



全體大會論壇
Closing Plenary Forum

主持：

香港特別行政區政府衛生福利局局長楊永強醫生

Moderator:

Dr E K Yeoh, Secretary for Health and Welfare,
The Government of the Hong Kong Special Administrative Region

這一節紀錄分組論壇主持簡報四組論壇主要的觀點和討論。

This section records the summary by the moderators of the concurrent sessions of the main points discussed at the four sessions

陳坤耀教授
「重整對年長的觀念」論壇主持
(下文節錄自陳教授的發言)

我們認為傳媒對長者並不太差，只是有時候在概念、觀念、及語言上對長者仍然有所不敬，有些問題的確值得我們重新去想想。譬如，我們在語言上往往受以前的束縛。如「半百老翁」。如果是從前，人的壽命只有四十多歲，那麼五十歲當然已是很厲害了。但是到了今天，在一個稱為「後現代」的時期，這些觀念仍未改變——我們認為半百已經很老了。另一例子是：退休即代表喪失了工作能力。這些觀念是我們認為需要修改的。我們希望可以透過傳媒重整社會對年長的觀念和長者的形象。

除此以外，我們兩位講者提及，要重整對年長的觀念，有一個很重要的、非正式的制度：家庭的凝聚力。我們認為三代同堂是很重要的。三代同堂即是每一年代有所連繫 (intergenerational connectivity)，是對於支持長者、使他們享有優質生活的關鍵所在。

這是一個很重要的觀點，尤其是我們提及的字眼：家庭內不單有「為父母之道」(parenting)，還有「為祖父母之道」(grandparenting) 的概念。如果祖父母能起領導作用，而三代之間又能保持良好的關係，這對重整長者觀念和保持優質生活至為重要。

另一位講者則以其他角度審視這問題。他採用較傳統的看法，認為應以正式的渠道／制度，如立法、保障長者權益、為長者提供經濟上的支援和退休計畫等有助改善長者形象。這是另一觀點，但我相信是同樣重要的。與此同時，有參加者指出目前香港長者的權益受不到足夠的保護，獲提供的設施亦不足，而青年人對長者的態度也是值得我們檢討的。

總括來說，優質的老年生活需要健康的保證，這需要政府提供健康醫療設施。另外，優質的老年生活也有賴於經濟上的安全感，而在退休制度方面相信也要政府的制度保證。第三則是子女的支持。

另外，對於重整對年長的概念，尤其年青人對長者的觀念，我們需要教育。我們一方面要教育提供長者服務的執行者，同時也給長者學習的機會，如老年大學，讓他們學電腦，增強他們的自豪感和自信。通過這些措施，可望解決對年長觀念的問題。

整體來說，我們的小組講者以不同角度、包括正式和非正式手法去改善長者的形象。我們既有大量討論，也提供了不少建議。所以我們的小組討論是非常富建設性的。

Professor Edward Chen
Moderator of “Reconstruct the Image of Ageing”
(The following is a translation of
excerpts from Prof. Chen’s presentation)

We hope to reconstruct through the media the concept and image of ageing. To reconstruct the image of ageing, there is a very important, informal institution: family cohesion. In a 3-generational family, there is intergenerational connectivity for each generation and this is the most important key to older persons enjoying quality life.

In the family there is not only parenting, but also the concept of grandparenting. We also need education to reconstruct the image of older persons among young people. We have to educate service providers of older persons and at the same time provide learning opportunities to older persons. Overall, the speakers in our group talked about improving the image of older persons from different angles, adopting both formal (such as legislation) and informal methods.

