CHINESE ASSOCIATION FOR CANCER CARE
英國華人關懷癌症協會
雨後陽光・重整健康
英國註冊慈善團體號碼 1160496

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2023 年 9 月

2023 年 8 月 協會財政報告

7 月結存	£ 36,200.21
8 月收入	£ 1,702.00
8 月支出	£ 27.76
8 月結存	£ 37,874.45

蘇豪關懷癌症月會(MCSG Soho)

每月第二週六上午 **11AM-1PM** 倫敦中華基督教會蘇豪福音堂地庫
Soho Outreach Centre (SOC), 166A Shaftesbury Avenue, London, WC2H 8JB

癌友園地

Jodie Li

2022 年 11 月，我突然感到右下腹痛，又見小便含血。回想 20 年前我也有腎石引致的血尿，當時在廣州，醫生說：「若然有痛便可能是腎石，反而不用怕會是癌症。」我便不以為意，何況我每年都做全身體檢。朋友知道後，關心我的血壓如何，叫我自行量度。我看見血壓計的上壓是 170，便趕快求診急症。 因我的大腦已有血管腫瘤壓迫我的視力神經，急症室醫生首先為我做大腦素描和驗血，均無異常，處方胃藥和三日的尿道抗生素，轉介泌尿科和一個月後的電話問診。當時兒子去了旅行，義工幫我翻譯急症室的出院信，才得知初步診斷是懷疑膀胱癌，我毫不緊張和憂慮，但仍有恆常的失眠。服完抗生素兩天後的晚上，我肚屙和噁心，按右下腹仍然痛。第二天我致電 GP 前台，已無預約了，便安排在別處 GP 的黃昏緊急預約。義工陪我前往覆診，驗小便已無發炎。醫生詳細解釋右下腹痛可能是闌尾炎，並可能已經被 A&E 處方的三日抗生素初步控制了，故處方較廣效的抗生素十日。醫生又詳細解釋當日在 A&E 的驗血報告，腎功能正常，炎症指數不高，認為只是表面懷疑膀胱癌而已。我未服完十日抗生素已無肚痛和腹瀉了，當然我按照指示服食整個療程，免得細菌產生抗藥性。

12 月初照膀胱和照大腸的預約訊息很混亂，又遇上醫護大罷工，一改再改。義工幫我打電話去確認在 12 月中，並陪我前往覆診泌尿科。照膀胱鏡是用幼細和柔軟的玻璃纖維管，我沒有痛楚和血尿，相比 20 年前在中國的相同檢查，真的舒服多了，可見醫學的改進。我去年照大腸，所以 GP 說我不需要重覆照。後來覆診泌尿科，得知 CT 腎報告，確認右腎有腎石，相比 20 年前縮細了，極可能是微小的腎石移動導致血尿。沒有腎癌跡象，也沒有急性闌尾炎。回想 2019 年在英國，我不注意有梯級便跌倒，右腳跟骨折；兩年後在中國，我再次跌倒，左腳跟骨折。返回英國，GP 確診我骨質疏鬆，便處方鈣片給我。我意想不到服了鈣片四年，也沒有令腎石增大。感謝耶穌！

其實從 1980 年往後的 15 年內，我在中國先後三次被誤診患癌症，分別是鼻咽癌、肺癌和膀胱癌。(請看癌症月訊 2014.10）每次聽聞「癌症」兩字，我都嚇得半死。所以我非常體諒癌症病人的心情，無論旁人怎樣安慰，最要緊是當事人想得通。所以我參與癌症協會的聚會已八年了，身為義工與癌友同行。除了參加每月的癌症互助小組、戶外活動外，我很樂意將自製的食物送到醫院給癌症病人。(請看癌症月訊 2022.11）我記得 2019 年，有一位女士在患癌症後信了耶穌。醫生預測她的壽命只有幾個月，但至今她仍然過著積極的生活。癌友的生命超越醫學數據，太神奇了。今次被懷疑有膀胱癌，我之所以能處之泰然，因為已經身經百戰。而且我已相信耶穌，在 2013 年受洗，除了有永生的確據，在日常生活中凡事祈禱交託給耶穌就是了，自己多想也不會改變事實。

2023 年 2 月，GP 再次為我驗大便，發現仍有炎症。轉介我到醫院，但無需治療。因為英語不好，我雖然年紀大了，仍每週去教會舉辦的免費英文班兩天，儘量學聽和講英文。我的家附近有華人GP，醫生和前台都是華人，可以直接表達自己的健康問題。我算是幸運的華人，在英國求診困難不大。5 月我在教會的大螢幕觀看英皇加冕，並聆聽職員的翻譯和講解，才了解加冕儀式中的每個程序和步驟，都有聖經根據，非常有意思。正如 NHS 提供的免費檢查和治療，並不是根據病人的經濟能力和社會地位，乃是基於病人的健康需要，實在遵行了聖經的教導。而且醫護多方解釋，以病人為中心的護理，令我再次感謝耶穌！

