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CUTTING EDGE



The College of Surgeons of Hong Kong Newsletter
香港外科醫學院簡報

April 2012

二零一二年四月號

Spotlight on Surgical Mishap
What is SOMIP
2012 Marathon report

www.cshk.org

Editorial

Thanks for your continual support for this newsletter. The editorial board is working hard in each issue and putting in new ideas to make our newsletter more enjoyable to read.

As a surgeon, at any stage of our practice, we are always haunted by the possibility of medical mishap. Nobody wants these unfortunate events to happen, but we can never avoid it completely. In this issue, we tried to explore the topic of medical mishap in different perspectives, not only from the surgeons' view but also from the administrator and the eyes of the public.



Over the year, there are numerous activities happening in the surgical field, from academic meetings to social activities. We try to capture as many of these events as possible in our newsletter, so that all Fellows will know what's going on in our circle. If there are any events you want other fellows to know about, please inform us; be the reporter!

Every time I write this editorial, it's always in the middle of the night. In the silent darkness, I can finally sit down with no interruption to finish the last article of this issue of Cutting Edge. When I go through the drafts of this newsletter, there are still so many things that can be further improved, but time is running out, may be next time!

"There comes a time when the world gets quiet and the only thing left is our own heart. So one would better learn the sound of it. Otherwise we'll never understand what it's saying."

— Sarah Dessen



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Message from the President



The third SOMIP report was released by Hospital Authority early this year and it caught much media attention. Clinical auditing is an important element of CME/CPD activities as advocated by Hong Kong Academy of Medicine and indeed it is an important tool for a clinician to reflect on his/her performance and subsequently identify ways for improvement.

A meaningful surgical audit should include 3 important elements; namely patients' factor, surgeons' factor and processing factor.

In terms of patients' factors, it is aimed at risk adjustment which makes the bench marking of outcomes meaningful. In this aspect, it needs a large pool of data for statistical analysis to stratify reliable risk factors. With data across all public hospitals, the SOMIP report is able to achieve this. Since the SOMIP exercise is a prospective data collection, the data set should be reviewed constantly in order to look for improvement. In the private sector, such data collection might be difficult in terms of secretarial support and hence it would be difficult to carry out risk adjustment for patients being treated in the private sector. It might be very helpful if Hospital Authority can provide the identified risk factors to private surgeons and alerting them of patients' risks.

For surgeons' factor, the audit in public sector is a reflection on the activities of a team rather than on individual surgeons. The main focus is on the experience of the surgeon involved in the operation.

The processing factor is an audit on the work flow in a surgical department and the support from other departments like anaesthesiology; intensive care and radiology. This is again quite difficult for a private surgeon if he/she attends to patients in various private hospitals.

All of us understand the importance of clinical auditing and outcome monitoring. However, we should also educate our public that surgical procedures are not without risk and would not be complication free. It is rather unfortunate that many complication or mortality incidences would hit the headlines of media and would be labeled as negligence. Therefore, it is a dilemma whether the auditing results should be made public, yet, it is obvious that there would not be any secret in today's world and, somehow, such data would be available to the media. It is, therefore, vitally important that our College, as an academic body, should give an unbiased view to such data in particular if they are unfavorable. We should, through peer review, try to help with identifying the underlying cause, assist in rectifying the system or lend a helping hand to the surgeons.

Message from the President

According to the SOMIP report, the general standard of surgery in public hospitals in Hong Kong is comparable and even better than many other developed countries despite the fact that the health care budget in Hong Kong is low. As a Fellow of our College, I am glad to learn that it indicates that Surgical Training and Education in Hong Kong is on the right track and we should try our best to maintain and improve on it.

The theme for this year's Annual Scientific Meeting would be on Surgical Outcome Monitoring and Clinical Auditing. It will be a conjoint meeting with The Royal College of Surgeons of Edinburgh and they have a vast experience in this field and they would like to share with us on their experience in Scotland.

I sincerely hope that through this meeting, we can learn more on Clinical Auditing and Surgical Outcome Monitoring, which would bring improvement to our patients' care.



Dr Hung-to LUK
President

Princess Margaret Hospital

Message from the Censor-in-Chief



“Termination of Fellowship due to Professional Misconduct”

Dear Fellows & Trainees

Over the past few years, the Medical Council of Hong Kong (MCHK) has examined a few cases of professional misconduct of specialists. These cases may reflect gross incompetencies or negligence on the part of the specialist. Although, the sentence involves suspension of the medical license, two issues were not dealt with sufficiently. The first one related to whether the fellowship should be terminated. The second one, being more constructive, involved the College’s recommendation for education and training which the doctor has to undergo before the fellowship could be reinstated.

The subject has been discussed in great details in the last two council meetings of the College of Surgeons of Hong Kong (CSHK).

A review of the Memorandum of Articles (MoA) of the College showed that at Article 45 the issue of termination of fellowship was raised.

Article 45 reads as *“If any Member violates the Constitution of the College or if his conduct is such as is, in the opinion of the Council, likely to be injurious to the interests of the College and if the Member complained of shall fail to explain his conduct to the satisfaction of the Council they may declare that such Member shall cease to be a Member of the College and his name shall be removed from the list of Members. Such Member may rejoin if he reapplies via the normal channels.”*

CSHK Council Members opined that the suspension of medical license by the medical council of Hong Kong (MCHK) was a final decision which the Hong Kong Academy of Medicine (HKAM) and its subsidiary Colleges would rely upon for taking further action. There was no need for re-investigation of the case.

On the issue of termination of fellowship with legal ground on professional misconduct, CSHK viewed that MCHK should take the lead on suspension of the medical license while HKAM and CSHK would remove the fellowship upon proof on incompetencies or negligence as reviewed by the investigation and judgement of MCHK.

CSHK proposed that HKAM should make decision on termination of fellowship simultaneously with the judgement of MCHK. The action would avoid time lapse between suspension of medical license and termination of fellowship. The regulation should apply to all Colleges of HKAM. CSHK saw the need for amendment in its MoA for the implementation as this provision was not detailed within the MoA of CSHK.



