HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院

SYNAPSE

Hong Kong College of Physicians

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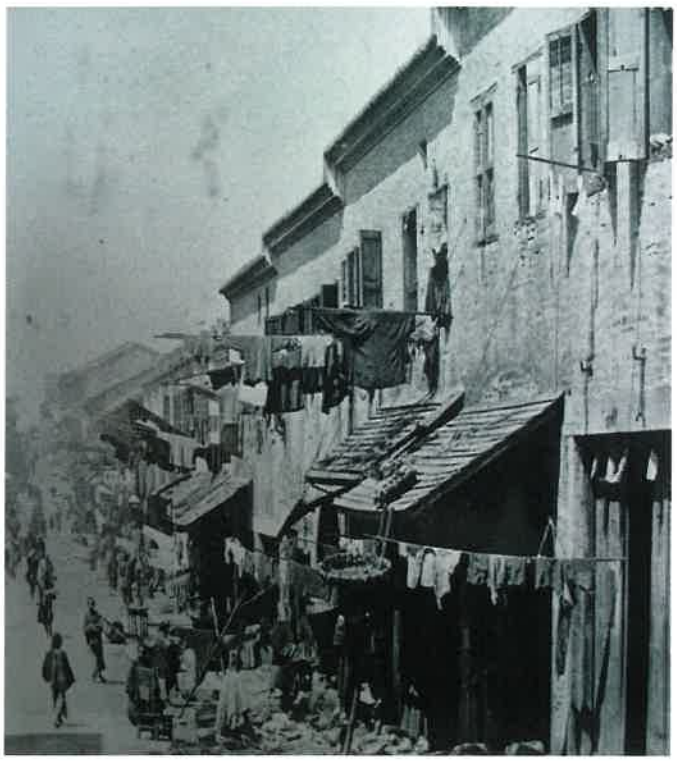

Plague in Hong Kong (1894)

A close up of the overcrowded Tai Ping Shan area, which was heavily affected by plague in the 19th Century

(Photo and information courtesy of the Hong Kong Museum of Medical Sciences)

SARS in Hong Kong (2003)

Amoy Gardens, the residential area of the largest community outbreak of SARS in Hong Kong in the 21st Century

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Editorial

Certainties out of Uncertainties

The last few months in Hong Kong and many parts of the world saw an unprecedented challenge for the medical profession of this generation. Severe Acute Respiratory Syndrome (SARS) hit Hong Kong hard with serious sequelae on our Society as well as the profession. All specialties of the medical field contributed tremendously towards fighting the disease. Not surprisingly and notably, the physicians are the mainstream 'warriors' for this battle: infectious disease physicians, respiratory physicians, critical & intensive care physicians as well as all the general internists joined hand in hand for this deed. The scope of the problem was so immense that all physicians, both in the public and private sector, saw their mission in this combat against this virus. Thus it is important and valuable for the Hong Kong College of Physicians to take record of the contributions of our fellow, member and trainee physicians for their noble act. As the Editor of SYNAPSE, I am greatly honored to dedicate this issue to Hong Kong Physicians in the glorious undertaking against SARS.

The SYNAPSE is deeply privileged to have many articles contributed by our fellow colleagues. The President's message represented a visionary view of the College on this fight and the way to look forward. We have different articles from doctors with special roles during this period. Dr. CB Leung from Prince of Wales Hospital (PWH) and Dr. CM Chu from United Christian Hospital (UCH) represented 2 physicians who, from the very beginning, took part in the fight of the disease in 2 hospitals that had a very large number of SARS patients: PWH was the first one to have the outbreak while UCH admitted the initial mass of patients from Amoy Garden. Dr. TW Au Yeung from Tuen Mun Hospital (TMH) wrote about his role as front-line in this battle. TMH was hit in the second wave of SARS and saw the unfortunate loss of the first physician of Hong Kong, the beloved Dr. Tse Yuen Man. Dr. Alex Yu from Alice Ho Miu Ling Nethersole Hospital wrote about his role as contact tracing for the SARS affected patients, a job that was so important in controlling the outbreak. Dr. KL Tong of Princess Margaret Hospital (PMH) described his role of Chief of Service in the Hospital that had the intake of the largest number of SARS patients in Hong Kong. Even more touching are the articles by two Physicians, Dr. CM Yu from PWH and Dr. WW Yan from PMH, who unfortunately contracted SARS in the discharge of their duties and became patients. Their difficult and yet brave journeys are unforgettable experiences for us to share and treasure. Our College had held a SARS symposium to update our Colleagues on this yet mysterious disease and Dr. Kenneth Tsang from Queen Mary Hospital gave an account of that event.

The glorious passing away of Dr. Joanna TSE Yuen-Man and Dr. Kate CHENG Ha-Yan filled us with profound sorrow. However, their heroic act would only make us feel great pride with them and they will always be in our heart. Their obituaries are published in the current issue and the College sends our deepest condolences to their families.

The College has received a lot of support and encouragement from colleagues around the world: among them is a letter published here from Professor Carol Black, President of the Royal College of Physicians, London.

When SARS first inflicted patients and health care workers of Hong Kong in March, there were so many unknowns and uncertainties: about the disease, the microorganism, the diagnosis, the mode of spread, the infection control and the treatment. Yet the certainty that our health care workers have shown to the community and the world was the noble virtue of us joining in the fight selflessly.

Out of such uncertainties, our College Fellows and Members have been very active and prompt in researching into knowing more about the disease and let the rest of the world to share and learn from our experiences. A list of some of these distinguished publications, as to date, with our Fellow or Member as first author is put up in this issue of *SYNAPSE* to show the professional expertise and excellence of our colleagues.

The cover photos are 2 pictures of Hong Kong on the 2 epidemics, plague and SARS - one from 19th Century and one 21st Century respectively. The certainty that these 2 pictures would have an everlasting image and impact in the history of medicine and public health of Hong Kong is unchallenged. The uncertainty lies in the fact that no one knows what the next epidemic is like and when it will come in future. This brings out the importance of hygiene and environment, virtues that need to be maintained and protected by our community, regardless which period of time.

The certainty of our colleagues to show their continual highest professional standard and ethics in the management and fight of any future unknown disease gives us comfort and great pride out of all the uncertainties whatever this disease may be.

Salute to all Health Care Workers! Salute to all Physicians!

Dr. Philip K.T. Li
Editor-in-Chief

Battling SARS in Hong Kong

Message from our President

The battle of SARS had finally been won. We can now look back with pride that so many of our Fellows and Members had given their selfless dedication, devotion and time in this battle. It is most unfortunate that two of our aspiring young physicians had lost their lives and must be applauded for their bravery. Tribute must also be given to all our Fellows and Members who came down with this syndrome in trying to save others with this terrible and terrifying disease.

This issue of Synapse is dedicated to all who had devoted their time and effort in the call of duty to the battlefront. This is a good opportunity for all of us to share their experiences and thoughts particularly those who had a first hand knowledge and experience as a physician and as a patient, some critically ill and recovered.

That this syndrome was so rapidly controlled and the coronavirus identified within such a short space of time is most gratifying, in spite of and despite of circumstances not under our control nor of our making. This is the result of a territory wide conjoint and collaborative effort from members of all the Departments of Medicine in the Hospital Authority and the two Universities under the most adverse and difficult circumstances created by political pressure.

Our College had established a Committee to investigate into the clinical management of SARS under the joint Chairmanship of Professor TK Chan, Past President and Dr Vivian Wong FHKCP from the Hospital Authority. We hope that the Committee will offer us the guideline in the clinical management such as the use of Ribavirin / Kaletra, steroids, whether pulse-dose or small dosing and the timing of use. This is purely a scientific analysis without any political overtone. Hopefully it will provide clinicians with some evidence-base conclusion on which, if any, is the best regime or none at all.

Finally we must once again pay our tribute, gratitude and encouragement to all those who showed such selfless dedication and bravery in the participation in the management of SARS.

Professor Richard Yu
President
Hong Kong College of Physicians

SARS – Reflections from a staff in the New Territories East Cluster

Dr CB Leung
Prince of Wales Hospital

On the late afternoon of 11-3-2003, I arrived at the Department office after finishing the Renal clinic. I noted the atmosphere was a bit tight and learned that there was quite a number of medical and nursing staff from ward 8A who fell sick in recent few days. It came to the attention of Prof Joseph Sung who decided to recall these staff for screening that evening and I was asked if I could help out. I agreed, not knowing it was the start of a commitment of 13 weeks of continuous work .....

