

SPECIAL ISSUE  
**THE 194TH CONGREGATION AND  
PRIZE PRESENTATION CEREMONY 2015**



LI KA SHING FACULTY OF MEDICINE  
THE UNIVERSITY OF HONG KONG

香港大學李嘉誠醫學院

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# 194th Congregation and Prize Presentation Ceremony 2015

Grand Hall, Lee Shau Kee Lecture Centre, Centennial Campus, The University of Hong Kong  
November 21, 2015



## CONGREGATION PROGRAMME

THE UNIVERSITY ANTHEM

PROCESSION IN

NATIONAL ANTHEM

DECLARATION OF THE OPENING OF THE CONGREGATION AND PRIZE PRESENTATION CEREMONY BY THE PRESIDENT AND VICE-CHANCELLOR  
CONFERMENT OF DOCTOR'S, MASTER'S AND BACHELOR'S DEGREES

### Session 1

Doctor of Medicine  
Master of Surgery  
Master of Research in Medicine  
Bachelor of Medicine and Bachelor of Surgery  
Bachelor of Chinese Medicine  
Bachelor of Pharmacy in Chinese Medicine  
Bachelor of Pharmacy

### Session 2

Doctor of Philosophy  
Master of Philosophy  
Master of Medical Sciences  
Master of Public Health  
Master of Chinese Medicine in Acupuncture and Moxibustion  
Master of Chinese Medicine  
Master of Science in Chinese Medicines  
Master of Psychological Medicine (Psychosis Studies)  
Master of Clinical Pharmacy

### Session 3

Doctor of Nursing  
Master of Nursing  
Bachelor of Nursing

SPEECH BY GUESTS OF HONOUR

STATE OF THE FACULTY ADDRESS BY THE DEAN OF MEDICINE

PRIZE PRESENTATION CEREMONY

DECLARATION OF THE CLOSING OF THE CONGREGATION AND PRIZE PRESENTATION CEREMONY BY THE PRESIDENT AND VICE-CHANCELLOR

PROCESSION OUT

GROUP PHOTO SESSION



# STATE OF THE FACULTY ADDRESS BY PROFESSOR GABRIEL M LEUNG

Dean of Medicine



Chief Secretary/Professor (Tak) Mak/Professor (Sophia) Chan, President, Vice Presidents, colleagues, graduands, parents, fellow alumni, distinguished guests, ladies and gentlemen,

**B**efore I start, may I ask you to rise and observe a moment of silence in respectful memory of Professor LC Chan, who left us two weeks ago.

LC was Chair of Pathology, former head of department and most recently MB Lee Professor in Humanities and Medicine and Director of the Medical Ethics and Humanities Unit. He was a pioneer and lifelong devotee to medical and nursing education. As a friend, I can still hear his laugh and above all fondly recall how he made us all laugh. He will be dearly missed. Rest in peace, LC.

This is my third State of the Faculty Address, which signals the present Deanery has reached halfway through our term of office. The faculty review will also take place during this academic year, 13 years since we last underwent the exercise. It is therefore an opportune time to take stock of where we are, how we have reached the present and share what may lie ahead as we progress into the second half of our tenure.

So, where are we in the world? I am delighted to report that HKU's world ranking in the Times Higher Education's "Clinical,

Pre-clinical & Health" league table, that is for all intents and purposes our Faculty, has risen to 40th from 56th last year. We are now ranked second in Asia. Most pleasingly we have improved the most of all Asian schools. While I usually pay little heed to such rankings as they are subject to too many vagaries and uncertainties, year-on-year changes in the same survey using the same methods can be a useful indicator of our own progress. By this year's results, we can reassure ourselves of the excellent work being undertaken every day in our labs and wards through the dedication and hard work of every one in the Faculty of Medicine family. Well done and thank you.

Next, where are we heading? This midpoint in our five-year term marks a watershed in the type of leadership you could anticipate from my team of Associate and Assistant Deans and me. Since we took office in the summer of 2013, we have boldly painted in broad strokes. Specifically, we formed the School of Biomedical Sciences on the amalgamated strengths of the erstwhile departments of anatomy, biochemistry and physiology, after a quarter-century gestation. We established a new Academic Emergency Medicine Unit, thus completing the Faculty's complement of specialties that fully reflect all fourteen of the Academy medical colleges. We began the process of bringing the Faculty's many and myriad clinical activities under the umbrella of HKU Health System to assure quality, manage risk and ensure operational parity between different settings.

### From transformational to transactional leadership

These are truly transformative changes that demanded from the team a common vision and steely determination. The deliberations and decisions that brought them about took guts and plenty of sweat, even if I say so myself. However the job has only just begun. To have real impact one must follow through, lest the all-too-common eventuality captured by Robbie Burns' famous verse befalls us:

*The best laid schemes o' mice an' men  
Gang aft a-gley,  
An' lea'e us nought but grief an' pain,  
For promis'd joy!*

Closing the loop would require a different style of leadership. In the second half of our term of office, we therefore intend to pivot from transformational to transactional leadership. From vision and strategy we will move towards tactics and implementation. While being a transformative leader can stir emotions and bring more immediate accolades, a mature and sophisticated organisation such as that of LKS Medicine requires patient, thoughtful and unglamorous tilling most of the time. Unsung glory is the best kind of kudos academic leaders can and should aspire to in the long run.

Transactional leadership means making sure the broad frameworks of change are filled in and fleshed out. It is about precise and full execution of the blueprints we already have in sketch. It requires paying attention to even the slightest detail. It is about translating a vision into achievable aims, then punctual delivery of the stated goals. In a nutshell, it is about being accountable for what we have said we would do, and to actually get the job done, and done well.

So here are some highlights of what we have accomplished, in concrete terms, during the past academic year and what we plan to achieve in the coming year.

Learners, parents and teachers,

### Teaching and learning

You do not need me to reiterate the results of our most recent freshmen intake. Media headlines had celebrated our continued and unrivalled success, almost to the point of embarrassment. As I reflect on this year's admission exercise, on the heels of similarly spectacular results last year, I have learned two humbling lessons. First, doing the right thing by keeping to principles is the surest path to goodness, which sometimes means success as in the present case, but always integrity which any self-respecting institution must prize above all. Second, while I am heartened that the great majority of perfect scorers in public examinations chose to read medicine, all at HKU at that for the second year running, I am at once filled with self-doubt whether this is indeed a healthy phenomenon in the longer term. If examination scores are any guide to ability, the fact that the most able young people are overwhelmingly concentrated in one rather narrow professional field in a single local institution may not serve society best. An inclusive, diverse ecology is almost always the most robust in the natural world. I see little reason why it should differ in the social sphere.

I attribute our present success in student recruitment to enriching diversity through enhancing fairness by setting a JUPAS admission floor and introducing the Springboard Scholarship Scheme. Of course the superb execution by the entire Teaching and Learning team, ably supported by the University's Admissions and Academic Liaison Section, has been critical.

Starting from the 2016 intake, our class size will increase from 210 currently to 235. Given this additional batch of student places, we will be introducing a new scheme called "Second Chance". Medicine is about giving patients a second chance at a healthy life. With the 3-3-4 curriculum and the increasingly common "through train" articulation between primary and secondary schools, the second chances students of my generation used to have at primary 6, secondary forms 3 and 5 have all but disappeared. The Chinese maxim 「三歲定八十」 takes on a special and perverse meaning in this light. Persistent and resilient doctors are often the best doctors. "Second Chance" will be seeking students with these characteristics.

