



2018 International Conference on Emerging Health Policies and Smart Medical Care

2018 新興衛生醫療政策與智慧醫療照護國際學術研討會

日期 / Conference Date

9.29 Sat. - 9.30 Sun.

地點 / Venue

高雄醫學大學國際會議中心B廳
Hall B, KMU International Convention Center



主辦單位 / Organizers



高雄市政府衛生局
Department of Health, Kaohsiung City Government



高雄醫學大學
Kaohsiung Medical University

籌辦單位 /

高雄市政府衛生局企劃室、高雄醫學大學環境醫學研究中心、高雄醫學大學公共衛生學系、
高雄醫學大學臨床醫學研究所、高等教育深耕計畫、輔英科技大學營養系

協辦單位 /



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2018 EHPSMC

Welcome Message

Dear distinguished guests,

On behalf of the organizing committees, we cordially invite you to the 2018 International Conference on Emerging Health Policies and Smart Medical Care (EHPSMC). The conference is to be held on September 29 – 30, 2018 at Kaohsiung Medical University, Kaohsiung, Taiwan.

The 2018 EHPSMC will provide the wonderful forum for all of you to refresh your knowledge base. The main purpose of this conference is to create a discussion platform on Emerging Health Policy, Food and Drug Management, Medical Law and Smart Medical Care. The conference invites local and international distinguished scholars in these fields to share their knowledge, research and expertise. In addition to inviting experts from the Australia, India, Japan and Taiwan, we also ask smart healthcare companies to showcase their state-of-the-art technology at this conference.

We look forward to personally welcoming you to Kaohsiung for the 2018 EHPSMC.

With best wishes,



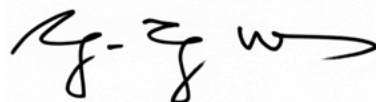
Mayor, Li-Ming Hsu
Kaohsiung City Government



Director-General, Joh-Jong Huang
*Department of Health,
Kaohsiung City Government*



President, Yuh-Jyh Jong
Kaohsiung Medical University



Director, Ming-Tsang Wu
*Research Center for Environmental Medicine,
Kaohsiung Medical University*

September, 2018

2018 EHPSMC

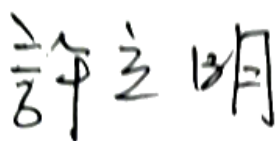
大會歡迎詞

謹代表大會誠摯邀請您蒞臨參與 2018 年新興衛生醫療政策與智慧醫療照護國際學術研討會!

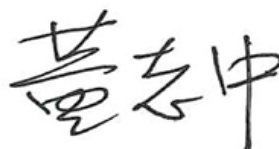
隨著新興公共衛生、環境醫學與智慧醫療照護等意識抬頭，有效解決民眾對於追求生命健康安全則為重要目標。如今面對多重挑戰，如何強化及解決地方上相關議題即為高雄市發展之首要重點方針。為鏈結學術、醫療及健康產業以全方位發展成為智慧城市，今(2018)年南台灣首創由高雄市政府衛生局與高雄醫學大學共同主辦，並結合產官學之經發局、法制局、地方檢察署、輔英科技大學、醫事公會團體與資通訊智能產業公司跨域合作，共同攜手於 9/29-30 舉辦【2018 年新興衛生醫療政策與智慧醫療照護國際學術研討會】。

2018 EHPSMC 主題將聚焦於新興衛生醫療政策、食藥安全與管理、智能照護及醫療法律倫理四大主軸，邀請澳洲、印度、日本與國內各領域之專家學者外，更與 AI 醫療健康照護及資通訊科技產業結合，特安排智慧健康量測站、智慧照護系統、AR/VR 體感科技、智慧藥局機器人、臨床大數據智能應用及光學定位對外科與牙科手術之微創應用及活躍老化預防失智科技醫療器材，創造學術端、社區端、醫療端、政府端與需求端等各方之多贏局勢，進而帶動高雄成為具備前瞻性之智慧化城市。

祝各位貴賓身體健康，事事如意。



高雄市政府 市長



高雄市政府衛生局 局長



高雄醫學大學 校長



高雄醫學大學環境醫學研究中心 主任

2018 年 9 月

2018 EHPSMC

Notice

注意事項

- ★ **For the quality of the conference and respect to the audience, please turn off or silence your mobile phone during the seminar.**
為確保研討會品質及兼顧對與會者之尊重，煩請將手機調整成無聲、震動或關機。
- ★ **Please do not leave your belongings unattended and please do not leave rubbish here.**
貴重物品請隨身攜帶，並隨手將手邊垃圾帶離現場。
- ★ **All the staff of the conference will wear a green badge. Please contact them if anything is needed.**
本研討會工作人員皆佩戴綠色識別證背帶，若有任何需要，場內外皆有工作人員予以協助。
- ★ **Lunch box will be provided by showing your badge. Please follow the guides to the dining area.**
本研討會午餐備有餐盒，中午請持【識別證】領取，請隨引導人員至用餐區用餐。
- ★ **Free WIFI provided, Account: ehpsmc; Password: e0930**
本研討會提供免費無線上網，帳號：ehpsmc；密碼：e0930
- ★ **Please fill in the questionnaire online at the end of the conference.**
研討會結束前，煩請上網填寫滿意度調查表，謝謝配合



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Department of Health, Kaohsiung City Government
高雄市政府衛生局



Kaohsiung Medical University
高雄醫學大學

Advised by 指導單位



Ministry of Health and Welfare
衛生福利部



Kaohsiung City Government
高雄市政府

Implemented by 承辦單位

Planning Office, Department of
Health, Kaohsiung City Government

高雄市政府衛生局企劃室

Department of Public Health,
Kaohsiung Medical University

高雄醫學大學公共衛生學系

Higher Education Sprout Project,
Kaohsiung Medical University
高雄醫學大學高等教育深耕計畫

Research Center for Environmental
Medicine, Kaohsiung Medical
University

高雄醫學大學環境醫學研究中心

Graduate Institute of Clinical
Medicine, Kaohsiung Medical
University

高雄醫學大學臨床醫學研究所

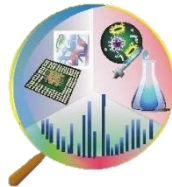
Department of Nutrition and Health
Science, Fooyin University
輔英科技大學保健營養系

2018 EHPSMC

Co-organized by 協辦單位



台灣咀嚼吞嚥障礙醫學學會
Taiwan Association for Dysphagia



2018 EHPSMC

Day 1	Saturday, September 29 th , 2018	
12:30-13:00	Registration 報到	
Opening Session: Introductory Speech 開幕致詞		
13:00-13:05	<p style="text-align: center;">Director, Ming-Tsang Wu 吳明蒼 主任</p> <p style="text-align: center;">Research Center for Environmental Medicine, Kaohsiung Medical University 高雄醫學大學環境醫學研究中心</p>	
Honorary Speech 專題演講		Moderator 引言人
13:05-13:35	<p style="text-align: center;">Neurochemical Mechanisms of Reward-seeking 誘導獎勵行為產生的神經化學機制</p> <p style="text-align: center;">Professor, Andrew J. Lawrence The Florey Institute of Neuroscience and Mental Health, Melbourne, Australia 澳洲墨爾本弗洛里神經科學及心理健康研究所</p>	<p style="text-align: center;">Asst. Professor Chun-Hsiang Tan 譚俊祥 助理教授 Kaohsiung Medical University 高雄醫學大學</p>
13:35-14:05	<p style="text-align: center;">The Diagnosis and Treatment of Internet Gaming Disorder 網路遊戲成癮之診斷與治療</p> <p style="text-align: center;">Director, Chih-Hung Ko 柯志鴻 主任 Department of Psychiatry, Kaohsiung Medical University Hospital 高雄醫學大學附設醫院精神科</p>	<p style="text-align: center;">Professor, Chien-Hung Lee 李建宏 教授 Kaohsiung Medical University 高雄醫學大學</p>
14:05-14:25	Group Photo 貴賓合照 / Coffee Break 交流茶敘	
Student Forum 學生口頭論文發表		
14:25-15:40	<p style="text-align: center;">Student Forum (I) 5 presenters: 15 min (Each presenter will have 10 min for presentation and 5 min for comments) 口頭論文發表 (I): 5 位 / 每位 15 分鐘 (每位 10 分鐘報告、5 分鐘提問時間)</p>	
15:40-16:00	Break 休息時間	
16:00-17:15	<p style="text-align: center;">Student Forum (II) 5 presenters: 15 min (Each presenter will have 10 min for presentation and 5 min for comments) 口頭論文發表 (II): 5 位 / 每位 15 分鐘 (每位 10 分鐘報告、5 分鐘提問時間)</p>	

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Day 2	Sunday, September 30 th , 2018	
08:30-09:00	Registration 報到	
09:00-09:15	Opening Video: Dengue Fever Prevention and Control in Kaohsiung City 開幕影片：高雄市登革熱防治宣導短片	
Welcome Speech 開幕致詞		
09:15-09:35	Mayor 市長/ Honorable Guests 貴賓致詞	
09:35-09:40	Award Ceremony for Construction of 2018 Kaohsiung Civilian Safety Communication Platform 2018 高雄民生安全聯繫平台有功人員頒獎典禮	
09:40-10:00	Group Photo 貴賓合照/ Coffee Break 交流茶敘	
Opening Forum 開幕論壇		
10:00-10:30	<p>Neighbor Doctor Program 2.0 - Disease Control, Cancer Prevention, and Elder Care 雄健康厝邊醫生 - 防疫.防癌.防老 2.0 Director-General, Joh-Jong Huang 黃志中 局長 Department of Health, Kaohsiung City Government 高雄市政府衛生局</p>	<p>Moderator 引言人 Deputy Minister, Chi-Kung Ho 何啟功 政務次長 Ministry of Health and Welfare 衛生福利部</p> <p>Panelists 與談人 Wei-Chou Chuan 莊維周 國策顧問 National Policy Advisor to the President 總統府國策顧問</p> <p>Professor, Tsuen-Chiuan Tsai 蔡淳娟 教授 Kaohsiung Medical University 高雄醫學大學</p>
10:30-11:00	<p>Effectiveness of Food Safety Management Mechanisms in Taiwan Fortified with Big Data 臺灣運用大數據健全食安管理機制之成效 Section Chief, Li-Ya Wu 吳立雅 科長 Food and Drug Administration, Ministry of Health and Welfare 衛生福利部食品藥物管理署</p>	
11:00-11:30	<p>The Role of Oral Health in Long-term Policies 口腔醫療在長照政策中的角色 President, David Hsieh 謝尚廷 理事長 Taiwan Dental Association 牙醫師公會全國聯合會</p>	
11:30-12:00	<p>Smart Healthcare in the 21st Century 21 世紀的智慧健康照護 Director, Min-Huei Hsu 許明暉 主任 Office of International Cooperation, Ministry of Health and Welfare 衛生福利部技監暨國際合作組</p>	
12:00-12:20	Keynote Panel 高峰對談	
12:20-13:30	Lunch 午膳	

