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社工的話

Social Worker's Remark

不斷開創 需要你

面對社會不斷轉變而衍生的需要，筆者認為社工應視解決匱乏者困難為天職，唯在「以人為本」的服務大前題下，面對當局福利政策未能為有關弱勢社群提供服務時，社工是要有職責不斷開創「到位」的相應「慈惠服務」，以應所需；故需要不斷尋求無論是義工或善長的支持，才能可使濟助的工作奏效。

推行創新性的事工，確實是要有義務工作的精神，要於工餘時間為有需要者尋求義工的參與；正如於1977年中旬，筆者發動義工定期探訪獨居無親的長者時，也被同業指責為「不務正業」，因為當年並無此類安排義工服務的職位；唯筆者只知，社區人士的關懷，才能令有需要的孤老感到人間有愛。況且義工也是工餘才有空，若筆者於工餘時間也懶於工作，試問怎可推動義工參與呢？

筆者於發動外表粗豪的「三行工人」為老人家維修，也有同工以貌取人，質疑師傅背後的「動機」。事實上，此已逾20年的服務，現時共有350人的維修隊伍，曾獲本港及外國獎項表揚，也獲房署發出唯一特別許可証，可進入全港公屋，為獨老家居作維修服務。

從事社福服務30多年，筆者感到推行创新的事工，確實事事需要財力。令筆者最感遺憾的是於1996年寒冬，雖有所構想，因為缺乏財力，要被逼放棄於聖雅各福群會開創「平安鐘」的服務，致令筆者於機構外創辦長者安居服務協會；幸運地，於「沙士疫症」後所推出的Food Bank可有濟急的支持。

鑑於在當局的「自費購藥治病」政策，所引來「有病無錢醫」的問題後，於2009年首創為貧病交迫無助者提供「三大支柱」事工，被喻為「黑洞」的Health Bank服務；由於服務漸見成效，在善長的扶助下，此服務亦將會開辦第2間藥房，此乃是善長支持的所賜。

故企盼你們繼續捐助，因為社會不斷轉變，會不斷有不同弱勢社群的出現，以上所有「慈惠服務」就是因為你們的施惠，方可為病弱老者解困，你們的愛德就是我們能力所在的來源。

OUR NEW PROGRAMS NEED YOUR SUPPORT

Facing the social rapid changes that arise social hardship in my opinion the social worker's mission is to solve problems for the needy, and his service must be people-oriented. When government's social welfare policy fails to serve the disadvantaged, it is the duty of social workers to open new charitable programs that will meet the needs. Therefore we must keep looking for support from volunteers and donors in order for our work to render effective help.

It takes a strong sense of obligation to promote new programs. We have to use our spare time to recruit volunteers. In mid-1977 I mobilized volunteer workers to make scheduled house calls on elderly persons living by themselves. Because no such positions existed for volunteers at the time, colleagues accused me of "not concentrating on my proper duties." But I knew that lonely elderly persons could only feel loved from the concerns shown by the community. Besides, the volunteers could only serve during their spare time. If I was too lazy to work in my spare time, how could I mobilize them?

When I mobilized rough-looking masons, carpenters and house painters to make repairs in the homes of the elderly, colleagues questioned the "motives" of these volunteers. Now this service has lasted more than 20 years. Our 350-member volunteer maintenance team has won commendation both in Hong Kong and internationally, and has been issued a one-and-only permit by the housing department to enter all public housing estates to conduct repairs for single elderly occupants.

My career of over 30 years in social welfare service convinces me that financial support is indispensable to the promotion of new programs. My greatest regret is that, back in the cold winter of 1996, lack of funding made it impossible for St. James' Settlement to launch the Emergency Safety Link program, forcing me to open the Senior Citizens Home Safety Association outside of St. James' Settlement. Fortunately, financial support was available for the Food Bank we launched following the SARS epidemic.

In 2009, in view of the problem of "the sick lacking money to buy medicine" which resulted from the he authorities' policy of self-financed drugs, we initiated a Health Bank program to provide "three major supports" to those plagued by sickness and poverty. The service was dubbed by some as a "black hole." But it proved effective and, with the support of donors, a second pharmacy will be opened. For this we must thank our donors for their support.

Just as there is no end to social changes, endless disadvantaged groups will emerge. Your donations have made it possible for the above-mentioned charitable services to solve problems for the ailing and the poor. We have the ability to serve is totally come from your endless support and donation.



施善助燃生命的希望

「因為我患了末期腎衰竭，結果被老闆炒了，貧病而無助，令我對生命失去了希望。」患了末期腎衰竭的譚先生無奈地說道。

譚先生，45歲，已婚並育有一名13歲的兒子，一家三口全依靠他於患病前，作文職工作每月賺取約\$8000的收入，以維持全家的生計。他們過著清淡貧窮的生活，但一家人仍樂也融融地生活。可惜，早前譚生被證實患上末期腎衰竭，腎臟只剩下10%的功能，於接受手術後，還需要每日進行3至4次的「腹膜透析治療」（俗稱「洗肚」）；從此，譚先生的人生就此被改寫了。

譚先生坦言：「我以前的收入僅足以糊口，無奈我患上末期腎衰竭，請了幾個月病假，本想做完手術後可以再上班，可惜老闆知道我有病，一返工即被炒了！」他續說：「我是三低人士，即是說低學歷、低技術、低入息，家中一向無積蓄，失業後被逼要領取綜援以維持生計，但援助只僅夠一家食用之開支，連兒子的課外學習需要，也不能滿足；現在我更需要每日洗肚3至4次，但欠缺\$2000多元以可自費購買有關洗肚的醫療用品，俾可在家裡洗肚，以免去我每日要3至4次來回醫院洗肚，此真是令人勞累，確實對我是一種折騰。」