We finished a brief supper, during which Joseph and our virologist briefed us on the severity, with around 30 staff affected. The best guess at that moment was some kind of viral infection and the likely candidate was influenza A, or some kind of atypical pneumonia. For our own protection, we used N95 mask and a disposable gown. We also decided on the strategy of screening – temperature would be measured; chest radiograph, nasopharyngeal aspirate and blood for viral studies would be taken. Staff with fever and / or chest X ray changes would be admitted. The Ward for admission was to be decided, pending on the number of staff affected. In order to have a better capture of the data, CMS stations were installed in the screening area, which was decided to be in a conference room in the second floor of the hospital. We felt indebted to our local Information Technology team for providing such an efficient service with short notice.

The screening started at 6 pm. We anticipated 30, but the attendance was over 60. All came with a worried and tired face, and most have a high fever. Quite a number of them did have chest X-ray changes. They sat quietly in the corridor outside the conference room. The number built up. Finally Joseph had discussed with the Hospital to vacate the Observation Ward from Accident and Emergency Department to admit some 20 affected staff. We asked the other staff to observe their general condition and temperature, and to finish the course of medication. By the time things were settled, it was around midnight.

Next morning, everyone was eager to see if anything happened overnight. Fortunately, all admitted staff had a good night's sleep and we were all reassured. We decided to have a daily departmental meeting to inform all staff of recent events. This proved the importance of communication, which was always two-way. During the departmental meeting, apart from the information update from Joseph, staff contributed constructive ideas. With the sharing of information via such proper channels, rumors were stopped and people were less anxious. At that time, without knowing what's going on, all of us did worry the infection would spread further. Meetings after meetings, we could only apply our educated guess. It seemed that most staff, including medical students, were from ward 8A, but what was the source?

Our optimism was challenged when most staff became unwell in the next 3 days, with some running a swinging fever. It was decided to open an infection triage ward, and I was asked to take charge. This ward would admit those who with fever, with or without chest X ray changes, who had contact with 8A. This ward was very soon filled up, and other wards were required to open in succession to accommodate these patients. Many of the patients developed progressive chest X ray changes and oxygen desaturation, some of whom required to be transferred into the Intensive Care Unit. At first we thought that it was just a few days of observation, but some did require intubations. Apart from the staff from our own Department, those from Accident and Emergency Department were also affected. This hinted that the source of the disease could not be only from our own staff or from 8A ward.

We knew that we couldn't fight this unknown disease alone, as many of our staff were down. We had tremendous support from our other colleagues in the hospital, with much timely help in terms of space (wards) and manpower (nursing staff, house officers and MOs), mainly from the surgical streams. Volunteers from QEH, TMH, RTSKH and the other hospitals also helped out. The infection did not seem to contain itself in PWH and there were "sporadic" cases elsewhere in other parts of Hong Kong, and of course the famous Amoy Gardens outbreak. At this stage, our ICU was filled to capacity, and the use of convalescence patient plasma (CPP) was employed. It did help in some situations, but the supply was limited in view of the tremendous demand. We started to have more staff recovering from the stormy course of the disease. All of them willingly donated their plasma in helping others fight through the disease. At this stage, we still had no idea of what's going on, but suspected a viral agent and hoped that the antibodies produced by the immune system would result in recovery as well as alter the course of disease in others. With requests from various hospitals for the CPP, we did our best to answer to the needs, which out-numbered the supply. Despite this, we tried our best to supply to a number of hospitals in Hong Kong : UCH, TKOH, QEH, TMH, KWH, AHNH and PMH. I did believe that the CPP was useful, given with correct timing and dosage but the problem was how to find out what is "correct".

The staffs' general well being was important in fighting this long battle. Since none had any idea how long it would take, we first introduced the practice of 3 days leave following a continuous 2 weeks work in high-risk areas for ensuring adequate rest, especially for our front-line staff. It was just an extra day off in addition to the staff's usual 1 in 7, but it helped very much to improve the understanding between the front-line staff and the administration – they did care. The Hospital Authority later adopted this practice.

In mid- to late-March, we had more information on this small Coronavirus. After the closure of PWH to admissions, most staff affected started to improve, although there were new sporadic cases of staff and patients affected. The disease was definitely not confined to PWH, the disease was then also in the community. Unfortunately, Alice Ho Miu Ling Hospital (AHNH) started to see increasing numbers of SARS patients. As PWH was the first hard hit area, we did accumulate some experiences, and I was asked to set up a SARS unit in AHNH. I went there with 2 MOs on 14-4-2003. I felt the anticipation and the anxiety of staff, which was fully understood. In the first briefing with the staff, I "promised" them not to let any one of them down. With the diligence of staff in all grades in observing all infection control measures, I kept my promise and no staff in the SARS wards was infected. After working in AHNH full time for 3 weeks, when staff became familiarised with the running, I left and returned to PWH. We still kept in touch for experience sharing and I returned for rounds when required. That was a very good experience and support was ample.

The number of in-patients in PWH decreased from May and the number of SARS wards declined from a height of six. By 6-6-2003, we arranged to transfer the last convalescent SARS patient to Shatin Hospital and we declared the SARS ward was closed in PWH. That was 88 days from its start.

I'm in debt to my family. For the whole period, my kids hardly saw me apart from in the news. My youngest daughter was just a month old when the Observation ward was opened as the first SARS ward. I had stayed away from home in the initial 2 weeks due to the uncertainty and the risk of transmitting the disease. My wife demonstrated much patience and tremendous support during this period.

On looking back, there are lots of things to be learnt. Our health is not something taken for granted. All our colleagues are young, strong and fit but yet, are so vulnerable to this small virus. Once the goal is set, we have a fully dedicated team, be they medical or nursing staff, whichever specialty or subspecialty; all are willing to give their best to serve. No one is asking for reward and the extra day off is just a bonus, in which the wisdom of the administration is seen. Efficient communication and knowledge dispersal is very important. The full understanding and support from the administration to the front- line staff cannot be emphasised more. With the full cooperation of the whole society, we did fight a hard but good battle, demonstrating the merits of Hong Kong people.

I'd like to end with a quote from the Bible (New International Version),

"That everyone may eat and drink, and find satisfaction in all his toil -this is the gift of God"

Life would never be the same again

Dr CM Chu
United Christian Hospital

March 17th, 2003 was a fateful day for me. It was my birthday and it was the same day the management of United Christian Hospital called for an urgent meeting in the late evening to prepare for SARS. I thought to myself, life would never be the same again. No birthday party with my family for a start.

At that time we called it 'atypical pneumonia', we have been receiving sporadic cases all along. It was very timely that the Hong Kong Thoracic Society had hosted an *ad hoc* symposium on 'Atypical Pneumonia' in its Annual Scientific Meeting held on 15th to 16th March 2003. International experts including Prof. N S Zhong were invited to share their experience. Learning what has happened in other hospitals and other parts of the world, we have decided to move quickly in UCH on 17th March. To prepare for any sudden surge in admissions, we decided to defer admissions of less urgent cases. We have made contingency plans to mobilise manpower and wards to prepare for possible outbreak. From what we have learnt from those who have treated atypical pneumonia, we formulated our initial management protocol. Forums were held to brief staff of the latest developments. All this happened before we knew coronavirus was the culprit.

It almost seemed we have overreacted until 25th March when 3 families from the now famous Amoy Gardens were admitted for atypical pneumonia. When we reviewed our admission record, we identified our first patient from Amoy Gardens admitted on 24th March for atypical pneumonia. The outbreak was immediately reported to the authorities. From 26th March onwards, more and more patients from the Amoy Gardens were admitted, and the admissions peaked on 27th March 2003, when we received more than 60 patients with 'atypical pneumonia' in one single day. Admissions of similar cases continued until 29th March when Princess Margaret Hospital was converted into a SARS hospital.

With the rapid influx of cases, wards were deployed at short notice to be converted into SARS wards. Some wards were converted overnight. We had managed 194 clinical SARS cases in total, and we have opened 4 adult SARS wards, a paediatric SARS ward and a separate SARS ICU. This would have been impossible without the selfless dedication of all involved parties, from administration staff to front liners. Friends from other HA hospitals also helped to take over SARS cases to take off pressure from UCH, including Dr Kenneth Tsang of Queen Mary Hospital, Dr Loretta Yam of Pamela Youde Nethersole Eastern Hospital and Dr Gavin Joynt of Prince of Wales Hospital.