Dr Andrew Wai-chun YIP
Censor-in-Chief
Kwong Wah Hospital

News from the Specialty Boards

CARDIOTHORACIC SURGERY BOARD

The Conjoint Examination in Cardiothoracic Surgery was held with examiners from the Royal College of Surgeons of Edinburgh and the Academy of Medicine Singapore in November, hosted by Prince of Wales Hospital. Three candidates out of four were successful, including the only Hong Kong candidate. At this time, the Edinburgh College also performed an external inspection of the designated Cardiothoracic Training Hospitals (Prince of Wales, Queen Mary and Queen Elizabeth Hospitals). A formal report has been issued, recommending the re-accreditation of all three Units as Training Centers. There was a Specialty Update Course held on November 25th and 26th immediately after the examinations, following the last two successful years, when it was hosted in Singapore with over 160 delegates registered. This year there was also 2 wet-lab 'hands-on' teaching course on the 23rd and 24th November, concentrating on aortic root techniques, mitral repair and advanced VAT's lung resection with local and international Faculty. Manpower issues have dominated discussion of the Specialty Board and also at HA level. There are good career opportunities for HSTs who are interested in CTS as a career and interested trainees should contact Dr D Cheung, Programme Director or Professor MJ Underwood, Board Chairman for informal discussions. The AGM was held at the end of March 2012 with the re-election of the CTS Board. I am pleased to announce the Committee Members for the year 2012 – 2016:

Chairman:	Prof. Malcolm J UNDERWOOD
Vice-Chairman:	Dr MA Chan-chung
Honorary Secretary:	Dr CHAU Wing-shun
Committee Member:	Dr AU Wing-kuk Timmy
	Dr CHEUNG Hung-leong
	Dr HO Kwok-keung
	Dr WONG Hung-leung Randolph
Programmer Director:	Prof CHEUNG Lik-ching David



Prof. MJ UNDERWOOD
Prince of Wales Hospital

PAEDIATRIC SURGERY BOARD

The 17th AGM of the Board of Paediatric Surgery was held on 6th October 2011 at Queen Elizabeth Hospital. The current Board Committee will stay until October 2013. The Programme Director from July/2011 to June /2012 is Dr. Michael Leung.

The last Inter-Hospital Clinical Meeting was held on 16 March 2012 at Prince of Wales Hospital and was well attended by Board Members and Trainees.

The Conjoint Exit Examination in Paediatric Surgery was held on 10th March 2012 at the Queen Mary Hospital. There were two local candidates sitting for the examination and both candidates passed.



Dr Kelvin Kam-wing LIU
United Christian Hospital

News from the Specialty Boards

PLASTIC SURGERY BOARD

The Preparatory Course for PLS Exit Exam was held in the Kwong Wah Hospital on 21 April 2012 and the PLS MCQ & Viva Question Writing Workshops in the Academy would be held in July 2012.

There will be four candidates who will sit for the Exit Examination that will be organized in September 2012 in the Kowloon Cluster.

Dr Fiona Ng Yim Hung and Dr Lawrence Liu Hin Lun have both passed in the last diet of Exit Examination.

With the two new trainers joining the trainers' pool in NT cluster & HK cluster in 2012, the Board is going to recruit one to two HSTs in the latter half of the coming year.



Dr Wing-yung CHEUNG
Private Practice
Kwong Wah Hospital(Part-time)

GENERAL SURGERY BOARD

The Examination Month has come and gone! The Preparatory Course for GS Exit Examination was successfully conducted. Two whole days of Mock Examinations were held on 11 February at Queen Mary Hospital (Viva) and on 18 February at Kwong Wah Hospital & Tuen Mun Hospital (Clinical). In addition, there were 5 half-days of tutorial sessions held at different hospitals (Queen Mary Hospital; Tuen Mun Hospital, Prince of Wales Hospital, Princess Margaret Hospital, Pamela Youde Nethersole Eastern Hospital). The effort put in by the local as well as the overseas examiners during the Preparatory Course, and the organization and the support put in by different hospitals and staff was highly appreciated. The College would like to thank everyone involved, without whom, running the course would not have been possible.

The actual GS Exit Exam was carried out on 14-16 March 2012, the Viva Exam was conducted on 14-15 March at HKAM and the Clinical Exam was held on 16 March in PWH. There were 37 candidates, 28 of whom were local candidates and 9 were from Singapore. I am pleased to announce that 15 local and 8 Singapore candidates passed.



Prof. Simon Ying-kit LAW
Queen Mary Hospital

News from the Specialty Boards

UROLOGY BOARD

The 11th Joint Specialty Urology Fellowship Examination, using the new oral examination format for the second year, had been successfully conducted in September 2011. An urologist from the Macau University of Science and Technology joined as observer. Seven out of the eight candidates passed and the top candidate, Dr Kan, had achieved the level required for the Dr Leong Che Hung Medal. While progress is still being made on licensing the intercollegiate written examination to be conducted in Hong Kong; the existing format of written examination will continue to be used for the coming year. Agreement was reached with the Edinburgh College to conduct the next Urology Exit Examination on 24-25 Sep 2012, alongside with Hospital inspection on five local centres on 24 Sep 2012.

Prof. NG Chi-Fai, Dr. SO Hing-Shing and Prof. YIP Kam-Hung Sidney were elected as Committee Members by ballot for a term of 3 years starting from the Annual General Meeting of the Urology Board held on 11 October 2011. Dr Bill Wong, Dr C W Fan and Dr M K Yiu were elected by the Board Committee to continue their service as Vice President, Honorary Secretary and Programme Director respectively. The Board passed a vote of thanks to out-going Committee Members Dr S K Li and Dr Richard K Y Lo for their dedicated services.

Formal signing ceremony of accreditation training centres in Urology was conducted on 19-20 September 2011 in West China Hospital of Si-Chuan University in Chengdu and Tongji Hospital Affiliated to Tongji Medical College in Wuhan. Two more elite centres in the Mainland: the First Affiliated Hospital of Nanjing Medical University in Nanjing and the First Affiliated Hospital College of Medicine Zhejiang University in Hangzhou had applied for inspection of training program and accreditation of training centers. Pre-accreditation visits were conducted on 29-30 October 2011. An off-site joint inspection of the training program of these two hospitals was held in Hong Kong on 26th November 2011 by the President of the Edinburgh College and representatives from Urology Board Council. Both centres were accredited for higher urology training with 2 higher training posts each. Formal signing ceremonies was conducted in March 2012 at these centres.

The first mandatory Basic Laparoscopic & Endoscopic Urology Course was held successfully on 24 September and 29 Oct 2011, thanks to the support from the training centres. The Advance Course will be conducted later this year. Both Basic and Advance courses will be conducted on a yearly basis.



