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Study of Health Systems in Kwun Tong: Preliminary Research Report No. III — Organizations and Attitudes of the Western-trained and the Traditional Chinese Personnel in an Industrial Community of Hong Kong

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STUDY OF HEALTH SYSTEMS IN KWUN TONG
Preliminary Research Report No. III
Organizations and Attitudes of the Western-trained and the Traditional Chinese Personnel in an Industrial Community of Hong Kong

By

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Chapter I

INTRODUCTION

1. General Background of the Study

This report represents one of our studies of the health systems in Kwun Tong, an industrial satellite town of Hong Kong. Its focus is on the differences between the modern Western and the traditional Chinese medical systems in terms of the organizational patterns of health units and of the attitudes of medical practitioners. This study was primarily funded by the Harvard-Yenching Institute and the Lottery Funds of Hong Kong Government, and was subsidized by the Chinese University of Hong Kong.

The research was carried out under the auspices of the Social Research Centre, the Chinese University of Hong Kong. Actual data collection was done in April and May 1972. In this report, we would like to present some results of the study. These results, however, should be considered preliminary as statistical analysis of the data has not yet been completed. Hence the data will be presented in a descriptive manner with a minimum of interpretation and comment. It is expected that a more elaborate and complex treatment of the data will be presented in subsequent reports.

A number of individuals have contributed to this study. For suggestions and assistance, I am particularly indebted to Mr. George Rowe (Director of Social Welfare Department, Hong Kong Government), Dr. Edward Paterson (Medical Director of the United Christian Hospital in Kwun Tong), Mr. Richard Blakney (Administrative Director of the United Christian Hospital), Dr. L.K. Ding (Vice-Chairman of the Board of Directors, the United Christian Hospital), Dr. Tommy Y.M. Tam (Private practitioner in Kwun Tong), and Dr. Ambrose King (Co-ordinator of the Kwun Tong Research Program, Social Research Centre). I

would also like to acknowledge the assistance from staffs of the Social Research Centre and from sociology students at the Chinese University of Hong Kong. Finally it should be mentioned that Miss Grace Y.K. Chiu and Miss Iris Wan, research assistants of mine, have made substantial contributions to the planning and implementation of this study.

2. Objectives

Because of the forces of modernization, Western-scientific medicine has played an important role in the medical sector of most Chinese societies since the beginning of the 20th Century. However the traditional Chinese medicine which was developed thousands of years ago is still persisting. In most Chinese societies of today, the practice of traditional medicine is no less prevalent than that of Western medicine. For example, according to the survey conducted by the Hong Kong Medical Association, there were about 4,506 traditional Chinese medical practitioners in Hong Kong in 1969. This number is about twice as much as the number of Western-trained doctors in Hong Kong.

Since the modern Western and the traditional Chinese medical systems are coexisting in most Chinese societies, it is then of interest to ask: How are these two systems different from, or similar to, each other? And how are they interrelated in the process of providing medical and health services to people? These are the major questions underlying the present study.

Every health system has two important components; they are the medical givers (i.e., health units and medical personnel) and the medical receivers (i.e., patients or the public). To delimit its scope, the present study examines the above questions by focusing its attention on two major aspects of the medical givers: (1) the organizational characteristics of health units, and (2) the attitudes of medical practitioners. The geographical

setting for the study is the community of Kwun Tong, located in the east coast of Kowloon Peninsula, Hong Kong.[1] This industrial-residential community has been rapidly developing over the last two decades. Almost all the residents there are Chinese. Like most Chinese societies, both the Western and the Chinese medical practices are widespread there.

There are many kinds of Western medical services in Kwun Tong. For instance there are general out-patient services, specialist services, dental care clinics, rehabilitation centres, maternity homes, and medical laboratories. The general out-patient services should occupy a central position in the Western medical system, since they are usually the first point of contact for most patients. The present study therefore only includes those Western health units which provide general out-patient care in the community.

Traditional Chinese medical services can be grouped into three types: herbalists (i.e., those who specialize in internal medicine), bone-setters, and acupuncturists. It is our impression that herbalists have played a more important role than other types of Chinese medical practitioners in Hong Kong. Their services have been widely utilized by the local residents. Furthermore the nature of herbalist services is more similar to the Western general out-patient services than are bone-setter and acupuncturist services. The present study therefore includes only the herbalists in Kwun Tong, and not the bone-setters and the acupuncturists.

In short, the specific objective of the present study is two-fold: (1) to compare the Western general out-patient health units and the Chinese herbalist units in terms of the organizational structures and operations, and

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[1] For a definition of the boundary of Kwun Tong and its administrative sub-districts, see Appendix A.

(2) to evaluate the attitudes of the Western-trained general physicians and the Chinese herbalists in the community of Hong Kong.

3. Method of Procedure

This is primarily a questionnaire survey type of study. In September 1971, we conducted an enumeration survey of all the medical and health units in Kwun Tong. We then found a total number of 109 Chinese herbalist offices and 65 Western general out-patient units.[2] These health units became the sample list for the present study. One medical practitioner (i.e., herbalist or general physician) of each health unit is then selected to be our respondent. Hence, in the case that a health unit has two or more medical practitioners, one of them would be randomly chosen. As a result, a sample of 105 herbalists (or herbalist offices) and 60 Western-trained physicians (or Western out-patient units) was obtained for the present research.

In early 1972, we developed two questionnaires: one for the Western-trained physicians, and another for the Chinese herbalists. The items in these two questionnaires are worded in Chinese, and are mostly close-ended. We have consulted several medical professionals who are familiar with the medical and health services in Kwun Tong in developing the questionnaire items. In particular, we have benefited from the suggestions by Dr. Edward Paterson, Mr. Richard Blakney, Dr. L.K. Ding and Dr. Tommy Y.M. Tam.

Actual data collection was carried out in April and May 1972. Since most medical practitioners are busy, we decided to mail questionnaires to them. A covering letter was attached, which briefly stated the purpose of the study and specified the data in which our student fieldworkers would visit the health unit and collect the questionnaire.

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[2] We also found that 111 herbalists and 92 Western-trained physicians were working in these health units.

In a few days (mostly 5 to 7 days) after the questionnaires were mailed out, our fieldworkers started to get them back. If a particular respondent did not fill out the questionnaire, he would be given two alternatives: (1) to be interviewed by the fieldworker, or (2) to make an appoint-ment for a re-visit.

Of the 60 questionnaires mailed to Western-trained physicians, 43 were completed. 90.7% of these completed questionnaires were administered by the respondents themselves and 9.3% were filled out by our fieldworkers after interviewing. Among the 17 missing questionnaires, 70% were due to rejection by respondents, and 30% were due to the moving of the health units to other places.

Of the 105 questionnaires mailed to herbalists, 52 were completed. 67.3% of these returned questionnaires were filled out by the respondents and 32.7% were by our fieldworkers after interviewing. With regard to the 53 missing cases, 32% were due to the rejection by respondents and 68% were due to the closing of business or the moving to other places.

Apparently the return rate from Western-trained physicians (71.6%) was greater than that from Chinese herbalists (49.5%). Western-trained physicians, however, were more likely than herbalists to reject the study. The lower return rate from herbalists was primarily due to their high mobility. As indicated a number of herbalists had closed business or moved to other districts during the period from September 1971 (our enumeration survey) to May 1972 (our questionnaire survey).

4. Organization of the Data

The data from the 43 questionnaires completed by Western-trained physicians and the 52 questionnaires completed by herbalists are presented in this report. The data presentation is organized in terms of four major topics as follows:

(1) Ecological background of the health units, including the location, housing types, district of origin, and duration of establishment.

(2) Internal structures and operations of the health units, including the staffing, ownership, medical consultation time and fees, services to patients, future plans, and major problems.

(3) Inter-organizational connections, including the joint services, patient referrals, financial subsidies, relationships with medical colleagues, ties to community elites, and information flow.

(4) Health attitudes of medical practitioners, including job-satisfaction, evaluation of environmental health, participation in health conferences, hospital care, and evaluation of Chinese medicine in comparison with Western medicine.

Cross-tabulation tables are used to show the differences between the Western and the Chinese health units, or between the Western-trained physicians and the Chinese herbalists. To summarize the table information, we have used Goodman and Kruskal's tau.[3] It is a "directional" measure of association between qualitative variables. Its value ranges from 0 to 1, and can be interpreted as the relative reduction in prediction error. It should

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[3] See Goodman, Leo and William H. Kruskal (1954), "Measures of association for cross classification", Journal of the American Statistical Association, 49: 732 - 763.

be noted that since this study is not dealing with a probability sample, no statistical test of significance will be performed.

For the sake of parsimony, some terms in this report will be abbreviated as follows:

1. The Western health units which provide general out-patient care will be referred to as "Western units".
2. Chinese herbalist units will be referred to as "Chinese units".
3. Western-trained general physicians will be referred to as "physicians".
4. Chinese herbalists will be referred to as "herbalists".
5. The term "medical practitioners" implies both physicians and herbalists.

Chapter II

ECOLOGICAL BACKGROUND OF HEALTH UNITS

1. Present Location

The district of Kwun Tong, for the purpose of our analysis, is divided into three main regions - the Northern, the Central and the Southern parts. The Northern region includes Ping Shek, Ngau Tau Kok, Jordan Valley, and Kowloon Bay; the Central includes Kwun Tong Town and Kwun Tong Resettlement Estate; and the Southern part includes Sau Mau Ping, Lam Tin, Yau Tong, Cha Kwo Ling and Lyemun (See Appendix A).