More specifically, this admission route will be open to all comers, including high school leavers from previous years, current university students as well as degree holders. We will be particularly sympathetic to those who show a deep, sustained and demonstrable conviction to become a humane practitioner, despite setbacks in their life journeys. We also extend a special welcome to those who had not previously applied but have now identified medicine as a newfound career choice for laudable reasons. Given our quest of finding candidates with the potential qualities of a true and resilient 仁醫, applicants will be invited for an extended series of interactive activities cum interview. They will engage with a dedicated panel of faculty members and students who will be specially guided to perform a fit-for-purpose 360-evaluation of these applicants. In keeping with our standing policy of allocating at least 75% of available places to students who had gone through the DSE route during their secondary schooling, we will maintain this undertaking for these extra 25 places.



Last month we formally inaugurated the Bau Institute of Medical and Health Sciences Education or BIMHSE, in recognition of a transformative gift from the family of Dr Bau Tsu Zung (鮑志成) of the Medic Class of 1927 and the Faculty's seventh MD graduate and his wife Kwan Yeu Hing (關柔馨). Incidentally Professor Sir David Todd was our ninth and Professor Rosie Young was our twelfth MD graduate. The full endowed sum of \$100M will be set up to support undergraduate, postgraduate and young faculty scholarships in-house and for overseas exchange.



Graduands and colleagues,

### Research and discovery

This year, as in years past, colleagues in the Faculty have again chalked up a most impressive series of achievements. There are just too many for me to read out one by one. Instead I refer you to the printed proceedings for a complete listing.

At the departmental level:

- The School of Public Health has been designated a Collaborating Centre for Infectious Disease Epidemiology and Control by the World Health Organization.

Regarding individual honours:

- Professor Aggi Tiwari of the School of Nursing has been awarded the Fulbright-RGC Hong Kong Senior Research Scholar Award and will be spending her sabbatical at Johns Hopkins during the first half of next year. She has also been recently elected President of the Academy on Violence and Abuse.
- Professors Ben Cowling of Public Health, Ui Soon Khoo of Pathology, Patrick Woo of Microbiology and Zhou Zhongjun of Biomedical Sciences are the current year's Croucher senior fellows, representing two-thirds of the full roster of awardees.
- Dr Stephanie Ma of Biomedical Sciences joins this distinguished group as winner of the Croucher Innovation Award.
- Professor Kenneth Cheung of Orthopaedics & Traumatology received the Foundation of Orthopedics and Complex Spine Humanitarian Award.
- Professor CM Lo and his team were awarded a first-class Chinese Medical Science and Technology award from the Chinese Medical Association for innovative research in living donor liver transplantation.

- Clinical Oncology's Professor XY Guan and his team were awarded the country's Science and Technology Prize (Second Class) of Higher Education.
- Professor K Man of Surgery was awarded the International Basic Science Mentor Award of the Transplantation Society.
- Dr Brian Lang of the same department was awarded the James IV Travelling Fellowship.

Concerning research support:

- Professor Patrick Woo and his team in the Department of Microbiology received \$46.7M for their RGC Theme-based Research Scheme project – "Molecular basis for interspecies transmission and pathogenesis of MERS-CoV".
- Fellow pathogen hunter Professor Guan Yi in Public Health received a 30M RMB grant under the Top-tier University Development Scheme awarded by the Guangdong Department of Education.
- Professors KY Yuen and Malik Peiris respectively received renewal commissioned grants of \$28.9M and \$22.9M from the Health and Medical Research Fund.
- Professor KY Yuen, with collaborator Dr Terence Lau of PolyU, received support from the new "Emerging Respiratory Virus Research Charity Fund" with seed funding in excess of \$20M.
- Dr Ava Kwong, Professors Law Wai-Lun and Leung Wai-Keung and I recently earned some \$30M from the Health and Medical Research Fund to study breast and colorectal cancer prevention and control.

In terms of professional service:

- The Department of Orthopaedics and Traumatology has a trio of good news. Head of Department Professor Kenneth Cheung has become Vice President of the Scoliosis Research Society.
- Professor Keith Luk, Chair of Orthopaedics and Traumatology has been elected President of the International Society of Orthopaedic Surgery and Traumatology or SICOT as well as Vice President of the International Society for the Study of the Lumbar Spine. Professor Luk's tenure at SICOT is the second time HKU has taken the presidency, where his predecessor and current Hospital Authority Chairman Professor John Leong took that office during 2002-15.
- Professor Peter Chiu has recently become President of the Hong Kong College of Orthopaedic Surgeons.
- Professor Eric Chen of Psychiatry has taken on the presidency of the Hong Kong College of Psychiatrists. Together with Professor Chiu's recent election, this brings the number of College presidencies currently held by HKU academics to four out of the fourteen medical colleges of the Academy. Professor Chen is also the recipient of the Richard J Wyatt Award from the International Early Psychosis Association.
- Professor Karen Lam of Medicine was made Honorary President by Diabetes Hong Kong for her contribution to diabetes care and education.
- Professor Michael Irwin who heads Anaesthesiology was conferred honorary fellowship by the College of Anaesthetists of Ireland.

At the corporate level, the long awaited results of the 2014 Research Assessment Exercise (RAE) were finally announced earlier this year. Our Faculty performed most encouragingly, scoring the highest relative percentage as well as the highest absolute number of world leading (4\*) and internationally excellent (3\*) research outputs, external peer-reviewed grants



and esteem measures under the Health Sciences Panel. The panel comprises the disciplines of clinical medicine, pre-clinical studies, nursing, Chinese medicine and other health care professions. Of note we also fielded the most number of researchers that equaled the total number entered by the next two universities combined.

Moving forward from this position of strength, and in keeping with the concept of a sharing economy long adopted by the scientific community, we will continue to invest in core infrastructure and frontier technology platforms. The newest addition to our impressive array of core facilities is the proteomics and metabolomics mass spectrometer, generously donated by HSBC. Also in the pipeline is a super-resolution fluorescence imaging microscopy system awarded by RGC, thereby allowing our researchers to visualize subcellular and molecular events in living cells on nanometre scale. Earlier this year, the Research Deanery successively and successfully launched the Faculty Core Biobank, the Bioinformatics, Biostatistical and Clinical Research Methodology Support Programme and the Bio-reagent Core Facility.

We are already beginning to see how at least some of these investments have borne fruit. We continue to lead in research funding from the two main government agencies, namely the Research Grants Council and the Health and Medical Research Fund. The Faculty's performance in the latter this year is particularly encouraging, after our targeted interventions to improve competitiveness in the past year. Provisional results show that we have widened our lead in this year's funding exercise, by almost a 2:1 margin compared with our closest competitor and accounting for a larger share of the total allocation than all others' combined.



Ladies and gentlemen,

### **HKU's biomedical enterprise**

The new School of Biomedical Sciences was formally established on July 1 this year. We hope to soon complete the ongoing global search for the inaugural Director as well as five new professoriate members to seed the early development of the School. The newly appointed Scientific Advisory Board has been assisting us in this effort, alongside senior colleagues from within

the School. The Board is composed of external scientists who are at the absolute frontiers of their respective fields that are cognate with the two thematic research clusters of the new School. Members of the Board have also had longstanding links with and deep knowledge about HKU.

