

(June 1926 - December 2013)

Dr. Peter CY Lee

The Founding President of HKCFP

Our dearest

“Father of Family Medicine in Hong Kong”...



*... leaving important footprints
in Family Medicine*



In fond memories of our late Founding President

Dr Peter C Y LEE, MBE, JP (李仲賢醫生)

We will miss his visionary leadership and contributions

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS



香港家庭醫學學院
敬輓

李仲賢醫生

Dr Peter C Y LEE, MBE, JP

深切懷念 本學院 創院院長

Message from the President and the Council, the Hong Kong College of Family Physicians	1
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Messages from overseas

Organizations and Colleges

✧ College of Family Physicians Singapore	2
✧ Department of Family and Community Medicine, College of Medicine, University of the Philippines Manila	3
✧ Philippine Academy of Family Physicians	4
✧ Royal Australian College of General Practitioners	8
✧ Taiwan Association of Family Medicine	9
✧ The Academy of Family Physicians of Malaysia	10
✧ WONCA Asia Pacific Region	11
✧ World Organization of Family Doctors (WONCA)	12

Messages from Past Presidents, Council Members and Friends

✧ Dr Stephen Foo (<i>years of service in the College: about 35 years</i>) <i>Past President</i>	14
✧ Professor Donald Li (<i>years of service in the College: 29 years</i>) <i>Past President of HKCFP</i> <i>President of Hong Kong Academy of Medicine</i>	17
✧ Professor Natalis Yuen (<i>years of service in the College: 28 years</i>) <i>Past President</i>	19
✧ Dr Andrew Ip (<i>years of service in the College: 18 years</i>) <i>Past President</i>	20
✧ Dr John Chung (<i>years of service in the College: 17 years</i>) <i>Past President</i>	22
✧ Dr Gene Tsoi (<i>years of service in the College: 14 years</i>) <i>Immediate Past President</i> Ref: Message from Dr Peter Lee in the 30 th Anniversary Book of the Hong Kong College of Family Physicians	24
✧ Professor Cindy Lam <i>Dannt D. B. Ho Professor in Family Medicine</i> <i>Department of Family Medicine and Primary Care, The University of Hong Kong</i>	28
✧ Dr Eddie Tat Chan <i>Former Hon. Secretary and Hon. Treasurer</i>	30

Content

◇ Dr Paul Siu <i>Former Council Member and Hon. Treasurer</i>	32
◇ Dr Choi Ho Yin <i>Former Council Member</i>	34
◇ Dr Wai Heung Wah, Hayles <i>Former Council Member</i>	36
◇ Ms Teresa Lee <i>Former Secretary</i>	38
Sun Yat Sen Oration by Dr Peter Lee (1989) - The Human Face of Medicine	39
Acknowledgement	48
Editorial Board	51



Message from the President and the Council, the Hong Kong College of Family Physicians



Dear Friends and Colleagues,

There are no words to adequately describe the sadness we felt upon the news of the passing of the Founding President (1976 - 1988) of the Hong Kong College of Family Physicians, **Dr Peter C. Y. Lee**.

Dr Peter Lee was the Father of Family Medicine in Hong Kong, he was the one to make Family Medicine as it is today. His passing away is a great loss to all of us who are involved in the promotion of the discipline and service of Family Medicine in HK.

May Dr Lee rest in peace, and be assured that all of us would work together to carry on his mission and contribute to the development of our discipline!

Dr Ruby Lee
President, and the Council

Messages from overseas Organizations and Colleges



Dear Donald, Ruby,
Gene and colleagues of the Hong Kong College,

We are all saddened by the news of Dr Peter Lee's passing. On behalf of the College of Family Physicians Singapore, please accept our deepest condolences. I remember meeting Dr Peter Lee when I was a newly qualified family physician in Singapore. I was deeply impressed by his statesmanship and his generous spirit. We have lost a great leader in the Family Medicine movement.

Associate Professor Lee Kheng Hock
President
College of Family Physicians Singapore



I am deeply saddened by the demise of Dr Peter CY Lee. He is a great leader who presided in the historic strategic forum on "Making Medical Care and Education more relevant on Health Care Needs; The contribution of family doctors." We were together in the WONCA executive from 1995 to 1998 and I witnessed his wisdom. For sometime, he lived in Cebu Philippines and he welcomed us to his unit on several occasions.

I extend my condolences to the family of Dr Peter CY Lee and to the Hong Kong College who has lost its Founding Father.

I pray for the eternal repose of his soul.

Prof ZORAYDA E. LEOPANDO, MD, MPH

Past Regional President for WONCA Asia Pacific

Professor of Family and Community Medicine

Department of Family and Community Medicine

College of Medicine

University of the Philippines Manila

Messages from overseas Organizations and Colleges

In Memoriam

DR. PETER C.Y. LEE
The Great Man of Hong Kong Medicine



I met Dr. Peter C.Y. Lee in Kuala Lumpur, Malaysia in 1973 for the first time during the 9th CMAAO Congress. He introduced himself as the President of the Hong Kong Medical Association. He was seeking the membership of the Hong Kong Medical Association in the Confederation of Medical Associations in Asia and Oceania. This was strongly rejected by the Japan Medical Association, because Hong Kong is not a country, but a territory of Great Britain. As CMAAO Secretary-General, I submitted the application of HKMA to the General Assembly for decision. HKMA was eventually admitted into the Confederation.

The jubilant Dr. Peter C.Y. Lee then invited me to visit him in Hong Kong, which sparked our long friendship spanning more than 40 years. When we first met in Hong Kong he asked me if I like noodles, I found out we are both noodle lovers and there were many funny stories about noodles. Dr. Peter C.Y. Lee fell in love with the Philippines, and travelled to Manila back and forth to talk with me on medical politics. He bought a yacht called Ever Green where we would often tour around the Hong Kong Bay while we discussed many plans how to expand and strengthen the CMAAO, which eventually gained 18 member countries in a span of 10 years.

When Peter found out my other vice (the Philippine Academy of Family Physicians), we discussed more the emerging medical specialty of Family Medicine. He asked me to help him organize the Hong Kong College of General Practitioners. The PAFP became the obstetrician of the birth of HKCGP, and a large contingent of the PAFP Board of Trustees and members headed by Dr. Ramon R. Angeles came in full force, it was then when the PAFP sponsored the Hong Kong College of Family Physicians into WONCA or the World Organization of Family Doctors.

After these events which brought us to attend the American Medical Association conventions and the American Academy of Family Physicians activities got us hooked to inseparable travels. Peter eventually became the President of WONCA, and during the WMA Congress in Manila in 1976, together we worked it out for the HKMA to become a full member of WMA. The Cuban Medical Association in exile took advantage of the situation, and became a member too.

Peter was always in Manila, and practically attended all the happy events of my personal life; He was there at our silver wedding in 1990 and gave a kind message to all the guests at the Philippine Plaza Ballroom. He was present in the weddings of each of my four daughters. He even invited my daughters to come to Hong Kong for a trip. He was "Uncle Peter" to all my children, who also adore him greatly.

He loved the Philippines so much, he bought a house in Cebu City to which he poured in all his own architectural prowess. He wanted me and my friend Mr. Crispin K. Go (who also became his friend) to go to Cebu every time he was there. He would be the different Peter C.Y. Lee who was properly dressed at all times, his sartorial elegance in proper attire will suddenly become so different when he flied in to Cebu, he would be just in his T-shirt, shorts and slippers. But when he found the poor livelihood of the Cebuano tricycle drivers, he decided to start a new tricycle business to improve the livelihood of these people, to which I strongly disagreed.

Once he asked me to accompany him in Manila where he bought a big number of expensive birds, to start an aviary at his Cebu home. It was a great joy but turned him devastated when the "birds" died one after another due to the climactic changes, his house was beside the Cebu Bay.

He brought me to his other homes in Lantau Island, in New Territories and many other places where he would love to build a vacation home, which we had somehow enjoyed very much where we hatched more medical projects that advanced the progress of medicine worldwide. In all these works, we have the ever reliable Miss Yvonne of HKMA to put into print our plans and programmes.

When he celebrated his 80th birthday, he arranged that we and all his international friends to stay at the Hong Kong Medical Association Inn and to celebrate "in style." On this occasion I met the crème of Hong Kong celebrities including Mr. Stanley Ho. His family were all there to ensure the party will be without parallel.

Messages from overseas Organizations and Colleges

His love for “paellas” and Filipino cuisine everytime he was “at home” in the Philippines will now remain as a memory of such a “dear Peter.”

The last time I saw him was three years ago at the HKMA cafeteria where he hosted a dinner for me and my companions. I noticed something was queer, he appeared different, he was not the ever active genial host. I suddenly felt he has aged. I diagnosed him then to have suffered from Dementia. He stopped the regular telephone calls to Manila, which have left me to be alone and wondering.

Goodbye to the Medicine Stalwart of Hong Kong, the World Medical Association, the WONCA, the Confederation of Medical Associations in Asia and Oceania, the Founder of HK College of Family Physicians, an avid organizer, and a loving family man, the “Uncle Peter” is now in deep slumber.

Goodbye Peter! The World will never be the same again without you!!!

Dr PRIMITIVO D. CHUA, M.D., Ed.D.