The distributions of the Chinese and the Western health units are as follows:

	Western		Chinese	
Regional Location	%	N	%	N
Northern	25.6	11	28.9	15
Central	46.5	20	36.5	19
Southern	27.9	12	34.6	18
Total	100.0	43	100.0	52

Tau = .02

Most Western units are concentrated in the Central region, which is the commerical and industrial centre of Kwun Tong. Relatively Chinese units are more evenly distributed than Western units in the three regions. However, the tau value (.02) indicates that there exists a very small difference between the two types of health units with respect to their spatial distributions.

2. Housing Types

The following table shows the distribution of health units among the different types of housing in Kwun Tong:

	Western		Chinese	
Housing Type	%	N	%	N
Resettlement-Estates	34.9	15	80.7	42
Low Cost Housing	14.0	6	0	0
Private Apartment Buildings	32.5	14	19.3	10
Non-residential Buildings	18.6	8	0	0
Total	100.0	43	100.0	52

Tau = .59

The tau value (.59) obviously suggests a significant difference between the Western and the Chinese units. About two-third of the Western units are located either in resettlement estates or in private apartment buildings, while about 80% of the Chinese units are concentrated in resettlement estates.

3. District of Origin

Knowing where the health units are originated in, we may have a picture of the mobility patterns of the existing health units in Kwun Tong. There exist three major patterns: (1) originated in Kwun Tong, (2) being a branch office of a health unit which is originated in other districts at an earlier point in time, and (3) in-moved from other districts. Our findings

are presented in the table as below:

	Western		Chinese	
District of Origin	%	N	%	N
Originated in Kwun Tong	51.2	22	55.6	25
Being Branch Offices	30.2	13	0	0
In-moved	18.6	8	44.4	20
Total	100.0	43	100.0	45

Tau = .07

Most health units, both the Western and the Chinese, are originated in Kwun Tong. However, Western units are more likely than Chinese units to be branch offices, but less likely to be in-moved from other districts. Nevertheless, the tau value (.07) indicates that the difference is small.

4. Duration (years) of Establishment

The health units in Kwun Tong may be established at different times and would then have differential duration in the community. Our findings are shown in the following table:

	Western		Chinese	
Duration of Establishment	%	N	%	N
5 years or less	53.6	22	55.0	27
5 to 10 years	34.2	14	22.5	11
Over 10 years	12.2	5	22.5	11
Total.	100.0	41	100.0	49

Tau = .01

Both the Western and the Chinese units are most likely to be established in Kwun Tong during the last 5 years. The average durations of these two types of health units are also similar. It is 5.1 years among Western units and 5.2 years among Chinese. The small value of tau (.01) also shows that the Western and the Chinese units in Kwun Tong are very similar with respect to the duration of establishment.

Chapter III

INTERNAL STRUCTURES AND OPERATIONS OF HEALTH UNITS

1. Total Number of Personnel

How many workers are there in the health units studied? The findings are presented as follows:

	Western		Chinese	
No. of Persons	%	N	%	N
1	2.3	1	79.6	39
2	4.7	2	18.4	9
3	25.6	11	2.0	1
4	16.3	7	0	0
5	23.3	10	0	0
6	9.3	4	0	0
7 & over	18.6	8	0	0
Total	100.0	43	100.0	49

Tau = .27

Most Chinese units have only one person, while Western units are likely to have 3 to 5 persons. The average number of personnel among Western units is 4.8 persons, but that among Chinese units is 1.8. Apparently Western units tend to have a larger size than Chinese units. The tau value (.27) also indicates a substantial difference between Western and Chinese units with respect to the total number of personnel.

2. Number of Medical Practitioners

The numbers of medical practitioners in the Western and the Chinese units are presented in the table as below:

No. of medical practitioners	Western		Chinese	
	%	N	%	N
1	78.5	33	97.9	47
2	14.3	6	2.1	1
3	4.8	2	0	0
9	2.4	1	0	0
Total	100.0	42	100.0	48

Tau = .07

Most health units, both Western and Chinese, have one medical practitioner. Relatively the Western units are somewhat more likely than the Chinese units to have two or more practitioners. The average number of practitioners among Western units is 1.4, while that among Chinese units is 1.02. The value of tau (.07) also shows that the Western and the Chinese units are slightly different in terms of the number of medical practitio ers.

3. Medical Practitioners: Years of Medical Practice in Hong Kong

The following table presents the findings concerning the number of years the Western-trained physicians and the Chinese herbalists under study have practiced in Hong Kong:

Years of Practice in Hong Kong	Physicians %	Physicians N	Herbalists %	Herbalists N
Less than 3 years	4.9	2	7.8	4
3 - 5	10.0	4	21.6	11
6 - 10	46.3	19	27.5	14
11 - 15	24.9	10	15.7	8
16 - 20	14.6	6	27.5	14
Total	100.0	41	100.0	51

Tau = .02

Most physicians have practiced in Hong Kong for 6 to 10 years, while most herbalists for 6 to 10 years and 16 to 20 years. The average duration of medical practice among physicians is 10.1 years, while that among herbalists is 10.4 years. Furthermore, the tau value (.02) is small. Hence, generally there is no significant difference between physicians and herbalists with respect to the duration of practice in Hong Kong.

4. The Ownership of Accommodation

The accommodation of a health unit may be (1) owned by the medical practitioners themselves, (2) contributed or donated by other agencies or individuals, or (3) rented. The patterns of accommodation ownership among the health units studied are presented in the following table:

Ownership of Accommodation	Western %	Western N	Chinese %	Chinese N
Self-owned	20.9	9	11.8	6
Donated	32.5	14	0	0
Rented	46.5	20	88.2	45
Total	100.0	43	100.0	51

Tau = .15

Both Chinese and Western units are likely to rent their accommodation. Relatively, however, Chinese units are more likely than Western units to rent the accommodations, but less likely to own and to receive contributions. Hence the Western units are generally in better positions than the Chinese units with regard to the ownership of accommodations. The tau value (.15) also reflects the existence of this differential pattern.

5. Number of Service hours per week

How many hours per week does each health unit provide for medical consultations? The findings are presented in the following table:

Hours per week	Western %	Western N	Chinese %	Chinese N
10 or less	4.7	2	6.5	3
11 - 20	9.3	4	2.2	1
21 - 30	23.3	10	4.4	2
31 - 40	32.6	14	10.9	5
41 or over	30.2	13	76.1	35
Total	100.0	43	100.0	46

Tau = .12

In general the Chinese units have a greater number of service hours than the Western units. On the average, the Western units provide 31.8 hours per week, whereas the Chinese units provide 37.2 hours. The tau value (.12) also indicates that the two types of health units are different in terms of the number of service hours per week.

6. Duration for Each Patient Contact

Generally how much time does a medical practitioner spend for each patient contact? Our findings are shown as below:

	Physicians		Herbalists	
Minutes per Consultation	%	N	%	N
5 or less	45.2	19	17.0	8
6 - 10	30.9	13	19.2	9
11 - 15	16.7	7	21.3	10
Over 15	7.1	3	42.6	20
Total	100.0	42	100.0	47

Tau = .13

Most physicians spend 5 minutes or less, while most herbalists spend more than 15 minutes. The average duration among all physicians is about 8 minutes, while that among all herbalists is 11.5 minutes. Obviously herbalists in general spend more time for each patient contact than physicians do. The tau value (.13) also indicates that there exists a difference between physicians and herbalists with respect to the duration for each patient contact.

7. Number of Patient Contacts per week

How many patient contacts does each health unit generally have per week? The following table presents our findings:

Patient Contacts Per Week	Western		Chinese	
	%	N	%	N
50 or Less	5.1	2	41.9	18
51 - 100	23.1	9	37.2	16
101 - 300	38.5	15	18.6	8
301 or Over	33.3	13	2.3	1
Total	100.0	39	100.0	43

Tau = .18

Most Western units generally have over 100 patient contacts per week, whereas most Chinese units have 100 contacts or less. The average number of contacts among all Western units is about 243.4 per week, while that among all Chinese units is 100.2 per week. Apparently Western units generally have more patient contacts than Chinese units. The tau value (.18) also shows that the two types of health units are different with respect to the number of patient contacts per week.

8. Time (Within a Day) to Have the Maximum Number of Patient Contacts

The number of patient contacts in a health unit may vary within a day. At what time of a day do most health units have the largest number of patient contacts? The findings are tabulated in the following table:

	Western		Chinese	
Time	%	N	%	N
Morning	70.7	29	48.1	25
Afternoon	0	0	11.5	6
Evening/Night	29.3	12	17.3	9
Undecided	0	0	20.1	12
Total	100.0	41	100.0	52

Tau = .01

Most health units, both Chinese and Western, are likely to have the largest number of contacts in the morning. Next come consultation in the evening or at night. The tau value (.01) shows that the Chinese and the Western units have very little difference with respect to the number of patient contacts.

9. Increase in the Number of Patients

Ever since the establishment of a health unit in Kwun Tong, the number of patients may or may not be increasing. It may also be fluctuating over time. Then, how do the numbers of patients change over time among most of the health units in Kwun Tong? Our findings are as below:

	Western		Chinese	
Patient Patterns	%	N	%	N
Increase	54.8	24	39.2	20
No increase	11.6	5	9.8	5
Fluctuating	32.6	14	51.0	26
Total	100.0	45	100.0	51

Tau = .03

Most Western units have had an increase of patients since their establishments, whereas most Chinese units have had a fluctuating change. Both of them are unlikely to have no increase. Relatively it seems that Western units are generally better off than Chinese units in terms of changes in the number of patients. Nevertheless, the value of tau (.03) suggests that the difference is small.

