

The role of general practitioners in re-building whole person wellness of university students during protests in Hong Kong: A case study

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Abstract

Until the unexpected and prolonged protests that began in June 2019 arising from the Extradition Bill, Hong Kong was recognized as an international city enjoying prosperity and stability. Since then, various studies have shown that the unrest seriously impaired the physical as well as mental well-being of the general public, and particularly of the younger generation who carried most of the movement. In this paper, we present the case of a patient showing surface physical symptoms to illustrate the need for holistic treatment. With reference to the process of traditional Chinese poetry composition, it is argued that beyond the treatment of each physical or mental health symptom, a holistic intervention approach should be adopted to reconstruct whole person wellness. The paper also calls attention to the important role of general medical practitioners in the context of the recent social unrest especially dealing with the aftermath, and argues that a holistic approach results in longer-lasting results for patients with complex issues.

Keywords: Mental health, emotional health, social unrest, general practice, Hong Kong

Introduction

In the global context, social unrest occurs in many places including large and affluent cities (such as London and Paris), which creates mental health problems of the general public at large (1). The ongoing “social incident” in Hong Kong began since June 2019, which was triggered by the Extradition Bill that would have enabled the government to allow extradition of criminal offenders to the People’s Republic of China. The persistent protests have been further complicated by COVID-19 outbreak from January 2020.

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A local survey with 170 frontline reporters after the exposure to tear gas in July 2019 suggested more than 90% and 70% of survey respondents presented with respiratory and skin problems respectively (2). Another local survey conducted by The Hong Kong College of Psychiatrists interviewed 80 clients who sought for mental support, and found nearly 50% had anxiety symptoms. There were also 40% and 11% of clients presented with depressive symptoms and post-traumatic stress symptoms respectively (3). In addition, a 10-year prospective cohort study focusing on depression and post-traumatic stress showed that the recent “social incident” created a heavy mental health problems which requires much additional social and health services (1).

In general, the younger generation is not optimistic about Hong Kong’s future. For example, a survey shows that 90% of young people opposed the Extradition Bill (4). The survey shows that their dissatisfaction mainly stems from distrust of the government and the system, as well as from their thwarted pursuit of democracy and freedom and is not related to housing or economic development issues, as some have claimed. They also feel a lack of support from the older generation. Moreover, generational disagreements about the movement have led to strained family relationships in many cases. University students were more heavily involved in the movement, as evidenced by the serious damage done to two local universities after they were occupied by protestors and police with contamination from tear gas, petroleum bombs, and other chemicals.

While health-care professionals and social workers are trained to be alert to the negative physical and psychiatric problems during and after crises such as social unrest, the identification and management of susceptible individuals are seldom discussed in the local medical and academic field, due mostly to the unexpected and rapid surge in demand for service. In Hong Kong, practical difficulties exist because many affected individuals did not seek professional care (1). Since local surveys have already reported adverse consequences on both physical and mental health, GPs who can manage both the health aspects and be easily accessible in the community, become important resources for individualized treatment. The role of GPs especially in the aftermath, in responding to natural disaster has been well demonstrated in the

Queensland flooding in 2019, when the residents and their GPs were the ones who stayed and put their lives back together after the politicians and the emergency rescuers finished their missions at the end of the disaster (5). The GPs in Australia are also working with their Government in supporting the communities affected by the recent bushfire crisis (6).

Health is not simply absence of illness. In fact, it has been regarded as a state of well-being in the physical, mental, spiritual and social domains (7). While the impairment at the physical and mental health levels is more obvious during social unrest, social and spiritual components of health are often neglected in general medical consultations. Yet, these four dimensions of health are equally important in nurturing whole person wellness. Considering that they are interlinked, if GPs can treat patients with such a holistic approach, the overall outcome will surpass the effects of traditional treatment of symptoms or of each component individually and will result in whole person wellness. Medical Humanities scholars and practitioners have put forth the idea for some time now that “understanding the subjective experience of illness as something distinct from the biomedical attribution of disease” as an important health enterprise (8).

Although the prevalence of mental health problems is high in university students, they have hurdles in seeking help (9). Recognizing this issue, a tailor-made “Mental Wellness Clinic” (10, 11) under the University Health Service was set up at a local university in 2016. With the ongoing social unrest in Hong Kong, and evidenced by the latest survey (1), it is believed that the mental health of local university students will be of growing concern. Therefore, health professionals should go beyond treating physical symptoms and pay attention to hidden psychological, social and spiritual problems.

