New Clinical Sessions

Specialty Clinic - Paediatrics	
Booking & Enquiry: 2608 3366	Time Schedule
Dr Lau Wei Sze, Vercia	Mon 15:00-18:00 Tue 09:30-13:00 15:00-18:00 Wed 09:00-11:00* 15:00-18:00 Thu 09:30-13:00 Fri 09:30-13:00 15:00-18:00 Sat 09:30-14:00 15:00-18:00*
Dr Fung Cheuk Man, Ronald	Mon 09:30-13:00 Thu 15:00-18:00 Fri 09:30-13:00

Specialty Clinic - Obstetrics & Gynaecology	
Booking & Enquiry: 2608 3222	Time Schedule
Dr Law Sze Man	Wed 15:00-18:00 Fri 15:00-18:00

Minimally Invasive Centre	
Booking & Enquiry: 2608 3383	Time Schedule
Otorhinolaryngology **Dr Mak Chi Keung**	Sat 14:30-16:00
Urology **Dr Cheng Kwun Chung**	Wed 14:00-18:00 Fri 14:00-18:00

Union Reproductive Medicine Centre (H Zentre)	
Booking & Enquiry: 3126 1623 / 2986 1133	Time Schedule
Urology **Dr Mak Siu King**	Wed 15:00-17:00 Fri 14:00-15:30

Union Hospital Polyclinic (Ma On Shan)	
Booking & Enquiry: 2608 3377	Time Schedule
Paediatrics **Dr Lau Wei Sze, Vercia**	Mon 10:00-13:00 Thu 15:00-18:00
Paediatrics **Dr Fung Cheuk Man, Ronald**	Thu 10:30-13:00
Otorhinolaryngology **Dr Mak Chi Keung**	Mon 10:00-12:00 Thu 14:00-16:00
Urology **Dr Cheng Kwun Chung**	Mon 11:00-13:00

Union Hospital Polyclinic (Tseung Kwan O)	
Booking & Enquiry: 2721 0100	Time Schedule
Otorhinolaryngology **Dr Ho Fung**	Mon 17:00-19:00 Wed 10:00-12:30
Paediatrics **Dr Fung Cheuk Man, Ronald**	Tue 10:00-13:00 Wed 15:00-18:00 Fri 15:00-18:00 Sat 09:00-11:00

Union Hospital Polyclinic (Tsuen Wan)	
Booking & Enquiry: 2608 3377	Time Schedule
Obstetrics & Gynaecology **Dr Law Sze Man**	Mon 15:00-18:00 Tue 15:00-18:00 Thu 15:00-18:00
Paediatrics **Dr Fung Cheuk Man, Ronald**	Mon 15:00-18:00 Wed 10:00-13:00

*Will be on duty on alternate weeks

New Doctors

Please extend a warm welcome to the following doctors for joining our clinical team!

Dr Chan Siang Hua
Specialist in Radiology

Dr Cheng Kwun Chung
Specialist in Urology

Dr Fung Cheuk Man
Consultant in Paediatrics

Regular Meeting

Clinical Pathologic Conference	
Date :	11 May 2022 (Wednesday)
Time :	8:30 am – 9:30 am
Co-ordinator :	**Dr Fung Ming Kit, Terence** **Consultant Surgeon in General Surgery, Union Hospital** **Dr Lui Chi Wai, Philip** **Consultant Pathologist, Union Hospital**
Venue :	Training Room, 8/F MIC, Hospital Building, Union Hospital
Booking & Enquiry:	2608 3151 (Quality Assurance & Training Department)

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Message from the Chief Hospital Manager

Dear Colleagues,

It has been another two months since my last communication to you and yet we are still struggling at the crest of the 5th wave of the Omicron tsunami. The number of newly diagnosed cases remain high above five to ten thousand for quite some days. I can predict that the figures will remain very much like that until the number of Covid-19 patients diagnosed by the Rapid Antigen Test (RAT) are fewer than those cases confirmed by the much more sensitive RT-PCR tests. Every patient diagnosed by RAT would have been spreading the disease for two or more days at the least because most of them were asymptomatic! Now that the HK Government's PCR testing facilities and capability have been boosted by enormous help from the Central Government of the People's Republic of China, we should do more surveillance testing with view of early detection of infected patients with early quarantine and treatment. Together with increased efforts of vaccination for our young and old, we should not be too far away from our targets of less infections, less serious illnesses and less fatalities. With everybody rising to the call of 獅子山下 in collaboration to battle the Covid disease, we shall overcome!

