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From curing patients to healing society: the honourable Dr. Edward Che-hung Leong

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Dr. Edward Che-hung Leong, GBM, GBS, OBE, JP, a private medical practitioner specialised in urology, was born into a medical family. Leong is well-known to most Hong Kong people for his surgery skills. He has been praised as the “Golden Surgeon Leong” (金刀梁). He is also named the “Master of Public Office” (公職王). Since 1988, he has been a Legislative Councillor representing the Medical Functional Constituency, as well as many other public service roles of the Government and quangos, including Chairmanship of the Elderly Commission, in which his works were highly appraised. For years Doctor Leung has enthusiastically engaged in serving the society. Recognising his contributions to the society, the government has awarded him the honours of Justice of Peace, Order of the British Empire, Gold Bauhinia Star, and Grand Bauhinia Medal. Dr. Leong is now serving as the Chairman of the University of Hong Kong Council, Chairman of the Committee on Elder Academy Development Foundation, Elderly Commission and other public service roles. There is an old saying that “doctors can be classified into three classes, the best one cures the society; the middle the person; the lowest the sickness.” How did Dr. Leong go through the process from curing patients to healing society?
Q: Dr. Leong, I know you are from a medical family, and your wife and you are renowned doctors. Doctors in Hong Kong usually concentrate on their practice rather than entering the political realm. What had encouraged you to do so?

A: I think being a doctor is a rather “dumb” thing to do, and it is even “dumber” when a doctor chooses to become a politician. Medical practice is itself a narrow profession, and the specialisation even make it narrower. Politics has broadened my horizon. A doctor may not need to take advice from others to confirm the diagnosis, yet it is different in politics. As a politician, I have to listen to others. There are two simple reasons for me to take part in the public services: firstly, I would like to increase my exposures in matters outside my profession; and secondly, I, being a Hong Kong citizen, would like to return a favour to the city which has raised me to become what I am now.

As for why I had decided to be Legislative Councillor, I have to trace back to the time in 1985 and 1986, by when I had worked in public medical institutions for over a decade and had set up my private practice for a couple of years. I realised that despite the fact that the public health system was quite mature in Hong Kong, it still had many flaws which I would like to correct. I thought I needed some channels to express my opinions and to push forward reforms. Being a councillor could enable me to “voice out” my ideas so I decided to campaign for the Legislative Councillorship of the Medical Functional Constituency. However, after winning the election, I found that I had to handle many other things beyond medical issues. Since my Legislative Council colleagues are very capable in fulfilling their roles, I learned from them and got to know many social issues.

Q: Apart from your councillorship, you are also a popular public servant who has held many important public offices. What had motivated you to dedicate to serve the public?

A: I have handled many social issues, and I am grateful that my works have been recognised by the public, and my chance of being offered public service offices increases. Yet I must accentuate that I have never urged others to give me these titles. As long as there is no conflict of interest between the public offices and my job, as well as there is opportunity for me to do something for society, I would happily accept the invitation and treating them as learning opportunities. Of course, under certain situations I have turned down some public offices invitations because to my lack of understanding about some issues, but I would try to help if I think I have some understanding about the issues.

Moreover, in my opinion, a medical practitioner engaging in the public service has advantages beyond broadening his horizon. Being sick is something universal, no matter you are from upper class or lower class; one ought to consult from the doctor when one is sick, so a doctor get to know people from all walks of life. Provided that the physician has established trust with his or her patients, he or she can learn from the patients’ perspectives and get to know many social issues. Thus, the doctor should, if feasible, apply what he or she has learnt to help solve some social problems.

Q: And how you ended up working on elderly issues?

A: In 2000, Mr. Yiu-chung Tam had completed his office as Chairman of the first Elderly Commission and at the same time I had completed my tenure as Chairman of Hospital Authority, and coincidentally I had been offered the opportunity to join the Elderly Commission. At first I accepted it just because I treated it a learning experience of being a member; I don’t know they would ask me to be the chairman.