絕處逢生，黑暗道路上還會有一點曙光，譚先生經醫務社工轉介至本會的「燃點希望計劃」，透過計劃資助末期腎衰竭病患者購買醫療用品，紓緩他們的經濟能力和負擔，亦使他能夠積極參與治療，減少他因患病而帶來額外的沉重開支。「善長的捐助確實對我是一個極大的幫忙，令我再燃點對生命的希望。」譚先生於解決財困後，感激善長的施惠地說。

事實上，善長對病患者之捐助關懷，於病人貧病交迫之際的濟助，不但給予「到位」的實質幫忙，更帶來受惠者感到人間的溫情，心靈上的慰藉及對往後的希望，助他們可繼續邁向人生路。



There's Love in the World

"I was fired by my employer as I have terminal renal failure. Being poor, sick and helpless I lose hope for life," sighed Mr. Tam.

Tam is 45 years old, married with a 13 years old son. The family used to live on Tam's HK\$ 8,000 monthly clerical income. Living was plain, poor and simple yet happy. Unfortunately, Tam was diagnosed to have terminal renal failure a while ago having a residual kidney function of only 10%. After operation he still requires 3 to 4 times dialysis daily and that has since rewritten Tam's life.

Tam said frankly, "My former income could merely make ends meet. As a result of my renal failure and I had to take few months' sick leave. My original thinking was going back to work after the operation. Unfortunately my boss after learning my condition promptly fired me when I reported back to work!" He continued to say, "I belong to one of the "Three Lows", namely, low academic qualification, low skill and low income. The family was without saving. After being fired, I was forced to take CSSA for my living which barely covers basic daily expenses, nothing left to allow my son having extracurricular activities, not to mention for my needed daily 3 - 4 times daily dialysis treatment that cost some HK\$ 2,000 in medical supply doing it at home without having to go to the hospital which is very tedious and troublesome.

What a narrow escape, twilight in the dark, Tam was referred by the hospital medical social worker to the "Light Up The Life Program" run by our organization. He is subsidized for the purchase of the needed medical supply through the terminal kidney patients program. It helps him to reduce the added heavy financial burden due to sickness, allow him positive treatment. "Generous benefactors has helped me a lot. It rekindles my hope in life," said Tam gratefully after being relieved of his financial problem.

In fact regards from benefactors and their donations to provide "on time and in place" physical help to those pained by both poverty and sickness has given the patients spiritual comfort and hope, strengthening their will to fight the illness and face the reality.

善長的捐助物品，確實是會為受惠者帶來希望。

Donations from benefactors surely bring hope to the beneficiary

乏力購藥令病情失控 貧病者急待援手救命

患上重疾，要有適當藥物治理，方可控制病情，以免死神召見。

梁女士61歲，獨居柴灣一公屋單位，丈夫於五年前因患乙型肝炎去世。梁女士除因此患有精神病，亦患有高血壓，靠賴綜援為生的她，要治理這兩樣病，已捉襟見肘。最近她更驗出患有乙型肝炎，需要自費購藥控制病情。日服一粒的乙型肝炎藥，每粒\$50，一個月的藥費便要\$1,500。試問月入僅為約\$2,500綜援金的梁女士，如何應付？「我真的沒有辦法了，希望你們聖雅各福群會可以幫幫我。我只剩下一個女兒，她的家庭負擔又重，孩子又小。他們一家三口每月都是僅僅糊口，想幫我也沒辦法。」梁女士說。

「醫生說如果我不吃這個藥，不去控制肝酵素的話，乙型肝炎慢慢就會成為癌症。在餘下的積蓄快用完時，唯一的辦法，便是每天只吃一餐飯，每天都要撐著捱肚餓。」梁女士無助地說。「雖然人已經瘦了很多，日間漸漸感到疲倦，沒有精神，但我也不能顧了。」

其實社會上有很多像梁女士一樣不幸的人——患了重病又漸漸失去購藥治療的經濟能力，甚至眼看著病情日益嚴重，亦無能為力。善長們可否伸出援手，幫助這群無助的病患者，讓他們得到適當的治療？施善款項數目不拘，但求能幫助聖雅各福群會集腋成裘，為貧弱病者施救。支票抬頭請書：聖雅各福群會，背面指定「贈藥治病」，惠寄香港灣仔石水渠街85號一字樓105室收。施善查詢：2835-4321或8107-8324。



HELP NEEDED TO BUY MEDICINE

Critical illness can only be kept under control with proper medication, otherwise life is in danger.

Ms. Leung, 61, lives by herself in a public housing unit in Chai Wan. Her husband's death five years ago from hepatitis B affected her mental health, and she suffers from high blood pressure as well. These two illnesses alone have been a strain on her small CSSA income. Recently she has been diagnosed with a third disease -- hepatitis B, for which she must buy self-financed medicine. The daily dose costs \$50, making up for a monthly cost of \$1500. How can she come up with such a sum when CSSA pays her no more than \$2500? "I really don't know what to do. I hope SJS can help me out. I have a daughter, but she already has a heavy financial burden, and her child is still small. When her family of three can barely make ends me, how can they help me even though they want to?" said Ms. Leung.

"The doctor said hepatitis B can turn into liver cancer if I don't take the medicine to keep my liver enzymes under control. I'm down to the last of my savings. My only way out is to limit myself to one meal a day – in other words to go hungry every day," Ms. Leung said helplessly. "Although I have lost a lot of weight and am beginning to feel tired in the day time, sapped of energy, there's nothing else I can do."

