



生命接力

Life goes on



希望之光

A light of hope

本港將每年11月第二個星期六定為器官捐贈日，《協力》11月號邀請捐贈者家屬和受贈者分享延續愛的故事。

器官捐贈是一份生命大禮，為垂死的人帶來新生命，為身處黑暗中的人在希望幻滅前帶來光明，這也是今期主題「生命接力」的由來。訪問中，你會看到有捐贈者家屬兩度為離世家人捐出眼角膜，展現無私大愛；30年前接受心臟移植的病人如何積極回饋社會，不負捐贈者的恩情，讓生命得以延續。

很多時，家人因不清楚死者意願而未能捐出器官，這是一件十分可惜的事。如果你有捐贈器官的意願，記得與家人朋友分享，讓他們明白你的心願，在黑暗降臨前，為有需要的人帶來一份大禮，燃點希望之光。

The second Saturday of November is Organ Donation Day in Hong Kong. In this edition of *HASLink*, a donor family and a recipient were invited to share their moving and life-enhancing stories.

Organ donation is the greatest gift of life. It gives new life to those who are dying, and is a miraculous light in the darkness for people whose hope is fading. This is the inspiration for our headline 'Life goes on'. In our interviews, you will learn how a donor family acted out of selfless love and donated the cornea of loved ones twice, and how an organ recipient is living a fulfilling life by giving back to the society for 30 years after a heart transplant to show his heartfelt thanks to the donor. These stories illustrate how life really can go on.

In many cases, family members do not know the wishes of loved ones when they pass away. Sadly, they often decide not to donate organs. This is a missed opportunity to sustain another life. Speak out today and let your family members and friends know your wishes so that, should darkness fall, you can be among those who give the most precious gift of all and light up hope of those in need.



換心第一人 做義工回饋社會

*Heartfelt gratitude of a
transplant patient*



「30年來每天也是賺來的。」
"Every day is a gift
in these 30 years."



訪問短片
Interview video

「最近點啊，一哥？」葛量洪醫院這天來了位老朋友——趙雲開今年79歲，別號「一哥」，皆因30年前他曾接受心臟移植，成為香港首個「新心人」，創下器官移植史新一頁。一哥娓娓道來換心後的生活，除了與家人周遊列國，更做義工鼓勵同路人，心中懷著愛，生命更精彩。

1992年12月18日，葛量洪醫院格外忙碌。當時一名21歲青年因交通意外不幸逝世，家人同意捐出其身體器官，成就本港首宗心臟移植。當時趙雲開受嚴重冠心病煎熬兩年，是這顆年輕心臟的受惠病人，「那時我不認識器官移植，但得知可以換心，就毫不猶豫答應，因為身體情況已太差。我被推入手術室前有很多人來看我，醫護人員安慰我毋須緊張。」

醫生海外受訓 天台模擬手術

為了這場手術，器官移植團隊早於80年代已著手準備。當時趙瑞華醫生（圖）任職葛量洪醫院心胸肺外科，1989年前往澳洲受訓，曾與當地醫護



穿州過省空運心臟。回港後，因醫院地方有限，團隊便於天台設置臨時手術室，搬來手術台、心肺儀器，並與港大的動物研究室合作，用本需由漁護署人道毀滅的流浪狗進行模擬手術，「我們每個人輪流反覆練習，確保每個程序不出錯，因真正的手術是無法重來的。」

等了一年多，終於迎來實戰。趙醫生跟隨師傅莫志強教授在捐贈者身上開刀取心，其間一直與負責為趙雲開摘除心臟的醫護同事緊密溝通，再趕回葛量洪進行植入心臟手術，「看到病人的心臟重新跳動那刻，你的心好像跟著他跳一樣，終於鬆一口氣。」趙醫生說，首例的成功為日後的心臟移植奠下基礎，給予醫護及病人無比信心，「這班（末期心衰竭）病人很辛苦，當用盡其他方法也無效，器官移植是讓他們重獲新生的唯一辦法。」

心臟存活30年 屬亞洲前列

隨著年歲漸老，趙雲開身體難免有病痛，但一顆心依然健康，「這麼多人換過心，醫生說我是心臟最好的一個，每年檢查也從未出問題。」他也是亞洲其中一名存活最久的心臟移植病人。趙雲開特別感謝捐贈者一家，「我每年都拜祭捐贈者，器官移植延續了他的生命，也延續了我的生命，現在每一天也是賺來的，我會盡心盡力回饋社會。」



趙瑞華醫生與趙雲開透過視像了解對方近況。
Dr Clement Chiu and Chiu Wan-hoi learn about each other's recent life via video call.

“Hey Big Brother. How have you been?” Those were the warm words that greeted an old friend who returned to Grantham Hospital (GH) recently. **Chiu Wan-hoi** – affectionately known as Big Brother – was Hong Kong's first heart transplant patient 30 years ago, turning a new leaf of development of organ transplant. Now aged 79, he enjoys life to the fullest, travelling around the world with his family and returning to the hospital to do volunteer work to support fellow patients. With love from the heart, his life is enlightened.

It was a busy day at GH on 18 December 1992 when a 21-year-old man died tragically in a traffic accident, and his grieving family agreed to donate his organs. Chiu Wan-hoi, who had suffered from severe coronary heart disease for two years, was the fortunate recipient. “I didn't know anything about organ transplants at that time, but I said ‘yes’ without hesitation because my health was already so bad,” he says. A stream of people came in to see him as he entered the operation theatre but he remembers, “the doctors and nurses comforted me and told me not to be nervous.”

Years of overseas training and practices at rooftop pay off

The heart transplant team at GH had been preparing since 1980s for this moment. Dr **Clement Chiu**, who was working in the Cardiothoracic Surgery Department at GH, went to Australia for training in 1989, and even experienced transferring hearts by air with local professionals across different states and cities. When he returned to Hong Kong, the team set up a temporary operation room on the hospital rooftop because of limited space and brought in an operating table and heart-lung transplant related equipment.

They practised by performing transplants on stray dogs due to be euthanised by the Agriculture, Fisheries and Conservation Department, in collaboration with the University of Hong Kong's Laboratory Animal Unit. “We took turns practising to make sure that each procedure was error-free, because when the time comes to operate on a patient, there is no second chance,” explains Dr Chiu.

After waiting for more than a year, the time came for the first human heart transplant. Dr Chiu assisted his mentor Prof Mok Che-keung to remove the donor's heart and kept in close contact with his teammates who were responsible for removing Chiu Wan-hoi's heart for the operation. After that, they rushed back to GH to implant the donor's heart into Chiu's body. “The moment you see the patient's heart beating again, your own heart feels like it's beating in time with him and you finally feel a sense of relief,” Dr Chiu reflects.



趙雲開積極參與義工活動，並熱愛表演，尤其喜歡「貓王」的歌曲。Chiu participates actively in volunteer work and loves to perform, particularly singing Elvis Presley songs.

The success of the operation 30 years ago laid the foundations for all the subsequent heart transplants in Hong Kong and gave new hope to both patients and the medical team. “The prospects for patients with end-stage heart failure were bleak before,” Dr Chiu says. “When all other treatments failed, organ transplantation was the only way to give them a new life.”

30-year life being one of the longest survival records in Asia

Today, Big Brother is one of the longest surviving heart transplant patients in Asia. He is inevitably vulnerable to illness now but his heart is still strong. “Many patients had undergone transplant surgery, but the doctors say mine is the strongest they have seen and I've never had any problems with my annual check-ups,” Chiu Wan-hoi smiles.

As well as the medical team that saved his life, Chiu Wan-hoi has a lifelong debt of gratitude to the family of the donor. “I go to pay my respects to the donor every year,” he says. “He saved my life and he lives on in my heart. Every new day is a gift to me now, so I do my best to contribute to the community.”



趙雲開（右）換心後與家人到不同國家旅遊，圖為10多年前於泰國留影。The heart transplant gave Chiu (right) – pictured here in Thailand more than 10 years ago – a new lease of life and the freedom to travel the world with his family.

受疫情衝擊

心臟移植減少

Doctors appeal for donors as epidemic takes toll on heart transplants

每一個器官移植個案的成功也來之不易。葛量洪醫院心臟內科部門主管范瑜茵醫生自1994年已參與心臟移植服務，形容心臟移植個案有限，發展常受質疑，多年前心臟移植被指是「一潭死水」，惟其後由新科技、新藥物扭轉局面。疫情下，捐贈數字持續下跌令人擔憂，范醫生希望能提高外界關注器官捐贈。

范瑜茵醫生分享，本港於1992年完成首宗心臟移植，此後10年每年大約有六至八宗移植個案，「心臟移植初時給人感覺是『冷門』服務，因為可遇不可求」，因此團隊多年來積極研究如何增加適合捐贈的心臟，包括在可行情況下擴闊邊緣捐贈者條件，例如乙型肝炎帶菌者也可捐贈器官。之後10年，心臟移植個案上升至大約每年10至12宗。

新科技令移植個案反彈

直至10多年前團隊引入俗稱「人工心」的左心室輔助器等新科技，為末期心衰竭病人爭取到更多時間等候換心機會，「有病人植入人工心後最長等了九年」，令每年移植個案增至雙位數；而三年前，團隊更引進器官護養系統，讓邊緣心臟也可供移植。

不過，器官移植服務正面對疫情帶來的新挑戰，例如移植病人免疫力低，要小心處理受感染後的情況，部分病人甚至不敢外出，「我們會每日跟進『心友』的查詢，盡量釋除他們的疑慮。」

過去兩年，每年平均有10宗心臟移植個案，范醫生說與近年整體願意捐贈的家屬減少有關，認為是時候加強宣傳，期望醫護同事亦響應器官捐贈，「器官捐贈可以拯救生命，適合捐贈器官的垂危病人分佈在不同醫院或部門，若同事更了解器官捐贈，相信對成功捐贈大有幫助。」

The success of each organ transplant is never easy. The development of heart transplant is often in doubt as the cases are limited, according to Dr Katherine Fan, Chief of Service of Cardiac Medicine of GH, who has been involved in the heart transplant service since 1994. Years ago, there was a view that heart transplant was in a stagnant condition, but new technology and new drugs have turned the tide. However, the number of donation in Hong Kong have fallen continuously amid the epidemic. Dr Fan appeals to members of the public for organ donation.