Dr Chi-wai MAN
Tuen Mun Hospital



An Interview with Council Member: Dr Ava KWONG

Chief of Division of Breast Surgery, Queen Mary Hospital, The University of Hong Kong

How do you think you can contribute to the College?

From the experience of having been trained in UK, USA and Hong Kong, I hope to apply what I have personally experienced, and what I have learnt to help improve training of trainees in Hong Kong.

Working at an academic center and being involved in running not only clinical studies but also translational studies, I would be able to share this knowledge with the council and encourage the training of more academic surgeons.

You are the founding Chairman of the Women Chapter, does this help you in any way to be a Council Member?

That would be a good start to help me understand the direction and the needs of the College and its Members. The establishment of the Women Chapter has not only enlighten the needs of women surgeons, but also the understanding of what younger male surgeons expectations are. It is important to better understand the next generation so that we can do more to attract the best to embark in a surgical career. Perhaps being the founding and elected Chairman of the Women Chapter did also help to increase the acceptance of having a female Council Member in the College. After all, we are trained in a similar way and it is never bad to add in a women's touch!

As a trainer and now a Council Member, what would you propose to the College concerning the surgical training, or are you satisfied with the current system?

We are going through a tough period of time where working hours, lack of trainers in the government sector and the expectations of trainees are changing. Through the past few Council Meetings, I believe that all the Council Members thrive to give the best training to the trainees. I believe that there are areas of improvement with the change in working hours, other techniques and also overseas training should also be encouraged.

Being engaged in so many positions: Chairman of the Women Chapter, The Hong Kong Hereditary Breast Cancer Family Registry, Division Head, Council Member etc, can you give us some tips on how you can manage all roles in a successful way?

Prioritise and time management is important. One should also build a team that can be trusted and be able to collaborate. Setting an example and having a vision which your team believes in is also very important or a team will never work well together. One person can be only as good as one person, but if one builds a good team who can work heart-to-heart with you, the outcomes and the productiveness of work will always be better! The 3 Ts is important for success! Teaching, Teamwork and Trust!



Dr Yee-man LEE
Private Practice

Spotlight on Surgical Mishap



SOMIP, probably the largest audit program in Hong Kong medical profession

Surgical Outcome Monitoring and Improvement Program (SOMIP) is a clinical audit project for all surgical departments in public hospitals established in 2008. The third SOMIP report has just been released in January this year. It is our pleasure to interview **Dr. Albert Wai-cheung YUEN, the Program Director of SOMIP** for his vision on public surgical services in Hong Kong. Dr. Yuen had led the former Central Surgical Audit Unit (CSAU) under the Central Coordinating Committee (COC) in Surgery, Hospital Authority (HA) since 2002. With limited resources, he pioneered the SOMIP project, probably the largest audit program in Hong Kong medical profession.

The idea of SOMIP is adopted from the National Surgical Quality Improvement Program (NSQIP) by American College of Surgeons (ACS). SOMIP benchmarks surgical department by the patients' postoperative outcomes after full adjustment with the different patients' preoperative risk factors. The operations include all major and ultra-major operations in HA. Concerning the methodology, the SOMIP captures a very extensive patient factors dataset and its predictive power is even better than Physiologic and Operative Severity Score for the enUmeration of Mortality and Morbidity (POSSUM) program in UK. Dr. Yuen is glad to notice that the SOMIP project has gained increasing acceptance by peer surgeons, both at senior and frontline levels.

Dr. Yuen agrees that causes of surgical outcomes are often multi-factorial, especially in case of emergency operations. Dr Yuen noticed from the SOMIP data that although surgeon factor plays an important role in the occurrence of surgical complications such as anastomotic leakage, surgical site infection, patient factors greatly pre-determined whether patient can survive a major operation. By multilevel analysis, SOMIP found that the hospital performance correlates well with the workload of the surgical department. Less the number of emergency admissions per surgeon, better the patients' mortality outcomes. The other factor found to be significant in the first report was the involvement of specialists as principal/second surgeons.

Although SOMIP has benchmark effect on different surgical departments, it is not intended to stigmatize the "poor" departments or surgeons. SOMIP aims for quality improvement. From Dr. Yuen's view, it is probably the most effective hospital quality improvement project in HA hospitals. As surgeons, we should be very proud of SOMIP because there are no other medical specialties running a similar audit program. Dr. Yuen has witnessed some hospitals have positive attitudes on SOMIP. They benefit from this audit program and make significant improvement on the patient outcomes.

Dr. Yuen agrees that there are a lot of misunderstandings concerning surgical complications and malpractice by laymen. It is very important to educate the public and media that complications are intrinsic to surgical operations. It is unrealistic to expect "zero complication". However, as good surgeons we should be able to recognize complications early and manage them appropriately.

Although majority of hospitals participating in the American NSQIP project are private hospitals, Dr. Yuen does think that it is not the right time yet for the private hospitals in Hong Kong to run such audit program.

It remained to be proved that the risk adjustment model of SOMIP can predict the probability of mortality and morbidity for a patient prospectively. It will be the challenge for the SOMIP team in future. Dr. Yuen hopes that, with more cumulative operation data, SOMIP project can look into more specific outcomes of some index operations such as hepatectomy, Whipple's operation and prostatic surgery in the future. Also, the research potential of using SOMIP database is huge and it is worth worthwhile to explore into.



Dr Michael Wai-yip LEUNG
Queen Elizabeth Hospital
CUTTING EDGE April 2012

Times Have Changed, Medical Paternalism No Longer Rules.

Knowing that I have indulged in medicolegal and ethical studies recently, my good friend, Dr. Michael Cheng, asked me to express my views on medical negligence claims from the perspective of a practising surgeon. I have chosen two anecdotes to share with colleagues to highlight some recent developments in this area.