There are actually many people who are as unfortunate as Ms. Leung – being critically ill and gradually running out of money to purchase medicine, helplessly watching their health deteriorate. Won't you extend a helping hand to help these poor souls, so that they can get proper medical treatment? We welcome any amount of donation, big or small. By pooling your donations together SJS will be able to go to the rescue of these very needy persons. Please make your cheque out to St. James' Settlement, indicating on the back of the cheque that it is for the Medication Subsidy Programme. Mail your cheque to Room 105, 85 Stone Nullah Lane, Waichai, Hong Kong. For inquiry please call 2835-4321 or 8107-8324.

「得著善長捐助購藥治病，立減憂慮。」一位曾受助說。
"With the donor's help all my worries are released at once."
said one of the clients.



接受藥物輔導後...

我是一名長期病患者，因年青時不知珍惜自己，生活日夜癩倒、不注重飲食，結果弄來一身是病；我現患有高血壓、總膽固醇過高及心臟病等問題，每日都要服食多種藥物。

我患病當年，因感到剛50多歲，尚算年青，怎可以讓這些病困擾，所以早年患有以上疾病時，欲急需可控制病情，一時忙亂，當然是逢人都會求助；若張三說是某一種藥物好，我便不假思索買來吃，若再聽到李四說某某藥物好時，我也會服食。這種「藥石亂投」的情況，結果是病醫不好、花了不少金錢，還令病情惡化，身體受苦了不少，引來醫生的責罵。

一天當診病回家時，看見報紙介紹聖雅各福群會的藥物教育報導，我陸陸續續參加多個疾病的用藥輔導，每次我都用心聽藥劑師講課及教導，以及做筆記，而且還有問題必會問，與其他出席者分享對與錯，加上上網搜尋及藥劑師所給我的用藥資料，我找出從前各種胡亂的用藥問題，得出「用藥五不原則」，希望可與病友分享，正如聖雅各福群會藥物輔導服務的藥劑師說，病人應要「知藥用藥」，才可控制病情，生活質素才不會受到影響。

不要隨便聽信別人推薦的藥，以前我輕信別人介紹藥物，以為醫好別人的病，那就等於醫好我的病；那時我也不知道，人的身體及所患疾病的原因及情況不同，只有有藥便依別人推薦，便購買來服食。

不要以為有神奇療效的藥，天下怎有靈藥呢？我現在才知道藥若要「到位」，必須經由醫生診斷後處方。我從前以為「久病成醫」，認定了的藥能治好自己的病，便是良藥，便是有神奇療效的藥，那當然是大錯特錯啦。

不要吃別人送的藥，我從前有頭暈時，好友見我不適，便將他頭暈時要服食的頭暈丸給我服用，他是我好朋友，是不會害我的；那當然是錯，因我的頭暈是血壓的問題，而他的頭暈是耳水不平衡的問題。

不要隨便買成藥或來歷不明的藥，每人的身體及健康狀況不同，隨便買成藥或來歷不明的藥，那豈不是好像自行處方醫病嗎？我不是醫生，怎會有這專業技能。

最後，當然不要向別人推薦藥物，因為我既不是醫生，又不和別人的身體及健康狀況；這樣做，豈不是害人嗎？



After attending SJS's Pharmaceutical Counseling Sessions...

I am a chronic patient and this fact reminds me of my unhealthy lifestyle when young; I was a night owl and I didn't care much about diet control. Now I have hypertension, hypercholesterolemia and heart disease and I have to take in multiple prescriptions every day.

When I was first diagnosed the diseases, I was just about 50 years old, I thought I was still too young to get stranded in sickness. So I tried everything that people claimed to be capable of curing. The result? This trial and error approach not only yielded no result and cost me much money, it made my condition even worse. This is why when I finally turned to the professional doctors for help, I got a severe lecture.

One day I read about the Pharmaceutical Care Service offered by SJS on a newspaper. I attended a number of counseling sessions under the project, I listened attentively to the pharmacists, I noted down the key points and asked for clarification on the unclear points. During the sessions I also shared with other fellow patients the things I did right and wrong when taking medications. Having reviewed the information again, I did further research online and finally came up with a theory of my own. I called it the "5 - Don'ts Theory on Medication-taking". The main idea of the theory is actually no different from the advice from the pharmacists -- Only by understanding our own prescription can we get our disease under control without being adversely affected.

Don't take medicines merely because you are told that it worked for someone else. Bear in mind that different patients may need different treatments according to their own specific conditions and causes of disease; therefore a medicine, even if it worked wonders in some cases, doesn't necessarily mean it can cure everyone.

Don't believe in miracle cure. Earlier I thought that out of the science domain there existed certain miracle cure, and therefore as a long-time patient, I could also tell which cure is more effective by trying them out in person. Now I understand that only the medicine prescribed to you by professional doctors are reliable.

Don't take other people's medicine even if you seem to share the same symptoms. I remembered I felt dizzy once and a friend of mine gave me his medicine for stopping dizziness. Now I understand that his cause of dizziness is balance disorders whereas mine is hypertension, we certainly need different medicine.

Don't buy publicly dispensed medications or medicines of unknown sources without consulting your doctors in advance. As layman we certainly don't have the necessary professional knowledge to examine our own condition and prescribe drugs for ourselves.

Don't recommend medicines to others. You don't want others to take false steps and hence jeopardize their health because of your unprofessional prescription made for them, do you?

「令我悟出正確服藥的藥療輔導服務。」

"Through Pharmaceutical Care Service, I learnt much about how to correctly take my prescription."