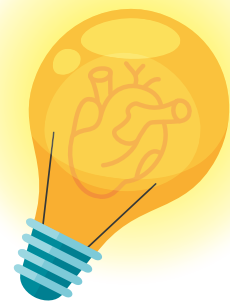
Dr Fan mentions that in the decade following Hong Kong's first heart transplant in 1992, there were approximately six to eight heart transplants a year, and the surgery was considered unattainable by many people because of the shortage of donors and the complexity of the procedure. The heart transplant team has sought to increase the number of donors over the years, including widening the parameters for heart transplant by accepting donations from hepatitis B carriers. The number of heart transplants then increased to 10 to 12 cases per year in the second decade.

New technology boosted the number of transplant cases

It was not until more than 10 years ago, patients with end-stage heart failure were able to wait longer for transplants with the introduction of new technologies such as the Left Ventricular Assist Device (LVAD), and thus the annual number of heart transplant increased to double digits. "Some patients with LVAD implanted have waited up to nine years for transplants," Dr Fan explains. Three years ago, the introduction of the Organ Care System meant that more 'marginal hearts' could be made suitable for transplant surgery.

The epidemic, however, left transplant patients more vulnerable to the infection and some patients are even hesitant about leaving their homes. "We answered daily calls from patients to allay their concerns," says Dr Fan.

范瑜茵醫生
Dr Katherine Fan

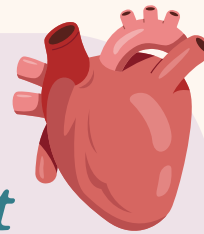


At the same time, families were less willing to donate organs for transplant, resulting in a fall in the number of annual heart transplants to average 10 cases over the past two years. Dr Fan argues there is a need to raise public awareness about how

lives can be saved by organ donation and appealed to her colleagues in the healthcare service to support the drive to recruit more donor families.

"There are potential donors in different hospitals and different departments," Dr Fan says. "It would be extremely valuable if colleagues in those departments were alert to the need for more organ donors."

養心機助移植 「邊緣心臟」 'marginal hearts' suitable for transplant



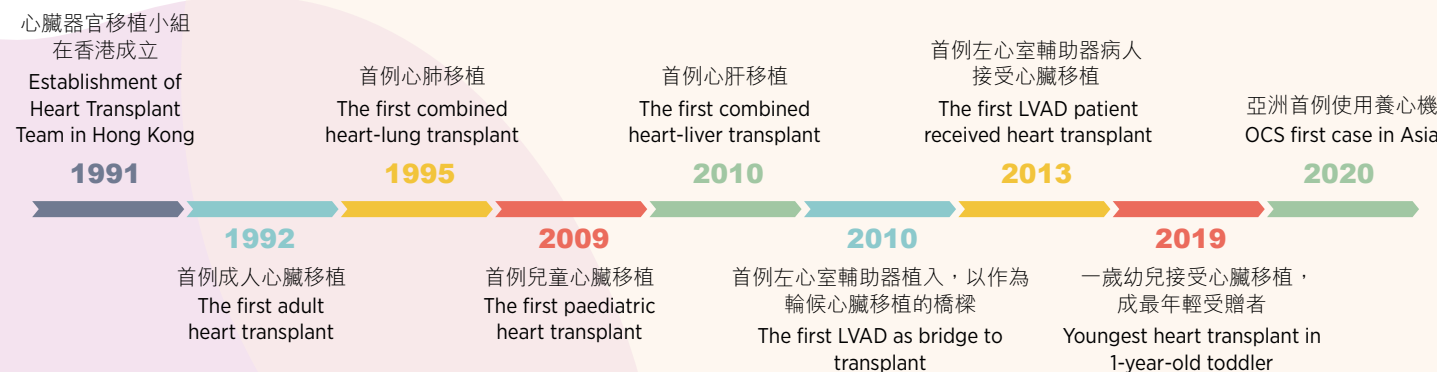
器官護養系統俗稱養心機，可把從前不適用於移植的「邊緣心臟」藉儀器維持其心臟功能，增加器官移植機會，瑪麗醫院於2020年引入該儀器，目前有三宗成功移植案例。以往從捐贈者遺體取出屍心後便會放入冷凍袋保存，惟部分「邊緣心臟」血液循環不足，冷藏後不適合移植；引入養心機後，可輸注捐贈者血液及所需藥物以護養「邊緣心臟」，同時監測心跳、血壓等。外國甚至有心臟停頓死亡個案，用養心機維持心臟功能，最後心臟得以移植。該儀器同樣適用於肺和肝移植，但因為是即用即棄，暫難以大幅增加移植數字。

The Organ Care System (OCS) is a transformative technology designed to better preserve the cardiac function of a 'marginal heart' which would previously have been unsuitable for transplanting, so as to increase organ utilisation. Queen Mary Hospital introduced an OCS in 2020 and has carried out three transplants. Previously, a donor's heart would be put in cold storage, but some 'marginal hearts' were not suitable for transplanting after storage. An OCS allows hearts to be maintained in good health with blood supply and drugs in need. It can also monitor the heart beat as well as blood pressure, etc. In some overseas cases, hearts of patients who suffered from cardiac arrests have been used for transplants after being maintained by an OCS, which can also be used for lung and liver transplants. Since an OCS is disposable, the number of transplants could not be significantly increased.



港島西心臟移植團隊2020年引入養心機移植「邊緣心臟」，是亞洲首例。
The Hong Kong West Cluster Heart Transplant Team performed Asia's first 'marginal heart' transplant with the support of the Organ Care System in 2020.

香港心臟移植30年發展 The 30-year development of heart transplant in Hong Kong



Donor family 首個家庭兩度為親人捐眼角膜 lights up other people's lives twice



「機器壞了可以換，
但器官壞了只能移植。」
"Machine can be repaired when it
breaks but life can only be saved by
a transplant when organs fail."

Catherine (右) 向 SK (左) 講解成立眼部
組織捐贈者紀念園，是希望表揚捐贈者無私
奉獻的精神。
Catherine (right) explains to SK (left) about
the objective of the Eye Tissue Donor Memorial
Garden is to recognise the generosity
and selflessness of eye donors.

「機器壞了可以換零件，但人的器官壞了就不會有額外零件替換，只有透過器官移植，得以延續生命。」兩度為親人捐出眼角膜的蔡錫基 (SK)，解釋參與器官捐贈的原因。

約20年前，SK的姑媽因年紀老邁在醫院離世，因膝下無子，與她關係親厚的SK成了在醫院陪伴姑媽走最後一程的親人。現為眼庫經理的王雪文 (Catherine)，當時以眼角膜聯絡主任身分與SK聯繫，商量捐贈事宜。憶述往事，Catherine笑指對首次接觸SK印象模糊，SK卻歷歷在目，指當時心情低落，不知如何面對親人離世，幸有Catherine安慰和鼓勵，才可冷靜與家人商量器官捐贈。「當時曾猶豫不決，因姑媽生前沒有提及捐贈器官。」因姑媽是佛教徒，家人相信她離開後可遺愛人間，故為她捐出眼角膜。

與眼角膜聯絡主任推廣器官捐贈

事隔12年，SK的哥哥因急性心臟病離世，面對親人突然離去，家人情緒陷入混亂。SK忽然憶起哥哥生前曾提及撒手人寰時，願捐出所有器官，故他主動聯絡醫院安排。恰巧當日Catherine當值，當她準備解釋捐贈眼角膜程序時，

SK向她表示是第二次捐贈，已了解有關程序。二人重遇，自此更成為推廣器官捐贈的好拍檔。

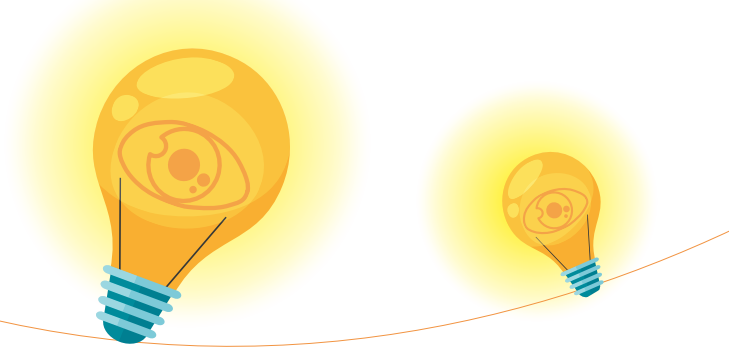
SK是香港首個家庭兩度為親屬捐出眼角膜，Catherine表示，SK的捐贈不僅讓病人重見光明，更是對聯絡主任工作的肯定，並指捐贈者及其家屬是捐贈事業的核心。「他們是愛的源頭，沒有他們的捐贈，任何器官移植都不能進行！」她感謝所有器官及組織捐贈家庭，希望有更多人加入，以愛創造更多新生命。

疫情致角膜移植輪候時間倍升

香港眼科醫院顧問醫生暨眼庫醫學總監周穎思醫生指，眼角膜捐贈在過去幾年穩定上升，惟受疫情影響，適合捐贈人士減少，現時輪候眼角膜移植的病人平均等候兩年，較疫情前上升一倍。輪候的病人要承受視力問題和眼部不適外，不少病人還會因視力問題受傷或受歧視，身心大受打擊。周醫生解釋：「小手術及眼藥水雖可舒緩部分病人的情況，但都不能代替眼角膜移植，為較嚴重病人恢復視力。」



訪問短片
Interview video



“A machine can be repaired when it breaks but when our organs fail, they cannot always be repaired and life can only be saved by a transplant,” says **Choi Sik-ki** (SK), who has twice donated the corneas of his loved ones for transplants.

SK's first experience with organ donation came when his aunt passed away in a hospital 20 years ago. His aunt had no children, and SK was the only person to accompany her in the last days of her life. He was approached by the Eye Donation Coordinator **Catherine Wong**, now the Eye Bank Manager. Catherine only vaguely remembers their first meeting but SK recalls it clearly, saying he was depressed and struggling to cope with the death of his aunt. Catherine comforted him and encouraged him to discuss the issue of eye donation with his family. “I was hesitant because my aunt hadn't mentioned organ donation before she died,” he says. After talking it over with his family, he decided to donate her corneas as his aunt was a Buddhist and SK believed she would have wanted to help others after her death.

Promote organ donation with Eye Donation Coordinators

12 years later, SK's brother died suddenly from heart attack. In the midst of the family's grief, SK remembered his brother saying he would donate his organs after death. He contacted the hospital to make arrangements. He met Catherine again, telling her he already understood the procedure after his previous experience. The two have since become friends and partners working together to promote organ donation in Hong Kong.

SK's family is the first to make two corneal donations in Hong Kong. “Donors and their family are the core of organ donation,” says Catherine. “They are the source of love. No organ transplants would be possible without their donations.” She thanks all organ and tissue donor families and appeals for more to come forward to light up other people's lives with love.



