References

Ref. 1: The 5 agencies are the H.K. Family Welfare Society, Christian Family Service Centre, Caritas, Lutheran World Service and St. Jame's Settlement.

Ref. 2: Between 1966 and 1970, overseas support dropped from 48.2% to 32.8% of the total income but local funds jumped from 34.1% to 50.6%.

Ref. 3: This experiment was initiated by the Federation of Youth Groups in 1967, B.G.C.A. in 1969 and Lei Cheng Uk Friendly Centre in 1970.

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啟思

如何爭取病人的信任

特別給「乎碌」的小醫生，對病人胡亂支吾的，黑口黑面的，粗手粗脚的——

理想的醫療服務態度，有賴於我們是否眞正關心體貼我們的病人，願意解決他的困難，分肩他的重担，挽救他的生命，改進他的健康（這包括在各方面最完滿的解釋）。這種態度是源於基督教思想，十分强調人與人之間的相處。聖經裡關於耶穌基督的記載，就曾屢次出現這樣的句子：「他憐憫衆人」。

醫生和病人的關係是雙方面的，我們固然希望爭取到病人的信任、合作和感受，然而我們應具備甚麼條件才能合理地期望得到病人理想的回應，如魚得水，樂也融融呢？主要的條件有三——知識、忠誠、體恤。

知識

我們皆非聰明絕頂，也不是全知全能，但我們都擁有天賦的資質足以充實我們的知識。要充份發掘我們的能耐就得靠賴我們的勤奮，持續不斷的興趣和實際的應用（這要謝謝病人給予我們的幫助）。甚麼能叫病人充滿信心呢？就是當他知道他是在一個能幹盡責的好醫生手中；所以我們須要趕得上認識日新月異的醫技進展才能造福病人。

縱使我們能擁有很多醫學名銜，一個「我們永遠是學生」的基本態度却是必須的。當然，在附有教學工作的醫院裡，我們會被很多研討會、演講、巡房和同僚的互相學習等催迫着前進；但倘若在其他地方行醫則必須額外付出更多的努力和代價了。記着：隨着歲月，醫技日益進步，我們的腦袋將日益退化！

忠誠

一方面我們要對自己誠實，常常自我批判、反省。另一方面也要對病人誠實。假若要爭取病人對我們的信任，唯有以自己的人格保証了。

我們料理的是病人自己的身體，是病人自己的健康，病人本身當然有權知道病情的眞相。但有些醫生却對病人的病態或治療法不置一詞，他們的理由是病人總不會明白，反而會誤解他們的解釋。這並不成爲理由，這樣的醫生忽視了病人是有智慧、有理解力的人。所以我們應盡可能用簡單和容易領悟的方法向病人解釋，我們的病人並非笨蛋，他們有權利、有責任知道自己的健康狀況，我們亦有責任按他們的知識去教育他們。

在醫院裡，有些病人只不過在接受一連串繁瑣的診斷程序，却還懵然以爲自己正在接受治療哩！這並非完全由於醫生的有意隱瞞，但仍要歸咎醫生們的疏忽大意，或由於醫院裡醫生和病人中間還隔閡着多層的人事關係。

就誠實的程度而言：在診斷方面承認我們的無知也是須要的；假裝知道病因或隱瞞我們的無知並不會增加我們的名聲。但另一方面我們不應讓病人知道我們對病情的恐懼和臆測，一些「不敢肯定」、「有可能發生」的惡劣情況是沒有告訴病人的必要。在病人能接受的範圍內，是由我們來決定告訴他們部份或全部的眞相，並不容有任何形式的欺騙。

絕症

這樣做必會碰到一個爭論性的問題：遇上絕症時怎辦？告訴病人嗎？構造謊話嗎？還是沉默呢？

「沉默派」的理由是：如果眞相是可怖的話，病人根本不願意知道眞相。誠然，我們不應强加諸別人他所不要接受的消息；但實際上這類病人爲數比我們想像的要少。縱使他們不會直接詢問我們：「我會死嗎？」也會向護士、工人旁敲側擊，這是因爲他們不願聽到醫生決定性的判語，也或許是我們根本未能贏得病人的信賴？無論如何，當被問及時，我們該溫柔慈祥地以眞相答覆，虛假的保証是要不得的。

「沉默派」的另一理由是我們不能絕對確定一個疾病是否絕症；當然，醫生並非毫無錯誤，但我們告訴病人的是我們眞誠相信的事實。另一個維護「沉默派」的理由是這樣做可以免除病人精神上的痛苦；但這是不是我們用以逃避去談生死問題的藉詞嗎？

當被問及：「我會死嗎？」接踵而來的便是病人一連串令人手足無措的反應，所以對生死問題沒有解答的醫生亟欲逃避；但基督徒醫生就可以作出些微獻議了。基督徒並非不怕死，但他們深信死只不過是一個過程，將要領進一個屬神榮耀的國度裡。最大的權利莫如能與一個臨危的病人分享一個如此堅定的信念。假若病人拒絕傳教式的勸說，一個誠懇的講告往往會得到病人衷誠的感激，這証明他靈魂深處是如何渴望得到幫助和安慰。當我們已盡了一切人爲的能力時，宗教信仰還能多給一點。

體恤

體恤的定義是設身處地經歷病人所受的痛苦。分担別人的重担是人與人之間相待中的偉大服務。在自私自利的人性中尋找如斯經驗是難之又難。然而在聖經中記載耶穌基督見到病人就動了慈心，他分担人們的患難，更肩負人們罪惡的重担：除非我們深深地親身經歷過這樣的被體恤，我們實在很難眞正體會病人是何等渴望我們的體恤。那些經歷過基督慈愛的人是欠了一份「愛的債」，所以極願意施與病人發自愛心的憐憫和同情。

改譯自Keeping Faith with Patients by Aldis (

註：譯者是一個學生，對醫生病人相處之道極淺，希望老前輩多多指教。

信信信信

編輯先生：

本人在醫學院這數年來，屢見考試作弊之事，心中梗梗不安，不吐不快。

常聞大學生爲社會之棟樑，在學識與品德的修養上都應爲人範；同學中故然有不少能表現這雙方面的美德，但亦有不少是祇求一紙証書，不擇手段，不但沒有在學業上盡責，更沒有在品德上自我警惕。

特別身爲醫學生，若以作弊來得以逃試必過，畢業對他有何用呢？如此的醫生根本沒有足夠能力去處理千變萬化的病症，難道診症時仍把書本放在一旁翻閱嗎？我們應以所有的學識來換取作醫生的資格，若因學識不足而致考試不及格，就應用機會去補充不足的地方，免得將來病人在我們手下受無妄之災。

我僅以此微小之聲與各位同學互勉，深願我們每人都珍惜能夠置身於醫學院中受造就的機會，好好的負起對己對人應盡的本份，這才配得上稱爲人。

一讀者
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