

立法會
Legislative Council

LC Paper No. CB(2)1264/01-02
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 4 February 2002 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman)
Dr Hon LO Wing-lok (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon CHAN Kwok-keung
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP
Hon Michael MAK Kwok-fung

Member Absent : Hon Tommy CHEUNG Yu-yan, JP

Public Officers Attending : All items
Mr Thomas YIU
Deputy Secretary for Health and Welfare

Mr Nicholas CHAN
Assistant Secretary for Health and Welfare

Item III

Dr P Y LEUNG
Deputy Director of Health

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare

Item IV

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare

Dr Sarah CHOI
Principal Medical & Health Officer, Health and Welfare Bureau

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Confirmation of minutes of meeting held on 14 January 2002
(LC Paper No. CB(2)1031/01-02)

The minutes were confirmed.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)1032/01-02(01) and (02))

2. Members agreed to discuss the following items at the next meeting to be held on 11 March 2002 at 8:30 am -

- (a) Remodelling of Tang Shiu Kin Hospital into an Ambulatory Care Centre;

- (b) Remodelling of Tuen Mun Polyclinic into an Ophthalmic Centre; and
- (c) Community Psychiatric Service of Hospital Authority.

(Post-meeting note : The Administration informed the Secretariat on 1 February 2002 that it would not be a position to discuss item (b) in March 2002.)

- Adm 3. At the request of members, Deputy Secretary for Health and Welfare (DSHW) undertook to provide an information paper on the manpower situation of ancillary health care personnel, including nurses and radiographers in either March or April 2002.

III. Preventive Programmes by Department of Health (LC Paper No. CB(2)1032/01-02(03))

4. At the invitation of the Chairman, Deputy Director of Health (DDH) briefed members on the Administration's paper which detailed the existing preventive programmes of the Department of Health (DH) and the new initiatives to strengthen preventive services to provide lifelong holistic care.

5. Mr Michael MAK asked the following questions -

- (a) What was DH's role in keeping the environment clean and food fit for human consumption;
- (b) What programmes would DH provide in terms of promoting mental health and preventing people from getting sick during the outbreak of influenza; and
- (c) Whether the parenting programme also aimed at equipping parents with the necessary knowledge and skills to bring up mentally-handicapped children.

6. DDH responded that DH participated in inter-departmental working groups formed to exchange information on and render assistance in keeping the environment clean and food fit for human consumption.

7. Regarding the promotion of mental health, DDH said that efforts in this regard would be stepped up. DDH pointed out that promotion of mental health

was targetted at different age groups from birth to old age. For examples, the Family Health Service, through 50 Maternal and Child Health Centres (MCHCs), provided child growth and developmental monitoring and comprehensive observation service for children from birth to five years old, and children with suspected abnormalities were referred to the Child Assessment Service or the relevant specialist clinic for further management; the Student Health Service provided a comprehensive range of promotive and preventive services for primary school and secondary school students according to their needs at various stages of development, and the Elderly Health Services provided both preventive measures and treatment to deal with depression in the elderly. As to programmes aiming at equipping parents with the necessary knowledge and skills to bring up mentally-handicapped children, DDH said that the Child Assessment Service provided a comprehensive range of services for children from birth to below 12 years old with developmental problems through a multi-disciplinary approach was a case in point.

8. As regards programmes to combat influenza, DDH said that as mentioned in paragraph 3 of the Administration's paper, a well-established system had been set up by DH to prevent and control communicable diseases like influenza. Moreover, with the support of public health laboratories and other service providers, surveillance systems were in place to monitor the trend of communicable diseases. Where there was an infectious disease outbreak, investigation and control measures would be carried out by public health personnel to prevent the spread of the disease.

9. Dr TANG Siu-tong raised the following questions -

- (a) What actions would be taken to ensure that education on prevention of mental illness would reach men, having regard to the fact that men tended to pay less attention to their health and would only consult doctors when illness struck them;
- (b) Whether consideration could be given to reimbursing pregnant women for using antenatal HIV testing provided by private hospitals and clinics;
- (c) Whether the nicotine replacement therapy (NRT) was effective in helping people to give up smoking; and
- (d) Whether consideration could be given to launching a breast screening programme.

10. DDH responded that DH was well aware of the fact that men tended only to visit doctors when illness struck them. To address such, DH would organise community awareness promotion activities that targetted at men and places where men congregated. DH would also work with and support other local organisations which specialised in men's health to strengthen preventive health services for men. DDH however pointed out that a generalised approach would not be effective, given the varied social, physical and economic environments of men. In the light of this, there was a need for DH to draw up different health education programmes targetting at different groups of men. To achieve such, more information gathering and scientific research needed to be carried out.

