



香港社區健康學院

Hong Kong College of Community Health Practitioners

## 學院 2008 年[第一次專題講座兼新年團聚活動]報告

-學院助理 劉浩賢

學院於二零一八年三月六日星期二晚上，於紅磡理工大學南北小廚舉行了成立後第一次講座兼新年團聚。當日活動由學院院長方玉輝醫生主持，向在場三十多名來自社會各界的嘉賓及同學致詞，場面熱鬧。隨後由學院顧問，又是香港中文大學公共衛生及基層醫療學院、健康教育及促進健康中心總監李大拔教授對是次題目「社區健康」進行演講。

有見於近年社會出現不少有關病人因治療過程中或之後受藥物副作用、意外等所做成的不必要影響的個案數目頻升，李教授提出除了常規的「三級預防法」之外，作為第四線預防「預防醫療過程中的副作用」亦能於促進病人復康的範疇上有着舉足輕重的作用。李教授以糖尿病健康照護作為社區慢性病管理的例子，帶出完善的社區醫療系統更能加強第四線預防效果的概念。李教授認為社區醫療的重點可分為三種；了解病人需要、紓緩前線工作壓力、訓練更多普通人以提供對前線人員及病人的支援。首先，由於在社區提供服務的家庭醫生有較多機會接觸同一個病人，對病人病歷和家庭背景等有更深入的理解，能夠針對個別的病人的情況，安排最合適的治療、復康活動以至專科轉介，因此能夠在避免加重急症室工作壓力的同時，又為病人提供周到的服務。其次，基於社會上有為數不少的病人本身具備一定的自理能力，理論上這批病人比身理健康更着眼於心理健康。

基層醫療和社區護理能夠鼓勵病人建立個人社交網絡及提倡自我管理，透過醫務人士的指導，令他們能夠感受到被尊重，在保持心態健康上有正面作用；心態健康與身體健康相輔相乘，自然可以減少患病機會。強調心理健康對維持身體健康有多大的影響。再者，基層醫療和社區護理在培訓一系列非經過長期訓練臨床醫學專長的基層醫療團隊有正面積極的作用。現今社會各界普遍崇尚專業人士，故此認為無論任類型工作都必須由專業人士跟進負責，才有信心保證，醫護界亦不例外。一部分前線醫生護士除日常醫務工作外，亦需要執行各種行政管理的工作，無疑令本身已公務繁忙的醫護人員「雪上加霜」。李教授參考內地「社區健康衛生師」的工作，引證出由社區醫療系統所培訓出的這批人員能夠代替前線醫護人員準確處理非臨床上的工作，活用人力資源的事實。

最後，李教授寄語香港政府不應只集中資源在醫院工作而忽略基層醫療的重要性，而應該在現有資源下作出適當的調配，優化本地現行的醫療產業，並為在場聽眾留下反思，特別是社區醫療系統。

## **Report on “The First talk and Chinese New Year Dinner gathering” of the College in 2018**

**-Alex Lau, College Assistant**

The College (HKCCHP) held its first talk and Chinese New Year gathering on March 6, 2018, at the Chinese Restaurant of the Hong Kong Polytechnic University. Dr. Ben Fong, President of HKCCHP, delivered a short welcoming speech to more than 30 guests and students. Our College Advisor, Professor Albert Lee of the School of Public Health and Primary Care, and Director of the Centre for Health Education and Health Promotion at the Chinese University of Hong Kong addressed the topic on “*Community Based Care*”.

In recent years, there have been a number of incidents arising from the side effects or accidents during or after the drug treatment. Professor Lee proposed that in addition to the conventional "three-level prevention", there should be a quandary prevention to “prevent the side effects of medical treatment” and with a pivotal role in promoting the rehabilitation of patients. Using diabetes care as an example, Professor Lee proposed that a comprehensive district health system could strengthen the concept of the four levels of prevention.

Professor Lee believed that the focus of community based care came from three areas; understanding patient needs, relieving stress on the frontline providers, training more common people to provide support for frontline personnel and patients. First, since family doctors providing services in the community have more access to the same patient, have a better understanding of the patient's medical history and family background, and so they can arrange the most appropriate treatment and rehabilitation activities, and specialist referrals for individual patients, while avoiding the pressure on A&E work. Second, based on the fact that a large number of patients in the community have a certain degree of self-care ability, these patients are more concerned with mental health than physical health.

Community based care can encourage patients to establish personal social networks and promote self-management. Through medical health workers and others, they can guide patients so that they can feel respected and have a positive effect on maintaining their mental health. Mental health and physical health are complementary, resulting in the reduced chance of falling sick. Furthermore, training a range of primary health care team, who do not have a long-time clinical training, has a positive effect in community health. Nowadays, people from all walks of life generally admire professionals, and everything must be followed up by professionals, regardless of what it is. The health care industry is of no exception. However, some front-line doctors and nurses also need to perform various administrative tasks in addition to their daily clinical work. It is no doubt that health care workers who are already busy with their work have become "somewhat worse." Professor Lee made reference to the works of the “community health practitioners” in the Mainland and cited the fact that these personnel trained in the district medical system could replace the frontline medical staff in accurately handling non-clinical work, thus utilizing human resources effectively.

Finally, Professor Lee would hope that the Hong Kong Government should not only concentrate its resources on works in hospitals while ignoring the importance of primary health care. It should make appropriate deployments within the existing resources to improve the current local medical industry. He also left a reflection to the audience, particularly on district health system.