不僅只助改善生活 還帶來深層次關懷

石澳常給人印象是南區豪宅，可有想過年過70，申領綜援的唐伯伯居於石澳簡陋石屋，牆身破爛，電線外露懸掛半空，門戶殘舊，電力裝置已超過40年沒有維修的生活是如何危險呢？若電線殘舊，外層的塑膠會容易造成破損，唐伯伯要是觸碰到電線的金屬層便會觸電釀成危害生命的意外。早前有社工協助伯伯查詢安裝電熱水爐才得知，如強行使用高電力負荷的電器會有危險，並擔心超出負荷而跳掣，會使全屋照明等裝置損壞而跌倒或碰傷，遂急急轉介本會的「家居維修服務」求救。

獨居的唐伯伯本是一家四口的小康之家，生活富足，可惜人生往往無常，伯伯與妻子離異，兩名子女也定居美國，已多年沒有聯絡，更不願供養伯伯。唐伯伯的生活和家中的破損失修，就只有伯伯自己一個人感受到。沒有了家人的日子，唐伯伯的生活漸漸走進困境，沒有了經濟能力，就只能看著家居殘破下去。伯伯近年更患上鼻咽癌，沒有工作能力的他，在醫療開支方面成了嚴峻的經濟負擔，加上曾經中風而導致喪失說話能力，而左耳亦只剩下部份聽力，身體的毛病阻礙了他與鄰居溝通，伯伯的內心世界更感孤單。近年唐伯伯對社交更加提不起勁，自暴自棄，甚至拒絕接受送飯及家務助理等改善生活的服務，令居住環境及質素每況愈下。

可幸本會的「長者家居維修隊」獲石澳區長者鄰舍中心認識，邀請我們前往協助維修電力裝置，唐伯伯已很長時間沒有人到訪，服務當天就有8位熱心有電力工程認可資格的義工，安全地幫助伯伯更換漏電斷路裝置、重鋪全屋電線、加裝光管及電掣插座；義工的幫忙，即時令唐伯伯往後不用再擔心使用電熱水爐時，會超出電力負荷而致電力終斷，而且免除了電力短路以致火警。義工加裝了電掣及電插座位置，更令唐伯伯能輕易開關電燈及使用電器。

在義工整天的服務過程中，據轉介社工多番表示：「唐伯伯已沒有展現歡顏很久了，雖然他不能說話，但我感受到伯伯的欣喜滿足，此實在是賴義工全心全意為他改善家居環境，以及善長的捐款支持，以能減輕他在生活上的困擾。」然而最大的感動是伯伯能體會到還有熱心人士關心他，給予一個機會讓伯伯多接觸別人。這是我們於維修服務以外，希望能帶給長者一絲人間溫暖、還有愛。



Home upgrade brings deepening care too

People's impression on Shek O is a plush residential area on Island South. Have one ever thought about the danger faced by a 70 years old man Tong, a CSSA recipient living in a shanty stone house in Shek O, torn walls, exposed power lines hanging in the air, broken doors and power installations more than 40 years without maintenance? As external plastic coating of old wiring break easily exposing the bare wire and if Tong gets in contact, he runs the risk of electrocution. Not too long ago a social worker while helping Tong to install a hot water heater discovered that existing wiring was unable to carry the load. Circuit breaker will jump fuse switching off all lighting. He then sought help from our "Home Maintenance Service".

Tong, now alone, used to have a fairly cozy, middle class family of four. However, after separation from wife and with his two children moving to settle in the U.S.A. and lost contact for years, he had lost all family support. His life has turned from bad to worse. He has nasal pharyngeal cancer and without work the medical expenses has become one of his very heavy financial burden. In addition, he had a stroke causing the loss of his speech and left his left ear just fifty percent hearing ability. All these are hindering his communicating with neighbours, so he is even more lonely. In recent years he has lost all interest in social life and the outside world, rejected meals delivery and home assistance services. So his living condition just goes down and down.

Luckily, the district neighbourhood officer of Shek O happens to know one of our elderly home maintenance service service and asked for assistance. Tong has not been receiving home visitors for a long time. On the day of work we had 8 properly licensed technicians helped to replace all power wiring in the house, adding leakage breakers, fluorescent lights and power points. So Tong no longer has to worry about not having enough loading for his hot water heater nor fire danger due to short circuit. Additional power points and switching locations were installed to give Tong the benefit of switching on/off the lights and use of appliances.

During the installation process, the referral social worker said on a number of occasions, "Tong has for long time not been this happy. Though he could not speak I can feel his joy and satisfaction from the work of the volunteers and the generosity of the donors in overcoming his living difficulties." These services from SJS are geared to hopefully enable people like Tong chances getting in touch with the outside world, bringing to them human care, love and warmth.

**義工很努力為唐伯伯重鋪全屋電線。
Volunteer technicians at work in old man
Tong's house.**



夏天不再難熬了

每年夏天，氣溫高達30多度，對年78歲的賴伯伯來說，可說是一極難熬的日子。

向來怕熱的他，加上肥胖，每於炎夏，倘室內空氣不流通，定然會汗流浹背，衣衫盡濕，加上患有哮喘病，晚間也難以入睡，生活也變得更加難耐。

「為能可『避暑』，在不待驕陽高照之前，我每天均會走到居所附近的商場閒逛；惟因健康欠佳，患有各種疾病，包括如心臟血管靜脈管穿瘤、痛風症、骨刺等，加上行動不便及需定時服藥，我每日只可在商場內呆坐，至氣溫稍降很夜才回家，於缺乏休息之餘，亦造成生活的極大不方便。」賴伯伯說。

賴伯伯在港無近親照顧、獨居一公屋單位，依賴綜援為生，雖不願每日離家避暑渡日，惟仍不得要領。

自得獲轉介《電器贈長者》計劃後的3/4匹冷氣機，生活情況大有改善，哮喘病的困擾也減少了。正如他說：「好開心，原因是在晚間可以有良好的睡眠，日間在家的時間也多了。」

「我願望可以得到冷氣機得以實現，實在感謝善長們的捐贈。」



Summer is not difficult to bear any more !