(左起) Catherine、捐贈家屬 SK 及周穎思醫生鼓勵更多人參與眼角膜捐贈，讓病人重見光明。
(From left) Catherine, donor family SK and Dr Vanissa Chow encourage more people to support eye donation to light up life of the needy patients.

Waiting time for corneal donation doubled due to COVID-19

The number of corneal donation in Hong Kong was making steady progress over the past years until COVID-19 hit. The average waiting time for a corneal transplant in Hong Kong is now around two years – twice as long as before the epidemic because cases had to be excluded from possible exposure to COVID-19, according to Dr **Vanissa Chow**, Medical Director of Eye Bank and Consultant Ophthalmologist of Hong Kong Eye Hospital. Patients on the waiting list not only suffer from vision problems but also from injuries and discrimination related to the poor eyesight. “Minor surgeries and eye drops may help in some conditions, but many severe cases still require corneal transplantation to restore vision,” Dr Chow explains.



眼角膜聯絡主任會為每個捐贈家庭準備感謝狀，亦有不少受贈病人親筆撰寫感謝卡，感謝家屬和捐贈者慷慨無私的愛。
Appreciation certificates from hospital and thank you cards from transplant recipients express their deepest gratitude to the donors and their families.

聖誕限定 報信白鴿

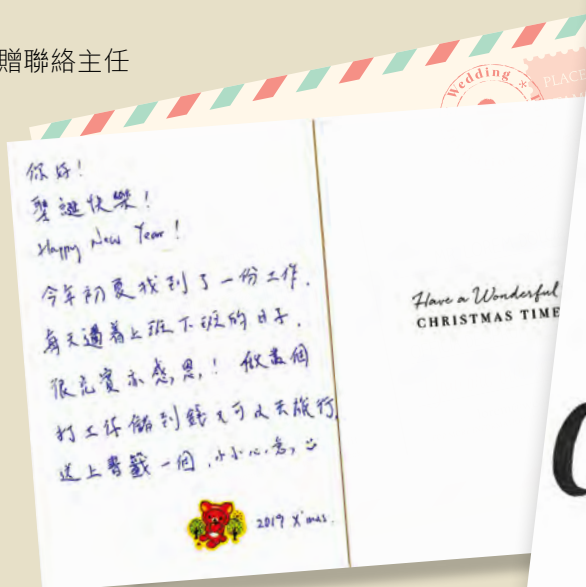
每年聖誕我都會充當「信差」，為一名換心病人傳遞聖誕卡給她的「再生父母」。

任務緣由要從八年前講起。當時10多歲的小剛（化名）於海灘遇溺，腦部嚴重缺氧，需要依賴呼吸器維生。醫生見小剛沒有康復跡象，為其測試後證實腦幹死亡。儘管家人對兒子離去感到難過與不捨，但作為基督徒的父母依然感恩兒子出生以來活得健康，並十分孝順父母。經過連番考慮，家人同意捐出小剛的心臟、肝臟和一對腎臟，希望兒子返回天家後，他的精神依然能夠以另一種方式傳承下去。

小剛離世後，他的心臟移植予20多歲的小柔（化名）。小柔重獲新生後，每年都會寄聖誕卡給捐贈者家屬，感謝他們的無私大愛，並用行動證明自己沒有浪費奇蹟般出現的新生命。這八年間，她到過不同地方旅遊、工作假期，熱心做義工，為小剛完成他未能做到的事情，並將點點滴滴與小剛一家分享。儘管法例規定器官受患者和捐贈者家屬不能相認，但家屬透過「信差」，依然能夠藉聖誕卡上的筆墨感受小柔的溫暖和愛。她對生命的熱誠令家屬深感欣慰，更確信小剛仍以另一種形式存在世上。即使事隔多年，小剛的家屬依然會透過「信差」回信，祝福小柔身體健康。

生命長短不由人。看到患者離世，尤其像小剛般年輕便失去生命，實在令人痛心。雖然我做的只是舉手之勞，但能夠在茫茫人海擔當捐贈者家屬及受患者的橋樑，令生命和愛得以傳承，是我繼續從事這份工作的最大動力。小剛及家屬讓小柔得以移植心臟，小柔則每年向家屬傳遞心意，以閃亮的生命光彩為報。希望以後能夠有更多人和家庭受惠於器官捐贈計劃，支持傳「心」，傳承。

港島東醫院聯網器官捐贈聯絡主任
蔡松林



時隔多年，雙方依然保持聯絡。左圖為器官捐贈受患者寄給捐贈者家屬的聖誕卡，而右圖為家屬另一次收到聖誕卡後的回信。

1分鐘自由講
Minute Talk



支持器官捐贈，
立即網上登記！



器官捐贈冷知識 Organ donation: Did you know?

1 器官捐贈聯絡主任除攜帶器官捐贈同意書、哀傷輔導手冊、殮葬單張外，他們的公事包可能還有甚麼？

An Organ Donation Coordinator (ODC) carries a consent letter along with leaflets on grief counselling, support, and funeral arrangements. But what else can be in an ODC's briefcase?



抽血樽 Blood collection tubes

在病人家屬同意捐贈器官後，器官捐贈聯絡主任會安排病人抽取血液樣本，與受贈者的血液作組織配對，以減低他們日後出現排斥的風險。

When the family of the patient confirms the agreement to organ donation, an ODC collects blood from the patient for blood matching to confirm whether it matches a potential organ recipient or not. It could also reduce the risk of transplant rejection.



冷帽 A beanie

部分捐贈者因中風須剃頭接受頭顱骨切除手術。當病人離世後，器官捐贈聯絡主任會用冷帽為病人整理儀容，讓家人作最後道別。冷帽由心臟移植受患者親手編織，送給器官捐贈者以表心意。

Some patients have their hair shaved when they undergo craniectomy procedures after they suffer a stroke. After they pass away, beanies cover their shaved heads when their loved ones say goodbye. The beanies are made and donated by heart transplant recipients to express gratitude.

2 捐贈器官會否令遺體受損？
器官捐贈與遺體捐贈是否只可二擇其一？

Does the removal of organs affect the appearance of the donor's body?
Can a body be used for transplants and be donated for medical research afterwards?

由於身體有胸腔的骨骼支撐，取出器官後，遺體也不會出現凹陷。手術後，醫生會為捐贈者妥善縫合傷口，外觀與一般遺體無異，家人仍可捐出遺體作為教學及研究用途。

Thorax, ribs, and other bones provide structural support, and any incisions are surgically stitched so that the body is unchanged in appearance after organ donation. The body can therefore still be donated for medical education and research.

3 不少電影或劇集都描述角色在接受器官移植後，出現了與捐贈者相似的習慣，是否真有其事？

Movies or dramas describe transplant patients developing similar habits and tastes to organ donors. Does this happen in real life?

不少受贈者進行器官移植後，均出現與往常不同的生活習慣和口味，例如突然愛上甜食。暫時未有確實證據證明器官有儲存記憶能力，但由於病人接受器官移植後，需要服食類固醇等抗排斥藥。類固醇會令人增加食慾，口味轉變或與此有關。

Some recipients do experience changes in habits and tastes after a transplant—a sweet tooth all of a sudden, for instance. There is no scientific evidence for organ memory so far, but recipients do need to take steroids to avoid organ rejection after a transplant. This can lead to an increased appetite which may account for an unexpected change in eating habits.



4 為何戲劇角色接受眼角膜移植後看到異像？
Why do some patients in movies and dramas see ghost images after corneal transplants?

所謂異像可能是重影或散光，這在穿透性角膜移植後有機會出現，因手術需要縫針以固定角膜，導致角膜弧度不平，屈光不正，這可以透過調節針線的鬆緊度或拆線來改善。

It may due to distorted or blurred vision called astigmatism. It does sometimes occur after penetrating keratoplasty. This is due to the sutures used in surgery which cause the refractive error. It can be improved by adjusting or removing the sutures.

加強與大灣區交流協作

Strengthen exchange with Greater Bay Area



醫管局於9月公布「大灣區醫療人才交流計劃」，計劃於今年第四季起，加強和大灣區內地城市的醫生、護士、放射技師及中醫師交流。今年初內地援港醫療隊跟新冠治療中心（亞博館）的本港醫護建立良好的合作基礎，新的交流計劃有助加強兩地醫療團隊持續及有系統的交流 and 促進兩地醫療服務的發展，長遠並希望建立大灣區醫療人才庫。

醫管局人手流失問題嚴重，主席**范鴻齡**表示，將多管齊下解決問題，包括引進非本地培訓醫生，及與大灣區內地城市進行人才交流。醫管局正與內地相關部委積極跟進不同專業首批人選的選拔工作和落實有關安排，期望於本年底啟動交流計劃。

在第五波疫情期間，內地中醫團隊曾在新冠治療中心（亞博館）與醫管局醫護團隊為確診病人共同診症，今次計劃亦將涵蓋資深中醫專家。范鴻齡指香港有足夠中醫人才，內地專家到港交流有助培訓本地中醫師，「現時中西醫協作計劃為患痛症、癌症及中風住院病人提供服務，希望日後可擴展至其他病人服務，令更多病人受惠，同時提高本港服務水平。」

范鴻齡又說，希望藉交流計劃讓大灣區內地城市與本港醫護互相分享經驗和學習，長遠建立大灣區醫療人才庫，最終得益的是病人。他強調在計劃下，每批內地醫護會以輪替機制留港交流不多於12個月，不會影響同事升遷。

Doctors, nurses, radiographers, and Chinese medicine practitioners from the Mainland will visit Hong Kong under a series of Greater Bay Area (GBA) Healthcare Talents Exchange Programmes announced by the Hospital Authority (HA) in September. Earlier this year during the fifth wave of the COVID-19 outbreak, a Mainland Medical Support Team came to Hong Kong to support the fight against the epidemic. They have established a good foundation for collaboration with the local healthcare professionals at the Treatment Centre for COVID-19 at the AsiaWorld Expo (AWE). Targeting to be launched in the fourth quarter of this year, the exchange programmes aim to foster the development of healthcare sector between the two places and broaden the talent pool in GBA in the long run.



HA is facing a serious manpower shortage and Chairman **Henry Fan** says HA has adopted a multi-pronged approach to address it, including the introduction of non-locally trained doctors and professional exchanges of healthcare workers with the Mainland cities in the GBA. HA is actively following up with relevant Mainland ministries and commissions on the nomination of the first batch of candidates for different disciplines and the implementation of relevant arrangements.