When I was a medical student some twenty-five years ago, I was told that ‘if a doctor is sued for professional negligence, what the doctor needs to do is to find a reputable colleague to endorse his act or omission, he will then be acquitted’. Apparently, this belief originated from an English case adjudicated in 1957.¹ The court held in the case that ‘a doctor is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art...’ Plainly, a doctor’s act or omission is not negligent if he has obtained endorsement from his peers. This has ever since been known as ‘the *Bolam* test’ or simply ‘accepted practice test’. Needless to say, expert testimony plays a pivotal role in the process. The courts, on the other hand, are either not willing or ready to be the arbiter of complex professional practice. In *Sidaway*, Lord Scarman once exclaimed; ‘... in short, the law imposes the duty of care, but the standard of care is a matter of medical judgment.’² Such an overt professional deferential approach rendered claims in this area almost impossible. In a survey of six medical negligence claims tried before the English House of Lords between 1980 and 1999, none was successful.³ Critics even stirred that the key to success in defending such a negligent claim was to find an impressive expert witness who could testify expertly! Nevertheless we enjoyed very much the protection under the *Bolam* defence. Then it came the *Bolitho*,⁴ an important English House of Lords case in 1997. Lord Browne-Wilkinson held that expert opinions must now be capable of withstanding ‘logical analysis’ before being accepted by the court. The House reiterated that the courts are the final arbiters not the doctors. Subsequent cases demonstrated that the judiciary is now playing a more proactive role in scrutinizing expert opinions. Notably, in some cases, though the expert opinions appeared to represent an accepted practice, they were considered ‘logically indefensible’. Conceivably, the *Bolam* shield is no longer invincible nowadays!

During my internship, my senior instructed me ‘there is no need to inform patients about such risks of a procedure if the occurrence rate is less than 10 per cent’. I believed the legal basis of this instruction came from the English case *Sidaway*.⁵ There, Lord Bridge constructed that a doctor has a legal duty to inform patients about ‘substantial risks’ associated with a procedure. A ‘10 per cent risk’ was considered to be ‘substantial’ in the eyes of the judiciary. Understandably, *Sidaway* was decided in the midst of the *Bolam* era. Simply put, if a doctor follows an accepted practice not to disclose small risks (e.g. less than 10 per cent) associated with a particular treatment, the doctor passes the *Bolam* test and is free from negligent. Obviously, such a standard cannot stand in our modern society where human rights is hotly boosted. Nowadays, doctors are required to respect and protect patients’ autonomy and rights to self-determination. In the USA, the doctrine of ‘informed consent’ has come into play as early as in 1972.⁶ **In simple terms, in order to obtain an informed consent, a doctor is required to inform his patient of the ‘risks’, ‘benefits’ and ‘alternatives’ to a medical procedure. More importantly, the scope of a doctor’s duty to disclose risks is judged by a standard of what a reasonable person in the patient’s position would like to know, not the professional standard of what a doctor would like to tell!** By the same token, Lord Steyn said in *Chester* that ‘in modern law medical paternalism no longer rules and a patient has a prima facie right to be informed by a surgeon of a small, but well established, risk of serious injury as a result of surgery.’⁷ In this regard, colleagues are reminded to check our updated professional code of conduct on ‘consent to medical treatment’ which is available at the website (www.mchk.org.hk/newsletter18.pdf).

Like it or not, times have changed. While we are still enjoying our prestigious professional status, we must be accountable to our patients and the wider public. To this end, I echo Lord Steyn’s sentiment that medical paternalism no longer rules!

¹ *Bolam v Friern Hospital Management Committee* [1957] 1 WLR 582.

² *Sidaway v Board of Governors of the Bethlem Royal Hospital* [1985] AC 871 at 881.

³ Jones M. ‘The *Bolam* test and the Reasonable Expert’. (1999) 7 *Tort Law Rev* 226.

⁴ *Bolitho v City and Hackney HA* [1998] AC 232.

⁵ *Op. cit.* Note 2.

⁶ *Canterbury v Spence* (1972) 464 F 2d 772 (DC Cir).

⁷ *Chester v Afshar* [2005] 1 AC 134 at 143.

Biography of Dr Danny LEE

Beside being a surgeon, Dr LEE is a graduate of the Law School of City University of Hong Kong with JD Juri Doctor with Credit. He also acquired LLM(Medical Law) Master of Laws in Medical Law with Commendation from Law School of Northumbria University at Newcastle. Dr LEE is currently a teaching faculty of Risk Management Workshop of the Medical Protection Society.



Dr Danny LEE
Private Practice

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Spotlight on Surgical Mishap

過去數年，公立醫院的表現，在一般市民眼裡，可能劣跡斑斑，甚麼派錯藥、打錯針、調錯嬰、調錯屍、割錯乳房、遺失嬰屍、電療電錯位、醫院門外見死不救、車禍送院流血不止先繳兩萬多元買藥……

公立醫院做得很差？醫護人員無醫德？

作為前線醫療記者，老爸作為公立醫院病人，我看到很多「有心」的專業醫護。坦白說，近年私營醫療市場勁旺，資深醫生可自立門戶，在中環某大廈開診，不愁沒有生意；或往私家醫院當個某中心的主任或總監。即使是註冊護士，全港護士短缺，私家醫院求人若渴，幾乎來者不拒。

當然，在公院工作，相對穩定，病人要求沒有私院高，奇難雜症多，醫護滿足感也大。但我相信，面對工時超長，病人排山倒海，還願意留守在公立默默耕耘者，大部分人最重視的，絕不是金錢回報，而是服務普羅市民。

公立醫院事故無日無之，究竟是「事故」增多？還是「呈報」增多？以前從未發生？私家醫院很安全？還是私院拒公開事故，慣常私下賠錢了事？

公立醫院自2007年首設嚴重醫療事故呈報系統，主動向公眾及傳媒「自爆」大鑊，肇事醫院行政總監要向公眾解話，並接受質詢，再調查起因，以及推出改善措施。不是進步嗎？

呈報系統運作數年，尚有不少值得改善之處，其一是甚麼事故涉及公眾利益，需要立即公開或召開記者會交代，讓公眾知悉及接受傳媒監察；其二是部分被界定為「不嚴重」的事故，僅透過官方刊物《風險通報》發布，但牽涉甚麼醫院、甚麼部門、具體何時發生等重要資料，卻一一欠奉。

過去三年，公立醫院外科進行臨床稽核，收集分析各院手術後的併發症、死亡率等數據，了解不同聯網甚至不同醫院的表現與水平，並分析箇中原因，確實踏前一步，若醫管局願意公開醫院排名，且將同類稽查擴展至其他專科，對公眾監察及提升服務質素，會有更顯著的效果。

至於私家醫院，醫療事故的監察仍然相當匱乏，單靠涉事私院自動向衛生署呈報，即使遲報或瞞報嚴重事故，罰款僅是一千元，令人驚訝。未來數年，衛生署應向公眾披露更多私院事故的資料，並修改法例，加強罰則及阻嚇力。

醫療事故的成因，許多許多，工時長？醫護缺？青黃不接？若基於資源不足，責任不在前線醫護，醫院管理層責無旁貸。我們也明白，病人投訴不等同醫療事故，傳媒也有責任小心求證。批評，可以尖銳，但要公道。

now新聞台首席記者譚以和

CSHK MARATHON



AS A SURGEON, YOU NEED TO HAVE A FIT BODY, A SOUND MIND & BE ABLE TO GET UP AT 3AM !!