When the summer temperature climbs to over 30 degrees Celsius, the days were very hard to bear for Mr. Lai. His clothes would be soaked with sweat since he is fat and the indoor ventilation is poor. He suffers from asthma and he finds it difficult to sleep at night. Life was becoming more and more unbearable due to the above circumstances.

"Before the day got really hot each day, I used to go to the shopping centre nearby to stay away from the heat. I like to stay in the shopping centre and would go back home until the temperature dropped considerably. That means I could not go home until it got pretty late at night. I have no choice as I have poor health and suffer from gout as well as a couple of other ailments." said Mr. Lai.

There was nothing much he could do but to stay in the shopping centre all the day because he has trouble moving around and he needs to take his medications regularly. All these cause him great inconvenience in his daily life on top of reducing his time for rest.

Mr. Lai has no relatives to look after him. He lives alone in a public housing unit and lives on the CSSA. Even though he does not want to leave home to stay away from the heat, he cannot do anything to change his situation.

After Mr. Lai received a 3/4 HP air-conditioner from the St. James' EAE Program, his living conditions have been improved to a large extent. The same is true with his asthma. Mr. Lai said, "I'm very happy because I can enjoy sound sleep at night. And I can stay home longer during the day time."

"My wish for an air-conditioner has come true. I'm thankful to those kind donors."

拿著哮喘呼吸器的賴伯伯，現在感到夏天再不是難熬了。

With a breathing problem Mr. Lai feels easy and comfortable because of a air-conditioner granted by a donor.



貧老炎夏望有雪櫃 以保鮮食物免病染

香港經濟不景氣雖然日漸消失，但繁華背後卻顯現貧富日益懸殊，貧者越貧的現象，加上市面有通貨膨脹的跡象，對貧困領取綜援的老者來說，改善生活質素對他們而言，根本是既無望又無助。

「我只想有一部雪櫃以保鮮食物，就是這樣簡單；現在天氣炎熱，肉類及魚等食物雖然放在廚房陰涼地方，但很快便會變壞，發出異味來，我當然不敢冒險吃啦。」61歲張光伯伯說。

因街市小販多拒絕顧客購買「小數量」餸菜，獨居長者雖然食量不少，惟每次都要被逼買入多過一餐的數量，致希望可有雪櫃以保鮮餘下的肉類、魚、蔬菜及廚餘。「我靠綜援為生，餸菜價格不斷上漲，因此每月購買餸菜也用了不少錢，我更無能力更換不能修理的雪櫃。」張伯伯說。

「我本來已積蓄了二千多元，滿以為可以購買一部新雪櫃，但最近身體不適，看了數次醫生，已全部花在醫療費用上，現在又要節衣縮食半年以上，才可望有足夠金錢購買了。」73歲胡婆婆說：「我又無親友幫忙，誰人可關心我呢？」

事實上，雪櫃是香港每一個家庭的必有家居用品，但對一些貧而無助的老者來說，能可有一部雪櫃可以說是一個夢想，不致因強行吃下變壞的食物而影響到健康、或因而拋棄食物浪費金錢。你可捐助\$100俾聖雅各福群會「電器贈長者」可以集腋成裘方式，以助正輪候的10名貧老，可有一部雪櫃於此炎夏保鮮食物？捐款支票抬頭請書：聖雅各福群會，指定捐予「購雪櫃」，逕寄香港灣仔石水渠街85號1字樓105室。網址：www.thevoice.org.hk。施線熱線：2835-4321或8107-8324。



To avoid bacteria in the food, the elderly needs a refrigerator for storing food in summer

Hong Kong economic is under recovering after the depression, however, the disparities between the rich and the poor become wider. With the expecting inflation, life of the elderly under the economics aid become harder.

The fresh food cannot be kept in the room tempature now, the weather is too hot. I just want to have a refrigerator for keeping the food so that I can eat them safely."Mr. Cheung, an elderly of 61-year-old said .

Mr. Cheung said "Due to the inflation, the expenditure on food is account for quite a portion of the economic aid from the Government. I do not have money to buy a new refrigerator or to repair the broken one". He said that it was impossible of purchasing fresh food for each meal as they could only buy a small amount. To keep fresh for the food, they need a refrigerator for storage.

A 73-years-old lady, Ms. Wu said "I had saved two thousand dollars for the purchase of a new refrigerator. But I was sick recently and the money was spent on the medication. I think I need to save money for six months for buying a new refrigerator."

Refrigerator is a necessity to most of the modern families, but it may be a dream of some poor elderly. They need it for keeping the food in good condition, or minimizing the waste of deteriorated food. Just donate HK\$100 to St. James' Settlement for helping 10 elderly on the waiting list. Please send us a cheque named St. James' Settlement and post to Room 105, 1/F, No. 85, Stone Nullah Lane, Wai Chai Hong Kong, specify (The purchase of Refrigerator). For further information, please visit the web-site, www.thevoice.org.hk, or call 2835-4321 / 8107-8324.

貧困長者得著大家賜贈雪櫃，欣喜莫名。

The poor elderly was so happy to receive the new refrigerator from the donator.