Staff working in SARS ward faced immense psychological stress and infective risks. We did not fully understand the behaviour of the virus, the clinical course of the disease, the best treatment, the ultimate outcomes of afflicted patients and how best to prevent infection among staff. We worried about our patients, sick staff and our families. The stress would have been insurmountable were it not for the spirit of fraternity among the medical professions. Prof K Y Yuen and Prof Joseph Sung came to join our rounds and shared their first-hand experience. Volunteers from many teams and departments joined the SARS team to fight the virus. Dr K S Chan, COS of Pulmonary and Palliative Care Units of Haven of Hope Hospital, our rheumatologist Dr W L Ng, our neurologist Dr P W Ng, our geriatrician Dr T C Sim, our ex-colleague Dr T W Tse from MSF and residents from our own department and Departments of Surgery, Orthopaedics, Family Medicine, Obstetrics and Gynaecology joined us in the fight. The seemingly fortuitous skill-mix proved advantageous to the SARS team. We benefited from our rheumatologist as we later learnt that the pathogenesis of SARS was as much immunological mediated as viral mediated. We became aware of the possible neuropsychiatric sequel to SARS through our neurologist. Our geriatrician guided us in the recognition of cryptic cases in the elderly, advised the elderly homes in our catchments regarding infection control and assisted us in the organisation of rehabilitation programme. Volunteer doctor from MSF shared his experience in outbreak control. Our O & G colleague helped us in assessing pregnant SARS cases.

I dare say life is transformed in everybody who has worked in the SARS team of UCH. We have faced death and we returned. We were wounded and were healed. We prayed and the prayers were answered. I hope our keenly felt emotions would not be reduced into kitsch - we become more sensitive to our patients' needs, we come to treasure our lives and our families, and we develop an indescribable trust among our team members.

SARS at the Princess Margaret Hospital

Dr. Tong Kwok Lung, Matthew
Princess Margaret Hospital

Princess Margaret Hospital (PMH) was opened in 1976 as an acute general hospital providing acute tertiary care support to the community of Kwai Tsing and Tsuen Wan districts. Being the only infectious disease center in Hong Kong with a capacity of 56 isolation beds, PMH was designated to take care of all SARS patients from 29 March 2003. The Infectious Disease Team had taken care of over 110 SARS patient since 6 March prior to the major task and no staff contracted SARS during the period. On 21 March 2003 there was the Amoy Garden outbreak caused by a "Super spreader". This had accelerated the plan of a designated SARS hospital. The hospital was planned to open 1000 beds with 100 ICU beds. Wong Tai Sin Hospital will back-up PMH with a capacity of 600 convalescent beds. We only had a short period of time to evacuate all patients from PMH because Amoy patients had flooded up United Christian Hospital and there were SARS patients from most areas of Hong Kong. All patients suspected to be suffering from SARS would be transferred to PMH according to the screening criteria set by the Hospital Authority.

During the 48 hours before the battle, contingency plans were made to prepare the hospital to be able to house 1000 SARS patients. All hospital beds in PMH were designated to be SARS wards. Lai King Convalescent block and the Jockey Club Nephrology and Urology Center remained as clean wards to receive chronic patients for convalescence and renal patients requiring dialysis. All elective surgeries and day procedures were stopped. All non-SARS patients were decanted to cluster hospitals and Lai King Block. Several video-conference forums were conducted for cluster hospitals to recruit additional staff to fight against the battle. At the ward level, beds were spaced out with 6 beds for each cubicle. Exhaust fans were installed and ventilation were improved. Clean, dirty zones, gowning and degowning areas were identified. Adequate supplies of personal protective equipment were ensured and infection control measures were tightened. Staff and patient traffic was reduced to minimum and no visiting was allowed.

PMH Accident and Emergency Department was closed at 0:00 hours on 29.3.2003 and we started admitting SARS patients 9 hours later. Some medical wards are still occupied by medical patients, many are chronic debilitated patients and some are quite ill. We had not enough time to evacuate all the patients within such a short period of time and they were cohorted in two medical wards. All the remaining prepared wards began to receive SARS patients from all over Hong Kong. Many of the patients especially those from Amoy Garden were quite ill. Because of the mass influx of patients, the medical wards in the medical EF block was filled up with patients after 2 days. Within 1 week, we had admitted 535 suspected SARS patients with an average daily admission of 80. On 6.4.2003, we had a maximum of 602 in-patients with 433 being confirmed SARS patients. Since large numbers of patients were admitted every day, we tried to cohort the two groups of clinical SARS and the suspected SARS patients in the admitting ward and triaged the patients to the SARS and non-SARS wards once the clinical diagnosis was made to prevent cross-infection. With the sudden influx of patient, many of them are quite ill requiring high flow oxygen and intensive care support. More ICU beds were opened which demanded a large number of skilled medical and nursing staff. Nurses from CCU, respiratory ward, operating theatre were deployed to ICU. The peak number of patients in ICU was 43 on 9.4.2003. Unfortunately, a total of 23 ICU staff were knocked down by the SARS infection within the first week of admission. ICU medical teams from other hospitals (CMC, YCH, PWH and QEH) came to rescue. 5 doctors from the Department of M&G were deployed to work in the ICU to continue medical support to the critically ill patients. One medical ward was also converted into a High Dependency Unit to support the ICU. Other hospitals like QMH, PYNEH and TMH helped by taking over some of the ill patients requiring potential ICU care. Because of the ICU crisis and the large number of admissions, PMH had to stop admission of SARS patients except those from YCH AED and PMH staff clinic on 10.4.2003. With the decrease in the number of admissions and gradual discharge of patients, things are getting under control.

Within the first two weeks after admission of SARS patients from all over Hong Kong, and especially before the arrival of helping hands from PWH, WTSH and KWC, the medical and nursing staff were working under tremendous tension and stress. They were exhausted and many of them isolated themselves from the family to prevent cross infection. Indeed there were quite strong sentiment and emotion because of the flooding-in of patients, the highly contagious disease, sick staff, the unforeseen circumstances and the unpredictable future. Despite all these, our devoted and brave staff retained extremely good spirit to meet the challenge and continue their top-class professional responsibility to help the patients in need. I certainly would like to take this opportunity to salute to all, especially to the sick staff and helper hands from other institutions.

As at 27.5.2003, PMH had totally admitted 1,032 patients with 584 confirmed SARS patients, nearly 1/3 of the total SARS patients in Hong Kong. The patient mortality was 10%. We have achieved a very difficult task, nearly mission impossible. Even though the system frayed when it was stretched beyond reasonable limits within a short time, it is indeed a tribute to all staff as they have done so well under such unpredictable and trying circumstances. Let's hope that this killer virus will vanish forever after this major attack in Hong Kong.

It all began on one Saturday morning...

Dr AuYeung Tung Wai
Tuen Mun Hospital

It all began on one Saturday morning, March 15. My wife rushed into my office and told me that something very extra-ordinary was happening in Prince of Wales Hospital. A lot of doctors and nurses had fallen sick with pneumonia and some of them were in critical condition. Our medical instinct drove us to open the windows in my office as widely as possible. We went to the MO office next door and advised them to do the same but that was not quite enthusiastically received.

I was alarmed. I sensed that it was a very infectious and grave condition. I told my family to avoid public places and that it was much more hazardous than avian flu although I did not know exactly what it was. Very unfortunately, I was proven to be correct not long afterwards.

The outbreak in Amoy Gardens and the crisis in Princess Margaret Hospital followed very soon. Our department was all waiting for SARS patients to come to Tuen Mun Hospital with apprehension. During mortality meeting one Monday afternoon, our COS announced that we needed 3 doctors to go to PMH. If there were no volunteers, it would be done by drawing lots. I still remember vividly the deathly silence that followed. I could see the worries written on the faces of our colleagues. I was also uneasy. My wife was sitting a long way off from me as we normally do in department meetings. I had decided to go to PMH but had to talk with her first. I did not raise up my hand in the meeting. This was a very crucial moment in my career as a clinician. I did not see it as anything heroic but just felt that it was natural and I am honoured to take part in this "Disease of the Century". We exchanged several words on our way home that evening. Shortly afterwards we understood that we had made our decision to go separately during the meeting. That was very nice and we felt very comfortable. We are both doctors and we had no children. We were the best candidates to go to PMH. It was April 7.

We were a little bit disappointed the following day when we knew that PMH did not need us, as SARS patients would be transferred to Tuen Mun Hospital directly. Our department had to set up the first SARS team. We by default became the first members on rotation. Then followed my two and a half week in SARS ward. It began from April 14.