Interdisciplinarity has always been the credo of how science is, or at least should be, done – now more than ever. Organisational boundaries the world over are largely arbitrarily delineated, at HKU it is no different. In an ideal world, there should be an easy flow of people and ideas across very porous organisational borders, especially within one's own institution. Having taken the initial steps of breaking down anachronistic departmental silos in our own Faculty, the RAE results have now provided an opportune justification to reconsider how biology in all its manifest branches should be most fittingly organised across the entire University. This is very much in keeping with the clarion call by the Senior Management Team in reviewing and reflecting on the RAE findings. I look forward to working with the incoming Dean of Science to explore synergies between our new School and the School of Biological Sciences under the Faculty of Science, to greater mutual benefit and most importantly for HKU generally. As precedence, we have had very good experience working with the engineering faculty in the field of biomedical engineering that earned a deservedly superlative RAE score. I am fervently hopeful that a similarly pleasing outcome awaits the two Schools.

While the interim review of the research centres has been completed and the results shared with colleagues, our next steps will depend on future interactions with the School of Biological Sciences as I have described, the policy guidance of the new VP (Research) who recently assumed duty at the beginning of the academic year specifically in relation to the university-level strategic research themes, and the further engagement of Faculty colleagues as to their needs and wishes. It is a continuous process of evolving towards the optimal organisational model to foster research excellence.

As you can appreciate, much work awaits but the excitement of the challenges provides the motivation and momentum for colleagues at the School of Biomedical Sciences to shine.

Users and providers of health services,

### **Clinical affairs**

HKU Health System is a pioneering concept in Hong Kong but very much a tried, tested and true academic health sciences centre model following the successful examples of Harvard Medical School Affiliates, UCL Partners and Singapore's National University Health System, to name but a few. Through our four affiliate teaching hospitals, namely Queen Mary, HKU-Shenzhen, Gleneagles HK and the Sanatorium, LKS Medicine is managerially and/or morally responsible for the clinical governance of close to 4,500 beds in different settings of two mega populations. Our catchment is not limited to where our hospitals are physically situated, rather patients from other parts of the SAR, indeed nationwide and across the entire region have always sought care from our clinical staff. Our eight Chinese medicine clinics, whether independently operated or in tripartite collaboration with the Hospital Authority (HA) and non-government

organisations, generate 330,000 patient visits annually. We also provide specialty niche services ranging from assisted fertility treatment and advanced diagnostic radiology, to specialist microbiology and pathology testing that would otherwise not be available to the wider public. The recently implemented Elderly Healthcare Voucher Scheme at HKU-Shenzhen Hospital has ushered in a new era of cross-border portability of health care benefits. Our task as custodians of this pioneering programme is to ensure smooth execution and proper oversight. All together this is a huge enterprise with significant exposure to clinical and fiduciary risks, in addition to major implications on the wellbeing of large numbers of clinical and research staff who are either directly employed by or hold joint and honorary appointments at the Faculty. These are the reasons why we need a common clinical governance platform in HKU Health System.

I should like to make special mention of our private patient service. *Mea culpa* – our Faculty had had more than its share of troubles associated with this issue in the past. That tumultuous period was not our most glorious. My immediate predecessor, Professor Sum Lee, who is a man of unquestioned integrity and made of the strongest moral fibre, calmed the waters, steadied the ship and brought the highest standards of ethics and professionalism back to the Faculty. Through HKU Health System, we have been following through to further improve our internal guidelines and monitoring systems so that we are absolutely assured of full compliance with all relevant legal, administrative and ethical requirements, and are clearly seen by the public and by our own profession that we are indeed accountable for everything that we do.

The just completed HA private service review has provided much added impetus to this work, as has the recent launch of the International Medical Centre at HKU-Shenzhen Hospital and the soon-to-be-commissioned private hospital Gleneagles HK.

Let me state again the *raison d'être* of HKU's private service. Our overarching aim is to provide services that are "first in class" or "best in class", that is to say specialised services or service quality that would otherwise not be routinely available outside of the clinical academic setting. We also engage in non-subsidised care that can add value to our core twin mission of education

and research. These are the motivations why our clinicians work so hard to bring the frontiers of medical science to the bedside of both public and private patients. A second tenet governing our private service is that we work with and alongside our private sector colleagues, many of whom are our honorary staff and not a few had been past colleagues in the Faculty. We make it a point that we do not compete with the private sector. We complement each other. We are respectful and careful in how we set fees so as to adhere to this undertaking, amongst other measures. Finally and above all, we have and will always put patients at the centre of our work and their welfare our uppermost priority.

Now, allow me to update you on the hardware of clinical services. Queen Mary's ongoing redevelopment, while exciting and serves to sustain our spirit despite the major inconveniences, will be unable to cater for the imminently burgeoning needs of cancer care, amongst others, even when completed in 2023. In fact there is no special provision for cancer services in the current project. With and under the direction of HA, and in collaboration with the parent body Hong Kong Tuberculosis, Chest and Heart Diseases Association, we therefore planned for and completed the technical feasibility study for a cancer centre with a dedicated translational research laboratory block at Grantham Hospital, as another member of the Hong Kong West cluster of hospitals to complement Queen Mary. It will become a lynchpin of the Faculty's move to embrace the new era of precision medicine, not to mention its vital importance in combating the SAR's number one killer – cancer – in one of the most aged regions of Hong Kong. Medical advances synthesised at the translational interface, in the unique setting of an academic health science centre, are the sine qua non of people's health improvement. Hong Kong will trail behind others the moment we stop being a trailblazer. Given the SAR's renewed enthusiasm and broad support for innovation and technology generally, and as applied to medical care in particular, I trust the relevant authorities will have the wisdom to maintain policy consistency and momentum in considering this important capital works project. On behalf of the sick and needy – our next generation of cancer patients who deserve better – I have been praying that this Grantham project be supported and expedited. May this plea be favourably heard, and answered.





Colleagues,

### Human capital

Physical capital in the form of facilities and equipment, however important, are secondary to our focus on human capital. Our most important asset, by far, has always been our people. This dictum is no truer anywhere else than in a university, being the ultimate people organisation. In fact people and their ideas are all we have and all we are. While this can easily come off as little more than a propaganda slogan, I am determined to close the loop and show that we mean what we say.

Just now I mentioned that in nature, an ecosystem is almost always at its most resilient and robust where there exists the greatest diversity of all life forms that forge interdependent and cross-fertilising networks of synergisms and symbioses. As it is true in the wild, so it is in the classroom as I have said earlier, as well as in the laboratory and at the bedside.

Therefore the human capital deanery has gone out of its way and taken proactive steps to recruit the best talents there are in the world. We have taken academic headhunting to a new level of sophistication and do not rest until we successfully conclude each and every faculty search exercise. This is especially true for headship and directorship positions. We have just appointed a senior professor in Ophthalmology who was deputy chairman at the University of Toronto. We also marked a precedent in appointing a Chief of Service at HKU-Shenzhen Hospital as the new Head of Clinical Oncology, which shows by example that all our affiliate teaching hospitals have equal opportunity to take charge of academic departments. Search exercises for the heads of Biomedical Sciences, Nursing, and Pharmacy and Pharmacology are ongoing. By the long and short lists I have seen, we are making pleasing progress.