2018 EHPSMC

新興衛生醫療政策論壇 Emerging Health Policy Forum

13:30-13:40	Kaohsiung's Healthiest Exercise 雄健康~健康精神滿分操	
13:40-14:10	<p>Care Model to Improve Health Literacy through Patients and Their Families' Participation 從病人及家屬參與建立提升健康識能的照護模式</p> <p>Director, Ying-Wei Wang 王英偉 署長 Health Promotion Administration, Ministry of Health and Welfare 衛生福利部國民健康署</p>	<p>Moderator 引言人</p> <p>Director-General, Joh-Jong Huang 黃志中 局長 Department of Health, Kaohsiung City Government 高雄市政府衛生局</p> <p>Panelists 與談人</p> <p>President, Qin-Cheng Wang 王欽程 理事長 Kaohsiung City Medical Association 社團法人高雄市醫師公會</p> <p>President, Hong-Yu Wang 王宏育 理事長 Kaohsiung County Medical Association 社團法人高雄縣醫師公會</p>
14:10-14:40	<p>Interdisciplinary Approach with Intraoral Appliances in Dysphagia Rehabilitation 吞嚥困難復健之跨學科方法與口內裝置</p> <p>Professor, Takahiro Ono Graduate School of Medical and Dental Sciences, Niigata University, Japan 日本國立新瀉大學咀嚼吞嚥障礙研究所</p>	
14:40-15:10	<p>Osteoporosis Prevention and Long-term Care for Seniors 銀髮族的骨鬆防治及長期照護</p> <p>Attending Physician, Tien-Ching Lee 李天慶 主治醫師 Department of Orthopaedics, Kaohsiung Medical University Hospital 高雄醫學大學附設醫院骨科部</p>	
15:10-15:40	<p>Integrated Care: from Acute Care to Long-Term Care 高齡整合照護：從急性醫療到長期照護</p> <p>Attending Physician, Yu-Chun Wang 王郁鈞 主治醫師 Center for Geriatrics and Gerontology, Kaohsiung Veterans General Hospital 高雄榮民總醫院高齡醫學中心</p>	
15:40-16:00	Keynote Panel 高峰對談	
16:00-16:20	Coffee Break 交流茶敘	
16:20-16:50	Awards Ceremony 優秀論文頒獎	
17:00-20:00	Banquet 高雄之夜市長晚宴 (限受邀貴賓)	

2018 EHPSMC

食藥安全與管理論壇

Food and Drug Management Forum

13:30-13:40	Kaohsiung's Healthiest Exercise 雄健康~健康精神滿分操	
13:40-14:10	<p>The Public Health Threat of Phthalate-Tainted Food in Taiwan: What Did We Learn from 2011 Food Scandal? 塑化劑在台灣汙染食品造成之公共衛生威脅：我們從 2011 年食安事件學到什麼？ Director, Ming-Tsang Wu 吳明蒼 主任 Research Center for Environmental Medicine, Kaohsiung Medical University 高雄醫學大學環境醫學研究中心</p>	<p>Moderator 引言人</p> <p>Professor, Jih-Heng Li 李志恒 教授 School of Pharmacy, Kaohsiung Medical University 高雄醫學大學藥學院</p> <p>Panelists 與談人</p> <p>President, Shi-Ming Hou 侯仕銘 理事長 Kaohsiung City Pharmacists Association 社團法人高雄市藥師公會</p> <p>President, Min-Tsung Tsai 蔡明聰 理事長 Kaohsiung First Pharmacist Association 社團法人高雄市第一藥師公會</p>
14:10-14:40	<p>Analytical Challenges and Solutions in Food Safety Management - Indian Perspective 從印度之視角分析食品安全管理中之挑戰及對策 Principal Scientist, Mohana Krishna Reddy Mudiam CSIR-Indian Institute of Chemical Technology, India CSIR-印度化學科技學院</p>	
14:40-15:10	<p>Clinical Significance of Poison Examination and Identification 毒藥物檢驗及鑑定的臨床意義 Director, Dong-Zong Hung 洪東榮 主任 Toxicology Center, China Medical University Hospital 中國醫藥大學附設醫院毒物科</p>	
15:10-15:40	<p>The Development of A Pharmacological Replacement Therapy for Betel Quid Substance Use Disorder 檳榔物質使用疾患之藥物學治療的進展 Honorary Research Fellow, Peter G. Osborne The Florey Institute of Neuroscience and Mental Health, Melbourne, Australia 澳洲弗洛里神經科學及心理健康研究所</p>	
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2018 EHPSMC

醫療法律論壇

Food and Drug Management Forum

13:30-14:00	<p>Civil Liabilities in Medical Malpractice 醫療事故民事責任 President, Jer-Shenq Shieh 謝哲勝 董事長 Taiwan Law Foundation 台灣法學基金會</p>	<p>Moderator 引言人 Vice-President, Ming-Lung Yu 余明隆 副校長 Kaohsiung Medical University 高雄醫學大學</p>
14:00-14:30	<p>Inquiry into Criminal Cases Regarding Act Governing Food Safety and Sanitation 食安法刑事犯罪相關法律問題討論 Head Prosecutor, Wan-Chi Chu 朱婉綺 主任檢察官 Kaohsiung District Prosecutors Office 臺灣高雄地方檢察署</p>	<p>Director, Evelyn Y.T Chen 陳月端 局長 Legal Affairs Bureau, Kaohsiung City Government 高雄市政府法制局</p>
14:30-15:00	<p>Cooperation and Dispute Resolution in Health Care Disposition 衛生醫療管制處分中之合作與爭議解決 Dean, Yi-Ming Liao 廖義銘 院長 College of Law, National University of Kaohsiung 國立高雄大學法學院</p>	<p>Panelists 與談人 President, Chien-Fu Chen 陳建富 理事長 Kaohsiung Dental Association of the ROC 社團法人高雄市牙醫師 公會</p>
15:00-15:30	<p>Establishment of Clinical Medical Ethics in Taiwan 台灣醫療機構臨床醫學倫理之建置 Honorary Vice Superintendent, Shun-Sheng Chen 陳順勝 名譽副院長 Kaohsiung Chang Gung Memorial Hospital 高雄長庚醫院</p>	<p>Professor, Chia-Hung Su 蘇嘉宏 教授 Department of Nutrition and Health Science, Fooyin University 輔英科技大學保健營養系</p>
15:30-16:00	<p>Legal Dilemma in Emergency Medicine 緊急醫療中的法律難題 Director, Wei-Che Lee 李維哲 主任 Kaohsiung Medical University 高雄醫學大學</p>	
16:00-16:20	Keynote Panel 高峰對談	
16:20-16:50	Awards Ceremony 優秀論文頒獎	
17:00-20:00	Banquet 高雄之夜市長晚宴 (限受邀貴賓)	

Honorary Speech

專題演講

Moderator 引言人

Asst. Professor, Chun-Hsiang Tan

譚俊祥 助理教授

Graduate Institute of Clinical Medicine,

Kaohsiung Medical University, Taiwan

高雄醫學大學臨床醫學研究所

Professor, Chien-Hung Lee

李建宏 教授

Department of Public Health,

Kaohsiung Medical University, Taiwan

高雄醫學大學公共衛生學系

Speaker / Andrew John Lawrence

Present Position 現任

- NHMRC Principal Research Fellow, Florey Institute of Neuroscience & Mental Health, University of Melbourne, Australia
澳洲墨爾本大學弗洛里神經科學與心理健康研究所首席研究員
- Professor, Florey Dept. of Neuroscience & Mental Health, University of Melbourne, Australia
澳洲墨爾本大學弗洛里神經科學與心理健康研究所教授
- Associate Director, Florey Institute of Neuroscience & Mental Health, University of Melbourne, Australia
澳洲墨爾本大學弗洛里神經科學與心理健康研究所副主任



Education 學歷

- Ph.D., Biochemical Neuropharmacology, Loughborough University of Technology, UK
英國拉夫堡理工學院生化神經藥理學博士
- B.Sc. (Hons.), Medicinal and Pharmaceutical Chemistry, Loughborough University of Technology, UK
英國拉夫堡理工學院醫藥化學榮譽學位學士

Experience 經歷

- NHMRC Senior Research Fellow, Monash University / Howard Florey Institute, Australia
澳洲蒙納許大學/墨爾本大學弗洛里神經科學與心理健康研究所資深研究員
- NHMRC Senior Research Officer, Department of Pharmacology, Monash University, Australia
澳洲蒙納許大學藥理學科資深研究員

Specialty 研究領域

Neuroscience 神經科學, Neurobiology 神經生物學, Learning and Memory 學習和記憶, Psychopharmacology 精神藥理學, Neurochemistry 神經化學, CNS Pharmacology 中樞神經系統藥理學, Chemical Neuroanatomy 化學神經解剖學

Neurochemical mechanisms of reward-seeking

Alcohol use disorders (AUDs) remain a major health risk within society, both relapse and heavy drinking being poorly controlled with current medications. We have recently found that a centrally active and selective negative allosteric modulator (NAM) for the rat M5 muscarinic receptor (mAChR), ML375, selectively decreases ethanol self-administration and attenuates cue-induced reinstatement of ethanol-seeking in iP rats. Based on the expression profile of M5 mAChRs in the brain and the distinct roles, different aspects of the dorsal striatum have on long and short term ethanol use, we studied whether intra-striatal microinjection of ML375 modulated ethanol intake in rats. We show that in iP rats with an extensive history of ethanol intake that intra-dorsolateral (DL), but not intra-dorsomedial (DM), striatal injections of ML375 reduced ethanol self-administration to a similar extent as the nicotinic acetylcholine receptor (nAChR) ligand varenicline, which can reduce the reinforcing effects of ethanol in humans with AUD. These data implicate the DL striatum as a locus for the effects of cholinergic-acting drugs on ethanol-seeking in rats with a history of long-term ethanol use. Accordingly, we demonstrate in rats that selectively targeting the M5 mAChR can modulate both voluntary ethanol intake and cue-induced ethanol-seeking implicating the M5 mAChR as a potential novel target for pharmacotherapies aimed at treating AUDs.

