NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

Volume 27 No. 3
MAY to JUN 2023

Content

Editorial

Health Inequality among Sexual Minority Group

Ms. Wendy CHIANG and Mr. George WONG

Inequalities and disadvantages in various aspects of life among people categorized as sexual minorities, who have different sexual identity, orientation or practices from the majority of the community, including lesbian, gay, bisexual and transgender (LGBT), have been reported in recent years, and this includes their access to and experience in the healthcare system. Ms. Bonnie MA, Senior Clinical Associate from The Hong Kong Polytechnic University, shares with us in the main theme the kind of physical and mental health problem that are more prevalent to the sexual minorities, the current status of the healthcare access among LGBT community and analyses the barriers for LGBT to seek healthcare and conservativeness in disclosing LGBT status by the Critical Medical Anthropology (CMA) model via four different levels: individual, micro-social, intermediate-social and macro-social levels.

In the NGO corner, Mr. Angus LAW, Chief Rehabilitation Manager of Tuen Mun District Health Centre (TMDHC) shares with us in this interview, conducted by two BSc Physiotherapy undergraduate students from The Hong Kong Metropolitan University, the service provision and the work of physiotherapist in TMDHC, the challenges encountered during the setup and the future development of DHC.

CPD News

Enquiry of CPD News and Activities Please Visit
http://www.hongkongpa.com.hk/cpd/doc/CPD%20All.xls

Hong Kong Physiotherapy Association
Room 901, 9/F Rightful Centre, No, 12 Tak Hing Street, Jordan, Kowloon, Hong Kong SAR
I https://www.hongkongpa.com.hk T +852 2336 0172 F +852 2338 0252 E info@hongkongpa.com.hk HKPhysioAssoc

Barriers to Healthcare Access among People with Sexual Orientation and Gender Identity Issues

Ms. Bonnie Sui-ching MA
Senior Clinical Associate,
Department of Rehabilitation Sciences, The Hong Kong Polytechnic University

Sexual Orientation and Gender Identity (LGBT)

Sexual orientation and gender identity has gained increasing attention in recent decades, especially after the release of a movie "The Danish Girl" based on the lives of Danish painters Lili Elbe, leading to discussions on the issues related to transgender persons [1]. Traditionally, gender is classified as two distinct opposite forms of masculine (boy / man) and feminine (girl / woman). This binary system is affected by social and cultural belief, that gender is assumed to be the biological sex assigned at birth according to the genitalia. Majority of the society assumes male to be masculine in all aspects, including dressing, behaviour, sexual orientation. However, there are a number of people who are categorized as sexual minorities. These people have the sexual identity, orientation or practices being different from the majority of the community [2]. Sexual minorities include lesbian, gay, bisexual and transgender, which could be abbreviated as LGBT.

According to a study in Japan in 2017, the prevalence of LGBT is estimated to be ranging from 0.5% to 5.3% among Japanese university students [3]. Another study by Ipsos in 2021, LGBT+ Pride 2021 global survey, found a global average of 3% identify themselves as homosexual, 4% as bisexual, and less than 1% as transgender [4]. Despite such a large-scale study across 27 countries surveyed, a precise number in the prevalence is still difficult to obtain as most information relies on self-report data, as this subject is sensitive.

Inequality encountered by LGBT

LGBT has encountered inequality and disadvantage in various aspects of life. According to a review report in the UK, LGBT has experienced inequality and disadvantage in education, safety (including hate crime and domestic violence), health and access to healthcare, access to and experience of services, employment, LGBT families, homelessness and access to housing provision and participation in civic society [5]. In respect for health in LGBT, it was found that their general health worse than that of the majority (i.e. the heterosexual people).

Physical health problems encountered by LGB and transgender could be quite different. LGB were more likely to develop certain cancers, such as anal, prostate and breast cancers. This could probably be explained by the sexual activities of LGB. Also, HIV and other sexually transmitted diseases are more prevalent in LGB compared to heterosexual. While for transgender people, it is suggested the higher rates of hypertension, insulin resistance, lipid derangements and mortality related to cardiovascular disease is attributable to the exogenous sex hormone during the gender affirmation therapy [6].

On the other hand, mental health issues are more thoroughly studied health problems encountered by LGBT. From various studies, it is found one in five gay and lesbian suffered from mental health problems at certain stage of their lives, compared to 6 percent of the general population sample [5]. Also, LGB people are at higher risks of having depressive episodes, generalized anxiety disorder, obsessive-compulsive disorder or other limiting mental health problem compared to heterosexual counterparts. While for the transgender populations, they have similar trend of higher rates of being diagnosed with psychiatric conditions [6]. In general, LGBT are found to have issues related to substance abuse, such as hazardous alcohol consumption, tobacco smoke and recreational drug use. In addition, LGBT people also has a significantly higher rates of attempted suicide and self-harm.

With the aforementioned physical and mental problems, it is not surprising that LGBT have shorter life expectancy. A report in Denmark showed a higher mortality rate among individuals in same-sex relationship than general population. Other international studies also found that gay men has up to 20 years less in the life expectancy than heterosexual associated with the prevalent HIV infection. The manifestation of decreased health outcomes of the LGBT people showed that health inequality is undeniable.

Current gap in literature

Currently, most of the available literature in this area focus on the health inequality issues faced by the LGBT

(Continued on Page 3)

people, such as which kind of health problems being more prevalent to LGBT. Little has been discussed on the healthcare access and quality of healthcare services to LGBT. While poor or suboptimal quality healthcare services and poor access to healthcare are key to poor health outcomes, it is important for us to investigate this topic. Understanding the current knowledge gap for barriers to healthcare access in LGBT would, therefore, be essential to improve the quality and access of healthcare services to them.

Current status of healthcare access among LGBT community

According to a study conducted in Wisconsin, healthcare access and utilization in LGBT adults were 2.17 times more likely to be delayed [8]. Transgender adults reported more than 2.7 times of receiving poor quality of healthcare and unfair treatment. Another study conducted in Turkey found that more than 60% of respondents reported at least one health problem last year, but only 7% had sought treatment from primary care provider. The remaining would wait until situation worsen and go to public or private hospitals [9].

The barriers for LGBT to seek healthcare and conservativeness in disclosing LGBT status could be analyzed by the Critical Medical Anthropology (CMA) model, which would be divided into four different levels: individual, micro-social, intermediate-social and macro-social levels.