During the fifth wave of COVID-19, a Mainland Medical Support Team worked with the HA team to provide treatments integrating Chinese and Western medicine for COVID-19 patients at the AWE. Under the exchange programmes, senior Chinese medicine practitioners are also being recruited. Mr Fan says Hong Kong had a healthy supply of Chinese medicine talent and Mainland experts would help train local practitioners.

“The integrated Chinese-Western medicine model currently provides services to patients suffering from musculoskeletal pain, cancer, and strokes,” he explains. “I hope this model can be enhanced and extended to more patient services. That would benefit more patients and uplift the service quality in Hong Kong.”

The programmes are designed to enhance the experience sharing and learning between the healthcare professionals of the two places and establish a broader talent pool in GBA in the long run, expanding the range of services and ultimately providing better and more comprehensive treatment for patients. Mr Fan emphasises that the Mainland healthcare professionals will stay in Hong Kong for no longer than 12 months using a rotation mechanism under the exchange programmes, and thus will not affect the promotion of HA colleagues.



兩地醫護情

Memories of a special partnership



近400名內地援港醫療隊成員於3月來港，在亞博館與本港醫護團隊共同分擔臨床護理工作，照顧2019冠狀病毒病人。隨著疫情漸趨穩定，內地援港醫療隊返回廣東省，離港前送贈一件由醫療隊成員簽名的保護衣予本港團隊留念，展現了兩地團隊的情誼。保護衣現正於醫管局大樓地下大堂展示，同事經過不妨留意一下。

The Mainland Medical Support Team of near 400 healthcare professionals helped treat and care for COVID-19 patients together with the HA Team at the AWE in March, returning to Guangdong when the outbreak eased. Before they left, the Mainland team presented a protective gown signed by all of its members to their Hong Kong colleagues. The gift is now on display in the lobby of the Hospital Authority Building as a memento of the precious partnership.

兩地護士多年交流 盼互取所長

Exchanges with the Mainland nurses to tap one another's strengths

是次交流計劃包括大灣區專科護理知識交流計劃，醫管局與內地多年前已開始就護理專業進行交流，2007年曾推行「粵港專科護士培訓計劃」，當時招募廣東省護士來港參與培訓，其後透過不同平台及各種護理專業活動、研討會等，持續保持兩地的連繫；另有中醫護理交流計劃，讓香港護士到廣東省中醫院觀摩學習。曾參與兩地交流的護士認為，大灣區醫療人才交流計劃是互相取經好機會，互取所長，促進兩地醫護合作。



廣東省急症科護士曾到本港公立醫院急症室實習，包括觀摩操作插喉和心肺復甦等急救程序。A&E nurses from GD Province participated in training and placement at A&E of Hong Kong public hospitals, including observe intubation and cardiopulmonary resuscitation.

醫管局2007至2011年期間推出的「粵港專科護士培訓計劃」，招募不同專科的廣東省護士以學員身分到香港公立醫院接受培訓及進行臨床護理工作。前急症科部門運作經理劉炳發當年有份籌備急症科培訓，與廣東省護士相處了近一年，形容他們態度積極，與本地同事建立深厚情誼。

劉炳發指廣東省護士於急症室參與臨床護理培訓時，由本地護士同事負責督導，「他們適應力很強，內地護士有較多為病人吊鹽水經驗，技巧純熟；部分急症室病人操廣東話以外方言，他們亦能幫助溝通。他們更把香港的經驗，例如急症室分流模式引進廣東省的醫院，反映大家可藉交流學習彼此長處、共同進步。」

屯門醫院臨床腫瘤科資深護師陳俊鋒曾於2016年到廣東省中醫院交流一個月，觀摩當地中醫臨床護理服務。他稱該次交流對在腫瘤科推行的中西醫協作服務很有幫助，「中醫院重視病人教育，例如病人噁心嘔吐，在香港較多開止嘔藥或打止嘔針，內地中醫師則會教病人穴位按摩，讓病人平日也可自行舒緩不適。這次交流後令我更熟習中醫護理，幫助有需要病人了解中西醫協作。」

GBA Specialty Nursing Knowledge-exchange Programme is included in the GBA Healthcare Talents Exchange Programmes. HA has a long-term partnership in nursing profession with the Mainland for years. Tracing back to the 'Specialty Nursing Training Programme for Guangdong (GD) Province' launched in 2007, HA had provided training for nurses from GD Province. Since then, Hong Kong has maintained communication with the Mainland through various nursing activities and seminars etc. in different platforms. Later on, there were local nurses' visiting to the traditional Chinese medicine (TCM) hospitals in GD Province under the TCM Exchange Programme. Colleagues who had participated in these programmes before consider the GBA exchange programmes a good opportunity to learn from one another and foster the collaboration between healthcare professionals in Hong Kong and the Mainland.



劉炳發 Lau Ping-fat

Between 2007 to 2011, the 'Specialty Nursing Training Programme for GD Province' organised by HA had recruited GD nurses from various specialties as trainees to receive training and perform clinical nursing in public hospitals in Hong Kong. The then Department Operations Manager of Accident and Emergency (A&E) Department Lau Ping-fat

prepared for the training in A&E at that time, and was getting along with GD nurses for a year. He appreciates their proactive attitude who had developed great friendships with local counterparts.

Lau mentions that the GD nurses performed clinical trainings in A&E Departments under the supervision of local nurses. "They were adaptable and well-skilled in providing intravenous therapy for patients. Meanwhile, the GD nurses could facilitate communication with A&E patients who speak dialects other than Cantonese. They returned to the GD hospitals with experiences gained in Hong Kong, such as triage system. This shows that we can learn from each other in the exchange of experience and improve ourselves," says Lau.



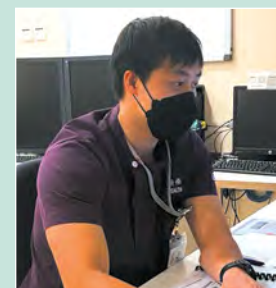
陳俊鋒 Melvin Chan

Advanced Practice Nurse of Department of Clinical Oncology of Tuen Mun Hospital Melvin Chan visited the Guangdong Hospital of Traditional Chinese Medicine to observe the clinical services of local TCM practitioners for a month in 2016. He recalls that the exchange was of great help to Integrated Chinese-Western Medicine Programme in oncology department. "The Chinese medicine hospital emphasises patient education. For example, when patients suffer from nausea and vomiting, practitioners in Hong Kong would usually give antiemetic drugs or injection. But the Mainland practitioners would teach patients to massage their acupuncture points so that patients can relieve symptoms in everyday life. I have become more familiar with TCM nursing since then, so that I can help patients to have a better understanding of integrated Chinese-Western medicine," says Melvin.

兩地放射師曾攜手抗疫

Mainland radiographers joined the Hong Kong team in fighting against epidemic

第五波疫情在本港迅速蔓延，令醫療系統不勝負荷，當時內地援港醫療隊來港協助治療新冠病人，團隊中包括放射技師。



劉暢 Jeffrey Lau

劉暢是瑪麗醫院一級放射師，其時於亞博館新冠治療中心工作。他表示當時病人太多，病床爆滿，每日都非常繁忙；加上病人多是年長及行動不便，需要攙扶或把儀器推至其床邊，才可以拍攝胸肺X光片，令工作量大增外，亦影響病人的治療。援港放射技師的出現分擔了本地放射師的工作量，亦提升病人服務效率。

盼紓緩人手短缺

劉暢指，六位內地放射技師主要來自廣東省，可以用廣東話溝通，部分年資達15年或以上，在港工作期間表現謙虛有禮。他們接受約一星期培訓後，便能獨立工作，為病人拍攝胸肺X光片，縮短醫生等候報告時間。

內地放射技師亦會主動關心病人情況，鼓勵他們積極面對病情。醫管局將招募內地放射技師來港交流學習，劉暢表示歡迎，期望可藉此紓緩本港放射師短缺問題。

When the fifth wave of the epidemic overwhelmed Hong Kong's healthcare system, the Mainland sent a Medical Support

Team, including radiographers, to help treat COVID-19 patients.

Jeffrey Lau, Radiographer I of Queen Mary Hospital, worked at the Treatment Centre for COVID-19 at the AsiaWorld-Expo (AWE). He recalls that the centre was full of patients, the bed occupancy rate was high, and the daily workload was very intense at that time. Most of the patients were elderly and had reduced mobility. They needed to help them get up, or move machines to their bedsides for X-rays, which increased their workload and affected patients' treatment. The arrival of the Mainland radiographers greatly eased the strain and improved service efficiency.

Providing relief for the manpower shortage

Six radiographers from the Mainland worked at the centre, most of them were from GD Province and could speak fluent Cantonese. Some have been working in the field for more than 15 years, but they were humble and polite during their time in Hong Kong, Jeffrey says. After a week's training, they worked independently taking X-rays, shortening the waiting time for doctors to provide prompt and appropriate treatment for patients.

The Mainland radiographers also lent moral support to patients, chatting with them about their condition and encouraging them to fight off the virus. HA is currently recruiting radiographers to Hong Kong to deepen professional exchanges between healthcare workers. Jeffrey applauds the initiative and hopes it could help address the shortage of radiographers in Hong Kong.



援港放射師曾在亞博館新冠治療中心協助照顧染疫病人。Radiographers of the Mainland Medical Support Team assisted in the care of patients infected with COVID-19 at AWE.

醫道有段故

The Inside Stories of
Hong Kong's Hospitals

屹立香港135載 大埔那打素 三代人三種情

135 years of compassionate care:
the legacy of AHNH through the
eyes of three generations of staff



(左起) 冼藝泉醫生、陳學深醫生及李玉玲形容那打素醫院是一間充滿愛與人情味的醫院。

(From left) Dr Sin Ngai-chuen, Dr Chan Hok-sum, and Freda Li say the hospital is full of compassion and love.