劉秀成教授
「重塑外在生活環境」論壇主持
(以下譯文節錄自劉教授的發言)

我們有三位講者，分別來自香港、日本及澳洲。我們討論通用設計及良好設計的成功因素，包括：(1)安全；(2)容易接觸到；(3)容易使用(即在設計上方便不同體能人士使用)；(4)可以負擔(即物有所值)；(5)有持續性(在日本將透過立法執行)；及(6)美觀。我們亦討論國際標準。有些標準例如「71號指引」是我們沒有留意到的。香港的建築師和工程師或有興趣跟進研究。在重塑外在生活環境方面，我們需要所有有關人士和機構的合作。工程師、建築師、立法會議員等等的共同參與是很重要的。屋宇署作為監管者或「促成者」協助業界發展通用設計。通用設計的概念是設計適合所有人：健體、傷殘、年青人、年長人士等等使用。

Professor Patrick Lau
Moderator of “Remodel the Living Environment”
(The following are excerpts of Prof. Lau’s presentation)

We have 3 speakers from Hong Kong, Japan and Australia. Dr Kose’s topic is “Designing for the Ageing Society: Japanese Experience”. Dr Kose talked about universal design. Universal design refers to design that is suitable for both young and old. In terms of the requirements of a good design, he listed 6 points, some of which are legally binding in Japan. These are: (1) safety, (2) accessibility, (3) usability (how the design can cater for use by individuals), (4) affordability (“value for money”), (5) sustainability (which will be regulated by legislation in Japan), and (6) aesthetics.

Dr Kose showed us what are important for Japanese people. Of course, they may be different from Hong Kong. Some of you may be interested to know that “Bidet toilet” is now all over Japan. More than 50% of the toilets in Japan are Bidet ones and have water jets, which are very hygienic and clean.

Mr. Ross Wraight from Australia talked about the “Global standards for the Whole of Society”. He is in the Standards Australia, which strives for many important standards that can guide the development of regulations. The ISO also has a huge outlook. It has the participation of 140 countries, which is a very impressive figure.

Mr. Wraight talked about the international standards. Some of which we do not know, for example, Guide 71. Hong Kong’s architects and engineers may be interested in looking up the relevant websites.

Our last speaker was Mr. Cheung Hau Wai, who is the Deputy Director of Buildings Department. The Buildings Department is going through a big improvement. In terms of remodeling the living environment, we need the cooperation of all stakeholders. It is important for developers, engineers, architects, lawmakers, etc. to work together. The Buildings Department acts as a regulator. But it is better to call them “facilitators”, who help people develop universal designs. The idea of universal design is that you should design for all, the able and disabled people, the young, the old, and so on. He quoted the Chinese poem from “the Story of Peach Garden” (桃花園記) by Mr. Tao Yuan Ming (陶淵明) to illustrate the harmony of older persons with the young in society.

翁以登博士
「重新注資於老齡」論壇主持
(以下譯文節錄自翁博士的發言)

這部份集中討論兩點有關年長人口如何為社會經濟作出貢獻。我們認為不應硬性訂定退休年齡。退休與否應視乎個別人士的生產力。年長人士是可以再培訓。他們可以為工作間帶來很多知識及穩定性。我們應該以新思維去考慮如何善用年長人口，其中一個提及的例子是讓他們參與教學行列。傳統把求學、就業及閒暇視為人生三個順序的階段。我們應把這三個階段融匯，把它視作一個混合體。我們亦論及有需要全面檢討社會保障系統、包括退休、老年退休金、綜援、失業保障計劃及殘疾保險等。

Dr Eden Woon
Moderator of “Reinvest in Ageing”
(The following are excerpts of Dr Woon’s presentation)

The session mainly concentrated on two aspects of how the ageing population should or could contribute to the economy: that is, the relationship between the older persons and the business world.

And there were basically two areas. One area was on attitudes and the other was on policies.

On the attitude side, we agreed with the other panels here that there should not be a mandatory retirement age. That should be up to individual productivity.

About productivity, our speaker Professor Victor Marshall, in particular, who is a professor at the University of North Carolina, went through some studies that showed that there is no drop for older persons in cognitive skills, adaptability and even in creativity. He thought that it would be mad to think that musicals and mathematics could only be generated by people under age twenty-five.

