

# 診所裏的反思

## Reflections from the Clinic

王恆冰醫生2024年2月19日講於萬佛聖城佛殿

A Talk by Dr. Wang Heng Bing at the Buddha Hall of the City of Ten Thousand Buddhas on February 19, 2024



今天是總統節，天氣也不好，本來想著很多病人不會來，會輕鬆一點，結果每個病人都來了。下午正在忙的時候，突然有一個護士來跟我說，有一個病人辱罵她了，並且這個病人已經很多次對她很不友好了。我當時聽了非常吃驚，因為這位護士，是一位身經百戰的護士。而且這個病人我已經認識很多很多年，她三十六、七歲的時候我就認識她，最近因為她的血液腫瘤，我又開始給她治療，治療的效果很好，沒有出現什麼副作用。

這位病人是個退伍軍人，我們和舊金山退伍軍人醫院一起合作來治療她；她如果不在瑜伽市我的診所治療的話，那她可選擇的診所會非常少。我基於對她

Today is Presidents' Day, and the weather is less than ideal. I initially assumed many patients would not attend, which would make for a relatively quiet day. However, to my surprise, every single patient arrived. While I was busy in the afternoon, a nurse approached me, visibly upset, and informed me that a patient had verbally abused her. She added that this patient had consistently been unfriendly towards her. I was quite taken aback, as this nurse is both highly skilled and experienced. I have known this patient for many, many years. I first met her when she was around 36 or 37 years old. Recently, due to her blood tumor, I started treating her again. The treatment has been very effective, with no significant side effects.

This patient is a veteran, and we are partnering with the San Francisco Veterans Affairs Hospital to provide her with care. If she does not receive treatment at my clinic in

這兩方面的同情，跟她聊了很長時間，最後才發現事情不是那麼簡單，她其實並不是一個非常惡性，會無理取鬧並辱罵護士的人。

作為退伍軍人，她以前的一些經歷我不知道，她其實有很多的精神創傷。得知她這麼多年吃過很多種精神衛生的藥物。四個月前我們開始治療癌症的時候，她自己偷偷的把精神病藥物給停了，那直到今天她告訴我，我才瞭解到這個情況，我想這個也是導致她行為不當的一個很大的原因。

同時她的孩子也跟她關係不好，她的一個14歲的孩子非常不聽話，加入了黑幫，現在去了愛達荷州，和他的養父一塊兒居住。然後她的現任丈夫是一個酒精依賴者，現在剛剛清醒一點，沒有再喝，但是她怕她跟丈夫一講話，又把他激怒了，他又開始喝酒，目前他們是分居狀態。還有她的媽媽呢，也因為肝癌在三個月前去世了。

她其實已經很盡力在控制自己了，因為她知道自已很容易惡語傷人，所以她盡力不說話。但她沒有意識到即使不說話，她的一些身體語言，對旁邊的人也會造成很大很大的影響。在和她談話的過程中，我都秉著以慈悲心為準，因為什麼時候都應該有慈悲心。這是我這麼多年來，在萬佛城的各種法會講座中，還有大家的分享中得到一個最大的收穫，所以我盡量耐心地聽她講完，也跟她分享了一下自己的經歷。

我自己也會有類似的情況，有的時候心情很不好，感到很焦慮。我的一個處理的方法就是不說話，該幹什麼幹什麼。但這期間有人必須要問我問題的話，我有時候態度可能不是很好。不一定是語言不好，有可能是一種身體語言的不友好，從這方面來說我跟她是有一點點相連的。我通過跟她分享自己的一些經歷，和她溝通得還不錯。

最後她也聽取了我的建議，爭取去

Ukiah, her options for other clinics will be severely restricted. Out of sympathy for her situation in these two aspects, I spent a long time talking with her. Eventually, I discovered that the situation was not as straightforward as it seemed — she is not actually a malicious person who would unreasonably cause trouble or insult nurses.

As a veteran, much of her past experiences remain unknown to me; it is evident that she carries the weight of psychological trauma. Over the years, she has been on numerous mental health medications. Four months ago, when we began her cancer treatment, she secretly stopped taking her psychiatric medications. It wasn't until today that she revealed this to me. I believe this is a major factor contributing to her inappropriate behavior.

