Bills Committee on
Human Organ Transplant (Amendment) Bill 2001

(a) To confirm whether these two skin substitutes, "AlloDerm" and "Apligraf", fell within the definition of organ referred in the Bill.

The Administration has consulted different parties on this issue and their views are as follows: -

"Alloderm": It is technically acellular human cadaveric dermis. It is considered as a structured arrangement of tissues and thus falls within the definition of "organ".

"Apligraft": It is technically a prefabricated structure comprising living human skin cells. It is not considered to constitute structured tissue and therefore does not fall within the definition of "organ".

(b) To consider creating an additional Schedule to the Human Organ Transplant Ordinance (the Ordinance) for the setting out of materials containing human bodily parts where transplant of such would not be restricted for the purposes of sections 5 to 7 of the Ordinance and where commercial dealing would be allowed.

While the Administration agrees that there are individual products for transplantation which may fall within the 'organ' definition and yet their commercial dealings should not be prohibited, we have reservations on Members' suggestion of setting out these materials in a Schedule. We are of the view that these products should be considered and examined individually before their trading is permitted with a view to ensuring that no illegal transactions are involved. Thus, it would not be appropriate to set them out in a Schedule where items under which are usually described in generic terms only.

As an alternative, we suggest a system be worked out to administratively grant exemptions to individual products for transplantation that fall within the definition of organ and yet their commercial dealings should not be prohibited. Manufacturers could

apply permits allowing for legal trading of these products. The granting of permits will be subject to factors including their composition, requisitions of raw materials, manufacturing processes, etc.

(c) To give reason(s) for the view that medical members of the Human Organ Transplant Board (the Board) might have conflict of interests if they were appointed Chairman or Deputy Chairman of the Board.

Out of the nine members of the Board, four of them are from the medical sector. This strong representation of medical practitioners on the Board has been a testimony to their value and importance to the Board. Nevertheless, to avoid potential conflict between professional interest of a medical practitioner and the interest of the patient which is of utmost importance, we consider it reasonable to preclude medical practitioners from being appointed as the Chairman or Deputy Chairman of the Board.

(d) To provide plan on enhancing communication between frontline medical practitioners and the Board.

The Administration agrees to the importance of communication between frontline medical practitioners and the Board. In this respect, the Hospital Authority has sent a senior executive to attend all Board meetings to serve as a point of liaison and communication between the Board and the Hospital Authority. Besides, the Board has also participated in talks/seminars organized by transplant organizations. For instance, the Chairman of the Board participated in April 2001 the Annual Scientific Meeting of the Hong Kong Society of Transplantation, which was attended by transplant practitioners from both the public and private sectors, to give a briefing on the Human Organ Transplant Ordinance and the work of the Board. The Board is willing to establish a closer working relationship with other relevant parties, and we will encourage it to devise plans to foster a more established channel of communication and collaboration.

(e) To state in section 5B(2)(a)(ii) in clause 5 of the Bill that a medical practitioner would be considered to have satisfied the requirement that, to his best knowledge, the organ/tissue he intended to transplant into

his patient was previously removed for therapeutic purposes if he declared that he had read the declaration made by the medical practitioner who removed the organ/tissue for therapeutic purposes.

We suggest amending the Bill to the effect that the medical practitioner, who is to transplant the organ previously removed for therapeutic purpose, should have checked all the relevant documents in connection with the organ therapeutically removed, which in effect includes the documents prepared by the medical practitioner who previously removed the organ for the therapeutic purpose of the patient. Furthermore, we will also set out clear instructions in the future Administrative Guideline that medical practitioners can refer to such document as a means of verifying the origin of the organ.