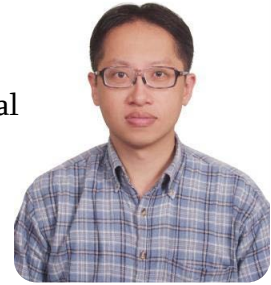
誘導獎勵行為產生的神經化學機制

酒精使用疾患(AUDs)仍然是社會中的主要健康風險，疾患的復發和大量飲酒都不能用現有藥物來控制。我們最近發現，用於大鼠 M5 毒蕈鹼受體(mAChR) ML375 的中樞活性和選擇性負變構調節劑(NAM)，於 iP 大鼠之中，選擇性地減少自我酒精攝取，並減弱線索誘導的酒精尋求。根基於 M5 mAChRs 在大腦中的表達輪廓，以及背側紋狀體對長期和短期酒精使用的不同作用，我們研究了內紋狀體 ML375 的微量注射是否調節大鼠的乙醇攝入。我們的研究顯示，在具有長期乙醇攝入史的 iP 大鼠之中，背外側(DL)紋狀體，而不是背內側(DM)紋狀體，注射 ML375 可以減少乙醇自我攝取，其程度與菸鹼乙酰膽鹼受體(nAChR)在配體的作用相似，此結果可應用於降低酒精使用疾患者體內對乙醇需求的增強作用。這些數據指元，背內側紋狀體可作為一個，膽鹼能作用藥物對具有長期酒精使用史的大鼠尋求乙醇的潛在位置。因此，我們在大鼠的研究中證明，M5 mAChR 可作為治療酒精使用疾患藥物治療的潛在新靶標。

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Internet addiction 網路成癮, Premenstrual Dysphoric Disorder 經前不悅症, Adult Attention Deficit & Hyperactivity Disorder 成人注意力不足過動症, Functional Magnetic Imaging 功能性磁振造影

The Diagnosis and Treatment of Internet Gaming Disorder

After the proposal of DSM-5 IGD criteria, the WHO included gaming disorder in ICD 11. At the same time, the gaming industries had well developed and the characteristic of gaming had changed rapidly. More advanced and update researches were required to develop the diagnostic validity and the intervention program for IGD. In this speech, we had discussed the previous researches on internet gaming disorder. We then paid attention to the problems in making a diagnosis based on DSM-5. We also proposed the possible solution to improve the diagnosis of internet gaming disorder. Further, based on previous studies, we try to propose a reasonable way to help subjects with internet gaming disorder to recover. In this decade, the online gaming had been more popular and move to a smart phone. The clinician should move forward to develop validated diagnostic ways and practical intervention. Further, more evidence-based and impressive information should be developed to educate the young generation to prevent their risk in IGD. A collaboration of different disciplines, such as psychiatrists, pediatrics, psychologist, social worker, and other mental health professionals is very essential to shared the advance information and skill to work through the big challenge in the digital age.

網路遊戲成癮之診斷與治療

在提出 DSM-5 IGD 準則後，世界衛生組織將 ICD 11 中的遊戲疾患納入其中。與此同時，遊戲產業蓬勃發展而且變化迅速，需要更先進和更新的研究來發展 IGD 診斷的有效性和介入方案。在這次演講中，我們討論過去關於網路遊戲疾患的研究。我們注意到 DSM-5 進行診斷時出現的問題，提出可能的解決方案，以改善網路遊戲疾患的診斷。此外，根據以往的研究，我們試圖提出一種合理的方法來幫助網路遊戲疾患恢復。在這十年中，線上遊戲越來越受歡迎並且轉往智慧型手機發展。臨床醫生必須繼續發展有效的診斷方法和實際介入措施，同時發展更多以證據為基礎且令人印象深刻的知識，以教育年輕世代預防其在 IGD 中的風險。面對數位時代的巨大挑戰，精神科醫生、兒科醫師、心理師、社會工作者和其他心理健康專業人士等不同學科的合作，分享新知和技能非常重要，才能在進步飛快的資訊世代，共同維護與促進網路新生代的生理與心理健康。

Opening Forum

開幕論壇

Moderator 引言人

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何啟功 政務次長

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Panelists 與談人

National Policy Advisor to the President,

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Neighbor Doctor Program 2.0 - Disease Control, Cancer Prevention and Elder Care

There are more and more mosquito breeding sources and interaction between humans and mosquitos since Kaohsiung has been a pivot city for New Southbound Policy, frequently engages in commercial activities and experiences migration with countries at high risk of mosquito-borne infectious diseases through Kaohsiung's airport and harbor. Kaohsiung City experienced severe Dengue Fever outbreak from 2014 to 2015. Hence Kaohsiung City steered forward the “Dengue Fever Integrative Healthcare” in 2016 to construct comprehensive Dengue Fever integrative healthcare network as well as community disease control throughout Kaohsiung City by improving case detection efficacy and fortifying boarder disease control.

Kaohsiung City has been an aging society where residents' health problems are infectious diseases, chronic diseases, disability, dementia, and cancers. To meet the demand of community healthcare and long-term care, Kaohsiung City constructed integrative “Disease Control, Cancer Prevention, and Elder Care” healthcare network in 2017, as an extension of Dengue Fever integrative healthcare network, to evaluate current public health policies, strengthen basic healthcare, rebuild basic healthcare with the concept “Neighbor Doctor”, actively coordinate community healthcare resources, and provide “equipment” and “resources” for clinics.

Through our efforts, significant improvements were found in Dengue fever reporting, cancer screening, long-term care and mental health evaluation through an empirical assessment.

Kaohsiung City Government aim to share resources and take responsibilities as a team, and to protect citizens against health threat by integrating resources from both the government and the communities.

Keywords: Dengue Fever integrative healthcare, “Disease Control, Cancer Prevention, and Elder Care” healthcare network

雄健康厝邊醫生-防疫. 防癌. 防老 2.0

高雄市身為新南向的樞紐城市，與鄰近蚊媒傳染病高風險的國家經商旅遊交流頻繁，空運、港埠等對外交通經商往來頻繁以及外來的流動性人口眾多等因素，促成病媒蚊孳生源以及人蚊間互動俱增。本市經歷103-104年嚴峻的登革熱大流行疫情的省思，105年推動「登革熱整合式醫療照護」，積極建構登革熱整合式醫療照護基層網絡，提升病例偵測效能，透過強化邊境檢疫措施，為讓社區防疫策略更加落實於市民生活。

高雄市目前人口結構邁入高齡社會型態，市民健康問題轉變為以傳染病、慢性病、失能、失智及癌症為主，因應社區醫療照護型態和長期照顧的需求，106年高雄市成立整合性的在地健康照護網絡，延展登革熱整合式醫療照護基層網絡。透過評估現行公共衛生政策強化基層醫療功能，進行健康網絡照護管理的功能，以「雄健康-厝邊醫生」理念執行基層醫療改造，率先全國整合社區基層醫療資源列為首要政策，提供有意願有熱誠的基層診所「工具」與「資源」，執行『防疫、防癌、防老』健康照護網絡。

透過實證經驗推動進行績效成效檢視，在登革熱通報、癌症篩檢、長照資源服務轉介及心理健康評估之整體公衛醫療服務績效相較於未推動之前有顯著性差異。

高雄市跨局處團隊合作從「資源共同分享、責任共同承擔」的群體戰概念，以基層診所醫療照顧主軸促進社區民眾的健康，橫向整合市府衛生單位整合政府跨部門與社區資源分享，創新思維翻轉市民就醫習慣的市政重要政策。

關鍵字：登革熱整合式醫療照護、防疫、防癌、防老』健康照護網絡

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Effectiveness of Food Safety Management Mechanisms in Taiwan Fortified with Big Data

As the internet and information technology growth, government using big data as decision-making reference has become main stream. Taiwan government also values the application of big-data analysis. The “Food Cloud” has started in 2011, which not only integrates Food and Drug Administration’s (FDA) various food and drug data, but also includes relative information from Council of Agriculture, Environmental Protection Administration, Ministry of Economic Affairs, Ministry of Finance, and Ministry of Education. This system combines data analysis and risk management, and provides real-time tracking record of risky products and its upstream and downstream vendors while food safety incident occurs. Besides, FDA also constructs a systematic risk alert model, which explores potential risk factor via long-term statistical analysis, providing food and drug managing and inspecting suggestions. This paper indicates how FDA using data integration, comparisons, analyzes, and probability algorithm technicals to detect high-risk factors and uphold the food safety for nationals.

臺灣運用大數據健全食安管理機制之成效

由於資訊與網路科技日益發達，運用大數據作為政府決策參考，已經儼然成為國際趨勢。我國政府非常重視數據之分析應用，爰自2011年開始推動食品雲計畫，整合食品藥物管理署之食品與藥物相關管理系統大數據資料，另納入行政院農業委員會、環境保護署、經濟部、財政部、教育部等跨部會之相關資訊，將數據分析結合風險管理思維，於食安事件發生時快速運用數據資料庫，結合上下游來源資訊，即時掌握問題產品之流向。在偵測風險目標部分，亦利用長期性資料統計分析技術，探索潛在之風險因子，建立系統性監測預警模型，作為後續管理或稽查之參考。本文將敘述食品藥物管理署運用大數據資料，透過資料整合、勾稽比對、數據分析及搭配機器學習演算法技術，預測風險所在，以防範食品問題之發生。未來將積極結合人工智慧技術與自動化運算機制，同時結合過去食安事件之管理經驗，納入多元考量面向進行自動化系統演算，達到快速掌握風險目標並提供即時資訊以協助決策參考，以達維護全民食品安全之目標。

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高雄市政府顧問

Specialty 研究領域

Clinical Dentistry 臨床牙醫學, Dental Implant 人工植牙, Hospital Management 醫院管理

The Role of Oral Health in Long-Term Policies

1. From the prospective of long-term care, in addition to the care in daily life, prevention of disability, dementia and delay aging are also crucial. Good nutrition intake and oral functions are the basis for achieving such goals. Studies have shown that the functions of chewing and swallowing are helpful for the function and the cognition of the brain.
2. It's an important task to maintain the oral hygiene of elders to improve oral functions, especially for the disabled elders cared by others. The care for oral hygiene can prevent oral cavity from diseases, URI as well as aspiration pneumonia, even death.
3. Oral care does not just mean oral cleanliness and preventing people from respiratory infection by controlling oral bacteria, it also includes the maintenance of oral functions (the maintenance of chewing and swallowing) as well as improvement of nutrition. In a broad sense, it will affect living functions, cognition and social participation.
4. The key points of oral care in long-term care policy:
 - (1). The role of dentists in restoration and discharge: dentist intervenes in oral care for 3 periods according to the progress of the disease.
 - (2). Oral care for the disabled or bed-ridden patients: Infection rate and expenditure for follow-up treatment could be reduced while the oral care was well taken. It may also be helpful for medical expenditure of National Health Insurance.
 - (3). Service for prevention and delay of disability: prepare better for aging to achieve the goal of “availability and effectiveness”, activating the aging, local aging as well as successful aging of long-term care policy.
 - (4). Integrate with home care: obtain home-bound dentist qualification, stipulate the regulations for home-bound dentist's office and encourage the local dentist's offices to obtain the qualification to set up department of dentistry in dentist's office, thereby providing convenience for home-bound dental care.
 - (5). Established a hospital for restoring oral chewing and dysphasia: in the meanwhile, provide education and training to cultivate talents in dentistry.