雅麗氏何妙齡那打素醫院（大埔那打素醫院）擁有135年歷史，是本港首間為華人提供西醫治療的醫院。醫院由三個名字組成，是本港中文名字最長的醫院之一，醫院行政總監冼藝泉醫生形容醫院是「三位偉大女士的結晶」：1887年，何啟爵士為紀念亡妻，捐款興建雅麗氏利濟醫院；隨著醫院服務供不應求，何啟胞姊何妙齡在1906年出資興建何妙齡醫院；那打素醫院1893年成立，是醫學委員會主席戴維斯以母親名字命名。

三院均以服務貧苦大眾為宗旨，最終合併為雅麗氏何妙齡那打素醫院。1997年，該院因擴院由港島區遷址大埔，繼續本著「矜憫為懷」的精神服務社區至今，由三代同事娓娓道來同事、病人、醫院情。

同事有愛 分擔前線工作

大埔那打素醫院原位於港島般咸道的院舍面積小，發展空間有限，1987年按政府建議展開遷院大計，其間曾暫遷東區協助東區尤德夫人那打素醫院開院，1997年遷入大埔。該院電子圖表檢驗部護士長李玉玲自1987年起在醫院工作，她畢業於那打素醫院護士學校，憶述當年實行學徒制，「做學護時已感受到『那打素精神就是自家人』，大家守望相助，猶如兄弟姐妹，故畢業即決定留在那打素醫院工作至今。」

年月過去，同事親密關係未曾變更，依然互助互愛。李玉玲所屬部門主要為病人進行不同類型的電子診斷，如腦電

圖等。醫護人手緊張，同事樂意支援臨床部門工作，檢查期間按病人需要提供即時護理，陪伴年幼病人進行檢查等。「我們理解病房同事非常忙碌，希望減輕他們的工作量。」部門將候命到兒童及青少科工作，攜手應對冬季服務高峰期及新冠疫情。

醫生治病 病人慰藉心靈

內科顧問醫生陳學深醫生是遷院後首任內科部門主管，他醫治過無數病人，令他印象最深刻的是一位在基督教聯合醫院跟進至今逾30年的病人。該病人為牧師，因著信仰連結，二人份外投契。病人曾於覆診時留意到陳醫生似滿懷心事，因而主動關心他，並為他祈禱，鼓勵他不要太多憂慮。「令我意想不到的是，我治療他身體上的病患，他以《聖經》真理治療我的心靈。我們彼此鼓勵，令我很感動。」醫院充滿愛與關懷，令他選擇在退休後重返崗位工作。

主動關心病人 盡顯人情味

冼藝泉醫生表示，1999年到該院工作交流時已覺得這間醫院很特別，因一般醫院未必會多次跟進未有如期覆診的病人，但大埔那打素同事會主動致電病人，關心未有覆診的原因，並再為他們預約，以免影響病情，「這是一間充滿愛心和人情味的醫院，醫院會繼續秉承『矜憫為懷』精神，關愛病人。」在第二個十年醫院發展計劃，大埔那打素醫院將會增加約800張病床和增聘人手，以應付區內所需。

Alice Ho Miu Ling Nethersole Hospital (AHNH), with a history of 135 years, is the first hospital in Hong Kong to provide Western medical treatment for the Chinese population. The hospital, named after three ladies, is one of the hospitals with the longest Chinese name in Hong Kong. Dr Sin Ngai-chuen, Hospital Chief Executive, describes the hospital as 'the love of three great ladies'. The Alice Memorial Hospital was founded in 1887, with the generous donation from Sir Kai Ho Kai in memory of his wife Alice Walkden. Then, in 1906, Ho Miu Ling Hospital, named after Sir Kai Ho Kai's sister, was established to meet the rising demand for healthcare services. Meanwhile, Nethersole Hospital, opened in 1893, was named in memory of the mother of Mr H.M. Davis, Chairman of the Medical Mission Committee.

The three hospitals shared the same mission to serve the poor and needy and were later amalgamated as AHNH. In 1997, the hospital was relocated from Hong Kong Island to Tai Po to accommodate its expansion, with the continuing mission to serve the community with compassion and love. Here, three generations of AHNHers share their heartwarming stories of colleagues and patients, and the fond memories of the hospital.

Caring colleagues share frontline work

AHNH used to be located in Bonham Road on Hong Kong Island. Due to its limited space, it was temporarily moved to the Eastern District to assist the opening of the Pamela Youde Nethersole Eastern Hospital, before moving to Tai Po in 1997. Freda Li, Nursing Officer of the Electro-Medical Diagnostic Unit, has been working in the hospital after graduated from the Nethersole School of Nursing in 1987. As it was an apprenticeship education system, classmates and colleagues were as close as family members. "We supported each other at work and in life, we are like brothers and sisters. Hence, I determined to work at Nethersole Hospital after graduation," she recalls.



陳學深醫生曾分別收到兩名病人以「million thanks」（萬分感謝）支票設計的感謝卡，笑稱已向醫管局申報該「200萬」。Dr Chan shows cards received from two patients, who respectively gave him one million thanks for his treatment, and jokes that he has declared the 'two million' to the Hospital Authority.

The close bond among colleagues has remained intact with time. The department Freda working for mainly performs different types of electronic diagnostics for patients, such as electroencephalography. At times of manpower shortages, colleagues in her department take on tasks of other clinical departments, providing immediate care upon patients' needs during examination and accompanying young patients for examinations. "We understand colleagues are very busy and wish to help reduce their workload in any way we can," Freda explains. The team will be on standby for deployment to the Department of Paediatrics and Adolescent Medicine, uniting in the fight against the winter surge and the epidemic.

Mutual healing of doctor and patient

Dr Chan Hok-sum, Consultant of Department of Medicine, was the first Chief of Service of the department after its relocation. Among the many patients he has treated, the most memorable one was a pastor, who has been under his care for over 30 years since at the United Christian Hospital. They were good friends because of their religious affiliation, and when Dr Chan seemed overwhelmed during a follow-up consultation, the patient took the initiative to show his concern, praying for him and encouraging him not to worry. "I was so surprised," Dr Chan says. "I treated his physical sickness, but he comforted my soul with the Bible. We supported each other in different ways and I am so touched." The compassionate atmosphere at the hospital brought him back to the frontline after his retirement.

A hospital full of love and care

Dr Sin Ngai-chuen says when he worked at the hospital in 1999, he already felt that the hospital was very special. Most hospitals do not follow up on patients who repeatedly missed appointments, but AHNH staff would take the initiative to call the patient and ask why they did not attend and rearrange the appointment to ensure they were well cared for, he says. "This is a hospital full of love and care, and we will continue our mission to serve people with compassion and love in the future," he says, adding that the hospital will add 800 beds and beef up manpower in the Second 10-year Hospital Redevelopment Plan to keep pace with the escalating service demand in the community.



訪問短片
Interview video

那打素今昔

Past and present of AHNH

創護士培訓及母嬰健康服務先河

A pioneer in nurse training and maternal and child health services

管理雅麗氏利濟醫院的倫敦傳道會1891年委派史提芬夫人出任護士長，為醫院首位曾接受正式訓練的護士。史提芬夫人有感其時本港欠缺護理知識和技術人才，故那打素醫院啟用時，首創護士培訓，首四位「香港製造」的護士因而誕生。

大埔那打素開創多個「第一」，雅麗氏紀念產科醫院1904年落成啟用，是本港第一間產科醫院，並提供助產士培訓，率先推行產前掛號及嬰兒保健門診，對本港母嬰健康服務貢獻良多。

In 1891, the former London Missionary Society, which ran the Alice Memorial Hospital, appointed Mrs H. Stevens as matron – the first properly trained nurse at the hospital. She discovered a lack of nursing knowledge and skills in Hong Kong and pioneered the training of nurses for the opening of Nethersole Hospital, introducing the first four Hong Kong-trained nurses.

AHNH has had many firsts in its long history. Alice Memorial Maternity Hospital, commenced service in 1904, was the first maternity hospital in Hong Kong to provide midwifery training and pioneered the introduction of antenatal registration and infant care clinics, making a significant contribution to maternal and child health services in Hong Kong.

與孫中山有淵源？

Training ground for Dr Sun Yat-sen

雅麗氏利濟醫院1887年啟用後，文遜醫生等人同年創立香港華人西醫書院，校舍設於醫院內。醫科證書課程為期五年，畢業後可獲頒「華人醫學院醫科及外科證書」。1887年至1915年期間，共有41人成功畢業，孫中山先生為首屆畢業生。香港華人西醫書院1912年併入香港大學，成為港大醫學院。

After the service commencement of the Alice Memorial Hospital in 1887, Dr Patrick Manson and colleagues established the Hong Kong College of Medicine for Chinese in the same year. A five-year certificate programme was launched, and graduates were awarded a Licenciate of Medicine and Surgery. A total of 41 students graduated from 1887 to 1915, including Dr Sun Yat-sen who was the first batch of graduates. The College was incorporated into the University of Hong Kong in 1912 as the Faculty of Medicine.



雅麗氏利濟醫院
Alice Memorial Hospital



那打素醫院
Nethersole Hospital



何妙齡醫院
Ho Miu Ling Hospital

三位藝術家在醫院

Three artists in the hospital



大埔那打素醫院充滿藝術氣息，時任醫院執行委員會主席譚尚渭教授與著名雕塑家高華文教授是舊相識，故邀請高教授為醫院創作雕塑品及攝影作品。放置在醫院外的三隻馬雕塑（下圖），有祝福病人龍馬精神、身體健康之意。

醫院不同角落亦掛有著名畫家徐嘉煬及方召麐的畫作。徐嘉煬是應首任醫院行政總監陳崇一醫生邀請捐出畫作，院內共有過百幅其作品。建築師則將方召麐三幅名畫《五指山》、《梅花》及《龍舟競渡》送到日本製成膠版，放在電梯大堂供人欣賞。冼藝泉醫生表示，藝術品可洗滌心靈，有助病人舒緩病情。

Artistic atmosphere can be experienced at AHNH. Prof Tam Sheung-wai, the then Chairman of the Hospital Executive Committee, was good friends with renowned sculptor Prof Kao Wah-man, and invited him to create works for the hospital. The three sculptures of horses (right) outside the hospital are intended to wish patients good health.

Paintings by well-known artists, including Tsui Kar-yeung and Lydia Fong, are also showcased in different areas in the hospital. Tsui Kar-yeung donated hundreds of paintings to the hospital at the invitation of Dr Chen Chung-i, the first Hospital Chief Executive. The architect sent three of Lydia Fong's famous paintings – 'Five Finger Mountain', 'Plum Blossom', and 'Dragon Boat Races' – to Japan to be made into plastic plates and featured in the lift lobby. Dr Sin says the artworks and sculptures not only give the hospital a pleasing aesthetics but also reduce the anxiety of patients.



三塊石頭的故事

Stories set in stones

何啟爵士以亡妻名字命名的雅麗氏利濟醫院於1887年2月16日開幕，標誌著本港西方醫療服務新紀元，這塊過百年歷史的奠基石現時收藏在醫院文物廊內。

Alice Memorial Hospital, named by Sir Kai Ho Kai in memory of his wife, opened on 16 February 1887, marking a new era of Western medical services in Hong Kong. This century-old foundation stone is now exhibited in the hospital's museum.