Our team had 2 SMOs and 8 MOs under the supervision of 2 consultants. We gathered on one afternoon. Everyone felt insecure in the face of an unknown disease that could endanger our lives. Team spirit was the utmost important element for the success and survival in these circumstances. My job was to boost up the morale so that everyone in the team felt that they were being supported. I proposed that the SMO should go to the frontline to work together with the MOs. I had to thank the other SMO in the Team, Dr Lai Wing Kin for he agreed with that without hesitation. The atmosphere was very warm and the spirits were high. All team members volunteered to give up their leave during Easter long holidays and scheduled vacation leaves were cancelled. Everyone agreed that there would be no Saturdays, Sundays and Public holidays in the coming 2 week. Every day would become a regular weekday. We decided to work continuously on shift basis to support each other and duty rota was swiftly worked out. This was fraternity. This was professionalism. I am proud that I was in the first SARS Team in TMH.

I combined the first round and senior round in my SARS ward to improve the efficiency and make the MOs feel secured. Every morning I, together with 3 MOs, saw the patients together. We made the treatment decision, and then we shared the workload of blood taking, setting heparin block, and making phone calls to relatives. We learnt from each other how to put on the protective gear; how to test, to put on and take off the P100 mask; and how to wash and dry them. No one knew how to do it. We invented our own way by collective wisdom. We left the ward together every morning. No one would be left alone.

My memory of my SARS ward days is still very vivid. I still remember the intense heat with all the protective gear on, the sweat dribbling from the forehead and all over the body, the fogged goggles, the breathing noise of my own within the P100 mask, the shouting over speaker phones and the occasional temper tantrum due to CO2 retention. I lost 1 inch on my waist and 10 pounds on the scale after the rotation.

We were granted 3 days of "Quarantine Leave" afterwards. I felt like a soldier back home from the frontline of the battlefield. The only difference was that I was not safe yet. God knows I could have fever at any time. Jenny and I decided to enjoy life. We bought fine food and good wine, which we would not have considered in the past because of the price. We enjoyed the holiday very much. Life could be very simple and beautiful sometimes, just breathing without a mask in your own backyard.

I witnessed a lot in this SARS crisis. People changed, from good to bad or from bad to good. SARS precipitated the true goodness within the hearts of a lot of doctors. SARS at the same time drove the evil to become more evil. Fortunately, after all this, I was convinced that there is still more good than bad. This planet is still a wonderful world to live in.

When a doctor becomes a patient

Dr Yu Cheuk Man
Prince of Wales Hospital

Over the last 4 months, we were overwhelmed with the news surrounding a new disease entity- severe acute respiratory syndrome (SARS). Everyone followed very closely on what was going on- the number of newly diagnosed SARS patients, the death toll, the new medical discoveries about the disease, the introduction of various infection control measures, the impact on tourism and local economy...

This SARS outbreak has affected all Hong Kong people one way or the other. Therefore, everyone may have his/her own feeling about this worldwide misfortune. Being a doctor and one of the first batch of patients who contracted this very mysterious disease (at least at that time), I would like to share with you mine.

"Health is something that it is all too easy to take it for granted and yet, it is not always under our control. This is, for sure, no exception for health care workers." Although we have been telling the same thing to our patients for so long, it is really the first time that I genuinely listen and share after my SARS attack.

The disease started off with a bit of headache, low-grade fever and intermittent cough. Thinking that they were just minor problems, I still worked for extra hours in my office after taking a few tablets of panadol. The fact is, as you know, the epidemic had silently struck me and the hospital. In the following days, I was deeply amazed how my "strong" body could be so badly hit by SARS. I had never felt that tired and exhausted even though I stayed in bed all the time. I was dizzy and ran a high swinging fever. The severe cough did not allow me any reasonable sleep and registered myself a member of the "24-hour cough concerto" comprising professors, doctors, nurses, health care assistants, occupational therapists and medical students. What an experience to be so dyspnoeic when I just turned my body from side to side! How many people could imagine that just going to the washroom could be a "mission impossible"! Suffice to say, I was very sick.

Aside from the physical experience, it was the up-and-down psychological journey during the disease that added to the suffering.

On the day of my hospital admission, the ward had already filled with quite a number of colleagues who were admitted earlier on. On the following days, more infected staff came in. Worse still, I began to see deterioration in some of us including myself. Some even required ICU admission for escalation of treatment. I felt very sad. At that time, we had very limited knowledge about SARS. We even did not know the causative agent and its mode of transmission, and yet the number of infected people was ever increasing. Under these circumstances, you could imagine the intense stress that our colleagues faced who were trying hard to work through an appropriate treatment regimen to combat the disease. I was so grateful to Professor Joseph Sung's decisive action on commencing steroid and ribavarin therapy. Otherwise, many of us may not be here to share our feelings today. Although death had once come across my mind at the night when I developed sudden oxygen desaturation, my confidence soon returned through the sincere support and reassurance of Professor David Hui and Dr. CB Leung.

From the bottom of my heart, I salute to the respectable health care workers, both from public and private sectors, who battle bravely against SARS. I did witness the highest spirit of selfless dedication and professionalism across the board of our health care system.

Without doubt, we have big losses in this SARS outbreak. We have lost so many precious lives including those of our respected and beloved colleagues. Our economic down-turn sustained another significant blow, etc. On the other hand, the medical field has earned unprecedentedly enormous support and utmost respect from the community. Although school was halted for weeks during this crisis, appreciation of frontline workers' contribution becomes a major theme of teaching in many schools. Family bonding has been tightened because family members spend more time together. Many people have their values changed and become more caring. I personally feel that the society is filled with more care, love and cohesiveness than before.

Although the SARS has been put under control, at least for now, we have still a lot more to do. Hospital Authority is busy in planning to prevent and handle another possible outbreak of SARS strategically. Clinicians and the administrators are working hard to resume the normal clinical service for other patients. The two medical schools are implementing infection control measures for medical students who start their clinical training in July. The scientific and clinical researchers are still making an on-going effort in answering the unknowns about SARS. Of course, outside the medical field, the government and our citizens are striving hard looking for solutions to our record-high unemployment rate and economic turmoil. I sincerely wish the community can keep up and consolidate the constructive and cohesive atmosphere. I have every confidence that we can overcome the current problems and make our society stronger and "healthier".

A Personal View of SARS

Dr. Yan Wing Wa
Princess Margaret Hospital

I praise the Lord for my recovery from SARS. I recalled those days when I could hardly walk up the stairs and had to stop to breathe numerous times while trying to put on my shirt. It was really a miracle that I have now gradually regained my physique.

It was on 7th April 2003 that I realized I had caught the disease and my hospitalized experience struck me most. During the period 31st March and 7th April, there was a sudden influx of SARS patients to Princess Margaret Hospital (PMH). My colleagues and I worked day in day out trying to cope with the large number of patients in our unit and we were all exhausted. Yet, the small number of medical staff in comparison to the large number of patients resulted in a large increase of workload and a lot of high-risk jobs such as intubations had to be performed by doctors frequently and I was prepared that someday I myself might get infected.

Actually, I had had confidence in the treatment during the wave started at 8A ward of the Prince of Wales Hospital. However, the patients from Amoy Gardens were different from those treated previously. They were more severe cases and their symptoms were different. Nevertheless, our team of medical staff was still high-spirited and highly initiated to treat the patients. We shared the feelings that we should try our best hoping to save as many patients as we can.

My SARS experience could be divided into three stages. The first stage was the first ten days starting from 7th April 2003. At midnight, I found that I had a fever. I was admitted to PMH in the morning and was put on pulse steroid and Ribavirin. My fever was down on the second day and I was kept in hospital for observation. In the following ten days, I was still thinking how I was infected and if there were any ways that could avoid other staff from being infected. For instance, the ward ventilation and bed spacing, etc. And I decided to raise my viewpoints to the Hospital Management when the opportunity came.

On 17th April, after ten days' observation, I had fever again. Being a doctor myself, I knew very clearly that fever in the second week means that the treatment, i.e. steroid and Ribavirin, did not work on me. My body temperature soared to around 39°C. My constitutional symptoms became more severe, and the blood oxygen level was low. I needed to breathe oxygen. I felt weak. On 21st April, I had been transferred to the Intensive Care Unit (ICU) of Queen Mary Hospital. That was the second stage.