口腔醫療在長照政策中的角色

- 一、 在長照體系中，除了生活的照顧以外，預防失能、失智及延緩老化是很重要的工作，而良好的營養攝取及口腔機能，則是達到這些目的的重要的基石。諸多研究顯示口腔的咀嚼與吞嚥的功能，有幫助於腦部的活動與認知。
- 二、 高齡者口腔衛生的維持以提升口腔機能，是很重要的工作。尤其是已受照護的失能老人，口腔衛生的照護，可預防口腔疾病的發生，預防上呼吸道感染，以及吸入性肺炎的發生，甚至死亡。
- 三、 口腔照顧(Oral Care)，不單只是口腔清潔，經由控制口腔細菌，預防呼吸道感染而已。還包含口腔機能的維持、向上(咀嚼吞嚥機能的維持)，營養的改善。廣義還會影響生活功能、認知及社會參與。
- 四、 口腔照護在長照政策的重點：
 1. 牙醫師在復能及出院銜接的角色：照病情進展牙醫介入3時期的口腔照顧。
 2. 失能及卧床者的口腔照護：若藉由口腔照護，減少疾病的產生或感染，也會減少後續所需要的醫療支出，對於全民健保的醫療支出，可能也是有幫助的。
 3. 預防及延緩失能之服務：為老做更好的準備，達成長照政策「可近有效」活躍老化、在地老化、成功老化的目標。
 4. 銜接居家醫療：建立在宅牙醫師的資格，設立在宅牙醫診所的規範，鼓勵各地方牙醫診所，取得牙科在宅牙醫診所的資格。提供在宅牙科醫療服務的便利性。
 5. 成立口腔咀嚼吞嚥困難重健醫院：同時培養此方面牙醫人才教育與訓練。

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Smart Healthcare in the 21st Century

The sustainability of a healthcare system depends on its efficiency and ability to produce affordable high quality of health care. Achieving Universal Health Coverage (UHC) also requires an efficient and effective healthcare system. In 21st century when we have sophisticated information (IT) technology, how can it be deployed to alter the production function of healthcare to be more efficient as well as enhance the quality of healthcare? Moreover, how can IT be used to administer health care system more effectively and efficiently?

The U.S. IOM uses safe, effective, efficient, timely, equitable, and patient-centered as the six indicators of health care quality. Limited resources must be used to cover the entire nation while simultaneously providing medical services that satisfy these six indicators. To do this, the proper use of communication technology is a key factor. After achieving the goal of providing the entire country with health care coverage, the next generation healthcare will focus on the 4 Ps of personalization, prediction, prevention, and participation as the cores of P4 medicine or precision medicine. This will rely even more on information and communication tools as critical facilities.

21 世紀的智慧健康照護

健康照護系統的永續性取決於系統的效率以及能夠提供高品質可負擔的醫療服務。達成全民健康覆蓋仰賴於有效率、有成效的健康照護系統。21 世紀我們擁有精良的資訊科技，如何運用資訊科技強化健康資訊系統，改善醫療品質？

美國 IOM 以安全(safe)、有效(effective)、有效率(efficient)、即時(timely)、公平(equitable)與以病人為中心(patient-centered)做為醫療品質的六個目標。要利用有限的資源，提供全民覆蓋，又符合這六個目標的醫療服務，善用資通訊科技是重要的關鍵。在全民健康覆蓋的目標達成之後，下一個世代以個人化(Personalized)、預測(Predictive)、預防(Preventive)與參與(Participatory)這 4 個以字母 P 作為開頭的單字做為主軸的 P4 medicine 或精準醫療(Precision medicine)將會更仰賴資通訊工具作為關鍵設施。

Emerging Health Policy Forum

新興衛生醫療政策論壇

Moderator 引言人

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Panelists 與談人

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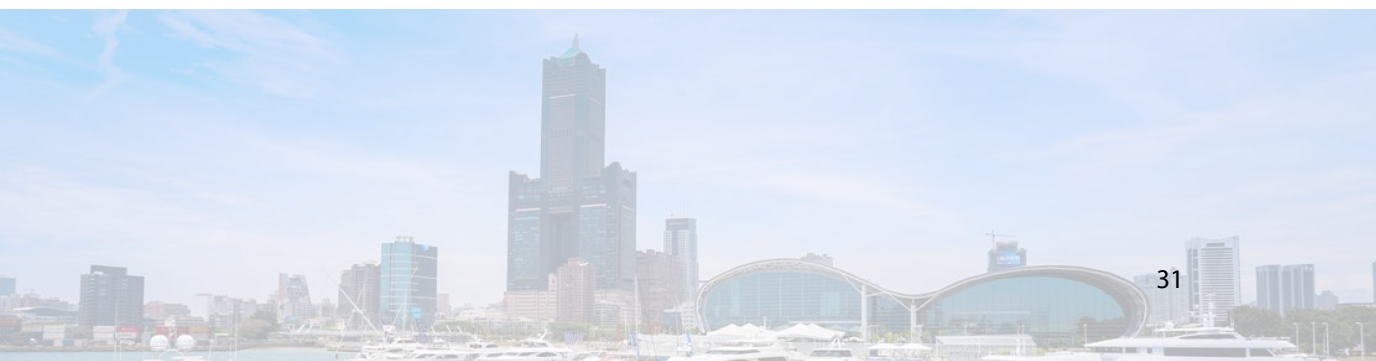
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Care Model to Improve Health Literacy through Patients and Their Families' Participation

Health literacy is an essential factor influencing health behavior and health outcome. In Taiwan, 30.2% of adults have inadequate health literacy, resulting in low utilization rate of health promoting services and high admission rate. The promotion of health literacy by health care institutions should start from 3 dimensions, namely the institutions, service providers and the cases. Adoption of health literacy methods will enhance the user-friendliness of patient's visual, audio and reading tools and improve the patient's understanding of disease knowledge, and allows greater self-decision making competency during critical conditions. Different from the current passive model of health education guided by medical professionals, enhancement of patient and family member health literacy is the more proactive way to achieve better outcomes of disease care.

In order to provide patient-centered health care and promote patient and family engagement, institutions should create an environment where patients, families, and medical teams can all take part in. The patients and families should be involved as members of health care team so that they are able to jointly improve formation of hospital policy and medical care procedures through routine surveys to collect the opinions of the patients and employees to further improve the quality of care. Therefore, Health Promotion Administration (HPA) of Ministry of Health and Welfare commissioned academic institutions to develop self-evaluation on health literacy and intervention guidance and toolkits unique to Taiwan. According to these research, the health literacy status of the public seeking medical attention in health promoting hospitals is 18.7% for high, 56% for middle, and 25.3% for low. More than 80% of the institutions possess the leadership and drive to promote the strategies and plans to realize health literacy goals. Moreover, HPA promoted Shared-Decision-Making (SDM) policy, developing 12 assistant indexes titled Patient-Decision-Aid (PDA) in 2017, including health promotion measures like smoking cessation, breastfeeding and obesity prevention, and non-communicable disease issues like menopause, chronic kidney disease, diabetes, COPD and hyperlipidemia. The tool was introduced to 93 medical institutions for practical operation to assist patient and family engagement in health promotion and disease care. Feedbacks from nearly 80% of participating medical professionals that indicated that utilization of PDA is helpful for the patients to understand medical problems

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and options, and is able to enhance their health literacy. Nevertheless, to achieve better patient-centered quality care in the future, future PDA development will focus on the needs and value of the patients, exploration of the obstacles and difficulties faced by the patients during the SDM process, so as to optimize the SDM process in Taiwan.

Health Literacy is the key to equal patient safety and health. In order to improve those materials for people to understand our point more easier and efficient . Health Promotion Administration already developed “Guidelines for the Use of Health Literacy and Friendly Material Review Index ” and also built a platform for health education material integration, offering applicable health information to enhance people's self-health decision-making ability.

Taiwan has fully promoted the health literacy projects and SDM process through the health promoting hospitals. The core concept is not only to advance the literacy of the medical professionals, but also to provide evidence for improving the care competency of the patient and family. In the future, we will continue to share Taiwan’s experience and achievements in the promotion of health literacy.

從病人及家屬參與建立提升健康識能的照護模式

健康識能是影響健康行為及健康結果的重要因子，臺灣有 30.2% 的成人健康識能不足，造成健康促進服務使用率低、住院率高等結果。健康照護機構推動健康識能，須從機構、服務提供者及個案三方面介入，透過識能工具導入，改善病人視、聽、讀工具友善程度，增加病人對疾病知識理解進而能對自己重大醫療有自我決定能力，這是積極的提升病人及家屬健康識能，是有別於現有醫護專業被動衛教指導，達到較佳疾病照護結果。

為提供以病人為中心的健康照護，落實病人及家屬參與，機構應創造一個病人、家屬與醫護團隊能共同參與的環境，讓病人與家屬成為照護團隊之一，參與醫院政策與照護過程改善，透過例行性調查，了解病人及員工的意見，協助機構提升照顧品質。因此衛福部國民健康署委託發展健康識能醫院自評表與發展台灣本土性健康識能介入工具，研製操作指引與 toolkits，實際調查發現，台灣在健康促進醫院就醫民眾識能狀態分別為高(18.7%)、中(56.0%)、低(25.3%)，另超過 80% 的機構具有實現健康識能目標呈現領導力以及推動策略與計畫。此外推動醫病共享決策，於 2017 年發展 12 項 SDM 輔助工具素材(PDA)，包括戒菸、母乳哺育、肥胖防治等健康促進，及更年期、慢性腎臟疾病、糖尿病、COPD、高血脂等非傳染性慢性疾病照護議題，並實際導入 93 家醫療院所運作，協助病人及家屬參與健康促進與疾病照護。近八成醫療人員回饋，使用 PDA 有助於病人了解醫療問題與選項，並可提升病人健康識能。另外為真正達到以病人為中心之品質照護，在 PDA 研發製作內容未來將以收集病人需要與價值，及探索病人在就參與醫病共享決策的障礙與困難，來優化台灣醫病共享的照護流程。

健康識能是病人安全與健康均等的關鍵，為提升健康素材的適讀性及深化國人健康識能，國民健康署發展本土化「健康識能友善素材審查指標使用指引」及建置「衛生教育素材整合平台」，以提供民眾清晰扼要、易讀、易理解的健康識能資訊，以提升自我健康決策能力。

臺灣已從健康促進醫院全面推動健康識能計畫及醫病共享決策(SDM)導入，藉由臨床專業照護與病人及家屬互動增進健康識能，而此實務互動重要核心是增進專業人員識能素養，包含以病人與家屬照護需要之實證，來促進並落實病人及家屬照護識能，真正全面提升醫療照護品質。未來將會持續分享臺灣推動健康識能的成果，提升醫病照護之整體效益。

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Motion and biomechanical analysis of chewing and swallowing 咀嚼及吞嚥之動作與生物力學分析, Evaluation system of masticatory performance 咀嚼狀況之評估系統, Relationship between oral health and cardiovascular diseases 口腔健康與心血管疾病的關係

Interdisciplinary Approach with Intraoral Appliances in Dysphagia Rehabilitation

With rapid growing of elderly population, dysphagia, physical problems in eating and swallowing, has been widely paid attention. Dysphagia causes dehydration, malnutrition as well as decline of quality of life. Most unfavorable result of dysphagia is aspiration pneumonia, which is one of the most popular life-threatening diseases in elderly.

