



陳飛鵬醫生

**Dr. Gabriel Fai Pond Chan**

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## 記掛你的需要 以人為本醫者心

陳飛鵬醫生行醫三十餘年，一直沒有走別人趨之若鶩的坦途。他在香港醫科畢業，沒有選擇到大醫院工作；移民來加後又選了當時冷門的老人科；他在行醫以外，創立了各種醫護計劃和活動，勞心勞力。這一切都來自他怎樣看當醫生的意義——「當醫生不是用做什麼專科，或賺錢能力去定奪價值，而是在於他有否記掛病人的需要」。

陳飛鵬醫生為耆老病人成立了不少醫護計劃，令人明白健康不只單靠醫治，預防、教育、互助、關顧也不能缺少，對於社會上沉默的的弱勢社群——耆老病人更為重要。

### 學做關心病人的醫生

陳醫生自小已有當醫生的志向，因為外祖父和舅父都是醫生。但在香港唸中學時，他不像當年入醫學院的尖子一般埋頭苦讀，中六時他參加課外活動，身兼多個學會的職位，還要花時間運動，沒有什麼時間讀書，結果成績一般，至中七時才發力追上，但他仍然看重這段參與課外活動的日子：「我經常組織活動，搞宣傳，公開演講，做領隊，就在不知不覺間培養了協作能力，以後在醫院工作時很有用。」

陳飛鵬醫生82年香港大學醫學院畢業，畢業後沒有選擇到大醫院，或一些熱門專科如心臟科工作，因為自己的信仰，他

去了一所基督教醫院工作，在待遇上少了，但在醫學訓練上卻獲益良多。「這是人生的轉捩點，那裏的醫生都是基督徒，人人都帶着使命來工作，鞏固了我以後對工作的看法。」那些歲月縱然物質並不富裕，他和太太擠在醫院二百平方呎的小房間裏，但在醫院卻遇上好些影響一生的良師益友，都是後來在香港備受尊重的醫生。「在那裏病人有問題時，一班醫生會一起討論怎樣去搶救病人，很有團隊精神，我在那裏學懂怎樣做一個醫生，怎樣去關心病人。」陳醫生在五年後即升上高級醫生職位，並同時兼職教學工作。

### 看到年老病人的需要

90年陳飛鵬醫生與懷孕太太、兩個年幼兒子移民加拿大，他全國四處找工作，見了多個醫院總監，但始終找不到實習機會，也就不能申請加拿大的醫生執照，心裏充滿迷惘，壓力很大，那時他正在加西找工作，想不到這時卻接到多倫多的消息，有兩個實習崗位接受申請，最終陳醫生被其中之一的老人科錄取了。「有些時候人怎樣盡力也沒用，但機會來了卻是你意想不到的。」五年的實習期非常辛苦，經常要捱多晚通宵，陳醫生說這是人生的一個低點，但卻讓他看見投身老人科的意義。

老人科在九十年代初期是一個新的專科，並不熱門，收入也不高，醫生一天看不了幾個病人，陳飛鵬醫生說自己是個快手快腳的人，起初耐性不足，有時也習慣不了慢節拍的老病人，但他逐漸看到了病人的苦痛，在醫院急症室他見到不諳英

語的老人，徬徨無助，淒涼不已。親眼目睹過病人的困境，他的心中開始記掛這些人的需要。「人將醫學商業化，認為不同的專科有不同的賺錢能力。其實醫生幫助病人，是什麼專科並不重要，那只是一條途徑，我看重的是這班病人，那我就會怕悶，怕他們慢，這種想法幫助了我在老人科的成長。」

### 改革制度幫助更多人

實習完成後陳飛鵬醫生出任頤康中心老人專科服務總監，稍後再擔任北約克全科醫院（NYGH）老人科主任，由1997年服務至2015年。在當上行政職位後，陳醫生心裏想，怎樣能發揮最大的醫療效果：「我一個人看症看上十九年，一輩子也只能幫助十萬人，但如果能好好設計醫療制度，就可以幫助一百萬，甚至幾百萬的人。」於是他開始在在醫院裏推動各種計劃，例如NYGH的「預防骨折計劃」便是由他一手策劃，陳醫生在日常診症中遇到跌傷骨折的老人，發覺不少人在嚴重的骨折發生前，都有較輕微的骨折，於是他結合不同的醫院部門，將骨折的年老病人，自動轉介去檢查骨質，防止將來發生更嚴重的骨折問題。另外他又在NYGH老人科及頤康中心老人科推廣預防骨質鬆疏症的“POWER”計劃。