Individual Level

Individual level refers to patient's experiential response to illness and patient's personal support network. An example to illustrate barrier for LGBT to seek healthcare at this level are their beliefs about the severity of need to access mental health services, belief in their own ability to cope with mental problems and lacking self-confidence according to a qualitative study among LGBT young people in Ireland [10]. Many of the young LGBT do not perceive they are serious enough to seek mental health services, while some of them try not to go for help and pretending no mental health problem. Some respondents believed that mental health problems could be managed by themselves and they are lack of confidence to reveal their feelings to mental health providers.

Another example regarding individual response is the lack of confidence in revealing LGBT status to healthcare providers. A study with lesbian women in Germany revealed that only 40% who had a primary care physician have disclosed their sexual orientation to the doctor [11]. More than 10% claiming fear for the negative consequences after disclosure of the sexual orientation, though they understood this is an important medical information which may affect the healthcare intervention. This echoed with the Turkish LGBT that more than almost 50% reported to perceive effect on healthcare treatment upon disclosure of LGBT status to healthcare provider [9].

Health literacy would affect when and how does LGBT seek for health advice. A study in Brazil investigating HIV-related healthcare needs found that more than 70% of the respondents were not aware of using post-exposure prophylaxis as a preventive measure to HIV [12]. Another study by the same author regarding health literacy in trans women and trans men to use hormonal therapy during gender affirmation, found that more than half of the respondents perceived not having adequate knowledge in the use of hormones [13]. While health literacy could be considered associated with individual educational level, policy makers and health institutions are also responsible to improve health literacy of general public.

Significant others also played an important role towards the health seeking behaviour of LGBT. Those young Irish LGBT expressed that they do not want their parents to know about their mental problem nor their LGBT status, attributable to worrying to become burden of family or poor relationships with parents [10]. This is not surprising, especially for those under 18 years old required parental consent to access healthcare services. On the other hand, some significant others may not support the LGBT to seek mental health services as they do not believe in the therapy approach.

Consequently, influences from individual level leads to adoption of different health behaviours. As mentioned above, LGBT are reported to have higher prevalence of substance abuse, this could be explained by the way of stress coping with discrimination and stigmatization. A report in the Turkish LGBT revealed that most of them had habitual tobacco smoking (60%), binge drinking problem (76.3%) and unprotected sex (55.3%). These health compromising behaviours adversely affect the health outcomes of LGBT.

On the contrary, certain individual factors may lead to sick role behaviour. A study conducted in Oklahoma, which is a relatively conservative state in the US [14], found that gay and bisexual men living there who are more readily to disclose sexual orientation status were more likely to utilize mental health services. That means people who are more open with the LGBT status, are more readily to adopt sick role and striving to get well by attending mental health therapy sessions.

(Continued on Page 4)

Micro-social Level

Micro-social level refers to the interaction between people and healthcare providers. The way that healthcare providers communicate and interacting with LGBT would affect the willingness of them to access healthcare. The study by Costa et al in 2018 on transgender found that more than 40% avoided healthcare because they are transgender [13]. They reported facing discrimination in healthcare setting, which causes uncomfortable feelings. The most encountered discriminative scenarios including "not using the name indicated you wanted to be called", "told you they (healthcare provider) do not know enough about transgender-related care" and "thought the gender listed on your ID or forms was incorrect". These experiences by LGBT showed the healthcare providers in Brazil are lacking the knowledge related to healthcare needs of LGBT and the communication skills tailored for them.

Apart from lacking knowledge and skills to handle LGBT, internalized heterosexism is another unconscious bias towards LGBT leading to the hesitancy in healthcare. This could create micro-aggression with the assumptions that one is married to a person of opposite sex, for example being asked to fill in husband's name as the emergency contact person [15]. This "unconscious" bias affects the pattern of LGBT in health seeking behaviour, such as reducing openness and trust in healthcare setting. A study in 2003 found that lesbians were less likely to have preventive health screening such as Pap smears, though they have similar risks having cervical cancer. This could be explained the traditional ideology of heterosexism, that only women who have sex with men would have contacted HPV.

On the other hand, homophobia, biphobia or transphobia among healthcare providers would also create barriers for LGBT to access essential healthcare services. A study in 2008 found that lesbians perceived homophobia from healthcare providers would affect their openness and readiness to discuss with them the health concerns and amount of care received [17].

It is also found that with the lacking of communication skills training in medical schools or nursing schools, healthcare providers are unaware of the importance to greet transgender with the appropriate pronouns [18], some may even used harsh language towards LGBT people leading to distrust between patient and provider.

Intermediate-social Level

Intermediate-social level refers to the interactions of administration and healthcare providers, and health institution policy. In Brazil, transgender care was introduced in late 1990s. However, up to 2018, as many as 74% of trans women still unable to obtain a prescription of hormonal therapy for gender affirmation. Hormonal therapy is an essential aspect in trans healthcare and oestrogen is readily available over the counter as contraceptive. However, without proper medical supervision, intake of contraceptive pills may lead to other health problems, such as increase morbidity related to cardiovascular system [12]. It implies that even guidelines or protocols for transgender health services has been administered, without adequate education to healthcare providers these guidelines will not be fully followed. That will affect the healthcare service quality to the sexual orientation and gender identity minorities.

As mentioned in the session above, bias from healthcare providers as the micro-social level of barrier to health access in LGBT. This is attributable to the lack of training at the medical schools, nursing schools and other healthcare professional training institutions. According to Taylor et al, little has been done in the healthcare professional training in the area of LGBT [19]. This warranted the importance of education program to healthcare workers regarding the health issues related to LGBT.

In addition, lacking reinforcement or absence of anti-discrimination law also impose barriers for LGBT to access healthcare. In countries with anti-discrimination law for sexual orientation and gender identity, anyone present at healthcare setting need to respect LGBT, otherwise they will be penalized. However, not all countries or region has legislation in this area. Hong Kong is one of the examples that only relies on self-regulation and public education to minimize the bias and prejudice act towards LGBT [20]. Without proper legislation, discrimination towards LGBT in society, including healthcare settings, cannot be minimized and would not create a LGBT-friendly environment for healthcare.