10. Medical Consultation Fee

Generally how much do medical practitioners charge for each medical [illegible]ne findings are presented as below:

	Physicians		Herbalists	
Charges per C[illegible]ultation	%	N	%	N
2 dollars or less	7.3	3	24.0	12
3 - 4	51.2	21	42.0	21
5 - 6	24.4	10	20.0	10
7 - 8	12.2	5	0	0
9 and over	4.9	2	14.0	7
Total	100.0	41	100.0	50

Tau = .02

Most physicians tend to charge 3 to 6 Hong Kong dollars, while most herbalists tend to charge 4 dollars or less for each consultation. The average charge among all physicians is about 4.9 dollars, and that among all herbalists is 4.2 dollars. Hence, in general, it is somewhat more expensive to consult physicians than herbalists. However, the tau value (.02) indicates that in general the difference is small.

11. Discussion with Patients on Treatment Process

In order to impart medical knowledge to patients and also to generate cooperation from them, it seems important for a medical practitioner to discuss with patients on the treatment procedures. To what extent do the practitioners under study feel that they should or should not discuss with patients on the treatment procedures? The responses are as follows:

	Physicians		Herbalists	
Discussion with Patients	%	N	%	N
Definitely Should	25.6	11	35.3	18
Should	46.5	20	43.1	22
Should Not/Undecided	27.9	12	21.5	11
Total	100.0	43	100.0	51

Tau = .01

Most practitioners, both physicians and herbalists, feel that they should. In general, herbalists are somewhat more willing than physicians to discuss with patients. However, the tau value (.01) shows that the difference is very small.

12. Advice on the Use of Contraceptives

The Family Planning Association has played a major role in the promotion of family planning in Hong Kong. However, it is felt that medical practitioners may also have had an important contribution. How often have the physicians and herbalists in Kwun Tong introduced contraceptive measures to patients? Our findings are shown in the following table:

Frequency of Advice on Using Contraceptives	Physicians %	Physicians N	Herbalists %	Herbalists N
Often	33.3	14	46.9	23
Occasionally	59.5	25	51.1	25
No	7.1	3	2.0	1
Total	100.0	43	100.0	49

Tau = .01

With the exception of a few, all physicians and herbalists either often or occasionally do so. More important is that about one-third of the physicians and almost one half of the herbalists have often introduced contraceptive measures to patients. Relatively herbalists are somewhat more likely than physicians to do so, but the tau value (.01) shows that the difference is very small.

13. Problems

What kinds of problems are the health units in Kwun Tong confronted with? Since the Western and the Chinese units would have different kinds of problems, we asked different questions. The Western units are examined in terms of these issues: (1) shortage of diagnostic facilities, (2) too much workload for the physicians, (3) shortage of space, (4) too much turnover of nursing staff, (5) shortage of supporting staff, and (6) lack of cooperation among personnel. The proportions of physicians who identify a particular item as a very or fairly serious problem in their health units are presented as follows:

Problems	Degree of Seriousness (very or fairly serious)
(1) Shortage of diagnostic facilities	20.0%
(2) Too much workload for physicians	12.5%
(3) Shortage of space	12.5%
(4) Too much turnover of nursing staff	12.5%
(5) Shortage of supporting staff	7.5%
(6) Lack of cooperation among personnel	5.0%

Obviously most physicians do not feel that these are serious problems in their health units. Relatively they are likely to identify the shortage of diagnostic facilities as a very or fairly serious problem. Next come the heavy workload for physicians, lack of space, and turnover of nursing staff.

The Chinese units are examined according to these issues: (1) too much workload for herbalists, (2) shortage of space, (3) shortage of supporting staff, and (4) Chinese medical herbs in Hong Kong are too expensive. The proportions of herbalists who identify a particular item as a very or fairly serious problem in their health units are shown as below:

Problems	Degree of Seriousness (very or fairly serious)
(1) Too much workload for herbalists	18.4%
(2) Shortage of space	36.0%
(3) Shortage of supporting staff	10.1%
(4) Chinese medical herbs are too expensive	74.0%

Obviously most herbalists have been confronted with the problem of the uprising cost of Chinese medical herbs. Next comes the problem of the shortage of space.

The cost of medical herbs has in fact been a serious problem. It is our impression that it is a major factor that prevents a number of Chinese residents from consulting the Chinese herbalists.

14. Plan for Expansion

Do the existing health units plan to expand their services in the coming three years? Our findings are as below:

	Western		Chinese	
Plan for Expansion	%	N	%	N
Yes	17.5	7	10.0	5
No	82.5	33	90.0	45
Total	100.0	40	100.0	50

Tau = .01

Most health units, both Western and Chinese, do not plan to expand their services. Relatively Western units are more likely than Chinese units to have such plans. However, as indicated by the tau value (.01), the difference is very small.

Chapter IV

INTER-ORGANIZATIONAL CONNECTIONS

1. Affiliated Health Units

The owner or sponsor of a particular health unit in Kwun Tong may run other units inside or outside Kwun Tong. Having the same owner or sponsor, these units are then affiliated or tied to each other. How many of the health units studied have affiliated health units? The findings are shown as below:

	Western		Chinese	
Have Affiliated Units	%	N	%	N
Yes	39.5	17	9.6	5
No	60.5	26	90.4	47
Total	100.0	43	100.0	52

Tau = .12

About thirty percent of the Western units have affiliated ones, while about ten percent of the Chinese units have affiliated ones. Hence Western units are more likely than Chinese units to be affiliated to other health units. The difference between these two types of health units is also confirmed by the value of tau (.12).

2. Joint Appointments of Medical Practitioners

In order to maximize the number of patient contacts, a medical practitioner may work in two or more health units. How many of the medical practitioners in Kwun Tong have joint appointments (i.e., working in two or more health units)? The findings are presented in the table as below:

	Western		Chinese	
Joint Appointments	%	N	%	N
Yes	48.8	20	8.0	4
No	51.2	21	92.0	46
Total	100.0	41	100.0	50

Tau = .21

Almost one-half of the Western-trained physicians have joint appointments, while less than 10 percent of the herbalists are so. Apparently physicians are much more likely than herbalists to work in more than one unit. The tau value (.21) also indicates a substantial difference between physicians and herbalists.

3. Patient Referrals

The referral of patients represents an important kind of inter-organizational connections within the medical professional community. Have the medical practitioners in Kwun Tong ever referred patients to other professional colleagues? The following table shows the numbers and the proportions of physicians and of herbalists who have made referrals to a particular kind of medical professionals:

Referrals to:	Physicians %	N
(1) Specialists in Kwun Tong	9.3	4
(2) Specialists outside Kwun Tong	44.2	19
(3) X-ray clinics in Kwun Tong	51.2	22
(4) Laboratories in Kwun Tong	51.2	22
(5) Laboratories outside Kwun Tong	44.2	19
(6) Herbalists in Kwun Tong (including bone-setters, and acupuncturists)	2.3	1
(7) Herbalists outside Kwun Tong	2.3	1
(8) Hospitals	83.7	36

Referrals to:	Herbalists %	N
(1) Other herbalists in Kwun Tong	11.5	6
(2) Herbalists outside Kwun Tong	13.5	7
(3) Bone-setters	25.0	13
(4) Acupuncturists	13.5	7
(5) Herbalists specialized in skin diseases	17.3	9
(6) General Western-trained physicians	23.1	12
(7) Specialist Western-trained physicians	23.1	12
(8) Hospitals	67.3	34

Several points are noted. First, most physicians and herbalists have made referrals to hospitals. Relatively, physicians are more likely than herbalists to make such referrals.

Second, besides the hospitals, physicians are also likely to refer patients to X-ray clinics in Kwun Tong, medical laboratories inside and outside Kwun Tong, and specialists outside Kwun Tong. It is noted that they are unlikely to refer patients to the specialists inside Kwun Tong, which may be due to the unavailability of specialists there.

Third, herbalists are unlikely to make referrals to other Chinese medical colleagues. Relatively they are most likely to refer patients to bone-setters.

Fourth, in general, it is more likely for the herbalists to refer patient to Western-trained doctors, than the other way round. It is noted that herbalists are even more likely to make referrals to Western-trained physicians than to make referrals to other herbalists; while almost none of the physicians has made referrals to herbalists. Hence the referral linkages between the Chinese and the Western medical systems seem to be asymmetrical. It is more likely to be from herbalists to physicians than from physicians to herbalists.

Fifth, if we concentrate on the frequency of intra-system referrals, we would find from the table that the frequency is higher among physicians than among herbalists. It suggests that the inter-organizational ties within the Western medical community are stronger than that within the Chinese medical community.

4. Financial Subsidy

Our analysis of the ownership of accommodation has indicated that Western units are more likely than private units to receive the contributions or donations of accommodations from individuals or community agencies. It indicates that in general Western units can receive a greater amount of

community support than Chinese units can. Another kind of support from the community would be the financial subsidies. The following table shows the proportions of health units which have or have not received financial subsidies from individuals or community agencies:

External Financial Supports	Western		Chinese	
	%	N	%	N
Yes	18.6	8	2.0	1
No	81.4	35	98.0	50
Total	100.0	43	100.0	51

Tau = .08

Most health units, both Chinese and Western, have not received any financial subsidy. Relatively Western units are more likely than Chinese units to get such financial support. Nevertheless, as indicated by the tau value (.08). the difference between Chinese and Western units is small with respect to the receipt of financial subsidy.

5. Membership in Professional Associations

There are many medical professional associations in Hong Kong. How many medical practitioners in Kwun Tong are members of these professional associations? The findings are shown in the following table:

Membership in Professional Associations	Physicians		Herbalists	
	%	N	%	N
Yes	65.9	27	59.6	31
No	34.2	14	40.4	21
Total	100.0	41	100.0	52

Tau = .004

Most of the physicians and the herbalists under study have memberships in some medical professional associations in Hong Kong. Western-trained physicians are more likely than Chinese herbalists to have such memberships. Nevertheless, the percentages, together with the tau value (.004) show that the difference is very small.