我們的服務
Our Service

免費電提服藥服務

眾人皆知，病人必須依照醫生的指示服食藥物，否則便會延誤病情康復，甚至會令病情惡化。

大家於患病時，也曾有忘記依時服食藥物的情況。但對長期患有頑疾的弱者而言，服食藥物時若「亂了陣子」，是一件極其危險的事。相信當親人需要服食藥物以治病時，大家都會非常記掛，於工作時致電他們，提點要服食藥物並追問服藥後的情況，以盡關注之情。但假若長者是獨居又缺乏親友探視時，在治理宿疾的路途上，唯有「孤身上路」，忘記服藥、追補食藥，是間常事。一旦服藥後產生反應或感到不適時，沒有諮詢管道，無法與人溝通又缺乏關懷，病者定會徬徨無措、失去療病的信心，最終可能會放棄努力，任由疾病煎熬。

「電提服藥服務」乃由攜手扶弱基金贊助，由一群聖雅各福群會熱心的義工在藥劑師及社工領導下執行。他們可於每星期致電獨居病人，提醒需依醫生指示服食藥物。當事人若對服藥有疑問，會有藥劑師跟進。義工還會提醒病者覆診日期、地點與時間，關心往返診所的困難、重點關注其療病過程的困難，轉介有關社福服務作出解困措施。總的說來，是要支援病者樂觀面對健康問題。

倘你是獨居患有疾病的人士，或認識在治病服食藥方面有困難的人士，歡迎致電聖雅各福群會要求「電提服藥服務」，以便病者能得到熱心義工的支援和社區資源的幫助。請速電2831-3283成為「電提服藥服務」的一員吧。



FREE PHONE REMINDERS TO TAKE MEDICINE

We all know that a patient must take his medicine according to doctor's orders. Otherwise his recovery will be delayed or, worse still, his condition may deteriorate.

We also may have occasionally forgotten to take our medicine on time when we are sick. But, to a frail elderly person suffering from chronic diseases, failure to follow doctor's orders in taking medication can be very dangerous. We all are very concerned when family members are sick and need to take medicine. We would take time from work to phone them, to remind them to take their medicine and to ask how they feel after taking the medicine. But if an elderly person lives by himself and has no friends or kin to visit him, he has only himself to rely on. Forgetting to take his medicine and making up for it later happens all the time. If he suffers from any side effects or discomfort after taking his medicine, he has no way of making enquiries, no one to talk to, and no one to show concern to him. He is bound to feel very lost, to lose confidence in recovery, and in the end may even give himself up to the ravages of illness.

Medication Phone Reminder Service is a service sponsored by the Partnership Fund for the Disadvantaged. It is provided by a group of caring volunteers of St. James' Settlement under the guidance of pharmacists and social workers. They can make weekly telephone calls to patients who live alone, to remind them to take their medicine as ordered by their doctors. Any questions raised by the patients about their medicine will be followed up by pharmacists. The volunteers will also remind the patients of the date, location and time of their next visit to the doctor, take note of difficulties they may have in making the visits, pay special attention to difficulties they encounter in curing their illness, and refer them to relevant social services for measures to overcome the difficulties. In short, the service aims to help the patients to face their health problems with optimism.

If you are ill and live by yourself, or if you know anyone who has trouble taking medicine to cure their illness, please telephone and ask for our Medication Phone Reminder Service, so that the patient can benefit from the support of caring volunteers and community resources. Please lose no time in calling 2831-3283 to become a member of Telephone Reminders to Take Medicine.

「有義工提點我食藥，真是開心啦！」

"I'm so happy to have a volunteer remind me to take my medicine."



高層次的生活質素

炎炎夏日，氣溫日漸悶焗的日子裡，對年老體弱及有呼吸道疾患的老人而言，在亞熱帶的香港，確實令他們難耐，有被煎熬的感覺。

「我真的不願老人受苦，他們已達高齡，在世日子有限，何不讓他們舒舒服服度每一天呢？」林太說。

當林太知悉本會的「電器贈長者」計劃，乃送贈有關電器予經審核資格的獨居無依老人後，便即時致電本會查詢有關餽贈詳情；最後她決定捐款，指示我們購買冷氣機予有需要的個案。

「香港近年夏天每天氣溫至少徘徊32度，年青力壯的人也感到不舒服，終日汗流浹背，試問老人又是如何？」林太說。「我不選擇捐電風扇為他們消熱，這留待別人捐贈吧。我捐贈冷氣機的目的，是要令他們活得更好，更舒服。我只略盡一點棉力，以提昇老人高一點層次的生活質素，當然我更希望有更多善長仁翁都有我此想法。」

事實上，在資源缺乏，財力有限下，「電器贈長者」計劃作為本會「慈惠服務」之一，乃是以「急貧困無助者之急而急」，在大家追求舒適涼快夏日的日子裡，無疑送贈長者冷氣機是一件好事，仰盼善長們可體諒我們將重頭在基本生活的電器餽送上，如電風扇、雪櫃、電飯煲及電視等。

「我知當長者家中安裝冷氣機後，夏天他要多付電費；這也是值得的，因為至少也令他們免去苦熱，減少染病的機會，尤以身體孱弱的老人而言；對家徒四壁的老人，『歎冷氣』也許是他們晚年生活的一點享受。」林太說。「只要我付出少少金錢，而又能令老人餘年有著舒適快樂的生活，是值得的。」

當然，朝著改善無依老者的生活質素方向工作，我們很感激及高興有著林太的鼓動，除因應一些患有呼吸毛病及精神病患者等需要，在醫護人員的證明下，替他們安裝冷氣機外，在日後倘有足夠資源及正如像林太般善長的財力支持下，我們熱切地可為貧老安裝冷氣機。正如林太說：「提昇老人高一點層次的生活質素。」



High Living Quality

The weather becomes stuffy and hot in summer. With a sub-tropical climate, summer days in Hong Kong are hard to bear for those weak elderly with respiratory problems. They feel scorched.

"I hate to see the elderly suffer. They are advanced in their years and haven't got much longer to live. Why not let them spend each day in comfort?" queried Mrs. Lam.

When Mrs. Lam learnt the EAE Scheme of St. James' is to give home appliances in need to assessed lone, helpless elderly, she rang St. James' Settlement for details. As a result, she decided to donate money and to specify the cases to which air-conditioners should be bought for.