Macro-social Level

Macro-social level refers to corporate and state sectors, and capitalist world system. One of the examples at macro-social level is the health insurance coverage for LGBT. According to a study in Wisconsin in 2018, the health prevention services are not covered by insurance among LGBT. In most states in the United States, there are no non-discriminatory law or protection for medical insurance. This leads to inequity in access to healthcare and obscured LGBT to utilize healthcare service as the

(Continued on Page 3)

heterosexual. This is further supported by the study in Turkish LGBT that lacking health insurance to cover healthcare costs as one of the barriers to healthcare access [9]. Health insurance companies are mostly international companies, that functioning with capitalism. As the prevalence of LGBT is much smaller than the heterosexual, the insurance companies would mainly focus their business with the heterosexual. This is why the specific health needs for LGBT are ignored when planning the terms of medical or health insurance.

Conclusion

Health inequalities among LGBT has been arising in recent years, the most prominent barrier to healthcare access is the stigmatization and discrimination at healthcare environment. A LGBT-friendly healthcare environment would be essential to boost the healthcare access and thus health equity in this group of people. Introduction of health-related issues at the healthcare professional training institute is warranted to meet this need.

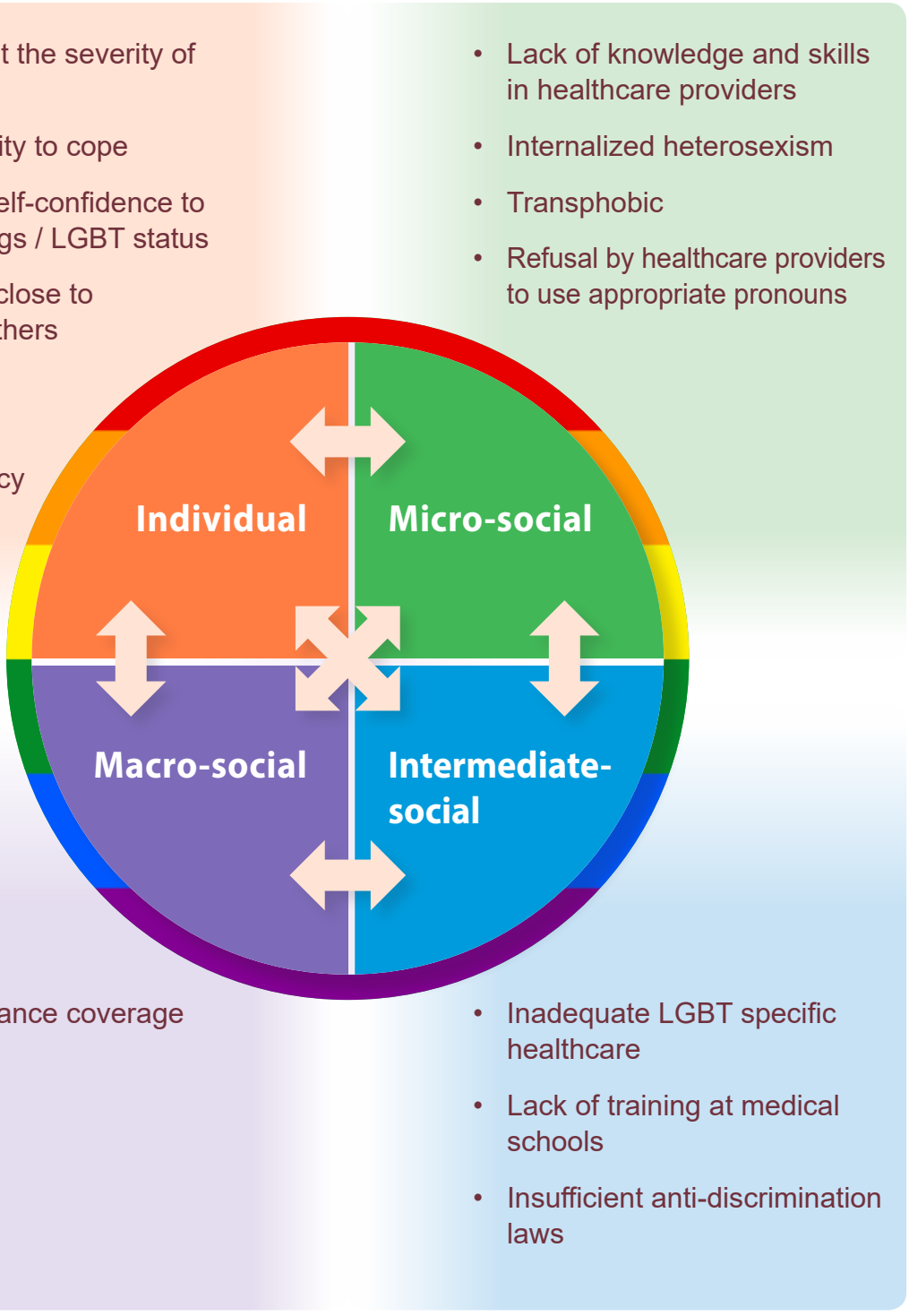


Figure 1: Schematic diagram of CMA model for barriers to healthcare access among LGBT

(Continued on Page 6)