WANNA JOIN US NEXT YEAR?

Over 100 runners from CSHK participated

It is the College's second time participating in the annual Standard Chartered HK Marathon held on the 5th Feb, 2012. The first time our College participated in this event was in 2010. The Marathon was organized to celebrate our College's 20th Anniversary that year. The response was very encouraging, so we decided to do the same again in 2011.

However, while we were planning to

apply for the Marathon in 2011, there was an unexpected overwhelming response from the Hong Kong public too, so the enrollment was closed by the organizer within a few days before we could gather enough runners for our group registration. The Marathon event was then halted in 2011.

With the lesson learnt from last year, we have decided to act proactively this year. As early as September 2011 (one

month before the official registration), we have already gathered more than 100 runners' names. The CSHK staffs worked day and night in the first few days of the registration, in order to make this event possible.

If you are planning to join us in 2013, be ready & decide early!



OUR DESIGNATED AREA FOR GATHERING AND STORING BELONGINGS



MARCHING IN THE DARK



BREAKFAST AFTER THE RUN, THUMBS UP!

CAN YOU SPOT ANY FAMILIAR FACES HERE?



Figures:

CSIHK runners	10KM	Half Marathon	Full Marathon
104	72	18	14
	Dr. Wong Wai Ke' 0:49:55	Dr. Yiu Chi Peng 2:00:45	Dr. Ying Wt. Macau 3:54:27
	Dr. Wong WC. Maket. 0:53:15	Dr. Pui On Shing 2:10:29	Dr. Tung Man Chung 3:58:28
	Dr. Chung Ching Yu 0:53:20	Dr. Lai Ka Wing 2:17:48	

The list may not be complete as some Fellows may have registered by themselves.



Dr Chad Cheuk-wa TSE
Chief Editor, Cutting Edge
Chairman, Corporate Communication
chadtse@hkam.org.hk

Message from CSHK Marathon Team 2013

Buddy up & Run together Join the The CSHK Marathon Team 2013

In echo with the support by fellows and members to the CSHK Marathon Team in Standard Chartered HK Marathon 2012, let us unite again to exhibit our perseverance, endurance and extraordinary team spirit by joining the CSHK Marathon Team.

We would like to solicit your support to form our Marathon Team in advance for the Standard Chartered HK Marathon 2013 (The date is yet to be determined). In order to be eligible for group registration, we need to have at least 100 runners to form a team before the official registration.

The benefits of forming a team to join the Marathon are:

- College's sponsorship on 50% of the registration fee to the Marathon
- Have our own gathering area (assigned by organizer) near the Finish (You can leave all your personal belongings in our gathering area)
- Running Tee with College logo
- Online registration provided by the College

For details of application, please refer to the membership form enclosed. **You may also simply reply your attendance by email to shawnyip@cshk.org or by fax at 2518 3200. For inquiry, please contact Mr Shawn Yip on 2871 8791.**

Let's buddy up and act fast, reply to us **before 1 July 2012.**





Close-up and Macro

CSHK/MSA Annual Scientific Meeting 2011

17-18 September 2012, Hong Kong Academy of Medicine Jockey Club Building

The CSHK/MSA Annual Scientific Meeting was successfully held on 17-18 September 2012 with the theme “Reconstructive Surgery in Focus”. Diverse skills and knowledge of reconstruction in Plastic Surgery, Upper G.I. Surgery, Lower G.I. Surgery, Urology, Penile Surgery and Cardiothoracic Surgery had been discussed. Distinguished speakers were invited to constitute a Multi-disciplinary Conference in which we received positive and encouraging feedback from delegates. This year, we were proud to have the support from 353 delegates to the Meeting.



(From left to right) Dr Francis MOK, Prof. Robert MASON; Dr Edward LAI; Dr Kenneth Wong; Dr KM CHU; Prof. Enders NG, organiser for the session of Upper G.I. Surgery.



We were honoured to invite Prof. Ian GOUGH, immediate Past President of RACS to deliver the GB Ong Lecture on “New Paradigms in Surgical Education”.



(From left to right) Dr Peggy CHU; Dr LY HO; Dr CK CHAN; Dr HY CHEUNG; Dr Bill WONG organised the Urology Session.



(From left to right) Dr Peter CHAN; Dr LK LAM; Dr David WONG; Dr WY CHEUNG; Dr Jimmy CHAN presented a Plastic Surgery Session for the delegates.



Dr Hung-to LUK, President of CSHK delivered the opening speech.



(From left to right) Penile Surgery Session by Dr CW MAN; Dr PC TAM; Dr Jennifer SIHOE; and Dr Andrew YIP and Dr John NGAN.



(From left to right) Dr LC CHENG; Dr Alex LEE; Dr Timmy AU and Prof. Malcolm UNDERWOOD for the Cardiothoracic Surgery Session.



(From left to right) Lower G.I. Session by Dr Samuel KWOK; Dr Edwin CHAN; Prof. Simon NG; Prof. WL LAW and Dr Janet LEE.



(From left to right) Prof. Peter McCOLLUM & Dr HT LEONG were the adjudicator for Free Paper/Motion picture/Extra Free Paper Session.



Dr Hoi-sui CHEUNG, President of Macau Surgical Association delivered the opening speech.



(From left to right) Dr Daniel LEE; Dr Yun FEE; Dr CM HO and Dr Albert YUEN; speakers for another Plastic Surgery Session.



Close-up and Macro

Diploma Conferment Ceremony and Annual Dinner 2011

17 September 2011, 7pm, Run Run Shaw Hall of Hong Kong Academy of Medicine

The Diploma Conferment Ceremony and Annual Dinner 2011 was successfully held on 17 September 2011. The College was glad to know that all the guests and diplomates had an enjoyable night. We would like to welcome the new members and fellows with much honour and gratitude.



A wave of exhilaration swept through the College when our Past President, Prof. Joseph LAU was conferred the Honorary Fellowship of the College. The College holds a deep gratitude for Prof. LAU's remarkable contribution to the College and to international surgery.