Dysphagia rehabilitation is quite a novel and interdisciplinary medicine, which has been developed since the last decade of 20th century. As we dentist have many opportunities to treat elderly patients, the knowledge about dysphagia symptoms and the skill of screening tests must be necessary for dentists to play a role in the dysphagia rehabilitation. It should be recognized that early intervention is useful for preventing the worsening of dysphagia and can save the medical and care expenditure.

Many elderly patients with dysphagia have the problems in oral stage of swallowing such as decline of tongue, lips and cheeks sensori-motor system and saliva secretion as well as tooth loss. Prosthodontic approach to reconstruct oral structure and function is the most professional role of dentists in dysphagia rehabilitation. A special oral appliance named palatal augmentation prosthesis (PAP) can improve oral stage dysphagia and speech disturbances caused by tongue motor disability.

In this lecture, I would like to talk about the basic knowledge about dysphagia, clinical symptoms and screening tests, then how we dentist can improve dysphagia by using prosthodontic approach in collaboration with medical professions.

吞嚥困難復健之跨學科方法與口內裝置

越來越多老年人吞嚥困難，飲食和吞嚥等生理問題已引起廣泛關注。吞嚥困難會導致脫水，營養不良以及生活品質下降。吞嚥困難最不利的結果是吸入性肺炎，這是老年人中最常見的危及生命的疾病之一。

吞嚥困難復健是相當新穎且跨學科的醫學，自 20 世紀末十年以來一直在發展。由於我們的牙醫有很多治療老年患者的機會，因此對於牙醫進行吞嚥困難復健來說，吞嚥困難的知識和篩查技巧是必要的。我們應該認識到，早期干預有助於預防吞嚥困難惡化，並可節省醫療和護理費用。

許多吞嚥困難的老年患者在口腔吞嚥時出現舌頭、嘴唇、臉頰感覺運動系統遲緩和唾液分泌減少以及牙齒脫落等問題。重建口腔結構和功能的口腔修復法是牙醫在吞嚥困難復健中最專業的角色。一種名為腭增強義肢(PAP)的特殊口腔矯正器可改善由舌運動障礙引起的口腔吞嚥困難和言語障礙。

在這個講座中，我想談談關於吞嚥困難，臨床症狀和檢查的基本知識，以及我們牙醫如何與醫療專業合作使用口腔修復方法來改善吞嚥困難。

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Osteoporosis Prevention and Long-Term Care for Seniors

Osteoporosis is known as a chronic disease that is characterized by decreased density (mass or/and volume) of normally mineralized bone which leads to compromised bone mechanical strength and an increase in the risk of fractures. With an aging population and longer life span, osteoporosis is becoming a global health issue nowadays. In Taiwan, osteoporosis has been the fourth most common chronic disease of the elderly. Furthermore, the incidence of hip fracture, which often accompany with high complication and mortality rate, in Taiwan ranks first among Asia countries, and ninth in the world. The pain and inconvenience after fractures may result in lasting disability and impaired quality of life, increased mortality, with enormous medical and heavy personnel burden on both the patient's and nation's economy. The prevalence of osteoporosis is increasing with the population aging. The elderly population in Taiwan exceeded 12% at the end of 2013, with the rate of aging ranking first in the world for the past few years. Therefore, how to prevent and treat osteoporosis is not only a personal health problem, but also a big issue of public health policy in our country.

Osteoporosis usually has no clinical manifestations until a fracture occurs. Therefore, most patients with osteoporosis in Taiwan are not undergoing anti-osteoporotic treatment, even are not aware that they have osteoporosis. According to the updated Taiwan Osteoporosis Practice Guidelines, all women age 65 or older and men age 70 or older should have bone mineral density test, even without risk factors of osteoporosis including: low body weight, parent history of hip fracture, excess alcohol intake, smoking, steroid use, history of fragility fractures , particularly of the hip, wrist and spine including morphometric vertebral fracture, over active thyroid or thyroid function, low sex hormone level and other secondary osteoporosis. The five key points of osteoporosis prevention and treatment includes balanced diet and nutrition, adequate exercise, anti-osteoporotic medication, timely detection with routine follow-up, and control of underlying chronic disease. With advance of medicine, there have been numerous effective diagnostic methods and medical treatment of osteoporosis. With an early diagnosis of osteoporosis before fractures occur and by assessing the bone mineral density and with early intervention, osteoporosis can be prevented. Therefore, how to improve national knowledge

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of osteoporosis, the accessibility of diagnosis and anti-osteoporotic medications, and the compliance of patients with osteoporosis through effective health education, adequate payment of national health insurance, and public health policy are critical to decrease the osteoporotic patients' risk of fractures in the future. It depends on the communication and cooperation of multidisciplinary team in elderly care and the government.

Keywords: Osteoporosis, osteoporosis management, bone mineral density, fracture risk

銀髮族的骨鬆防治及長期照護

骨質疏鬆症是一種因骨密度或骨量減少，導致骨骼脆弱，進而增加骨折風險的慢性疾病。隨著人口老化的趨勢，目前已成為全球性的重大健康議題。在台灣，骨質疏鬆症已高居老人常見慢性病的第四位，而伴隨有高併發症機率的髖骨骨折發生率更是亞洲區第一名，全世界第九名。骨折後所帶來的疼痛不便乃至後續的失能，不僅影響生活品質，更會增加死亡率及社會經濟負擔。骨質疏鬆症的盛行率隨著人口老化而漸增，而台灣的老年人口自 2013 年底突破 12%，近年的老化速度更高居世界第一。因此如何防治骨質疏鬆不僅是個人健康問題，更是我國政府於公共衛生政策所應注重的重大議題。

由於骨質流失平時無明顯症狀，故多數骨質疏鬆症患者並未接受治療，甚至不自知已有骨質疏鬆。根據最新的骨鬆防治指引，若無體重過輕、家族病史、喝酒、吸煙、類固醇使用、有骨折病史及副甲狀腺、甲狀腺分泌過多、性腺低下等次發性骨質疏鬆症等風險因子，65 歲以上的婦女或 70 歲以上男性即應接受骨質密度檢測。均衡營養、適度運動、藥物治療、定時追蹤檢測及控制自身慢性疾病是防治骨質疏鬆的五大重點。隨著醫學進步，不乏有效的骨鬆檢測及治療方式。然而如何透過有效的衛生教育及政策提升國民對骨質疏鬆的認知、藥物治療的可近性及強化骨質疏鬆症患者的遵囑性，會是未來有效降低骨折風險的關鍵。其將有賴於老人照護團隊及政府間的溝通與合作。

關鍵詞：骨質疏鬆、骨鬆防治，骨密度，骨折風險

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Integrated Care: from Acute Care to Long-Term Care

The proportion of senior citizens age 65 and above accounted for 14% of the population in Taiwan in 2018. Taiwan has become aged society according to the WHO definition. Facing the rapid ageing society, the services in acute care and long-term care should be integrated to meet the care needs of the senior citizens. Senior citizens often presented acute illness atypically and might need care due to disability. The evaluation of health status for senior citizens from WHO is “function”. Therefore, we should emphasize on the function of senior citizens from acute care to long-term care. In chronic care, comprehensive geriatric assessment should be applied to evaluate the complexed needs of care. During acute hospitalization, geriatric syndromes, sarcopenia and general weakness should be considered to reduce the risk of disability. When disabilities happen to senior citizens, the potential to fully recover should be evaluated and post-acute care should be considered to maximize the function. Appropriate long-term care service should be delivered in time during hospitalization. Multidisciplinary staffs should be integrated from acute care to long-term care to maintain or maximize the quality of life of the senior citizens.

高齡整合照護：從急性醫療到長期照護

台灣 65 歲以上老年人口比率已於今年超過 14%，達到世界衛生組織定義的高齡社會，並將於 2025 年進入超高齡社會。面對如此快速老化的情況，不管是在急性醫療或者是長期照護，都必須快速調整來因應整個老化社會的需求。高齡長者常常有多重慢性病，也因此有著多重用藥問題。當面對急性病症時，表現常常不典型，也容易有較高風險產生失能的狀況而需要生活上的照顧。世界衛生組織定義老年人的健康狀態最佳測量指標即為生活功能之表現。照護老年人的健康，必須從疾病與器官的觀點，轉換成維持生活功能與讓生活功能最大化。因此，從慢性病照護、急性醫療、出院安排與社區照護，都必須以老年人的生活功能為考量。慢性病照護，需以周全性評估為基礎，來主動發現各項需求，以延緩或減少失能風險。急性症狀住院，須注意老年症候群、肌少症與衰弱，來減少住院而產生的失能。當產生失能時，必須評估是否有恢復生活功能之潛能，如有潛能恢復功能，必須轉介到合適恢復功能的地方，例如急性後期照護或長照之生活復能服務。當產生失能而無法恢復時，則必須即時給予適當長期照護服務。當面對越來越多的高齡長者，從急性照護端，到長期照護端，都必須多專業團隊間彼此緊密合作，整合彼此的資訊、服務與照護目標，讓長者得到最協調與周全的照護，以維持或最大化高齡長者的生活品質。

Food and Drug Management Forum

食藥安全與管理論壇

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Specialty 研究領域

Molecular Epidemiology 分子流行病學, Public Health 公共衛生學, Environmental and Occupational Medicine 職業醫學, Community Medicine 社區醫學

The Public Health Threat of Phthalate-Tainted Food in Taiwan: What Did We Learn from 2011 Food Scandal?

A major food scandal happened in Taiwan in 2011. Phthalates were deliberately added to a variety of foodstuffs as a substitute of emulsifier. This food scandal was similar to the 2008 Chinese melamine-tainted infant formula *scandal*. In this talk, I will describe the detailed course of this phthalate-tainted food scandal and compare it with that toxic milk scandal in mainland China. How government response and management of the crisis and its future implications will be also addressed.

塑化劑在台灣污染食品造成之公共衛生威脅：

我們從 2011 年食安事件學到什麼？

2011 年，台灣發生一起重大的食品污染事件，塑化劑被當做乳化劑的替代品而蓄意添加到多種食品中。這起食品污染事件宛如 2008 年中國大陸三聚氰胺污染嬰兒奶粉事件之翻版。此次演講，將詳細描述該塑化劑污染食品事件的發展經過，並與中國大陸的毒奶事件做比較；同時，政府的危機應對與積極管理解決，以及事件對日後帶來的食安啟示也一併加以討論。

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Specialty 研究領域

Metabolomics 代謝體學, Metrology in Chemistry 化學計量學, Quantum Dot Based Sensors for Toxicants 量子毒劑偵測器, Molecularly Imprinted Polymers 分子印痕聚合物, Multi Residue Analysis 多重殘基分析

Analytical Challenges and Solutions in Food Safety Management - Indian Perspective

Food safety is one of prime concern in recent times due to its adversities to the human health. The presence of contaminants added intentionally and/or unintentionally to the food raising concerns over its safety to the consumers and affecting the trade relations between the countries. Thus, to avoid, many countries came up with a legislations to establish regulatory agencies in the area of food safety. In India, Food Safety and Standards Authority of India (FSSAI) has been established to regulate the food safety issues and other related aspects. FSSAI has active since 2006 and able to set limits for the presence of organic, inorganic, physical and biological contaminants in various food products. Likewise, establishing food testing laboratories are also one of the prime agenda of FSSAI as per ISO 17025 guidelines. But, many times, the availability of easy to use, rapid, sensitive and robust analytical methods are too scanty and thus, limiting the regulatory authorities to regulate the food contaminants in various food commodities. The analytical method development with minimum usage of organic solvents, easy to remove the matrix interferences with a greater accuracy and precision possess challenges. The use of microextractions and molecularly imprinted polymers can solve these issues to some extent and also help to develop matrix based methods to quantitatively determine multi-class analytes rather than analyte specific methods. In my key note lecture, I will discuss about the food safety aspects, analytical challenges and possible solutions to detect and determine contaminants in various food commodities.