During that period, I believed I would die. There was a time when I was very depressed. I was particularly worried about my wife and my two little boys. So I secretly wrote a letter of will to them. But I did not give up and still hoping against hope that I might one day recover. On 22nd April 2003, Professor K.Y. Yuen suggested using Kaletra, a protease inhibitor. However, he was not sure if it worked or not and it would also result in potential fatal side effects such as pancreatitis and hepatitis. I needed to sign consent before taking this drug. Miraculously, the fever was down a few hours after I was given the medicine. On 23rd April, I was discharged from the ICU because I felt much better. Yet, my movement ability was still limited because of shortness of breath. When I put on my clothes and brush my teeth, I had to take breaks during such simple tasks. Starting from 27th April, my breathing ability had significantly improved and I did not need additional oxygen. That started the third stage of convalescence until discharge.

During the second stage, I was in the worst mood. Because I was put on isolation, nobody was allowed to visit me. Every time when I heard my boys requesting me to come home over the phone or receiving drawings from them by fax, I could not help shedding my tears. Nevertheless, I felt grateful to all my colleagues and friends who had called and asked after me. It was not until then that I realized there were so many friends out there who cared about me.

While I was hospitalized, I deeply felt that life was beyond my control. I used to think that most things could be explained by science. However, I felt helpless when I myself fell ill. I remembered that my friend called on me when I was in severe condition and he reminded me to think seriously about the meaning of life. When I was in deep depression, I prayed to the Lord and felt deeply relieved. Now, I am a Christian and I believe I was healed by His hands. I have learnt to be humble and grateful, and I treasure all that I own, including each of my family members, my friends and even every breath I take, which I used to take it for granted.

SARS Contact Tracing

Dr. Alex Yu Wai-Yin
Alice Ho Miu Ling Nethersole Hospital

Severe Acute Respiratory Syndrome (SARS) due to corona virus is a new disease. Very little was known about SARS when this disease broke out. The outbreak of severe acute respiratory syndrome in Hong Kong, in March 2003, was first recognized as a spread of possible upper respiratory infection in a hospital. The disease spread quickly among healthcare workers, their family members and then into the community. Effective control of the spread of infection requires early detection, swift contact tracing, prompt isolation of index cases and quarantine of contacts. In addition to active and passive surveillance such as fever checking at the border, airport and work place; contact tracing plays an important role in stopping the spread of disease in the community. During the SARS outbreak, I was appointed as the SARS Data Controller in our hospital to coordinate contact tracing in collaboration with Department of Health.

Contact tracing is a process to identify contacts of a person with infectious disease. It can be either upstream or downstream.

Upstream contact tracing aims at identifying the source person, a person from whom the index case acquired the infection. Sometimes, the original source may not be apparent.

An example of upstream contact tracing was exercised in the investigation of the SARS outbreak affecting Health Care Workers (HCW) of two different wards in a community hospital. In early April, a nurse, houseman and a HCA of a surgical ward came down with fever and suspected SARS. This surgical ward knew no suspected or confirmed case of SARS in the preceding 10-day incubation period. A cluster of suspected SARS affecting 2 nurses and a patient in a medical ward followed soon. Several questions were raised during the contact tracing process. Was there any link between the outbreak of the HCW infections in the two wards? Was there any movement of patient or staff between the two wards? Were there two different sources of infection? By the upstream contact tracing, all patients or staff movement in the preceding 10 days incubation period were examined. It was found that an elderly patient transferred from the surgical ward to the medical ward was responsible for the spread of SARS in these two wards. He was admitted to the surgical ward for abdominal pain and diarrhoea. Fever developed 2 days later and sputum grew Streptococcus. He was treated as bacterial pneumonia and transferred to the medical ward. His condition deteriorated and died. Detail analysis indicated that he had been an inpatient of another hospital a week prior and he had stayed in a ward with SARS outbreak. A map of the spread of SARS was plotted with time of disease onset to identify the potential source. This was one of the first few "invisible" SARS patients with atypical presentation reported by the Department of Health. The experience was shared among the hospitals. From then on, special precaution is taken for patients presented with diarrhoea especially in elderly patients without fever.

Downstream contact tracing is to identify persons who are at risk of acquiring an infection from the index case. The other objective of this exercise is to interrupt the transmission of infection. It also helps to identify individuals with infection and who may benefit from early treatment.

After identification of the source or index case, every effort is attempted to stop the spread of the disease. This is by tracing persons who have had close contact with the index patient 10 days before the onset of patient's fever until admission. These include household and non-household contacts.

A designated person performs the contact tracing. Suspected, probable or confirmed cases are interviewed. The interviewer will try to obtain as much information as possible, e.g. names, addresses, and telephone numbers of each contact. Detail information is also asked about places visited to determine sites where unknown contacts are likely to be exposed to an infectious case. These include doctor's office, work places, places visited during regular and occasional activities.

The contacts are called by telephone. The contact will be asked about the presence or absence of symptoms (fever and/or myalgia). If they have fever or other non-specific symptoms, they will be asked to attend the Designated Medical Clinic of Department of Health or nearby emergency room. If the contact is asymptomatic, they will be advised to take precautions at home according to the guideline on "Infection Control Measures at Home for Contacts of Patient with SARS" issued by Department of Health and to monitor their body temperature at home. With implementation of the home confinement regulation, a close contact has to quarantine themselves for 10 days or until SARS was rule out in the index case. The names of close contacts are submitted to Department of Health for follow-up action.

Effective contact tracing and close collaboration between HA hospitals and the Department of Health helped to control the spread of SARS in the community.

A Report on the SARS Symposium

Dr Kenneth Tsang
Queen Mary Hospital

Since March 2003, severe acute respiratory syndrome (SARS) has already caused an unprecedented health care crisis in Hong Kong and worldwide. Many clinicians at the front line had next to no knowledge on this new, highly contagious and frightening condition. Uncertainties on how to diagnose, treat or deal with the infection control procedures needed to combat this condition caused considerable anxiety among staff and patients alike.

In order to rapidly disseminate the growing experience and wisdom on this condition, the Hong Kong College of Physicians organised a "Symposium on SARS" on 13 April 2003 for members and other health care workers. Moderated by Professor Richard Yu, the meeting opened with a welcoming address by Prof CH Leong. Topics on SARS covered its Epidemiology by Dr Tse Lai Yin from the Department of Health, Virological aspects by Prof Yuen Kwok Yung, the Clinical course by Dr Kenneth Tsang, Radiological features by Dr Clara GC Ooi and Infection control by Dr Lai Sik To. These speakers braved their extremely demanding schedule to share their cutting edge knowledge and hands-on experience with a large audience and showed the importance of collaboration in such difficult times!

Publications on SARS by HKCP Fellows or Members as first author

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4. Chan-Yeung M. Severe acute respiratory syndrome: a lesson in infectious disease. Int J Tuberc Lung Dis 2003 May; 7(5): 407-8.
5. Ho AS, et al. An outbreak of severe acute respiratory syndrome among hospital workers in a community hospital in Hong Kong. Ann Intern Med 2003 Oct 7; 139(7).
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7. Lee N, et al. A major outbreak of severe acute respiratory syndrome in Hong Kong. N Engl J Med. 2003 May 15;348(20):1986-94.
8. Li TS, et al. Severe acute respiratory syndrome (SARS): infection control. Lancet. 2003 Apr 19;361(9366):1386.
9. So LK, et al. Development of a standard treatment protocol for severe acute respiratory syndrome. Lancet. 2003 May 10;361(9369):1615-7.
10. Tomlinson B, Cockram C. SARS: experience at Prince of Wales Hospital, Hong Kong. Lancet 2003 May 3; 361(9368): 1486-7.
11. Tsang KW, et al. A cluster of cases of severe acute respiratory syndrome in Hong Kong. N Engl J Med 2003 May 15; 348(2): 1977-85.
12. Tsui PT, et al. Severe acute respiratory syndrome: clinical outcome and prognostic correlates. Emerg Infect Dis 2003 Sept; 9(9).
13. Wong RS, et al. Haematological manifestations in patients with severe acute respiratory syndrome: retrospective analysis. BMJ. 2003 Jun 21;326(7403):1358-62
14. Wong RSM. Severe acute respiratory syndrome in a doctor working at the Prince of Wales Hospital. Hong Kong Medical J 2003 June; 9(3): 202-5.
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16. Wu EB, Sung JJ. Haemorrhagic-fever-like changes and normal chest radiograph in a doctor with SARS. Lancet. 2003 May 3;361(9368):1520-1.
17. Yuen KY. The SARS attack on Hong Kong. Hong Kong Medical J 2003 Aug; 9(4): 302-3.

May 12, 2003
Professor Richard Yu
President
Hong Kong College of Physicians
Room 801, Hong Kong Academy of Medicine
Jockey Club Building
99 Wong Chuck Hang Road
Aberdeen
Hong Kong

Dear Professor Yu

Re: Severe Acute Respiratory Syndrome (SARS)

All of us here in the United Kingdom have viewed with deep concern and sympathy the anguish and havoc which the outbreak of SARS has wrought in your country.

