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16<sup>th</sup> January 2002

Dr. Ko Wing Man,  
Chairman, Central Renal Committee,  
Hospital Authority  
Hospital Authority Building,  
147B Argyle Street, Kowloon

Dear Dr. Ko,

**Re: Bills Committee on Human Organ  
Transplant (Amendment) Bill 2001**

During the 3<sup>rd</sup> Meeting of the Specialty Group in Urology Service on 14<sup>th</sup> January 2002, members raised great concern on the legal responsibilities placed on healthcare personnels directly involved in human organ transplantation, particularly transplant surgeons. Of particular importance and relating to legal responsibilities are items contained in FORM 1 (Information on organ removal for donation) and FORM 2 (Information on organ transplant) as required to be completed by the Human Organ Transplant Ordinance (Chapter 465).

In these two forms, there are questions/statements relating to the followings: -


1. Genetic relationship of the donor-recipient pair,
2. Marriage status of the donor-recipient pair,
3. Legal proof of the origin of the donor organ, particularly "imported" organs.

Transplant surgeons are usually asked to complete and sign these two forms. The usual practice in kidney transplantation surgery in H.A. hospitals is "team work", in that transplant surgeons, renal physicians, transplant co-ordinators and nurses have their own area of work and each will trust the others that the respective work have been completed by members of "the team", and forms are signed by members of the team in a "representative" capacity. The forms have not been designed to reflect this "team spirit".

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Of more legal implications and raising great concern among renal transplant surgeons is that the surgeons, and other healthcare personnels of the transplant team have no resources, expertise or authority to verify the authenticity or otherwise of the documents and findings relating particularly to the three points highlighted above, **and** yet they have to bear the responsibility and consequences **of** any discrepancy. Apprehension and anxiety among healthcare personnels will only lead to reduced efficiency and compromised treatment results. I hope that the Hospital Authority and the Transplant Board can address this problem. One possible solution is for the Transplant Board to verify all such matters at the outset rather than at the end of the transplant procedure.



Peter **S.F.** Chan  
Chairman,  
Specialty Group in Urology Service  
Hospital Authority

c.c. Dr. Hon Lo Wing **Lok**, Chairman, Bills Committee on Human Organ Transplant  
(Amendment) Bill 2001  
**Ms. Shirley Fan**, Secretary, COC Surgery, Hospital **Authority**, Hong Kong