6. Friendship connections with Medical Colleagues

How often do the medical practitioners in Kwun Tong maintain friend-ship connections or social contacts with their medical colleagues? The findings are tabulated in the following tables:

	Physicians		Herbalists	
	%	N	%	N
With Physicians inside Kwun Tong				
Often & Occasional	40.5	17	9.8	5
Seldom	59.5	25	90.2	46
Total	100.0	42	100.0	51

(Tau = .13)

With Herbalists inside Kwun Tong				
Often & Occasional	9.8	4	46.2	24
Seldom	90.2	37	53.8	28
Total	100.0	41	100.0	52

(Tau = .16)

	Physicians		Herbalists	
	%	N	%	N
With Physicians outside Kwun Tong				
Often & Occasional	76.2	32	25.2	13
Seldom	23.8	10	74.5	38
Total	100.0	42	100.0	51

(Tau = .25)

With Herbalists outside Kwun Tong				
Often & Occasional	11.9	5	67.3	35
Seldom	88.1	37	32.7	17
Total	100.0	42	100.0	52

(Tau = .31)

The tau values (.13, .16, .25, .31) indicate that the physicians and the herbalists under study are quite different from each other in terms of their friendship connections with their Western-trained and traditional Chinese medical colleagues inside and outside Kwun Tong. In general, physicians are much more likely to maintain friendship connections with their Western-trained colleagues than with the Chinese herbalists. Similarly, herbalists are more likely to be with their Chinese medical colleagues than with Western-trained physicians. Hence the friendship interactions among medical professionals tend to be more frequent within a medical system than between systems.

According to the friendship connections among medical professionals, which one of the two systems (Chinese, Western) is relatively more cohesive? The tables show that of the physicians studied, 40.5% often or occasionally maintain friendship connections with physicians inside Kwun Tong, and 76.2% with those outside; and that of the Chinese herbalists, 46.2% with herbalists inside Kwun Tong, and 67.3% with those outside. Apparently the friendship cohesiveness among Western-trained physicians and among Chinese herbalists are equally strong.

The aforementioned statistics also suggest that both physicians and herbalists tend to interact more frequently with their professional colleagues (including both physicians and herbalists) outside Kwun Tong than with those inside. We hence see that the medical professional network in Kwun Tong may not be an integrated and self-contained entity. Medical practitioners tend to be outside-oriented than inside-oriented.

7. Social Contacts with Community Elites

Elites are important segments of a community. They usually influence the ways the community resources are utilized. The operation of a unit may be enhanced if its practitioners are tied to the elites of the community. Then, to what extent do the physicians and the herbalists under study maintain social contacts with the elites in Kwun Tong, such as the higher government officials and the civic leaders? The findings are presented as follows:

Frequency of Social Contacts with Community Elites	Physicians		Herbalists	
	%	N	%	N
Often & Occasional	14.3	6	19.6	10
Seldom	85.7	36	80.4	41
Total	100.0	42	100.0	51

Tau = .005

Both physicians and herbalists are unlikely to have contacts with community elites. The tau value (.005) shows that physicians and herbalists differ very little in this respect.

8. Information from Other Agencies in Hong Kong

The functioning of a health unit is in need of the information about the health needs and resources in the community. The input of information to a health unit, hence, represents one important kind of support from the community. Then, do the health units in Kwun Tong regularly receive reports and publications from other health and social service agencies in Hong Kong? Our findings are presented in the following table:

Receiving Publications or Reports	Western		Chinese	
	%	N	%	N
Yes	28.6	12	9.6	5
No	71.4	30	90.4	47
Total	100.0	42	100.0	52

Tau = .06

Both Western and Chinese units are unlikely to receive reports and publications. The tau value (.06) indicates that the difference between Western and Chinese units in this respect is small. Nevertheless, Western units are relatively more likely than Chinese units to get such information from the community agencies.

Chapter V

HEALTH ATTITUDES OF MEDICAL PRACTITIONERS

1. Job-satisfaction

The medical profession carries prestige in most societies, but to what extent are the practitioners studied satisfied with their jobs? The findings are tabulated as follows:

	Physicians		Herbalists	
Job-satisfaction	%	N	%	N
Very Satisfied	4.8	2	6.1	3
Fairly Satisfied	69.0	29	65.3	32
Fairly Dissatisfied	26.2	11	24.5	12
Very Dissatisfied	0	0	4.1	2
Total	100.0	42	100.0	49

Tau = .002

Obviously most physicians and herbalists are fairly satisfied with their jobs. As indicated by the tau value (.002), there is almost no difference between physicians and herbalists in terms of job-satisfaction.

2. Evaluation of the Availability of Health Facilities in the Community

How adequate are the existing health facilities in meeting the medical needs of the Kwun Tong community? The opinions of physicians and herbalists are tabulated as follows:

Community Health Facilities	Physicians		Herbalists	
	%	N	%	N
Very Adequate	2.4	1	5.1	2
Adequate	31.7	13	28.2	11
Inadequate	56.1	23	51.2	20
Very Inadequate	9.8	4	15.4	6
Total	100.0	41	100.0	39

Tau = .003

Most physicians and herbalists feel that the health facilities are insufficient. As indicated by the tau value (.003), there is no difference between physicians and herbalist with regard to their general evaluations of the community health facilities.

To elaborate the above findings, we would like to present some detailed findings concerning the differential evaluations of different types of health facilities in the following tables:

	Types of Health Facilities	Physicians' Opinions: Sufficient %	Sufficient N	Insufficient %	Insufficient N	Don't Know %	Don't Know N
1.	Immunization service	34.9	15	39.5	17	25.6	11
2.	Number of inpatient beds	0.	0	72.1	31	27.9	12
3.	Medical education	0.	0	74.4	32	25.6	11
4.	Casualty service	9.3	4	69.8	30	20.9	9
5.	Coordination among medical agencies	7.0	3	51.2	22	41.9	18
6.	Medical laboratories	11.6	5	65.1	28	23.3	10
7.	General practitioners	32.6	14	32.6	14	34.9	15
8.	Specialists	11.6	5	62.8	27	25.6	11
9.	Private donations to health services	11.6	5	41.9	18	46.5	20
10.	Government contributions to medical services	9.3	4	60.5	26	30.2	13
11.	Low-cost clinics	44.2	19	32.6	14	23.3	10
12.	Night clinics	41.9	18	32.6	14	23.3	10
13.	Herbalists, bone-setters, and acupuncturists	32.6	14	9.3	4	58.1	25
14.	Medical care for the aged	7.0	3	48.9	21	44.2	19
15.	Medical Insurance	2.3	1	39.6	17	58.1	25
16.	Mental health services	0	0	65.1	28	34.9	15
17.	Low-cost X-ray services	4.7	2	65.1	28	30.2	13

Types of Health Facilities	Herbalists' Opinions: Sufficient %	Sufficient N	Insufficient %	Insufficient N	Don't Know %	Don't Know N
1. Immunization service	13.5	7	30.8	16	55.8	29
2. Number of inpatient beds	0	0	42.3	22	57.7	30
3. Medical education	1.9	1	46.1	24	51.9	27
4. Casualty service	3.8	2	46.2	24	50.0	26
5. Coordination among medical agencies	1.9	1	26.9	14	71.2	37
6. Medical laboratories	5.8	3	27.0	14	67.3	35
7. General practitioners	13.5	7	11.5	6	75.0	39
8. Specialists	0	0	28.8	15	71.2	37
9. Private donations to health services	3.8	2	13.5	7	82.7	43
10. Government contributions to medical services	3.8	2	30.7	16	65.4	34
11. Low-cost clinics	9.6	5	36.5	19	53.8	28
12. Night clinics	9.6	5	34.6	18	55.8	29
13. General herbalists	21.2	11	23.0	12	55.8	29
14. Acupuncturists	9.6	5	28.8	15	61.5	32
15. Bone-setters	25.0	13	17.3	9	57.7	30
16. Medical care for the aged	3.8	2	32.7	17	63.5	33
17. Medical insurance	0	0	23.1	12	76.9	40
18. Mental health services	0	0	34.6	18	65.4	34

The evaluations by physicians and by herbalists are, in effect, similar. Most of them are likely to point out that the following types of services are insufficient: number of inpatient beds, medical education, casualty service, and mental health clinics. It is however noted that in general herbalists are more likely to say "don't know" than physicians. This seems to indicate that herbalists are generally not as knowledgeable as physicians about the availability of health resources in the community.

3. General Satisfaction with Environmental Sanitation

Environmental pollution is a major problem in most industrializing societies. In general, to what extent are the medical practitioners under study satisfied or dissatisfied with the sanitary conditions in the industrial community of Kwun Tong? Their opinions are tabulated as follows:

	Physicians		Herbalists	
Job-satisfaction	%	N	%	N
Very Satisfied	2.4	1	2.1	1
Fairly Satisfied	19.0	8	22.9	11
Fairly Dissatisfied	47.6	20	50.0	24
Very Dissatisfied	31.0	13	25.0	12
Total	100.0	42	100.0	48

Tau = .002

Most practitioners are fairly dissatisfied with the environmental sanitation in Kwun Tong. As indicated by the percentages and the tau value (.002), the opinions of physicians and of herbalists are very similar.