Mr Anthony WU Ting Yuk, GBS, JP delivered the Arthur LI Oration on the topic of "Leadership in Challenging Times".



A photo of the stage party.



Prof. Ian GOUGH, immediate Past President of RACS, was conferred the Honorary Fellowship of CSHK for his contribution to surgery internationally.



Dr Daniel Yan-hong WONG was awarded the Li Shield's Medal.



The Ceremony and Annual Dinner was well-attended by over 200 guests, members and fellows.



Close-up and Macro



Dr Dennis Chung-kei NG was awarded the the Best Original Paper Award of the Surgical Practice. (Co-authors: Dr Simon WONG; Dr Wai-tong NG; Dr Anne Wing-mui LEE; Prof. Michael Ka-wah LI).



Mr John DUNCAN was awarded the Best Scientific Paper Award.



Dr Derek Tak-lit FUNG was awarded the Best Scientific Paper Award (Trainee).



Dr Wilfred Lik-man MUI was awarded the Best Scientific Paper Award (Motion Picture).



Dr Peter Yat-ming WOO, who was granted 1st prize for the Best Research Award of the Year 2010, in recognition of his outstanding research work entitled "Clinical and Angiographic Risk Factors for Recurrent Intracranial Aneurysms Treated by Primary Endovascular Coil Embolisation: A Multi-center Retrospective Study in Hong Kong".



Dr Chi Chung FOO was awarded the 2nd Prize of the Best Research Paper crediting his research project entitled "Self-expanding metallic stents for acute left-sided large bowel obstruction: a review of 130 patients".



Close-up and Macro

3rd International Endoscopic Surgery Symposium (IESS) 2011



The 3rd International Endoscopic Surgery Symposium was held at HKEC Training Centre in Pamela Youde Nethersole Eastern Hospital on 19-21 December 2011. Since 2007, this is the third time for the Symposium to be held in Hong Kong. It has always been a representative flagship event that offers medical experts with an invaluable opportunity to share the contribution and achievement in Minimal Access Surgery. The theme this year was “Future standards in MAS”.



The symposium comprises a series of keynotes lectures and live demonstrations by most distinguished and eminent experts across the continent. Apart from our local experts, there were up to 14 international faculties with the renowned surgeons from the United States, Europe and Asia-Pacific regions.





Close-up and Macro

During this two and a half days' symposium, the Committee has ensured a wide and balance coverage of topics of interest in the program including robotic colorectal and hepatobiliary surgery, single port and NOTES techniques, robotic laparoendoscopic single site urology operation, endoscopic thyroidectomy as well as endovascular stenting. There was also ample time for participants to discuss with the panel as well as the leading surgeons during the live demonstrations. There were up to 200 participants from China, Taiwan, Macau as well as other countries all over the world.



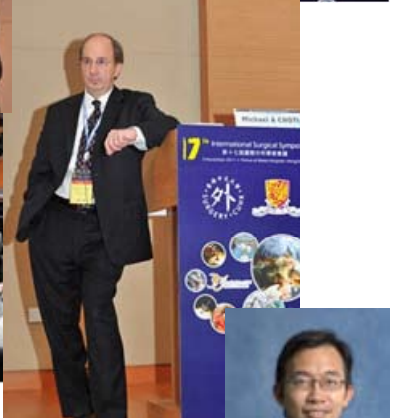
Dr Hester CHEUNG
Pamela Youde Nethersole Eastern Hospital



Close-up and Macro



The 17th International Surgical Symposium organized by the Department of Surgery CUHK is held on 5th November 2011 at the Prince of Wales Hospital. This symposium had gathered overseas and local surgeons from different specialties to share their expertise. This year, they have chosen the theme based on general surgery with world renowned experts included Prof Michael A CHOTI (USA), Prof Michael LAWRENCE-BROWN (Australia), Prof Kang-young LEE (Korea), Prof Wei-jei LEE (Taiwan), Prof Rong LIU (China) and Dr Yosuke SEKI (Japan). Their scientific programs include 3 main sessions on Vascular surgery, Metabolic surgery and State-of-Art Minimal Invasive surgery.



Dr Simon WONG
Prince of Wales Hospital



Close-up and Macro

KECBC Breast Cancer Symposium

The modern management of breast cancer aims to achieve both oncological clearance, good cosmetic outcome and full functional recovery. In view of this, Oncoplastic Surgery was the main theme of the breast cancer symposium organised by the Kowloon East Cluster Breast Centre, United Christian Hospital. It was successfully held on 3 Oct 2011 and was well attended by 219 participants. Dr Krishna Clough, the prestigious world leader in oncoplastic surgery gave a series of fascinating lectures and video demonstration in oncoplastic breast conserving surgery and breast reconstruction. Distinguished speakers Dr Polly Cheung and Dr WY Cheung further widened the perspective of audience with their excellent local results in oncoplastic breast surgery. Dr Sharon Chan also discussed the indication and application of endoscopic nipple areolar sparing mastectomy in local patients. Excellent feedback was received with lots of participants requesting for similar symposium for the near future.



Dr Sharon CHAN
United Christian Hospital

Women's Chapter

Autumn is always the best season for barbeque. The Women's Chapter grasped this golden season and organized a BBQ gathering on 20th Nov, 2011 at the India Club in Jordan. This was my first visit to the club, the venue itself was not that impressive initially -- we were arranged to sit in two big tables with one BBQ grill. However, it was a cozy setting, and the participants settled down quickly and thoroughly enjoyed the evening.

This gathering was well attended by doctors from different subspecialties. We had plastic surgeons, radiologists, clinical oncologists, neurosurgeons and general surgeons from different hospitals of both public and private sectors. We had a wonderful evening and had discussions on an assortment of topics including opinions on public-private interface. Children running throughout the dining hall added to the joyous atmosphere!

The BBQ event was a great opportunity for doctors from different sectors to meet one another in a non-clinical environment, where everybody was free of responsibility, pressure and consequences. We look forward to future events together.



