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An Interview with our New Dean Professor Sum-ping Lee

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Professor Sum-ping Lee (季心平) received his MBBS and MD degrees from University of Hong Kong in 1970 and 1980 respectively, and his PhD in 1978 from the University of Auckland, Auckland, New Zealand. He is also a Fellow of the Royal Australasian College of Physicians, the American College of Physicians and the American Society of Clinical Investigation.

At the University of Washington,
Professor Lee held the Cyrus E.
Rubin Endowed Chair. He was also



previously the Head of Gastroenterology at the University of Washington School of Medicine Teaching Hospitals, Professor of Medicine at the University of Washington School of Medicine, and Chief of Gastroenterology Section of Department of Veterans Affairs Medical Centre in Seattle, Washington, USA.

Despite the arduous administrative and research work, Professor Lee still manages to allocate time in teaching and patient care, due to his belief that medical education and ultimately taking care of the sick are his life's calling. The UW "Gut Course," in which he participated, was ranked to be the best course in the UW Medical School 15 of last 16 years. The fact that he is voted to be on the honour role of the "Best Doctors in the USA" for ten years in a row also recognises his compassionate and caring heart in patient care.

On February 20, 2008, the Council of the University of Hong Kong announced the appointment of Professor Sum-ping Lee as the new Dean of Faculty of Medicine for a fixed term of five years. He assumed the office in August 2008.

Dean: I have wandered on this planet and have worked in many places, and all my assistants would tell you that my students have top priorities of my time. Whenever there is a clash of schedule, students always trump faculty members, news agencies, lawyers and other visitors. Because the most important responsibility of a school is to make sure the next generation is not just healthy and happy, but will do better than our generation.

Childhood

Dean: I was born in the southern coast of China and spent early childhood in the mainland. I worked hard, I studied hard and I had to work other jobs to support myself. You would not have witnessed the most traumatic period of political strive and political turmoil in China, as she went through her evolution. When I was about nine years old, my mother had to take me and my sisters to Hong Kong. That was most traumatic. Even now I would still suppress such memories.

I grew up in Hong Kong in relative poverty. I went through secondary school in Diocesan Boys' School, after taking the then Joint Primary School Exams. When I was there, I developed an interest in literature and poetry. I was the editor of the school magazine "Steps."

When I entered the Medical Faculty, I continued on with those hobbies and interests. I have a strong interest in reading and writing, and I contributed to Elixir and Caduceus. As we speak, I have in my briefcase 38 essays from the Medical Faculty Essay Competition, which has seen tremendous response. I would very much enjoy going through those. I think everyone who enters is a winner. Although there can only be one winner, it is going to be a happyheadache to make that decision.

The Caduceus and Elixir serve as a bridge within the Medical Faculty

Dean: When one takes part in putting together either a student magazine or newspaper, one connects with the student body as a whole, as a community. It is a vehicle for them to express themselves. It is also vital in maintaining a sense of community and belonging. Since our lives, even as students, are so saturated with work, there is relatively little time to truly have a corner of your

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mind as a sanctuary. I think reading and writing is such a sanctuary. What is at stake for our medical students, is that lives are so pressurised, and torn by so many forces. You are only left with a lonely soul wandering by yourself, while everybody is placing instructions and demands onto you. There is no sense of belonging. I think the two publications serve the purpose to bridge the gap between individuals and the community.

Career After Graduation

Dean: After I graduated from the Medical Faculty in 1970, I worked at Queen Mary Hospital as a faculty staff until 1973. Then, I went to Auckland, New Zealand and began my career in scientific research. After becoming consultant in gastroenterology, I quitted and went back to school and laboratory, and finally received my PhD in biochemistry and cellular biology. This further consolidated my interests in intellectual inquiry and asking scientific questions. That intellectual curiosity drifted me from institutes to institutes, from Auckland to Sydney, Melbourne, back to Auckland, London and Boston. 23 years ago, I went to the University of Washington in Seattle, and stayed there until two months ago.

What influenced your decision to come back?

Dean: One day, a head hunter reached me at my office and asked for my curriculum vitae, because the Medical Faculty needed a new dean. At first, I was reluctant to consider leaving Seattle. Therefore, I recommended several other candidates and supported them in writing. Nonetheless, when my CV went in, things evolved. Then, I went through some interviews through internet conferencing. Not long after, I was invited to come to the Faculty to look at the job as a final candidate.

In considering this job, it compelled me to examine the story of my life. I thought to myself: I am having a decent career, I can stay in Seattle and write more research grants and publish ten or twenty papers in the future. I can meanwhile continue to train scientists and fellows and medical students. Would that be my entire career, the things that I have been doing for so many decades? The interviews afforded me to reflect on my own growth, differentiation and career.

I am a wandering son for many years. It is time for me to come home to serve my alma matar; to share my experiences from all these years; to achieve further greatness in this excellent institution. I felt it was a calling, and I was so overwhelmed by the sense of mission.

What are some of the characteristics of medical students around the globe? Is there anything we can learn from them?

Dean: New Zealand is a rather socialistic country, where tax rate is high. The system makes people more equal in terms of income. As a result, doctors do not have very high income. I think that students who go into medicine tend to have their hearts at the right place.

In the United States, doctors, especially in some specialties, can earn high incomes. Therefore, the materialistic drive is bigger, so the intentions to be a doctor are different from those who go to medical schools in New Zealand.

Another difference is institutional. Many western countries require entrants to possess a first degree before being admitted into medical schools. Most of the students are more mature in terms of life experience. In Hong Kong, admission criteria are still heavily biased towards one's academic strength, whereas in the United States, personal qualities are just as important. When I served on the admission committee for medical students, I interviewed and judged, besides academic credentials, on the candidates' attitudes, maturity and what s/he wants in their lives on the whole. Is s/he going to be a good doctor? Excellence in academic performance is necessary but not sufficient.

A third year student remarks that she has once expected that the Medical Faculty would be like an institution where students come first and also where role models for the future healthcare providers are found. However, the MBBS programme resembles a vocational training programme more than the whole-person education that a university should deliver.

Dean: This is an area that we need to do much better. Sometimes, you have to understand the challenges our faculty members are facing each day. Their lives are like yours: intense and pressurised. Their recognition of success is not teaching, which sometimes make students a "burden." In this sense, we as teachers have failed you. I would want the faculty members to do much better

in terms of mentorship and caring for the students. I intend to lead by example, so I have put down my name to be trained as a PBL tutor. When I have had my registration completed, I will be wandering in the wards and meeting with the students in their clinical years.

"Teachers should also be Mentors"

Dean: Mentor is a character in Greek mythology, who is the best friend of Odysseus. As Odysseus was preparing to set sail to fight in the Trojan War, knowing nothing about whether he could ever make it back, he sent for his good friend Mentor and asked him to take good care of his son, Telemachus. Mentor did as promised, and had become a role model to Telemachus.

I want our teachers to be better mentors. Teaching is a bilateral relationship, instead of a unilateral flux of information or knowledge. You should give feedbacks to your teachers about what you would like. Do not be intimidated and shy because teachers are "authorities." I will also ask my teachers to be good listeners as well. Because of all the things I have learnt through listening. I have learnt a lot from my teachers and colleagues. But I have learnt a great deal from patients, and I have learnt the most from my students. My students have kept me on my toes, thus I read ferociously, because I do not want to disappoint them, I want to live up to the expectations they have on me.