

SPRING 2014

Sports Medicine in EM

Sports Medicine Subcommittee of our College has developed rapidly in recent years. I am privileged to conduct an interview with Dr. Kenneth Wu (K), the Chairman of the Sports Medicine Subcommittee, who shares with us his views and vision about this fast growing field.

*** Can you give us examples of some Sports events that you have taken part in the capacity of Medical support team?**

K : We provide regular medical support for different sports events like Oxfam Trailwalker, Hong Kong Rugby Sevens and Hong Kong Badminton Open Championship.

Also, we have been invited to participate in other medical events on an ad hoc basis, including Hong Kong Triathlon, Muay Thai Boxing, Hong Kong Davis Cup, Transplant Games and Hong Kong Golf Open etc.

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Sports Medicine - to make a beginning

*** As the Chairman of the Sports Medicine Subcommittee in HKCEM, can you share with our trainees why you like to pursue Sports Medicine as potentially a subspecialty development, and your path to success ?**

K : As a keen sports person myself, I had participated in different sports as a player and also have been invited to provide

medical service on site. As an Emergency Physician interested in sports related injuries, it is my passion to combine my interest in sports and my medical skills to the field of play to ensure the safety of athletes.



Picture 1. Medical helpers were having Basic Life Support training



Picture 2. The medical team was taking care of an injured player at the field.



Picture 3. Sometimes medical helpers could take the opportunity to enjoy the match at pitch-side

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The standard of medical care in sport competition is rising, especially in international tournaments, and demand for high-quality skills to manage emergencies at the pitch side is also increasing. As a result, emergency physicians with skills in dealing with acute sports injuries are becoming increasingly sought-after to provide medical service at the pitch side.

There is a group of Emergency Physicians who are interested in sports medicine forming the Sports Medicine Subcommittee and working together to develop sports medicine into a subspecialty.

** Any special incident, out of the vast numbers of Sports events, which had the deepest impact on you?*

K : In most instances, the medical team stays behind-the-scenes unless there is a medical incident which needs medical treatment.

In one incident at the Rugby 7's, a Mexican Rugby player dislocated his shoulder, and his Team Doctor and I managed to reduce his shoulder at the player's bench within minutes. Although he could not return to play immediately, he could remain at the bench to share the excitement with

his teammates and watched his team played till the final whistle was blown. This shows that the management we give at the pitch-side is completely different from treatment in a hospital setting.

** What you think would be the future development of Sports Medicine for Emergency physicians in Hong Kong? Or what obstacles, if any, you think we may face now and in the future?*

K : Developing Sports Medicine into a specialty is the goal for the Sports

Medicine Subcommittee's future development.

It is important to attract more Emergency Physicians to participate and encourage them to practice their skills outside hospital setting. There are plenty of opportunities to participate in different sport events as a medical practitioner. We welcome members to join our activities to gain pitch side experience and to enjoy the excitement of being in the action.

AROUND THE FIELD



Picture 4. Dr. Kenneth Wu, at HK Rugby Sevens, Hong Kong Stadium



Picture 5. A team of medical volunteers were helping at HK Rugby Sevens

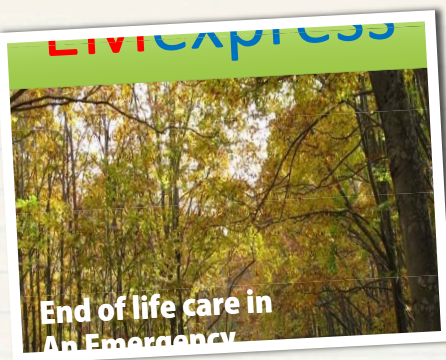


Medical liability insurance is also an important issue we have to bear in mind. Under our current medical liability protection insurance policy with MPS or HKPDA as a Hospital Authority employee, we can provide voluntary medical service outside the hospital premises without affecting the insurance policy status. However, accepting payment from sports event organizers needs approval from HA and changes the insurance coverage for the liability policy. This poses a hurdle for the Sports Medicine Subcommittee since it is hard to attract volunteers to commit and to expand their participation in the long-term.



Reporter : Dr. Karen Chan

Letter to the Editor



Comments on a current issue : End-of-life Care in ED (Winter Issue 2012)

A Dignified Journey to Death

There is nothing glamorous or subtle in dying, but for our father and those of us to survive him, the Osiris Room provided the backdrop for the most humane and dignified journey to death one could possibly hope for.

Our beloved father was a recent beneficiary of the Osiris Room, a relatively new initiative at the Queen Elizabeth Hospital (QEH). It is a quiet and spacious suite dedicated to supporting a dying patient's final days with his/her loved ones. Although it was a painful time for our family, we were consoled by the knowledge that the private space and time we had with him during those three days helped him receive the approaching final moments, secure in knowing that we were there with him, through what merciful little connection between life and death, through what little life he still had, through the end.