我們未來的健康 是與 NHS 合作的慈善團體，現在進行英國有史以來規模最大的健康研究，招募多達五百萬名的成年義工。這項研究的目標是研發和測試更有效的疾病預防、早期檢測和治療方法。

居住在英國的成年人都有資格加入，您將支持新研發，幫助人們更健康、更長壽地生活。您還會更多了解自己的健康狀況及未來的疾病風險。如果感興趣，請發電郵至 info@ourfuturehealth.org.uk

1) 閱讀並簽署同意書
2) 填寫一份關於自己的調查問卷
3) 預約在家附近的診所進行驗血和身體測量，您將即時收到一份健康報告，例如: 膽固醇水平。

https://ourfuturehealth.org.uk/get-involved/

+ Our Future Health

誠邀出席《關懷癌症月會》MCSG

您, 並不孤單!
我們是您抗癌路上的同行者。
歡迎癌症病友、家屬、照顧者和朋友,
大家分享近況，互相關懷，祝禱支持。
感謝義工齊心侍奉，出席者預備愛心美食，
一同分享分擔，為抗癌勇士打氣！

同理心是感受對方的感受，帶著感情；
如果我是他，遇到他的事情，他有甚麼感受。
同情心是理解對方的痛苦，提供認知；
如果我是他，遇到他的事情，我有甚麼感受。

義工訓練　　梁少芬

2023 年 4 月，我參加了在線的義工訓練班。六個週六的早上，卅多名同學均收穫豐富，尤其分組討論的內容非常有助我們實踐。

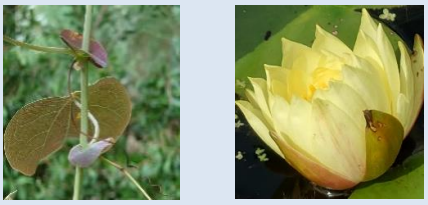
癌友得悉患上癌症，往往第一時間想到的就是死亡。原來死亡除了生理死亡(心跳停頓)外，還有心理死亡 ，就是當事人完全腦退化，或過度焦慮而陷入絕望心境。此外被遺在老人院，沒有親友的探望，就可能是社會死亡。屬靈死亡就是失去了信仰，沒有與上帝同行的安穩。不同形式的「死亡」都會引致病友的恐懼和焦慮，關顧者可以此作參考，協助病友減輕心中的不安，接納人生是不完美的，是充滿挑戰和挫敗的。有生必有死，無人可倖免。同時，讓他們明白生命非在乎長短，而是在乎價值和意義，活在當下過好每一天。當病友聚焦在生的意義，就可能會減輕對死後的恐懼。面對死後未知的世界，要減低焦慮談何容易！屬靈死亡可以靠傳福音，和建立信仰去面對。社會死亡則可能以探訪、活動和關懷去逆轉這種感覺。心理死亡部分源於負面情緒和想法，「懷緬治療」則可以為治療對象增加正能量，讓他們集中回憶過去美好和正面的事物，以此生出愉悅感，肯定自己的人生，目標是讓他們重建一個美好和正面的心情。

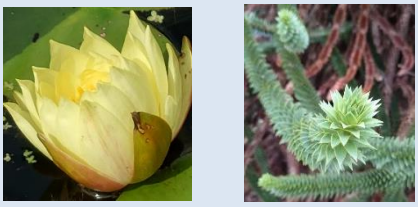
面對癌症，病友的反應通常由「否定」到「憤怒」，然後「沮喪」至「接受」。由「否定」確診癌症到「接受」與癌症共存，病友在每一個階段都需要支持和鼓勵。他們希望被明白、被接納和得到陪伴。他們需要尊重，若他們身體機能許可，不需要事事幫忙，可讓他們重新建立自信。照顧者也必須先關心自己，感受自己的情緒，接納自己所思所想，照顧好自己，才能照顧別人。情緒穩定，才可以與病友同行，不會被病友的情緒所牽引。