Key words: Food safety, FSSAI, Microextractions, MIPs and Regulatory aspects

從印度之視角分析食品安全管理中之挑戰及對策

基於人類健康面臨的困境，近年食安問題逐漸受到重視。由於食品中污染物的添加或出現，易引發消費者安全及各國貿易關係方面的問題，近年各國紛紛立法設立食安專責機構以資因應。印度食品安全與標準管理局(FSSAI)為印度目前處理食安議題及其他相關問題的專責機構。FSSAI 設立於 2006 年，可對於各類食品中有機/無機、物理性/生物性污染物提供許可標準。此外，亦根據 ISO 17025 設立食安檢測實驗室。然而，由於目前簡單、快速、靈敏、耐變的檢測方法有限，造成主管機關對於各類食品中污染物管理的成效受限。因此，如何開發使用有機溶媒使用量少、基質干擾小，且精密準確的分析方法，是目前面臨的挑戰。微萃取及分子拓印聚合物技術是近來前述問題的解決策略之一，此類技術有助針對多類而非特定單一分析物建立基質導向方法。本次大會演講，我將以食安角度，討論於各種食品進行污染物檢測面臨的挑戰與解決方案。

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Specialty 研究領域

Clinical Toxicology 臨床毒理學, Environmental and Occupational Medicine 環境及職業醫學, Internal Medicine 一般內科學, Emergency Medicine 急救醫學, Snake Bites 有毒動物螫咬傷, ADR 藥物不良反應

Clinical Significance of Poison Examination and Identification

Comprehensive drug testing is often an important or even conclusively diagnostic tool for poisoning management. Under drugs testing and attentively clinical observation, we can make a correct diagnosis, assess the severity of poisoning, follow-up the outcome or even to be a forensic reference. Drug testing has roughly two purposes, screening tests for exposure assessment and validation tests for severity confirmation. To achieve these two purposes we apply three types of principles and instruments: immunoassay, chromatography and mass spectrometer. Enzyme immunoassay is simple and convenient; it is not only used in toxicology, but also in most of fields of biological medicine. Therapeutic drug monitoring is the model. In cases of acetaminophen overdose, we check their serum acetaminophen concentration at 4 hours after poisoning to determine the severity of poisoning and the guide for antidotes. Most of protein-based toxins, such as snake venoms can also be detected by immunoassay. We used an ELISA method to detect cobra venom in snakebites of unknown origin. We found the blood venom concentration might correlate to the severity and prognosis of Taiwan cobra snakebites. We further developed a fast and point-of-care diagnostic kit for emergency use or might be used on site for quick assessment. Some small molecular chemical toxins could be detected by chromatographic methods directly or after derivative reaction with other chemicals. So, we use spectrophotometer to quantify serum herbicide level for paraquat intoxication; gas chromatography for blood ethanol or methanol level. Mass spectrometer got great improvement and wide application in recent years, such as the application of proteomic analysis on natural toxins or snakes venoms, But It is not so feasible in clinical or emergency toxicology. Mass spectrometer possesses high quality of specificity and sensitivity, and is reserved for drug confirmation in forensic toxicology, doping control and workplace drug testing. In the area of clinical and emergency toxicology, drug testing plays an important role in differential diagnosis, but could not be overemphasized. Above all, following the basic concept of Paracelsus—the dose makes the poison, may be the most fundamental principle for poisoning treatment.

毒藥物檢驗及鑑定的臨床意義

不管是臨床上或研究上，毒藥物檢驗常常是重要甚至是決定性的診斷根據或是治療上重要的參考。根據毒藥物檢驗結果，配合臨床觀察就可以確定中毒診斷、評估中毒嚴重度、追蹤治療結果或是做為法律上的參考。毒藥物檢驗依使用的場合，可分為毒物篩檢和確認檢驗二種。依儀器種類的不同，可分免疫分析、色層分析和質譜儀。酵素免疫分析方法簡單方便，不只應用在毒物檢測，還應用在臨床醫學各領域。臨床上很多藥物血中濃度監測多是以酵素免疫法來進行檢測。例如，當止痛藥 acetaminophen(普拿疼是最常見的名稱)中毒時，檢測病人血中藥物濃度，配合中毒時間，就可以決定中毒嚴重度及如何使用解毒劑。強心劑毛地黃中毒的診斷也是以酵素免疫法。大部分蛋白質毒素亦可以用這個方法來檢測、診斷、評估嚴重度及治療。像台灣的眼鏡蛇毒蛇咬傷，我們開發了酵素結合免疫吸附分析法(ELISA)，檢測病人血液中的蛇毒濃度，可以確認病人被眼鏡蛇咬傷，可以評估其嚴重度，也可以追蹤病人抗蛇毒血清治療的效果。透過類似的研究，我們同時研發快速及時診斷片，可以現場或急診使用，迅速診斷出眼鏡蛇咬傷，診斷確率相當高。色層分析法則常用來檢測一些較小分子化學毒物。UV 色層分析可以定量病人血液或尿液中除草劑巴拉刈濃度，了解其嚴重度。氣相色層分析法可以檢測病人血液中甲醇或乙醇濃度，做為治療的根據。例如病人血液中甲醇濃度超過 30mg% 時，可能需要考慮緊急血液透析治療。質譜儀在最近幾年發展迅速，應用更廣。不過在臨床毒物學上應用不多，目前還是以研究為主。像蛇毒等自然毒素的蛋白質體分析及應用等。質譜儀在臨床毒理學上一般用在毒品濫用的法醫學確認檢驗，藥物或毒品濫用除了產生中毒傷害之外，還牽涉到法律責任問題，因此，必須以精密的質譜儀分析病人檢體，以免造成誤判。毒藥物種類繁多，這些毒藥物中毒除了上述幾種毒藥物外，大部分無法或沒有常規檢測方法，可以協助臨床診斷或治療。因此面對毒藥物中毒的病人，遵循毒理學首要原則：劑量決定中毒與否，可能才是毒藥物中毒治療上最好的準則。

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Specialty 研究領域

Psychological effects and neurochemical basis of Betel quid intoxication and addiction 檳榔中毒與成癮的心理影響與神經化學基礎

The Development of a Pharmacological Replacement Therapy for Betel Quid Substance Use Disorder

Betel quid chewing is potentially addictive and carcinogenic with addiction invariably being a prerequisite for the development of cancer rather than vice versa. There is no pharmacological treatment for betel quid or Areca nut+Lime dependence. Analysis of scientific publications in PUBMED show that the vast majority of publications related to betel quid are epidemiological characterizations of populations of chewers or molecular studies examining cell models of pathology induced in response to the application of Areca nut extracts or arecoline. There is no scientific precedent for any licit or illicit drug of addiction that either of these two fields have contributed to the development of strategies or therapies to prevent dependence or abuse. Pharmacological characterization of the receptor ligands and neuronal mechanisms mediating the psychoactive effects of coffee and tea, alcohol, tobacco, heroine, amphetamines, cocaine and GHB is, and has been, the basis for the synthesis of receptor antagonists/agonists that form the backbone of current treatments of dependence. Drug dependence is a complex disease and experience has demonstrated that effective treatment requires the integration of pharmacological therapy and cognitive behavioral and social interventions. The pharmacological mechanisms of intoxication and dependence to betel quid or Areca nut+Lime have not been established. Binlang is the fourth most commonly consumed stimulant in the world yet scientific publications in PUBMED show that relative to other drugs of addiction binlang publications are grossly underrepresented in number and those available are invariably limited to low impact journals. Pharmacological research of binlang is almost non-existent. This results from two factors. Firstly, a lack of funding available to binlang researchers which sometimes detrimentally impacts the design and quality of research and secondly, a low interest by scientific journals in a subject that has almost no impact upon western health care or society, - topics very relevant to the majority of any journals subscribers.

To effectively improve the translation of binlang research into treatments

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for chewers Taiwan needs to establish an International Binlang Research Center (IRBC) that is funded by block grants from MOST. The IRBC needs to refocus research away from epidemiology and molecular biology and avoid existing political research hierarchies. IRBC research should exclusively focus of the development of effective treatments that reduce the incidence of dependence and cancer in chewers. One research priority should be pharmacological investigations of receptor/ligand events mediating intoxication and dependence with the goal of developing pharmacological replacement therapy for binlang dependence. This IRBC needs to promote the recruitment and inclusion of the best Taiwanese and foreign research scientists. To be international this will require Taiwanese MOST to amend existing policy guidelines so as to allow foreign guest scientists to apply for MOST research funding. Evaluation of the scientific progress of an IRBC research project should recognize that Binlang chewing is an orphan addiction and SCI ranking of research publication is not necessarily the metric that most accurately describes the value of research but more accurately describes the publications appeal to a larger, largely disconnected paying audience.

This talk will discuss the changes in scientific attitude required to stimulate pharmacological investigations directed towards the development of a pharmacological replacement therapy for Betel Quid Substance Use Disorder.