My Associate Deans in Human Capital and in Research will in future be taking extra, deliberate interest in preventing unhealthy and excessive “inbreeding” in our appointment and renewal procedures. A fortress mentality should be saved for organisations under siege. We are HKU. We count as peers the leading universities of the world. We must be confident about ourselves. Hong Kong has survived and thrived as an open port of goods, services, people and ideas. HKU has always led from the front.

Moreover, we will continue to develop a differentiated model of human capital management. In short, this means that we recognise there are some colleagues who are particularly and singularly interested and excellent in either teaching or research, but perhaps not both. This is not necessarily or even usually due to lack of talent in either domain, rather arises from professional need or personal preference. Therefore, with the recent introduction of the lectureship teaching track and the practice professoriate clinician-educator track, we have more tools to tailor and implement job planning.

We will also revise and enrich the teaching and service assessment portfolios in an effort to give greater recognition to colleagues who are loyal team players. These dedicated individuals often shoulder the more mundane but absolutely necessary roles and responsibilities of everyday academia.



Alumni and alumni-to-be of LKS Medicine,

### 130th anniversary

As the third oldest medical school in the country and the longest established tertiary institution locally, this Faculty is marching towards our 130th anniversary since its founding in 1887. Our pace is quickening to prepare for the formal launch of the birthday celebrations set to début at next year's graduation ceremony. By happy coincidence November 2016 will also be the 150th anniversary of Dr Sun Yat-sen's, our first graduate's, birth. Queen Mary, our first and closest teaching hospital, is half-a-century younger than the Faculty, which of course means we will be co-celebrating its 80th with our 130th, just like we did a decade ago. The academic year 2016/7 will also witness the birth of our newest hospital affiliate, Gleneagles Hong Kong. There will be special commemorative events marking this quadruple or “double double” happiness of the Faculty next year. Do look out for the announcements in due course. I have recently convened a Committee of Overseers and a Steering Committee, respectively co-chaired by Professors Sir David Todd and Rosie Young for the former and for the latter by Professor Raymond Liang, to lead us towards the important milestone of our 130th in 2017. I have extended invitations to the full cross section of our extensive alumni base, both locally and abroad, seeking their advice and support. Of particular note we have also benefitted immensely from the contribution by current undergraduate and postgraduate students along the way as co-celebrants of this anniversary.

Friends of the HKU family and fellow citizens of Hong Kong,

### Academic freedom and institutional autonomy

It would be remiss, irresponsible even, of me to give tacit treatment to the maelstrom over the appointment of the University's VP (Academic Staffing and Resources). Irrespective of one's viewpoint, it has been interpreted as a watershed for HKU, and Hong Kong writ large. The matter centred around the absolutely fundamental principles of academic freedom and institutional autonomy that are of sufficient import to Hong Kong's core values to have been guaranteed by a specific provision in the Basic Law. It was further fanned by reportage filtered through either saffron or sapphire lenses where n'er the twain shall meet, thereby inducing every one's emotions to hair-raising and fist-pumping levels. As an academic leader of all and for all stakeholders and constituents, I believed it was my duty to maintain professional equanimity, precisely because the entire atmosphere had been so thoroughly divisive.

I had therefore refrained from making any public comment, lest feelings became even more inflamed than the substance of the matter already sustained. There were two exceptional instances: first, when I was asked point blank during a televised interview on a different topic altogether, thus unavoidably, on July 12, well before the political temperature eventually rose to a boil. On the second occasion, the other nine Deans and I were deliberate in issuing a joint written statement on July 30, two days after a Council meeting was interrupted when a group of mostly HKU students stormed into the Senate Room. Historical firsts beget history-making events. The Convocation, comprised of over 160,000 alumni, held a meeting with over 3,000 attendees and 9,000 votes (i.e. including proxies) cast in total. The result was an overwhelming rejection of the way Council handled the appointment process, and further demanded a review of the role of the Chancellor and the appointment of the Council Chairman. I was also disappointed, alarmed actually, that the Deans' joint statement had apparently been hijacked and shamelessly reinterpreted and used by all sides for their own purposes.

What should one make of all of this? First there is the issue of procedural justice which must be respected, and plainly seen to be so in any open and free society. This has always been the crux of the matter. Once this principle was breached, real or perceived, the question quickly extended to whether in fact the related fundamental values of academic freedom and institutional autonomy were also under threat. One can argue *ad nauseam* whether there had in fact been such a breach, and if so whether it was directed by various local or national public or related offices. I shall desist from unhelpful and uninformed speculation, although being on the hyperalert for the visible and not-so-visible hand was understandable.

Then there was the more specific issue of whether a particular candidate was the best fit for office. I believe it wise to refrain from commenting unless one has actually been privy to details of the entire search process including the long and short lists of potential candidates and their qualifications, experience and performance at interviews.

Sadly these two related but in fact quite separate issues were often conflated, by commission or omission. Moreover the situation degenerated into an us vs them, or in local lingo yellow vs blue, showdown. When former US President George W Bush dichotomised the world by declaring "You're either with us, or against us" and calling the most extreme non-US allies the "axis of evil", many Americans as well as many of the global citizenry were rightfully indignant. With that in mind, I am distressed to witness a political facsimile here and now on campus. There appeared only two possible camps: one is either a pro-establishment apologist for the Chief Executive and/or the Central Government who would stop at nothing to carry out their instructions; or in diametric opposition, one is a righteous defender of the core values of Hong Kong who would always stand on the side of the egg against a high wall in true Murakamian fashion. Even the characterisation of this dichotomy is value-laden. Another rendition would describe the former group as those who are reasoned, law-abiding defenders of the very principles they are ironically accused of destroying in calling on pan-democratic politicians to stay out of university affairs; whereas the latter would be cast as political opportunists who tried to revive the failed Occupy movement through the present saga.

Surely the campus should be a fertile ground where ideas and beliefs of all sorts are born and nurtured, discussed and debated, without fear or favour. This cannot take place however against a backdrop of mutual suspicion, sadly substantiated by the stunning revelation of clandestine recordings of Council meeting proceedings that violated not only every rule of order for the conduct of formal meetings, but above all the privacy of the participants, whether or not one agrees with their views. This was not a noble act of a *bona fide* whistleblower by any measure, rather a cowardly assault on the very foundation of trust that belies a civil society in which universities are the absolute bridgehead.

The world is not cast in black and white, or blue and yellow for that matter. Unless we work to be inclusive again, to resist the temptations of tribalism and partisanship again, to protect university life from all extraneous and not merely external influences while embracing the society we serve again, to be on the side of reason again, we will continue to be blind to the nuanced natural beauty endowed by the full colour spectrum. The following verse from John Newton's Amazing Grace rings echoes with our present predicament:

*"I once was lost but now am found  
Was blind but now I see."*

I should hope that we, the university community, will indeed find our way back to being open and tolerant, and to see beyond the present and now to a brighter day ahead.