我完全同意愛是關懷的先決條件，然後就是聆聽 — 用心的聆聽、專注的聆聽、全心全意的聆聽。留意病友的聲調、語氣和表情，找重點探究病友的內心世界，才可用適切的語言來回應。與病友同行時，要以謙卑的心去陪伴，以同理心待人，非以同情心。同理心和同情心有何分別？同理心是代入病友心情，嘗試明白他們的感受，不是「我高你低」來幫助他們、可憐他們；乃是以平等的心態對待，不須認同或分析他們的想法，只要明白就好。「初層次同理心」，就是先放下自己，然後客觀地明白病友的文化背景和語言用字。主動聆聽，表示關心，不用急於提供建議。以具體簡單的字句概括覆述病友的感覺，幫助對方釐清和梳理情緒，讓他們感受自己、接納自己。這課程讓我開了眼界，知道聆聽和同理心是相輔相乘的，我不要抱着「我來關心你，你便要接受我關心」的心態，引發「我講嘢，你要聽」的情況出現，這是不可取的。又或者我們常有一聽到問題便立刻提建議的習慣，這也是要當心的。總括而言，如何關懷病友是一門學問，但也不是高深的理論，拿出真心和同理心來待他們，便已是成功的一半了。

遊覽 Kew Garden

7/8 20 人參加





蘇豪月會 9/9/2023 (週六) 11am-1pm

SOC, 166A Shaftsbury Ave, SOC WC2H 8JB
12/8 31 人出席 Josh Kwok 生的講座「癌症知多少？ 」

美倫月會 (普通語) 21/9/2023 (週四) 11am-1pm *Zoom*

17/8 Zoom 5 人參加，互相支持。

美景月會 (粵語) 26/9/2023 (週二) 2pm-4pm

Maggie Centre, Charing Cross Hospital, W6 8RF
22/8 10 人參加，互相支持。

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September 2023

CACACA September 2023 Finance report

August Balance	£ 36,200.21
September Income	£ 1,702.00
September Expenses	£ 27.76
September Balance	£ 37,874.45

Monthly Cancer Support Group (MCSG Soho)

2nd Saturday of each month **11am–1pm**
Soho Outreach Centre (SOC), 166A Shaftesbury Avenue, London, WC2H 8JB

Patient's Story — Jodie Li

In Nov 2022, I had lower Rt tummy pain & blood in my urine. 20 years ago in China, I had haematuria due to kidney stones, and the doctor said, "If there's pain, no need to worry about cancer." So, this time, I didn't take it seriously since I had annual check-ups. My friend asked about my blood pressure, which was 170 so I urgently sought medical help. Since an angioma compressed my optic nerve, ER doctors conducted brain scans & blood tests, prescribed stomach medicine, 3 days of urinary antibiotics & referred me to urology. My son was away so a volunteer interpreted my ER discharge letter, revealing a suspicion of bladder cancer. I remained calm although I had persistent insomnia. 2 days after antibiotics, I had nausea & pain in the lower Rt abdomen. I called the GP but could only book an urgent evening appointment at a different GP. Accompanied by the volunteer at consultation, my urine showed no signs of infection. The doctor explained that I might have appendicitis, possibly managed by ER antibiotics. Therefore, a broad-spectrum 10-day antibiotic was given. The ER blood test showed normal kidney function & low inflammation levels, the bladder cancer suspicion was likely superficial. My abdominal pain & diarrhoea had subsided before finishing the 10-day course, but I followed the instruction to finish it to prevent bacterial resistance.

In Dec, due to strikes, the appointments for bladder & colon exams were changed & I was so confused. The volunteer called to confirm them & accompanied me to the cystoscopy which used soft & flexible fibres, much more comfortable compared to the same exam 20 years prior. Since I had a coloscopy the previous year, the GP confirmed it wasn't necessary to repeat it. During the urology follow-up, the kidney CT report showed a kidney stone in the Rt kidney, smaller than the one two decades ago, likely causing the blood in urine due to slight movement. No signs of kidney cancer or acute appendicitis were present. In 2019, I fell in the UK, fracturing my Rt heel, and I fell again 2 years later in China, fracturing my Lt heel. Upon return to the UK, the GP prescribed calcium tablets for osteoporosis. Surprisingly, 4 years of calcium intake hadn't led to kidney stone growth. Thank Jesus!

Within 15 years from 1980 onward, I was misdiagnosed with cancer 3 times in China – NPC, lung cancer & bladder cancer. Each time, the word "cancer" terrified me. I empathize with cancer patients' feelings; regardless of others' comforting words, the patient's perspective matters most. For 8 years, I've been involved with cancer support groups as a volunteer. Besides attending MCSGs & outdoor activities, I gladly prepare homemade food for cancer patients in hospitals. (MCSG newsletter 2014.10 & 2022.11) In 2019, a lady found faith in Jesus after her cancer diagnosis. Though doctors gave a life expectancy of a few months, she still lives positively, defying medical odds. Cancer patients' lives transcend medical data; it's miraculous. Facing suspicion of bladder cancer, my composure stems from experience & my faith in Jesus since my baptism in 2013. I have eternal life & entrust daily matters through prayer to Jesus; I can change nothing no matter how much I think about.