"In recent years, the daily summer temperature climbs as high as 32 degrees Celsius. That is hardly comfortable for the youngsters. People sweat all day long. Won't it be even more unbearable for the elderly?" Mrs. Lam continued, "I won't donate electric fans for them to cool off with, that can be left for others to do. I donate air-conditioners for I want them to live better, more comfortably. I only do what I can to upgrade the elder's living quality. Of course, I hope more people will think the way I do."

As a matter of fact, the EAE Scheme is one of St. James' Settlement philanthropic services which are operated in limited finances and a lack of resources. The objective of EAE is to 'help the helplessly poor where help is sorely needed.' When everybody seeks comfort and coolness in summer, giving air-conditioners to the elderly is a good gesture. We hope that donors understand why we put air-conditioners as the top-most priority, even ahead of basic home appliances such as electric fans, refrigerators, rice cookers and TV sets.

"I realize that the elderly has a higher electricity bill to pay for once an air-conditioner has been installed. But it's worthwhile because they don't have to suffer the heat and that reduces their chances of getting sick, especially those with poor health. For those who live within four walls, the air-conditioning brings a little enjoyment to their old age." Mrs. Lam added, "It costs me little and it's worthwhile to make their remaining years happy and comfortable."

We at St. James' Settlement work towards improving the living quality of the helpless elderly. We are thankful for support from people like Mrs. Lam. Upon the verifications of medical staff, we install air-conditioners for those who suffer from respiratory problems and those who are mentally ill.

When our resources increase plus financial support from donors like Mrs. Lam, we sincerely hope we can install air-conditioners for more destitute elderly. Our objective, like what Mrs. Lam has remarked, is to 'upgrade the living quality of the elderly'.

「自從有了冷氣機後，我的生活變得舒適了。」受惠婆婆說。
"I feel more comfortable now with the air-conditioner." Our beneficiary said.



為何不用高價 買較好的?

問：我非常欣賞你們的工作，為那些弱勢貧而無依老人提供創新而有意義的服務。尤其是「電器贈長者」計劃，對老人有實質的幫助，在他們受惠之餘，也讓我們看到善款可以直接為老人解決生活上的困難，正如你們說可以改善老人的生活。

但本人感到不高興的是，為甚麼你們總是運用我們的捐款購買廉價的電器？據我所知，就購買電飯煲為例，你們只買\$150一個的，為何不用\$480購買一個較好的呢？要知道，我們捐款的目的是要老人有較好的生活，你們這樣做似乎與我們行善的目的相違背呢。

答：非常感激你支持我們在全港推行的「慈惠服務」。在目前的經濟衰退時期，仍有大家的善款支持，實在叫人感激。倘若沒有你們協助，那些弱勢貧而無依的老人，實在無法改善生活。

面對全港社工所處理的貧困長者需要，貧苦老人的個案不斷轉介而來。在此「僧多粥少」的情況，我們必須恪守慎用善款的原則。我們必須堅持以籌得的善款儘量幫助更多的長者，必須不斷尋找售價較廉的電器批發商購買電器。

用\$150購買一個電飯煲，是符合上述慎用善款的原則的。倘若我們購買高價貨，就會削減我們幫助更多老人的能力，他們便要苦候一段長時間，方可改善生活。我們用\$480可為3名長者添置\$150的電飯煲，還有\$30餘款。

我們用\$150購買的電飯煲性能良好、實用耐用又容易操作，完全符合長者的基本要求。而那些功能繁多操作複雜的貴價電飯煲，老人反而難以駕馭，那些功能亦可說是形同虛設。這樣用高價購買長者不合用的電器，豈不是浪費善款嗎？

Why not pay more for better ones?

Q: I appreciate very much your innovative and meaningful services for the disadvantaged elderly. Your Electrical Appliances for the Elderly Program gives concrete help to them. As they get the benefit, we also get to see that donations can directly solve problems for them -- in your words, improve their livelihood.

But I don't like your always using our donation to buy cheap appliances. For example, in the case of rice cookers, I understand that you only pay \$150 for one. Why not spend \$480 to buy a better one? Please remember that the purpose of our donation is to let the elderly live better. You seem to be acting against our donation purpose.

A: We thank you very much for supporting our Hong Kong-wide charity services. It really makes us grateful to receive donations at a time of economic downturn. Without your support, there would be no way for the needy elderly to improve their livelihood.

Facing the needs of the poor old people, and we keep getting referral cases of elderly people needing help. When demand exceeds supply, we must stick to the principle of spending donation money carefully. We must persist in making the money help as many elderly people as possible; we must keep looking for wholesalers who sell appliances at lower prices.

To pay \$150 for a rice cooker is in keeping with the above-mentioned principle. Buying more expensive goods would detract from our ability to help more elderly people, who would then have to wait a long time before they can live better. With \$480 we can buy \$150 rice cookers for three elderly people, and still have \$30 left.

The \$150 rice cooker works fine. They are practical, durable and easy to operate, fully meeting the basic needs of elderly people. The expensive rice cookers that come with many functions and are complicated to operate are actually hard for elderly people to handle. You might say the extra functions are useless. Wouldn't we be wasting donation money if we bought expensive appliances that are not suitable for use by elderly people?