Graduands,

As full members of the Convocation from this day on, those of us who continue to learn, to teach, to think and to dream on campus count on your support and rely on your care for the University. Alma mater literally means "a nourishing mother" in Latin. I do not dare hope that you would treat the Faculty as you would your own mother. I pray however that you would try to understand our challenges and trust that your juniors as well as teachers, as temporary guardians of HKU of the moment, will always put the interests of our common "kind parent" above all. Just remember this mother is 128 years-old and there can sometimes be a bit of a generation gap, or several. You are part of our evolving legacy, and the future of our collective history depends on how each of us will make it.

Congratulations and well done every one. You have made it. Now go forth and make the world a healthier and better place, as you have been well trained to do. Good luck and God bless.







# SPEECH BY MRS CARRIE LAM CHENG YUET-NGOR, GBS, JP

Guest of Honour of Session 1



## BIOGRAPHY

Mrs Carrie Lam Cheng Yuet-ngor, GBS, JP  
Chief Secretary for Administration  
Government of the Hong Kong Special Administrative Region

**Mrs Carrie Lam Cheng Yuet-ngor** joined the Administrative Service of the Hong Kong Government in 1980, upon graduation from the University of Hong Kong with a degree in sociology. During her years as an Administrative Officer, Mrs Lam has served in various bureaux and departments before she became a Principal Official on July 1, 2007 when she was appointed Secretary for Development. She was appointed Chief Secretary for Administration in July 2012.

Professor Peter Mathieson, Professor Gabriel Leung, faculty members, graduates, parents, ladies and gentlemen,

Good morning.

I am delighted to join you all at the 194th Congregation and Prize Presentation Ceremony of the Li Ka Shing Faculty of Medicine of The University of Hong Kong. To me, this is both an honour and a challenge.

As an alumna of this distinguished university, it is indeed an honour to be invited back to attend and speak at the congregation of her premium faculty, which is also the longest established institution in higher education in Hong Kong.

As the senior government official in charge of some 20 months of heated discussion on Hong Kong's constitutional development which had given rise to 79 days of "Occupy Movement", the challenge lies in whether my presence would lead to unnecessary disruptions to the solemn proceedings of a graduation ceremony, an experience I have had at my appearance at the graduation ceremony of the Hong Kong Academy of Performing Arts last year. What bothers me is not embarrassment at a personal level, but annoyance to students and parents to whom the graduation ceremony is a big and memorable occasion.

Nonetheless, I have decided to take up the challenge for two reasons. First, your Dean, as you know, is my former colleague: a very likable one who in my view possesses the rare combined talents of an academic, an administrator and a politician. I have observed what he has introduced to the Faculty of Medicine since taking over the helm, including a new set of admissions rules and the Springboard Scholarships. I endorse these initiatives and would like to come here to give him my support. Secondly, newly graduated medical professionals are our future in ensuring the high quality of Hong Kong's medical and health services and I would like to take this opportunity to share with them a few observations and messages.

You will think that I am speaking to you just as a senior government official, in my capacity as the Chief Secretary for Administration. The reality is: I know the subject well as almost one-third of my 35 years of public service was closely related to Hong Kong's medical services. In the early 1980s, I started my career as a young Administrative Officer in the then Medical and Health Services Department responsible for project planning. And one of the pressure demands in those days was whether we should build an Eastern District Hospital. In 1991, I took up the position of a Principal Assistant Secretary in the then Health and Welfare Branch, serving as secretary to the Medical Development Advisory Committee and secretary to a high level committee to review Hong Kong's primary health care chaired by a very distinguished alumna of this faculty, Professor Rosie Young. During those two years, I also brought into effect the Supplementary Medical Professions Ordinance, embarked upon policy work on the promotion and regulation of Traditional Chinese Medicine and reviewed the Pharmacy and Poisons Ordinance. I even went to Singapore to study the feasibility of a statutory opt-out scheme in promoting organ donation, a topic that has caught some public attention recently. I was then posted to the Department of Health as its Assistant Director of Administration, tasked to implement those recommendations in the Primary Health Care Report entitled Health For All by the Year 2000. They included new services like the Student Health Service and the Well Women Clinics and a new discipline in Family Medicine with the appointment of the first government consultant. Between 1997 and 2000, I sat on the Hospital Authority (HA) Board as representative of the Financial Secretary. My interest in HA went beyond its finances and I voluntarily served as a member of HA's Patients' Complaints Committee. As the Director of Social Welfare between 2000 and 2003, I worked closely with my medical counterparts in elderly and rehabilitation services where there is a very strong interface between health and welfare.



With my extensive experience, I have come to the unwavering conclusion that Hong Kong is blessed with a high quality, reliable and cost-effective medical and health system which we should preserve and enhance for the people of Hong Kong. Medical personnel are the foundation of the system and thus our graduates today - doctors, nurses, pharmacists - all command my greatest respect. After today, you will carry the burden to maintain this system for Hong Kong and to better the care for our people.

My first and foremost message to you is that the Government is committed to ensuring a robust medical and health system in Hong Kong. This is much valued by the Hong Kong people. In the current fiscal year, total recurrent expenditure on health amounts to \$54.5 billion, representing 16.8% of total government recurrent expenditure. Subventions to the HA have increased from \$34 billion in 2010-11 to \$50 billion in 2015-16. On top of that, \$10 billion was injected into the Samaritan Fund in September 2012 to pay for privately purchased medical items for needy patients; \$13 billion was granted to HA in December 2013 to improve the condition and environment of HA's ageing facilities and another \$10 billion, subject to the Legislative Council's approval on 4 December, will be made available to HA to extend the General Outpatient Clinic Public-Private Partnership Programmes to 18 districts. On the infrastructure side, \$25 billion of works are under construction including the Redevelopment of Queen Mary Hospital Phase 1 and a Children's Hospital at Kai Tak. More are in the pipeline. These are no small sums, especially given the competing priorities for additional government spending from other pressing areas like education and social welfare.

But these significant investments will pale into insignificance if we look at the demographic challenges that Hong Kong is facing. Our population is ageing, and ageing fast. According to the latest 50-year projections released by the Census & Statistics Department in September, the proportion of persons aged 65 and over will increase from 15% in 2014 to 30% in 2034, that is 20 years from now, and the number of persons aged 75 and over is projected to surge from about 530,000 to more than 1.17 million over the same period. With elderly patients' much higher risk of hospitalisation and considerably longer stay (respectively four times higher than that of a non-elderly and an average of 14.2 days per year in the general specialties), the pressure on the public hospital system is huge. According to a study on Hong Kong's long term fiscal planning released by Government in March 2014, recurrent health expenditure as a percentage of nominal GDP would increase from 2.4% in 2014-15 to 4% in 2041-42; or in dollar terms, from \$52.4 billion to \$285 billion over the same period, even when no service enhancement were to be contemplated. Sustainability is a big issue.

My second message to you is therefore we must innovate and find more effective ways to treat patients. As prevention is better than cure, the Department of Health is ensuring comprehensive coverage under the Childhood Immunisation Programme in respect of 11 diseases and pressing ahead with the Government Vaccination Programme in respect of seasonal influenza and pneumococcal infection. Another area is the wider use of technology and advance procedures. In this respect, I wish to commend the HA for adopting the ambulatory care model in providing sophisticated health services in ambulatory settings.