2007年慶祝大埔那打素120周年院慶，院方在草地植樹並埋下時間囊，內藏時任醫院執行委員會主席寫給醫院員工30年後的信，院方將於150周年時開啟時間囊。

In the celebration of the 120th Anniversary of AHNH in 2007, trees were planted, and a time capsule containing a letter from the then Chairman of the Hospital Executive Committee to future staff members was buried and will be opened on the hospital's 150th Anniversary.

醫院邵逸夫日診中心入口旁有一石雕像名為「對正」，意念採自醫生聽診器，耳筒管子採用繩圈的雕法，寓意醫護人員為病人診症時反覆思量，「對正」下藥。

A stone statue of a doctor's stethoscope in the style of a rope loop, exhibited outside the Run Run Shaw Ambulatory Care Centre, represents clinical decision making in the provision of appropriate treatment for patients.





2019年環富士山越野賽165公里賽女子組第五名、剛舉行的香港50越野跑系列賽港島站女子組冠軍，以及在今年以破女子組紀錄成績完成總長298公里的香港四徑超級挑戰，單看這張成績表，你可能以為她是一名全職越野跑手，其實她是每天從西灣河跑步上下班的東區尤德夫人那打素醫院骨科醫生張敏怡。

敏怡自小熱愛運動，2017年開始越野跑，參與不同本地及國際賽事，此後成績突飛猛進。「跑山是最喜歡的運動，好玩又令人快樂。」她最初跟朋友行山接觸跑山，及後發現箇中樂趣，便越跑越多，越跑越遠，本月代表香港到泰國參加國際越野錦標賽。

實習生活練成堅強意志

越野跑動輒跑數十公里，非常講求毅力。敏怡坦言她性格不輕易放棄，認為每次比賽都有辛苦時候，特別是比賽後段，要靠意志力支撐過來，但她從沒有想過放棄，因為她相信只要堅持到底，必會抵達目的地，「衝過終點那刻的滿足和成功感難以形容，無法忘記！」雖然體力耗盡，但創出好成績令她對越野跑更著迷。

對於如何練成驚人毅力，破紀錄完成香港四徑（麥理浩徑、衛奕信徑、港島徑及鳳凰徑）超級挑戰，她笑指所有訓練均來自醫院，因初到醫院實習時需要通宵工作，隨時候命，且工作量多，亦要面對不同病症。她曾因未能適應而一度情緒低落，不斷自我懷疑。隨著經驗累積，身心慢慢成長，除練成「捱眼瞓」外，亦學會時刻保持冷靜：「即使多疲倦也不可以馬虎，人命攸關。」「不可以馬虎」讓她認真對待每個病症，亦支持她跑完多個賽事。

發掘自己長處 培養自信

在崎嶇不平的山路跑步，越野跑選手比其他運動員較容易受傷。敏怡形容「撞瘀擦傷少不了，亦試過腳踝嚴重扭傷，需要停跑休養。」休養期間不僅讓她思考如何汲取經驗，減少日後跑山受傷的機會，亦讓她體會到因運動創傷入院病人的感受，更懂得安慰及鼓勵他們。

越野跑亦提升她的自信心：「以前很容易自我否定，質疑自己的能力，越野跑讓我找到興趣，發現自己的長處；成績越跑越好時，自信心亦越來越大，不論是面對賽事，抑或工作上都充滿自信。」她在山上看著夕陽堅定地說。

She was the fifth woman who finished the 165 km Ultra-Trail Mt. Fuji challenge in Japan in 2019. In the latest event, she won woman's champion in HK50 - Hong Kong Island. She also broke a record when she became the first female Hong Kong runner who completed the 298 km Hong Kong Four Trails Ultra Challenge (HK4TUC) this year. But Dr **Cheung Man-ye** is not a full-time runner. She is an orthopaedic doctor of Pamela Youde Nethersole Eastern Hospital who runs to and from work.

Keen on sports since her childhood, Man-ye took up trail running in 2017. She has been participating in local and overseas events and has made an enormous progress since then. "Trail running is now my favourite sport," she says. "It's so fun and enjoyable." Man-ye caught the trail running bug when she went hiking with friends and became more and more competitive at the sport. This month, she represented Hong Kong in the Thailand World Mountain and Trail Running Championships.

Internship is ideal race training

Trail running is usually in tens of kilometres which takes perseverance. Man-ye describes herself as someone who refuses to give up, and says she keeps going even when getting tough in the hard miles because she believes that she will reach the destination with her strong will. "When I cross the finishing line, the feeling is indescribable and unforgettable." She says she is deepening her love for a sport that is physically draining but hugely rewarding.

The best training Man-ye received before setting her new record at the HK4TUC (MacLehose Trail, Wilson Trail, Hong Kong Trail and Lantau Trail) was not on trails but in the hospital, where she worked overnight and was on call around the clock through her internship. In the face of heavy workload and different diseases, she admits she once felt down and wondered if she would be up to the job. As time passed, however, she grew mentally and physically, and learned to stay awake and stay calm. "I realised I had to stay calm and keep a clear mind, no matter how exhausted I am, because the life of the patient is in my hands," she reflects. That training gave her the mental strength to rise to the challenges of work as well as trail running.



訪問短片
Interview video



越野跑讓敏怡找到自己長處，面對工作或比賽也充滿信心。
Trail running has given Man-ye strength and confidence at work as well as in competitions.

Inner strength built from running

Trail runners are more prone to injury than other sportspeople because they move fast over rugged terrain. "Bruises and abrasions are inevitable, but I also suffered a severe ankle sprain that forced me to stop running and recuperate," Man-ye says. Her time in recuperation not only allowed her to think about how she could learn from the experience to reduce future injuries but also gave her a better understanding of patients with sports injuries, so she could comfort and encourage them better.

Trail running has also improved her self-confidence. "I used to have self-doubts but trail running gave me inner strength," she says as she prepares for a sunset run in the hills. "The more I run, the more confident I become - no matter whether I am running in competitions or at work."



敏怡完成香港四徑超級挑戰後，在終點接受香檳洗禮慶祝。
Man-ye celebrated her completion of the HK4TUC with a champagne shower at the finishing line.

流感勢重臨 外遊前打針添保護 Get jabbed before travelling to shield against flu surge



港島西醫院聯網鼓勵同事外遊前接種流感疫苗。
Hong Kong West Cluster encourages colleagues to take a flu jab before travelling.

過去兩三年新冠疫情持續，防疫措施減低了流感的傳播機會，卻同時降低我們對流感的免疫力，打齊新冠疫苗和流感疫苗是最有效的保護方法。

醫院管理局總感染控制主任賴偉文醫生表示，自2020年起，本港季節性流感活躍程度處於低水平，或與實施社交距離措施、佩戴口罩及經常潔手有關。不過，當社交距離措施鬆綁後，流感傳播風險便會增加，導致流感和新冠病毒有機會雙疫夾擊。

很多人認為近兩年流感近乎絕跡，所以今個冬天亦不會例外，但其實這有可能只是假象。南半球的流感數據往往對北半球地區有警示作用。澳洲正經歷五年來最嚴重的流感季節，自4月起至10月已出現逾22萬宗流感個案，造成300多人死亡，過千人送院。而在美國，流感個案亦自9月尾開始急升，美國疾病控制及預防中心警告將會出現嚴重流感季節。

賴醫生說，專家都認為新冠疫情爆發前的流感季節將會重臨，尤其是去年感染流感和接種流感疫苗的人數減少，呼籲同事不要掉以輕心，應及早接種流感疫苗。

「部分人誤以為新冠疫苗和流感疫苗可互相替代，但其實2019冠狀病毒和流感病毒是截然不同的病毒，疫苗成分也

不同，兩種疫苗可同時、之前或之後的任何時間接種。」賴醫生說，隨著從外地回港的檢疫措施放寬，外遊人數上升，有必要提醒同事旅遊前接種流感疫苗加強保護。

Pandemic infection control measures have reduced seasonal influenza activities in recent years but lowered people's natural immunity against flu at the same time. Vaccination against both COVID-19 and flu would be the best protection for everybody.

Hospital Authority (HA) Chief Infection Control Officer Dr Raymond Lai said low levels of flu activity since 2020 may be linked to social distancing, mask wearing, and hand hygiene. He suggested that the relaxation of social distancing measures could elevate the risk of flu transmissions, leading to potential co-circulation of flu and COVID-19 this winter.

The expectation of persistent low level of influenza activity in this winter may be an illusion as reflected by international trends. The data of flu in the Southern Hemisphere foreshadows what could be expected to happen in the Northern Hemisphere. Australia is currently experiencing its worst flu outbreak in five years with more than 220,000

cases, 300 deaths, and thousands of people hospitalised between April and October. Cases in the US, meanwhile, have surged since late September, and Centres for Disease Control and Prevention has warned of a potentially severe flu season.

Dr Lai said experts expect flu to return to pre-pandemic levels and appealed to his HA colleagues to prepare and get a flu jab as soon as possible, especially in consideration of the low infection rate and vaccination rate of influenza last year.

“Some people mistakenly think that COVID-19 vaccines offer protection against flu as well,” he explains. “In fact, coronavirus and influenza are different types of viruses. The composition of the vaccines is unique, too. COVID-19 vaccines can be given before or after and in conjunction with seasonal influenza vaccines.”

With the lifting of compulsory quarantine requirements on arrival at Hong Kong, colleagues who will travel should receive a flu jab in particular to better protect themselves when outside Hong Kong, Dr Lai urged.