Former President, Philippine Medical Association

Past President, Philippine Academy of Family Physicians

Past President, Manila Medical Society

Former Secretary General, Confederation of Medical Associations in Asia and Oceania

Life Member, World Medical Association

International Adviser, Association of Medical Doctors in Asia



On behalf of the Philippine Academy of Family Physicians our heartfelt condolences to the family of Dr Peter Lee.

Dr Christine S. Tinio, MD
President, Philippine Academy of Family Physicians

Messages from overseas Organizations and Colleges



Dear all,

On behalf of the Royal Australian College of General Practitioners I wish to pass on our deepest sympathy to the Family of Dr Peter Lee at this sad time. We would also like to acknowledge the great contribution to Family Medicine made by Dr Lee as previous WONCA World President.

Best wishes,

Dr Liz Marles
President, RACGP



The Taiwan Association of Family Medicine (TAFM) is saddened to learn of the passing of Dr Peter C. Y. Lee - Past President of WONCA, Founding President of HKCFP.

Dr Lee was not merely the father of Family Medicine in Hong Kong, but also the initiator/promoter of multi-partite collaboration among primary care academies in Asia Pacific region.

With his enormous talent, as well as single-minded devotion, Dr Lee set up platforms to facilitate icebreaking and strengthen mutual bonds between those Mandarin- speaking societies in this part of the world. He has vividly exemplified the spirit of Chinese ingenuity and succeeded where others could hardly achieve.

We deeply lament the decease of an old friend, and a most respectable global leader of Family Medicine.

On behalf of TAFM, I express our deepest condolences to Dr Lee's family and HKCFP for the great loss.

Very truly yours,

A handwritten signature in black ink that reads "Tai-Yuan Chiu". The signature is written in a cursive, flowing style.

Prof Tai-Yuan, Chiu

President

Taiwan Association of Family Medicine



Akademi Kedokteran Keluarga Malaysia The Academy of Family Physicians of Malaysia

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6th January 2014

Dr. Ruby Lee

President and the Council

The Hong Kong College of Family Physicians

Rooms 803-4, HKAM Jockey Club Building

99 Wong Chuk Hang Road

Aberdeen, HONG KONG

Dear Dr. Ruby Lee,



LETTER OF CONDOLENCES

On behalf of the Council, Members of the Academy of Family Physicians of Malaysia, we wish to express our Deepest Sympathies and Heartfelt Condolences to the family of the late Dr. Peter C. Y. Lee and the Hong Kong College of Family Physicians for the lost of **Dr. Peter C. Y. Lee**.

Please convey our sincere condolence to the family.

Thank you.

Yours sincerely,


.....
Dr. S. Sivashanmuganathan
Honorary Secretary

Cc.
Executive Committee



Dear Donald and colleagues of
the Hong Kong College of Family Physicians,

I am deeply sorry to hear about the passing of Dr Peter C Y Lee. He was a
Family Medicine leader of our region as well as the world.

I express my deep condolence to you and his loved family.

Prof Lee Jungkwon
President, WONCA Asia Pacific Region

Messages from overseas Organizations and Colleges



Dear Ruby and colleagues of
the Hong Kong College of Family Physicians,

Donald has advised me of the sad news of the passing of Dr Peter C Y Lee, the founding president of the Hong Kong College of Family Physicians and respected past president of WONCA.

I extend my sympathy to Peter's family, to Peter's many friends and colleagues around the world, and to all members of the Hong Kong College of Family Physicians. My thoughts are with you all at this sad time.

Michael

Professor Michael Kidd AM

Executive Dean
Faculty of Medicine, Nursing and Health Sciences
Flinders University

President
World Organization of Family Doctors (WONCA)



Dear Ruby and Donald,

The news of the death of Peter Lee fills me with deep sadness. For many years, Peter has been a leader of primary health care in Hong Kong and globally. His legacy is best summarized in opening China to the world of primary health care. Peter initiated this at a time that few people did believe entry to China would be possible - Hong Kong at the time was still under British rule. His vision and his determination to translate that vision into action is in my view a monument of how individuals can have an impact on the world. As WONCA president, Peter took world primary care in his stride and as a consequence we can boast to have been amongst the first in a working relation with China.

On a personal level, Peter was responsible to bring me to Hong Kong, in 1993 and coin forever a relation to you and the HKCFP. It has been an honour to work with Peter.

Please convey my sympathies to Peter's family and the members of the HKCFP.

Prof Chris van Weel
Past President, WONCA

Messages from Past Presidents, Council Members and Friends



In Memory of Dr Peter CY Lee

Dr Peter CY Lee was my mentor, respected comrade and beloved friend for more than 35 years.

He was a medical doctor with the deepest sense of compassion and dedication, a man of vision and an advocate of Family Medicine.

Words can never be enough to sing for nor to remember this great man for all seasons. He was a towering icon of the medical profession and a role model for all young professionals.

Prior to the establishment of the HK College of Family Physicians in 1977, Dr Lee was saddened to see the majority of general practitioners were not inclined or did not have the opportunity to update or upgrade their skills; they were at risk of becoming 'tradesmen with medical degrees'. Dr Lee aspired for a new breed of family physicians who would differ from the traditional general practitioners in that he or she is specifically trained for the task by receiving general clinical training as well as specialized vocational training, by passing a qualifying examination, by undertaking continuing education and by making service in primary care his or her life-long vocation.

This was the background of the formation of the HK College of Family Physicians. He was the founding president of the College for 12 years. During his term of office, he insisted that 'raising the standard of medical practice amongst front-line doctors is the first important step in achieving the establishment of a community-based health delivery system. It follows that it is also a sure way of reducing the overall health costs to the community.' There is nothing special in this statement. What is important Dr Lee had laid down the objectives for all College fellows and members to attain. I am proud to say that the College is steering gradually in this direction along with Dr Lee's vision.

Dr Lee had devoted the majority of his life in promotion of Family Medicine. He used his own financial resources to acquire the College premises in Wanchai. He spent most of his own time in the President's office taking care of the day to day activities of the College. He taught us how to write and speak in public occasions. Knowing how little support the local government would assist the development of the discipline, he used his special wisdom and social skills to visit and lobby international Family Medicine dignitaries to visit HK giving lectures, assisting in training and constantly bombarding local general practitioners the concept and principles of Family Medicine which was rather new to local professionals.

During his term of Presidency, by virtue of his esteemed local status, he established important links between the College and the Department of Medical and Health Service and the clinical faculties of both Universities by holding social banquets in his private magnificent residences in Hong Lok Yuen and Repulse Bay, at his own expenses, in order to promote the image of the College. Of course, council members were required to be present in all these occasions.

He was so welcomed internationally that he was made the President of WONCA (World Organizations of Family Doctors) from 1992-1995. This is a distinct honour in that HK being a small place in the world to win this important title, totally due to Dr Lee's personal effort. To influence the local government the significance in development of Family Medicine, he was instrumental to successfully bid the Regional Asia-Pacific WONCA Conference and the World WONCA Conference to take place in HK in 1987 and 1995 respectively. This helps to pave the steps in the local health policy to put more stress in training family physicians today.

Because of his contributions in Family Medicine, he was conferred Hon. Fellow of the HK Academy of Medicine, a pride to all family doctors for recognition of his achievements as well as the discipline of Family Medicine among all medical specialties.

It was Dr Lee who saw the significance of teaching Family Medicine in undergraduate level. He established the HKCFP visiting professorship funds to bring in visiting professors, prominent in the field of Family Medicine to teach in both Universities.

Apart from his work in Family Medicine, Dr Lee had a lot of other commitments holding important positions as Chairman of the Convocation University of HK from 1968 to 1986, member of the University Council for

Messages from Past Presidents, Council Members and Friends

35 years, and three terms of Presidency in the HK Medical Association. His immense contributions in public services had been recognised by government to bestow him the honour of MBE and JP.

During my 35 years of acquaintance with Dr Lee, I was fortunate to have had the opportunity to work with him in dealing with the College activities, attending international meetings. We exchanged a lot of issues of medical ethics, the impact of advanced medical technology, equity and resource allocation, health care delivery and civic society. Dr Lee was my role model who had helped to shape my personal conviction to be humble and my professional conviction to serve my people with faith.

Dr Lee is highly respected for his perseverance in pursuit of a high standard Family Medicine as the corner stone in health delivery. A man of high integrity and pleasant personality, he had served with humility, commitment, professional excellence and enormous energy. He has left a lasting legacy in HK and internationally.

Dr Lee will be dearly missed by all who knew him. I extend my deepest condolences to his family members and the community will miss him sorely.

Dr Stephen Foo
Past President



We pay tribute to Dr Peter C Y Lee, a family physician, a community leader, a University man who has given unsparingly his time and effort to make our cause known to a wider world. He was an astute and bonny fighter. Peter's precedence at the historic Strategic forum on "Making Medical Care relevant to Healthcare needs: The Contribution of Family Doctors" says it all about his contribution to Family Medicine. We are grateful for his leadership and support to WONCA throughout the years as past President of the World council as well as serving WONCA in numerous other capacities. WONCA has indeed lost a good friend, a leader and a great supporter.