Recently there were criticisms against private hospitals for doing too little to help the public healthcare system in battling the Omicron pandemic. These had certainly arose from misunderstanding. I shall give you some facts and figures and let you be the judge on what Union Hospital has been doing. Firstly with vaccination, right from the beginning when vaccines became available we helped by offering the BioNTech vaccine at the Tai Po Community Vaccination Centre (CVC) which was being operated by our hospital throughout and the Sinovac vaccine at our Tai Wai campus and Polyclinics at Ma On Shan, Tseung Kwan O and Tsuen Wan. After the closure of the Tai Po CVC, we have continued administering the BioNTech vaccine at our Emergency Medicine Centre while it has been business as usual with Sinovac vaccinations. We plan to continue with the practice as long as needed. Next to be mentioned will be our capability in PCR testing for the Covid-19 virus. In response to increasing demand from our emergency room service and testing for HK Jockey Club staff, everyone of them from stewards to stable-hands and even kitchen staff on every race day, we have been doing 1500 to 2000 tests daily in the recent weeks, with printed results being available within 3 hours!

In early March the Food and Health Bureau (FHB) approached members of the HKPHA to contribute 50% of their beds to accommodate 'convalescent' patients from public hospitals so that the latter's beds can be dedicated to treating Covid patients. Such a request was both unreasonable and unpractical when it was made in early March. During that time all private hospitals were operating at 30% to 40% capacity because all levels of staff were down by that proportion with the illness or being under compulsory quarantine as close contacts. That was the reason why Dr. William Ho, Chairman of the HKPHA, gave a collective answer of 20% or 1000 private hospital beds to the FHB for their disposal. As to the other three requests from the Bureau, our hospital with the fully accredited Emergency Medicine centre has been seeing and screening patients suspected of being infected with Covid-19 since the beginning of the pandemic. To facilitate registration and triage while at the same time keeping positive patients out of the main hospital block, we built a wooden shed and installed three custom-made cargo containers fitted with air-conditioning and powerful uni-directional ventilation system to serve as waiting/reception area for patients presenting with fever and respiratory tract symptoms. These temporary structures also housed a sampling station to collect specimens for RT-PCR testing for the Covid-19 virus. For the whole month of February, a total of 4433 PCR tested positive cases were seen there, by video telemedicine or otherwise. Recently specific antivirals were available to us and these have been prescribed and dispensed to appropriate patients. Lastly, Union Hospital has taken up the responsibility to run a 130-bed holding facility for elderly patients at the Lam Tin Sports Centre. We have enmassed a full team of doctors and nurses to staff the facility. Opening and operative running of this centre will await the arrival of trained carers from Mainland China.

So much so for the moment, and I wish all of you and your loved ones being safe and free from the evil clasp of the Omicron virus.

Yours most sincerely,

Dr Anthony K Y Lee
Chief Hospital Manager & Medical Director

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Updates on Neoadjuvant and Adjuvant treatment for HER2 Negative Breast Cancer

Dr Wong Lai San, Cindy
Specialist in Clinical Oncology
Union Hospital

Introduction

The management of breast cancer is evolving rapidly. Many new treatment options are available for different types of breast cancer (triple-negative, HER2-positive, luminal type hormonal receptor-positive) in different stages of treatment (neoadjuvant, adjuvant and metastatic setting).