Keywords: addiction, therapy, pharmacology, betel quid

檳榔物質使用疾患之藥物學治療的進展

檳榔嚼食具有潛在的成癮性和致癌性，而成癮可能為癌症發展的先決條件。當前對檳榔子或檳榔子+石灰之依賴性沒有明確的藥理學處理方法。PUBMED 科學出版物之分析顯示，絕大多數與檳榔有關的論文為檳榔嚼食流行病學特徵或分子研究，或檳榔提取物與檳榔鹼誘發疾病的病理細胞模型。沒有任何合法或非法成癮藥物的科學先例，已協助製定防止物質依賴或濫用的策略或療法。藥理學上，關於咖啡、茶、酒精、菸草、海洛因、安非他命、古柯鹼、GHB 等調節神經元的物質之受體拮抗劑/促進劑機轉為目前治療依賴性藥物的骨架基礎。藥物依賴性是一種複雜的疾病，過去的經驗顯示，有效的治療需要整合藥物治療、認知行為和社會干預。當前檳榔或檳榔+石灰的中毒與依賴的藥理學機制未明。檳榔是世界上第四大使用率最高的刺激劑。然而，PUBMED 的科學出版物顯示，相對於其他成癮藥物，檳榔論文的數量嚴重不足，可用的數據總是僅限於低影響期刊。檳榔的藥理學研究幾乎不存在，此由兩個因素造成的。首先，檳榔研究人員缺乏資金，這有時會對研究的設計和質量產生不利影響；其次，科學期刊對一個對西方醫療保健或社會幾乎沒有影響的學科興趣缺缺，此與大多數期刊的訂閱者有關。

為了有效地增進檳榔研究在醫學治療的轉譯效益，台灣需要建立一個由科技部經費區塊資助的國際檳榔研究中心（IRBC）。IRBC 需要重新調整研究，使其遠離流行病學和分子生物學，並避免現有的政策研究的層級。IRBC 的研究應該專注於開發有效的治療方法，以減少咀嚼物中依賴性和癌症的發生率。其中一項的研究重點應該是調節中毒和依賴的受體/配體事件的藥理學研究，目的是開發用於檳榔依賴的藥理學替代療法。IRBC 需要招募與結合最優秀的台灣和外國科學家。為了國際化，這將請求台灣科技部修改現有的政策指導方案，以便外國客座科學家可以申請 MOST 之研究經費。在評估 IRBC 研究計畫的科學進展必須認知，檳榔嚼食是一種不受重視，類似孤兒狀況的成癮疾病，研究出版物的 SCI 排名不一定是一項能準確描述研究價值的指標，但卻可能阻斷一大群無法付費之研究學者查閱相關的科學結果。

本演講將討論刺激藥物學研究所需的科學態度的變化，這些研究旨在開發檳榔物質使用障礙的藥理學替代療法。

關鍵詞：成癮，治療，藥理學，檳榔

Medical Law Forum

醫療法律論壇

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Civil Code 民法, Land Act 土地法, Trust Law 信託法, Economics of Law
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Civil Liabilities in Medical Malpractice

The medical service providers who provide medical services involve legal relations of contracts or quasi-contracts, if medical malpractice happens, torts liabilities. Medical service providers always provide medical services in medical institutions, and it forms a three parties legal relations. If the legal entities of medical institutions are identical to medical service providers, the legal relations between medical institutions and patients are identical to the legal relations between medical service providers and patients. If legal entities of the medical institutions and medical service providers are different, medical service providers provide medical services according to code or contracts, and medical service providers are the agents of medical institutions, the contracts only exist between medical institutions and patients. The legal relations between medical institutions and medical service providers depend on whether medical institutions are public or private, if private medical institutions, on whether medical institutions are corporate or incorporate.

If medical malpractices happen, the medical institutions and medical service providers are burdened with civil, administrative, and criminal liabilities, this article only explores civil liabilities. Due to the previous arguments of application of the Consumer Protection Act, there are different opinions of negligent or strict liabilities for torts liabilities of medical malpractices in Courts decisions. The courts adopts negligent liabilities for medical malpractices accompanying with the Medical Act amended several times. However, concerning the burden of proof, the Courts decisions are inclined to ask medical institutions to prove without negligence to be discharged of liabilities, in addition to relying on medical expert witness. The contents of the amendment of Article 82 of the Medical Act Amendment of 2017, for which the medical industries expect highly, have on substantial impact on civil liabilities in medical malpractices.

醫療事故民事責任

醫事人員提供醫療服務，依情形有契約或無因管理的法律關係，如發生醫療事故則有侵權行為的法律關係，而醫事人員通常在醫療機構為病人提供醫療服務，因而形成醫療機構、醫事人員及病人三方法律關係。如醫療機構與醫事人員為同一法律主體，則醫療機構與病人間的法律關係，就與醫事人員與病人間的法律關係相同；如醫療機構與醫事人員並非同一法律主體，醫事人員是依法律或契約在醫療機構提供醫療服務，則醫事人員為醫療機構的履行輔助人，僅醫療機構與病人間有契約關係。醫療機構與醫事人員的法律關係，依醫療機構為公立或私立，如為私立醫療機構，又依其為法人或非法人，而有不同。

醫事人員對病人提供醫療服務時，如出現不當或疏失，導致病人死傷，即形成醫療事故，醫療機構與醫事人員應負民事、行政和刑事責任，本文僅探討民事責任。法院就醫療事故的侵權責任的裁判，之前因有消費者保護法的適用爭議，而出現醫療行為應否適用無過失責任的見解不同的裁判，固然在醫療法數次修正下，已確定採過失責任，然而對於舉證責任，除了依賴醫療鑑定外，則有傾向由醫療機構證明其無過失，才能免責。至於醫界期待很高的 2017 年醫療法修正，修正通過的第 82 條條文內容，則對醫療事故民事責任，並未發生實質影響。

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Inquiry into Criminal Cases Regarding Act Governing Food Safety and Sanitation

1. Introduction
2. Impact of recent food safety scandals on Act Governing Food Safety and Sanitation
 - (1) Plasticizer scandal on May, 2011

Amendment was made on June 22, 2011 to increase criminal sanction of Article 34, Act Governing Food Sanitation.
 - (2) Poisonous starch scandal on May, 2013
 - A. Amendment was made on June 19, 2013 to change Article 11, 34 to Article 15, 49 in the Act Governing Food Sanitation. The major amendment is on “sophistication”, and “harmful to health” in Article 49 is removed.
 - B. Food and Drug Management Bureau was reorganized as Food and Drug Administration, Ministry of Health and Welfare, and Disease Control Bureau was reorganized as Taiwan Centers for Disease Control, Ministry of Health and Welfare since July 23, 2013.
 - (3) Cooking oil scandal of Chang Chi Foodstuff Factory Co., and Flavor Full Food Inc. on October, 2013.
 - A. Act Governing Food Sanitation was amended and published as Act Governing Food Safety and Sanitation on February 5, 2014.
 - B. Act Governing Food Safety and Sanitation was amended and published on December 10, 2014.
 - a、Raise fine and penalty
 - b、Confiscate illegal profits (49-1)
 - c、Consider Article 58, Criminal Code to determine the amount of fine.
 - d、18th resolution of Criminal court, Supreme Court on November 22, 2016.

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3. Legal controversy of “sophistication” in Article 49, Act Governing Food Safety and Sanitation
 - (1) Intellectual Property Court’s misaligned explanations about “abstract crime of danger”.
 - A. Realistic Theory (determined by individual case)
 - B. As long as there is an act of “sophistication”, it is presumed “harmful to human beings”, without the burden of proof.
 - (2) What are the legal interests protected by the Article 49 of Act Governing Food Safety and Sanitation? What is the legislative purpose of it?
 - (3) Academia’s opinions
 - (4) Courts’ opinions
 - (5) 18th resolution of Criminal court, Supreme Court in 2016
4. Controversy of confiscation
 - (1) Controversies resulting from cooking oil scandal of Chang Chi Foodstuff Factory Co.
 - (2) (Before amendment) Article 38.3., Criminal Code: only criminal profits “owned by defendant” can be confiscated.
 - (3) Article 49-1, Act Governing Food Safety and Sanitation amended on December 10, 2014: criminal profits shall be confiscated whether they are owned by the defendant or not.
 - (4) Clauses regarding confiscation after Article 38, Criminal Code, which were amended on December 30, 2015, were effective on July 1, 2016.
 - (5) Article 10-3, Enforcement Act of Criminal Code: confiscation regulations of other laws enforced before July 1, 2016 are no longer valid.
 - (6) Article 49-1, Act Governing Food Safety and Sanitation (amended on January 27, 2018): the method to estimate range and amount of criminal profit confiscation shall be determined by the Executive Yuan.
5. Conclusion

食安法刑事犯罪相關法律問題探討

壹、前言

貳、近年來重大食安事件對食安法之影響

一、 100.5.塑化劑事件

100.6.22.修正公布，提高食衛法第 34 條刑度

二、 102.5.毒澱粉事件

(一) 102.6.19.食衛法修正公布，第 11、34 條分別改為第 15、49 條。

重大變革：摻偽假冒，第 49 條刪除「致危害人體健康」等文字。

(二) 102.7.23.起，食品藥物管理局改制為衛生福利部食品藥物管理署，疾病管制局改制為衛生福利部疾病管制署。

三、 102.10.大統長基、富味鄉油品案

(一) 103.2.5.食品衛生管理法修正公布，更名為食品安全衛生管理法。

(二) 103.12.10.食安法修正公布：

1. 全面提高罰金與罰鍰額度。

2. 不法利得之沒收(49-1)。

3. 科罰金時，應審酌刑法第 58 條規定。

4. 最高法院 105.11.22.105 年第 18 次刑庭決議。

參、食安法第 49 條「摻偽假冒」之法律爭議

一、 智財法院對於抽象危險犯解釋之歧異

(一) 實質說(需個案認定)

(二) 只需有摻偽假冒行為，立法者即推定具人體具危險性，無庸另外再舉證。

二、 食安法第 49 條保護之法益為何？立法目的為何？

三、 學者見解

四、 各地法院之見解

五、 最高法院 105 年度第 18 次刑事庭會議決議

肆、沒收之爭議

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- 一、 大統長基案產生之爭議
 - 二、 (修正前)刑法第 38 條第 3 項：犯罪所得限「被告所有」始得沒收。
 - 三、 食安法 103.12.10.修正公布第 49 條之 1:不論是否屬被告所有，沒收之。
 - 四、 刑法 104.12.30.修正公布第 38 條以下沒收專章，自 105 年 7.1.起施行。
 - 五、 刑法施行法第 10 條之 3：105 年 7 月 1 日前施行之其他法律關於沒收之規定，不再適用。
 - 六、 食安法第 49 條之 1(107.1.24.修正)：犯罪所得與追徵之範圍及價額，……其估算辦法由行政院定之。
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Sociology of law 法律社會學, Public Administration 行政學, Legislative Suggestions 立法論

Cooperation and Dispute Resolution in Health Care Disposition

If the state regulation could not function well at fulfilling its purpose, then it will be bad rules that may infringe citizen's property and liberty right. When the state regulation could cooperate with high information technology, then it may function very well with low cost. Taiwan is now suffering seriously few children and aged social problems. But the health care regulations about caring institution are still very traditional that cost tremendous cost both to the institution and also to all society.

This article argues that the proper regulations that could promote state government collaborate with the society should: First, to help the private health care institutions using health information monitoring system; and second, using the cloud technology to integrate big data for infectious disease prevention; third, using learning and encouragement to substitute the punishing rules; and forth, recourse to market forces and economic incentives to promote cross area cooperation for infectious disease prevention.