In Feb 2023, my GP retested my stool, found signs of inflammation & referred hospital, but it's NAD. Due to my limited English, I attend weekly free English classes at church although I am old. I fortunately have a Chinese GP, ensuring easy communication. In May, I watched the monarch's coronation on the church's big screen. Listening to the staff's interpretation, I learned that every procedure in the ceremony is biblical which is very intriguing. Similarly, the free service provided by the NHS is rooted in the patients' health, not their financial ability or social status, aligning with biblical teachings. Moreover, the comprehensive explanations from health professionals & patient-centred care reaffirm my gratitude to Jesus!

Our Future Health is a charity in partnership with NHS. The UK's largest health research recruits five million adult volunteers to discover & test more effective methods for disease prevention, earlier detection & treatment.

All UK adults can join Our Future Health. By participating, you'll aid new discoveries for healthier lives, & also learn about your health & future disease risks. Please send email to info@ourfuturehealth.org.uk for your interest.

1) Read & sign the consent form
2) Fill in a questionnaire about yourself
3) Book an appointment at one of the clinics for blood test & some physical measurements. Before leaving, you will get a health report e.g. cholesterol levels.

https://ourfuturehealth.org.uk/get-involved/

Monthly Cancer Support Group

MCSG is open to individuals touched by cancers, patients, survivors, family, friends & carers.
We move forward together.
None of us is alone!
Big "thank you" to participations' dedication & wholesome food.
Let us stand together to fight cancer!

***Empathy**: Feel others' feelings as our own.*
*Put myself in their shoes, **their** emotions.*
***Sympathy**: Understand others' suffering.*
*Imagine their situation, **my** emotions.*

Volunteer Training — Betty L

In April 2023, I attended an online volunteer training course. Over 6 Sat mornings, around 30 classmates gained substantial insights. Group discussions proved especially valuable for practical application.

Knowing the diagnosis, cancer patients' initial thoughts often gravitate toward death. Beyond physiological cardiac arrest, psychological death means cognitive decline or overwhelming anxiety leading to despair. Abandonment in nursing homes without visits from loved ones can signify social death. Spiritual death pertains to loss of faith without God's companionship. Diverse forms of "death" induce fear & anxiety in patients. Carers can alleviate their inner turmoil, fostering acceptance that life is imperfect, filled with challenges & setbacks. Birth entails mortality; no one is exempt. It's crucial to comprehend the value of life outweigh its length, encouraging patients to cherish each day. Focusing on their current life may alleviate fear of the afterlife. It can be a daunting challenge to reduce anxiety when confronting the unknown world after death. Spiritual death can be faced through sharing the gospel. Visits, activities, & support can counter social death. Psychological death often stems from negativity. Reminiscence Therapy can increase positive energy to recall constructive memories to generate pleasure & affirm their lives. The goal is to rebuild a positive & optimistic mindset.

Facing cancer, patients' responses typically progress from "denial" to "anger," then "depression" to "acceptance." From denying to accepting coexistence with cancer, patients need support at each stage. They seek understanding, acceptance, & companionship. Respect is crucial; if their physical capabilities allow, they don't need constant assistance, enabling them to rebuild confidence. Carers must care for themselves & acknowledge their own emotions to effectively care for others. Emotional stability is vital for accompanying patients without being swayed by their emotions.

I completely agree that love is the essential prerequisite for care, followed by listening - attentive, focused & wholehearted listening. By attending to patients' tone, intonation, & expression, we probe their inner world, & responds with appropriate language. Approaching with humility, we should provide empathy, not sympathy. What's the difference? Empathy puts ourselves in the patient's shoes & comprehending their feelings without pitying. It's treating them equally, not analysing or agreeing with their thoughts, just understanding. The concept of "primary-level empathy" is about setting aside ourselves & objectively understanding their cultural background & language. Actively listen to show care without rushing to provide advice. Summarize the patient's emotions in simple words to help them clarify & sort their feelings, allowing them to feel & accept themselves. This course broadened my perspective. Listening & empathy go hand in hand. I don't want to hold the mindset of "I care for you, so you must accept my care," leading to a one-way "I talk, you listen" dynamic, which is undesirable. We should be cautious about immediately offering advice upon hearing a problem. In conclusion, how to care for patients is a skill, not complex theory. By displaying genuine care & empathy, we are already halfway to success.

Visit Kew Garden

7/8 20 people joined

MCSG Soho 9/9/2023 (Sat) 11am-1pm

SOC, 166A Shaftsbury Ave, WC2H 8JB
12/8 31 people attended Mr Josh Kwok's talk 'Pain'

MCSG Macmillan 21/9/2023 (Thurs) 11am-1pm *Zoom*

17/8 Zoom 5 people supported each other

MCSG Maggie 26/9/2023 (Tue) 2pm-4pm

Maggie Centre, Charing Cross Hospital, W6 8RF
22/8 10 people supported each other