References

1. Wikipedia: the free encyclopedia [Internet]. The Danish Girl (film); [modified 2021 November 28; cited 2021 December 1]. Available from: https://en.wikipedia.org/wiki/The_Danish_Girl_(film)
2. Math SB, Seshadri SP. The invisible ones: sexual minorities. Indian J Med Res. 2013;137(1):4-6.
3. Nasa I, Yuji K, Naoko A, Akira M, Yasuko F-N, Kazuhiro K, et al. Prevalence of lesbian, gay, bisexual, and transgender among Japanese university students: a single institution survey. International Journal of Adolescent Medicine & Health. 2017;29(5):1-6.
4. Ipsos [Internet]. LGBT+ Pride 2021 Global Survey points to a generation gap around gender identity; [revised 2021 June 9; cited 2021 December 1]. Available from: https://www.ipsos.com/en/lgbt-pride-2021-global-survey-points-generation-gap-around-gender-identity-and-sexual-attraction
5. Hudson-Sharp N, Metcalf H. Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence. London: National Institute of Economic and Social Research. 2016.
6. Streed AMCG. Health Disparities. 2022. In: Transgender and Gender Diverse Health Care: The Fenway Guide [Internet]. McGraw Hill.
7. Williams H, Varney J, Taylor J, Fish J, Durr P, Elan-Cane C. The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document. London: Department of Health. 2013.
8. Jennings L, Barcelos C, McWilliams C, Malecki K. Inequalities in lesbian, gay, bisexual, and transgender (LGBT) health and health care access and utilization in Wisconsin. Preventive Medicine Reports. 2019; 14: 100864. Doi: https://doi.org/10.1016/j.pmedr.2019.100864
9. Ercan Sahin N, Aslan F, Emiroglu ON. Health status, health behaviours and healthcare access of lesbian, gay, bisexual and transgender populations in Turkey. Scand J Caring Sci. 2020 Mar;34(1):239-246. doi: 10.1111/scs.12759. Epub 2019 Oct 14. PMID: 31610038.
10. Higgins A, Downes C, Murphy R, Sharek D, Begley T, McCann E, et al. LGBT + young people's perceptions of barriers to accessing mental health services in Ireland. J Nurs Manag. 2021;29(1):58-67.
11. Hirsch O, Löltgen K, Becker A. Lesbian womens' access to healthcare, experiences with and expectations towards GPs in German primary care. BMC Fam Pract. 2016;17(1):162.
12. Costa AB, Fontanari AMV, Catelan RF, Schwarz K, Stucky JL, da Rosa Filho HT, et al. HIV-Related Healthcare Needs and Access Barriers for Brazilian Transgender and Gender Diverse People. AIDS & Behavior. 2018;22(8):2534-42.
13. Costa AB, da Rosa Filho H, Pase PF, Fontanari AMV, Catelan RF, Mueller A, et al. Healthcare Needs of and Access Barriers for Brazilian Transgender and Gender Diverse People. Journal of Immigrant & Minority Health. 2018;20(1):115-23.
14. Currin JM, Hubach RD, Crethar HC, Hammer TR, Lee H-S, Larson M. Barriers to Accessing Mental Healthcare for Gay and Bisexual Men Living in Oklahoma. Sexuality research & social policy. 2018;15(4):483-96.
15. Foglia MB, Fredriksen-Goldsen KI. Health Disparities among LGBT Older Adults and the Role of Nonconscious Bias. Hastings Cent Rep. 2014;44 Suppl 4:S40-4.
16. McNair RP. Lesbian health inequalities: a cultural minority issue for health professionals. The Medical journal of Australia. 2003;178(12):643-5.
17. DeHart DD. Breast Health Behavior Among Lesbians: The Role of Health Beliefs, Heterosexism, and Homophobia. Women & Health. 2008;48(4):409-27.
18. Eliason M., Dibble S. (2015) Provider-Patient Issues for the LGBT Cancer Patient. In: Boehmer U., Elk R. (eds) Cancer and the LGBT Community. Springer, Cham. https://doi.org/10.1007/978-3-319-15057-4_12
19. Taylor AK, Condry H, Cahill D. Implementation of teaching on LGBT health care. Clin Teach. 2018;15(2):141-4.
20. Barrow A. Sexual orientation, gender identity, and equality in Hong Kong: rights, resistance, and possibilities for reform. Asian Journal of Comparative Law. 2020 Jul;15(1):126-155. https://doi.org/10.1017/asjcl.2020.2

An Interview with Mr. Angus LAW

Date : 6 March 2023

Venue : Online meeting

Interviewee : Mr. Agnus LAW
(Chief Rehabilitation Manager, Tuen Mun District Health Centre)

Interviewers : Mr. Ken CHAN
(Year 2 Physiotherapy student, The Hong Kong Metropolitan University)
Ms. Ziky WONG
(Year 1 Physiotherapy student, The Hong Kong Metropolitan University)

1. How is the job allocated in Tuen Mun District Health Centre (TMDHC)?

TMDHC shows an integration between different professionals, including therapists, nurses, social workers and administrative staff. For physiotherapists, they work in the rehabilitation department led by a chief rehabilitation manager, and work with eight fitness coaches. As they are working in a diverse setting, therapists should be more experienced in clinical reasoning and independent when communicating with colleagues from other parties like hospitals.

TMDHC practises an interdisciplinary approach that involves interaction between professionals when designing management plans and monitoring rehabilitation processes. A typical example is social workers providing psychosocial support to the clients as most of them suffer from chronic diseases and need companionship from others, such an idea serves a significant role when carrying out a holistic healthcare service.

2. What are the procedures on receiving clients in TMDHC?

Dedicated to taking care of our clients continuously, our procedures can be divided into two major routes. The first group is the members from the public who are mainly under primary and secondary healthcare. TMDHC organises talks and sports classes regularly which aim to prevent and manage chronic diseases and pain. In case of potential health issues, we would recommend relative screening and exercise programmes for the targets, followed by further assessments and referral if necessary.

Concerning tertiary healthcare, the key stakeholder is the clients referred from hospitals for some pathologies, for instance, low back pain and stroke. They would first be contacted by our social workers who act as case coordinators and reserve time slots for them, followed by the case identification and risk management by our nurses. As a result, when we, physiotherapists, approach them, we can direct to more in-depth assessment, hence more patient-centred advice and education on self-care. In addition, to promote the quality of treatment and alleviate the burden of the public healthcare system, subsidies are offered to our patients for their appointments at our centre which plays a triarch role in the system. Upon the completion of a programme, case conference and evaluation would be carried out to examine the rehabilitation process and the possibility of discharge.

3. Could you describe the typical routine for a physiotherapist working in TMDHC?

Generally, a physiotherapist undergoes independent professional assessment to our clients; and more importantly, he gives suggestions and provides education. He also has to gather with other professionals in a monthly case conference for some special cases to receive advice from doctors and nurses for further treatment.

Specifically, there are three main parts. The first part is assessing the client both subjectively and objectively in order to diagnose the problem by clinical reasoning. Apart from

(Continued on Page 8)

this, physiotherapists will help the client to self-manage symptoms by prescribing home exercises that will be taught by fitness coaches during disease-specific sports class. The purpose is helping the client actively adapt a healthy lifestyle despite the existing illness. Lastly, as we are promoting primary healthcare services, we will organise talks with colleagues at schools or to the public about prevention and management of some common diseases in Hong Kong, and also exercise classes for different age groups in the community.

4. What challenges have you encountered when setting up TMDHC?

The main challenge would be the insufficiency of clear official instructions for operating primary health offices. Considering that the existing guidelines are undergoing development and TMDHC is the third primary health office in Hong Kong, we have decided to take reference from the two previously established offices. However, we have observed the variations in modes and team structures among centres. In addition, coping with the lack of public awareness and understanding about primary healthcare, our present focus is education, rather than tertiary treatment, in order to better distinguish the roles of us from those of the private sectors. Therefore, we have been carrying out trials and enhancing our service with our greatest effort.