醫管局員工猴痘疫苗接種計劃 Keeping monkeypox at bay through vaccination

為應對猴痘個案，醫管局為負責照顧猴痘確診病人的醫護人員安排自願性質的猴痘疫苗接種：

- 在急症室、普通科門診、第一線隔離病房、微生物學化驗室及特別內科診所工作的醫護人員，可透過「人工智能小助手」（HA Chatbot）預約
- 曾接種天花疫苗的員工（1981年1月1日之前在香港出生的人士和1980年5月之前在香港以外地區出生的人士），只需接種一劑猴痘疫苗。而從未接種天花疫苗的員工，需要接種兩劑猴痘疫苗，兩劑需相隔至少28日
- 猴痘疫苗需在 mRNA 新冠疫苗包括復必泰疫苗接種之前或之後至少相隔四星期才可接種

有關注射站詳情可參閱醫管局內聯網的「猴痘」專頁。

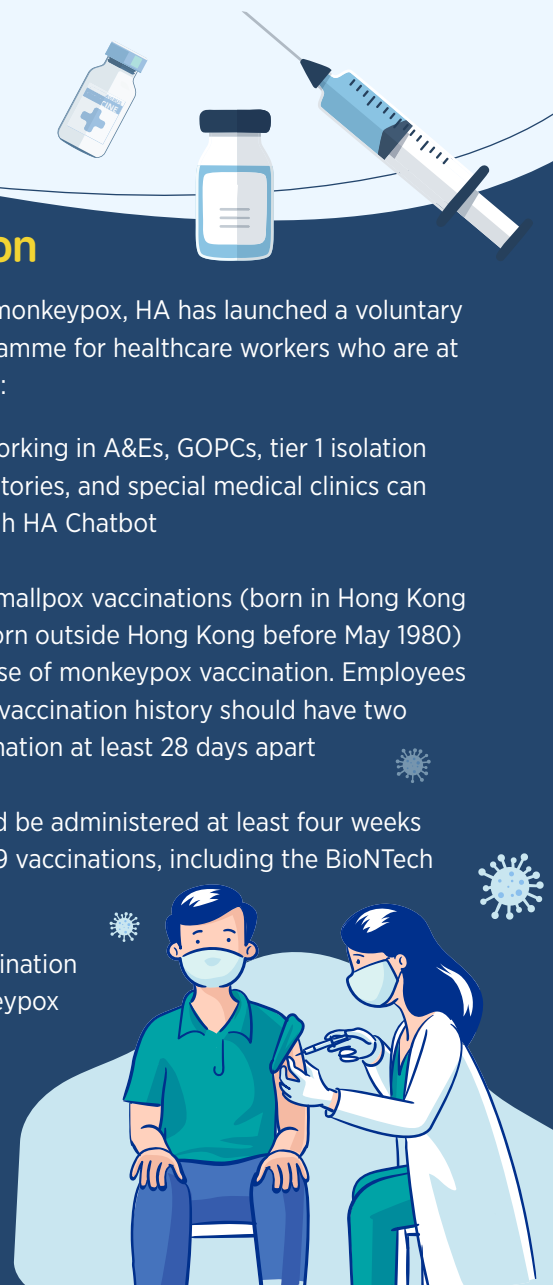


猴痘疫苗接種須知
Monkeypox Vaccination
Fact Sheet

In response to emergence of monkeypox, HA has launched a voluntary monkeypox vaccination programme for healthcare workers who are at risk for occupational exposure:

- Healthcare professionals working in A&Es, GOPCs, tier 1 isolation wards, microbiology laboratories, and special medical clinics can make appointments through HA Chatbot
- Employees with previous smallpox vaccinations (born in Hong Kong before 1 January 1981, or born outside Hong Kong before May 1980) should receive only one dose of monkeypox vaccination. Employees who do not have smallpox vaccination history should have two doses of monkeypox vaccination at least 28 days apart
- Monkeypox vaccines should be administered at least four weeks apart from mRNA COVID-19 vaccinations, including the BioNTech COVID-19 vaccine

For details of designated vaccination depots, please visit the monkeypox webpage on the HA intranet.



重建迎新貌 石硤尾門診 鄰里情濃

Much-loved neighbourhood clinic to be temporarily relocated for redevelopment after six decades of caring

普通科門診從前被稱為街症，是基層醫療中重要一環，其中於1957年啟用的石硤尾普通科門診診所（前身為石硤尾健康院）更是戰後第一代街症門診。診所服務石硤尾社區大半世紀，明年初將暫遷以配合原址重建計劃，但街坊情未變。

1953年石硤尾木屋大火後，約五萬名災民被安置於徙置區，促使石硤尾健康院於1957年11月落成啟用，是香港首批普通科門診診所。**曹愛文**（文叔）1987年加入診所任職二級工人，至2015年退休。他最深刻是診所外的大斜路，對行動不便的病人是難題，「這間診所的病人很長情，有人甚至從未去過其他診所求診，坐輪椅也要來。那時我每天幫手推輪椅上斜路，曾有年邁夫婦的輪椅配件掉進坑渠，我用了半小時才拾回來，再重新裝嵌，對方後來專程向我道謝。」



診所位於斜坡上，對行動不便的病人造成不便，暫遷及重建後問題將得以改善。
The clinic is on a slope, which is a challenge for patients with mobility issue. The temporary relocation and redevelopment will make access easier.

「未進診所也是病人」

2003年沙士一役，石硤尾健康院被衛生署劃為指定肺炎監察中心，密切接觸者需每日報到及接受身體檢查。文叔分享，不少氣喘者遠赴而來，其中有位20多歲女生走到半路已全身無力，「當時無口罩、無保護衣，其他人不敢上前幫忙，我沒想太多，立

即扶她走入診所。」文叔說，這些只是舉手之勞，「他們未進診所也算是病人，在外邊見到他們有需要，也應伸出援手。」

2003年，醫院管理局（醫管局）接管衛生署轄下所有普通科門診診所，同年入職的健康服務助理**莫綺華**（Eva）當時有份參與交接，並見證著日後普通科門診診所預約服務的發展。以前病人天未亮便來排長龍輪籌、醫生手寫病歷簿，漸成回憶。「初時病人未習慣不用輪籌，又不熟悉電話預約，我們便專設固網電話及單張，向病人解釋和示範預約程序。現時發展智慧醫療，我們也會教他們用 HA Go！」

病人主動關心職員生活

註冊護士**顧韻欣**（Shirley）表示，門診服務基層市民，民生大小事均與診所息息相關，例如2008年發生三聚氰胺毒奶粉事件，受影響家長帶孩子到診所排隊做評估，寶寶哭喊聲不絕，「當時周末也加開服務，我們逐一檢查奶粉、零食，並且開解憂心的家長。」

種種小事建立了醫患互信，Eva與Shirley格外珍惜街坊情，「很多病人定期回來覆診，除了主動交代近況，更會關心你的生活。有時只是簡單的幫忙，他們仍會真誠感激你，這份信任促使我們更認真在自己崗位做好本分。」



（左起）莫綺華和顧韻欣
（From left）Eva Mok and Shirley Ku

The general out-patient clinics (GOPCs) – once known as ‘neighbourhood clinics’ that brought healthcare to the masses – played a key role in Hong Kong’s primary healthcare. Shek Kip Mei GOPC (formerly known as Shek Kip Mei Health Centre) opened in 1957 and was one of the GOPCs of first generation in the post-war era. Having provided service for more than a half century, the clinic will be temporarily relocated early next year for in-situ redevelopment. Yet its close bond with the community will never change.



曹愛文 Tso Oi-man

Shek Kip Mei Health Centre was opened in November 1957 as one of the GOPCs of first generation in Hong Kong, providing care for around 50,000 people resettled in the area following the Shek Kip Mei fire in 1953. **Tso Oi-man**, affectionately known as Uncle Man, joined the clinic as Workman II in 1987 and served there until his retirement in 2015. He recalls pushing patients up the ramp outside the clinic every day. “The patients were very committed to this clinic,” he says. “Some of them had never been to any other clinics, and they would even come in their wheelchairs.”

On one occasion, a part from a patient’s wheelchair fell into a drain as an elderly couple was coming to the clinic. “I spent half an hour finding the part and working out how to put it back on,” he says. “The couple were very grateful and came back to thank me.”

‘They are your patients even when they have not yet entered the clinic’

Shek Kip Mei Health Centre was one of the Designated Medical Centres set up by the Department of Health (DH) during the SARS outbreak in 2003, providing daily check-ups and examinations for close contact persons. Some patients with symptoms like breathing difficulties walked long distances for check-ups, and Uncle Man recalls, a lady in her 20s who was too exhausted to complete her journey to the clinic. “There were no masks and no personal protective equipment at that time and no one offered this young lady a helping hand,” he says. “I didn’t give it much thought and immediately helped her to the clinic.” For Uncle Man, it was an instinctive reaction. “They are your patients even when they have not yet entered the clinic,” he explains. “Even if you see someone in need outside the clinic, you should offer a helping hand.”

In 2003, the Hospital Authority (HA) took over all the GOPCs of the DH. Health Care Assistant **Eva Mok** joined the clinic in the same year and was involved in the handover and witnessed the enhancement of GOPC booking service, and the ending of the days when patients would queue from dawn for appointments and doctors would write medical records by hand. “At first, patients struggled to adjust to making appointments by phone, so we set up a telephone demonstration at the clinic and distributed leaflets to show patients how to make appointments,” she says. “Now that HA is developing smart healthcare, we are teaching them how to use the ‘HA Go’ App.”

Patients care about the lives of staff

Registered Nurse **Shirley Ku** says the clinic has always had a close relationship with the community it serves as well as the people’s livelihood. During the melamine-tainted milk powder incident in 2008, she recalls parents lined up to bring infants to the clinic for assessment and the clinic was full of the sound of crying babies. “We arranged additional sessions at weekends to assess the children, check milk powder and snacks one by one and explain the situation to the worried parents,” she says.

The experiences and the care provided by the clinic built up a bond of trust between patients and clinical staff, and both Eva and Shirley cherish their neighborhood. “Many of our patients come back for regular follow-up, not only telling us about their condition but also asking us about our lives as well,” they share.

“Even though we had only done simple things for them, they were truly grateful to us and, because of this trust, we are even more committed to our work.”

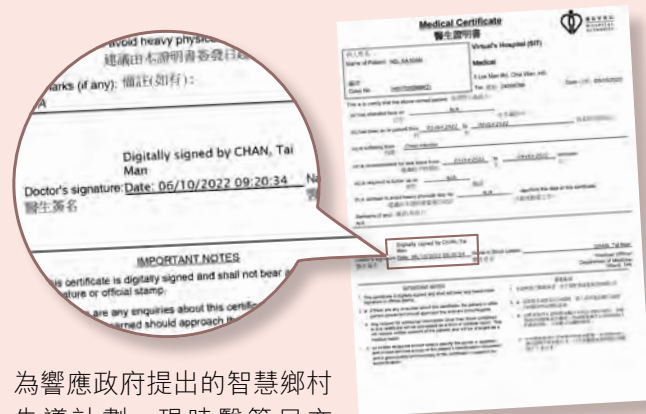


2003年因應醫管局接管普通科門診診所，文叔（中）亦轉職為運作助理。圖為他與舊同事合照。
Uncle Man (middle) – pictured with his former colleagues – switched to become an operation assistant when the GOPCs were transferred to the HA in 2003.