Dr Yee-man LEE
Private Practice

Younger Fellows Chapter

On 24th November 2011, the new Council of the Younger Fellows Chapter (YFC) was formed to provide services for our young fellows. I am glad to introduce to you the new Council of the YFC as follows:

Chairman	Dr. DAY Weida 賴偉達醫生	General Surgery, Kwong Wah Hospital
Vice Chairman	Dr. CHENG Kai Chi 鄭繼志醫生	General Surgery, Kwong Wah Hospital
Secretary	Dr. WAT Yiu Kin, Jason 屈耀堅醫生	General Surgery, Queen Elizabeth Hospital
Treasurer	Dr. LAM Yeung Kit, Billy 林仰傑醫生	General Surgery, Queen Elizabeth Hospital
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Education	Dr. JOENG Kin Ming, Henry 熊健明醫生	General Surgery, United Christian Hospital
Publication	Dr. CHUI Ka Lun, Kellen 崔家倫醫生	Urology, North District Hospital
Advisor	Dr. HO Pak Kin, Ronald 何柏堅醫生	Private Practice



From left to right: LAM Yeung Kit, HO Pak Kin, JOENG Kin Ming, CHENG Kai Chi, DAY Weida, WAT Yiu Kin, MA Wai Kit, CHUI Ka Lun

Younger Fellows Chapter

Time flies. It is already seven years after the 1st Council led by Dr. Chad TSE whose position of Chairman was later succeeded by Dr. KWAN Tin Lok and Dr. HO Pak Kin. Being the new Chairman, I would like to thank the past YFC Council Members who had arranged numerous activities, including hospital visits, trainee tutorials, career talks, sport activities, YFC forums with Australian College and etc.

In the future, our new Council decides to encourage giving-back activities to our society besides the existing activities and services. Therefore, YFC has a new collaboration with the Hong Kong Society of Medical Professionals (HKSMP) for charity functions in Hong Kong. HKSMP is an organization aimed at providing care to the under-privileged and socially deprived people and we believe that this act will encourage more young Fellows to make more contributions to our society beyond our own professionalism. YFC will also arrange patient education talk to the public for health promotion.

To encourage communication with other doctors, we had some activities with other young professionals like the Conjoint Wine-Tasting Gathering with the Young Hong Kong Architect society last year. This year, we have formally collaborated with the Young Committee of Hong Kong Medical Association (HKMA) and the recent activity was the drinking party held on 1st December 2011.

I would like to take this opportunity to invite you to visit our website to learn more about us: www.cshk.org/youngerchapter.php.



Dr Weida DAY
Kwong Wah Hospital

Off the Scalpel

First of all, what is boardgame?

You have probably played a boardgame or two when you're young. Some well known examples include Monopoly, Scotland Yard and Risk. Due to various reasons, most young players quit playing these games when they were grown up, partly because of the lifestyle change and partly because these games can't satisfy them anymore. What I'd like to introduce are modern boardgames, which, in my opinion, is a significant improvement over previous designs and are games that players can enjoy for years. Let me quote the following sentence from the magazine, "Popular Science": 'They're everything *Mo-*



nopoly is not: often simple but fiendishly clever, designed with a minimum of boring down-time and a maximum of player interaction, without the indignity of getting eliminated or any semblance of luck.'

So what are modern boardgames?

These games came from mostly western countries and they vary greatly in terms of difficulty (from real silly to brain burners) and play-time. In general, a modern boardgame would finish in 1 hour, playable with up to 4 players, and with rules that can be explained in 5 to 10 minutes. Initially many of those games' designers were living or working in Western Europe, particularly Germany, so sometimes, they're also being called German boardgames, designer games or eurogames.

As there are over 800 new games being demonstrated at the largest gameshow last year and each game would have a different set of rules, in this article I could only give you a brief introduction to these modern boardgames.

What are the differences between the modern boardgames and the older designs?

There are many advantages in playing modern games compared with the old ones:

1. Shorter playtime; on average 1 hour per game;
2. Less dice rolling and less luck dependent, so players can control the outcome more than just depending on pure luck;
3. More player interaction;
4. Beautiful components with attractive theme;
5. No player elimination so everyone can enjoy the game till the end.

Off the Scalpel

That sounds interesting enough. How could I play those games?



The easiest way would be to visit boardgame cafes together with a few friends. Cafes like Jollythinkers and Capstone have devoted staff who would teach and recommend games that are suitable for your group.

The second best way is to join a local game group and ask the veteran players to bring a few 'gateway' games.

The third way is to buy a computerised version of games from iPad. Though you're playing against computer most of the time, you could still get the basics of the

game and it's cheap and convenient.

And you can definitely start boardgaming by buying your own game! (More on that later)

Which game should I choose as my first game?

I've chosen a few well received 'gateway' games that're suitable for family members and friends alike. After a few games you're going to develop your preferences.

1. Settlers of Catan: This game marked the beginning of modern boardgame invasion to the US and is the best selling modern boardgame up to date. Each player is a settler just embarking on a new island and they try to score the most points by developing it. It remains as an excellent game enjoyed by beginners and veteran gamers, as it is short (45 minutes to 1 hour), easy to teach, very interactive as each players need to trade commodities in order to develop the city, and the infrequent use of dice makes it less alien towards new gamers.

2. Acquire: My most played game during U days. My classmates and I even downloaded the palm version and play it during lectures :P Players are millionaires trying to buy and sell stocks from different hotel chains and gain money. The actions are very simple: Place a block on board (which expands an existing chain or cause a merge), trade stock, then draw a block. This game is one of those few which endured the past 40 years (1st version was published in 1962) and is still being enjoyed by many gamers. The latest version is from Hasbro 2008.

3. Dream Factory: Players are producers trying to finish their films by gathering the best directors, actors, special effects by auctions. The game is well accepted even for new gamers because of its movie theme, and its simple auction mechanism (either raise the bid or pass) making it easy to understand. Similar to Acquire, the game has been published by different publishers over the past 10 years, it indirectly reflects how popular this game is.

Off the Scalpel

OK, so I've tried a few games and love them. Where could I buy them?

Usually the cafes could order the game for you if you want to keep one. If you've tried it somewhere else, these are some available options:



1. Get it from a local store, like Wargames Club in Mong Kok. Despite having the name of 'club', it is indeed a very large boardgame store. The price is higher, but you can have an actual look at the box and the sales could tell you briefly how the game works.

2. Buy it online. There are many online stores in the USA like timewellspent or funagain, also a few in China (available through taobao). Mind you that some China shops are selling the pirated copy, so beware.

3. Trade a copy using local forums.

More Info?

1. *Boardgamegeek* (www.boardgamegeek.com)

This is the largest database available and contains information about virtually every boardgame published, including reviews, rules and many others.