We have felt nothing but the greatest admiration of the incredible efforts which physicians and other healthcare workers have made in their efforts to contain the spread of the disease, alleviate the suffering to patients and enable many to recover, whilst at the same time working with clinical scientists and the WHO to try and determine the causes and potential treatments. In so doing, many doctors and nurses have themselves been infected and some have sadly died. That they knew the possibilities and continued to work on in spite of this knowledge is in the highest tradition of physicians in hospital practice.

I would be most grateful if you could pass on our thought and very sincere hopes that this dreadful disease will be brought under control quickly and that the pressures on you all will be eased. In the meantime, please convey our profound sympathies and our deepest professional support to all your physicians who have worked so hard over recent months.

With best wishes

Yours sincerely,

Carol Black

Professor Carol Black CBE PRCP
President

Obituaries

Dr. Tse Yuen-Man, Joanna

From a fellow in Hong Kong College of Physician to a name that every household in Hong Kong remember, Dr. Tse Yuen Man has been named "the Daughter of Hong Kong".

Dr. Tse graduated from the top of her class in high school and was admitted to the Faculty of Medicine of the Chinese University of Hong Kong as a pre-medical student in 1986. During her days at the high school as well as the university, Joanna was described as an intelligent but quiet student. Deep down, she has a courageous heart and unshaken faith in God. Dr. Tse obtained her medical degree in 1992 and started her training in Internal Medicine and Respiratory Medicine in 1995.

In March 2003, when SARS emerged in Hong Kong, Joanna told her colleagues that she cherished the opportunities to look after patients suffering from this dreadful pulmonary disease. Her desire was quenched. As a volunteer to join the SARS team, Joanna was given ample opportunities to look after SARS patients in Tuen Mun Hospital. On 3 April, after resuscitating a patient in the ward, Joanna and her colleague Mr. Lau Wing Kai, a nursing officer, came down with the illness. Through telephone conversation while she was in hospital, her friends and colleagues found that Joanna remained cheerful and optimistic. She talked about praying for patients and Hong Kong at large, instead of worrying about her own illness. As her voice got weaker everyday, she was still hopeful that things would be better after Day 14 (when the second phase of the illness is over). On April 15, she was admitted to the Intensive Care Unit and was intubated.

I was made aware of her case by the end of April through her classmates working at the Prince of Wales Hospital. I volunteered to see her to offer my opinion on the clinical management, but more so to find out how she was doing. At the ICU of Tuen Mun Hospital, my heart sank. Two weeks after that visit, Joanna left us. Not knowing her personally, I gathered information from her friends and reports from the media. I then realized that Joanna was a Christian and she had a sad story in the family. Her husband, who suffered from relapse of leukemia, passed away last year, just one year after they got married. We may feel sorrow to hear the tragedy... but we should not. Joanna and her husband have blessed more people than they had cured during their life time. From the tears that family, friends and even patients shed in her funeral, from the thousands of flowers and condolence, from the ripple created in the medical profession and the society after her death, we know that Joanna will be with us for a long time. As Jesus said, "Unless a kernel of wheat falls to the ground and dies, it remains only a single seed. But if it dies, it produces many seeds." (John 12:24) Her selfless service to patients, her willingness to be there when needed, her fearless to danger, humbles us in the medical profession. She makes everyone in the medical profession proud. Her story should be told to any future applicants for medical school.

"For I am already being poured out like a drink offering, and the time has come for my departure. I have fought the good fight, I have finished the race, I have kept the faith. Now there is in store for me the crown of righteousness, which the Lord, the righteous Judge, will award to me on that day--and not only to me, but also to all who have longed for his appearing." 2 Timothy 4:6-8.

Dr. Tse, we salute you.

by Joseph Sung

Dr. Cheng Ha-Yan, Kate

Dr. Kate Cheng died of severe acute respiratory syndrome (SARS) at Alice Ho Miu Ling Nethersole Hospital on 1 June 2003, at the age 30. She was the youngest health care worker who died of SARS contracted on duty in Hong Kong.

Kate was born on the 5th day of March 1973. She was the oldest of the 3 girls in her family. They grew up in a public housing apartment in Shatin. She attended Shatin Government Secondary School where she excelled academically and went on to medical school at the Faculty of Medicine, The University of Hong Kong. She graduated M.B.;B.S. from the University in June 1997.

In July 1998, after her internship, Kate joined the Department of Medicine & Geriatrics at Tai Po Hospital as a medical officer. She was pursuing training in Internal Medicine. Work was busy for a trainee and rotation to different hospitals was always a challenge. Being a contract medical officer, she tried to equip herself, knowing that she had to prepare for eventual private practice. She studied hard and had successfully passed the MRCP exam Part I and II (written). She had also completed a diploma course in dermatology and started on her study on a postgraduate course in infectious disease.

Despite the demands on time from work and study, Kate enjoyed spending time with her family. When her second sister, Ha-Yin got married, her family life was extended to include her brother-in-law, nephew and niece. She continued to live with her parents and youngest sister, Chun-Yin. She loved all her family members dearly and tried to contribute the most to all of them. When her father suffered from a heart attack, she decided that he should retire and that she would support the family financially. To improve their housing, the family moved out of the Shatin public housing to a Housing Scheme apartment, and Kate was responsible to pay the mortgage. To cut her expenses, she started to go to work on public transport instead of driving her car.

Kate frequently kept her parents company on weekends when she did not need to work. She coached her youngest sister academically and encouraged her to achieve. She enjoyed playful times with her nephew and niece and was happy to share with others the fun she had from these kids. Her love for children went further in that she became a regular sponsor of children in need through World Vision Hong Kong.

At work, Kate was a favorite colleague among her seniors and fellow medical officers. She had a high standard of work ethics. She accepted duty assignments with no question asked. She was thorough in fulfilling her clinical duties, came to work early, skipping lunch frequently and worked long hours. She kept flawless patient records and clinical summaries. She was flexible and always willing to accommodate fellow medical officers in urgent need of a swab of call duties. She was willing to come to work on the morning before her scheduled flight from Hong Kong to visit the United States, because the department was short of people. With her usual desire to leave no work undone, she stayed working and missed the plane.

Kate was a kind, sweet and happy girl in the eyes of nurses, patients and patients' relatives. She treated everybody around her with respect and deep concern, and was always willing to help in whatever she could. She would readily give a helping hand to nurses in moving patients and beds. She was named the "school bus" at one time when she gave rides to colleagues after work. She would pay the taxi fee for a patient who missed ambulance transport for an urgent MRI in another hospital. She had a close friendship with nurses from all departments she rotated to. The nurses loved her and remembered the happy times they had with her. Patients and relatives loved her and remembered the kindness they saw in her.

Besides coping with a busy career, Kate enjoyed life in other ways. She showed her maiden interests in wearing cute earrings, the Pleasure perfume; and keeping Doramone and Ducky stuffies. But then she also loved watching soccer tournaments. When she visited Britain, she made a special trip to the Manchester Shop for Manchester linen. She had a dream about driving her own sports car one day. She liked rock music and read widely. She shared her books with colleagues and meaningful lines she found from her reading.

When Kate's department planned to open a SARS ward, she had decided that she would work in the SARS ward. She always remembered her calling to become a doctor was to serve the sick. Knowing the anxiety of a colleague with a young child, she promised to take up the duty if the colleague was drawn to serve the SARS ward. After thorough discussion, the department decided to ask for volunteer medical officers to serve the new SARS ward. And she volunteered without hesitation. Unfortunately she contracted SARS while working in a rehabilitation ward, just days before her scheduled SARS ward duty.

Kate was admitted to the hospital on 21 April 2003, transferred to the Intensive Care Unit after one week and intubated a few days afterwards. Losing verbal communication, it was a difficult time. With no visiting allowed, friends and colleagues could only send in get-well gifts, cards, and tape recordings. Thoughts and prayers for her poured in. Kate's family was only able to see her through video-conferencing later on but she would leave no words. It was heartbreaking to talk to her and pray for her through the video headphone on her final days, but it was worth it to keep her company. She passed away amidst tearful farewell of her family, friends and colleagues on 1 June 2003.

Condolences were voluminous, memorial and funeral services for Kate were overwhelmingly attended, with wide media coverage of her stories. Her courage, selflessness and kindness were exemplary professionalism. Her love for family and friends would be dearly missed.

Kate was laid to rest in peace at Gallant Garden, on 22 June 2003.