Based on the above background, this paper explores the communication micro-skills needed when treating a student with apparent physical symptoms in the GP office at the University Health Service via a case study. The effort of rebuilding whole person wellness is discussed throughout the case study of the ongoing therapeutic process. Ideally, medical consultation is composed of universal scientific evidence as well as culture-bound medical humanities. According to Atkinson et al. (8), “The

medical humanities are most frequently thought of as a means of mobilizing the arts and humanities in the context of medical practice and pedagogy.” This article draws on the notion and highlights the creative value of the diagnostic and therapeutic process via the four dynamic steps of composition in ancient Chinese poetry: opening (起), elucidation of the theme (承), sublimation (轉), and summing up (合). According to Fan Deji of the Yuan Dynasty, “There are four movements in poetic composition: smooth opening, unhurried development, change of direction and deep conclusion. With reference to this conception and put it within the holistic medical context, this can be translated into “early detection and rapport building” (起), “exploration and management of related psychological issue” (承), “linking with social and family context” (轉), and “spiritual identity” (合). Such an approach enables the GP to develop a sense of empathy and identification with the patient, establish good communication practice, while at the same time instilling in the patient the necessary openness and trust.

Methods

This study adopts a case study methodology framed by a Medical Humanities approach. Heale and Twycross (12) stated that a case study as “an intensive, systematic investigation of a single individual, group, community or some other unit in which the researcher examines in-depth data relating to several variables.” For example, they adopted a case study strategy to examine pediatric pain management amongst nurses. Similarly, Crowe et al. (13) pointed out that “the case study approach allows in-depth, multi-faceted explorations of complex issues in their real-life settings.” For example, Yarborough (14) presented a case study to help a patient with diabetes.

The present case study describes the presenting problems of a young patient affected by the recent social unrest and outlines the intervention process (such as what counseling questions were raised) used by the GP. In addition, reflections by the consulting GP (first author) with reference to the available literature on clinical intervention and counseling are highlighted. Following the common practice in

qualitative research, we present the findings, observations and reflections together, which is followed by a general discussion section.

Intervention process and reflections

Opening (起): Early detection and rapport building. Peter (P anonym to protect patient confidentiality) is a 20-year old university student presented to a GP in the University Health Service as a walk-in routine appointment.

GP: “Hi Peter, I’m Dr X. What can I help you today?”

P: “I have had asthma for years. Within the last month, I have coughed more frequently and sometimes felt shortness of breath. May I get some medicine for my cough?”

At the first juncture, medical assessment should be performed immediately to exclude medical emergency conditions, such as asthmatic attacks, which indicate the need for early medical treatment or even resuscitation for unstable conditions. After a first clinical assessment, Peter’s condition was regarded as stable, but he was diagnosed with suboptimal asthma control without regular medical support or drug treatment in the past few months.

GP: “Peter, your asthma can be better controlled with the inhaler I will prescribe for you today. I will demonstrate how to use it later. However, do you have any idea why your asthma worsened in the past few months?”

P: “Well, although I have not participated in any frontline protests, my home is in a district where frequent rallies occur. I believe the air quality is very poor because of tear gas contamination. My eyes and throat are often irritated, and my eczema worsened as well.”

Handling multiple symptoms in a single medical visit is a common challenge for GPs. If, due to time limit, it is impossible to manage all the symptoms in one, it helps to prioritize them according to urgency and severity, so that those of less concern can be handled in follow-up visits. If the symptoms share a similar pattern, such as in Peter’s case, where problems of his airway, eyes and skin are all precipitated and aggravated by chemical irritation, proper medical advice targeting the cause of exacer-

bation should be given, apart from prescribing symptomatic drug treatment. In times of social unrest, doctors may need to familiarize themselves with some hitherto unexpected medical diagnoses, such as chemical irritation or burn wounds as a result of contact with tear gas, pepper spray, blue dye from water cannon with unknown content, petroleum bombs, or even gun-shot wounds. As medical literature regarding possible short term and long-term consequences from cyanide and dioxin poisoning is limited, GPs are advised to keep updated via continuous medical education and, if in doubt, refer likely patients to specialist care.

GP: "I'm sorry to hear that your home is affected. How are you now? Is there anything else I can do for you?"

P: "Doctor X, can you give me some sleeping pills? I have very poor sleep these days. My brain is so stuck and I just can't concentrate."