2. *Spiel des Jahres* (http://en.wikipedia.org/wiki/Spiel_des_Jahres)

The most recognised boardgame awards in Germany, just like Oscars for boardgames.

3. *Gaming suggestions from Funagain* (<http://www.funagain.com/control/beginnersguide>)

Funagain is one of the largest online shops in the USA and their beginner's guide is very useful for new boardgamers.

4. *Popular Science article titled 'PopSci Primer: The German-Style Board Game Revolution'*

(<http://www.popsci.com/gadgets/article/2012-02/popsci-qampa-primer-german-style-board-game-revolution>)

Thanks for reading and hope you would enjoy boardgames as much as I do!

Biography of Dr Marco Cheuk-yi WONG

Dr WONG is an active boardgame player, playing in various competitions, including Carcassonne, World of Warcraft TCG and Vampire TCG, among others. He visited Essen 3 times just for the Spiel (the largest non-electronic gameshow on earth).



Dr Marco WONG
Queen Elizabeth Hospital

Announcements

Election Committee Subsector Elections results (Medical) 2011

選舉委員會界別分組選舉結果（醫學界）2011

Election results of The Election Committee Subsector Elections 2011 of the Hong Kong SAR have been released. The College takes great pleasure to announce that our fellows were being elected as the Medical Subsector of the Election Committee.

The College would like to send the best wishes to Dr Yiu-kai AU; Dr Kin-wah CHU; Dr Wing-man KO; Dr Ka-ki KWOK; Dr Samuel Po-yin KWOK; Dr David Tzit-yuen LAM; Prof. Arthur Kwok-cheung LI; Prof. William WEI and Dr Wai-chun YIP for their accomplishment.

Election Results of 2011 Council Election of Hong Kong Academy of Medicine

The College is pleased to announce that Prof. William WEI has been elected to be the Council Member of the Hong Kong Academy of Medicine for the term 2011-2013. Hearty Congratulations to Prof. William WEI.

Call for submission: Achievement from Fellows and Members

Our Fellows and Members not only have devoted their effort into medical services but they have also excelled and were awarded in other domains including public services and voluntary work. The College congratulates the personal success of all Fellows and Members and appreciates their contribution to society.

The College is pleased to share the honor and happiness with fellow Colleagues by announcing their success at the Achievement column of Cutting Edge.

The Editorial Board of Cutting Edge cordially invites all Fellows and Members to notify the Board on their recent achievements by sending the announcements to info@cshk.org for further arrangement.

Charge for posing Non-College Activity at Cutting Edge

Effective from April issue 2012, HKD\$4,000 will be charged for parties posing announcement of Non-College activity in the Cutting Edge. The announcement of Non-College activity will also be posed on College website.

Announcements

The College of Surgeons of Hong Kong



Dear Fellows and Members,

You are cordially invited to join

***RCSEd /CSHK Conjoint Diploma Conferment
Ceremony and Annual Dinner 2012***

**22 September 2012, Saturday at 7pm
at the Run Run Shaw Hall
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong**

RCSEd /CSHK Conjoint Scientific Congress 2012

**22-23 September 2012
at the Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong**

Formal invitations of the above events will be sent to you in early May. Please contact the College Secretariat on 2871 8799 or info@cshk.org if you cannot receive it.

Council of the College

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Ex officio Councillor	Chung-kwong YEUNG	Private Practice

Structure of the College

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External Affairs Committee

Internal Affairs Committee

- Corporate Communication Subcommittee & Editorial Board of Cutting Edge
- Women's Chapter
- Younger Fellows Chapter

Administration Committee

- Website Development

Finance Committee

- Business Development Subcommittee

CME & CPD Committee

Editorial Board of Surgical Practice

- Editor-in-chief

Research Committee

Education & Examination Committee

- Specialty Boards
 - Cardiothoracic Surgery Board
 - General Surgery Board
 - * Training Subcommittee
 - * Hong Kong Regional Subcommittee
 - Neurosurgery Board
 - Paediatric Surgery Board
 - Plastic Surgery Board
 - Urology Board
- Board of Examiners
- Appeal Board

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3. T-shirt \$80@



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4. Polo shirt \$100@



Size of the displayed: M



2. College Scarf \$150@



5. Mini Wireless Mouse \$100@

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2. College Scarf Unit : _____	
3. T-shirt Size (S): _____ piece(s) Size (M): _____ piece(s) Size (L): _____ piece(s)	
4. Polo Shirt Size (S): _____ piece(s) Size (M): _____ piece(s) Size (L): _____ piece(s)	
5. Mini Wireless Mouse Unit: _____	
TOTAL PAYMENT	

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*Purchase is on a first-come-first-serve basis.

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References: 1. Gristwood RW, Greaves JL. Levobupivacaine: a new safer long acting local anaesthetic agent. *Exp Opin Invest Drugs*. 1999;8(6):861-876. 2. Foster RH, Markham A. Levobupivacaine. A review of its pharmacology and use as a local anaesthetic. *Drugs*. 2000;59(3):551-579. 3. Cox CR, Faccenda KA, Gilhooly C, Bannister J, Scott NB, Morrison LMM. Extradural S(-)-bupivacaine: comparison with racemic RS-bupivacaine. *Br J Anaesth*. 1998;80:289-293. 4. Kopacz DJ, Allen HW, Thompson GE. A comparison of epidural levobupivacaine 0.75% with racemic bupivacaine for lower abdominal surgery. *Anesth Analg*. 2000;90:642-648. 5. McLeod GA, Genney BA, Brennan NE. Levobupivacaine: improved safety for obstetric anaesthesia. *Advances in Anesthesia*. 2001;18:55-89. 6. Bardsley H, Gristwood R, Baker H, Watson N, Nimmo W. A comparison of the cardiovascular effects of levobupivacaine and rac-bupivacaine following intravenous administration to healthy volunteers. *Br J Clin Pharmacol*. 1998;46:245-249. 7. Huang YF, Pryor ME, Mather LE, Veering BT. Cardiovascular and central nervous system effects of intravenous levobupivacaine and bupivacaine in sheep. *Anesth Analg*. 1998;86:797-804. 8. Gristwood R, Bardsley H, Baker H, Dickens J. Reduced cardiotoxicity of levobupivacaine compared with racemic bupivacaine (Marcaine): new clinical evidence. *Exp Opin Invest Drugs*. 1994;3(11):1209-1212.

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