She has gone but her spirit lives.

by Emily Kun

Council News

New Basic and Higher Physician Training Fees

At its 143rd Meeting of 29 July 2003, the Council has decided to reduce the Basis Physician Training (BPT) fee from the current HK$1,000.00 per year to HK$2,000.00 for the entire BPT period, and the Higher Physician Training (HPT) fee from the current HK$2,000.00 per year to HK$4,000.00 for the entire HPT period. This will take effect from 29 July 2003 and will be applied to all new BPT and HPT trainees who started their training on 1 July 2003. Please also note that all payments are due on first application for registration as BPT and HPT trainees.

All on-going BPT trainees in their second year of training are required to pay HK$1,000.00 for July 2003 - June 2004, which will also cover the remaining duration of their training. With immediate effect, existing BPT trainees who are or in future will be in their third and fourth year of training do not have to pay any training fees. However, all outstanding payments for training periods before 1 July 2003 must be settled within the month of September 2003.

All on-going HPT trainees in their second year of training are required to pay HK$2,000.00 for July 2003 - June 2004, which will also cover the remaining duration of their training. With immediate effect, existing HPT trainees who are or in future will be in their third and fourth year of training do not have to pay any training fees. However, all outstanding payments for training periods before 1 July 2003 must be settled within the month of September 2003.

Fees received for the year 2003/04 from any BPT and HPT trainees which exceed the new charges for the entire training period will be returned in due course. Reimbursement will not be made for fees paid for training periods before 1 July 2003.

Meeting the Regional Facilitator for East Asia, RCP (Edinburgh)

Dr Donald Farquhar will visit Hong Kong in September 2003, as tutor for the PACES mock examination, together with Dr SD Slater. Prof Richard Yu and the Council will take this opportunity to meet Dr Farquhar during his visit on 25 September 2003.

Reminder for All Basic Physician Trainees

Trainees must take heed that upon completion of their 36 months of Basic Physician Training and after passing the MRCP examination, they MUST APPLY to the HKCP for Membership. Otherwise, the College will not accreditate any subsequent Higher Physician Training.

New Fellows of the RCP (London) and RCP (Edinburgh)

The Council would like to congratulate HKCP fellows who were recently elected as new Fellows of the respective UK Colleges.

Royal College of Physicians of London (elected 12 March 2003)

Dr Tsang Wai Kay	Dr Tse Kai Fat	Dr Tsoi Tak Hong
Dr Tsui Yee Ling, Elaine	Dr Yu Wai Cho	Dr Chiang Chung Seung
Dr Choy Bo Ying	Dr Ho Kau Chung, Charles	Dr Lai Moon Sing
Dr Lo Wai Kei	Dr Luk Yiu Wing	

Royal College of Physicians of Edinburgh (elected 25th April 2003)

Dr Ching, Gordon Wai Kit	Dr Chu, Chung Ming	Dr Ho, Alice Sheng Sheng
Dr Hu, Wayne James Hsing Cheng	Dr Keung Kin Kwun	Dr Kng, Carolyn Poey-Lyn
Dr Ko Chi Fai	Dr Kong, Bernard Ming Hei	Dr Kwan, Min Chung
Dr Lam, Kam Chuen	Dr Lao, Wai Cheung	Dr Lau, Chik Fai David
Dr Law, Alexander Chun Bon	Dr Lee, Kathy Lai-fun	Dr Leung Sze Kee
Dr Li Fu Keung	Dr Liu, Raymond Wai To	Dr Loo, Ching Kong
Dr Tong, Peter Chun-yip	Dr Wan Siu Hong	Dr Wong Kam Cheung
Dr Chan Tak Hin	Dr Lai Kam Chuen	

Specialty Board Corner

Basic Physician and Higher Physician Training Boards

	Chairman	Secretary
Basic Physician Board	Dr Patrick Li	Dr KL Tong
Advanced Internal Medicine	Dr CS Li	Dr Joyce Chan
Infectious Disease	Dr Thomas ST Lai	Dr JY Lai
Palliative Medicine	Dr Doris MW Tse	Dr KS Chan
Cardiology	Prof KS Woo	Dr KC Ho
Critical Care Medicine	Dr Fanny F Cheng	Dr WW Yan
Dermatology & Venereology	Dr LY Chong	Dr LY Chong
Endocrinology, Diabetes & Metabolism	Prof A Kung	Dr IT Lau
Gastroenterology & Hepatology	Dr ML Szeto	Dr Thomas ST Lai
Geriatric Medicine	Dr CP Wong	Dr Alfred SY Au
Rehabilitation	Dr Derrick KS Au	-
Haematology & Haematological Oncology	Prof R Liang	Dr CH Chan
Medical Oncology	Prof Anthony TC Chan	-
Nephrology	Dr Matthew KL Tong	-
Neurology	Dr John HM Chan	Dr TH Tsoi
Respiratory Medicine	Prof Mary Ip	Dr David Hui
Rheumatology/Immunology & Allergy	Prof CS Lau	Prof Edmund Li

Examinations and Results

Time Table for MRCP PACES Examination October 2003

13 Oct (Mon) ..... KWH

14 Oct (Tue) ..... PYNEH

15 Oct (Wed) ..... PWH

16 Oct (Thu) ..... QMH

17 Oct (Fri) ..... QMH

Joint HKCPIE/MRCP Part I examination (1994 – 2003) : PASS RATE

	Admitted	Sitting	Passing
94/1	190	154	65 (42%)
94/3		107	20 (19%)
95/1	195	175	32 (18%)
95/3		114	45 (39%)
96/1	188	159	53 (33%)
96/3		141	46 (33%)
97/1		132	40 (30%)
97/3	125	111	48 (43%)
98/1	130	114	50 (44%)
98/3	119	111	37 (33%)
99/1	177	169	50 (30%)
99/3	168	162	48 (30%)
00/1	200	188	38 (20%)
00/3	148	143	45 (31%)
01/1	146	143	35 (24%)
01/3	108	97	29 (30%)
02/1	146	143	23 (16%)
New format of two MCQ papers			
Sep 02	103	100	33 (33%)
Jan 03	128	124	55 (44%)
May 03 (Special)		21	7 (33%)

Joint HKCPIE/MRCP Part II (Written) examination (1994 – 2003) : PASS RATE

	Admitted	Sitting	Passing Written	Passing Clinical	Overall Pass
94/1		77	60 (78%)	29 (48%)	38%
94/3		89	73 (82%)	33 (45%)	37%
95/1		82	70 (85%)	37 (53%)	45%
95/3		88	67 (76%)	39 (58%)	44%
96/1		77	59 (77%)	33 (56%)	43%
96/3		96	76 (79%)	38 (50%)	39%
97/1		93	67 (72%)	32 (48%)	34%
97/3	93	92	58 (63%)	29 (50%)	32%
98/1	92	89	61(68%)	24 (39%)	27%
98/3	101	100	70 (70%)	22 (31%)	22%
99/1	105	102	59 (58%)	18 (31%)	18%
99/3	117	116	68 (59%)	37 (54%)	32%
00/1	109	109	68 (61%)	28 (41%)	26%
00/3	120	120	81 (68%)	43 (53%)	36%
01/1	118	115	65 (57%)	25 (38%)	22%
01/3 (Jul)	90	89	40 (45%)		
New Format of 2 x 2$^1/_2$ hour papers					
2 Jul 02		53	27 (51%)		
13 Nov 02		50	24 (48%)		

Joint HKCPIE/MRCP Part II PACES examination (2001 – 2003) : PASS RATE

Oct PACES 2001	50%
Feb PACES 2002	46%
Oct PACES 2002	42%
Feb PACES 2003	43%

Pass List for the Exit Assessment for Higher Physician Training (December 2002 & January 2003)

Advanced Internal Medicine
Au Yeung Tung Wai
Chan Chun Wing
Chan Kin Yin, Anna
Chan Lee, Veronica
Chan Lip Kiong
Chan Lok Yiu, Eric
Cheung Chun Fong, Jane
Chong Kong Ming, Francis
Chow David Alan
Fu Ming Hung
Ip Lap Shun
Kho Chi Shan, Bonnie
Kwan Kwok Leung, Patrick
Kwan Yiu Keung
Kwok Yuk Lung
Kwong Nim Pong
Lau Siu Fai
Lee Hoi Kan, Achilles
Lee Kwok Fai, Tony
Lee Pui Yin
Leung Kay Tai, Franky
Leung King Shing
Mak Siu Keung
Ozaki Risa
Shum Yuk Wah
Tang Shuk Kuen, Sandy
Tso Yuk Keung, Eugene
Wong Shing Fai, Stephen
Wu Yee Ming
Yeung Pan
Yuen Hui Chiu, Alfred