Therefore we should not forgo the possibility of training for older persons, because Professor Marshall knew that in some employment places, people were hesitant to train older people. They wanted to invest more time and money on younger people. Of course, older people can be trained, and in fact bring a lot of knowledge and a lot of stability to the workplace.

Then we moved to the policy area. Mr. Chan, who is the Managing Editor of the Hong Kong Economic Journal, provided some very good observations on Hong Kong. He talked about thinking out of the box and be more creative in how to use the older persons, for example, to make career changes or post-career changes, e.g. into teaching. It would be an excellent use of their skills and knowledge in having another career. And there could be part time jobs or job sharing.

Professor Marshall said that instead of looking at the traditional blocks of education, work and leisure in a consecutive manner, we should look at them in parallel, i.e. throughout life, we should have education. Throughout life, we should be working. And throughout life, we should be looking for ways to enjoy proper leisure. That’s the way we should look at the whole lifespan, instead of having the 3 distinct blocks.

Mr. Stuart Leckie who is a pension specialist provided a detailed analysis of the pension situation here. He is a strong proponent that old age pension is really necessary. All the speakers objected to the lump sum payment which is very prevalent in HK. They felt that there should be a comprehensive study on the entire social security scheme, from retirement to old age pension, to CSSA, to unemployment scheme and disability insurance. The entire range needs to be studied. Most people agreed that given the complex problems facing the SAR and the HK Government, the review might take some time to materialize.

李國棟醫生
「重新審視醫療保健系統」論壇主持
(以下譯文節錄自李醫生的發言)

我們主要討論以一個終身，由年幼到年長的角度處理基層保健。結論是採用以社區為本的衛生服務模式及提倡「積極健康樂頤年」(active ageing)。

「積極健康樂頤年」的定義是在一個人的成長過程中加強「健康」、「參與」及「保障」，從而改善生活質素。我們強調從一個涵蓋整個人生過程的角度去處理「積極健康樂頤年」，防止在年長時受殘疾桎梏。「積極健康樂頤年」的幾個決定因素包括吸煙、不健康飲食、痴肥、缺乏體力活動等。世界衛生組織要求在「健康」、「參與」及「保障」三方面採取行動，一個很清晰的訊息是不論任何年齡都要保持活力。

提供基層健康服務的醫生不應再只是解除病徵，而應與其他提供基層健康服務的人員合作，成為提倡防範式保健的「健康經理人」。但這轉變需要先改變病患者對求醫的心態和期望，而為基層健康服務醫生提供有關培訓更是必要的。我們應透過公眾教育向市民灌輸健康是本身的責任，與及自我照顧，而不單是被動的求醫角色。

我們認為預防勝於治療，用的資源亦更少。健康的老年可以減慢醫療和退休金成本的上升和增加收入保障。

Dr Donald Li

Moderator of “Refocusing the Health Maintenance System”

(The following are excerpts of Dr Li’s presentation)

The session is on “Refocus the Health Maintenance System” in meeting the Challenges and Opportunities of an Ageing Population. Our focus is on a life course approach in primary health care. Answers were based on community-based care, and promotion of active, healthy ageing.

We had two speakers. The first speaker was Ms. Irene Hoskins from the World Health Organization, who made a presentation on “A Global Perspective on Active and Healthy Ageing: Current and Future Trends”. She emphasized the need for innovation and policy reforms to meet the challenges.

The features of an ageing population were presented, and several health-related challenges related to ageing population were highlighted. These include:

- how to respond to the epidemiological transformation, from infectious diseases to non-communicable diseases;
- the increased risk of disabilities as individuals and populations age;
- how to provide chronic care which is appropriate, accessible and sustainable;
- to address persistent health inequality based on gender, ethnicity and income;
- escalating health care costs.

Active Ageing was defined as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. The WHO Policy Framework which requires action on three basic pillars: health, participation and security, was emphasized.