Peter was one of the founders of The Hong Kong College of Family Physicians (then called Hong Kong College of General Practitioners) more than 30 years ago. Peter transformed general practice from service delivered by untrained doctors to a true specialty on par with any other medical specialty. When being interviewed a few years ago during the College's 30th Anniversary, Peter was quite adamant in saying "Preventions is better than cure! Ideally the family physician should make the best use of every consultation to educate patients on how to remain healthy." Peter was a truly accomplished Family Physician and a role model to all of us. Besides his work in leading the Hong Kong College in the training, assessment and accreditation of family doctors in Hong Kong, Peter was also the person who promoted the concept to mainland China. In 1986, he led a delegation from Hong Kong to introduce the concept, promote, and convince authorities to train family doctors in China. That was the beginning of an evolution in the enhancement of quality primary care in China through the practice of Family Medicine.

So many other areas have claimed Peter's attention from matters medical, academic, to matters civic and from television to public relations. He was

Messages from Past Presidents, Council Members and Friends

executive officer on Hong Kong's most significant medical bodies and has been the past President of the Hong Kong Medical Association, Chairman of the Hong Kong St. John's ambulance over the major part of the decade. He was chairman of the Society of Occupational Medicine, honorary Medical Director and Acting Chairman of the Hong Kong Cheshire Home. He has also been an active worker in the affairs of the Civic Association and chaired the convocation of the Hong Kong University. His bonny impish pugnacity has everywhere been in evidence. . Despite his diversity, he spent all his life convincing the public, fellow medical practitioners and specialists the value of Family Medicine and spared no effort in promoting it whenever possible. Peter has received numerous award and Honorary Degrees from International bodies and Academic bodies. He was an Honorary Fellow of the Hong Kong Academy of Medicine.

We salute his courage, industry, public service and single-minded devotion to this our specialty. We have lost a great leader, a friend but he is a legend and will remain forever in our hearts.

Prof Donald Li

Past President of HKCFP

President of Hong Kong Academy of Medicine



I had the pleasure of working with Dr. Peter C.Y. Lee at the HKMA, HKCFP and WONCA, and remember his dedication to the cause of the establishment of Family Medicine in Hong Kong. He was a very learned gentleman, and very eloquent in his ability to orate. His passing is a great loss to his family, the College, and his professional colleagues. He will be missed by all who knew him. Rest in peace Peter.

Prof Natalis C.L. Yuen
Past President

Messages from Past Presidents, Council Members and Friends



In memory of Dr Peter Lee

*Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time;*

This is a stanza from Longfellow's *A Psalm of Life* that Dr Peter Lee once quoted in his article. No doubt, Dr Peter Lee was a great man. He was the Founder-President of the Hong Kong College of Family Physicians, which was known as Hong Kong College of General Practitioners before 1997. He was Past-President of World Organization of Family Doctors. He was Honorary President of HKU SPACE Alumni. With his contribution to the community, he was honored with the degree of Doctor of Laws honoris causa in 1977. He served as Head of St. John Ambulance Association, the chairman of Hong Kong Cheshire Home Foundation and many, many more.

Some years ago, I had the opportunity of talking to him. He said when he was a medical student, he used to volunteer to give presentation at study group or tutorial. It appeared he did all the donkey jobs amongst his fellow students. However, he told me that by sharing and presenting, he had to read more, ask more and as a return he learnt more. With this philosophy, he established the College, so that general practitioners had the chance of continuing medical education, which was almost non-existing among general practitioners before the era of our College. He sent delegates to Royal Australian College of General Practitioners to learn from them and to establish of our Fellowship examination. With his vision, the Fellow of our College, FHKCGP, was the first and only locally granted postgraduate medical degree to be recognized in 1990.

In one of the occasions, Dr Lee invited college committees and board members to his house at Hong Lok Yuen. It was a big party with probably over one hundred guests. Dr Lee and I were at the buffet table. The dish in front of us was braised beef brisket with radish. Obviously, radish is a supporting ingredient of the dish. What a co-incident, Dr Lee and I both picked radish rather than beef brisket. Dr Lee made a comment that radish, absorbing all the essence, was more tasteful than the beef brisket. This inspired me that it is always beneficial to be the supporting team. There will be chance of acquiring experience and knowledge, which will be useful in the future. It is worthwhile to take a part in the College work. One day, we will find all the experience acquired is useful and helpful in our career.

Last time that I met Dr Lee was at the College Thirty-year Celebration dinner. I had the honour of presenting Dr Lee the medal of Hong Kong College of Family Physicians Past-President. He joined the toasting and cake cutting ceremony. He always carried a sense of humour. He always had stories to tell including story of holding council meeting late in the street; council members' contribution to the support running of the college.... He was always friendly, kind, and approachable. His fatherly figure is always in my mind.

In the message written for the College thirty years anniversary commemorate book, Dr Lee wrote: 'The fourth and ultimate objective is to persuade and assist the Government to transform the health delivery system of the HKSAR from the existing hospital-based one to a community-based system.' It is the mission of College members to follow the footprints of our Founder-President. Lastly, I would like to share another stanza from Longfellow's A Psalm of Life.

*Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait.*

Dr Andrew Ip
Past President

Messages from Past Presidents, Council Members and Friends



It was indeed sad to hear of the passing of Dr. Peter Lee, founding president of HKCFP. He was instrumental in bringing the HKCGP into existence, made the medical profession aware of the emergence of Family Medicine as a distinct specialty and lobbied the government for resources in developing Family Medicine in Hong Kong.

His crowning glory was his involvement with WONCA, the World Organization of Family Doctors, beginning as Council Member and ending as President, a journey of some 12 years. He brought the HKCFP into world attention and we should be grateful for his devotion, commitment and one-mindedness in championing the cause of Family Medicine in Hong Kong.

I was a Council Member in the years he was President of the College. I admired his leadership style, adhering to protocol in Council meetings, yet striking a perfect balance between letting Council Members speak their minds and sticking to the agenda. We rarely overran our meetings. He was brisk with his decisions but was accommodating with what Council Members thought. I learnt a lot from his style and tried to apply it in my term as President.

Peter was also a very good host. He used his large house in Hong Lok Yuen in those years to great effect in hosting gatherings for Council, visiting guests and local dignitaries. I can remember many happy times there talking to members of society about Family Medicine.

The College hosted conferences for WONCA during Peter's time, the Asia-Pacific Conference in 1987 and the World Conference in 1995. I was lucky to have been involved in both. Peter was the star in both, being the President of the College in the first and WONCA President in the second.

Messages from Past Presidents, Council Members and Friends

The happy memories of those occasions with Peter will remain with me forever.

I last saw Peter in 2009 in the welcoming banquet of the WONCA Asia-Pacific Regional Conference which the College was hosting. He struck a handsome figure in his white hair and white suit. He looked well and vibrant. Yet I then heard his health failed and now he is gone. All things must come to pass but may he rest in peace. God bless him.

Dr John Chung
Past President

Messages from Past Presidents, Council Members and Friends

In memory of the Founding President
of Hong Kong College of Family Physicians,
I would like to share my thoughts on his article for
the 30th Anniversary of HKCFP



Dr Peter CY Lee, a man with vision and passion, especially for the development of the discipline of Family Medicine in Hong Kong, shall always remain at the core of our College. He made a good account of what our College had achieved. He has concluded that among the four main objectives of our College, the first three of them have been successfully achieved.

I quote,“

1. FHKCGP/FHKCFP became **the first and only locally granted postgraduate medical degree to be so recognized at that time.** (1990)
2. When the Hong Kong Academy of Medicine Ordinance was enacted in the Legislative Council on 25 June 1992, the Hong Kong College of General Practitioners was listed as one of the constituent Colleges of the Academy, and **our speciality status was thus enshrined in the Laws of Hong Kong.**
3. The successful launch, together with the Royal Australian College of General Practitioners, of **the HKCGP/RACGP Conjoint Fellowship Examination in 1987 authenticated the standing and reputation of our fellowship degrees which are henceforth internationally recognized.** The third objective is a continuous and continuing process....I feel I am thus justified in declaring that the College has succeeded in achieving this.
4. **The fourth and ultimate objective** is to persuade and assist the Government to **transform the health delivery system of the HKSAR from the existing hospital-based one to a community-based system.** It is envisaged that this transformation will be a lengthy uphill struggle.

But the overriding advantages of such additional mandatory vocational training to front-line doctors are the expected benefits for the people of Hong Kong. I strongly recommended that the College should find ways and means of advocating and helping the Government achieve this ideal. ”

I am sure HKCFP will always have these objectives in our hearts. But apart from pushing through the fourth objective in Hong Kong, the College has also been actively engaged with the healthcare reform in mainland China. Dr Lee has always been a strong advocate and supporter in the training of family doctors and development of primary care in China. He should feel proud and happy to know that our College has been engaged in the 2013 Oriental Family Doctor Forum organized by the Society of General Practice, Chinese Medical Association in Shanghai, together with WONCA World President Prof Michael Kidd, and other international experts in Family Medicine to exchange experience and give advice to the health policy-makers as how to develop a primary care system based on family doctors in China. This exciting development will definitely help us here in Hong Kong because after 1997, we are part of China, and hopefully the momentum of change in healthcare policies generated in the mainland will drag us together to move towards the fourth objective, which was stated by Dr Lee **“an uphill struggle”** for us over the past decades.

May I wish Dr Lee rest in peace and eternal joy.