5. Could you suggest any foreseeable future development of DHCs?

For now, we are still relying on referrals from others, so one of the utmost hopes is contacting cases without any referral, which has been discussed between parties for years. Indeed, more clients will benefit from the services provided and it is certain that doctors may have their concerns once the act is passed. However, I agree that physiotherapists become the first contact, because we have adequate independence to make accurate decisions and offer practical suggestions based on our professional judgement. To achieve the ultimate goal, guidelines for referrals and primary healthcare should be clear, and adjustments to frontline service are expected. The whole service development paves the way for a more systematic, hence safer and more effective healthcare path for the public.

An Interview with Dr. Man CHUNG

Date : 11 June 2023

Venue : Online

Interviewee : Dr. Man CHUNG, *PhD, MSc (PT), PD (PT), Dip Acupuncture, RP (HK)*
(Chief Physiotherapist and Director,
Wellness & Rehabilitation Services of Virtus Medical Group)
(Professor of Practice,
Department of Rehabilitation of The Hong Kong Polytechnic University)

Interviewers : Mr. CHAN Chi Chung
(Year 2 Physiotherapy student, The Hong Kong Polytechnic University)
Ms. TSO Ka Yan
(Year 2 Physiotherapy student, The Hong Kong Polytechnic University)

Q1

Why did you choose the PT field?

A1

Physiotherapist was not an especially popular occupation back then. In secondary school, I was very passionate about sports and even dreamt of becoming an athlete. Unfortunately, after understanding the gravity of dedication and sacrifice an athlete had to endure, my athlete dream gradually faded. One day, I switched on the television and the Olympic middle distance running event was on air. My eyes were glued to one contestant who ran barefoot. She was the famous Zola Budd. As Zola was racing towards the finish line, she collided with another contestant. With her ankle fully covered in blood, the medical team members immediately rushed to take care of the barefoot contestant. I was fascinated by how skillful the medical staff were in addressing her condition. After the competition, I chatted with my senior who was studying physiotherapy. As we were discussing the accident at the Olympics, my senior told me that the medical team members who were taking care of Zola are usually physiotherapists and not doctors. Since then, I have decided to become one of the medical backups for world athletes and that would be fun. Hence, I majored in physiotherapy after graduating from secondary school. From a curious teenager who was fascinated by the Olympic medical team, to a physiotherapist who attended seven Olympics, my dream had definitely come true.

Q2

How did you get involved in the Wheelchair fencing classification?

A2

Some of my physiotherapist friends referred me to provide volunteer services for the physically disabled athletes. As I provided regular services for the athletes, I was invited to the

Upper left and right: Mr. CHAN Chi Chung and Dr. Arnold WONG
Lower left and right: Ms. TSO Ka Yan and Dr. Man CHUNG

Far East and South Pacific Games (later the Asian Paralympic Games) to provide on-field medical support for the wheelchair fencing team. Being the on-site physiotherapist at such a grand event, I learned that I was obliged to perform thorough physical checking on each and every sports team member every night. They were quite surprised by how much time and effort I took in dealing with their conditions. The athletes performed extraordinarily well in all games and the Hong Kong team was crowned champion in numerous events. Immensely touched by the perseverance and victory of the Hong Kong team, I felt a sense of belonging to the team as I shared their triumph. That was the start of my chapter in the Wheelchair fencing classification.

Q3

Any memorable experiences as an on-site physiotherapist in the Paralympics?

A3

I followed the Hong Kong Wheelchair Fencing team to Italy for a competition. As I was resting at the stands, screams of pain filled the stadium with chaos. An Italian contestant was severely injured, with his saber struck into the back of his

(Continued on Page 10)

head. The sports coaches were crying out loud for immediate medical support. Without a second doubt, I immediately offered my help and assessed his situation. I measured the depth of his injury, supported him in a comfortable position, and comforted his emotions as we were waiting for the ambulance to arrive. The audience welcomed me with cheers and applause as I returned to the stadium. It was a rare case at fencing games but also one experience that I can never forget.

Another memorable experience was seeing our Hong Kong wheelchair fencing team winning at the Paralympics. Can you imagine that the champion, first runner-up, and even the second runner-up are all from the Hong Kong team? That was one of the most touching moments as an on-site physiotherapist, as the athletes wrapped themselves in the flag of Hong Kong and waved in pride.

Q4

Why did you choose to leave HA?

A4

Looking back, I had worked in HA for over twenty years. HA was definitely a place where I befriended and worked with a lot of talented physiotherapists. Having been promoted to senior physiotherapist, I wanted to explore my career further at the private setting in Hong Kong. Around five years ago, an old friend of mine who specializes in Sports Medicine invited me to join his clinic. It's really a big challenge to myself! Initially, I used to think that I had already mastered most knowledge or skills under the demanding work environment at HA. A private setting, however, allowed me to interact more with patients from different backgrounds. Through communicating with them, I gained insights or knowledge in business skills, or even social skills. I am grateful for the times at HA, when I consolidated in clinical and practical skills, and now, I am enjoying my time in a private setting in learning other skills!

Q5

What is your view on the private PT development in Hong Kong?

A5

That's really a good question despite the fact that I don't have an orbuculum. In recent years, the Hong Kong physiotherapy profession is blooming due to several factors, thanks to the continuing devotion from our physiotherapy colleagues as well as predecessors, who developed physiotherapy as a well-received profession. Moreover, the wave of migration and aging population provide vast opportunities and job vacancies for physiotherapists. This situation does not only happen in Hong Kong but all over the world as well.

Private practice is also prosperous, for instance, freelance physiotherapy service among younger physiotherapists is quite popular. You can earn a considerable salary from freelance physiotherapy service if you are hard-working enough. However, there are more physiotherapy students graduating from various institutes. Although the competition would be increased, plenty of physiotherapist vacancies are required to be filled in elderly homes and NGO.

Q6

What are your suggestions for PT students who are considering working as private PTs?

A6

Uphold your professionalism. It is because some fresh graduates may not know "what they do not know" in clinical practice, especially in freelance settings where they have to work independently without supervision. This may elicit risk to patients or deliver suboptimal treatment. Adequate clinical exposure and continuing professional education and training are essential to PTs especially the young ones in the best interests of clients. Therefore, I encourage fresh graduates to devote themselves in public sectors first, which would enrich and enhance their job experiences and prevent or minimize pitfalls. While it is also viable to work as private PTs, graduates may consider attending more courses for better knowledge and skills. Again, the integrity and recognition of physiotherapists relies on our sustainable professionalism and dedications.