社區藥房藥劑師的無奈

註冊藥劑師陳羽微從美國回流香港九個月，在聖雅各福群會惠澤社區藥房當藥劑師近兩個月，見過不少患長期病的人，徘徊在可以看病、但沒錢買藥的無奈境況裏。

有一對夫婦，養育兩兒女，太太患卵巢癌，化療每個療程需6,800元，丈夫無力支付，惟有辭去原有工作，一家領取綜援，好符合接受免費化療資格。原來夫婦兩人也患有乙型肝炎，以往他們每月只能負擔一盒800元的肝炎藥物，但一份藥不如一碗飯，再相親相愛，也不能你一粒我一粒的平分，這樣會失去藥效，誰也得不到治療。於是，丈夫寧願不治病，把吃藥的機會留給妻子。領取綜援後，丈夫知道聖雅各福群會有贈藥治病計劃，乙肝藥物售價較市面便宜約三成，於是高興地致電給陳羽微：「我有錢食藥，可以見醫生。」說的人在笑，聽的人心裏有點酸。

回流女藥劑師最近亦遇到一個患甲狀腺癌的中年男人，剛接受兩次化療，初步控制了病情，又要對付乙型肝炎。他每月工作收入6,000元，治療乙肝的「維肝健」屬醫管局藥物名冊內的自費藥物，他無法負擔每月千多元藥費，覆診時醫生淡淡把殘酷現實說出：「如果有錢買呢隻藥，食吓又唔食，不如唔好食。」草根階層吃藥都要等。

陳羽微很清楚，病人若不及早抑制乙肝病情，有機會出現肝硬化及肝癌。中年男人繼續通宵上班，但沒有餘錢買藥，在電話裏失望地跟她說，「醫生咁講，我有乜辦法。社工話睇下幫唔幫到我，我知唔係一定得，邊個叫我自己有病。」善良草根階層習慣默默接受命運，治病吃藥也能等，而且，用一條命去等。女藥劑師心裏無奈。

「換轉在美國，醫生不需要說這樣的話。」陳羽微曾在美國的連鎖公司任職社區藥房管理層，美國有醫療保險制度，醫藥分家，賣藥是種商業行為，藥劑師知道你有多少錢買怎樣的藥，病人也很了解自己吃甚麼藥。但在香港，老弱、低收入人士藥物知識貧乏，吃飯要慳，吃藥也以為可以慳，有人甚至把血壓藥切開一半，只吃半粒，危害病情而不自知。

當年在六四後到美國讀書、工作及移民，20年過去，40歲女藥劑師一家回流，眼見富裕社會，仍有不少長期病患者無法負擔藥費，惠澤社區藥房成為她服務與開拓的基地，為弱勢社群提供藥物資訊（藥物熱線：5131-3638）及資助轉介，「只能盡做，希望有更多藥廠及善心人捐贈。」記者 洗麗婷



Can a community pharmacist make a difference?

A registered pharmacist, Anita Chan has returned from the US for 9 months. During the two months she has been working at Philanthropic Community Pharmacy, episodes of chronic patients cannot afford the prescribed medications are astonished.

A family of four, unfortunately mom suffers from ovarian cancer. The required chemotherapy treatment would require \$6800 per cycle. The only way for the family to be able to afford the treatment is by husband quitting his job and started the family on CSSA. To complicate the situation, both parents are infected by hepatitis B. In the past, they purchased 1 month of the medications at the market price of around \$800 and that's all they can afford. Sadly the medication cannot be shared like a bowl of rice. Upon receiving CSSA, the husband read from the newspaper about Philanthropic Community Pharmacy and the same drug can be obtained at 30% discount versus market price. During the consultation of dispensing his wife's medication; he gladly told Anita and said "I can also afford to purchase medication for myself and can see the doctor." The talker said gaily, a sense of sadness was rushing through Anita's mind.

Anita also came across another case recently. A male thyroid cancer patient not only had just finished 2 cycles of chemotherapy; also combating hepatitis B. The medication he needs in under "Self Financed Item" according to the Drug Formulary established by Hospital Authority since 2006. With a monthly income of \$6000, there is no way for him to afford this medication in a chronic basis. On a subsequent visits, he explained his situation and the response for the doctor was "Either you take this medication on a continuous bases or else just forget about it" The indifference from the doctor truly reflects the current situation if one is financially compromised, so does his treatment options.

Anita knows very well if patient does not treat the Hep B in a timely manner, the chances of evolving to cirrhosis and liver cancer will increase. The middle ages man continues to work third shift and yet still not able to afford the medication. Over the phone he told Anita "If the doctor said so, there is nothing I can do. The medical social worker will try to get me some help and again there is no guarantee as well. This is my fate and I can only accept and wait". Traces of sadness and despair were filling the air of the pharmacy.

"Had it been in the U.S.A. The doctor need not say so." Anita has worked in U.S. community drug store chain at the management level. There is a different practice system in the US, doctors and pharmacists have very distinct roles. Doctors will only prescribe the best treatment options to the patients whereas pharmacist will fully utilize his professional knowledge to educate the patients on proper drug usage and understanding of medications. The third parties such as commercial insurances and social welfare will take care of the costs issues. Unfortunately there is little information for the old, feeble and low income people in Hong Kong. The misconception about cutting a pill in half or taking at a less than prescribed frequency could be detrimental.

Anita, the 40 years old pharmacist immigrated to the U.S.A. shortly after June 4 has returned to Hong Kong with her family after 20 years. Feeling awkwardly in such an affluent community, there are still patients with chronic illnesses and being unable to afford the medication. The Philanthropic Community Pharmacy becomes her base station for service and development and medicinal information source for the public.. "I will do my best and sincerely wish more drug companies and generous people will lend their helping hands." (Subsidy referral and medication information hotline: 5131 3638) Reporter Jophy SIN

陳羽微說，聖雅各社區藥房為綜援、長期病患人士及65歲以上長者提供資助。
Anita Chan said that SJS Philanthropic Community Pharmacy offers subsidy to patients on CSSA, prolonged illnesses and over 65 years of age.



參與行善之方法

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