At the same time, her relationship with her children is strained. One of her children, a 14-year-old, is very rebellious and joined a gang. He has now moved to Idaho to live with his adoptive father. Her current husband struggles with alcohol dependency—although he has recently sobered up—and she fears that any conversation with him might trigger his anger and lead him to start drinking again. They are currently separated. On top of all this, her mother passed away from liver cancer three months ago.

She has actually been trying very hard to control herself because she is aware of that she tends to hurt others with harsh words. Consequently, she tries her best to remain silent. However, she does not realize that even without speaking, her body language can significantly impact those around her. During our conversation, I made a conscious effort to approach her with compassion, as I believe compassion is essential in any situation. This understanding has been one of my most valuable insights from years of attending Dharma assemblies, lectures, and sharing sessions at the City of Ten Thousand Buddhas. I patiently listened to her story while also sharing some of my own experiences.

I can relate to those moments of deep upset or anxiety. When I find myself in such situations, I often choose to remain silent and simply focus on what needs to be done. During these moments, if someone approaches me with a question, I may not respond with my best attitude. It's not just about my words; often, my body language conveys a lack of warmth and friendliness. In this way, I feel a certain connection with

看她的精神衛生醫生，把藥再吃上。因為她吃這方面的藥已經很久了，這種很突然停藥的情況是非常可怕的，有的時候會出現很強烈的副作用。談話之後我也和護士反饋了她的問題，跟她講了我是怎麼解決的，希望這件事情能有一個圓滿的收場。

從總整體來看，我們曼多仙諾郡在精神衛生方面給予患者的支持其實是很薄弱的。雖然現在州政府也有一些撥款，用於建立幫助這方面病人的機構，但是我們還需要更多的幫助。我也很希望這些有精神疾病的人，可以來萬佛城，來聽一聽講座，來接觸一些佛法，但是大家都知道這是說來容易做來難。

另個話題，2023年5月11日新冠大流行被正式公佈結束。但如果你在醫院裏活動，你還是會經常看到有病人因為感染新冠病毒而有生命危險。

在這次前所未有的危機中，社會停頓了好幾年，但我們其實不光見證到了很大的悲哀，也見證到了生物醫學巨大的發展，主要是疫苗的開發和人工智能在醫藥開發方面的應用得到了極大的進展。

很多傳統的疫苗是運用減弱的病毒，或者死亡的病毒注射到我們身體裏，來刺激我們的免疫反應。這些疫苗的開發，需要花很長很長的時間，而且成本很高，效果還不一定非常好。如果需要修改它們的話，修改的週期也會很長。相比之下，現在這種mRNA（信使核糖核酸）疫苗，因為使用基因代碼，能夠讓人體的細胞迅速訓練免疫系統的蛋白質，所以它的開發時間非常非常快，而且成本非常低，可以可插即用，有的時候三到四個月就能把一個疫苗開發出來。

現在全球的實驗室和科學家們不光用mRNA技術來分析新冠，還廣泛的把這項技術應用到其它傳染疾病的

her. By sharing some of my own experiences with her, we had a good conversation.

In the end, she accepted my advice, agreed to see her mental health doctor again, and decided to resume her medication. She has been on this type of medication for a long time, and abruptly stopping it can be dangerous, potentially causing serious side effects. Following our discussion, I also shared her situation with the nurse and explained how I addressed it. I sincerely hope for a positive resolution to this matter.

Considering the overall context, the mental health support available in Mendocino County remains quite limited. While the state government has allocated some funding to establish resources for such patients, we need more comprehensive support. I also hope those facing mental health challenges to have the opportunity to visit CTTB, attend Dharma talks, and learn about Buddhism. However, as we all know, this is easier said than done.

On another note, the pandemic was officially declared over on May 11, 2023. However, if you spend time in hospitals, you will still often see patients whose lives are at risk due to the infections.

During this unprecedented crisis, society came to a standstill for several years. However, we not only witnessed immense sorrow but also remarkable advancements in biomedical science—most notably in vaccine development and the significant progress in the application of artificial intelligence (AI) to drug discovery.