Dr Gene WW Tsoi
Immediate Past President

Messages from Past Presidents, Council Members and Friends

Ref: Message from Dr Peter Lee in the 30th Anniversary Book of the Hong Kong College of Family Physicians



Message from our Founding President

In expounding his philosophy on the 'Ages of Man', Confucius proclaimed 「三十而立」; meaning to say: *'By thirty, Man is established'*. It is therefore fitting for me as the Founding President to turn back the clock, on the occasion of our Thirtieth Anniversary, to reminisce about how have we 'established' ourselves over the past thirty years.

The Chinese proverb 「無恆產則無恆心」 *"Without permanent assets, there can be no permanent resolve"* is just as relevant to an organization as it is to an individual. For this reason, the acquisition of permanent premises for the College had always been one of our principal objectives. During the first ten years of the College's development, fortuitous circumstances made it possible for me to donate half the 8th floor of the Duke of Windsor Social Service Building to the College, with the result that, at this moment in time, HKCFP is *the one and only* post-graduate medical academic college being accommodated in the same building with the Hong Kong Medical Association and the Hong Kong Federation of Medical Societies. How this came to be is the subject of another article appearing elsewhere in this publication.

When I declared open the Association premises in the Duke of Windsor Social Service Building in my capacity as President of the Hong Kong Medical Association in 1975, *the Hong Kong College of General Practitioners (HKCGP) was not even in existence*. HKCGP was conceived when I introduced the new medical discipline of general practice to the Council of the Hong Kong Medical Association in December 1975, which led to the incorporation of the Hong Kong College of General Practitioners and the holding of its First General Meeting in October 1977. The College was formally launched at an impressive and grandiose Inaugural Ceremony in March 1979 at the City Hall Theater with the attendance of over 400 persons.

However, being in possession of a 'permanent premises' is not the only yardstick for determining whether the College was 'established'. In my 'Message' in the HKCGP's 25th Anniversary Brochure, I spelt out my 'Vision and Mission' for the College by elaborating on its four Main Objectives. I take this opportunity to reproduce hereunder the said objectives as well as to bring them up-to-date as follows:

- (1) **The First Objective** was to secure formal recognition from the Medical Council of Hong Kong that the postgraduate academic degree of 'HKCGP/ HKCFP' is a quotable qualification. This was achieved in 1990, and the 'Fellowship' of our College became *the first and only locally granted postgraduate medical degree* to be so recognized at that time.
- (2) **The Second Objective** was to secure 'Specialty Status' for the discipline of general practice/ family medicine. This objective was partially achieved in April 1990 when the government-appointed 'Preparatory Committee', set up to plan the proposed 'Academy of Medicine', accepted our College as one of its foundation colleges. This decision was made with the intention of ensuring that the discipline of general practice/ family medicine

Messages from Past Presidents, Council Members and Friends

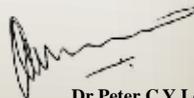
Ref: Message from Dr Peter Lee in the 30th Anniversary Book of the Hong Kong College of Family Physicians

would in future require the same stringent training and achieve the same high professional standard as other specialties in Hong Kong. When The Hong Kong Academy of Medicine Ordinance was enacted in the Legislative Council on 25 June 1992, the Hong Kong College of General Practitioners was listed as one of the constituent Colleges of the Academy, and *our specialty status was thus enshrined in the Laws of Hong Kong.*

- (3) **The Third Objective** is to continuously improve and elevate standards of Continuing Medical Education (CME) and Vocational Training Programmes to achieve academic excellence in the discipline of general practice/ family medicine and to enhance the professional status and prestige of its fellowship degree (FHCGP/ FHCFP). The successful launch, together with the Royal Australian College of General Practitioners, of *the HKCGP/ RACGP Conjoint Fellowship Examination in 1987 authenticated the standing and reputation of our fellowship degrees which are henceforth internationally recognized.* The Third Objective is a continuous and continuing process. It is to be expected that in future more College members will be admitted to the Conjoint HKCFP/ RACGP Fellowships and be conferred with the FHKAM (Family Medicine) degree. I feel I am thus justified in declaring that the College has succeeded in achieving this Third Objective.
- (4) **The Fourth and Ultimate Objective** is to persuade and assist the Government to *transform the health delivery system of the HKSAR from the existing hospital-based one to a community-based system.* It is envisaged that this transformation will be a lengthy uphill struggle.

I have always persevered in my campaign to make it mandatory that all front-line doctors in Hong Kong undergo two or three years of vocational training after full registration before being allowed to operate their own independent medical practice, so that our medical practice standards fall in line with prevailing standards in the United Kingdom and other developed countries. It is obvious that raising the standard of medical practice amongst front-line doctors is the first important step in achieving the establishment of a community-based health delivery system, as well as a sure way to decrease public demands on hospital beds and referrals to specialists. It follows that it is also a sure way of reducing the overall health costs to the community. But the overriding advantages of such additional mandatory vocational training to front-line doctors are the expected benefits for the people of Hong Kong. I strongly recommend that the College should find ways and means of advocating and helping Government achieve this ideal.

In conclusion, I must say that what the College had accomplished during the past 30 years is worthy of the highest commendation. In offering my congratulations to the College, I can proudly say that the College does measure up to the philosophy of Confucius. **By its Thirtieth Year, the Hong Kong College of Family Physicians is firmly established.**



Dr Peter C Y Lee
Founder-President, The Hong Kong College of Family Physicians (1976-1988)
Past-President, World Organization of Family Doctors (WONCA) (1992-1995)

Messages from Past Presidents, Council Members and Friends



Long Live the Legend of Dr. Peter C. Y. Lee

I first met Dr. Peter C. Y. Lee in 1986 at the WONCA World Conference in London when he showed me how proud it could be to be a general practitioner from Hong Kong. Owing to his vision, the Hong Kong College of General Practitioners was founded in 1977 as the first of its kind in Hong Kong to establish our local postgraduate training, fellowship examination and continuing medical education in par of international standards, and rightly became a foundation college of the Hong Kong Academy of Medicine in 1993.

Over the years, I have learned from Peter how missions impossible could be completed with passion, dedication and courage. Under his leadership as the President of the Hong Kong College of General Practitioners, we successfully hosted the WONCA World Conference in Hong Kong and inaugurated our Fellowship Conferment Ceremony cum Dr. Sun Yat Sen Oration in 1995. As WONCA President, he had placed Hong Kong in the world map of general practice.

Peter was a perfectionist attending to every detail of his work. He wrote every line of the proceeding of the Conferment Ceremony, which is still used today. Some may not know that Peter was a scholar who read widely, spoke charismatically, and wrote beautifully. Those who have heard or read the first Dr. Sun Yat Sen Oration "The Human Face of Medicine" by him will agree with me.

We are all deeply grieved by the loss of Dr. Peter C. Y. Lee and most thankful to the legend he had left with us - the Hong Kong College of Family Physicians. He had created and will be survived by the history of

the specialty of general practice/family medicine in Hong Kong. Peter who will always live in our hearts.

With deepest sympathy to his family,

Prof Cindy L. K. Lam

Danny D. B. Ho Professor in Family Medicine
Department of Family Medicine and Primary Care
The University of Hong Kong

Messages from Past Presidents, Council Members and Friends



In memory of my beloved Teacher -
Dr Peter CY Lee, The Great Pioneer in
Family Medicine in HK

I came to know Dr Peter CY Lee 30 years ago, way back to 1983, when I first attended the WONCA Conference in Singapore as one of the young delegates under his team leadership. Peter had shown me his vision and mission in the development of the specialty of family medicine in Hong Kong, which was a rather new concept in Hong Kong at that time and the discipline had never been recognized as a specialty.

I am totally impressed by his inspiration, perseverance and dedication, versatile organisation and networking power, and ability to establish very friendly and respectable relationship with international medical delegates of different cultures and different countries. Through his guidance and with the help of Dr Stephen Foo, Dr Nat Yuen, I was able to participate in the London WONCA conference in 1986, and experience gained in the successful holding of the first Asia Pacific WONCA Regional conference 1987 in Hong Kong.

In 1989, I traveled with Peter for the Israel World WONCA Conference and we succeeded in bidding for the first World WONCA Conference in Hong Kong, to be held in 1997.

In 1992, Peter was elected as WONCA World President and I was elected as WONCA Regional Vice-President of Asia Pacific, and the development of Family Medicine in Hong Kong was well recognized internationally.

