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058/LKH/th

19 February 2002

Dr C H Leong
President
Hong Kong Academy of Medicine

Dear Dr Leong

Re: Human Organ Transplant (Amendment) Bill 2001

I have compiled views from the members of the Academy Council and its Academy Colleges on the Human Organ Transplant (Amendment) Bill 2001. Please find enclosed comments from the General Surgery Board, Neurosurgery Board and Urology Board of our College. I also enclose comments from Dr Foo Kam So Stephen, the College of Ophthalmologists of Hong Kong, the Hong Kong College of Orthopaedic Surgeons and the Hong Kong College of Paediatricians.

There is no further comment received on the Amendment Bill.

Yours sincerely

K H Lo
President

COMMENTS FROM THE GENERAL SURGEY BOARD
THE COLLEGE OF SURGEONS OF HONG KONG

Total 5 pages

THE UNIVERSITY OF HONG KONG

Department of Surgery

Queen Mary Hospital, Hong Kong.
Division of Hepatobiliary and Pancreatic Surgery
Professor S. T. FAN

香港大學

外科學系

香港瑪麗醫院
肝胆胰外科
范上達教授

26 January, 2002

Your Ref: QE/SURG/COS/H/1(S/F(6))

Dr. Hwang Shu-Tak James
Chairman, General Surgery Specialty Board
The College of Surgeons of Hong Kong
C/o Department of Surgery
Queen Elizabeth Hospital
30 Gascoigne Road
Kowloon

Dear Dr. Hwang,

RE: Human Organ Transplant (Amendment) Bill 2001

Thank you for asking me to comment on the Human Organ Transplant (Amendment) Bill 2001. I have already received copy of the Bill from various sources. Enclosed is a copy of my comments on the Bill which I have forwarded to the Legislative Council on 18 January, 2002. For your information, I have also attended the Bills Committee Meeting at the Legislative Council on 25 January, 2002.

Yours sincerely,

S.T.Fan
Professor
Sun C.Y. Chair of Hepatobiliary Surgery

STF/by
Encl.

18 January, 2002

Ms. Doris Chan
Clerk to Bills Committee
Legislative Council
Hong Kong Special Administrative Region
of the People's Republic of China

Dear Ms. Chan,

**RE: Bills Committee on Human Organ Transplant (Amendment) Bill 2001
Meeting on 25 January, 2002**

We have concern about Section 5B. Transplants involving organs removed for a donor's therapy.

In recent years, a surgical technique has been developed to transplant a liver from a patient suffering from familial amyloid polyneuropathy to a patient waiting for liver transplantation. The patient with familial amyloid polyneuropathy suffers from nerve, kidney and heart damage because his liver produces an abnormal protein (mutated form of transthyretin) which is deposited in the nerves, kidney and heart. Removal of his liver will remove the source of the abnormal protein and replacement of a new liver will lead to recovery. His liver, which is normal in appearance and functions other than production of the abnormal protein, when being transplanted into another person, will not produce ill effect in the recipient until 30-40 years later. Therefore, livers from patients with familial amyloid polyneuropathy have been used for liver transplantation for those who are in urgent need of liver graft, e.g. patients with liver cancer. In essence, a patient with familial amyloid polyneuropathy receiving a liver graft from one person can donate his original liver for transplanting into another patient. This technique, called "domino liver transplantation", is now practised in many parts of the world and the result is excellent.

The proposed Section 5B, if passed, will make "domino transplantation" in Hong Kong impossible because the liver obtained from the patient with familial amyloid polyneuropathy has to be transplanted into a "specific" person who agrees to receive the liver and whose medical condition is considered by the transplant team to be appropriate to receive the liver graft. We strongly urge deletion of the phrase "not for transplanting it into any specific patient". Since transplanting a liver from a patient with familial amyloid polyneuropathy to another patient is similar to transplantation between genetically unrelated persons, the regulation pertaining to that of transplantation between genetically unrelated persons should apply to such situation.

我們特別關注第 5B 條有關涉及切除器官以治療捐贈人的移植手術。

近年，醫學界開展了一項外科技術，將家族性多發性澱粉樣神經病變患者的肝臟移植到正在輪候肝臟移植的病人體內。一個患有家族性多發性澱粉樣神經病變的病人，其肝臟會製造不正常的蛋白質(轉甲狀腺素蛋白的突變體)。這種蛋白質聚積在患者的神經、腎臟及心臟，繼而造成破壞。切除患者的肝臟，即就等於切除不正常蛋白的根源，給患者移植一個新的肝臟，就會令他康復過來。患者的肝臟看起來正常無異，除了製造不正常蛋白，其功能亦跟健康的肝臟一樣。這樣的肝臟一旦移植到另一個人體內，三十至四十年內都不會對受贈人造成不良影響。所以，家族性多發性澱粉樣神經病變患者的肝臟一直被用以移植到急需肝臟的病人體內，例如肝癌病人。當一個家族性多發性澱粉樣神經病變患者獲他人捐贈肝臟，他實際上可以將自己原來的肝臟贈予另一位有需要的病人。這種技術，醫學界稱之為「骨牌肝移植」，現時世界多個國家已廣泛採用，並達到理想的治療效果。

假如建議第 5B 條獲得通過，「骨牌肝移植」將無法在香港施行，因為一個來自家族性多發性澱粉樣神經病變患者的肝臟必須用以移植至一位同意接受該肝臟的「指定」病人體內。病人手術前由移植小組評估，確定其健康狀況適直接受該肝臟。我們強烈要求委員會刪除「不用以移植到任何指定的人士體內」一句。移植一個來自家族性多發性澱粉樣神經病變患者的肝臟到另一個病人體內，其實跟無血緣關係者間的移植類同。條例適用於無血緣關係者間的移植，亦應適用於上述情況。

Yours sincerely,

S.T. Fan
Professor
Sun C.Y. Chair of Hepatobiliary Surgery

STF/by

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18 February 2002

Dr. Hwang Shu-Tak, James
Chariman
General Surgery Specialty Board
The College of Surgeons of Hong Kong
C/o Department of Surgery
Queen Elizabeth Hospital
30 Gascoligne Road
Kowloon

Dear James,

Human Organ Transplant (Amendment) Bill 2001
(Stage II Amendment)

Please find enclosed the option on the current HOT Bill from the Liver Transplant Team of the Prince of Wales Hospital.