A recent study conducted by WHO showed that in 2015, only 16.4% of students with mental disorders received professional help within the twelve months (9). The problem of low help-seeking rate but high prevalence of mental health problems has been a longstanding issue among college students, both globally and locally. Dragojlovic and Broom (15) explained that "Whilst to care for has traditionally been considered virtuous, despite limited recognition as a social act/relation (particularly for women), to be willing to receive care has also been an important dynamic in the landscapes of suffering." Some of the reasons why students (and many other people, for that matter) are unwilling to seek help in the first place are the fears of stigmatization and/or embarrassment about being considered a 'mental patient' (11). The public generally shows difficulty in accepting people with mental illnesses and this is particularly the case for Chinese people (16). While it is relatively easier for patients to voice out their physical symptoms to their GPs, it becomes a golden opportunity for a GP to actively open up the dialogue once the GP can feel if the patient may also suffer from psychological disturbances. This can be done by simply showing care and concern at both verbal and non-verbal aspects during doctor-patient communication when handling the physical symptoms. Once rapport is built after patient can feel the care from the GP, patient will feel comfortable and safe to express their underlying

psychological concerns. This is the first step (起) out of the four steps of composition described above: a relaxed opening consultation that consists of responding to the immediate concerns of the patient (i.e., addressing Peter's physical problems including asthma and eczema flare up), showing care to the patient, and establishing a safe environment for the discovery of other related psychological issues.

Elucidation of the theme (承): Exploration and management of underlying psychological concerns

GP: "Being unable to sleep well for months does cause suffering. No wonder you look so tired. Peter, please feel free to tell me more about your sleep."

P: "I try to go to bed at midnight, but I just can't sleep until five in the morning. Doctor X, I have really done my best to close my eyes, but my parents and brother are so noisy. Even if I ignore them, I can feel my heart beating very strong and fast. It's really disturbing."

Based on the responses of 12,000 participants aged 15 years and above, it was found that almost half of them showed sleep disturbance in the past 30 days (17), including "difficulty in falling asleep within 30 minutes?", "intermittent awakenings, or difficulty in maintaining sleep during the night?", and "early morning awakening and unable to sleep again." Shek and Cheung (18) showed that irregular sleep was prevalent in university students. Given that insomnia is such a common problem in the community, GPs must be capable of managing insomnia arising from different causes. There are many causes for insomnia and specified treatment is very important. In Peter's case, his nocturnal cough and itchy skin rashes due to the flare up of his asthma and eczema were accountable for the organic causes of his poor sleep. These symptoms will be eliminated upon better control of his physical problems as mentioned above.

On the other hand, Peter mentioned at least two additional factors contributing to his poor sleep, namely disturbance from his family members and his palpitations. These hints should lead to an exploration of his sleep environment as well as his mental health state. Taking a detailed history of his family and social situation is also indicated. At this juncture, further psychosocial exploration requires time, which

is unlikely to be finished within 15 minutes. Hence, given that the GP also has other scheduled patients, he or she needs to decide whether this unplanned extended consultation is feasible. If there is a practical constraint that does not allow the GP to extend the consultation, the GP should use the precious 15 minutes to do a brief mental state examination, focusing on any urgent mental issues such as active suicidal thoughts, self-harm behaviors, or psychotic symptoms. If either of these urgent mental issues are present, for safety reasons, the GP should handle this patient first and triage other patients for later consultations. If no urgent issues are present, the GP should show empathy, acknowledge the suffering from insomnia, reassure the patient that sleep problems can be managed well with regular medical follow-up, and schedule an extended consultation timeslot as soon as possible. Since in this case, Peter presented to University Health Service that has a Mental Wellness Clinic tailor-made for university students in need of longer follow-up appointments, and Peter was referred for further management under the care by the same GP.

Peter, his parents, and his older brother live in public housing. His father, in his late fifties, is a security guard and has been underemployed since he suffered a back injury a few years ago. The mother is in her early fifties and is a waitress with long working hours. Peter's brother is two years older and works a freelance computer job. Peter experienced daily panic attacks, with palpitations, sweating, giddiness and numbness of fingers. He described having an intense fear of death associated with these symptoms, typically reaching a peak within ten minutes. As he could not predict when an attack would appear, and also due to his daytime tiredness as a result of insomnia, he avoided social gatherings and could not continue with his part-time jobs as a waiter and private tutor in the past two months. Since the University had an early term break due to the unrest, Peter had mostly been staying at home. In particular, the frequency of the panic attacks increased after his previous high school classmates told him that one of their classmates committed suicide a month prior. The suicide note suggested a relationship to the social unrest. However, recurrent flashbacks that are usually indicative of post-traumatic stress disorder were absent.

GP: "Peter, have you ever heard of panic disorder?"