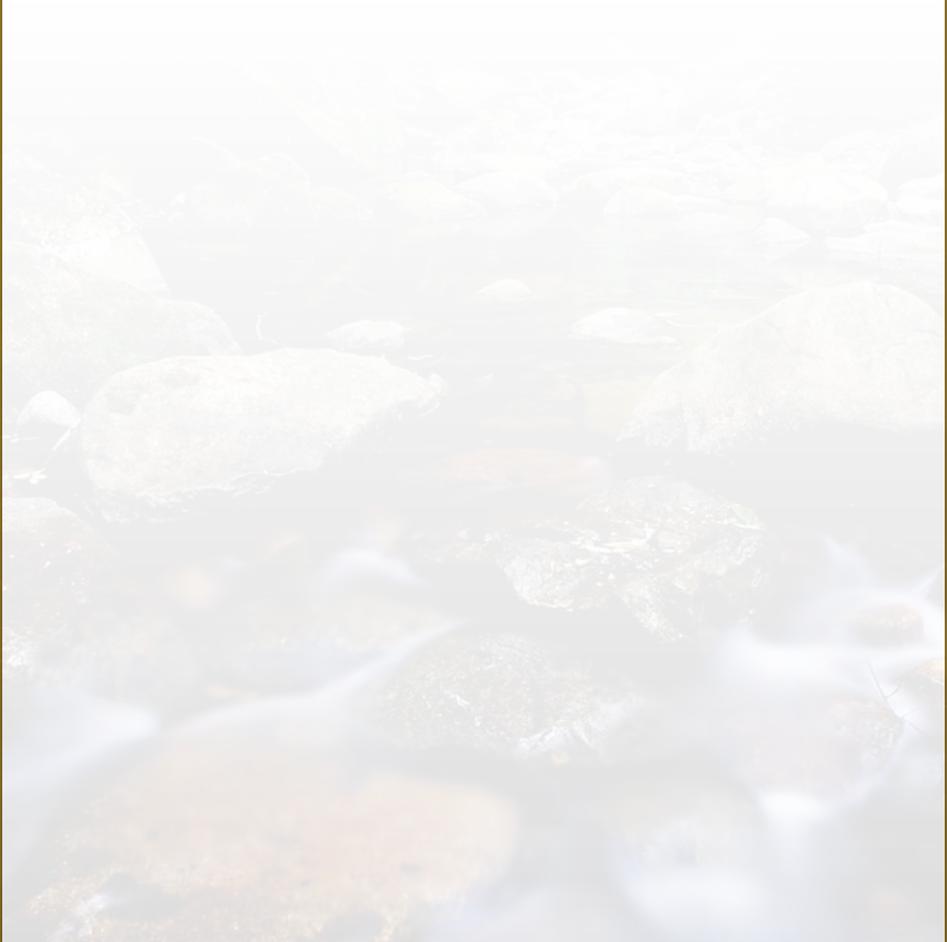
Peter was not only well known overseas, he is also very energetic and hard working in shaping local Chinese young graduates in Hong Kong. He had even made heroic tour with effort in spreading the correct concept of Family Medicine to China. One of his important papers "The Human Face of Medicine" is very impressive to all.

Messages from Past Presidents, Council Members and Friends

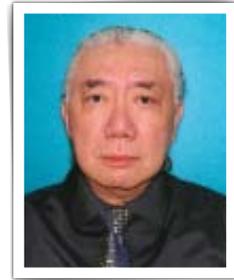
The sad news of Peter passing away is a great sorrow to us all, but his great deeds and inspiring achievement and teaching by examples will be well remembered.

Dr Eddie Tat Chan

Former Hon. Secretary and Hon. Treasurer



Messages from Past Presidents, Council Members and Friends



Memory of an admirable friend:
from Dr Paul CH Siu

I first meet Dr Peter C Y Lee in the early Eighties when I became member of the College Council (then known as the Hong Kong College of General Practitioners). Peter was then the founding President of our College. During the decades' association with Peter, I've learned a complete new concept of Family Practice.

During the Sixties and Seventies, general practitioners were considered as non-trained doctors, either unable to join or defaulted their specialist training career and joined private practice as doctors treating minor ailments. Most GPs worked long hours with great competition on fees instead of quality care. Patients showed minimal respects to GPs and doctor shopping was a norm. Although Peter also held a private clinic in Wanchai with an associated partner, Peter is no ordinary GP. In fact, practicing general practice has never been his main interest. His vision is at a much higher level, Peter's life goal is to develop General Practice as an unique branch of medicine with the introduction of structured Family Medicine training plus post graduate examination with the aim of obtaining local and international recognition of Family Medicine as a specialized discipline.

One of Peter's special talent is his ability to influence people. He is a great orator, possessing immense knowledge both in medicine and beyond. He is a walking encyclopedia having extreme talented communicating skills with people from various backgrounds. He makes numerous contacts with international medical colleagues including experts from RCGP of England as well as RACGP of Australia. During the early years of the College development, Peter has contributed both money and time towards his vision, making numerous worldwide travel seeking advice and support from oversea colleagues of general practice. His election as the

International President of WONCA is the result of his effort and comes as no surprise to us. The introduction of the Fellowship examination (conjoint with RACGP) in 1987 is a turning point for our College, followed by the recognition of Family Medicine as one of the specialist discipline in the Hong Kong Academy of Medicine in 1993. This is further followed by the establishment of Family Medicine training programme in the Hospital Authority.

A Chief Executive once told his trainees, “A successful leader has three main features, Dream Big, Think Big and Act Big”. Peter possesses all three. He has set an example for others to follow. His demise is indeed a sad news for all of us although “Nobody live forever”. Peter’s contribution towards Family Medicine left our medical history with an engrained path and we all indebted to his effort. Well done, Peter.

Dr Paul CH Siu

Former Council Member and Hon. Treasurer

Messages from Past Presidents, Council Members and Friends



I read the news that Dr. Peter C.Y. Lee had passed away in the morning of 20/12/13. This was not only sad news for me but also sad news for anyone who was involved in the early work of getting our GP College started.

As one of Dr. Peter Lee's deputies in the early council of the College of General Practitioners, I was forever amazed by his vast knowledge in fields other than medicine. He was conversant in both Chinese and English literature, world history and art. He also had the resources, political skill, social network and personal charm to soften obstacles to reach his goal for the good of the College. We all worked very hard and selfless together and there was only one aim: to establish the HK College of General Practitioners.

With Dr. Peter Lee's foresight and his leadership, we had our successful Inauguration of the GP College in 1977 which later became the College of Family Physicians in 1997. It therefore took a good twenty years for General Practice or Family Medicine to become a recognized field of specialty. In my mind, Dr. Peter Lee was monumental in this process!

I liked and admired this guy Peter Lee. To me he was humorous, witty, fun loving and generous in sharing his knowledge and experiences. More important, he was a good, charismatic leader with plenty of vision, ability and perseverance, essential attributes for the mission of getting the College successfully launched and accomplished!

No doubt the College and other notable colleagues will fill in Dr. Peter Lee's many other achievements, awards, honors and titles, but to me he was simply a good friend and a much respected colleague.

And I shall miss him.

Dr Choi Ho Yin
Former Council Member

Messages from Past Presidents, Council Members and Friends



We shall miss his nice talk

It was sad news to know Dr Peter Lee has passed away, though it was less saddening to note that he did not have to suffer too much pain and suffering at the last hours before his departure.

I believe many colleagues have written most of his many achievements, awards, etc...I would just write some lighter words about him mainly through our acquaintance when I was Council Member of HKCGP in the early 80's before I left for Australia.

Peter liked to talk; so much so that we had to be “push out” from the Duke of Windsor Building at some of the early 80's Council meetings before lock-up at midnight. Yet, his words were full of wisdom and with practical sense for the College affair.

No one would dispute that he was an eloquent and charismatic speaker. If you give him a topic he could readily give a witty good talk of an hour – I believe he could beat Obama if they were to have an open debate! I admired his vast knowledge through a widely-read habit (I met him reading a book 2 inches thick at a ferry to China at his 70's!) which further colored his speeches and articles (I still keeping some copies of his) with humor, substance and convincing power. His linguistic talent was not limited to English. I recalled at a casual chat in his hotel room during the 80's WONCA in Melbourne he disclosed he was trained in 卦 卦 齋, and he demonstrated elegantly in reciting a couple of Chinese poetry. He had once opined that he valued language skill more than the science standard in assessing students. I guess it was his linguistic inclination together with his other talents and attributes that led him to excel better in areas other than pure scientific disciplines.

I trust all of us are deeply grieved by his passing away and we shall miss his nice talk.

Rest in peace, Peter.

Dr Wai Heung-wah, Hayles
Former Council Member



Messages from Past Presidents, Council Members and Friends



回想起一九七八年七月十九日，我初次踏足社會的那一天，便是任職於香港全科醫學院，（現稱香港家庭醫學學院）擔任文員一職。說實話，那時幼小的我對李醫生真是心存畏懼，尤其是他那雙炯炯有神的雙眼，真是令我不知所措。

由於製作 HK Practitioner 的關係，跟李醫生接觸多了，每次遇到任何難題，他從沒擺起架子，相反，他教導了我很多人生的道理，例如：用心聆聽別人的需求、虛心學習等，均令我獲益良多。今天，我對李醫生的感覺已由起初的敬畏昇華至朋友。

永遠懷念你我最尊敬的啟蒙老師 — 李仲賢醫生

李小娟 (Miss Teresa Lee)

家庭醫學學院前員工

The Human Face of Medicine

Dr. Peter C.Y. Lee

This year the College has created the Dr. Sun Yat Sen Oration in memory of the father of modern China who was himself a general practitioner. The first Oration was given by Dr. Peter C.Y. Lee, Immediate Past President at the Annual Conferment Ceremony. The full text is herewith printed in two parts.

THE AGE IN which we live is unquestionably the age of high technology and, within the space of our lifetime, we have grown accustomed to, have taken for granted and even grown dependent on all manner of wizardry which our mothers and fathers would have struggled perhaps in vain to comprehend yet which our children accept without thought as part of their daily lives. Can we imagine today a life without such mundane things as, for example, the telephone, the radio, the television, and today even without a computer, fax or portable telephone? Of course not. We have come to terms with the quickening pace of technological change in almost every aspect of our everyday lives and we must strive constantly to apply this technology to the enrichment of the lives of our fellow men. Too often, alas, do we avert our eyes from the perversion of new technology to destroy and not to enrich the human condition. It is to this enrichment that we as doctors must dedicate our professional and personal endeavours.

