



The development of paediatric respirology in Hong Kong: a personal account

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Before the beginning...

Respiratory diseases have always been the most common and sometimes most serious ailments in childhood. In fact, when the Department of Paediatrics was first established in the University of Hong Kong in the 1962, its inaugural Professor, by the name of C. Elaine Field, was an expert in bronchiectasis and tuberculosis, both very important respiratory diseases in those times. Of course the Professor of Paediatrics had to be conversant with childhood diseases of all kinds, and for the next 2 decades of paediatrics in Hong Kong, respiratory diseases were the bread and butter of all paediatricians, and all paediatricians were considered experts in respirology. Before the 70's tuberculosis was the most important respiratory problem in adults and children alike, and the establishment of the TB and Chest Service within the then Medical Department absorbed all such clinical material. The paediatrician was left with the usual respiratory infections, while asthma was not yet so prevalent like nowadays. It was therefore no surprise that the comment given to me when I first requested further training in respiratory diseases was that there is no need for such specialty as everybody can treat pneumonia and asthma.

How it began

When paediatric services developed together with the economy in Hong Kong since the late 70's, neonatology became an increasingly important subspecialty. Ventilator management became popular among neonates and quickly this spilled over to the infant and child. In the early 80's a few paediatricians took up respiratory diseases as a discipline for further training. Drs. Olivia Chow and Corinna Har had experience in the subspecialty in overseas centres in Melbourne and London. When I finished training in

London in 1983, I was put in charge of the then embryonic paediatric intensive care service at Queen Mary Hospital. With increasing resources, paediatric intensive care and respirology service began to take shape in all public hospitals in the mid 80's. The main bulk of work was to manage asthma which was on the rise, chronic lung disease from NICU graduates, and critically ill children. Lung function testing and radioisotope pulmonary scanning became routine in the hospitals. In the early 90's, flexible bronchoscopy under sedation was introduced into the hospitals (Dr. KT So and myself), greatly enlarging the diagnostic capability of the respirologists. Asthma management evolved towards patient and parent education, with the establishment of respiratory nurses in the hospitals. The Hong Kong Asthma Society was formed in 1989, aiming to promote public awareness of asthma and its better treatment. Paediatric sleep medicine started in the mid 90's, with sleep studies performed in most public hospitals.

Research work also started in the 80's on lung function testing (Dr. Olivia Chow), bronchiolitis (Professor Rita Sung), asthma (Dr. Robert Tseng), aerosol delivery (Professor TF Fok) and air pollution (myself). Since the 90's asthma epidemiology (Professor Gary Wong), sleep medicine (Dr. Daniel Ng) and allergy (Professor TF Leung) have been main areas of research.

Presently...

The Hong Kong Society of Paediatric Respirology was first established in 1997, promoting the interests of the subspecialty. Dr. KT So was elected its first President, followed by myself since 1999. Presently it has 263 members and 226 associate members, having organised regular monthly clinical meetings, courses for doctors and paramedical professionals and annual scientific meetings. A recent highlight was the organisation of the International Pediatric Respiratory Allergy Immunology Congress in July 2004, in which over 700 delegates from 25 countries participated.

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Paediatric respiratory service is present in all major public hospitals, with respiratory and asthma and allergy clinics, basic lung function testing and allergy evaluation, bronchoscopy service and sleep study facilities. Paediatric intensive care beds are also available in all public paediatric departments. However, there are only a few respirologists in the private sector. Lung function testing is available in some clinics, while a few private hospital offer flexible bronchoscopy service.

The future

In the age of subspecialty development, paediatric respirolgy has to look seriously into becoming a recognised subspecialty. Training programmes, incorporated into the services, have to be set up in the hospitals to start proper training of intended subspecialists. This may require a reorganisation of the present services scattered in various hospitals in Hong Kong. The Society, gathering all those who are practicing in the subspecialty, is working hard to achieve this aim.

The journal and the website: our mission

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I am happy to see the birth, after months of deliberation, of the official journal of the Hong Kong Society of Paediatric Respirolgy. This represents a concerted effort of the Council and its members in striving to put our work in print and on record. The journal can serve at least the following purposes:

1. to share the knowledge of our clinical meetings and update members on relevant topics in paediatric respirolgy, allergy and intensive care
2. to inform our members about research and publications done in Hong Kong
3. to communicate with and among members of HKSPR

The website, soon to be born as well, will hopefully serve some other additional functions:

1. to be a platform of exchange of ideas among members
2. to serve as a link to and for other related organisations
3. to inform the public on related issues

Not only are we interested in Hong Kong, our minds are also set at our colleagues in China and the East Asia region, as there is to date no journal of similar nature. Our journal and website will have doctors of these places in mind as well, hopefully to serve them in the same way as we will serve our members. So I hope all members will contribute to make this project a success. Please contribute articles, write responses and do whatever you can to make it a lively journal and website.

Thanks should also be due to the Pharmaceutical industry for supporting this activity. It is through good information that the public and the medical profession can be educated and updated. Hopefully this project will form the basis of a win-win arrangement for the pharmaceuticals and the medical profession towards better evidence-based and updated patient care.