As you are aware, the Government has finally established a new Innovation and Technology Bureau yesterday. I expect this will bring about wider application of innovation and technology in medical services to improve livelihood.

My third message is to highlight the importance of team work and cross-sector collaboration. As leader of the medical team, doctors must work closely with nurses and other supplementary medical professions to deliver whole-person integrated care to the patient. Young doctors like graduates today would benefit from learning from other members of the medical team who have years of practical experience. At present, multi-disciplinary and cross-sector mental health services are provided to persons with mental health problems through collaboration amongst HA, the Labour and Welfare Bureau, Social Welfare Department, Department of Health, NGOs and other stakeholders in the community. We are exploring a pilot under the Community Care Fund to resource District Elderly Community Centres to help take care of dementia patients, thereby relieving HA's geriatric and psychiatric services to provide early screening to elderly persons. In respect of children with special needs, we have recently launched an on-site pre-school rehabilitation services pilot at kindergartens through the concerted efforts of Labour and Welfare Bureau, Education Bureau and Food and Health Bureau. These are some good examples of cross-sector collaboration which are also more oriented towards the needs of the patients. I believe there is still a great potential in such collaboration waiting to be tapped and I look to the medical fraternity taking a lead.

My fourth message is on manpower. In the face of challenges posed by a rapidly ageing population and increasing demand for health care services, we will need more doctors, nurses, physiotherapists, occupational therapists, etc. Actually, if not because of the shortage of some of these healthcare professionals, the on-site pre-school rehabilitation services pilot I just mentioned could go further in providing more places for children now queuing for services. While a comprehensive review covering both the projected demand for healthcare manpower and the regulatory framework governing healthcare professions in Hong Kong is under way, I wish to make an appeal to our medical professionals, particularly doctors, that a more liberal and open-door approach should be adopted in admitting overseas-trained personnel to register and practise in Hong Kong. In my view, the admission of non-locally trained medical professionals has the dual advantages of meeting our manpower

demand and facilitating cross-fertilisation of ideas, experience and expertise. These timely moves will in my view help enhance Hong Kong people's trust and confidence in the Medical Council.

My final message is to encourage our young graduates to serve with compassion and empathy. Beyond doubt, medical practitioners are highly-respected people in any society. This is particularly true in Hong Kong, given the reputation of our world-class health care services. Hong Kong enjoys one of the lowest infant mortality rates and longest life expectancy in the world. The professionalism of our medical practitioners, together with our advanced infrastructure, contributes to Hong Kong's position as a centre of excellence in medical services. People respect and trust our doctors, including each of you as you take off your black graduation gown and put on your white coat. All patients, regardless of their age, their identity and their social standing, take your words seriously. They submit to your authority and expertise. You are the last straw of hope to people who confront death, as well as to their desperate families. You are in the frontline on matters of life and death.

I fully understand that when you go into the real working environment, the sheer volume of caseload may not enable you to spend enough time with each patient. But I hope this would not prevent you from patiently listening to their worries, explaining to them their conditions and addressing their anxieties. What I have referred to is "empathy", not "sympathy" because my decades of public service experience tell me that whether in drawing up new policies or dealing with individual cases, the most practical and rewarding approach is to put yourself into the shoes of those you are serving and trying to see things from their perspective.

With those remarks, let me send my warmest congratulations to all graduates and your parents. It is gratifying to witness this moment when you are about to harvest what you have sowed in sweat and tears all the years through. It is also gratifying for the Government and the taxpayers that the heavy investment in medical training is bearing fruit. Our society will benefit from a new batch of well trained and competent doctors, nurses and pharmacists.

Graduates, I am sure the "Declaration of Geneva", stated in the Code of Professional Conduct of the Medical Council, is not unfamiliar to you. Let me quote part of it: "At the time of being admitted as a member of the medical profession, I solemnly pledge to consecrate my life to the service of humanity. ...The health of my patient will be my first consideration. ... I will practise my profession with conscience and dignity." I have trust in you to uphold your profession and practise your expertise with a sense of mission and compassion. Our society would be glad to have you upholding your professional knowledge and devoting nothing less than the very best of you. This is the biggest contribution you can make for our society and for humanity.

Ladies and Gentlemen, let us together wish all graduates today every success as they embark on their careers. Let me also congratulate the parents, family members, friends and teachers of the graduates in the audience. For your unyielding support to the graduates during their tough student life, you deserve a good portion of today's glory. Thank you very much.







# SPEECH BY PROFESSOR MAK TAK-WAH

Guest of Honour of Session 2



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## BIOGRAPHY

### Professor Mak Tak-wah

Director, The Campbell Family Institute for Breast Cancer Research, Ontario Cancer Institute, Princess Margaret Hospital

Professor, Department of Medical Biophysics and Department of Immunology, University of Toronto

Senior Scientist, Ontario Cancer Institute

**Professor Mak Tak-wah** is internationally known for his work in the molecular biology of cancer and the immune system, as well as a world leader in the genetics of immunology and cancer. In 1984, he led the group that discovered the T cell receptor, and his published work on the cloning of T cell antigen receptor genes has been cited over 1,200 times. Since this landmark discovery, Professor Mak has focused on elucidating the mechanisms underlying immune responses and tumorigenesis. He pioneered the use of genetically engineered mouse strains to identify genetic susceptibility factors associated with various immune disorders or different types of cancer. In particular, his team

discovered that CTLA4 is a negative regulator of T cell activation (cited 2000 times), paving the way for the development of anti-CTLA4 agents now in clinical use for autoimmune diseases. Professor Mak's lab also made major contributions to defining the functions of PTEN (cited >2000 times) as well as the relationship between the breast cancer susceptibility genes BRCA1 and BRCA2 and defects in DNA repair. Most recently, Professor Mak's studies of the functions of various gene products in normal and cancerous cells are yielding important information on their biology that is crucial for the identification of new drug targets and the development of more effective cancer therapies.

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Vice-Chancellor Peter Mathieson, Dean Gabriel Leung, Professors, Graduates, and friends and family members:

I am deeply honoured to address this 194th Congregation and Prize Presentation Ceremony here at The University of Hong Kong.

To the graduates: Today we have gathered to celebrate your achievements. As an Indian proverb states:  
*"All the flowers of the tomorrow are in the seeds of today".*

We older folks may take some credit for our role in providing the soil in which you have so splendidly sprouted, but we are counting on you to continue to seek out the bountiful water and brilliant sunshine so that the garden you represent will flourish in the future.

Confucius once said:  
*"If you think in terms of one year, plant a seed;  
if in terms of 10 years, plant trees  
if in terms of 100 years, teach the people."*

I interpret this loosely to mean that if you want to be remembered 100 years from now, do something important that betters the human condition.

You are a very interesting and diverse group of alumni. You graduate in a particularly notable year because all these disciplines you represent have just collided delightfully with the awarding of the first Nobel Prize in Medicine to a Chinese national, Dr Tu Youyou.

Dr Tu, with the help of her associates Zhou Keding and Li Ying, did her groundbreaking work on the anti-malaria drug artemisinin. This agent has its roots in traditional Chinese medicine, but only became a viable pharmaceutical that changed the course of public health management after years of hard work, intensive biochemistry efforts, translational research and controlled clinical trials.

Let us take a moment to review the course of artemisinin's development.