I stand before you tonight, a doctor talking to doctors. Ten years ago, almost to the day, I addressed the inaugural ceremony of the Hong Kong College of General Practitioners and my words to you today will not merely echo my sentiments then but also illustrate the broadening and deepening of the College's essential philosophy in those ten years which have passed.

In our professional lives today, our skills, our powers to heal and assuage have been enhanced beyond description by the powers of human invention. For we now have in our hands new tools and new techniques which are as indispensable to the exercise of our skills as, say, the development of

modern anaesthesiology has been to the evolution and refinement of the techniques of modern surgery.

The awesome power of modern medical science — the power to conquer the ravages of disease, the power to prolong a threatened life through the replacement of essential organs, the power to relieve and dignify the pains and discomforts of terminal illness and old age — all of this may blind us to the essential frailty of the human condition and blur our perception of those every day medical problems of ordinary people which may be approached on human terms alone and not through the impersonality of a machine. The technological assistance ready at our elbows in our everyday practice of medicine must not be allowed to diminish our appreciation of the whole patient as a subject calling for our human skills rather than an object for the employment of medical technology. We must be, as general practitioners of medicine, orientated towards the patient whom we are treating and not simply towards that disease from which he is suffering or towards a malfunctioning organ. It is for this reason that I have entitled this oration 'The Human Face of Medicine', the caring and sympathetic face which we must show to all those fellow human beings who stand afflicted before us. This theme is very close to my heart and I shall develop it.

Dr. Sun Yat Sen

This oration is the first in a series which will be delivered annually before the Hong Kong College of General Practitioners as the 'Sun Yat Sen Oration'. It would be presumptuous of me to say more than that it is named in honour of Dr Sun Yat Sen, for he is remembered and honoured universally as the founder of modern China. What may not be so universally known in the world at large is that his first love and his first field of service to his fellow men was medicine and that he received his professional education and training in Hong Kong. In 1892, he graduated with distinction from the Hong Kong College of Medicine, one of the first of only two graduates to emerge in that year from that splendid institution. The College later became, as

Sun Yat Sen Oration by Dr Peter Lee in 1989

the Faculty of Medicine, the founding Faculty of our University of Hong Kong and the tradition of distinction in its graduates, established in that first graduating class, has been maintained proudly to this day. In Dr. Sun's earliest days, the western-trained practitioner's problem was how to persuade his unwilling Chinese clients of the enormous benefits of western scientific medicine. Dr. Sun might well have stood before you today to extol the human and not merely explain the scientific face of the medicine which we practice today.

Sun Yat Sen, or Sun Xian in modern Putonghua, was born in 1866 to humble parents in the village of Tsui Hang (Cui Heng) in what was then known as Heung Shan (Xiangshan) County in nearby Kwangtung (Guangdong) Province. The county is now officially known as Chung-shan Country, so named after Sun Yat Sen's revolutionary name by which he is known, remembered and revered throughout modern China. I am proud to be able to say that my family also came from that very same part of China.

Sun Yat Sen followed to Hawaii his elder brother who had trodden the path of very many of his Heung Shan compatriots and crossed the Pacific Ocean in search of a new and more prosperous life. In Hawaii, Sun Yat Sen was exposed to western ways and education. He determined to become a doctor of medicine, western medicine, and at that time this was no easy thing for a Chinese to accomplish. But his eyes were already fixed on the greater goal of contributing to the freeing of China from its invalid state through the reception and adoption of those western ways most suited to that goal. For Sun Yat Sen, western medicine was to play a part in this greater scheme, but his own practice was subjugated to the much broader political role he was to play in the history of modern China.

Western doctors had sought somewhat sporadically over a number of decades in the nineteenth century to establish regular courses of instruction in western medicine in China and Sun Yat Sen himself, after attending school in Hong Kong, went in 1886 to a Christian mission-run medical school attached to a hospital in Canton (Guangzhou). When the Hong Kong College of Medicine for Chinese was opened in 1887, he

transferred his studies to it and, as I have said, became one of its two graduates in 1892.

Hong Kong's College of Medicine had been founded expressly with the object of systematically training and educating Chinese students in the disciplines of western scientific medicine so that the people of China (and not only of Hong Kong) might have the opportunity of turning away from the old traditions of Chinese medical practice and of benefitting in consequence from the scientific precepts of western medicine.

This is obviously not the place to chart Sun Yat Sen's successful voyage through the dangerous seas of insurrection against the government of the corrupt and declining Qing empire. His ideals were not, unfortunately to be realised before his premature death in 1925 from cancer, that still unconquered scourge of mankind. But the ineluctable chain of events which he and his followers set in train are today well known to all of us and I need not dwell on them.

Hong Kong's Chinese Practitioners

Where Sun Yat Sen had led, albeit briefly, many others were to follow and the achievements of the College of Medicine and its successor, HKU's Faculty of Medicine, are clear for all to see. Generations of graduates from the Faculty of Medicine have made immeasurable contributions to the well-being of this heaving, restless, growing and always energetic community of ours in modern Hong Kong.

As the numbers of graduates from the College of Medicine and later from the Faculty of Medicine rapidly grew, the face of medical practice in Hong Kong changed rapidly likewise. From the earliest days, medical practitioners looked after the health largely only of their own race. The Chinese population generally consulted only Chinese traditional doctors — herbalists and bonesetters. One measure of the extent to which the College and then the Faculty of Medicine had succeeded was the growing number of doctors, with a qualification fully accepted by the General Medical Council of the United Kingdom, practising medicine in Hong Kong. Another such measure was the feeling of common

purpose which those doctors expressed when, towards the end of 1920, Dr. K L Kwan (Kwan King Leung) invited all the Chinese members of the medical profession to join him in the formation of a Chinese Medical Association. The British Medical Association naturally had a branch in Hong Kong and it was seen as the 'official' representative of the profession but Dr Kwan and his Chinese colleagues did not feel the BMA as altogether appropriate as the sole organisation for all doctors in Hong Kong. The new body took as its title the Hong Kong Chinese Medical Association and very shortly became the Hong Kong branch of the National Medical Association of China, a state of affairs which was to continue until political upheavals on the mainland forced the Hong Kong branch of the CMA into independence.

Though Hong Kong's Chinese doctors practised the same medicine with equally recognised professional qualification, they found themselves effectively shut out from the private hospitals of the day. One of the first achievements of the Hong Kong Chinese Medical Association was a hospital of their own where they could carry on with the care of their patients untrammelled by any considerations other than those of their patients. This hospital, with us still today, is the Hong Kong Sanatorium, known still in Chinese to this day as the Yeung Wo Hospital. One of the Association's important objectives was the maintenance of the continuum of their care for and treatment of their patients without the interruption of saying farewell to them at the hospital door. Through the Sanatorium (at that time) a doctor was able to continue his care before, during and after hospitalisation — the human face of the patient was not lost to the attending doctor.

The Organisation of Medicine in Post-War Hong Kong

Normal life ceased in Hong Kong during the Japanese occupation from the end of 1941 until 1945 and peace saw a grave shortage of medical personnel at time of desperate need in Hong Kong. The future of Hong Kong itself hung in the balance for a while but its status as a dependent territory of the United Kingdom survived.

As a branch of the National Medical Association,

the HKCMA was left stranded but continued thereafter with a new autonomous constitution as the Hong Kong Chinese Medical Association. Membership of the Hong Kong Chinese Medical Association had been originally limited for understandable reasons to Chinese doctors but after the war the name came to have a territorial rather an ethnic flavour as *all* registrable practitioners of *all nationalities* were eligible for membership. But, as Hong Kong remained a dependent territory, only the Hong Kong branch of the BMA was accorded official recognition in spite of the virtually identical potential membership of the two bodies.

The HKCMA became a thriving professional body whose activities ranged through strict policing of its members' medical ethics and their continuing medical education in new techniques and trends in medicine. Furthermore, the voices of its Council members were increasingly heard in the decision-making chambers of Hong Kong.

Towards a College of General Practitioners

I have thus considered something of the origin, growth and flowering of the Hong Kong Medical Association as I would like you to appreciate my view of how small group of Chinese medical practitioners so organised themselves so as to seek out ways to improve the quality of the health care which they were able to provide for their patients. In the crucial days after the end of the Second World War, provision of hospital beds for more specialised treatment beyond that which a general practitioner could appropriately give could not expand at a rate sufficient to meet the demand for them and, though Hong Kong's hospital system has a proud record of continued and vigorous expansion, the role of the general practitioner, the community's front line of defence against disease and death, has assumed ever-growing proportions as more and more of the population turned from their traditional practitioners — the 'herbalists' and the 'bonesetters' — to the incalculable and, in some cases, almost miraculous benefits of western medicine.

It needs no more than a brief look at Hong Kong's statistics to conclude that the health of Hong Kong is now almost unbelievably better than it was 60 years ago when the HKCMA was in its infancy,

Sun Yat Sen Oration by Dr Peter Lee in 1989

in the post-war years 40 years ago, even ten years ago at the time of the inauguration ceremony of the College. Much of this has been achieved by the development of powerful new drugs which worked what would have been regarded as miracles in a less schooled age. The modern doctor must necessarily endeavour by the best means at his disposal to acquaint himself with the myriad development taking place around him and seek to accommodate them in his daily practice in the day to day management of his patient's chronic or acute medical situation.

