



Part of a larger whole: serving in the Government Flying Service. An interview with Dr Ralph Cheung

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“Was there an especially riveting case that you could share with us?” we asked Dr Ralph Koon-ho Cheung, an emergency medicine specialist, as we kick-started the interview at his office in Prince of Wales’ Hospital. Dr Cheung has served as an Air Medical Officer in the Government Flying Service for the past 12 years and has helped hundreds of citizens in the line of duty. Aviation services are often associated with dire, life-on-the-line situations, so we were expecting riveting tales of heroic rescues and adrenaline-pumping missions from the doctor.

Dr Cheung laughed. Real life in the aviation services is far from being so dramatic. It is more like an extension of our health care system for those without easy access to government clinics and hospitals. On Mondays, Fridays, and public holidays, Government Flying Service crewman are accompanied by a voluntary Air Medical Officer. Along with 35 other Officers, Dr Cheung typically works one shift per month.

“It really isn’t as exciting as it is depicted in the movies,” said Dr Cheung, lightly brushing off his contributions within the team. Most of the missions are Casualty Evacuation, or CASEVAC, which facilitates delivery of patients by helicopter from outlying islands to hospitals in urban areas. Depending on how critical the conditions are, the helicopter may land directly on a helipad on Pamela

Youde Nethersole Eastern Hospital or on Wanchai Parking Apron where an ambulance can transfer patients to Queen Mary Hospital or Ruttonjee Hospital. The remaining missions are Search and Rescue, in which the team helps to locate individuals in inaccessible areas such as on hills or even in the waters of the South China Sea.

As we continued with our discussion, it slowly became clear to us that this is not a celebratory tale of personal triumph and individual largesse. There are no medals of valour or headline-worthy stories to share. In fact, most cases that Dr Cheung has seen were typical of those seen in any other emergency department, such as acute coronary syndromes, metabolic disorders, heat stroke, or trauma. Yet, it is the humdrum of such routine work that makes these officers most honourable. This is, instead, a tale of hard work and collaboration, written in the sweat of crewmen who toil laboriously to maintain the comprehensive health care system that Hong Kong prides itself in. Although Dr Cheung attempted to downplay his role, a busy day on shift for the air medical officer involves half-eaten lunches and sweat-soaked uniform as crewmen receive call after call. A new mission may come midway during an operation, and the helicopter has to fly off immediately after a patient drop-off.

We cannot help but wonder, given the similarities between the nature of his community

service and that of his daily practice, what motivated Dr Cheung to join the Government Flying Service. Without the allure of 'solving exotic problems' that comes with volunteering in developing countries, nor the boast-worthy reputation of 'helping the underprivileged' by providing free medical services, why would Dr Cheung choose to, essentially, extend his work week? The father of two did not give a specific reason; instead, he stressed the importance of delivering health care to the doorstep of those geographical minorities who are cut off from our urban hospital network. There are over 260 outlying islands in Hong Kong, and the Government Flying Service is a vital lifeline that links the residents of those islands to eminent clinics and hospitals.

In face of such a heavy workload, collaboration within the team is key. While Air Medical Officers are busy managing patients onboard, it is the crewmen who rush patients quickly and safely to hospitals. With deeper understanding of weather conditions, and more experience in searching, it is also the crewmen who identify where to land, sometimes even winching down to transport the

patient aboard. Meanwhile, Air Medical Officers attend to the immediate health needs of patients, so that the crewmen can concentrate on basic flight operations. If cases are critical or if there are no nearby landing spots, Air Medical Officers and crewmen winch down together to reach the patient. Together, they share the race against time. Above everything, it is the camaraderie they share. From post-mission discussions of the prior cases, or chats about the workplace, the companionship is apparent through the littlest of routines.

We ended the interview by asking Dr Cheung whether there are any takeaways that he could share with us. "Well," the doctor replied, "I certainly have a firmer grasp of geography and aviation now." The humbleness in his voice made it clear that Dr Cheung has no wishes of painting himself as a hero-to-the-rescue. Throughout our brief meeting, he repeatedly emphasised on the importance of his team members and diminished his own contributions to missions. And perhaps this is what true service is about: leaving the idea of 'self' behind to identify as part of a larger group.



Group photo of Dr Cheung (left) with student reporters, Michelle and Bianca