推電子簽署 醫生手簽病假紙成歷史

A new era of medical certificate in HA

醫管局積極完善病人的診症歷程，並為配合遙距醫療的長遠發展，病人無論是親身到普通科門診所、專科門診所、公立醫院診症，抑或是透過醫管局流動應用程式 HA Go 遙距診症，如在診症後需要領取醫生證明書，證明書上的醫生簽署即將會由過往的手寫簽名改為電子簽署，HA Go 會員更可直接在流動應用程式內的「我的紀錄」自行存取證明書，更加便利參與遙距診症的病人。



為響應政府提出的智慧鄉村先導計劃，現時醫管局亦會邀請住在鄉郊或偏遠地區的長者透過 HA Go 使用遙距診症服務，省時方便，亦減低外出受感染風險，他們更可用電子支付方式繳付診金和藥物費用。

邀鄉郊長者用遙距診症

80 多歲的大澳居民陸婆婆平日需到北大嶼山醫院覆診，這天她在醫管局及大澳鄉事委員會職員協助下，首次嘗試遙距診症，北大嶼山醫院內科及老人科副顧問醫生陳慧透過 HA Go 為她診症，評估其身體及用藥狀況。陸婆婆事後表示尚未習慣使用新診症模式，但相信熟習後會更方便。陪她診症的女兒黎小姐認為遙距診症可助節省車程和等待時間，在家診症更方便病人和家屬，期待運作更順暢後可推展至更多地方。



大澳遙距診症片段
Video of Tai O teleconsultation

Hospital Authority (HA) constantly looks at ways to enhance the patient journey. As part of the introduction of telehealth across Hong Kong, patients who consult their doctors and need a medical certificate, will receive one with a digital signature rather than a manual signature. The change applies to patients attending general out-patient clinics, specialist out-patient clinics and hospitals, as well as patients who conduct tele-consultations using HA mobile app 'HA Go'. User of the app can even obtain certificates for themselves using the app's 'My Record' section, making it more convenient than ever to opt for tele-consultations.

To echo with the Smart Village Pilot initiatives launched by the government, HA is inviting elderly people in rural and remote areas to take advantage of tele-consultations using 'HA Go' to save time and reduce the risk of infection. They can also settle their attendance fees and drug charges by e-payment.

	實體證明書(電子簽署) Physical sick leave certificate (digital signature)	電子證明書(電子簽署) Electronic sick leave certificate (digital signature)
HA Go 正式會員 HA Go full members		
親身到診所或醫院求診 Physical consultation at clinics or hospitals	✓	✓
遙距診症 Tele-consultation	✗	✓
一般病人 General patients		
只限親身到診所或醫院求診 Physical consultation at clinics or hospitals only	✓	✗

Invite elderly in rural area to attend tele-consultation

Ms Luk, a grandmother in her 80s, used to attend physical consultations at North Lantau Hospital (NTLH) but attended her first tele-consultation with help from HA and the Tai O Rural Committee. NTLH Associate Consultant of Medicine and Geriatrics Dr Chen Wai assessed Ms Luk's condition and the use of medicines online. Ms Luk said afterwards she believed the service would be more convenient for her once she got used to it, while her daughter Ms Lai said it would save travel and waiting time. Consultations at home are a major benefit for patients and their families and she hopes it will be extended to more districts of Hong Kong as the service is further developed.

行為守則

Q&A

on Code of Conduct

醫管局行為守則（守則）會定期作出更新，最新一次是 2021 年。除印刷版外，同事亦可透過 myHR App 和內聯網瀏覽已更新的守則。守則是醫管局規則及規例的一部分，為僱用條件及條款之一，所有醫管局職員務必遵守。守則與同事日常工作息息相關，以下是同事過去遇到的常見問題：

The HA Code of Conduct (the Code) would be updated regularly and the latest updates were made in 2021. In addition to the distribution of hard copies, staff can browse the updated Code via myHR App and intranet. The Code forms an integral part of the HA rules and regulations with which an employee must comply as part of the staff's employment terms and conditions. The Code is closely related to our daily work. Here are some common enquiries from staff in the past:

Q：一名病人在醫生建議下接受手術，病人出院前贈送鋼筆給該醫生表達感激之情，並堅稱即使醫生拒絕接受，他也不會收回。醫生該怎樣做？
A patient underwent a surgery upon the advice of doctor. The patient offered the doctor a fountain pen to show his gratitude before discharge, and insisted that he would not take it back despite doctor's refusal to accept it. What should the doctor do?

A：行為守則列明同事應避免藉職位身分獲取個人利益，亦不應直接或間接索取或接受任何利益或禮物。在這種情況下，無論鋼筆價值多少都被視為利益，而鋼筆是基於他作為公立醫院醫生的職位身分而提供，所以醫生應拒絕接受，否則醫生及病人都可能違反《防止賄賂條例》第 4 條。
The Code states that we must refrain from using our official position to further personal interests, and shall not solicit or accept, directly or indirectly, any advantage or gift. In this case, the fountain pen is considered a kind of advantage regardless of its value. Doctors should refuse to accept it, otherwise both the doctor and the patient might breach Section 4 of the Prevention of Bribery Ordinance because the fountain pen is offered to him on account of his official position as a doctor in a public hospital.

Q：一名將參與招聘遴選委員會的部門主管發現候選人名單上有一位私人朋友，該部門主管應如何應對？
A department head who will sit in a recruitment selection board discovers that a personal friend is one of the shortlisted candidates. How should the department head respond?

A：當履行職責時，若遇到任何與我們職責有實際或被認為有利益衝突的情況，我們必須向上司作出申報，由他決定合適的處理方法。在這種情況下，該主管應根據人力資源政策手冊第 C3 章申報利益及避免參與遴選程序。
We shall make a conscious effort to declare our interest in any situations associated with the discharge of our duties which may have any actual or perceived conflict with our private business to our supervisors so that the latter can determine how best to proceed. In this case, the department head should declare interests and avoid participation in the selection process in accordance with Chapter C3 of the Human Resources Policies Manual.

Q：一名護士將病人的病情及相片上載社交媒體，他需負刑事責任嗎？
Does a nurse need to be held criminally responsible for posting a patient's condition and photos on social media?

A：我們有責任採取所有合理可行措施，保護醫管局及病人資料、紀錄及財物，防止不當或疏忽披露、誤用或未經許可使用、遺失、損壞或訛用。護士將病人的病情及相片上載社交媒體，已違反個人資料（私隱）條例及行為守則，除遭受紀律處分，亦須承擔法律後果。此外，根據《醫院管理局附例》，「任何人不得在醫院內未經醫院內病人同意，拍攝照片、影片或錄像影片，把其容貌勾劃出來」，違者可處罰款及監禁。
We have a responsibility to take all reasonably practicable steps to protect HA's and our patients' information, records and property from improper or inadvertent disclosure, misuse or unauthorised use, loss, damage or corruption. The nurse has violated the Personal Data (Privacy) Ordinance and the Code by posting patients' condition and photos on social media. Apart from disciplinary action, there are also legal consequences. Besides, according to the Hospital Authority Bylaws, 'No person shall, in a hospital take any photograph or film or video picture whereby the likeness of a patient in the hospital is thereby depicted without the consent of such patient.' Any person who contravenes bylaw commits an offence and is liable to a fine and to imprisonment.



解構「我至 Fit」 What's inside myFitness :

「個人跑」同「團隊跑」 Individual Run and Team Run

「跑，原來都可以咁好玩！」只要有心，人人都可以做跑手，隨時隨地超越時間地域界限，並根據自己嘅程度選擇合適嘅個人跑步目標（3/10/21/42公里），想跑短、中、長距離都無問題，你亦可以跟自己步伐分多日完成㗎！

自己一個跑悶悶咁欠缺動力？快啲搵返幾個隊友組隊（四人一隊）一齊跑又得，分開各自跑又得，合力完成100公里，互相鞭策齊齊變 fit 㗎！

Running can be fun! Everyone can be a runner as long as you wish. You can break the geographical boundaries anytime and anywhere, and choose your personal goal that you find it appropriate (3/10/21/42 km). No matter you're into sprinting, middle-distance running, or marathons, you can run at your own pace and finish it on separate days.

No incentive to run alone? You can also accept a 100 km challenge with a team of four to spur one another on to workout.

小挑戰 Mini Challenge

想挑戰自己嘅體能、想激發自己嘅潛能？體能小挑戰能夠考驗你嘅恆心同鍛鍊體能，持續完成精選項目仲可以賺取額外 HA FITcoins！

If you want to put yourself to the test and stretch your personal potential, try the mini challenge, which could develop your perseverance and physical strength. Earn extra HA FITcoins by taking part daily in highlight activities.

每週最 FIT 榜 Weekly Running Man

想越跑越勇同鼓勵其他跑手一齊跑快啲就記得 check 吓「每週最 FIT 榜」，睇吓邊個跑得快過你喇！

Who has gone the extra mile to stay ahead of the chasing pack on myFitness this week? Find out with the Weekly Running Man.



紀念品獎賞 Souvenirs redemption

做運動最緊要開心！累積 HA FITcoins 換禮物，你嘅汗水係有價值！

Happy run to earn HA FITcoins to claim the unique souvenirs waiting for you at the finishing line. It's worth all the sweat when you redeem your souvenirs after your workouts.



HA Go



Android/iOS

立即下載！
Download now!



瀏覽網頁
Visit the website



醫院管理局 Hospital Authority



編輯委員會：葉根銓、蔡梓謙、鄺美鳳、莊慧敏、林欣怡、李美鳳、歐志良、凌詠儀、盧雪穎、陳瓊琪、彭慧中、談美琪、楊秀玲

編輯及採訪：吳雪文、黃漪文、司徒沛怡、梁杏怡、曾映妹

有意見或投稿，請電郵 ehaslink@ha.org.hk，傳真 2808 0242 或郵遞醫管局大樓 216N 室《協力》編輯組收。

© 醫院管理局 2022 年

歡迎轉載，請先聯絡醫院管理局總辦事處機構傳訊部。

Editorial Board: Frankie Yip, Michael Choi, Mabel Kwong, Vivien Chuang, Jessica Lam, Assunta Lee, Calvin Au, Karen Ling, Sharon Lo, Yucca Chan, Michelle Pang, Maggie Tam, Stephanie Yeung

Editorial Team: Ella Ng, Angie Wong, Kylie Szeto, Riki Leung, Yammy Tsang

For opinions or sharing, please email to ehaslink@ha.org.hk, fax to 2808 0242 or mail to Editorial Team at 216N, HA Building.

© Hospital Authority 2022

Articles may be reproduced with the prior consent of the HAHO Corporate Communication Department.