In stressing the 'human face' of medical practice and the whole man who is the patient before us I do not seek to belittle those who have advanced the 'frontiers of medicine' so rapidly within our own lifetime and within the time span of our practising experience. But it seems to me that these rapid advances have had two consequences upon which we should ponder. First, the cost of delivering modern health care has leapt beyond the power of most of our patients to pay for it and beyond the resources of most governments to provide it for those patients. Secondly, the patient has been somehow diminished by being treated not as a 'whole man' but as a sum of his component parts each one of which may be treated in isolation from the others. This again is no criticism for the degree of understanding which we now have of a good deal of the human body's most arcane workings is so deep that it would be quite wrong for any one practitioner to hold himself out as an expert in more than a very small number of those workings. But the doctor who sees his patient as a whole man, who has known him in health — as well in sickness —

and who can see the interrelationship of many of the parts which add up to a malfunction of his body as a whole may indeed be better placed to point out to him the road to recovery, to take his hand and even accompany him on his journey — a peaceful recovery, an effective recovery, within his reach and within reach of his or his government's pocket.

I have been associated with the Hong Kong Medical Association for many, many years now and I have first observed and latterly been deeply involved in the positive steps which the Association has taken to maintain the quality and improve the service which the practitioner is able to provide for his patients. What we have been about all of these years is a move which is also taking place elsewhere — not simply to keep the general practitioner up to date with the rapid progress of the science of medicine but to give him greater faith in his own powers through the recognition of his arts and skills as a general practitioner as worthy of acceptance as a medical speciality as those hospital-based specialities recognised today and those which will have emerged by the morrow.

It is now over fifteen years since the HKMA began to plan positively for the establishment of a College of General Practitioners in Hong Kong and I still recall well my own discussions with Dr M O Kent-Hughes, now sadly deceased, of Melbourne, then President of the Royal Australian College of General Practitioners, and Dr P A L Horsfall, of the Hong Kong branch of the BMA, on the feasibility of establishing a College of General Practitioners for Hong Kong under the aegis of the HKMA. ■

The Human Face of Medicine — Part II

Dr. Peter C.Y. Lee

This year, the College launched the "Dr. Sun Yat Sen Oration" to commemorate the memory of the founder of Modern China, who is himself a general practitioner. The inaugural oration was given by Dr. Peter C.Y. Lee, the immediate past and founding President of the College at the Annual Conferment Ceremony held at the Sheraton Hotel on 5th March 1989. The first part of this oration was published in the last issue of the Journal and the second and final part is reproduced hereunder:-

General Practice Defined

The idea of having a formal academic body which would set and maintain standards from the requirement of the threshold skills considered a necessary starting point through to the accolade for excellence in what we now term the 'general practice' of medicine is not new. The Royal College of General Practitioners in the United Kingdom was founded some thirty six years ago and that in Australia some thirty three years ago. And similarly elsewhere though the nomenclature varies. Hong Kong has been for some time a member of a body known as 'WONCA' — the World Organisation of National Colleges of Family Physicians/General Practitioners (which body held a regional conference in Hong Kong with about 500 delegates from over thirty countries).

There are many fields of human endeavour in which we all have an intuitive grasp of the central concept underlying that field whilst uncertainty remains about the precise connotation of the expressions which we have come to use to describe it. So it is in that broad area of health care and treatment outside hospitals which we have become accustomed to call 'general practice'. The goal of definition can rarely be satisfactorily achieved and I would like to quote to you an Australian *description* of the many elements involved in 'general practice' as put by Dr David A Game, past president of the Royal Australian College of Practitioners, at the inaugurating ceremony of our College ten years ago in 1979. He drew attention to four essential

components of 'general practice' in the following terms:

First, *primary care*: the ability to take responsible action on any problem the patient presents;

Second, *comprehensive care*: the ability to make decisions about health problems in patients of all ages;

Third, *continuing care*: the maintenance of the patient's health, the management of his problems and the application of the principles of prevention;

Lastly, *total patient care*: a 'whole person' orientation with simultaneous consideration of the physical, psychological, social and environmental aspects of the patient.

It is quite clear that we are here considering something of quite a different order from the layman's preconception of a general practitioner to whom you go when you have some simple complaint for which you expect him to have the panacea. Indeed we are: we are concerned with a particular patient, his everyday life, his work, his family, his personal and his employment problems; we are concerned that the patient lives life to the full, in himself, in his family, in his work. We are concerned that the patient avoids so far as is possible those degenerative conditions of the ailing human frame, that avoidable illnesses are avoided and, when that patient is sick, that his treatment brings him back to function as a whole man again.

This is important work: it is work at the very interface between man and medical science, it is not second best drudgery for the doctor who 'has not made it' in the higher realms of medical science. Above all, it is work which sees the patient yesterday, today and tomorrow and not for a greater or lesser number of acute episodes in the greater span of life. The general practitioner's patient should not be 'here today and gone tomorrow'.

But it is work which *may* today encompass little more than soothing home truths and some simple

Sun Yat Sen Oration by Dr Peter Lee in 1989

medication in which the patient (if not always the doctor) believes. Merely seeing the doctor may be half the cure for many a complaint but today the most routine cases demand increasingly the application of modern technology towards the diagnosis and management of medical problems which may perhaps not have been recognised as such when the doctor himself was a student or were perhaps too complex to be encompassed within the few short years of an undergraduate medical curriculum.

I would like to refer here to a fascinating paper appearing in the February, 1989 issue of *The Hong Kong Practitioner*, the official journal of the Hong Kong College of General Practitioners. It is by Dr Linda C. Koo of the University's Department of Community Medicine and is entitled 'A Journey into the Cultural Aspects of Health and Ill-health in Chinese Society — the Importance of Health and Preventive Medicine in Chinese Society'. In that paper, Dr Koo quotes from that ancient Chinese work *Huang Ti Nei Ching Su Wen* ('The Yellow Emperor's Classic of Internal Medicine') as follows:

"The sage does not cure the sick only when they are sick, but prevents the illness from arising. In the same way he does not prevent upheavals in the body politic, he prevents them from ever taking place. Surely it is too late to administer drugs after the illness had declared itself or to try to suppress a revolt after it has come about. Is it not like beginning to dig a well when one feels thirsty, or starting to manufacture weapons of war after the battles have begun."

Dr Koo also recounts the story of three brothers, each of them a physician. One was known throughout the Empire for his curative techniques; the next was known throughout his province for his herbal tonics, and the last was only known throughout his district but he was the most successful and accomplished physician in accordance with traditional ideology for he educated his clients about their health and its interrelationship with their lifestyle and diet.

I suggest that it is the last brother whom we should seek to emulate today. True, our world is immeasurably more complex than the simpler days of which the sages have spoken and the simple

pressure of life in modern society and the physical illnesses caused through stress in the workplace or home would have been beyond their comprehension. But these matters are not beyond *our* comprehension and we well appreciate that mere counselling is insufficient to counter the attrition of survival in this world today.

The Fragmentation of Health Care

Many of our contemporaries would expect today each ailment or each failing organ to be dealt with severally by an appropriate and acknowledged specialist and would not expect their general practitioner, their family physician to bring them back to health. Many also would accept without question hospitalisation for some period undetermined on admission and submit to the depersonalising routine of the hospital where the patient is perforce a humble suppliant before the Hippocratic demi-gods. Theirs not to reason why and, if lucky, theirs not to die!

Far be it from me to denigrate or underestimate the work of the master physicians, the master surgeons who have thrown back the frontiers of medical science and subjugated some of the worst afflictions of mankind. To maintain that it is 'only a matter of time' before a cure is found for any malady would be foolish, but we can point to significant advances which have revolutionised our fundamental concepts of health care. One trite example is the power of penicillin in containing infection in all manner of cases sufficient to permit management of the condition of a patient who would surely have died were it not for the wonder of that serendipitous drug. Again, physicist Wilhelm Conrad Roentgen's 'x-radiation' revolutionised medical diagnosis and it is difficult to conceive of modern medicine without it. Yet already so many of these marvels of science have been overtaken by newer and equally innovative techniques. Ultrasound scanning, for example, provides a far safer, more effective and *non-invasive* diagnostic tool in many cases than the familiar x-ray. But there is one insurmountable problem — modern medicine comes with a very high price tag indeed.

There is an unavoidable price to pay for high technology both in terms of the technology itself and

in the degree of expertise demanded from those who can put it to good use. We have unfortunately probably reached a cross roads today and it may not be easy to know which way to turn — the higher the 'hi-tech' is, the more expensive and the less available it is. We may read, for example, of the immense benefits from using titanium mesh for certain orthopaedic procedures only to learn that, even if it could be accommodated within budget, there is none presently available! Some procedures and treatments will inevitably be beyond our means. At the inauguration ceremony ten years ago, this problem was described by Dr K L Thong, the Director of the Hong Kong government's Medical and Health Services. He said:

"It is regrettable that in many countries today much of the health resources and technical knowledge available have been utilised in such a way that these are not equitably illustrated. In such countries limited resources sometimes have been used to support sophisticated medical institutions without at the same time providing for the basic health care which should be made widely available to the majority who need it."