Q7

How do you see the competitions from overseas or mainland PTs in Hong Kong?

A7

I regard that as an opportunity instead of a threat. The mainland's rehabilitation system is developing, and it is observed that the quality of treatment may vary among different cities in China. The competition from mainland PT may not be too intense due to the different rehabilitation system from Hong Kong, but this is subject to the government's policy. Another point is, we can see the rapid development of the mainland's healthcare industry. If you know any mainland students, you would be surprised and inspired by their diligence. For example, when I was taking my PhD program, the majority of users in the library after 7pm were mainland students. Therefore, it is foreseeable that they could contribute a lot in their home place after finishing their study.

At the same time, I am very proud of our PT students that the admission score is touching the admission line of medical students. I can see the image and quality of Hong Kong's physiotherapists is heightening drastically. If we can extend our expertise to fill the gap in the mainland's rehabilitation system, the population in China can benefit from it. That's what I see opportunities in Mainland China. In addition, we cannot only contribute but also learn from Mainland China, such as some of their systems and use of technologies.

Will criminal conviction have an impact on the practice of a physiotherapist

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed scenario

1. John was a registered physiotherapist working in public hospitals. From 11-18 November 2019, riots occurred inside the premises of the Hong Kong Polytechnic University.

2. In the evening of 18th November 2019, rioters gathered in Yau Ma Tei area and tried to break through the police cordon and proceed to the Hong Kong Polytechnic University. Rioters hurled more than 250 petrol bombs towards the police officers.

3. 213 rioters were arrested. John was one of the arrested persons. At the time of his arrest, he put on black T-shirts with the slogan "Liberate Hong Kong, Revolution of Our Time"; a pair of black long pants; black scarf; a black respirator; a pair of black gloves and a black helmet. His gears and clothes fit in the common profile of rioters.

4. John was charged with the offence of rioting. He was concerned that the Physiotherapists Board would initiate disciplinary hearing against him in the event that he was convicted of the offence of rioting. He was not sure whether criminal conviction would have any impact on his practice as a physiotherapist. Under such circumstances, he consulted his Senior Physiotherapist, Mary who advised him that he should seek legal advice.

Code of Practice

5. The Physiotherapists Board has promulgated the Code of Practice for physiotherapists to observe and follow. The purpose of the Code is to provide guidance for conduct and relationships in carrying out the professional responsibilities consistent with the professional obligations of the profession.

6. A registered physiotherapist should observe the basic ethical principles outlined in Part I of the Code; understand the meaning of "unprofessional conduct" explained in Part II; and be aware of the conviction and forms of professional misconduct detailed in Part III which may lead to disciplinary proceedings.

7. A person who contravenes any part of the Code of Practice may be subject to inquiries held by the Board but the fact that any matters not mentioned in the Code, shall not preclude the Board from judging a person to have acted in an unprofessional or improper manner by reference to those matters.

Part II of the Code of Practice

8. According to Part II of the Code of Practice, a physiotherapist is guilty of "unprofessional conduct" when he, in the pursuit of his profession, does something or omit to do something, which in the opinion of his professional colleagues of good repute and competency, might be reasonably regarded as disgraceful or dishounourable."

Part III of the Code of Practice

9. According to Part III, any conviction in Hong Kong or elsewhere of any offence punishable with imprisonment will lead to subsequent disciplinary proceedings, irrespective of whether a prison term is imposed or not. A particularly serious view is likely to be taken if a physiotherapist is convicted of criminal deception (e.g. obtaining money or goods by false pretences), forgery, fraud, theft, indecent behaviour or assault in the course of his professional duties or against his patients or colleagues.

(Continued on Page 12)

Relevant case law

10. In the Disciplinary Inquiry against Dr. Cheung Ka Chai under Medical Registration Ordinance, the charge against the Defendant, Dr. Cheung Ka Chai, is:

> *"That he, being a registered medical practitioner, was convicted at the Fanling Magistrates' Courts on 6 October 2021 of the offence of taking part in unlawful assembly, which is an offence punishable with imprisonment, contrary to Section 18(1) and (3) of the Public Order Ordinance, Chapter 245, Laws of Hong Kong."*

11. There is no dispute that the Defendant, Dr. Cheung Ka Chai was convicted after trial by a Magistrate on 6th October 2021 and was sentenced to imprisonment for 1 year and 8 months. Dr. Cheung Ka Chai appealed against conviction but his appeal was dismissed by Mr. Justice Johnny Chan.

12. The said conviction was reported to the Medical Council.

13. The primary purpose of a disciplinary order is not to punish the Defendant a second time for the same criminal offence but to protect the public from persons who are unfit to practise medicine and to maintain the public confidence in the medical profession by upholding its high standards and good reputation.

14. There is no doubt that the Defendant has committed a serious criminal offence. The fact that the Defendant was convicted on appeal to immediate imprisonment for 14 months speaks for itself.

15. The focus of a disciplinary tribunal's attention in a case like the present has to be on the need to maintain public confidence in the medical profession.

16. When considering the appropriate sanction to be imposed on the Defendant, it is essential in our view to bear in mind the extent to whcih the underlying criminal offence is likely to undermine public confidence in the medical profession. Our sanction has to reflect the ethos and expectations of the community at large.

17. We have to balance the nature and gravity of the underlying criminal offence and the resulting damage to the public confidence in the medical profession against the need for imposition of sanction on the Defendant and its consequences.

18. The name of the Defendant be removed from the General Register for a period of 6 months. The removal order be suspended for a period of 6 months.

Discussions

19. According to Part III of the Code of Practice, any conviction in Hong Kong or elsewhere of any offence punishable with imprisonment will lead to subsequent disciplinary proceedings, irrespective of whether a prison term is imposed or not.

20. John was faced with the charge of rioting which was a serious offence when compared with the charge of unlawful assembly in the case of Dr. Cheung Ka Chai. In the event of conviction, it likely that John would be sent to prison for a term longer than Dr. Cheung Ka Chai. Depending on the mitigating factors, it likely that the sanction to be imposed by the Physiotherapists Board would not be lenient than the case of Dr. Cheung Ka Chai.