Up until the early 1950s, malaria in Indochina was more-or-less under control due to the use of quinine. However, by the mid-1960s, decades of quinine overuse had led to the rise of drug-resistant Plasmodium parasites, and once again malaria became uncontrolled.

In 1967, Viet Nam turned to China for help in battling this dreaded disease, which was killing millions of people worldwide every year. It is believed that Mao Tse-tung himself responded to Viet Nam's plea and initiated Project 523 to find a new anti-malaria drug.

In 1971, Dr Tu and her multi-disciplinary team identified artemisinin as the active agent in the sweet wormwood plant, scientific name *Artemisia annua*, that has been used for centuries by practitioners of traditional Chinese medicine to treat malaria.

Three years later, the more stable and active derivative di-hydro artemisinin, or DHA, was identified by this team and the future looked bright.

But then in 1979, relations between China and Viet Nam turned hostile. Their efforts to develop artemisinin-based drugs were suspended and the important gains won against malaria went adrift.

After the Cultural Revolution in China, the Communist leader Deng Xiao-ping promoted the revival of the artemisinin project by two Chinese drug companies.

A few years later, China began to allow wider exchanges with the outside world. Chinese scientists led by Li Guoqiao contacted The Wellcome Trust in England and gave them access to data on the use of artemisinin in the treatment of malaria.

This interaction eventually drew in two European pharmaceutical companies, Sanofi-Aventis and Novartis, who conducted two large clinical trials of artemisinin-based drugs as treatment for malaria. These trials were held in Viet Nam and in Africa.

The results were dramatic, and today, after decades of work coupled with some delays, artemisinin-based drugs are used by millions of people around the world and are credited with saving many lives every year.

I see four lessons from this story for all of you freshly minted physicians, scientists, public health professionals and pharmacists.

Lesson 1: Keep an open mind as you conduct your experiments or consult with your patients. You never know where the next great hypothesis or therapy will come from.

Lesson 2: Keep to an evidence-based philosophy in making your scientific and therapeutic decisions. Always exercise your capacity for critical thinking and actively question dogma.





Lesson 3: Never be arrogant about your field of study or your part in it. Your science, your patients and your community will benefit greatly when you collaborate and partner with those who can help.

And finally, Lesson 4: Science and politics do not mix well. When political ideology trumps scientific evidence, medical progress is impeded and human health is compromised. Speak scientific truths to power and arm yourselves with facts, not emotions.

Your hard work at HKU has won you the promise of a wide open future and an opportunity to achieve your dreams. To a large extent, your destinies are in your own hands, and there are many paths you can choose.

I urge you to do whatever makes you most proud, that one endeavor which allows you to “teach the people” and has an impact for 100 years.

No matter which direction you ultimately decide to pursue, the advanced education you received at HKU will always be with you. It has primed you to appreciate the beauty of nature, as well as the fragility of the human body and the human spirit, and has taught you both the laws of matter and the tenets of a civilized society.

There is no denying that science and technology have enabled us to make great strides in human achievements. We have been to the moon, landed a probe on a moving comet, conquered smallpox and polio, and developed drugs with the ability to turn AIDS into a chronic disease.

All these accomplishments are cause for celebration, but many challenges, some old and some new, remain. The earth we are

entrusted to preserve for our children is changing, and with these changes come new stresses.

Among the most formidable of these new stresses are the emergence of new pathogens and the rise of drug-resistant strains of old pathogens, both of which are starting to pose serious challenges to each of your fields.

Only by working as a collaborative team, with active input from scientists and doctors, pharmacy experts and public health managers, can we hope to mount an effective defence against these future assaults.

Another area of concern is my own field of cancer research. Although more than half of all cancers can now be cured, others remain stubbornly resistant to conventional therapies.

Thus, I am excited to tell you that, after decades of steadfast and collaborative efforts by a global network of immunologists and clinicians, we have succeeded in manipulating the immune system to attack cancer both in the lab and, in some cases, in the clinic.

This approach of cancer immunotherapy has the potential to bring concrete benefits to many patients.

Nevertheless, despite this progress, the global incidence of cancer inexorably continues to rise. We still need more research, in the lab, in the clinic and in the community, to defeat this scourge.

In particular, we need better insights and intuitive thinking, which can only come from a state of mind that embraces curiosity, connects concepts across disciplines, and digs beyond the obvious. I have a small story to illustrate this point.

I once was mesmerized by a picture by the famous Chinese painter Wu Guanzhong. This painting depicts a running river in the foreground, and a village with a few houses and trees in the background. But in the far upper right hand corner of the painting are two small swallows. In fact, it is this pair of tiny birds which is the subject of the painting and provides its title “Paired Swallows”.

The message of this painting is that the most important kernel of an issue may not be its most obvious feature. I urge you all to capture the essence of the paired swallows, and look for creative insights in your work in the far corners of the problems you face.

As you depart HKU to take your places as leaders in your various professions, I hope you remain true to the principles promoted by your alma mater.

As the very wise, if not very scientific, Mahatma Gandhi once said: “The things that will destroy us are: politics without principle; pleasure without conscience; wealth without work; knowledge without character; business without morality; science without humanity; and worship without sacrifice”.

To all of you, I wish you the very, very best in your future endeavours.









# SPEECH BY PROFESSOR SOPHIA CHAN, JP

Guest of Honour of Session 3



## BIOGRAPHY

Professor Sophia Chan, JP

Under Secretary for Food and Health  
Government of the Hong Kong Special Administrative Region

**Professor Sophia Chan** is Under Secretary for Food and Health in Hong Kong. Before taking up this position in 2012, Professor Chan was the Head of the School of Nursing at the University of Hong Kong (HKU), and one of the Assistant Deans of the Li Ka Shing Faculty of Medicine of HKU.

Having trained in and practised paediatric nursing in Hong Kong and London, Chan subsequently specialised in health promotion with a particular focus on the management of tobacco dependency. She read her Master of Education at the University of Manchester, Master of Public Health at the Harvard School of Public Health, and completed her doctoral studies at HKU. Chan's research is internationally recognised; she is awarded a Fellow of the Faculty of Public Health (through distinction), Royal College of Physicians of United Kingdom (FFPH (RCP)(UK)), and is the first nurse in Hong Kong being awarded the Fellow of the American Academy of Nursing (FAAN). Her pedagogy has been recognised by the award of the Faculty Teaching Medal in 2005 and the Outstanding Teaching Award in 2009, the highest honor for teaching achievements conferred by HKU.

Dean Professor (Gabriel) Leung, President Peter Matheson, Prof Agnes Tiwari, distinguished guests, graduating nurses, colleagues, ladies and gentlemen,

It gives me enormous pleasure to join you all this afternoon to witness the degree conferment of graduands of the Master and Bachelor nursing programmes of the University of Hong Kong.

Like all of you, I and your predecessors have chosen a special and unique profession that makes a difference in people's lives through how we plan and deliver care. The American Nurses Association defines Nursing as 'the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations.'

What then, are the attributes that a nurse needs to possess in order to fulfill the roles and functions in optimizing the health of the community, and making such a difference? The Code of Ethics and Professional Conduct for Nurses published by The Nursing Council of Hong Kong provides excellent guidance on the fundamental ethical commitments and obligations of the profession.