此外陳醫生又倡導成立「柏金遜症健康計劃」、「老人緊急醫護服務」、「醫院日間計劃」、「記憶力診所」、外展隊以及「老人諮詢服務」。另一方面，他又協助其他機構舉辦「慢性病自我管理計劃」；協助士嘉堡西乃山醫院設立保健中心，服務有精神問題的華裔病人。他更一手結合NYGH的的

老人醫科及老人精神科的服務，並協助醫院成立「中央分流」計劃。因着這種貢獻，陳醫生在2007年至2009年被安省政府「本地醫療整合網LHIN」任命為「老人專科服務委員會」的共同主席。2015年更協助製作一套有關老年人常見疾病的視頻，用來教育病人及社區。

陳飛鵬醫生坦言要成立這些計劃並不容易，特別是經費方面，他試過零下23度拍門找經費遭到拒絕。「很多計劃開始時，找經費都會失敗，但有這一份的熱情，只要嘗試去做，有時等一年，有時等兩年，經費最終就會來。」陳醫生有很多次這樣的經歷，像拍門失敗的組織第二年便為他們提供了經費。「團隊合作並不容易，當中要忍耐、磨合。磨的過程很辛苦，但沒有團隊合作，就不能成就更大的事，不能去服務更多人。」陳醫生認為能夠拉攏不同的團體合作，工作成效更強。

### 堅持目標苦難變祝福

陳飛鵬醫生相信服務有需要的人是醫生最大的使命，而這種看法有時甚至凌駕在自己的安危之上。2003年當SARS在多倫多爆發時，NYGH是重災區，有不少醫護人員受到感染，陳醫生也被召回醫院進入面臨疫症爆發的病房幫忙，回想當日他承認也有很大的掙扎，他在家裏土庫五小時，看聖經祈禱，最終毅然上陣，因為這是醫生的職責，「沒有消防員在大火前放下救火喉離開，醫生也是一樣。」陳醫生稍後在SARS血清學檢測證實為陽性，2004年他獲頒最高專業獎。

在醫治、行政工作外，陳醫生同時兼顧教學工作，指導過不少醫科生、護理師、實習醫生，他在多倫多大學醫學院擔任助理教授，學生評價他能將複雜的事情簡單具體地演譯出來，陳醫生也憑着清楚明白的講學，三次在NYGH北約克全科醫院被評選為「年度最佳老師」。「教學最重要是講得淺易、通透，不要用上艱深醫學術語，一定要令學生明白。」

如果說老人是弱勢社群，那移民老人更是弱勢中之弱勢，陳飛鵬醫生在老人科的護理中，看到華人耆老除了有語言的障礙，更看到不少因為文化差異而造成的誤差，例如評估老人認知能力的問卷，此外，許多移民耆老也有情緒問題，因為不適應新環境，害怕自己成為兒女的負累，陳醫生希望子女能夠多理解父母。

然而這些受苦的病人，卻正正是陳飛鵬醫生工作的最大動力。「這些病人觸動了我的“Compassion”（憐愛），因而產生“passion”（激情）去為他們做一點事，這些都是原動力，推行計劃會有很多困難，經費不足，團隊爭執，人有時會很泄氣，但如果看到自己的終極目標，那就能夠堅持下去，由此讓別人得到祝福。」陳飛鵬醫生腦海中還記得一個「甩牙」婆婆，她那燦爛的笑容就是他的最大鼓舞。未來陳飛鵬醫生渴望以不同活動去推廣一個「樂活社區」，讓有需要的人能在義工組織的網絡中得到關顧。



陳飛鵬醫生香港大學畢業照  
Graduation from the University of  
Hong Kong



與太太Roselia  
Dr. Chan and wife Roselia



獲頒Dr Morris Siu-Chong最高專業標準的護理  
服務獎，與家人合照  
Receiving the Morris Siu-Chong Award



診治病人中  
Gabriel seeing patient



陳飛鵬醫生和太太，以及兒子、媳婦、女兒及女婿的全家福  
Enjoy good time with children and in laws-- Michael And his wife, Dr Clara  
Tsu; Dr Timothy Chan and his wife Dr Lillian Lim; Dr Joanna Chan and  
her husband, Dr Charles Lim



北約克全科醫院獲頒區域老人科計劃的優異獎項  
North York General Hospital receiving excellence award from Regional Geriatric Program