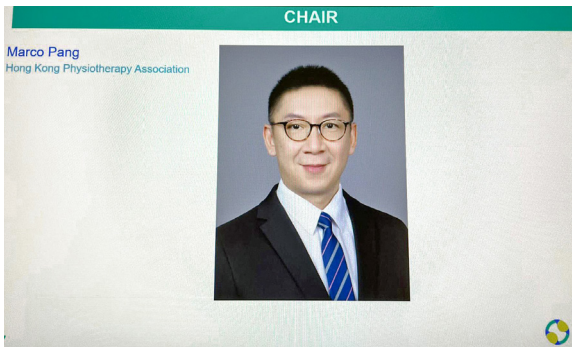
21. It's high time physiotherapists should stay away from being implicated in any criminal offence including but not limited to unlawful assembly and rioting.

World Physiotherapy Announcements

HKPA

Prof. Marco PANG was awarded the World Physiotherapy International Services Award in Research at the World Physiotherapy Congress 2023. The World Physiotherapy International Service Award in Research is a prestigious honour that is awarded only once every four years. Professor PANG stands out as one of the four exceptional physiotherapists from across the globe to receive this award in research. He is also the first physiotherapist from Hong Kong in history to receive this award.

Prof. Marco PANG was elected as the Chair of the World Physiotherapy Asia Western Pacific Region Executive Committee.



Mr. Kerry FUNG was elected as the President of the International Acupuncture Association of Physical Therapists under the World Physiotherapy.

Dr. Shirly NGAI was elected as the President of the International Confederation of Cardiorespiratory Physical Therapists (ICCrPT) under the World Physiotherapy. From left to right: Dr Shane PATMAN, Dr Brenda O'NEIL, and Dr. Shirley NGAI

(Continued on Page 14)

Mr. Alex WOO was elected as the Board Member of the International Society for Electrophysical Agents in Physical Therapy (IAEAPT) under the World Physiotherapy.

Dr. Billy SO was elected as the Secretary of the International Organisation of Aquatic Physical Therapists (IOAPT) under the World Physiotherapy

The Hong Kong Physiotherapy Association has become an official member organization of the International Organisation of Physical Therapy in Mental Health under World Physiotherapy.

(Continued on Page 15)

Local Announcement

HKPA

Prof. Marco PANG will be promoted to Chair Professor of the Department of Rehabilitation Sciences at The Hong Kong Polytechnic University on 1 July 2023.

Interview on Nordic Walking

Date : 6 April 2023

Physiotherapist : Prof. Marco PANG

Prof. PANG was interviewed by the Hong Kong Housing Society (Elderly Services) on the potential benefits of Nordic walking. An article titled "保養膝關節的新興運動：北歐式健步" was subsequently published in「房協長者通」(https://www.hkhselderly.com/)

RS 45th Anniversary 10th Elite Alumni Seminar

Date : 12 April 2023

Venue : Hotel

Physiotherapists : HKPA Executive Committee Members

A group of HKPA Executive Committee members attended the Department of Rehabilitation Sciences 45th Anniversary Celebration 10th Elite Alumni Seminar to support Prof. Margaret Mak. There were approximately 100 guests, alumni, staff and students attending the event.

Healthy Spine, Healthy Life

Date : 22 April 2023

Venue : The Hong Kong Polytechnic University

Speakers and Helpers : Ms. Olivia FAN, Ms. Mandy LUI, Mr. Jeffrey MAN, Dr. Joanne YIP, Mr. Alexander WOO and Physiotherapy Students from PolyU and CIHE

To celebrate the Hong Kong Physiotherapy Association (HKPA) 60th anniversary, HKPA collaborated with the School of Fashion and Textiles at The Hong Kong Polytechnic University to host a talk and 3 workshops for public regarding spinal health on 22 April 2023.

The content covered scoliosis, spinal care for housewives and office workers. More than 100 participants joined the event. Through interactive activities and demonstrations of practical skills in daily activities, the lecture and workshops were well received.

World Asthma Day 2023

Date : 29 April 2023

Organizer : The Hong Kong Asthma Society

Physiotherapists : Ms. Mandy MAK, Mr. Sam WAN, Mr. Eric LI, Mr. Alphonse CHAN, Mr. Gary POON, Ms. Joan IP, Ms. Kristy CHEUNG, Mr. Derek CHOW, Ms. Winnie LEE, Ms. Kiki CHU

HKPA was invited by the Hong Kong Asthma Society to demonstrate exercise in the "World Asthma Day 2023" on 29 Apr 2023.

Direct access forum

Date : 6 May 2023
Venue : Hong Kong Metropolitan University
Physiotherapist : Prof. Marco PANG

This forum was co-organized with the Hong Kong Physiotherapists' Union, with Mr. Jonathon KRUGER (CEO of World Physiotherapy) as the keynote speaker.

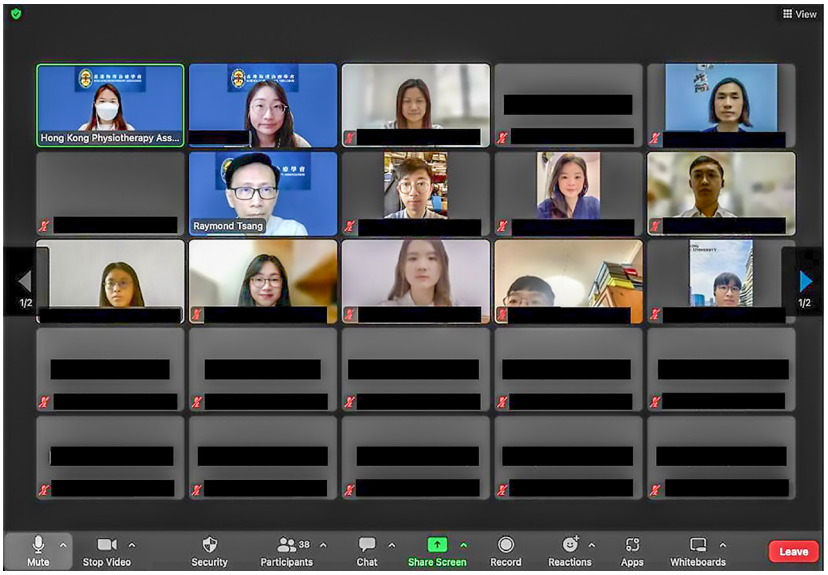
Interview Workshop 2023

Date : 7 May 2023
Time : 9:30-11:30am
Venue : Online platform
Physiotherapists : Mr. Raymond TSANG
(ex-Department Manager, Physiotherapy Department, Hospital Authority; Professor of Practice, Department of Rehabilitation Sciences, PolyU)

Ms. Yuk-Man NG
(Head of Allied Health & Head of Primary Healthcare, HKSR)

Mr. Gorman NGAI
(Private Practice)

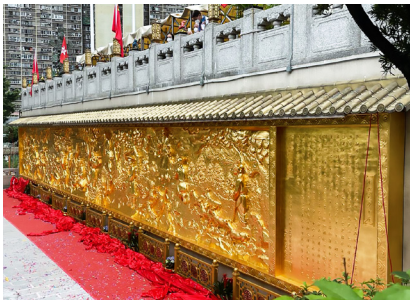
The workshop was organized by the HKPA for the senior physiotherapy students of the local four educational institutes to understand the tips for job interviews in the Hospital Authority, non-governmental organizations and private clinics. Mock interviews were conducted for participants to familiarize with the interview process.