Yours sincerely,

W.Y.Lau
Professor of Surgery

Encl.

Dear Professor Lau,

Thank you for asking for my input. Listed below were some of my initial thoughts when Sydney asked for my opinion on the current HOT Bill:

1. **Refined definitions of "organ" & "payment"** - In general, it looks ok. Two areas may need further consideration:
 - a. Organ - The regulations are obviously trying to cover both solid organ and tissue (e.g. skin, cornea) transplantation. There may be difficulties as described later on.
 - b. Payment - Cornea is being imported and some money is involved. This needs to be resolved.
2. **Imported organs** - In cornea, there is some money involved. Although I believe that some money is needed to cover the administrative cost etc, but the current definition makes it liable to accusation of "organ trade".
Also, due to donor confidentiality, getting donor details to safeguard the tissue or organ quality could be difficult and may need more working out.
3. **Requirements for transplanting organs removed for therapeutic purposes** - This is extremely rare in solid organ transplantation (the chance is very little for things happen at the right time at the right place). The law probably aims at covering situations such as bone removal for bone grafting. Some form of control is needed and justifiable. Personally though, I think it is perfectly ok to carry out such activities if properly consented beforehand.

After reading the latest document that you passed on to me, it seems as though points 1 & 2 of the above issues have been, at least partially, addressed. Nevertheless, I still have some other concerns:

1. **Membership of board** - (page 4): For the sector of registered medical practitioners, it may not be a bad idea to suggest that at least one should come from the field of transplantation.
2. **Requirements for transplanting organs removed for therapeutic purposes** - Simply getting the medical Practitioners making a declaration regarding payment is not sufficient. In order to safeguard the risk of infection or cancer cells transmission, some form of stringent achieve or audit system needs to be required as well.

Hope that you will find the information useful.

Yours truly,

A/Prof Albert Chui

THE COLLEGE OF SURGEONS OF HONG KONG

NEUROSURGERY

18th Feb 2002.

Dear Dr Lo,

Thank you for asking me to comment on the "Human Organ Transplant (Amendment) Bill 2001". This Amendment Bill sets out (1) to redefine "organ" and payment; (2) to appoint adequate number of substitute panel members to enable the Board to perform its routine duties; (3) to resolve the issue of the rigid requirements of transplanting organs previously removed for therapeutic purposes; (4) to resolve issues related to imported organs.

(1) To redefine "organ", human bodily parts is the term employed. As I understand it, liver and kidneys are organs, a piece of femoral head is bodily part, bone marrow, stem cells, pancreatic islet cells and foetal midbrain dopaminergic neurons are tissues. All these terms with common examples should be discussed. "Payment" for the purchase of the human organs and tissues is prohibited, but payment for the administrative cost for the removal, preservation and transportation of the organ is accepted. Which party (the donor or the recipient) is responsible for this administrative cost?

(2) 9 substantive members of the Board and 14 panel members should form a big enough pool of knowledgeable people to carry the routine duties of the Board.

(3) "A registered medical practitioner may carry out a restricted organ transplant if at the time when the organ concerned was removed from the donor, it was intended to be removed for the therapy of the donor and not for transplanting it into any specific recipient." This common sense approach will allow the bone bank to exist legally. More importantly, the health status of the donor tissue (hepatitis B, HIV, presence or absence of a systemic cancer etc) should be documented.

(4) Issues on imported organs: The requirement of the transplant team to provide 7 days after the transplant operation "original copies" to certify that the imported organ came from a specified place complied with the local law, not infected, that it came from a certified hospital, that no payment is involved will deter improper deal and protect the transplant team. I have some reservation on overloading of paper work on the organ donation and transplant teams.

These issues may be better discussed in the next Council Meeting. Thank you for your attention.

Your sincerely,

Wai POON
Chairman, Neurosurgery

COMMENTS FROM THE UROLOGY BOARD
THE COLLEGE OF SURGEONS OF HONG KONG

Total 3 pages

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18th February, 2002

PC/LO/0202/17

Ms. Tammy Hung
Executive Secretary
The College of Surgeons of Hong Kong
Rm. 901, 9/F., Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen
Hong Kong

Fax No.: 2515 3198

Dear Tammy,

Re: Human Organ Transplant (Amendment) Bill 2001

With reference to our telephone conversation earlier today, I am now sending you a copy of my letter (as Chairman of the Specialty Group in Urology Service, Hospital Authority) to Dr. Ko Wing Man, Chairman of the Central Renal Committee, Hospital Authority regarding the response of the Specialty Group in Urology Service to the Human Organ Transplant (Amendment) Bill 2001. As most of the Committee members of the Urology Board are also members of the Specialty Group in Urology Service, one can say this response/view is also shared by the Urology Board, of which I am also Chairman.

I hope that my reply will help the College in its formulation of a response to the captioned Bill.

Best regard,

Yours sincerely,

Peter S.F. Chan
Chairman, Urology Board

Encl.

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16th 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 3rd Meeting of the Specialty Group in Urology Service on 14th 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”.

-P.2-

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