日常工作中與頤康同事一起開會交流  
Working with Stephen Siu of Yee Hong Foundation



自頤康醫療中心成立，陳飛鵬醫生即服務於此，圖為他與護士Irene Fung及秘書Eva Lo合照  
Gabriel has served at Yee Hong Medical centre since inception of Yee Hong (with nurse Irene Fung, and secretary Eva Lo)



在多倫多大學接受老人科訓練  
Received Geriatric training at University of Toronto



出任恩雨之聲董事十年，獲頒嘉許狀  
Apprication Award from "Showers of Blessing"



## Dr. Gabriel Fai Pond Chan

*Dr. Gabriel Chan has been practising medicine for over thirty years. He has never taken the easy road. After graduating from medical school in Hong Kong, he immigrated to Canada, where he chose geriatrics, an uncommon specialty at that time. In addition to practising medicine, he worked hard to establish and develop medical programs and therapeutic activities to improve the quality of life for patients. Gabriel's tremendous effort stems from what being a doctor means to him -- "The value of a doctor is not measured by their specialty, or the level of income, but by how well the doctor takes care of patients' needs.."*

*For Gabriel, it has always been clear that health is not only based on medical treatment. Prevention, education, mutual assistance and daily care are also indispensable. For senior citizens, who form a more socially silent and vulnerable community, this kind of overall planning is especially important.*

Ever since he was a child, Gabriel wanted to be a doctor. Perhaps this was because his grandfather and uncle were both doctors trained in western medicine. However, when he was in high school in Hong Kong, Gabriel did not put the effort he later showed while attending medical school. In grade twelve, he spent most of his time on extracurricular activities, and was a member of several student organizations in addition to playing a lot of sports. He simply had no time to study and as a result his grades were only so-so. Only by thirteenth grade did he begin to take his studies seriously. However, he still regards this period of intense extracurricular activity as important in his personal development: "I often organized activities,

promoted events, made public speeches and took the role of team leader. I cultivated social and collaborative skills without knowing it. These team skills have been quite useful in health care and work within a hospital environment.”

Gabriel graduated from Faculty of Medicine of the University of Hong Kong in 1982. After graduating, he took a different path from many classmates who wanted to work in large hospitals or specialize in popular fields like cardiology. Because of his personal beliefs, Gabriel worked for United Christian Hospital, even though he would earn a lower income. This experience taught him a great deal in medical practice. Gabriel said, “This was the turning point in my life. The majority of doctors in the Department of Medicine were Christians. Everyone came to the job with a mission, which confirmed what practising medicine meant to me.” He lived very modestly with his wife, Roselia, in a two hundred square foot room in the hospital. There Gabriel found life-long friends and teachers who influenced him profoundly, including some doctors who later became widely known and well respected in Hong Kong. “Whenever there was a problem, a group of doctors would discuss how to help the patient. The effort was always team-oriented. I learned how to be a doctor and care for patients this way.” Gabriel rose to be a senior Medical Officer after five years and at the same time held a teaching position.

In 1990, Gabriel, his pregnant wife, and their two young boys, immigrated to Canada. Gabriel looked for work all over the country. He met many hospital directors, but did not receive any residency offers. Unable to work as a doctor in Canada, he felt despair. At that time, Gabriel was looking for a job in Western Canada. He was under great stress. Unexpectedly, two residency positions in

Toronto opened up for applications, and Gabriel was accepted as a resident in geriatrics. “Sometimes people try their best and fail. Then an opportunity arises when it’s totally unexpected.” The five-year residency was very hard and he often had to work through the night. Gabriel recalled that this was a low point in his life, but it gave him the opportunity to recognize the importance of the field of geriatrics, and shape his character.

In the early 1990s geriatrics was a new specialty. The field was not popular and paid little compared with other specialties. Doctors could only manage to see a few patients a day. Gabriel was used to a fast pace and initially had difficulty adapting to the unhurried ways of caring for his older patients. But as he gradually saw the sufferings of the elderly, Gabriel was moved. Once in the emergency room, he saw an old man who could not speak English, helpless and desolate. Gabriel witnessed the plight of this patient and remembered the needs of these vulnerable people. “Many people commercialize medicine and judge different specialties on their abilities to make money. In fact, which specialty is not important, it is only a means to help patients. If I value a patient, then I will not be bored at work, nor be upset that they are slow. This kind of thinking has helped me grow in geriatrics.”

After his residency, Gabriel served as the Director of Geriatric Services at Yee Hong Centre for Geriatric Care and later served as the Head of Geriatric Division at the North York General Hospital (NYGH) from 1997 to 2015. After assuming the administrative role, Gabriel reflected on how he could exert the greatest influence: “If I saw patients for nineteen years, I could perhaps help a hundred thousand people in my lifetime. But if I could design a better medical system, it would help a million or even millions of patients.”