At that time I was already over 65 years old and was an elderly so I thought I can bring the perspective of the elderly into the committee. Also, what are the two most important concerns of elders? Without question, they must be health and welfare. Being a doctor myself I believe I have some knowledge in medical issues and I could more or less provide advices in the committee. So learning while working, I began my elderly related public service.
Q: As you said, you became the second chairman of the Elderly Commission, and helped bring elderly issues to the policy level. Which of your works can be regarded as your “signature dish”?

A: I was the second chairman of the Elderly Commission, and I am grateful about the opportunity. Firstly, the Elderly Commission was only founded upon the return of sovereignty of Hong Kong, and the first Chairman Mr. Yiu-chung Tam had led the Commission for 8 years. Throughout his office he had laid the cornerstones of many elderly related issues. I succeeded his efforts and foundations. Secondly, having no political affiliation as well as being an elderly myself had helped me understand the social needs of the elders. In order to investigate the needs of grassroots elderly within my term of office, I had even visited many public parks and sitting-out areas of different districts like Wan Chai and Yau Ma Tei, so as to get in touch with the underprivileged elderly.

The current chairman Prof. Alfred Chan and I share the same and clear vision about elderly care, which is that elderly work is not equivalent to elderly welfare. Older people in the past were different from those in the present or in the future. Elderly in the past were relatively passive, and were, so to say, “waiting for their death”, if you will forgive me; but elderly nowadays were economically more independent and have higher demands about their quality of living, that they would wish for more interaction with the society; and you can imagine how different the older adults will be ten years later. So in view of such, one of the notions I have been advocating vigorously is “Active Ageing.” In order to lower the chance and postpone the time of the elderly of being sent to the elderly homes, another notion I am promoting was “Ageing-in-Place”.

Q: How would you comment on your works?

A: The public can judge whether I have done a good job in prompting the above two ideas, but the government had in fact accepted my proposal. For example, the “2-dollars-per-trip” Public Transport Fare Concession Scheme and the "Diamond Cab" social service are the practices of the Active Ageing policies. The older consumers tend to think that there will be one dollar less of their saving when they spend one dollar, so if one want to invite the elderly to take part in community activities, one should not make the elderly think that the activity cost is unaffordable.

“Elder Academy” is a successful example of active ageing; the Governments of Singapore and Macau have both sent their delegations to learn about it. The Academy has allowed elderly to go back to school, so that those who did not have chance to receive education when they were young can fulfil their dream, and those who had given up their preferred study subjects for bread and butter are now given the opportunity to select again their study subjects. Not only can the elders acquire knowledge to better equip themselves in classes, they can also make good use of their time and enhance their self-esteem. Going back to school has also allowed older students to meet new friends so that their social network can be expanded. Most importantly, our pupils are happy to participate. I am grateful that the initiative of Elder Academy is being supported by many parties, especially the principals of both primary and secondary schools; we now have over a hundred Elder Academies to provide older adults with a vast variety of learning experience.

As per “Ageing-in-Place,” you should have noticed the recently launched “Pilot Scheme on Community Care Service Voucher for the Elderly,” which aims at allowing older people to receive care within their familiar environment and to delay the time to be admitted into elderly home or hospital. Since the implementation and the promotion of the scheme are underway, I do not need to comment on it further.

Q: From your point of view, do you consider Hong Kong an “Age-friendly City”?

A: Without doubt we have not reached the standard, which the elderly are “well-cared and well-participated.” We still have much to improve. For instance, discrimination against elderly still exists, so it is vital to remove the stigma. One of the greatest challenges for the elderly is financial status after retirement. An aged person is hard to get employed to earn money and sustain their living. As a result, I think the government should offer retirement security to the elderly because the contributions of our older citizens in building Hong Kong should be recognised. Of course, the ways and the forms of doing it need further discussion.

What’s more is that there is a trend of our elderly of “getting younger.” Many of them are still capable and willing to work after 65 years old. For this reason I totally support the idea of flexible retirement, and I am myself a good example. As long as my body allows, I shall continue to work. Maybe the government can consider introducing the “paid volunteer service”? Longevity has also led to the issue of extending the age of retirement. Of course an elderly should adjust their mentality and accept the fact that their bodily functions are deteriorating. Even I have to hold the rail when I walk down the staircase; it is only a matter of getting used to it.
Q: Then how can we improve?