P: "Yes, I have read a lot about this on the internet. I have already done an online questionnaire and I think the score is highly suggestive of this panic disorder. I just don't know how to tell other people. I worry others will think that I'm crazy. Doctor X, will I live like this for the rest of my life? Is there any hope that I can recover?"

GP: "Panic disorder is common. Drug treatment and psychotherapy are highly effective for treatment of panic disorder. Peter, we will walk together through the rehabilitation journey in the coming few months. You won't be alone."

For a patient showing mood disturbance, it is necessary to assess suicidal behavior because mental disorders such as depression have the strongest influence on suicide (19). Suicide accounts for 1.5% of all deaths, with approximately 800,000 suicidal deaths every year (20). In 2015, suicide was the second leading cause of death for the 15-29 years age group in the globe (21). The US National Strategy for Suicide Prevention recommends the use of tools to predict suicide (22), and the European Psychiatric Association endorses using these tools as adjuncts to an individual psychiatric assessment (23). However, current evidence of routine use in emergency departments and in primary care is weak (24). Of course, these tools should not replace the clinical judgment of doctors. Suicidal assessment should be incorporated into the entire process of doctor-patient communication, especially since verbal and non-verbal hints can often be subtle.

GP: "I'm sorry to hear that your high school classmate committed suicide a month ago. Have you ever had similar thought?"

P: "I don't have this thought. I just have a strong fear of death during the panic attacks."

GPs should not hesitate to ask about suicidal thoughts because asking suicide did not lead to significant increase in suicidal ideation in the patients (25). GPs should raise their awareness of common predisposing and precipitating factors as risk factors for suicide. During detailed history taking, Peter does not show a strong predisposition, such as family history of suicidal behavior, previous attempts, or adverse childhood experiences. He does not have a history of drug or alcohol abuse. However, during times of social unrest, precipitating factors

such as life events and the effects of the media are more common. GPs should maintain high awareness and be confident in performing suicide assessment whenever indicated. Among persons who attempt suicide, 1.6% die by suicide within the next 12 months, and 3.9% die by suicide within the next 5 years (26). If patients admit to suicidal thought or previous attempts, it is vital to consider the following five points in assessing and managing the risk of suicide (27):

1. A person who presents with suicidal thoughts may be at risk for suicide even if there are few overt symptoms of a psychiatric disorder.
2. Suicide risk should be assessed by considering predisposing and precipitating factors, including recent life events.
3. Risk of suicide should be managed through regular follow-up.
4. The suicidal person, family members, and those who provide care should all take part in ensuring a safe environment.
5. If the risk of suicide is considered to be high or uncertain, the person should be referred immediately to mental health services.

Apart from drug prescription, Cognitive Behavioral Therapy (CBT) shows effectiveness in treating panic disorder (28, 29). According to the National Collaborating Centre for Mental Health, CBT with 1-2 hours per week for a maximum of four months since commencement is a recommended choice. In Hong Kong, this guideline is often not practical, mostly due to the lack of expertise and busy clinic schedules. For some cases, the patients may have to wait for more than one year before the first consultation session (30). Although there is no waiting time problem if patient seeks help from private psychiatrists, the charge is high with roughly US\$260 per session (31). The cost is similar for consultations with private clinical psychologists (32). With roughly 1.4 million of Hong Kong people are living below the poverty line (33), such high consultation fee is basically unaffordable to them. Hence, in view of the practical difficulties regarding specialist referral, GPs are encouraged to be well equipped with basic psychotherapy skills.

Sublimation (轉): Linking the case with family and social dynamics

Peter showed good compliance with drug treatment for asthma, eczema and panic disorder. He was also willing to arrange regular medical follow-up visits. His cough and skin itchiness gradually resolved within two weeks, together with less frequent panic attacks. However, as he suffers from persistent poor sleep, he cannot discontinue the sleeping pills.

GP: "You mentioned that your parents and brother are quite noisy at home. Are your mood and sleep affected by them?"

P: "Definitely yes! Our family, just like Hong Kong society, splits into two camps. My parents are "blue". I support my elder brother. We are "yellow". We, especially my father and brother, quarrel every day." (Note: "Blue" color symbolizes pro-establishment (including government and police) supporters, while "Yellow" color refers to the side of pro-democracy protestors.)

GP: "It sounds to me that the family has different political opinions. How does this disturb the family in everyday life?"

P: "Well, just like watching TV at home.... My parents basically must watch a pro-government local channel. However, this channel news has been criticized for biased coverage and selective censorship for years. My brother asked them to stop watching it, but of course this ended up in big quarrels. You know, we used to watch TV during dinner time every day. Because we can no longer compromise since the start of the social movement in June, we have not had dinner together since then."

