

**對**醫生來說，沒任何事比病人康復更令人鼓舞。威爾斯親王醫院實習醫生潘俊圖是白血病康復者，曾接受該院時任兒科部門主管李志光醫生的治療。當日的小病人變成同事，李志光形容是一份好好的禮物，口罩也藏不住滿臉笑意。

時間回到10年前，李志光記憶中的潘俊圖冷靜乖巧，化療過程雖苦，他都肯配合。「他試過因血管栓塞，要連續三個月早晚在皮下打抗凝血針，都一一捱過。」

看似堅強的少年，其實也有情緒起伏。潘俊圖說：「起初實在受不了，我怎會患上這種病？幸好醫生願意聆聽我的擔憂記掛，例如可否先完成考試，萬一口腔潰瘍應否拆掉本身的牙箍等。」當年的人和事潛移默化，讓他學會對病人有耐性和同理心，無論多忙都會抽時間聆聽病人。他感慨道：「醫生每日見很多病人，但對病人來說，能否痊癒、舒不舒服就全靠這個醫生，令我覺得醫生要有責任感，要易地而處。」

李志光認同：「醫生往往從自己角度出發，認為我給予病人最好的，為何他不接受？其實我們認為最好的，他未必覺得最好。我們做醫生是幫人，不是增加病人痛苦。」

李志光現為香港中文大學兒科學系教授，同時於香港兒童醫院血液及腫瘤科擔任名譽顧問醫生。他指兒科在過去30年進步很大，相繼發展出不同副專科，醫生可更專注處理各種「奇難雜症」，亦促成不少新治療和研究。現在也多了嶄新的診斷方法去找出病因，如基因檢測。對於複雜病症，更會採用跨專科團隊模式診治，不同專科的同事一起商討最佳的治療方案。

醫護培訓亦更趨嚴謹。李志光笑說：「我40年前做實習醫生時，便被差派為病人抽取肝臟活組織。上司只叫我打開細針包裝的說明書，自己看看怎樣做，現在根本無法想像！」現今醫管局嚴格規定醫護人員需接受訓練和考核，才可進行高風險程序，保障病人安全。

醫生除了醫病也醫心。擁有雙重身分的潘俊圖覺得，醫護人員比以前更著重病人及家屬感受，會主動溝通，給予支援。李志光補充：「以前把病人治好就可以讓他出院，現在我們講求提升生活質素，例如用不同方法紓緩病人不適，專職醫療同事和非政府機構亦會照顧病人和家屬的心理需要，評估家居環境是否能配合等，實踐全人治療。」

即使時代變遷，恆久不變的是醫護人員幫助病人的心。李志光曾遇過一個移植骨髓後白血病復發的病童，「當時我們都打定輸數，與父母商量後，便停止了所有創傷性治療。」誰知病情竟慢慢好轉，多年來亦再沒復發。「我不相信奇蹟，但這件事提醒我，人人對治療的反應都不一樣，作為

# 醫生最好的禮物

## The greatest gift to a doctor



威院1991年進行第一宗兒童骨髓移植，李志光醫生（右）與該名病童攝於兒童癌症病房。  
PWH performed its first bone marrow transplant on a child patient in 1991. Dr Li (right) was pictured with the patient in Children's Cancer Centre.

醫生，可做的都應盡量去做。」李志光期望本港發展更多新療法，例如基因治療，讓先天性疾病如地中海貧血、白血病患者毋須再接受長期治療。

醫生的最好禮物，就是病人康復，活出精彩人生。

**F**or doctors, there is nothing more heartening than seeing a patient recover. Dr **Brian Poon**, a leukaemia survivor, is now an intern doctor at the Prince of Wales Hospital (PWH). When he was diagnosed ten years ago, he was treated by Dr **Li Chi-kong**, the Chief of Service of the hospital's Department of Paediatrics at the time. Smiling behind his mask, Dr Li is delighted to have his former patient become a colleague and describes it as a gift.



潘俊圖（右）在香港兒童醫院看見癌症病童在病房中駕駛著玩具車，令他感受到醫院環境和服務比起自己做病人時大有改善。左為李志光醫生。  
Brian (right) saw a child patient riding a toy car in the ward of HKCH. He was impressed by the improvement in hospital environment and services over the years. To his right is Dr Li Chi-kong.

Chemotherapy is tough and painful, but Dr Li recalls that Brian was calm and cooperative while undergoing treatment. "Brian overcame a lot during the journey. For instance, he had to endure anticoagulants injection under the skin for three consecutive months due to vessel blockage," Dr Li says.

Beneath his calm exterior, Brian was anguished and anxious. "I couldn't accept at first and kept asking 'why me?'" He says. "I had a lot of worries too. Could I complete my exam before starting the treatment? Should I have my dental braces removed when mouth ulcers appear as a side effect? I was fortunate to have doctors who were willing to listen to me and address my concerns." Having that first-hand experience, Brian has developed patience and a sense of empathy for patients. Now, he makes time to listen to his patients, despite the busy schedule. "A doctor sees many patients in a day, but a patient only has one doctor to rely upon," he reflects. "I believe doctors should be responsible, and put themselves in patients' shoes."

Dr Li agrees, "Doctors usually make decisions from their perspectives and believe they already offer patients the best option. However, patients may not think the same.

We as doctors need to bear in mind that we are here to help, not to do any harm."

Dr Li is currently a professor in the Department of Paediatrics of The Chinese University of Hong Kong, and an Honorary Consultant in the Haematology and Oncology unit of Hong Kong Children's Hospital (HKCH). He reckons that the development in paediatrics over the past 30 years has been extraordinary. Subspecialisation allows doctors to focus more on treating difficult and uncommon diseases, and contributes to the development of new treatments and research. Besides, new diagnostic tools such as genetic tests are now available to identify the culprit behind diseases. In the case of complex conditions, a multidisciplinary approach would be adopted to formulate the best treatment plan for patients.

"When I was a houseman 40 years ago, I was assigned to do a liver biopsy. My senior just told me to read the instruction manual and do it myself! Can you imagine?" Dr Li jokes. Nowadays, the Hospital Authority has strict guidelines on high-risk medical procedures. Practitioners must undergo appropriate training and assessment in advance to ensure patient safety.

A good doctor treats the whole person, not just the disease. Brian says healthcare workers today care more about the feelings of patients and families. They are more willing to communicate and proactively provide support. Dr Li echoes, "In the old days, we just cured the patients and then discharged them, but now we emphasise quality of life and holistic care. For example, we look for ways to relieve patients' discomfort, collaborate with allied health professionals and NGOs to address their psychological needs, and conduct home assessment to suggest practical modifications.

Despite medical advancements, the goal of helping patients remains unchanged. Dr Li recalls a leukaemia patient who had a relapse after bone marrow transplant. "We expected to lose him any time. After discussing with the parents, we stopped all aggressive treatments," he says. Surprisingly, the little fighter got better bit by bit and eventually recovered. "I don't believe in miracles, but this case reminds me that every patient responds differently to treatment. As doctors, we should try our very best to save lives." Dr Li is looking forward to the emergence of more new treatments, such as gene therapy in Hong Kong, which may benefit patients with congenital diseases like thalassemia and leukaemia.

Seeing patients recover and live a fruitful life is the greatest gift a doctor can ask for.