4. Willingness to Attend Medical and Health Conferences

There are many ways to mobilize and to coordinate the existing medical and health resources in a community. An important way is to organize health conferences or seminars where the local practitioners can discuss and exchange their views about the community health issues. To what extent would the physicians and herbalists be willing to attend the medical and health conferences concerning the health problems in Kwun Tong? Their opinions are presented as below:

Participation in Conference/seminar	Physicians		Herbalists	
	%	N	%	N
Definitely Would	0	0	7.8	4
Probably Would	62.8	27	68.6	35
Would Not	37.2	16	23.5	12
Total	100.0	43	100.0	51

Tau = .02

Most physicians and herbalists would probably be willing to attend such conferences. Relatively herbalists would be more willing than physicians to attend. However, as indicated by the tau value (.02), the difference is small.

5. Social Concern

It has been argued that many people in Hong Kong are politically apathetic. But how much are the medical practitioners concerned with the Government and public affairs in Hong Kong? This concern will partly

determine their willingness to engage in joint efforts to improve the community health. The attitudes of the physicians and herbalists in Kwun Tong are tabulated in the following table:

Extent of Social concern	Physicians		Herbalists	
	%	N	%	N
Very much concerned	11.9	5	6.2	3
Fairly concerned	45.3	19	40.8	20
Not very concerned	23.8	10	22.4	11
Undecided	19.0	8	30.6	15
Total	100.0	42	100.0	49

Tau = .01

Most practitioners, both physicians and herbalists, reported that they are fairly concerned. Relatively physicians are slightly more concerned than herbalists. As shown by the tau value (.01), however, the difference is insignificant.

6. Role of Medical Practitioners in Relation to Political and Economic Context

The role of medical practitioners may or may not be the same in different social and economic systems. In general, how do the physicians and herbalists perceive this issue? Their opinions are presented in the table as below:

Role of medical practitioners in different social-economic systems	Physicians %	Physicians N	Herbalists %	Herbalists N
Very Different	20.9	9	3.9	2
Different	14.0	6	21.6	11
Not very Different	51.1	22	45.1	23
Undecided	14.0	6	29.4	15
Total	100.0	43	100.0	51

Tau = .02

Most practitioners perceive that the role of medical practitioners is about the same in different social-economic systems. Relatively herbalists are somewhat more likely than physicians to perceive that it is about the same. Nevertheless the tau value (.02) indicates that the perceptions of physicians and of herbalists are more or less similar.

7. Hospital Care

a. Acceptance of the Community Hospital

The community of Kwun Tong has not yet had a general hospital. The United Christian Hospital is now being planned and will serve the community in 1973. How happy are the medical practitioners in Kwun Tong with the establish-ment of this hospital? The findings are shown as below:

	Physicians		Herbalists	
Attitude	%	N	%	N
Very Happy	48.9	21	55.8	29
Fairly Happy	20.9	9	25.0	13
Neutral	30.2	13	19.2	10
Unhappy	0	0	0	0
Total	100.0	43	100.0	52

Tau = .01

Most practitioners, both physicians and herbalists, are very happy with it. Relatively herbalists are more likely than physicians to welcome the establishment of the hospital, but the tau value shows that the difference is small.

b. Hospital Services

As reported, most practitioners welcome the establishment of the United Christian Hospital in Kwun Tong. Then, what kinds of health services should be provided by the Hospital? The suggestions by physicians and by herbalists are fairly similar.

With an open-ended question, we find that most physicians mention the casualty service. Next come the inpatient beds, specialist services, infant and child care, medical care for the aged, low-cost service, and general out-patient department.

Most herbalists also suggest the casualty service. Next come the Chinese medical department, specialist services, joint services by Western-trained doctors and herbalists, and training courses for herbalists.

It is of interest to note that none of the suggestions by physicians is related to Chinese medicine, while some suggestions by herbalists are about Western medicine. It seems that herbalists are more likely than physicians to accept the medical approach of their counterparts.

8. Effectiveness of Traditional Chinese Medicine

The traditional Chinese medicine has been persisting in the Chinese society for many years. How do the Western-trained physicians and the herbalists evaluate the effectiveness of the various kinds of Chinese medical practitioners? The Chinese medical practitioners are classified into three kinds: (1) herbalists, i.e., those who specialize in internal medicine, (2) acupunturists, and (3) bone-setters. The opinions of the physicians and the herbalists under study are presented in the following tables:

Physicians' Opinions

Types of Chinese Medical Practitioners	Effective		Ineffective		Don't Know	
	%	N	%	N	%	N
1. Herbalists	16.3	7	32.6	14	51.2	22
2. Acupuncturists	30.3	23	20.9	9	48.8	21
3. Bone-setters	23.3	10	32.6	14	44.2	19

Herbalists' Opinions

Types of Chinese Medical Practitioners	Effective		Ineffective		Don't Know	
	%	N	%	N	%	N
1. Herbalists	78.5	46	0	0	11.5	6
2. Acupuncturists	71.2	37	1.9	1	26.9	14
3. Bone-setters	73.1	38	1.9	1	25.0	13

Apparently most herbalists are self-confident. They are likely to believe that the three types of Chinese medicine are effective. Physicians, however, are mostly undecided. Relatively they trust acupuncturists more than herbalists and bone-setters.

9. Establishment of a Chinese Medical College

There are several Chinese medical schools in Hong Kong. The quality of these schools, however, is not recognized by the Government and most of the public. Should a Chinese Medical College be established so as to train qualified and recognized Chinese medical practitioners? The opinions of the physicians and herbalists under study are tabulated in the following table:

Establishing a Chinese Medical College	Physicians		Herbalists	
	%	N	%	N
Should	67.4	29	86.5	45
Undecided	30.2	13	11.5	6
Should Not	2.3	1	1.9	1
Total	99.9	43	99.9	52

Tau = .05

Most physicians and herbalists feel that a qualified Chinese Medical College should be established. Relatively herbalists are more likely than physicians to be in favor of the idea. However the tau value (.05) shows that the difference is fairly small.

10. Chinese Medical Services in the Community Hospital

As mentioned, the United Christian Hospital will soon be established in Kwun Tong. Should the Hospital provide Chinese medical services? The opinions of herbalists and physicians are tabulated as below:

Setting up Chinese Medical Department	Physicians		Herbalists	
	%	N	%	N
Should	55.8	24	84.6	44
Undecided	34.9	15	13.5	7
Should not	9.3	4	1.9	1
Total	100.0	43	100.0	52

Tau = .08

Most practitioners, both physicians and herbalists, feel that it should. Relatively herbalists are more likely than physicians to urge the provision of Chinese medical services in the Hospital. The tau value (.08), however, suggests that the difference is not substantial.

11. Convergence of Western and Chinese medicine

Communist China has pushed forward the convergence of the modern Western and the traditional Chinese medical approaches. Do the herbalists and physicians in Kwun Tong believe in the thesis of convergence? Their opinions are presented in the table as below:

Convergence of Western & Chinese Medicines	Physicians		Herbalists	
	%	N	%	N
Possible	60.5	26	80.7	42
Undecided	32.6	14	15.4	8
Impossible	7.0	3	3.8	2
Total	100.0	43	100.0	52

Tau = .04

Most physicians and herbalists believe in it. Relatively herbalists are more likely than physicians to be convinced about the convergence. Again, the tau value (.04) indicates that the difference is small.

12. Chinese versus Western Medical Practitioners

Both Western-trained and Chinese medical practitioners are widespread in the community of Kwun Tong. How do the physicians and the herbalists in Kwun Tong compare these two types of practitioners in terms of (1) confidence of the public, (2) Government support, (3) effectiveness in disease treatment, (4) contribution to the promotion of health, and (5) amount of income? The findings are tabulated in the following tables:

Confidence of Public	Physicians		Herbalists	
	%	N	%	N
Western better	73.7	28	41.2	21
About the same	21.1	8	51.0	26
Chinese better	5.1	2	9.8	5
Total	100.0	38	100.0	52

(Tau = .09)

	Physicians		Herbalists	
Support by Government	%	N	%	N
Western better	82.1	32	90.2	46
About the same	17.9	7	9.8	5
Chinese better	0	0	0	0
Total	100.0	39	100.0	51

(Tau = .01)

Effectiveness in Treatment				
Western better	84.2	32	11.5	6
About the same	10.5	4	73.1	38
Chinese better	5.3	2	15.4	8
Total	100.0	38	100.0	52

(Tau = .38)

Contribution to Health Promotion				
Western better	52.7	20	8.3	2
About the same	36.8	14	79.2	19
Chinese better	10.5	4	12.5	3
Total	100.0	38	100.0	24

(Tau = .15)

Income				
Western better	57.9	22	86.5	45
About the same	36.8	14	13.5	7
Chinese better	5.3	2	0	0
Total	100.0	38	100.0	52

(Tau = .09)

Both physicians and herbalists are likely to think that in Kwun Tong the Western-trained physicians are better than the Chinese medical practitioners with respect to Government Support, confidence of the public, and income. As suggested by the tau values (.01, .09, and .09, respectively), the differences between the opinions of physicians and of herbalists are small.

However, the physicians under study tend to think that the Western -trained doctors are also better in terms of the effectiveness in disease treatment and the contribution to health promotion, while the reverse opinions are held by the herbalists under study. The tau-values (.38, and .15) also reflect the substantial differences between their opinions in these dimensions.

Chapter VI.

CONCLUSION

The present report has presented some preliminary results about the organizational and attitudinal characteristics of the medical givers in the modern Western and the traditional Chinese medical systems in a Chinese industrial community (Kwun Tong) of Hong Kong. Although the technical approaches of these two medical systems are different, we find in this study that they are similar in many of the social-psychological aspects. To analyze the differences, we have altogether computed 42 tau values. 33.3% of these values are greater than .10, and 11.9% greater than .20. Apparently according to tau values, the organizational and attitudinal characteristics of the Western and the Chinese medical personnel are more likely to be similar than to be different.