Critical Care Medicine
Hong Kam Fai Jeffrey

Haematology & Haematological Oncology
Wong Siu Ming Raymond

Neurology
Cheng Wing Keung
Hui Kwok Fai
Yip Kin Keung Edwin

Cardiology
Chan Chi Kin
Chan Wai Ling
Lai Wai Keung, Steve
Kay Foon Lok, Jay

Endocrinology, Diabetes and Metabolism
Chan Nor, Norman
Lee Ka Kui

Gastroenterology and Hepatology
Cheung Yuen Cheong
Fung Tang Tat, Konrad
Kung Kam Ngai
Lai Siu Wing, Lawrence

Geriatric Medicine
Fung Po Leung
Fung Sze Yuen, Frederick
Ng Lai Han, Betty
Ng Man Fai

Infectious Disease
Choi Kin Wing
Lee Lai Shun, Nelson
Tsang Tak Yin, Owen
Tso Yuk Keung, Eugene

Nephrology
Lam Man Fai
Wong Sze Ho, Sunny
Yung Chee Unn, Jonathan Timothy

Palliative Medicine
Kwok Oi Ling

Rehabilitation
Chow Chi Ping, Alex
Chow Siu Lun, Eddie
Lo Kwok Man
Tsang Mei Ling

Respiratory Medicine
Lee Shuk Nor, Maria
Tai Lai Bun
Tse Yuen Man
Yung Wai Ming, Miranda

Rheumatology
Kwok Man Leung
Yim Cheuk Wan

Events

Signing of the Roll, Royal College of Physicians (Edinburgh)

The meeting with President of the Edinburgh College on 21 Feb 2003 was a success. It started off with a welcoming speech from our College President, followed by a speech from Prof Rosie Young, the most senior FRCPE in Hong Kong. Dr Finlayson, President of the Edinburgh College, delivered his presidential address on the history of the College and the newly introduced website of RCP(Edin) with its e-bulletin and e-CME programmes. The Edinburgh College has given quaichs and books as gifts to members of our College. In return, our College plaque and ties were presented to Dr Finlayson as souvenirs. Over 90 Council members and Fellows attended and 46 Fellows signed the Roll, including 28 newly elected FRCP(Edin) who are senior medical officers in the Hospital Authority. In total, there are now 530 FRCP(Edin) in Hong Kong. The meeting ended with a group photo. Complimentary photos will be sent to Fellows who signed the Roll and received their diplomas.

The HKCP Council with Dr and Mrs Finlayson

The 2 Presidents surrounded by nephrologists

The Signing of the Roll Ceremony Conferring Party

Dr N Finlayson, President, RCP (Edinburgh) delivering a speech

The two Presidents exchanging souvenirs

Local Fellows of the RCP (Edinburgh), new and old, drinking to a toast

The Presidents of Edinburgh College and Hong Kong College with local gastroenterologists

Announcements

Joint Annual Scientific Meeting (11-12 October 2003)
Hong Kong College of Physicians & Hong Kong College of Paediatricians

The theme of this year's meeting at the Hong Kong Academy of Medicine Building is "Back to Basics". Symposia topics will cover the immunological, physiological and vascular basis of medical disorders such as rheumatoid arthritis, allergies, asthma, pulmonary hypertension, diabetes and Kawasaki disease. The programme will also feature the Distinguished Research Paper Presentations, Best Thesis presentation, the AJS MacFadzean Lecture, the Gerald Choa Memorial Lecture and the Sir David Todd lecture.

The Annual General Meeting will be held on the evening of Saturday, 11th October, followed by the Fellowship Conferment Ceremony and Annual College Dinner. Details are given below.

Back to Basics

11th October, 2003 (Saturday)

Time	Symposium title	Chairmen
2:30 – 3:00 pm	Registration Opening Ceremony	
3:00 –4:00pm	**Immunological basis of medical disorders** Allergies – Dr. AYY Wu Asthma – Dr. TF Leung Rheumatoid arthritis – Dr. CC Mok	Professor CS Lau Prof. P.C. Ng
4:00-5:00pm	**Physiological basis of medical disorders** Free radicals in adult medicine – Dr. CM Ho Free radicals in paediatric medicine – Dr. P. T. Cheung Exercise physiology and respiratory medicine – Dr. CW Lau	Dr. YW Mok Dr. W.H. Lee
5:00-5:30	Coffee break	
5:30- 6:30 pm	**Distinguished research paper award for young investigators 2003** Acetylcysteine for prevention of acute deterioration of renal function following elective coronary angiography and intervention: A randomized controlled trial – Dr. Jay Kay A major outbreak of severe acute respiratory syndrome in Hong Kong – Dr. Nelson Lee Albumin stimulates interleukin-8 expression in proximal tubular epithelial cells in vitro and in vivo – Dr. Sydney Tang Angiogenesis in ischaemic myocardium by intramyocardial autologous bone marrow mononuclear cell implantation – Dr. H.F. Tse	Prof. Raymond Liang
6:30 – 8:00 pm	**Annual General Meeting and Fellowship Conferment Ceremony**	
8:00 – 9:30 pm	**Annual Dinner and AJS MacFedzean Lecture** Speaker: Prof. LC Tsui (VC, University of Hong Kong)	

12th October, 2003 (Sunday)

Time	Symposium title	Chairmen
9:00-10:00 am	**Best thesis presentation** Speaker : TBA	Dr. Francis Chow
10:00-11:00 am	**Vascular basis of medical disorders** Pulmonary hypertension – Dr. Elaine Chau Diabetic arteriopathy and retinopathy – Dr. WY So Kawasaki disease – Dr. L. Y. So	Dr. CS Chiang Dr. K. T. Chau
11:00-11:30 am	**Gerald Choa Memorial Lecture** Speaker : Professor Arthur Li	Prof. Richard Yu
11:30-12:00 pm	**Sir David Todd Lecture** Speaker : TBA	Prof. Joseph Sung

Hong Kong Academy of Medicine 10th Anniversary Congress (28-30 November 2003)

This year marks the 10th Anniversary of the Academy. To celebrate this occasion, a 10th anniversary congress entitled "New Challenges in Healthcare" will be held from 28 to 30 November 2003. Plenary speakers include Prof. Carol Black, President, Royal College of Physicians, Prof. Sir David Todd Founding President of the Hong Kong Academy of Medicine, Prof. Nick Wright, London Research Institute, Prof Arthur Li, Secretary for Education and Manpower, HKSAR, Prof. T.W. Hu, Professor of Health Economics & Associate Dean for Academic Affairs, University of California-Berkeley.

Symposia topics cover Common Asian Cancers, Life-style Diseases, Cancer Screening, Moving On -Transition of Chronically Ill Adolescents from Paediatrics to Adult Health Care, Emerging ENT Problems, Cardiovascular Diseases, Financing health Care : A Global Challenge; Emergency Medicine, Traditional Chinese Medicine, Molecular Medicine, Mental Health, New Challenges in Dental / Oral health; Sexual and Reproductive Health, Eye; Geriatric Health and Osteoporosis, Infectious Diseases and Psycho-social Health.

Please check out details from the website *http://www.hkam.org.hk/nch/index.html*

Cocktail reception with the President of the Royal College of Physicians, London.

The reception is for Prof Carol Black to meet the London Fellows in Hong Kong. It will be held on 29 November 2003 at 18:30 h at the James Kung Meeting Room, HK Academy of Medicine Jockey Club Building. Invitation letters will be sent to all London Fellows in Hong Kong shortly.

International Society of Nephrology
2004 Conference on Prevention of Progression of Renal Disease

The International Society of Nephrology (ISN) 2004 Conference on Prevention of Progression of Renal Disease will be held in Hong Kong on 29 June - 1 July 2004 at Hong Kong Convention and Exhibition Centre. It will be the first ISN thematic conference ever held in Asia on Prevention of Renal Disease. The Hong Kong Society of Nephrology will organize this Conference in conjunction with the ISN. The Hong Kong College of Physicians will be one of the supporting organizations for this event.

The Conference will encompass topics in health economics, diabetic nephropathy, glomerulonephritis, basic research, genetics, drugs and herbs, hypertension and cardiovascular diseases, renal screening programmes, as well as blueprints for prevention.

Please visit the official website *www.isn2004hkconference.org* and register before **31 March 2004** to enjoy the Early Bird Registration rate.