There we have stated succinctly one of the dilemmas of modern medicine which may, ironically, be far more obvious in the wealthier rather than in the poorer nations — the wealth and resources in the former to develop high medical technology are not matched by the majority of the patients' ability to pay the bill for using it. In the latter, they might not be able to afford the technology in the first place.

There is not now and never will be a single solution to difficulty of equitable and effective deployment of expensive medical resources but we may at least journey partly down the road to Utopia if we reassess our assumptions about fundamentals. In many countries, both the public and the profession have come to assume a hierarchical and specialised system of health care in which the general practitioner or family doctor serves as a preliminary filter for those cases which require in-patient or out-patient hospital treatment. Our College adopts the approach of many sister organisations in other countries and that is quite simply that a great deal may be *effectively* be achieved by a suitably trained and equipped general

practitioner. I need hardly say that this gospel is not new but it not been given the attention which it deserves either by our politicians or by those who represent the medical establishment.

The Practitioner as a Specialist in his Own Right

I am fortunate in not having to argue from the beginning the merits of treating general practice as a specialty in its own right. I firmly believe that general practice *is* a specialty, a belief shared with sufficient of my colleagues in the Hong Kong Medical Association that we successfully charted the course for our present College. Furthermore, we derive unqualified support from debate in other countries. For example, as long ago as 1968, the United Kingdom Royal Commission on Medical Education (the Todd Report) recognised the general practitioner as 'a specialist in his own right by virtue of his by virtue of his unique and essential contribution to medical care'. More recently, the Annual Report of the United Kingdom General Medical Council for 1985 declared in para 129 that the evidence received by the GMC from the Royal College of General Practitioners demonstrated that:

"general practice requires specific knowledge and skills just as do other areas of practice. It follows that (the GMC) believe(s) there to be a need for specific specialist training in general practice, and that general practice should be recognised as a specialty on the specialist register which (the GMC) proposed. It follows that the standards of general practice ought to be maintained in the same manner and to the same degree as other specialties."

The implication of this position is that further training is necessary beyond that encompassed by the degree in medicine. *Why*, the layman (and perhaps some medical practitioners also) may ask, has not the proper foundations of general practice been laid during the future doctor's education at his medical school? Should not the newly qualified graduate be equipped to practise medicine at the grass roots level? Is he qualified for *nothing* when he enters the real world beyond his ivory tower? The obvious answer is not necessarily the right one and we have to inquire into practice elsewhere. Since the medical degrees given by the two

Sun Yat Sen Oration by Dr Peter Lee in 1989

Universities in Hong Kong derive their force from their recognition by the UK General Medical Council, it is instructive to refer to the UK position in this regard.

As long ago as 1961 the UK GMC said this:

"It is no longer possible for anyone to obtain a comprehensive medical training during his (medical) school years. Graduation has become neither the end of medical education nor the beginning of the end, but rather the end of the beginning."

The GMC took up this point again in 1980 and described the objects of general medical education as to give the graduate:

A sufficient knowledge of the structure and function of the human body in health and disease, of normal and abnormal human behaviour and of the technique of diagnosis and treatment, to enable him to assume the responsibilities of a preregistration house officer and to prepare him for the vocational training for a specialty (including general practice), followed by continuing education during his career.

If General Practice is accepted as a discipline in its own right, then it follows that doctors practising this discipline should require proper postgraduate training in order to perform their duties competently and conscientiously. The implementation in practice of this principle in Hong Kong today would require the same sort of control over the young practitioner as is now exercised in the UK and with regard to all the member countries of the European Community — practice as a general practitioner requires a mandatory period of service with specialist training before the young practitioner before he can 'hang up his shingle' in his own right. Lest it be thought that I rely overly on the UK position, let me remind you that postgraduate examinations in general practice are conducted in the east Asian and Pacific Ocean areas not only in Hong Kong already, through the HKCGP, but also in Australia, Malaysia, New Zealand, the Philippines, Taiwan, Singapore, Sri Lanka and Thailand. For many years, the need for such postgraduate training and examining has been accepted in the USA. What I am suggesting today is that we now proceed much further down this road and recognise the Hong Kong need to make the FHKCGP an integral part

of the initial qualification and continuing medical education of all those who wish to practise as general practitioners here.

It is particularly opportune that I should have this opportunity of addressing you on these matters as we are moving closer to establishing an Academy of Medicine in Hong Kong. I am now able to refer you to reports of recommendations by the Medical Development Advisory Committee which will, I sincerely hope, bring us closer to an implementation of our College's overall aims. The Government's Working Party on Postgraduate Medical Education and Training has given considerable thought to the general issue of postgraduate training in circumstances in which it will no longer be possible to look to the United Kingdom for those bodies laying down and maintaining standards of excellence in the principal specialties. Though much work remains to be done, we now eagerly await the outcome of the forthcoming submission of the working party's report to the Government.

The HKCGP is also poised to play its part. In our submissions to that Working Party embraced the concept of a Hong Kong Academy of Medicine and urged the acceptance of general practice as a necessary specialty and the role of this College in providing courses and examining competence in practice.

I would now like to summarise some facts and figure which lend substance to the HKCGP and its stance regarding general practice as a specialty:

Membership: in excess of 800 with over 250 full members and a little over 100 fellows.

Educational programmes: an established vocational training programme and active medical education programmes. More than eighty members and fellows take part in the teaching of undergraduates in their clinical years at the two University medical schools.

Examinations: a fellowship examination to examine candidates on attributes specific to general practice. 1988 has seen the second successful examination held conjointly with the RACGP.

We also have a programme of research activities and publish a monthly journal — *the Hong Kong*

Practitioner. Accordingly, the College feels that it justifies recognition *now* as a specialty college for the purposes of postgraduate education and training in Hong Kong.

In a submission to the Working Party on behalf to the HKCGP, our Hon. Secretary said this:

"The future Hong Kong Academy of Medicine will no doubt set high standards governing all forms of medical practice. The membership of the Academy will have to recognise and accommodate doctors providing essential services to the community and therefore must reflect trends of development in medicine worldwide, if the Academy is to be accepted internationally. We think it is an opportune moment for the Hong Kong medical profession to review its composition, to unite and not to fragment its membership, and to plan for the future in the light of overseas experience."

We, as members of the HKCGP, must reaffirm our belief that the College should be one of the foundation member of the Academy of Medicine. We are strengthened in this belief by Dr. the Hon Leong Che Hung, chairman of the Government's Medical Development Advisory Committee (also president of the HKMA and member of the Hong Kong Legislative Council returned by the medical constituency). Only yesterday was he reported as announcing the appointment of a steering and co-ordinating subcommittee to carry out the recommendations of the Working Party on Postgraduate Medical Education and Training in a future Academy of Medicine whose report will shortly be submitted to the Executive Council. We are warmed also in our aspirations by Dr Leong's support for the College's concept of primary health care. He is reported (in the *South China Morning Post* on March 4, 1989) as saying that the Government would announce in a few months plans for a review of primary care. He referred to the sorry state of out-patients' clinics in the hospitals where long queues were normal and doctors only had sixty seconds for each patients. The patients' records situation was inadequate and there was poor liaison between clinics and hospitals. He further stated that:

"We want (primary health care) to be

comprehensive. This is the provision of health care, not just treating an ailment."

Exactly my sentiments! we should now be encouraged to press even more strongly not only for recognition of the commitment required to implement proper programmes of health care in our community but we must also demonstrate the manner in which the College can contribute to what is now an agreed goal — the enhancement of the role of the general practitioner in Hong Kong and the provision of proper education in the arts and skills necessary today to take the new medical graduate to a state of preparedness for the vital role which he will, as a general practitioner, play in the future health care programmes in Hong Kong.

I think that it is fair to say that, so far, the development and enhancement of general practice has not been made easier in Hong Kong by the attitude of the Hong Kong government, by the public's perception of health and by the somewhat haphazard health-seeking behaviour of the patients themselves. Frequently, the poor co-ordination between the public and private sectors results in care that is frequently episodic, duplicatory and tremendously wasteful. We now have the opportunity to remedy this situation through proper utilisation of the organisation which we have already functioning — the HKCGP — and the eminence which we hope that the Hong Kong Academy of Medicine will achieve amongst the medical bodies and associations of the world.

I now come to my peroration. I have talked of many things today and I would ask you to ponder on them. I am also conscious of the signal honour which you have done me in inviting me to give this oration, the first Sun Yat Sen oration. If I am perhaps honoured with an invitation some years hence to address you again in this manner, I am confident that I will be able to look back with satisfaction on the role played by the College in the development of a system of health care serving as a model for other like countries. Where we have led, let others follow. We must make sure *now* that we *do* lead. Let us be allowed to show our human face to our patients the qualities of whose lives we have enriched through the practise of our skills.■

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“... to transform the health delivery system of the HKSAR from the existing hospital-based one to a community-based system... a lengthy uphill struggle...”

“...raising the standard of medical practice amongst front-line doctors is the first important step in achieving the establishment of a community-based health delivery system, as well as a sure way to decrease public demands on hospital beds and referrals to specialists... also a sure way of reducing the overall health costs to the community. But the overriding advantages of such... are the expected benefits for the people of Hong Kong.”

Dr. Peter CY Lee