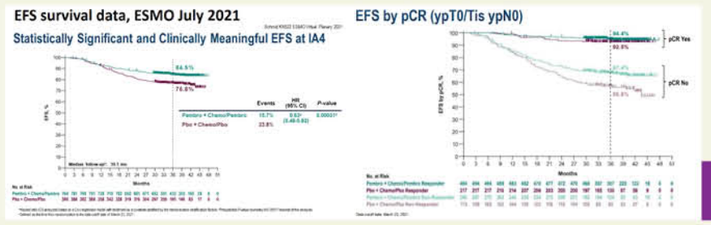
Target therapy was only available for HER2-positive cancer previously but can now be adopted for neoadjuvant and adjuvant treatments in different types of breast cancer. Recently, 1 year of immunotherapy (Pembrolizumab), on top of neoadjuvant chemotherapy, has become an option for triple-negative breast cancer. Adjuvant target therapy using CDK 4/6 inhibitor (Abemaciclib) for two years may benefit some hormonal receptor-positive, HER2-negative high-risk breast cancer patients on top of hormonal therapy. Lastly, one year of target therapy using PARP inhibitor (Olaparib) can be used in addition to other adjuvant treatments for high-risk HER2-negative breast cancer patients with known germline BRCA1 and BRCA2 mutations.

Triple-negative breast cancer: Immunotherapy

KEYNOTE-522 trial, a phase III randomized trial, shows the benefits of neoadjuvant therapy with pembrolizumab plus chemotherapy in patients with early triple-negative breast cancer.

1,174 patients with stage II or III triple-negative breast cancer were randomly assigned to the experimental arm (n = 784), receiving neoadjuvant treatment with pembrolizumab, paclitaxel, and carboplatin, and the control arm (n = 390), which received a placebo and neoadjuvant paclitaxel and carboplatin. Following that, the two groups received additional cycles of pembrolizumab or placebo, respectively. Both groups also received cyclophosphamide and either doxorubicin or epirubicin. Finally, they received surgery and adjuvant pembrolizumab or placebo, respectively.

The recent fourth interim analysis showed a 37% reduction in events (P = .00031) and improvement in event-free survival (EFS). More patients in the pembrolizumab arm were in the pathological complete response (pCR) group. Advantages were seen from the use of pembrolizumab, even in those without a pCR. The benefits of pembrolizumab were seen regardless of nodal status, disease stage, and other factors, including PD-L1 status.



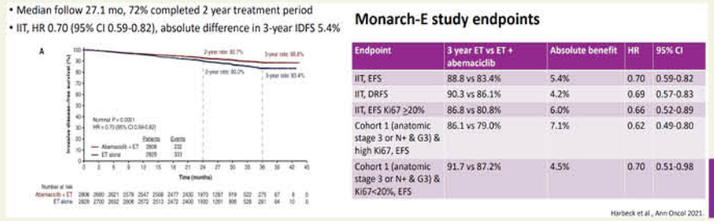
Schmidt et al, ESMO Virtual Plenary 2021

Luminal type breast cancer (Hormonal receptor-positive HER2-negative): Target therapy

Monarch-E, a phase III randomized trial, shows the benefits of adjuvant therapy using oral target therapy CDK 4/6 inhibitor, abemaciclib, on top of the standard endocrine therapy (ET) in patients with hormonal receptor (HR)-positive, HER2-negative, node-positive, high-risk early breast cancer (EBC).

5637 patients (with ≥4 positive nodes, or 1-3 nodes and either tumour size ≥ 5cm, histologic grade 3, or central Ki-67 ≥ 20%) were randomized to receive abemaciclib (150mg twice daily for 2 years) with ET (n = 2808) or ET alone (n = 2829).

In the additional follow-up analysis, with 27 months of median follow-up and 90% of patients off treatment, abemaciclib with ET demonstrated superior invasive disease-free survival (IDFS) (HR = 0.70, 95% CI 0.59-0.82; nominal $P < 0.0001$) and distant relapse-free survival (DRFS) (HR = 0.69, 95% CI 0.57-0.83; nominal $P < 0.0001$), compared with solely using ET. The absolute improvements in 3-year IDFS and DRFS rates were 5.4% and 4.2%, respectively. Despite the Ki-67 index being a prognostic factor, abemaciclib benefit was consistent regardless of the Ki-67 index. Safety data were consistent with the known abemaciclib risk profile.