Traditionally, many vaccines have relied on using weakened or inactivated viruses to trigger an immune response in the body. Developing these vaccines typically required a significant amount of time, resources, and expense, with results that were not always highly effective. Additionally, making modifications to such vaccines involved lengthy processes. In contrast, the new mRNA vaccines, which use genetic coding to instruct human cells to train their immune systems with specific proteins, offer a much faster, more cost-effective, and flexible solution. Thanks to their plug-and-play adaptability, these vaccines can often be developed within three to four months.

Today, laboratories and scientists worldwide are using mRNA technology to address COVID-19 and applying it to the prevention of other infectious diseases, including



預防之中，包括還缺乏有效疫苗的丙肝病毒、艾滋病，也包括結核和瘧疾。試想如果我們有一個比較合理有效的疫苗能夠預防這些疾病，那對人類將是一個很大的福音。美國的一些公司也在聯合研製疫苗，相信在不久的將來我們應該能看到，流感病毒和新冠病毒聯合一塊使用的疫苗。

對於我自己治療癌症這個領域，現在也慢慢開始得益於mRNA這項技術的發展。目前一些公司研究mRNA，聯合我們現已有的免疫治療，來加強免疫治療的強度。大家可能不知道，現在最新治療癌症的進展是免疫增強劑，這是一種能夠讓免疫系統復活的藥物。或者就像一個聾啞人突然能聽到一樣，免疫系統一下就能找到腫瘤細胞，可以識別它，然後把它處理掉。現在我們最新的治療方法就是這樣，如果我們用其它的一些手段，比如說mRNA，就能夠加強這種治療方法。預想將來的腫瘤治療方法是增強免疫，這就跟我們很多中醫講的是很相符的，這方面以後有機會可以跟大家介紹一下。

最後我再講一點，就是新冠這三年由於人工智能的普及，醫學研究方面得到了幫忙，尤其是對藥物發現過程方面產生了非常大的催化作用。普通的藥物一般從研發到上市要花十二年的時間和三十億美元的花費。如果一個藥能成功，這個醫藥公司其它30個藥就不會上市，這也就是為什麼有些新藥比較貴，因為醫藥公司要把其它30個失敗的藥的成本賺回來。試想如果能把人工智能的方法運用在設計藥物和臨床實驗上，藥物開發的週期就會極大的縮短，藥物的價格也將降低。阿彌陀佛。❀

hepatitis C and HIV—both of which currently lack effective vaccines—as well as tuberculosis and malaria. Imagine the immense benefit to humanity if we could develop effective vaccines to prevent these diseases. In the United States, some companies are collaborating to create combined vaccines. In the near future, we may see a single vaccine that protects against both influenza and COVID-19.

In the field of cancer treatment, I am gradually beginning to benefit from the advancements in mRNA technology. Currently, some companies are exploring the use of mRNA in combination with our existing immunotherapy approaches to enhance the effectiveness of immunotherapy. Many people may not be aware that the latest breakthrough in cancer treatment involves immune boosters—drugs that can essentially “revive” the immune system. It’s akin to a deaf and mute person suddenly regaining their hearing. The immune system becomes capable of identifying tumor cells, recognizing them, and eliminating them. This is the foundation of our newest treatment methods. By incorporating other techniques, such as mRNA, we can further strengthen these approaches. The envisioned future of cancer treatment focuses on immune enhancement, which aligns closely with many principles of traditional Chinese medicine. I hope to have the opportunity to share more about this topic with everyone in the future.

Lastly, I’d like to touch on one more point. Over the past three years of the pandemic, the widespread adoption of artificial intelligence (AI) has greatly supported medical research, particularly in drug discovery. On average, developing a drug from research to market takes twelve years and costs three billion dollars. For every successful drug, approximately thirty others fail, which is one reason why new drugs can be expensive—they must offset the costs of those failed attempts.

Now imagine if AI could be applied to drug design and clinical trials. This would dramatically shorten the development cycle and significantly reduce drug costs. Amitufo.❀