So he began to promote and devise various programs in the hospital, such as NYGH's Fracture Prevention Program. During daily consultations, Gabriel realized that many elderly suffered from minor fractures before a severe fracture occurred. So he facilitated different hospital departments to work together to automatically refer elderly patients suffering minor fractures for followup to prevent more serious future fractures and falls.

In addition, Gabriel promoted the "POWER" program: Promoting Osteoporosis Wellness through Education, Research and Resources among NYGH, Yee Hong Centre for Geriatrics Care, and Baycrest Centre for Geriatric Care and Public Health. Gabriel also advocated for the establishment of programs such as Parkinson Wellness Program, Acute Care Unit for Elderly, Day Hospital Program, Memory Clinic, Outreach Team and Geriatric Consultation Services. On top of all that, he has assisted in developing a program called "Chronic Disease Self-management", and helped Mount Sinai Hospital to set up a Wellness Centre to serve Chinese patients with mental disorders. He also integrated NYGH's Geriatric Medicine with Geriatric Psychiatry Services and assisted the hospital in creating the Central Intake Triage program. Because of all these contributions, from 2007 to 2009, Gabriel was appointed Co-chair of Specialized Geriatric Services for Local Health Integration Network (LHIN) of the Ontario Government. In 2015, he helped raise funds and produced video clips on Geriatric Disorders to help educate patients and the community.

Gabriel admits that it is not easy to develop these comprehensive care programs, especially when it comes to funding. "A lot of plans will fail to get funding in the beginning. But with enthusiasm, even if you have to wait a year, even two years, eventually the funding

will come.” Gabriel has had many such experiences. He remembers going out one day in minus 23 degrees Celsius weather to solicit funding for a program and was turned down. But the following year, he received funding support for that program. “Teamwork is not easy. One must be patient and willing to compromise. The process of compromise is very hard, but without teamwork, you can’t achieve bigger things and can’t help more people.” Gabriel thinks if he can win over the support of different groups, he will be able to help more people effectively.

Gabriel believes that serving people in need is a doctor’s greatest mission and honour, and this view sometimes even overrides his own safety. When SARS broke out in Toronto in 2003, NYGH was hit hard. Many medical staff were infected. Gabriel was called to the hospital to help in the SARS outbreak. Thinking back, Gabriel admits that he struggled hard. He spent five hours in his basement praying and reading the Bible before finally deciding to go to the hospital to help. “Firefighters don’t put down the hose and leave when there’s a big fire, and doctors are the same,” said Gabriel. Later his serology was tested positive for SARS. In 2005, he was recognized with the Dr. Morris Siu-Cheong Memorial Award for his exemplary patient care and humanitarian work, the highest award at North York General Hospital.

In addition to practicing medicine and administration, Gabriel also teaches and provides guidance to many medical students, nurses, residents and health professionals. He is an assistant professor at the University of Toronto Department of Medicine. Students report that Gabriel can explain complex concepts in a simple and concrete manner. At NYGH he was selected three times as the “Teacher of

the Year” for his clear and thoughtful lectures. “The most important thing in teaching is to be simple and transparent. Don’t use complex medical terminology. Make sure that students understand.”

If the elderly are an at risk community, then elderly immigrants are even more at risk. In the field of geriatrics, Gabriel recognized that in addition to language barriers, Chinese immigrants also have many difficulties caused by cultural differences. For example, questionnaires assessing the cognitive abilities of the elderly can be confusing. Also, many immigrants have emotional problems because they do not adapt easily to their new environment. They fear that they will become a burden on their children. Gabriel highly appreciates their love for their children and hopes that the children of these elderly people will be understanding of their parents.

Love and relief of suffering for his patients are the biggest motivation for Dr. Gabriel Chan’s work. “These patients taught me to have compassion, so that I have the passion to help them. These are real motivating forces. There are many difficulties in implementing care programs. Funding is inadequate, teams have trouble working together, and people sometimes get discouraged. But if you see your goal, you can persevere and ultimately help others live better lives.” Gabriel remembers a grandmother who lost all her teeth. The image of her bright smile is etched in his mind and encourages him to move forward. In the future, Dr. Gabriel Chan hopes to use different activities to promote a ‘Happy Community’, allowing seniors with needs to get the care they need from volunteer organizations and to overcome big hurdles in their lives.