Endpoint	3 year ET vs ET + abemaciclib	Absolute benefit	HR	95% CI
IIT, EFS	88.8 vs 83.4%	5.4%	0.70	0.59-0.82
IIT, DRFS	90.3 vs 86.1%	4.2%	0.69	0.57-0.83
IIT, EFS Ki67 ≥20%	86.8 vs 80.8%	6.0%	0.66	0.52-0.89
Cohort 1 (anatomic stage 3 or N+ & G3) & high Ki67, EFS	86.1 vs 79.0%	7.1%	0.62	0.49-0.80
Cohort 1 (anatomic stage 3 or N+ & G3) & Ki67<20%, EFS	91.7 vs 87.2%	4.5%	0.70	0.51-0.98

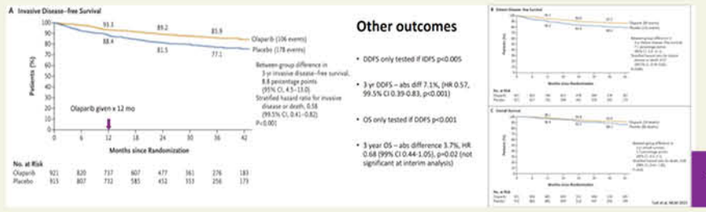
Harbeck et al, Ann Oncol 2021

Both triple-negative and luminal type breast cancer: Target therapy:

OlympiA trial, a phase III, randomized double-blinded trial, shows the benefit of adding 1 year of olaparib to standard adjuvant therapy, with improved 3-year invasive disease-free survival and distant disease-free survival in high-risk BRCA-associated early breast cancer.

The study comprises 1,836 high-risk early breast cancer patients that were HER2-negative and BRCA1/2-positive, including triple-negative and hormone receptor-positive breast cancers. Patients were randomly assigned to receive either 1 year of adjuvant olaparib or placebo, after receiving surgery, radiation therapy, and chemotherapy if needed.

Compared with the placebo, adjuvant olaparib reduced the risk of invasive disease-free recurrence by 42% (P < .0001). At 3 years of follow-up, the rate of IDFS was 85.9% with olaparib and 77.1% with placebo, with an absolute difference of 8.8%. The rate of DRFS was reduced by 43% using olaparib with an absolute difference of 7.1% (P < .0001). Overall survival is still immature, but fewer deaths occurred in the olaparib arm. The side effects were consistent with the safety profile of olaparib, and no new safety signals emerged during the trial.



Tutt et al, NEJM 2021

Conclusion

More treatment options are now available for breast cancer patients. For early-stage triple-negative breast cancers, the new option of immunotherapy is available in neoadjuvant settings, making neoadjuvant treatments more common. At the same time, more options of using target therapy on top of standard treatment are also available for other high-risk early-stage breast cancers with acceptable toxicities profiles (except financial toxicities) to improve the prognosis of patients.

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BABY LED WEANING: WHAT YOU SHOULD KNOW AND RELATE TO YOUR PATIENT'S PARENTS

Dr Lau Wei Sze Vercia
Consultant in Paediatrics
Union Hospital

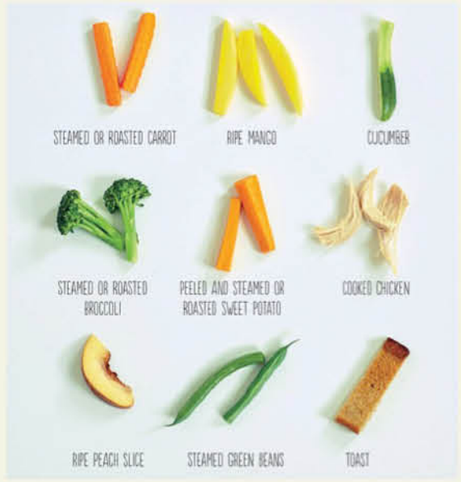
Nowadays babies are advised to start weaning from 6 months onwards. According to the WHO statement, babies should be exclusively breastfed till 6 months of age, after which solid food could be introduced in stages (called weaning). Traditionally weaning takes form of food being spoon-fed by adults, with the consistency of food progressing from thin purée at 6 months, to mashed or finger foods at 7-8 months, to chopped food at 9-12 months and finally family food from 12 months onwards.

Recently a new form of weaning called baby-led weaning (BLW) has caught the attention of many parents. It all started around 2001 when nurse Gill Rapley published a bestseller called Baby-led Weaning, claiming BLW can help child to develop better relationship with food and can help in preventing picky eating and future obesity. Since then BLW has been progressing fast in UK, USA and Australia. So what is BLW actually?