GP: "Is having dinner together important to you?"

P: "Sure. It symbolizes union of the family. However, it is getting hopeless now."

GP: "Why?"

P: "As the movement goes on, my brother is getting more involved and actively participates in frontline protests. He seldom comes home now. My father strongly believes that all protestors are 'rioters' who made his son walk away from him. He is so angry and blames them during the TV news every day. My mother, on the other hand, is very indifferent to politics. She just wants to have peaceful dinners with her family. I have tried to educate her about freedom, democracy and civil rights, but it's too complicated for her. She shows no interest. Sometimes I'm so angry with her."

GP: "What makes you angry?"

P: "This is stupidity! Our society cannot be civilized because of the stupidity of many people, including my parents. However, they are my parents, my dear parents...."

What can I do? My mother is a traditional Chinese woman who always follows her husband despite their marital problems. I have seen her tears since I was a kid. Doctor X, on second thought, I'm not angry with my mother. She is a victim. I'm so mad with myself! I fail to educate her and make her happy. My brother just leaves home for his social responsibility, but I can't! Whenever I think of this, I end up in panic attacks and can't sleep well."

GP: "I see... So now you have figured out the underlying causes for your panic attacks and poor sleep. I can sense an unresolved anger, correct me if I'm wrong."

P: "Yea... Doctor X, you're right. I'm angry."

GP: "Angry towards...?"

P: "The government, my parents, my brother, and myself..."

GP: "I'm all ears."

P: "Well, it's an undeniable fact that many Hong Kong citizens are dissatisfied with the Hong Kong government. Even my father who is obviously "blue" supporting the police, blames the government for its inability to settle the social unrest. And from our "yellow" perspective, I'm of course angry with the police brutality against the protestors, and the government's betrayal of its citizens, failing to bring universal suffrage. Frankly speaking, I have given up reasoning with my parents. They are both unable and unwilling to listen. Doctor X, have you read "Call to Arms" (呐喊), the famous book written by Lu Xun (鲁迅)?"

GP: "Yes, I have a vague memory that this book was included in the Chinese literature curriculum in high school? It attacks traditional Confucian beliefs and the hypocrisy of some Chinese characters, doesn't it?"

P: "Exactly. One of the articles says, we all live in an 'iron cage' which symbolizes society. Now the 'iron cage' is on fire, many people, including my parents, are still asleep. I try to wake them up so that we can escape together. Unfortunately, I have failed. They are still sleeping. Ironically, they don't want me to disturb their sleep."

GP: "So now you are unable to 'wake up' your parents, what will you do?"

P: "I will stay with them."

GP: "Why not just run away?"

P: "I love them. I want to protect them. They are getting old. They need a son by their side."

GP: "How about your brother? Do you think he is just running away or is he doing something?"

P: "He is searching for an exit from the 'iron cage'."

GP: "So..."

P: "So that we all can escape, if there is an exit, hopefully..."

GP: "Good to hear the words 'love' and 'hope'."

Summing up (合): Spiritual identity - The last piece of the jigsaw

Hong Kong has a special history tracing back to 1842, when Hong Kong was ceded to the British Empire because of the Opium War. It had been a British colony until 1997. In the Hong Kong Basic Law (34), it is stated that the existing capitalist system and way of life will continue for 50 years since 1997 (i.e., the socialist system will not be practiced in Hong Kong). Besides, individual rights including freedom of speech, press and assembly, are protected under the Basic Law. The education received by Hong Kong students was influenced by the British during the long years of colonization, where British core values such as democracy, the rule of law, good governance and individual liberty were internalized (35).

On the other hand, Confucian thoughts have also played an important role in shaping Chinese behavior, with harmony as a much valued social value in the Chinese culture (36). The importance of harmony can be revealed in the popular sayings "if a family lives in harmony, everything will prosper; a family will wither if there are a lot of quarrels". In the traditional Chinese culture, children were not socialized to inhibit their emotions in social situations (38). There are five cardinal relations ("Wu Lun") in the traditional Chinese society, namely "sovereign-subject," "father-son," "elder-younger brother," "husband-wife," and "friend-friend" (37). Children were socialized to play their proper roles in these relationships.