A: When I was the Chairman of Elderly Commission, I hoped to become the role model for older people and promote that elders can still be well-participated. I think that elderly should be confident and live a respectable life, and to achieve such depends on the social status and image of elderly in the society. This is the reason I advocated “intergeneration harmony.” For instance, when the older people know how to use computers like the youngsters, the former can confidently communicate with the latter through the computers. The Elder Academy allows younger students to become the teachers of the elderly, which bolsters the interaction and mutual understanding between the two generations.

Furthermore, elderly in fact hope to receive care from the younger people around. Hence, the “Neighbourhood Active Ageing Project” launched by the Elderly Commission is to advance the supporting network and increase mutual understanding between the elderly and their neighbours, so that mutual care can be promoted. With such we can achieve more with less effort in the promotion of social participation of elderly and intergenerational harmony.

Q: But in fact there are still many inactive elderly. Is it because older people have not received the policy promotion through popular mass media? And is there a conflict between the phenomena that older people yearning for care from younger people as well as older people preferring communication with peers to avoid generation gap?

A: Older citizens usually receive information through mass media such as television and radio. In fact, RTHK Radio 5 is established to serve older audience, and TV commercials targeting older customers, such as the Personal Emergency Link Service, are frequently broadcasted. To my understanding, elderly require personal contact, so our “Neighbourhood Active Ageing Project” continues to encourage government officials, merchants, as well as other citizens to visit older people.

There is no conflict between peer influence and intergenerational harmony. The difficulty of promoting active ageing and intergeneration harmony is that it is difficult to ask the older people to come out from their home to the community, and peer support is the only way to solve this problem. Sometimes elderly will not accept activity invitation from younger people due to generation gap, but they can be “lured” into the community when they are approached by another elderly telling them how interesting the activities are in the community centres or other places; then younger social workers or volunteers can intervene.

Q: You have mentioned discrimination against elderly, and there are also reports of unfriendly treatments towards elderly in recent years. The “Tai Po Cambridge Nursing Home” incident has evoked great repercussion from the general public, what is the crux of the problem? Has Hong Kong lost the core value of respecting the elderly?

A: I agree that the problems you mentioned exist, and our elderly should not receive such maltreatments. I have visited many places, and have seen how spacious and comfortable the environments can be in elderly homes in Scandinavian countries such as Denmark. People often ask me why Hong Kong cannot do the same, and my answer is simple: We have a large population cramped in a small piece of land and have a low tax rate, while the Scandinavians are taxing 70% of one’s salary and have a national population as large as that in Hong Kong, then how can the two places be comparable? So the resources available for the Hong Kong Government on elderly matters are limited. One more thing is that I sympathise for the private elderly homes in Hong Kong. It is because, firstly, nearly 80% of their residents are CSSA recipients who can pay only a petty rent to the operator that it is hard to provide quality service with a merger profit, and secondly, there is a great deficiency in manpower supply that the poor staff quality can be expected.

To solve these problems we need to change the attitudes of citizens towards elderly. The government can consider regulating the construction of Public Rental Housing (PRH) and House Ownership Scheme (HOS) to include elderly homes and related facilities so that residents cannot oppose to these structures because they are informed about it before moving in. This regulation can tackle the problem of seeking lands to build elderly homes. Next, we have to motivate younger generation to enter the elderly care industry to replenish the workforce. However, occupations related to elderly care are now regarded as “offensive trades.” Therefore we have to professionalise these occupations and provide a clear career path to attract the youngsters to join. Prof. Alfred Chan is recently working in the establishment of the Qualification Framework for the Elderly Care Industry to answer these needs. Fortunately, there is a trend of decreasing average age of staff in some private nursing homes and transitioning from individually-owned business into enterprise.

Q: Last but not least, do you have any concluding remark for the elderly works in Hong Kong?

A: I must reiterate that elderly service should not be seen as welfare; otherwise it will have no room for development. Elderly have their dignity and should not be seen as a social burden. They might require the assistance from younger people, but what they need is love, not aid.