BLW involves providing the baby with finger foods right at the beginning of weaning instead of puréed food. In addition the baby is given the full power to feed himself and caretaker only provides the food. Therefore which food to take, how much food to take and the pace of intake all depends on the baby himself. Advocates claimed that by using BLW babies will have better response to their own body hunger and satiety feelings, therefore has less chance of being over fed and therefore decreased obesity in the long run. In addition, food forms are more comparable with that eaten by the whole family so a more harmonious relationship with food can be established leading to less picky eating. Some also believe that BLW can lead to 'smarter' babies by providing stimulation as babies need to hold/scoop the food with their hands, bringing the food to their mouths and then to chew.

Healthcare providers have their worries on this form of feeding. First and foremost is the risk of choking especially if the finger foods provided are hard (such as raw apples and vegetables) and difficult to crush between the tongue and the palate. Then there are worries of inadequate calorie and iron intake especially in the initially period of BLW as child's motor development may not be adequate for them to sufficiently fed themselves. Furthermore if babies are really sharing the foods that are taken by the family there may be excessive intake of sodium and saturated fats depending on the eating habits of the family.

Since then a number of studies has been done to evaluate the claimed benefits and the potential risks of BLW. Two systemic reviews, one by Torres el al (Nutrients 2021), another by Gomes el al (Rev Paul Paediatrics 2020), found indecisive conclusion though extensive article search was being done. This is attributed to the fact that most of the studies on BLW were observational studies and the risk of bias was high. A more reputable study, the BLISS study (Daniels et al, BMC Paediatrics 2015), used a 2-arm, randomised control approach. In addition the 'BLW' arm was supplemented by specific advice including book recipe, food type list and food safety information. The intervention lasted for 12 months and outcomes were measured at 12 and 24 months. The results of the BLISS study showed that there is no actual benefit of BLW over traditional spoon feeding on BMI, but BLW children were reported to have less fussiness over food, and advised that further studies should be done to evaluate this potential benefit.



From all the available evidence, for parents who want to embark on BLW, they should first ensure their babies has attained a level of motor maturity including good head, neck and trunk control, good eye hand coordination in order to reach out to get food and bring them to their mouths, and also mastication maturity of crushing food between tongue and the palate. In addition advice on variation of BLW could be advised with spoon feeding being allowed at the start of BLW when babies are smaller and less mature, graduating to full BLW by 8-9 months old where most of the babies are able to bring food to their mouth and chew. Furthermore by providing at least one iron-rich food, one energy-dense food and one vegetable or fruit can help to avoid any possibility of unbalanced diet. Finally it babies are to share the same 'table food' as the whole family, then advice on healthy food concepts should also be introduced so as to minimise sodium and saturated fat intake of the babies.

High Choking Risk Foods

Raw vegetables	Raw apple
Rice crackers	Potato chips
Corn chips	Whole nuts
Dried fruits (raisins, cranberries)	Cherries
Grapes	Berries
Cherry tomatoes	Peas
Corn	Hard candy
Meat sausages	Hard foods that cannot be squashed against roof of mouth and tongue

Iron-Containing Foods

Beef	Pork
Chicken	Fish
Lamb	Liver
Iron-fortified infant rice cereal (spread on toast)	Baked beans
Lentils	Hummus

High Energy foods

Meat	Dairy
Cereals and grain food groups	Fruits such as avocado and banana
Vegetables such as pumpkin, potato and sweet potato	

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Union Hospital Surgical Site Infection (SSI) Surveillance March – December 2021

Surgical site infections (SSIs) are unexpected infections of the incision, organ or site that occur after surgery. Handling any SSIs on surgical patients with more complex comorbidities and the emergence of antimicrobial-resistant pathogens are particularly costly and challenging. The prevention of SSIs is therefore increasingly important as the number of surgical procedures performed worldwide is rising.

Deploying a Surgical Site Infection Surveillance Programme not only enables a hospital to obtain SSI rates for the hospital's internal and surgeons' references, but also to identify in early stages any possible risks related to clinical areas, which could then help reduce SSIs. For instance, based on the data collected on the SSI rates of Union Hospital in the past 2 years, the risk of SSI could be seen low during 2019 to 2020 - 0.06% on general surgeries (including open wound and minimally invasive procedures) in 2019 and 0.36% and 0.00% on gynaecology transabdominal and obstetrics operative procedures respectively in 2020.