When the core values from the West (e.g., individual liberty) clash with some of the traditional Chinese Confucian beliefs, such as obedience to authority in the society and filial piety (to parents or senior family members), family conflict in terms of culture shock emerges (39). One may argue young students in Hong Kong, like Peter, are born after 1997 and should not have received direct influence from the British. However, it is undeniable that Hong Kong is steeped in Western democratic values. Moreover, in the era of information technology, news and information from all over the world is readily available unless there is internet censorship which is not yet present in Hong Kong. Considering the historic and cultural background, Peter's inner conflict is understandable. He was raised in a Chinese family with parents influenced by Confucianism, as

well as under the impact of western democratic values from media, school and peers. When these two values are contradictory to each other, for instance, when Peter's father instructed him to cast his vote for the pro-government candidates in the District Council Election due to obedience to authority but Peter opined voting out these candidates in view of the loss of credibility of the current government. Peter, and in fact many youngsters of this age, would open up to the conflicts of cultural expectations from the senior generation and contemporary cries on self-determination of the millennium cohorts. While parent-child conflict in adolescence is universal, there are unique Chinese cultural features. Chinese parents expect obedience of their children and not to confront with the authority in the society (40). This internal struggle as well as the drop in political well-being (41) may cause Peter prone to emotional disturbance, such as anxiety, depression and insomnia. Although medication can alleviate the symptoms, it cannot solve the root-cause of the internal conflict.

GP: "Well, sometimes it is really difficult to choose between obeying one's parents and following own minds. On a scale from zero to ten, with zero meaning absence of own thinking and full obedience to parents, and ten meaning complete self-determination while ignoring the feelings of own parents, where is your brother on the scale?"

P: "Nine, at least..."

GP: "And how about you?"

P: "Err.... I think I'm standing at five."

GP: "Why do you think your brother stands at nine while you are at five?"

P: "Because he is pretty sure that I will stay at five, taking care of our parents, so that he can do more on the frontline, which is of quite high risk. We know that many protesters lost their lives in the past few months, don't we? Frankly, I respect him for what he does for Hong Kong society. I'm not as strong as he is. I will have asthma attacks if I stay in rallies with frequent tear gas attacks. I can't be a burden to others in the battlefield, so I stand at five. I choose a more peaceful and safer way of protest, such as casting my vote to the pro-democratic party in the recent District Council Election, going to the pro-democratic restaurants, and taking care of my parents so that my brother can go further. "

GP: "I hear the word 'choose'. Is it your own choice to stay at five? Or am I correct to say that it is an underlying consensus between you and your brother to remain at your respective positions?"

P: "Oh Doctor X, thanks for pointing it out. I haven't thought about it in the past. Yes, you are correct. I can say that it is a division of labor in the family."

GP: "How do you feel now?"

P: "Previously, I was frustrated because of a strong sense of uselessness. Now I realize that I can contribute to both society and family. I'm more relieved."

GP: "How nice. And please be reassured that the sliding scale is very flexible. Today you choose to stay at five on the scale, but you can always move up and down at different stages."

P: "Sure, Doctor X. I'll remember your words."

Application of the "scaling" technique is commonly used in counseling theories, including Cognitive Behavioral Therapy CBT (42) and solution-focused brief therapy (43). It is a technique of turning a dichotomy into a continuum so that individuals do not see things as "all or nothing." It is used to challenge dichotomous thinking. But how and when to use it is an art. This skill can only be applied effectively if there is a prerequisite empathy and a sensitive exchange between clients and therapists. Moreover, a prior understanding of the client's cultural background can surely enhance empathy. In general, "suffering as a concept challenges our understandings of things, requiring consideration of a series of entrenched dialectics around concreteness versus subjectivities, physicality versus emotionality, externality versus internality" (15).

As mentioned, physical, mental, spiritual and social well-being are intrinsic to the concept of health (7). These four dimensions of health are equally important in maintaining whole person wellness of an individual. As we see in Peter's case, all the four dimensions of health were impaired in the social unrest environment: Physical dimension: Asthma, eczema; Mental dimension: Panic disorder, insomnia; social dimension: Family conflict, suicide of a former high school classmate; Spiritual dimension: Loss of self-identity and meaning with struggling between traditional Confucius and modern Western values.

In modern Western medicine with its many specialties and sub-specialties, it is not uncommon to see a different expert for each dimension. If we only manage the physical and mental dimensions, the root-causes of the symptoms which originate from the social and spiritual impairment will remain the same. An unresolved root-cause will inevitably lead to a

recurrence of the physical and mental symptoms. The Chinese proverb “to cure the symptoms, not the disease” (“治標不治本”) perhaps best formulates the essence of such limited treatment. It is important to remember that Peter is a “person” but not “a symptom carrier”. The four dimensions of health do not have clear boundaries because they interlink with each other. It is relatively easy to treat each “problem”. But bringing the bits and pieces back together and re-establishing a balanced dynamic within an individual is an art. As Franz Kafka said, “To write a prescription is easy, but to come to an understanding with people is hard.” Lin and Shek (44) showed that life meaning plays an important role in adolescent well-being. To encourage an individual to search for his or her spiritual identity is like matching the last piece of the jigsaw puzzle. It is of the utmost importance in the regeneration of whole person wellness and helps to “destabilize the distinction between binary notions of health and illness” (15).