The generously sized room and the privacy it affords allowed our large family to spend as much time with our father as possible. Our mother,

all seven children, one daughter-in-law and four grandchildren were by his bedside when he passed away. Other family members and our Minister arrived shortly after, and we were given as much time as needed with him postmortem. We were devastated by the loss, yet comforted that he was able to go through the final stage of his life with grace, love and dignity. It was a far cry from what would have been a hasty goodbye in the crowded, general ward, with limited privacy, and space only to accommodate a fraction of our family.

From the built-in sink to the well stocked supplies, they seemed to have thought of everything a dying patient and his grieving family would need. There were even a recliner and sofa, for those of us who needed some sleep, with father only several feet away. Dr. Martin Lau Che-ying attended to our father with sympathy and answered our questions with utmost patience. The first rate staff demonstrated the highest level of professionalism and willingness to communicate with us, gently providing him with much needed comfort, all the while attending to other emergency room patients. Sadly, we did not have a chance to thank, in person, each of them. Words cannot express our heartfelt gratitude to the entire team!

During those last days of his life, my father never had to spend one minute alone. While he continued to receive pain management and care from medical staff, our family was able to hold his hand and care

for him around the clock, comforting him, as we ourselves were being comforted. The memory of our time spent with him in this peaceful space will be etched in our minds forever.

Although we did not have a chance to meet Dr. Ho Hiu Fai, whose brainchild has made such a difference in our father's final days, we wanted to extend our deepest appreciation to him and other unsung heroes who advocated for Dr. Ho's vision. We could only imagine an idea such as this might not have been popular, in times of competing priorities for resources. Indeed, the idea of Osiris could not have worked unless the entire team was on board. Our intimate experience with our father's passing is a validation of their collective efforts!

We sincerely hope that the hospital administration will continue to support this visionary initiative, without which the passing of our beloved father would have been very different. We hope that many others will have the unique opportunity to usher their loved ones through this final stage of life in a dignified setting like Osiris. In sharing our experience, we also hope that End-of-Life Care will grow in awareness among the public and receive the recognition it deserves.

Chan Cheong and Family

FROM THE EDITOR

In the United States, many people opt to die at home with hospice arrangements. The concept of End-of-Life care has yet to be developed in Emergency Department here. The Osiris Room at A&E QEH is a good way to introduce the concept and bridge the gap.

College Calendar (May - Aug 2014)

May	June	July	August
1 Th PH	1 Su	1 Tu PH	1 Fr
2 Fr	2 Mo PH	2 We JCM	2 Sa
3 Sa	3 Tu	3 Th	3 Su
4 Su	4 We BLS JCM	4 Fr BLS	4 Mo
5 Mo	5 Th Airway	5 Sa BLS	5 Tu BLS
6 Tu PH	6 Fr ECG	6 Su	6 We BLS JCM
7 We JCM	7 Sa	7 Mo	7 Th
8 Th	8 Su	8 Tu ACLS	8 Fr
9 Fr BLS	9 Mo ICEM Pre-conference	9 We Tox ACLS	9 Sa
10 Sa IEEM-Part 2	10 Tu ICEM Pre-conference	10 Th	10 Su
11 Su	11 We ICEM	11 Fr	11 Mo
12 Mo	12 Th ICEM	12 Sa	12 Tu
13 Tu	13 Fr ICEM	13 Su	13 We Tox
14 We Tox	14 Sa ICEM	14 Mo	14 Th ECG
15 Th	15 Su	15 Tu	15 Fr
16 Fr	16 Mo	16 We	16 Sa
17 Sa IEEM-Part 2 (back up day)	17 Tu PEEM (1st diet)	17 Th	17 Su
18 Su	18 We PEEM(reserved day) Tox	18 Fr	18 Mo
19 Mo	19 Th	19 Sa	19 Tu
20 Tu	20 Fr	20 Su	20 We
21 We	21 Sa	21 Mo	21 Th
22 Th	22 Su	22 Tu	22 Fr
23 Fr	23 Mo	23 We	23 Sa
24 Sa	24 Tu	24 Th	24 Su
25 Su	25 We	25 Fr	25 Mo ACLS
26 Mo	26 Th PALS	26 Sa	26 Tu ACLS
27 Tu	27 Fr PALS	27 Su	27 We PALS EEEM-OS
28 We	28 Sa	28 Mo	28 Th PALS EEEM-OS (reserved day)
29 Th ACLS	29 Su	29 Tu	29 Fr
30 Fr ACLS	30 Mo	30 We ACLS	30 Sa
31 Sa	31 Tu	31 Th ACLS	31 Su
May	June	July	August



香港急症科醫學院
Hong Kong College of Emergency Medicine



International Conference on
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