Relatively speaking, the two systems are likely to differ in the following aspects: the type of housing in which the health unit is located, friendship connections with professional medical colleagues, joint services, total number of service hours per week, duration for each patient contact, number of patient contacts per week, accommodation ownership, the problems they are confronted with, evaluation of the effectiveness of various kinds of Chinese medical practitioners, and the comparison between Western and Chinese medicines with respect to the effectiveness of disease treatment and the contribution to the promotion of personal health. With regard to the rest of the characteristics studied, the differences are small. In particular the differences are almost zero, with respect to job-satisfaction, membership in professional associations, social ties with community elites, evaluation of the availability of health facilities in the community, and general satisfaction with environmental sanitation.

Our data have also shed some light on the various linkages between the mecial givers in the two medical systems. First, with regard to friendship connections, both Western-trained physicians and herbalists are likely to be associated with the medical colleagues of their own kind. Hence the friendship linkages between the two professional systems are weak.

Second, physicians are likely to refer patients to their Western-trained medical colleagues, rather than the Chinese medical practitioners; while herbalists are more likely to refer patients to Western-trained doctors than to their Chinese medical colleagues. Hence according to patient referrals, the relationship between the two professional systems is asymmetrical.

Third, although most physicians do not trust the effectiveness of various kinds of Chinese medical practitioners, they tend (1) to agree to the establishment of a qualified Chinese Medical College, (2) to be in favor of the provision of Chinese medical services in the forthcoming community hospital in Kwun Tong, (3) to be impressed by the contribution of Chinese medicine to the promotion of personal health. Furthermore, both physicians and herbalists tend to believe in the convergence of the Western and the Chinese medicines. It seems that most physicians have some confidence in the Chinese medicine itself, but do not trust the training of most Chinese medical practitioners in Hong Kong. If physicians are convinced that their counterparts have received adequate and substantial training in Chinese medicine, then the collaboration between those two kinds of medical professionals can probably be enhanced.

Let us turn to the problem of community support. The development of a health unit is partly, if not entirely, dependent on the quantity and quality of support it can receive from the community. Three kinds of support are important for a health unit; they are patients, fund, and information. Our data suggest that Western units are more likely than Chinese units to

have a large number of patients, to receive financial subsidies and the contribution of accommodations from community agencies, to gain a substantial amount of income, to be recognized and supported by Government, and to receive the published information regularly from other social and medical agencies in Hong Kong. Apparently in terms of community support, the Western units are generally better off than Chinese units.

Lastly we would like to repeat that the data in this report are presented in a descriptive and preliminary manner. Complex analysis and interpretation of the data have to be carried out in subsequent reports. Furthermore, the data are primarily collected in a questionnaire survey completed at one point in time. To provide a substantial basis for understanding the organizational and attitudinal structures of the Western and the Chinese medical professionals, we should conduct an intensive case study of selected health units and practitioners in the near future. In other words, our quantitative survey results have to be supplemented by the qualitative insights about the dynamics of the modern Western and the traditional Chinese medical systems.

APPENDIX A

THE BOUNDARY OF KWUN TONG & ITS SUBDISTRICTS*

The boundary of the Kwun Tong District under study "approximates" that defined by the Government Secondary Planning Unit 2.9. We, however, excluded certain regions: the tertiary planning units (2.9.6) and (2.9.9), and also a part of the units (2.9.3), (2.9.4), (2.9.7) and (2.9.8). There are two major reasons for this decision. First, if the boundary between Kowloon and the New Territories is drawn, these excluded regions will belong to the New Territories rather than Kowloon. Second, (2.9.6) and the north-eastern part of (2.9.3) and of (2.9.4) are hill slopes with very few inhabitants.

Furthermore, the district of Kwun Tong in our study is subdivided into 11 subdistricts on the basis of several considerations, such as the geographical location, the landuse pattern, the land lot division lines, the land marks (e.g., roads, buildings, water courses, or hills), and our judge-ment of the residents' district-identification.

The subdistricts and their major physical components are as follows:

1. Ping Shek: Ping Shek Low Cost Housing Estate.
2. Jordan Valley: Jordan Valley Resettlement Estate, Jordan Valley Resettle-ment Factory, and Jordan Valley Resite/Class II Areas.
3. Ngau Tau Kok: Ngau Tau Kok Resettlement Estate, Ngau Tau Kok Government Low Cost Housing Estate, Ngau Tau Kok Resettlement Cottage Area (Fuk Wah Tsuen), Kai Tak Mansion, and Ngau Tau Kok Industrial Area.

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* This Appendix is primarily based upon the research report "The Settlement in Kwun Tong" by Y.K. Chan, in April 1971, Social Research Center, The Chinese University of Hong Kong.

4. Kwun Tong Town Area: The Commercial and residential area around Yue Man Square, Garden Estate, W Lok Low Cost Housing Estate, Kwun Tong Government Low Cost Housing Estate, Ngok Yue Shan Class II Area, Hong Ning Road Class Class II Area, and the industrial zone on the reclamation area between the water front and Kwun Tong Road.

5. Kwun Tong Resettlement Area: The Kwun Tong Resettlement Estate.

6. Sau Mau Ping: Sau Mau Ping Resettlement Estate and the nearby scattered cottages.

7. Lam Tin: Lam Tin Resettlement Estate and the nearby scattered cottages.

8. Cha Kwo Ling: Cha Kwo Ling Village, Sai Tso Wan Village, and Kwun Tong Tsai Mining Lot.

9. Yau Tong: Yau Tong Resettlement Estate, Yau Tong Village, Sam Ka Tsuen, and Yau Tong Industrial Area along the water front.

10. Lyemun: Lyemun Village, Ma Wan Village, Ma Pui Village, and Ling Nam New Village.

11. Kowloon Bay: Kowloon Bay Licensed/Resite Area, and the area with cottage factories.

Appendix B.

The Physician and The Herbalist Questionnaires

(in Chinese)

香港中文大學
社會研究中心
觀塘區醫療服務

下列各問題，常有多個答案，請 祇選擇一個最適當的答案。
合端之合作，至深感謝。

I. 醫所之性質

1. 所在地區：

0 ___坪石邨	4 ___觀塘市區	8 ___油塘
1 ___牛頭角	5 ___觀塘新區	9 ___茶菓嶺
2 ___佐敦谷	6 ___秀茂坪	10 ___鯉魚門
3 ___九龍灣	7 ___藍　田	

2. 樓宇類型：

1 ___徙置區　　4 ___廉租屋(包括政府，房屋協會，房屋委員會)
2 ___唐樓或洋樓　　5 ___其他(請註明) _____
3 ___獨立樓宇

3 請問貴所於何年設立？　　19 ____年

4. 貴所首創於觀塘區(包括坪石，佐敦谷，牛頭角，九龍灣，觀塘市區，觀塘新區，藍田，秀茂坪，茶菓嶺，油塘及鯉魚門區)抑或從其他地區搬來？

1 ___首創於觀塘區
2 ___首創於他區，本所為分所
3 ___搬自其他區域

5 有無附屬之醫所(包括分所)？

1 ___有　　2 ___無

5a 如有：它們設於何區？ 1 ___觀塘區內　　2 ___觀塘區以外　　3 ___內外均有

6 貴所隸屬於下列那一類？

1 ___私家醫務所　　3 ___其他(請註明) _____
2 ___社團診所

7. 又貴所是：

1 ___ 獨立醫所　　3 ___ 其他(請註明) _____

2 ___ 附屬於藥局內

7a 如附屬於藥局內：請問藥局內大部份人員是否與你有親屬關係？

1 ___ 有　　2 ___ 無

8. 貴所之樓宇，是屬於下列那一項

1 ___ 自購物業　　3 ___ 租用

2 ___ 社團或私人撥出

9. 過去一年內，貴所有否接受其他機構(如公益金，社團等)之經濟補助？

1 ___ 有　　2 ___ 無

10. 貴所在初設立之半年內，全部工作人員約有幾人？ _____ 人

11. 現有多少位醫師？ _____ 位

12. 除醫師外，現時還有無其他工作人員？

1 ___ 有　　2 ___ 無

如有 請註明類別與數目

1 _____ (____位)　　4 _____ (____位)

2 _____ (____位)　　5 _____ (____位)

3 _____ (____位)　　6 _____ (____位)

13 貴所醫師有否在其他醫所(包括分所)兼職？

1 ___ 有　　2 ___ 無

14. 你們有無預算於未來三年內擴展業務？

1 ___ 有　　2 ___ 無

15. 下列各項問題，你認為是非常嚴重頗為嚴重抑或並不嚴重？ P. 3

	非常嚴重	頗為嚴重	並不嚴重
(1) 你本人之診症負担過重 ……	1 ___	2 ___	3 ___
(2) 貴所地方狹小 ……	1 ___	2 ___	3 ___
(3) 貴所之助理人手不足 ……	1 ___	2 ___	3 ___
(4) 本港之中藥價錢太貴 ……	1 ___	2 ___	3 ___
(5) 觀塘區內合格之中醫師仍嫌夠 ..	1 ___	2 ___	3 ___
(6) 其他問題：(請註明)			
a _____	1 ___	2 ___	3 ___
b _____	1 ___	2 ___	3 ___

16. 你有否參加本港之中醫學會或公會？

1 ___ 有　　2 ___ 無

17. 除貴所之同事以外，你有否與下列各類人仕在社交上保持聯絡？

	經常有	間中有	絕少有
(1) 觀塘區內之西醫 ……	1 ___	2 ___	3 ___
(2) 觀塘區內之中醫(包括跌打針灸等) .	1 ___	2 ___	3 ___
(3) 觀塘區以外之西醫 ……	1 ___	2 ___	3 ___
(4) 觀塘區以外之中醫(包括跌打針灸等) .	1 ___	2 ___	3 ___
(5) 觀塘區內之高級公務員或社會賢達 ..	1 ___	2 ___	3 ___