As nurses, we need to respect the dignity, uniqueness, values, culture and beliefs of individuals and their families and respond

to individual needs for care. We should plan and provide care in a manner that protects privacy and dignity and respects the wishes and decisions of individuals and their families. That is to say, as nurses, we need to be empathetic, respectful and sensitive to people's needs.

So that we can always act in the best interest of the individuals and families under our care, we need to ensure that we are not only competent in what we profess but also open to the challenges ahead. This is a significant milestone in your nursing career, and after you, your teachers and your university and clinical mentors have done so much, you are well prepared to face with confidence what the future will present to you. This is because, you have been so very well prepared to be open to new knowledge, new technologies and new skills. You have been prepared to take on a life of openness to continuing learning. Some of you will pursue post-graduate advanced practice, management or research training to prepare yourselves for one of the many career pathways available to you. But, whatever pathway you take, you will continue to learn and grow throughout your professional lives. With advances in medical and information technologies, and escalation of community expectations of healthcare practitioners, there are many demands upon us in whatever field we pursue. Not only are we expected to comply with the requisite Continuing Nursing Education or professional development requirements but more and more we will need to comply with specific credentialing requirements for advanced and high risk nursing procedures.

It is also widely recognized that in building up a trusting relationship with patients and families, the empathy that we as nurses demonstrate and the confidence and positive attitude that we inculcate in our patients are as important as our ability and competence in being able to make evidence based clinical judgement / decision and deliver the most appropriate care plan to the patient and family. To cultivate a trusting relationship, we need to safeguard people's right to self-determination by providing patients and their families with accurate, sufficient and timely information in a culturally appropriate manner to facilitate them in making informed judgments and decisions. We need to be able to hold in confidence personal information obtained in a professional capacity and ensure that information given in confidence will only be used for the purposes for which it was given and will be disclosed only with the individual's consent.

Apart from the professional knowledge and skills, personal attributes and aptitude required of us as nurses, we also need to recognize that we are working in the context of the local healthcare system irrespective of whether we are in the public or private sector. In this regard, despite being recognized as a credible and very efficient system comparing with many other countries and having remarkable indices on life expectancy, our dual track health care system is facing serious and ever increasing challenges. As at 2012, Hong Kong is spending about 17% of the total government recurrent expenditure on health care and approximately half of this is invested in public healthcare. As at September 2015, we have about 54,000 registered nursing professionals. Again approximating half of our nurses work in public healthcare. The public system however is providing 90% of hospital services and approximately 15 to 20% of outpatient services as well as nearly all rehabilitation or long term care

services. Together with the challenges we are now facing from population growth, rapidly ageing population, technology advancement, as well as the constant threat of serious infectious diseases and non-communicable disease, the question of long term sustainability of the highly subsidized public healthcare system has been raised.

As a result, workload and pressure on healthcare teams in the public hospitals has been mounting and waiting time for service access to the public is increasingly longer. In seeking to ensure the balanced and healthy developments for the private and public sectors, as well as to alleviate the workload pressure of healthcare workers in the public sector, the Government has embarked on a number of reform initiatives. These include the Voluntary Health Insurance Scheme, a review on the resource management and cluster management of Hospital Authority, as well as a review of the manpower and professional development of the different streams of healthcare professionals. At the same time, the Hospital Authority has also implemented short term and medium term measures to help improving the manpower turnover situation and enhance the training and career development opportunities of nurses working in the public sector.

As key members of the healthcare team, we all want to be able to provide excellent healthcare services to our patients. This is possible only if we have a system which ensures that our limited available resources are rationally deployed to enable universal coverage for all people and a sound management system to put these available resources to the best use in supporting clinical operation and healthcare provision. Apart from becoming equipped and prepared to be a good nurse, therefore, we also need to pay attention to how the local healthcare system is functioning and developing. We all have an important part to play in shaping our own healthcare system and ensuring its healthy and sustainable development.





Nursing has long been the backbone of our healthcare delivery system. In many countries, nurses are either leaders or key actors in multi-professional, interdisciplinary health teams. We provide a full range of nursing services at all levels of the health system. This ensures that care is delivered to where it is most needed, and offers the flexibility to address the increasing burdens of communicable and non-communicable diseases worldwide.

In light of the prevalence of chronic health conditions and an ageing population, our healthcare services delivery model has evolved from the traditional doctor-centred approach to a multi-disciplinary approach with more emphasis placed on disease management, health maintenance and quality of life. We need to approach healthcare from a collaborative and integrated angle, and deliver services as a team involving doctors, other healthcare professionals, patients and their families as well. We have come to an era of holistic healthcare that capitalizes on the benefits provided by cooperation, partnership and inclusivity across professions and disciplines.

With a more patient-centred, holistic approach to healthcare delivery, we, the nurses, are in the best position to collaborate and coordinate activities in the multidisciplinary and interdisciplinary nature of healthcare. Nurses are key players in the caring team, taking up the role of “change agent” to facilitate the overall evolution of healthcare. Nurses therefore need the ability to partner effectively with other healthcare professionals and to take a leadership role in ensuring that each member of the team is in its right place at the right time to deliver the required healthcare services. We need to recognize that the operative words for success will no longer just be “knowledge”, “clinical skills” and “decision-making”, but also “communication”, “collaboration” and “advocacy”.

Graduands, we have all chosen a noble profession and proudly follow the footsteps of our founder of modern nursing – Florence Nightingale, “The Lady with the Lamp”. Florence’s legacy continues to contribute to nursing knowledge, nursing organization, and nursing education. To fulfill that role, we must equip ourselves with the requisite knowledge, skill and competence and seek to constantly update ourselves to the most recent development and advances. We are obliged to abide by a code of conduct which embodies public expectation of high ethical values, protects patients’ interest and upholds professional integrity. We need to be aware of our own role and position in the healthcare system and seek to keep improving the system whenever possible. We recognize that healthcare is best provided by a multidisciplinary team and we must strive to be the change agent and collaborator.

Your predecessors demonstrated their dedication, professionalism and sense of duty to our patients and the community during the SARS outbreak in 2003. They are our role models and I am sure such quality is your aspiration and such core values would similarly be upheld by all of you. According to Florence Nightingale’s speech to Probationer nurses in the Nightingale



Fund Training School at St. Thomas Hospital on 23rd May 1883, she said, “What is training? We can’t put into you what is not there. We want to bring out what is there. Training is enabling you to use the means you have in yourselves. Training is drawing out what you know yourselves. Learn your work thoroughly in your year of training. Store it up & practice it in your brain, eyes & hands, so that you may always know where to find it, & these – brain, eyes & hands – may always be your ready servants.”

It now remains for me to extend to all graduands and your beloved ones my heartiest congratulations and encourage you all to embrace your future professional career as well as its uncertainty, challenges and rewards with utmost eagerness and energy. And, I look forward to constructive encounters when our paths cross each other in our future endeavors.

Before closing, I would like to extend my congratulations again to HKU Faculty of Medicine, School of Nursing in preparing a cadre of well educated nurses with critical minds, caring hearts and skillful hands.

My best wishes!





For full coverage of  
the Congregation and Prize  
Presentation Ceremony,  
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[www.med.hku.hk/grad2015/](http://www.med.hku.hk/grad2015/)







*Congratulations  
to the  
Class of 2015!*



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