The life course approach of active ageing was also emphasized, especially the prevention of older people falling below the disability threshold. She also emphasized using every opportunity to promote health and the prevention of diseases. Several determinants of active ageing were also highlighted, including tobacco use, diets, obesity as well as the lack of physical activities.

Our next speaker was Dr Margaret Chan, Director of Health. In fact, both Ms Hoskins and Dr Chan remarked that “Population Ageing is first and foremost a success story for public health policies as well as social and economic development”.

Dr Chan elaborated on the features of ageing, existing policies and the preparatory work in Hong Kong. Dr Chan delivered a strong message calling upon all to stay active regardless of chronological age. Proposals on reducing non-communicable diseases were discussed. Details of the initiatives of Department of Health on the Healthy Ageing Campaign were also presented. A Public Health Information System which is proposed to collect public health data, was also introduced. This will be very helpful in developing future policies.

A life-course approach in promoting disease prevention and disability prevention in Hong Kong was introduced. This involved providing health care from childhood, to adolescence and adulthood to old age. The Department of Health provides comprehensive services through the Maternal and Child Health Centres, School Dental Service & Student Health Service, Women and Men Clinics, as well as Elderly Health Service.

Finally as Chairman, I remarked that the quality of primary health care services is essential. Primary care doctors are no longer only a symptom reliever, but should work hand in hand with other primary care workers as managers of health in promoting preventive care. A change in patient culture and expectations is however required. Proper training of primary care doctors is essential. Changes in the current medical education syllabus as well as continuing medical education and updated knowledge of medicine are also required.

Through public education, the individual should take up the responsibility of one's own health. A balance between self-care and the passive receipt of medical care should be strived.

Primary care workers can utilize the resources of the Department of Health to enhance care for the elderly. The comprehensive continuing holistic health of the family medicine approach should be promoted. It would be less costly to prevent diseases than to treat diseases. Disability and poor health when associated with old age is always costly. Reaching old age in good health will offset the rising costs of health maintenance, pension costs and increase income security.

楊永強醫生
全體大會論壇主持
(以下譯文節錄自楊醫生的發言)

在年長的觀念方面，我們仍然把年長人士描繪成亟待社會援手，不能對社會作出貢獻的人。這個現況是我們自己造成的。我們現存的社會建制是在人壽命較短的時期構成。正如今天的一個分組論壇指出，我們的人生歷程是一個社會建構，我們被習慣桎梏。

其實年齡本身並不是一個問題。我們的困難是自己建構的體系、觀念和政策未能配合人口結構的改變。現在人的壽命延長而新一代的年長人士較以往亦有不同，現在很多人年屆80仍然很健康。雖然亦有年長人士需要支援，但很多人年齡在20、30、40之間也需要支援。所以年齡本身是無意義的分野。

我們把人口老化這個成功故事看成災難是因為社會和公共政策還沒有改變思維。人口老化不是問題。要轉變的是我們自己所用的文字語言和社會建制。我們要思考如何配合社會轉變中的需要，檢討如何令有關建制及設施能因時制宜，建立一個能共融閒暇、工作等等的大環境，一個所有人都能參與的社會。

Remarks by Dr E K Yeoh
Moderator, Closing Plenary Forum
(The following are excerpts of Dr Yeoh's presentation)

In my past three and a half years in the Government doing my present job, I have three very interesting portfolios, one is Gender, the second is the Elderly and the third is Rehabilitation. All three have a common characteristic: the impact of language and images.

All three are in fact very interesting areas, because, when one talks about rehabilitation, one talks about "disabled". It is a very negative concept. When you look at the many disabled individuals in society, the blind in fact can now see, the deaf can hear and crippled people can walk because of new technologies. When Jesus talked about that 2000 years ago, they were miracles, but now they are facts of life. The disabled have many abilities. Thus, it is the language that gives us the impression that the disabled people are vulnerable, that they need support from society and cannot contribute.