18 貴所有無經常收到本港社會福利機構或醫療機構之刊物或報告？

1 ___ 有　　2 ___ 無

II. 診症情況

19. 貴所之門診時間，每星期總共有若干小時： _____ 小時

20. 平均每星期診斷多少症？　診症數目 _____

21 醫師診症，平均每次需時若干分鐘？ _____ 分鐘

22 每次診症，通常收費若干？　港幣 _____ 元

23 你認為醫師應否與病人討論其疾病之治療過程？

1 ___ 絕對應該　　3 ___ 不應該
2 ___ 應　該　　4 ___ 不肯定

24. 你有否介紹病人採用節育之措施？

1 ___經常有　　2 ___間中有　　3 ___ 沒有

25 一日之內，通常最多病人，是在什麼時候？

1 ___上午　　3 ___黃昏
2 ___下午　　4 ___晚上

26. 依你估計，貴所之病人大部份居於何區？

0 ___坪石邨　　4 ___觀塘市區　　8 ___油塘
1 ___牛頭角　　5 ___觀塘新區　　9 ___茶葉嶺
2 ___佐敦谷　　6 ___秀茂坪　　10 ___鯉魚門
3 ___九龍塘　　7 ___藍　田　　11 ___觀塘以外地區

27. 自貴所創辦以來，病人數目是：

1 ___顯著增加　　3 ___無甚增加
2 ___慢慢增加　　4 ___時增時減

28. 你曾否介紹病人到下列之醫療或福利機構求助？

	有	無
(1)觀塘區內其他中醫師 ……	1___	2___
(2)觀塘區外其他中醫師 ……	1___	2___
(3)跌打醫生 ……	1___	2___
(4)針灸醫生 ……	1___	2___
(5)皮膚痔瘡等之專科中醫 ……	1___	2___
(6)全科西醫 ……	1___	2___
(7)專科西醫 ……	1___	2___
(8)醫院 ……	1___	2___

29. 你有否特別與下列各機構協定，為其人員進行治療：

	有	無
(1)學校之教師或學生 ……	1___	2___
(2)福利機構之工作人員 ……	1___	2___
(3)福利機構之求助者 ……	1___	2___
(4)教會之工作人員 ……	1___	2___
(5)工廠或商業機構之僱員 ……	1___	2___
(6)政府公務員 ……	1___	2___

Ⅲ 醫務衛生意見

30 一般來說，你對於本區環境之清潔與衛生情況，感覺如何？

1 ___ 非常滿意　　3 ___ 不滿意
2 ___ 滿　　意　　4 ___ 極不滿意

31 你認為本區的醫療設備如何？

1 ___ 非常滿意　　3 ___ 不滿意
2 ___ 完　　善　　4 ___ 極不完善

32 就目前<u>親塘居民</u>之需要而言，你認為下列醫療服務是否足夠？

	足夠	尚未足夠	極缺乏	不知
(1) 預防注射的服務 ……	1 ___	2 ___	3 ___	4 ___
(2) 病床數目 ……	1 ___	2 ___	3 ___	4 ___
(3) 醫療衛生教育 ……	1 ___	2 ___	3 ___	4 ___
(4) 急救服務 ……	1 ___	2 ___	3 ___	4 ___
(5) 各醫療機構間之合作 ..	1 ___	2 ___	3 ___	4 ___
(6) 醫學化驗之設備 ……	1 ___	2 ___	3 ___	4 ___
(7) 全科西醫 ……	1 ___	2 ___	3 ___	4 ___
(8) 專科西醫 ……	1 ___	2 ___	3 ___	4 ___
(9) 社團或私人對醫療機構之資助 ……	1 ___	2 ___	3 ___	4 ___
(10) 政府在醫療服務方面之貢獻 ……	1 ___	2 ___	3 ___	4 ___
(11) 廉價診所 ……	1 ___	2 ___	3 ___	4 ___
(12) 晚間診所 ……	1 ___	2 ___	3 ___	4 ___
(13) 診脈之中醫師 ……	1 ___	2 ___	3 ___	4 ___
(14) 針灸醫師 ……	1 ___	2 ___	3 ___	4 ___
(15) 跌打醫師 ……	1 ___	2 ___	3 ___	4 ___
(16) 老人之醫療服務 ……	1 ___	2 ___	3 ___	4 ___
(17) 醫藥保險 ……	1 ___	2 ___	3 ___	4 ___
(18) 心理衛生治療 ……	1 ___	2 ___	3 ___	4 ___

33 你認為親塘區內，最缺乏是那一種醫療服務？

_____

34 如果在親塘區舉辦一些會議，主要討論區內醫務衛生問題，請問你會否參加？

1 ___ 一定會　　2 ___ 可能會　　3 ___ 不會

35 請問你對於觀塘基督教聯合醫院的興建，是否感高興？

1 ___極為高興　　4 ___不甚高興
2 ___頗為高興　　5 ___極不高興
3 ___無意見

36 你認為基督教聯合醫院，最應該發展那些服務？

_____

_____

37 如果基督教聯合醫院為觀塘區內之中醫師舉辦有關醫療技術之教育課程或研討會，你認為那些課程或研討會最適當？

_____

_____

38 你認為香港政府對於西醫的管制，應該如何？

1 ___放寬　　3 ___其他（請註明）_____
2 ___加強　　4 ___不肯定

39 你平時對本港之政府措施或公共事務之關注程度如何？

1 ___十分關注　　3 ___不甚關注
2 ___關注　　4 ___不肯定

40 你認為在不同之政治和經濟制度下，醫師之職份和任務是否亦會不同？

1 ___極不同　　3 ___無甚不同
2 ___不　同　　4 ___不肯定

41 一般來說，你認為下列三類中國醫術之治療效能如何？

	效能極高	效能頗大	效能甚小	不知
(1) 診脈之中醫	1 ___	2 ___	3 ___	4 ___
(2) 針灸治療	1 ___	2 ___	3 ___	4 ___
(3) 跌打傷科	1 ___	2 ___	3 ___	4 ___

42 若將觀塘區之西醫與中醫作一比較，你認為在下列各方面，何者較為優勝？

	西醫較優	中醫較優	差不多
(1) 一般市民之信賴程度 ……	1 ___	2 ___	3 ___
(2) 受政府之重視程度 ……	1 ___	2 ___	3 ___
(3) 治療疾病之效能 ……	1 ___	2 ___	3 ___
(4) 補身或促進健康之效能 …	1 ___	2 ___	3 ___
(5) 經濟入息 ……	1 ___	2 ___	3 ___

43 你認為本港之大學應否設立中醫學院，以訓練合格和正規之中醫生？

1 ___ 應該　　2 ___ 不該　　3 ___ 不肯定

44 你認為中國醫術與西方醫術，能否結合起來？

1 ___ 能夠　　2 ___ 不能　　3 ___ 不肯定

45 你認為基督教聯合醫院應否設立中醫部門？

1 ___ 應該　　2 ___ 不該　　3 ___ 不肯定

46 請問你於何年開始在本港行醫？　19 ___ 年

47 一般來說，你對於自己目前之醫務工作，感到如何？

1 ___ 極為滿意　　3 ___ 不甚滿意
2 ___ 頗為滿意　　4 ___ 極不滿意

— 多謝合作 —

香港中文大學
社會研究中心
觀塘區醫療服務

下列各問題，常有多個答案，請祇選擇一個最適當的答案。台端之合作，至深感謝。

I. 診療所之背景

1. 所在地區：

0	___坪石邨	4	___觀塘市區	8	___油塘
1	___牛頭角	5	___觀塘新區	9	___茶業鎖
2	___佐敦谷	6	___秀茂坪	10	___鯉魚門
3	___九龍灣	7	___藍田		

2. 樓宇類型

1 ___徙置區
2 ___唐樓或洋樓
3 ___獨立樓宇
4 ___廉租屋（包括政府，房屋協會，房屋委員會）
5 ___其他（請註明）_____

3. 請問貴所於何年設立？ 19____年

4. 貴所首創於觀塘區（包括砵石 佐敦谷，牛頭角，九龍灣 觀塘市區，觀塘新區，藍田，秀茂坪，茶業鎖，油塘及鯉魚門區）抑或從其他地區搬來？

1 ___首創於觀塘區
2 ___首創於他區，本所為分所
3 ___搬自其他區域

5 有無附屬之診療所？

1 ___有　　2 ___無

5a. 如有：它們設於何區？

1. ___觀塘區內　2 ___觀塘區以外　3. ___內外均有

6、貴所是屬於下列那一類？

1 ___私家醫務所　　3 ___政府診所
2 ___社團診所　　4 ___其他(請註明)_____

7 貴所屬於下列那一類？

1 ___全科(G.P.)　　3 ___其他(請註明)_____
2 ___專科(Specialist)

7a、如專科：何種專科？_____

8 貴所之樓宇，是屬於下列那一項？

1 ___自購物業　　3 ___政府撥出
2 ___社團或私人捐贈　　4 ___租用

9. 過去一年內，貴所有否接受下列机構之經濟補助？

	有	無
(1) 政府 ……	1 ___	2 ___
(2) 公益金 ……	1 ___	2 ___
(3) 宗教團體 ……	1 ___	2 ___
(4) 普通社團或私人之捐助 ……	1 ___	2 ___