General discussion and further reflections

In modern school medicine, it is common for doctors to focus at disease management with reference to international guidelines with strong scientific evidence, such as GINA (45) for asthma and DSM-5 (46) for panic disorder as in Peter’s case. However, when it comes to patients with multi-dimensional and interlinking presentations, clinical management should aim beyond disease or symptom management and aspire to attain a patient’s holistic wellness. This article is not a protocol or guideline. Rather, it highlights the importance of holistic intervention in form of the related four steps. We argue that intervention in this political context is similar to composing a poem. This is a unique contribution integrating Chinese wisdom and psychological intervention. It can be used as a useful and innovative conceptual framework to guide the overall therapeutic process which transforms from stage to stage which highlights the artful and demanding nature of medical consultation.

There are four major challenges for promotion of holistic well-being among GPs in the local setting. These include time constraint, concern about couns-

eling skills, divergent life values in doctors and patients, and doctors’ burnout.

Time constraint

Consultation length in primary care settings vary considerably in the international context. For example, a review showed that doctors spent five minutes or less with their patients in 18 countries (47). In Hong Kong, the average consultation time in general out-patient clinics under the Hospital Authority was about 6.7 minutes in 2008 (48). Although since 2014, the HA has adopted a planning parameter of eight minutes when planning for additional services, time is still a major constraint if patients with multi-dimensional issues, such as Peter, are seen. In Peter’s case, the time constraint was resolved because Peter consulted the “Mental Wellness Clinic” of the University Health Service. With the support from nurses and administrative staff, special extended appointments can be arranged. Regarding other general medical services in Hong Kong, the “Integrated Mental Health Programme for Common Mental Disorder Patients in General Outpatient Clinics, IMHP” (49) that was introduced under the Hospital Authority in 2010, is a shared care model involving collaboration between psychiatrists and primary care doctors to help patients with mental disorders. Hopefully, patients with multiple needs can be screened out through short routine consultations and then referred to these extended consultation appointments. Appointment booking in private GP clinics is more flexible because they do not have the same rigid patient quota set by the public or private institutes. Here, at least for those who can afford private care, extended consultation time can be arranged based on individual patient needs.

Concern about counseling skills

Most GPs in Hong Kong are confident in managing physical diseases, such as mild to moderate asthma and eczema in Peter’s case. These are bread and butter in daily practice. Some GPs with family medicine training are also competent in treating common mental disorders, such as panic disorder and

insomnia in our case study. While drug prescription of common psychiatric medications is an integral part of medical training and can be updated via continuous medical education, the maturation of individual counseling skills can hardly be achieved by counseling lectures or workshops which usually only take up a small portion of the overall medical training. GPs with special interests in counseling do not receive much training in Hong Kong. Only some short-term certificate courses on counseling theory basis without counseling practicum training are available to limited number of GPs at their own cost and time. If individual GPs aim at receiving more in-depth counseling training, such as a structured master course, or regular participation in counseling practicum under supervision by individual experienced mentor, it is usually considered as the GP's own initiative without financial support from central authority. According to local regulations, even if a GP has completed some structured counseling training, such as master of counseling by a local university, the qualifications are not quotable together with the GP's other post-graduate medical qualifications.

Nevertheless, the lack of skills should not prevent the GP from counseling patients in daily practice because research in psychotherapy clearly shows that therapeutic outcomes are only weakly related to theories and techniques of psychotherapy (50). Lambert (51) pointed out that psychotherapy outcomes are attributable to client and extra-therapeutic factors (40%), therapeutic relationship (30%), expectancy and placebo effects (15%) and therapeutic techniques (15%). If we go back to Peter's case, the critical question asked by the GP turning the process from opening (起) to elucidation of theme (承) was "I'm sorry to hear that your home is affected. How are you now? Is there anything else I can do for you?" By active listening, the GP can "hear" that Peter's home was affected by the rallies. Empathy will lead the GP to think that if his home is affected, he will likely need further assistance. For this reason, the GP offered additional help to Peter and did not just prescribe an inhaler. Throughout the consultation process, the only question asked by the GP that can be considered a special "skill" is the application of "scaling," which challenges dichotomous thinking during the latter part of the session. Apart from this, no special skill specific to any counseling theories has