When we talk about gender policies it is similar. Many of the problems that we face in society have much to do with languages and our association with certain images of certain types of individuals. Women are supposed to stay at home, take care of the children, not take up certain jobs, and do not need to be so competitive. When we talk about ageing, we talk about the "young olds" and the "old olds", i.e. 65, 75, 85. But now people are going to live up to 120. So what does that mean to us? Chronological ageing is a very convenient way for us to classify people, and take it for granted that these individuals need support from the community. Obviously there are older people in our society who need support. But there are people in their 40s, 30s and 20s who also need support. Age is such an arbitrary line when defining who need support and who do not.

What is the image we want to portray for older people? We are still portraying older people as people who need protection, people who cannot contribute and are vulnerable in society. But they are so because of the way we construct our society. As we heard in today's sessions, our social institution was constructed in the days when people lived much shorter periods. We heard in one of the sessions that life course was a social construct. These are things determined by ourselves, by habit. It is certainly not a given thing, and can be changed. Do we really want to separate our life according to stages in which we have all the education when young, as pointed out by Prof Marshall; to cramp the working life in another stage and then the so-called leisure in the last stage of life? This kind of life course is socially constructed, it is not preordained.

Our society continues to age. As the WHO has mentioned, population ageing is one of the great triumphs of the health economic and education systems. We have turned the success story into a burden simply because we have not understood some of the things we are doing in society and with our policies. So that is exactly what we want to have done today in our discussions, and some of these issues have been highlighted. I think it was the first time that we talked about it.

I remember a conversation I had about removing the word “age” from the English dictionary. Because it is the problem. Why do we talk about age? We really want to talk about the needs of people in different stages of life. The word “age” itself creates an image in ourselves, and it is very difficult to take this image away in society. But language and image are so powerful that it is very difficult to fight with them.

It is in this context that the Elderly Commission has organized this conference. There are lots of things related to ageing which are preventable. For example, if we opt to retire early, or to plan for certain periods of our life that we do not want to work, we need to make preparation for an adequate income. We need to design houses which are universal for all ages, the young, the old, the disabled, the less able, for men and women. These are the common issues. So the environment itself is a very powerful tool to make sure we have an ageless, and maybe a genderless society.

The main message today is that all these things are not given. They are constructed, created and reinforced by our own thinking and can be dispensed with. To me these are the solutions to the problem. It is really for ourselves to think out of the box and think the issue not as population ageing. The issue is ourselves, our language, our institutions and how they have not been able to cater for the needs of our society as society has changed. Chronological age is just a small aspect of the whole problem. We need to review a lot of the institutions, look into how to empower these facilities so that they can provide the environment that everyone can participate, whether it is leisure, work or for caring purposes.

Our speakers have highlighted certain points to us, based on a great deal of their knowledge and experience. We would certainly look through them, and see how we can take forth these ideas.

This has certainly been a valuable experience for us. But I think it is just the start. I hope groups and individuals can look at some of these issues afresh, not from our previous views. Maybe our excellent speakers can help us evolve a much better concept of the things we need to do, and things we should be doing.

From the Government's perspective, we will be actively pursuing this issue. We do recognize some of the problems in our policies. We also recognize that there are lot of things to do in the future. But the Government should always prioritize some of the policies. There are policies relating to health and welfare which should be done by the Health & Welfare Bureau. But whether we need a whole revamp of major policies really depends on the timing. Normally, in one term of government one really cannot have too many major policy reviews.

That does not mean that other policies should remain unchanged. There can be incremental changes which prepare for a major change when the right time comes. I can assure you that the Government is very aware of the vast amount of work that needs to be done and will prioritize.

We are very appreciative of the input and participation by all the members of the audience. The very fact that we still have a full room now is testament to the excellent discussions that have taken place, and I would like to thank speakers and contributors from both overseas and Hong Kong for their participation; our moderators for doing such an excellent job in steering the whole discussion, and in reporting back on the discussions; and most importantly all the contributions from participants today. It is the contributions from our moderators, speakers and participants that have made this conference a great success, and it helped us achieve some of the things we set out to do.