Sik Sik Yuen New Landmark Ceremony

Date : 7 May 2023
Venue : Wong Tai Sin Temple, Sik Sik Yuen
Physiotherapist : Prof. Marco PANG

Prof. PANG was invited as one of the officiating guests for the captioned ceremony.




香港物理治療學會六十周年呈獻物理治療社區公開講座(四)
肌肉可增・衰老可防

Date : 22 May 2023
Time : 3:00pm - 4:45pm
Venue : Hong Kong Central Library
Speakers : Dr. Edward LEUNG
(medical specialist in geriatrics,
President of Hong Kong Association of Gerontology)
Ms. Polly LO
(Executive Committee member of Geriatrics Specialty Group, HKPA)
Mr. George WONG
(Project Director, Jockey Club Geriatric Rejuvenation Hub,
Long Term Care Division, HKSR)
Organizer : HKPA Geriatrics Specialty Group
Co-organizers : The Hong Kong Society for Rehabilitation,
Hong Kong Association of Gerontology,
Tung Wah Group of Hospitals, and Sik Sik Yuen

The three speakers gave a public lecture to over 100 attendees. The lecture was well received by the attendees.

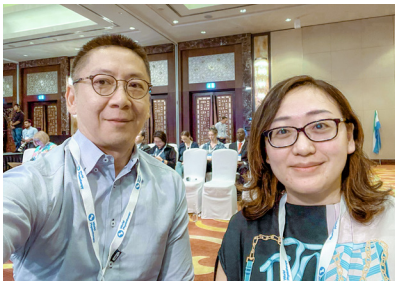
World Physiotherapy WCPT 20th General Meeting

Date : 30 - 31 May 2023

Venue : Dubai

Physiotherapists : Prof. Marco PANG and Dr. Shirley NGAI

Prof. PANG and Dr. NGAI attended the General Meeting on behalf of HKPA.



Disclaimer

All materials published in the Hong Kong Physiotherapy Association (HKPA) News Bulletin represent the opinions of the authors of the articles. The materials do not reflect the official views or policy of HKPA.

Product and course information are supplied by manufacturers and service providers. Product described and publication of an advertisement in HKPA News Bulletin should not be construed as having the endorsement of HKPA.

HKPA assumes no responsibility for any injury and / or damage to persons or property arising from any use or execution of any methods, treatments, therapy, instructions, and ideas contained in the News Bulletin. Due to the rapid advances in medicine and rehabilitation, independent judgment of diagnosis and treatment method should be made.

Correspondence of HKPA Executive Committee Members (2021-2023)

Post	Name of EC Members	Working Place	Contact Tel. No.	Email
President	Prof. PANG Marco Yiu Chung	The Hong Kong Polytechnic University	2766 7156	marco.pang@polyu.edu.hk
Vice President	Mr. TSANG Chi Chung, Raymond	The Hong Kong Polytechnic University	2766 6729	raycctsang@yahoo.com.hk
Honorary Secretary	Mr. WAN Sung, Sam	Physiotherapy Department, TMH	9234 2430	smallwan3340@yahoo.com.hk
Associate Secretary	Ms. POON Ka Wai, Sara	Private Practice	9291 9537	sarapkwsarapkw@gmail.com
Honorary Treasurer	Ms. SUEN Mei Yee, Anna Bella	The Hong Kong Polytechnic University	9360 9144	annabellasuen@yahoo.com.hk
Associate Treasurer	Mr. WONG Hin Wai, Will	Private Practice	6752 2921	willwong0129@gmail.com
International Affairs and Publications Subcommittee				
Chairperson	Dr. NGAI Pui Ching, Shirley	The Hong Kong Polytechnic University	2766 4801	shirley.ngai@polyu.edu.hk
Member	Dr. WONG Yu Lok, Arnold	The Hong Kong Polytechnic University	2766 6741	arnold.wong@polyu.edu.hk
Membership Subcommittee				
Chairperson	Dr. SO Chun Lung, Billy	The Hong Kong Polytechnic University	2766 4377	billy.so@polyu.edu.hk
Members	Dr. KWOK Wai Leung, Anthony	Tung Wah College	3468 6670	anthonykwok@twc.edu.hk
	Mr. NGAI Chi Wing, Gorman	Private Practice	9759 0823	gorman_hk@hotmail.com
Professional Development Subcommittee				
Chairperson	Ms. CHIU Pik Yin, Horsanna	Physiotherapy Department, UCH	5215 6455	horsanna.chiu@gmail.com
Members	Mr. MAN Chun Hei, Jeffrey	Physiotherapy Department, YCH	6995 7390	manjeffrey817@gmail.com
	Mr. CHAN Kin Tung, Francis	Hong Kong Sheng Kung Hui Welfare Council Limited (SKH)	3598 9192	ktchan@skhwc.org.hk
	Ms. IP Hiu Tung, Joan	Physiotherapy Department, TMH	5408 0824	joanipht@gmail.com
Promotion and Public Relations Subcommittee				
Chairperson	Mr. WOO Chuen Hau, Alexander	CUHK Medical Centre	9280 3532	alexanderchwoo@cuhkmc.hk
Members	Dr. SU Yuen Wang, Ivan	SAHK	3965 4026	ivan_syw@sahk1963.org.hk
	Ms. CHAN Yee Wa, Eva	Hong Kong Metropolitan University	3970 8728	eywchan@hkmu.edu.hk
	Ms. SZE Kai Tsit, Amanda	Private Practice	5165 4515	amandaszept@gmail.com
	Ms. PANG Charis Garland	Physiotherapy Department, KH	3129 7135	pangcharis06@gmail.com