Keywords: state regulation, collaborative regulation, infectious disease prevention

衛生醫療管制處分中之合作與爭議解決

國家對社會所進行之各種管制措施，應確實能達到其管制之目標，否則不當之管制，即有可能成為侵害民眾財產樣和自由權的惡法。而國家之管制措施，更應配合科技之進步與發展，運用最新科技，來實現最大的管制政策之利益。在當前少子化和高齡化的雙重社會問題壓力下，政府對於嬰幼兒及老人長期照護機關之管制，必須以最低之管制成本，來達到最大的管制目標，否則，照護機構之經營者在過度的管制成本之下，便只能選擇減少照護之供給量。

而本文認為，對於照護機關之管制，應該配合資訊科技之運用，對照護機構施予合作性管制，其關鍵之要素有四：一、協助業者建立受照顧者健康資訊監測系統；二、運用雲端科技，進行傳染病防役需求與方法之大數據分析；三、以學習與獎勵機關取代懲罰式管制規則；四、鼓勵民間業者進行營利性跨域合作經營。

關鍵字：衛生醫療管制、照護機構管制、合作性管制、傳染病防治

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Establishment of Clinical Medical Ethics in Taiwan

In medical institutions, there are many clinical ethics practices, such as organ transplantation, IVF, induced abortion, genetic diagnosis and treatment, paternity testing, stem cell therapy, hospice care, terminal care, DNR, organ donation, long-term care, and etc.

In the medical affairs that are handled almost every day, medical staffs should face medical ethical issues everywhere. In addition to the values and choices to be cultivated from the professional training, practical guideline and SOP need to be consensus in the medical team that forms medical ethics. Therefore, in various professional fields, many medical administrative are extended, such as the development of ethical codes, behavioral norms, patient rights, clinical trials, medical ethics counseling, academic ethics issues, media ethics, medical disputes and deliberation, social services and legal affairs, ...and etc.

Therefore, education in medical ethics has also become an important task to be implemented. It is an important issue to establish a structured clinical ethics practice model through consensus mechanisms, professional considerations, indicator establishment, feasibility assessment, supervision, and assessment mechanisms.

In the past ten years, we have divided the ethical practice into various clinical units, medical ethics working groups, medical ethics consultation, case conference, hospital medical ethics committee, and integration of human trial medical ethics committee. Ways to core curriculum education and training, pre-service and in-service ethics education, presentations, seminars and workshops, ethical consultative discussions, and clinical ethics case discussions were conducted.

In recent years, cross-disciplinary, role-playing models and collegiate arbitration have been used to teach clinical ethics. The initial results from the participation, number and satisfaction assessments should be worth to be promoting models and mechanisms.

Keywords: clinical medical ethics, ethics education, role playing, collegial arbitral tribunal

台灣醫療機構臨床醫學倫理之建置

醫療機構臨床醫學倫理實務繁多，譬如器官移植、試管嬰兒、人工流產、基因診斷與治療、親子鑑定、幹細胞療法、臨終關懷、安寧照顧、DNR、器官捐贈、長期照顧…等等。

在幾乎每天都要處理的醫療事務中，處處充滿醫學倫理問題，其中除了要以專業訓練中培養出來的價值觀坐判段與抉擇之外，許多事務需在醫療團隊中取得共識，是為醫學倫理。因而延伸許多醫學倫理行政事務，如制定各專業領域的倫理守則、行為規範、病人權益、人體試驗、醫學倫理諮詢、學術倫理議題、媒體倫理規範、醫療爭議與審議、社服與法務…等。

因而醫學倫理教育也成為需落實的重要任務。是以需經由共識機制、專業考量、指標建立與可行性評估、監督考核機制，所建立結構性的臨床倫理實務模式成為很重要的課題。

十年來我們以分層分級分工模式，將倫理實務分為各單位、醫教倫理工作小組、全院醫學倫理諮商與病例討論機制、院區醫學倫理委員會、與體系人體試驗醫學倫理委員會進行整合分工。方式以核心課程教育訓練、職前與在職倫理教育、演講、研討會與工作坊、倫理諮商討論、與臨床倫理病例討論會實施。

最近幾年進行跨領域，以角色扮演方式，做臨床倫理與合議仲裁方式教學。從參與面、人數與滿意度評估顯示初步成效，應該是值得推廣的模式與機制。

關鍵詞：臨床醫學倫理、倫理教育、角色扮演、合議仲裁庭

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Legal Dilemma in Emergency Medicine

During an emergency medical scenario, not only the medical professionals have to deal with unexpected conditions and possibly rapid deterioration, but also the patients might be compromised in their competency, and suitable surrogates are usually not available or cannot make the decision properly. On the other hand, there is always no solid and trustable interaction between patients side and medical staffs, nor adequate informed consent or shared decision making process, thus made the doctor-patient relationship very unstable, resulting in a high risk area of medical dispute. In addition, the patient as a main stake-holder are very likely being not able to establish a clear 'contract' with the medical teams or member, or even 'No cause management' may be the cases, makes the legal relationship and liability in emergency more unclear or complicated, and further withdraw the medical professionals. All the abovementioned may leads to legal dilemmas in emergency medical conditions, such as in-flight medical care, the informed consents in emergency, or adaptation of DNR or not. We here list some examples and raise the cases for discussion, hopefully can clarify the myth and provide some practical suggestions.

緊急醫療中的法律難題

發生緊急醫療情境時，醫事人員必須面對未能預期的傷病狀況，以及可能瞬息萬變的病情發展，病患也可能因為病症而處於無法完全行使其自主權的狀態，家屬則往往並不在現場，或同樣處於慌亂茫然之中；另一方面，缺乏穩固基礎與長期信賴的醫病互動，且因時間緊迫而無法充分進行的告知後同意或是醫病共同決策，則使得緊急醫療中的醫病關係愈加不穩定，進而成為醫療糾紛發生的高風險區。再者，緊急醫療情境下，由於作為法律關係主體的病患很可能無法與醫事人員建立完整的醫療契約，以及可能必須適用無因管理，也使得緊急醫療中的法律關係與責任更加不明確，造成醫事人員的無所適從，甚至有所忌憚。凡此種種，皆可能因此造成法律上的難題甚至困境，如飛航途中的醫療行為、急診中的知情同意、不施行心肺復甦的是用與否等。在此，提出一些常見的問題與實例，就教於與會先進，並試圖經由對談與討論，得以釐清或是給予可行的建議。

新減糖 運動GO



- 輕鬆抗糖化
- 喝的健康不老化
- 生活有活力



為自己做下最後一個決定

我們在一生中，要決定今天要穿什麼衣服、晚餐要吃什麼、在大學要主修什麼科系、將來要從事什麼工作、要不要結婚、將來退休之後要做什麼…等等，做下無數個決定。但是，您是否想過，我們雖然不能決定來到世上的樣子，但是我們能夠為自己離開的時候預先做準備：

面臨生命末期時
除了維持所有治療直到死亡之外
我們可以為自己決定

同意器官捐贈

可以到全國各醫院、衛生所、戶政單位、監理站或健保署的服務窗口索取「**器官捐贈同意書**」，填寫完畢之後寄到「台北市中正區杭州南路一段15-1號11樓之1，**衛生福利部安寧療護及器官捐贈意願資料處理小組**收」，即會將您的器捐意願加註於健保卡。

器官捐贈，是指當一個人因為無法抗拒的因素而發生嚴重意外或疾病，經專業醫師判定為生命末期或腦死時，將身上功能良好、可用的器官或組織，以無償的方式捐贈給有需要的人，幫助他人恢復健康或挽救生命，進一步改善生活品質。

接受安寧緩和醫療

可以到全國各醫院、衛生所索取「**預立安寧緩和醫療暨維生醫療抉擇意願書**」，填寫完畢之後寄到「**新北市淡水區民生路45號，台灣安寧照顧協會**收」，協會收到之後也會轉請**衛生福利部安寧療護及器官捐贈意願資料處理小組**將您的意願加註在健保卡。

安寧療護是由一組醫療專業人員，用愛心及完整的症狀緩解醫療技術陪伴生命末期病人走完最後一程。末期病人和家屬所需要的並非侵入性且增加痛苦的治療，也不是放棄不理會，而是尊重他們、減輕痛苦、照顧他們，讓病人擁有生命的尊嚴及完成心願，安然離去。

同意器官捐贈和接受安寧緩和醫療，這兩種生前意願表達是不互相衝突的喔！可以同時簽署，因為我們都無法預測將來在生命末期時會是什麼樣的情況，等到無常來臨的那一天，醫生會視情況來判斷最適合、最符合自己意願的方式。所以，如果能夠預先表達自己的意願，有助於親人在悲傷的當下，順應我們完成遺願。

你我的瞭解
將開啟精神康復者的

美麗心境界

同理

接納

自我
肯定

瞭解

精彩
復元

人權
倡議

精神康復者人權倡議

高雄市政府衛生局關心您

百魅陷阱

電子煙



電子煙華麗的包裝下
藏著可怕的毒害陷阱

成癮!



多數含尼古丁，具成癮性，
無助戒菸，可能添加大麻
安非他命等毒品

尼古丁過量易造成中毒

中毒!



爆炸!



具爆炸危險性



高雄市政府衛生局 關心您

本經費來自菸品健康福利捐 廣告

反毒五招大公開



1 直接拒絕



2 遠離現場



3 轉移話題



4 自我解嘲



5 友誼勸服



高雄市政府衛生局 關心您

拒絕毒品 反轉毒害 4行動

- 1 珍愛生命
- 2 防毒拒毒
- 3 知毒反毒
- 4 關懷協助



反毒資源館

免付費諮詢專線

0800-770-885

請請您 幫幫我



自殺可以預防，你我都是 自殺防治守門人！

心情溫度計 APP上線囉!!

- step 1 點擊打開App Store 或Play Store
- step 2 搜尋：心情溫度計
- step 3 立刻免費下載使用！

守門人123步驟

- 1 問 主動關懷 與積極傾聽
- 2 應 適當回應 與支持陪伴
- 3 轉介 資源轉介 與持續關懷

簡易的幾個問題，幫助自己測量心情溫度；也分享給身邊親愛的家人、朋友，養成習慣每週檢測，認識自己愛護他人，就從『關心』開始！

請您仔細回想在最近一星期中（包括今天），這些問題使您感到困擾或苦惱的程度，然後圈選一個您認為最能代表您感覺的答案。

	完全沒有	輕微	中等程度	嚴重	非常嚴重
1. 睡眠困難，譬如難以入睡、易醒或早醒	0	1	2	3	4
2. 感覺緊張不安	0	1	2	3	4
3. 覺得容易苦惱或動怒	0	1	2	3	4
4. 感覺憂鬱、心情低落	0	1	2	3	4
5. 覺得比不上別人	0	1	2	3	4
★有自殺的想法	0	1	2	3	4

總分與說明

0-5分：一般正常範圍。
 6-9分：輕度情緒困擾，建議找家人或朋友談談，抒發情緒。
 10-14分：中度情緒困擾，建議尋求紓壓管道或接受心理專業諮詢。
 15分以上：重度情緒困擾，建議諮詢精神科醫師接受進一步評估。
 ★有自殺的想法★本題為附加題，若前5題總分小於6分，但本題評分爲2分以上(中等程度)時，宜考慮接受精神科專業諮詢。



滅蚊秘笈傳授...

如何杜絕病媒蚊？

無蚊家園 健康高雄



防治登革熱，滅蚊根本有四招

巡



巡檢居家內外，有無積水容器

倒

清

刷

不可少



倒掉器物內積水，收拾器物成倒置

清



清潔居家環境，清除不要器物

刷



刷洗留下器物，徹底清除蟲卵