In 2021, the Hospital Infection Control of Union Hospital carried on with the surveillance programme which focused on all patients undergoing orthopedics (open and arthroscopic) operative procedures. The collected data was then analyzed. Throughout the surveillance period from March to December 2021, totally 1,745 cases of orthopedics (open and arthroscopic) operative procedures matched the surveillance criteria and were reviewed accordingly. Among such, 1 case of the procedures was found to be infected (while 15 cases among both procedures remained non-contactable). Hence, the resulted SSI rate of orthopedics (open and arthroscopic) operative procedures was 0.057%.

The SSI rates of orthopedics (open and arthroscopic) operative procedures in 2018 was 0%, implying that a satisfactory result was attained again in 2021. Good practices in relation to patient education, pre-operative MRSA screening, aseptic techniques, clinical care and environmental hygiene maintenance have been contributing to this notable achievement. Nevertheless, we shall continue to commit ourselves to ensure and to maintain the highest standard of hospital care to our patients, as always.

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Union Hospital supports the COVID-19 Vaccination Programme

The ongoing COVID-19 pandemic causes a significant disease burden worldwide. In Hong Kong, cases and outbreaks continue to be reported. According to the preliminary data analyzed by the Centre for Health Protection of the Department of Health on the fatal cases, about 88.3% of the first 5,435 fatal cases in the fifth wave of epidemic have not received two doses of COVID-19 vaccines. The case fatality rate of infected individuals who received at least two doses of vaccines is 0.09%, while that of those who received one dose and unvaccinated are 0.7% and 2.58% respectively. This shows that vaccination definitely help reduce the case fatality rate.

To reduce the impacts of COVID-19 on public health and society and to resume normal activities in the community in a sustainable way, a substantial proportion of our population should get vaccinated early. In fact, vaccines against COVID-19 is considered an important public health tool for containing the pandemic in the medium and long term by increasing the population immunity against SARS-CoV-2.

Union Hospital (UH) supports the COVID-19 Vaccination Programme implemented by the HKSAR Government since 2021. UH joined the programme "Provision Of COVID-19 Vaccination Services At Community Vaccination Centres (CVC)" in 2021, provided outreach vaccination service during January to March 2022, and have been offering the onsite COVID-19 vaccine services in the Hospital and our polyclinics since March 2021, providing with a total of 246,039 doses of COVID-19 vaccine administered over the past 12 months.

(1) Community Vaccination Centres (CVC)

The programme "Provision Of COVID-19 Vaccination Services At Community Vaccination Centres (CVC)" was invited by the Department of Health during March to October 2021. UH allocated 215 professionals to operate the CVC in Tai Po Hui Sport Centre, with 227,748 doses administered.

(2) Outreach Service

Furthermore, we were actively promoting vaccination through outreach service at the district level. Our team served the outreach vaccination services to Hong Kong Jockey Club in Shatin and Happy Valley race courses during January to March 2022, with 2,461 doses of Comirnaty (BioNTech) vaccine administered to their members.

(3) Onsite Service

Onsite COVID-19 vaccine service has been offered in UH and our polyclinics network since March 2021. As of 21st March 2022, 10,227 doses of CoronaVac (Sinovac) vaccine and 5,603 doses of Comirnaty (BioNTech) vaccine have been administered respectively.

The COVID-19 situation in Hong Kong remains challenging. We believe persons who are suitable for COVID-19 vaccination should get vaccinated as early as possible to protect themselves against severe disease and death from COVID-19 infection. It would help reduce the burden to our healthcare system during pandemic period.

References

HKSAR Government press release "Government clarifies media report on vaccination of COVID-19 fatal cases" on 20th March 2022
https://www.info.gov.hk/gia/general/202203/20/P2022032000631.htm

Post COVID Health Checkup Package
We Care for You!

Recently there are still new COVID-19 infected cases every day, for the patients who have overcome COVID-19 or even some asymptomatic patients have also suffered complications afterwards. The post-COVID complications, called "Long COVID-19," can remain for few weeks or even months after the infection. It has been observed that even after recovering from the virus, it leaves some long-term negative impacts.