II 門診情況

10 貴所之門診時間，每星期總共有若干小時？_____小時

11 平均每星期診斷多少症？(Consultations)診症數目_____

12 医生診症，平均每次需時若干分鐘？_____分鐘

13 每次診症，通常收費若干？　　港幣_____元

14. 你認為医生應否與病人討論其病病之治療過程？

1 ___絕對應該　　3 ___不應該
2 ___應該　　4 ___不肯定

15. 你有否介紹病人採用節育之措施？

1 ___經常有　　2 ___間中有　　3 ___沒有

16 一日之內，通常最多病人，是在什麼時候？

1 ___上午　　3 ___黃昏
2 ___下午　　4 ___晚上

17. 依你估計，貴所之病人大部份居於何區？

0	___坪石邨	4	___觀塘市區	8	___油塘
1	___牛頭角	5	___觀塘新區	9	___茶葉嶺
2	___佐敦谷	6	___秀茂坪	10	___鯉魚門
3	___九龍灣	7	___藍　田	11	___觀塘以外地區

18 自貴所創辦以來，病人數目是：

1	___顯著增加	3	___無甚增加
2	___慢慢增加	4	___時增時減

19. 貴所曾否介紹病人到下列之醫療或福利机構求助？

	有	無
(1) 觀塘區內之專科醫生 ……	1___	2___
(2) 觀塘區外之專科醫生 ……	1___	2___
(3) 觀塘區內之X光診所 ……	1___	2___
(4) 觀塘區內之醫學化驗所 ……	1___	2___
(5) 觀塘區外之醫學化驗所 ……	1___	2___
(6) 觀塘區內之中醫(包括診脈，跌打及針灸中醫)……	1___	2___
(7) 觀塘區外之中醫 ……	1___	2___
(8) 医院 ……	1___	2___

20 貴所之医生，有否特別為下列各機構之人員進行治療或作健康檢查？

	有	無
(1) 學校之教師或學生 ……	1___	2___
(2) 福利机構之工作人員 ……	1___	2___
(3) 福利机構之求助者 (Client) ……	1___	2___
(4) 教會之工作人員 ……	1___	2___
(5) 工廠或商業机構之僱員 ……	1___	2___
(6) 政府公務員 ……	1___	2___

III. 內部組織

21 貴所在初設立之半年內，全部工作人員約有幾人？ _____人

22 現有多少位医生？ _____位

23 現有多少護士？ _____位

24 專門負責行政工作之人員(例如登記，派等，收費等)共多少人？_____人

25 還有無其他工作人員？

1. ___有　　2 ___無

25a 如有，請註明類別及數目：

1. _____(____位)　　4 _____(____位)
2. _____(____位)　　5 _____(____位)
3 _____(____位)　　6 _____(____位)

26 貴所之工作人員是否大部份有親屬關係？

1. ___是 是　　2 ___否

27 貴所在決定下列事情時，通常由一人作決定抑或由數人商量後而決定？

	一人	數人
(1) 聘請工作人員	1 ___	2 ___
(2) 薪水之增減	1 ___	2 ___
(3) 購買新儀器設備	1 ___	2 ___

28 貴所之工作人員間，是否經常討論有關醫療技術之問題？

1 ___經常有　　2 ___間中有　　3 3 ___極少有

29 貴所醫生有否在其他診療所(包括分所在內)兼職？

1 ___有　　2 ___無

30 貴所護士，有無在其他診療所(包括分所在內)兼職？

1 ___有　　2 ___無

31 貴所有無X-光設備？

1 ___有　　2 ___無

32 有無心臟电流圖(Electrocardiogram)之設備？

1 ___有　　2 ___無

33 有無其他化驗設備？

1 ___有　　2 ___無

34 你們有無預算於未來三年內擴展業務？

1 ___有　　2 ___無

35. 每間診療所都可能有一些困難。你認為下列各項問題，就貴所而言，是非常嚴重、頗為嚴重、抑或並不嚴重？

	非常嚴重	頗為嚴重	並不嚴重
(1) 医生之工作負担過重 ……	1 ___	2 ___	3 ___
(2) 診斷儀器設備不足 ……	1 ___	2 ___	3 ___
(3) 地方狹小 ……	1 ___	2 ___	3 ___
(4) 助理人手不足 ……	1 ___	2 ___	3 ___
(5) 護士之流動率太大 ……	1 ___	2 ___	3 ___
(6) 內部人事複雜，互相不和 ……	1 ___	2 ___	3 ___
(7) 其他問題：(請註明)			
a _____	1 ___	2 ___	3 ___
b _____	1 ___	2 ___	3 ___

36 貴所医生有否加入本港之医學會？

1 ___ 有　　2 ___ 無

37 除貴所之同事以外，你有否與下列各類人仕在社交上保持聯絡？

	經常有	間中有	極少有
(1) 观塘區內之西医 ……	1 ___	2 ___	3 ___
(2) 观塘區內之中医 ……	1 ___	2 ___	3 ___
(3) 观塘區以外之西医 ……	1 ___	2 ___	3 ___
(4) 观塘區以外之中医 ……	1 ___	2 ___	3 ___
(5) 观塘區內之高級公務員或社會賢達 ..	1 ___	2 ___	3 ___

38 貴所有無發表定期性之刊物或報告？

1 ___ 有　　2 ___ 無

39 貴所有無經常收到本港社會福利机構或医療机構之刊物或報告？

1 ___ 有　　2 ___ 無

40 貴所之医生有無自己購買医學雜誌？

1 ___ 有　　2 ___ 無

III 医務衛生意見

41 一般來說，你對於本區環境之清潔及衛生情況，感覺如何？

1 ___ 非常滿意　　3 ___ 不滿意
2 ___ 滿意　　4 ___ 極不滿意

42 你認為本區的醫療設備如何？

1 ___非常完善　　3 ___不完善
2 ___完善　　4 ___極不完善

43 就目前觀塘居民之需要而言，你認為下列醫療服務是否足夠？

	足夠	尚未足夠	極缺乏	不知
(1) 預防注射的服務	1 ___	2 ___	3 ___	4 ___
(2) 病床数目	1 ___	2 ___	3 ___	4 ___
(3) 医療衛生教育	1 ___	2 ___	3 ___	4 ___
(4) 急救服務	1 ___	2 ___	3 ___	4 ___
(5) 各医療机構間之合作	1 ___	2 ___	3 ___	4 ___
(6) 医學化驗之設備	1 ___	2 ___	3 ___	4 ___
(7) 全科医生	1 ___	2 ___	3 ___	4 ___
(8) 專科醫生	1 ___	2 ___	3 ___	4 ___
(9) 社團或私人对医療机構之資助	1 ___	2 ___	3 ___	4 ___
(10) 政府在医療服務方面之貢献	1 ___	2 ___	3 ___	4 ___
(11) 廉價診所	1 ___	2 ___	3 ___	4 ___
(12) 晚間診所	1 ___	2 ___	3 ___	4 ___
(13) 中医数目(包括診脉中医，針灸，跌打)	1 ___	2 ___	3 ___	4 ___
(14) 老人之医療服務	1 ___	2 ___	3 ___	4 ___
(15) 医藥保險	1 ___	2 ___	3 ___	4 ___
(16) 心理衛生治療	1 ___	2 ___	3 ___	4 ___
(17) 廉價之X-光服務	1 ___	2 ___	3 ___	4 ___

44 你認為觀塘區內，最缺之是那一種医療服務？

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45 如果在觀塘區舉辦一些會議，主要討論區內医務衛生問題，請問你會否參加？

1 ___一定會　　2 ___可能會　　3 ___不會

46 請問你對於觀塘基督教聯合医院 (United Christian Hospital) 的籌建，是否感到高興？

1 ___極為高興　　4 ___不甚高興
2 ___頗為高興　　5 ___極不高興
3 ___無意見

47 你認為基督教聯合醫院，最應該發展那些服務？

48 如果基督教聯合醫院為观塘區內之醫生舉辦有關醫療技術之教育課程或研討會，你認為那些課程或研討會最適當？

49 你認為香港政府对於西医的管制，應該如何？

1 ___放寬　　3 ___其他（請註明）_____
2 ___加強　　4 ___不肯定

50 你平時对本港之政府措施或公共事務之關注程度如何？

1 ___十分關注　　3 ___不甚關注
2 ___關注　　4 ___不肯定

51 你認為在不同之政治和经濟制度下 医生之職份和任務是否亦會不同？

1 ___極不同　　3 ___無甚不同
2 ___不同　　4 ___不肯定

52 一般來說，你認為下列三類中國医術之治療效能如何？

	效能極高	效能頗大	效能甚小	不知
(1) 診脉之中医	1___	2___	3___	4___
(2) 針灸治療	1___	2___	3___	4___
(3) 跌打傷科	1___	2___	3___	4___

53 若將观塘區之西医与中医作一比較，你認為在下列各方面，何者較為優勝？

	西医較優	中医較優	差不多
(1) 一般市民之信賴程度	1___	2___	3___
(2) 受政府之重視程度	1___	2___	3___
(3) 治療疾病之效能	1___	2___	3___
(4) 補身或促進健康之效能	1___	2___	3___
(5) 經濟入息、	1___	2___	3___

54 你認為本港應否設立中醫學院，以訓練合格而正規之中醫生？

1 ___應該　　2 ___不該　　3 ___不肯定

55 你認為中國醫術和西方醫術，能否結合起來？

1 ___能夠　　2 ___不能　　3 ___不肯定

56 你認為基督教聯合醫院應否設立中醫部門？

1 ___應該　　2 ___不該　　3 ___不肯定

57 請問你於何年開始在本港行醫？　19 _____年

58 一般來說，你對於目前醫務工作感到如何？

1 ___極為滿意　　3 ___不甚滿意
2 ___頗為滿意　　4 ___極不滿意

— 多謝合作 —