been applied. Without doubt, the artful application of certain counseling skills can streamline the entire process and make it more structured. Furthermore, the outcome may be documented more easily. However, showing empathy and utilizing active listening skills should always be the cornerstones for a holistic approach to the patient. Dragojlovic and Broom, in their book "Bodies and suffering" (15) put forth the idea that suffering moves across persons in the therapeutic encounter, and that suffering should not be 'treated' as being contained to the patient [...]. Rather, suffering circulates, rests on different people, and is supported by particular entrenched social relations and roles. Suffering in this context is in fact an assemblage of roles (professional and lay), desires, expertise, fear, dread and hope - all of which are evident within these difficult and important caring relations.

Divergent life values in doctors and patients

While life values rarely matter in brief GP consultations for simple physical ailments, the picture is completely different when counseling involves psychosocial or spiritual issues, issues that increase in times of social unrest. Due to the trust and confidentiality with the doctor-patient relationship, patients will tell doctors about their values towards family, friends as well as political views. As doctors are also members of the same community, they also have their own life values which may or may not be different with their patients. In Peter's case, it might not only be him and the younger generation who suffer from inner conflicts between individual liberty and Confucian beliefs. Doctors who grew up in Hong Kong share the same historic and cultural background and may also experience similar struggles. In times of social unrest, both patients and doctors suffer. However, once a physician takes up the role of a therapist or caregiver, he or she should be non-judgmental and show empathy irrespective of different life values.

For instance, no matter which political view that the doctor and Peter have, they share the same feeling of despair caused by family disharmony and social unrest. Throughout their communication, the doctor neither showed agreement nor disagreement to Peter's political views. In other words, perspectives can vary,

but emotions should be genuine, and communication should remain non-judgmental. This is the foundation for rapport building in counseling. It does not always come naturally and might well require some training and experience. If the doctor feels uncomfortable during the consultation process, referral to expertise help should be indicated.

Doctors' burnout

There are three components of burnout, including emotional exhaustion, depersonalization, and reduced personal accomplishment. Medical doctors are prone to burnout, because of their high level of stress in their work (52). In China, burnout symptoms were very high (53). A doctor who experiences burnout may work like a machine at full capacity and becomes unable to feel the emotion of patients, especially in the Chinese community where the expression of emotion can be quite subtle. In this case, it is difficult for a consultation process to progress from the apparent physical level to psychosocial or spiritual levels. The new Chinese translation of "burnout" ("燃竭") further implies exhaustion on a spiritual level (54). While improving the working environment for doctors is important, the promotion of the Medical Humanities may prove crucial for burnout prevention. Besides communication skills, professional judgment and management skills, Medical Humanities also promotes empathy, mutual respect, authenticity, sensitivity of oneself and reflections. Medical Humanities is not "hard skills" which are technical in nature. Instead, it is a process through which "soft skills" are nurtured in doctors through modeling and guidance (53). "Care is, in effect (and in affect), the (somewhat troubled) companion of suffering" (15), and the Medical Humanities approach can add a humanistic perspective to our understanding of what it feels like to be ill.

Conclusion

People all over the world have the desire to live in peace and harmony, and nurture family life while also striving to fulfill individual life goals. When wars and other unexpected and prolonged social unrest happen,

it destroys the peace once taken for granted and causes people of all walks of life immense suffering. This case study illustrated how a university student who presented to the University Health Service with apparent physical symptoms, received care beyond the initial level of disease treatment. After careful screening and conversation, he embarked on a therapeutic process that led to whole person wellness and awareness. It highlights the important role of GPs, especially when dealing with the aftermath of social unrest. This article highlights the importance of a holistic approach to patient treatment, with a special focus on the needs of patients who, in addition to physical symptoms, show signs of mental distress. Although the case study was based only on one person, it is indicative of the general situation in Hong Kong, which suggests the need for a more creative and caring medicine. At the time of writing of this article, and in the midst of the Coronavirus Outbreak, unrests in Hong Kong are flaring up again. It is hoped that all Hong Kong citizens despite different backgrounds and political views can grow and get matured from this social trauma, to be reborn like a phoenix rising from the ashes.

Ethical compliance

The authors have stated all possible conflicts of interest within this work. The authors have stated all sources of funding for this work. If this work involved human participants, informed consent was received from each individual and it was conducted in accordance with the 1964 Declaration of Helsinki. If this work involved experiments with humans or animals, it was conducted in accordance with the related institutions' research ethics guidelines.

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