To ensure a full recovery after COVID-19 infections, it is important to monitor the health and highly recommended to seek comprehensive health check-ups. Union Hospital has tailor-made and launched a Post-COVID health checkup plan to provide multidisciplinary assessments and measures. The post-COVID checkup package includes a comprehensive set of laboratory tests & medical imaging examination. Please scan the QR code for more details.

For more information:
https://www.union.org/new/unionhmc

Post-Event Highlights

Novel Non-Invasive Markers for Colorectal Cancer and Adenoma Detection

Union Hospital hosted a CME programme on 25 February 2022. Prof Chan Ka Leung, Francis, Dean, Faculty of Medicine of CUHK, was invited to give a lecture by sharing the latest technologies on the topic of 'Novel Non-Invasive Markers for Colorectal Cancer and Adenoma Detection'. A discussion was chaired by Prof Chan Lik Yuen, Henry, Deputy Chief Hospital Manager of Union Hospital and received a great response from the participants.

Prof Chan Ka Leung , Francis

Dr Yannie O. Y. Soo
Assistant Chief Hospital Manager
Union Hospital

Greetings! I am Dr. Yannie Soo, the new Assistant Chief Hospital Manager in Union. It gives me great pleasure to introduce myself to every one of you whom I am eager to meet. Since my graduation from the Chinese University of Hong Kong, I had been working in CUHK-PWH. As a Neurologist and Researcher, I am endeavored to improve healthcare for patients with stroke, the leading cause of adult disability world-wide. Collaborating with experts from various fields, including Nurses, Allied Health, Emergency Medicine and Radiology Departments, Headquarter of Hospital Authority, Fire Services Department and Biomedical Engineers, I had the opportunity to lead a number of key service developments in Hong Kong including remote intravenous thrombolysis with TeleStroke using iPad in 2012, establishment of stroke network in New Territory East Cluster, credentialing of training program for Stroke Nurses, implementation of territory-wide prehospital stroke notification by ambulance personnel in Hong Kong and introduction of transmagnetic brain stimulation for acute stroke rehabilitation. Along with my clinical involvement, I am also keen in exploring advanced brain imaging and stroke therapies through imaging research and clinical trials. My research interests include cerebral microbleeds for prediction of antithrombotic-associated intracerebral haemorrhage, cardioembolic stroke with atrial fibrillation, transient ischaemic attacks, cerebral haemodynamics with intracranial atherosclerosis, post-stroke cognitive impairment and stroke rehabilitation with robotic exoskeleton.

I am most excited to start my new chapter and expand my scope in Union where I can see many familiar faces. Thanks to everyone for being so welcoming. I look forward to working with all of you.

Dr Cheung Chin Pang
Assistant Medical Director
Union Hospital

Hi, I am Dr CHEUNG Chin Pang Louis, the new Assistant Medical Director of Union Hospital. It's my honour to take up this position. It's also a great pleasure to introduce myself in this issue of Union Connection. I joined the Union Hospital Emergency Medicine Centre in 2007 and assisted Dr Clara Wu to establish the first private A&E department in Hong Kong. Having been working in Union Hospital for nearly 15 years, I always consider myself as a frontline clinician who humbly serves the community and the medical fraternity. Though I was promoted to the Deputy Head of the Emergency Medicine Centre in 2019, my original intention of helping people did not change. Besides clinical duties, I have great interest in both adult and paediatric resuscitation. I am a member of Advanced Cardiac Life Support Training Centre Faculty and a Paediatric Advanced Life Support Instructor. I was previously the chairman of the CPR committee of our Hospital. With the help of the Hong Kong College of Emergency Medicine, we set up our own resuscitation training site. We can now provide BLS, ACLS and PALS provider courses to our colleagues.

I also took up some regulatory duties for the medical community. I have been an HKAM elected member in the Medical Council of Hong Kong since 2018. I am also appointed as a Preliminary Investigation Committee member of the Medical Council in 2021. I have been a council member of the Hong Kong College of Emergency Medicine for more than 10 years. I was the Chairman of the Private Emergency Physician Chapter and the current Honorary Treasurer of the College.

I will take this appointment not just as an advancement in my career but as an opportunity to better serve my colleagues, the Hospital and our community. I am grateful for this promotion and for having you all as my colleagues.