11. In reply to Dr TANG's second question, DDH said that DH would not consider the suggestion of reimbursing pregnant women for using antenatal HIV testing provided by private hospitals and clinics at this stage. Nevertheless, technical support was provided to the health profession, including those in the private sector, on preventing mother-to-child HIV transmission through the production of education materials, development of protocols and organisation of training. Furthermore, laboratory support to confirm preliminary positive results from any source was provided free of charge.

12. As regards the effectiveness of NRT, DDH said that numerous studies conducted by the Hong Kong Council of Smoking and Health and overseas had confirmed the effectiveness of such in helping people to give up smoking. A review on the effectiveness of NRT in DH's clinics would be conducted later in the year.

13. As to the suggestion of launching a breast screening programme, DDH explained that the main reason why this had not been done was because there was no international consensus that mass breast screening programme was effective in reducing invasive breast cancer incidence and deaths. DDH further said that a task force had been set up by the Health and Welfare Bureau to study how best to prevent the occurrence of different types of cancer in Hong Kong, and various expert groups had been actively at work on this currently. DH hoped to brief members when more progress on cancer prevention had been made.

14. Ms LI Fung-ying expressed concern that public health would be undermined if the spread of communicable diseases was not well controlled. In this connection, Ms LI enquired about the efforts made by DH in this regard as, to her knowledge, people not completely cured of tuberculosis were allowed to return to schools and could enter public places, such as swimming pools, freely.

15. DDH responded that DH adopted a three-pronged approach in the prevention of communicable diseases. Firstly, it conducted health education to

raise public awareness about the characteristics of the diseases and on how to manage them when afflicted. Secondly, there were surveillance systems in place to detect any early sign of the diseases. Thirdly, curative care was provided to the afflicted and investigation and control measures were carried out to prevent the spread of the diseases. DDH further said that there was no need to segregate people with tuberculosis from the public, as the chances of their disease being passed on to other persons would be greatly reduced once they received treatment. Notwithstanding, DH would continue to step up its efforts on prevention of tuberculosis through its special task force setup to examine ways to better prevent and control communicable diseases. Responding to Ms LI's enquiry as to whether consideration could be given to prohibiting people afflicted with communicable diseases from entering public places, DDH said that it would be very difficult to put this into practice. In his view, a better approach would be to promote self-discipline on the part of patients and their families through public education.

16. Dr LO Wing-lok expressed support for the parenting programme and the adolescent health programme. Dr LO however urged DH to change from its usual one-way approach of promoting health programmes, i.e. organising seminars and distributing materials, to a more two-way approach so as to bring about fundamental behavioural changes to the recipients, thereby achieving sustainable results. In other words, after an adolescent health programme was introduced to a particular school, the promotion of the psychosocial health of students should come from the school concerned and there would be no need for DH to re-introduce the same programme to its students year after year. Given that many of the diseases such as high blood pressure, heart disease and diabetes which the men's health programme set out to address were diseases common to both sexes, Dr LO considered it more appropriate to develop a health programme catering to all adults.

17. DDH said that in view of the shortcomings of the one-way approach, DH had been adopting a more interactive approach in promoting its parenting programme and adolescent health programme. In respect of the former, parents were encouraged to apply what they learnt in MCHCs in rearing their children. In respect of the latter, role play involving students, their parents and teachers was used. DDH further said that the reason for setting up a health programme for men was justified, given the inherent biological differences between men and women which were attributable to many factors, including lifestyle practices (e.g. smoking, unhealthy diet, alcohol, substance abuse), risk-taking behaviours (speeding, violence), occupational hazard exposures, awareness of health information, health services utilisation, practice of preventive health care, stress and social support. Moreover, this was in line with the international trend which practised the setting up of different health programmes for different groups of

people as well as for people of different occupations such as doctors.

18. Miss CHAN Yuen-han welcomed the various new initiatives to strengthen preventive services, and hoped that preventive measures targetted at the elderly against ailments such as stroke and heart disease could also be strengthened. Miss CHAN further said that in order for these new initiatives to be effective, support from community groups/organisations and other government departments was essential. For example, in order to prevent family violence through the men's health programme, there was a need for better co-ordination between DH, the Social Welfare Department (SWD) and the Home Affairs Department.

19. DDH responded that DH was well aware of the need to work closely with community groups/organisations and other government departments in implementing its health education and promotion activities, and efforts in this regard would be stepped up. For example, DH had held discussions with the Hong Kong Council of Social Service in drawing up the implementation details for the adolescent health programme, and the Regional Health Offices were in discussion with local groups, including the District Councils, on strengthening the capacity of the community in health promotion. DDH further said that DH would work closely with other government departments, such as SWD, to reduce the occurrence of family violence. The men's health programme could be a means to tackle family violence. However, further information and research would be required before formulating a co-ordinated plan of action with other government departments. For example, feedback from SWD on what triggered men to resort to force to solve their problems should help DH to fine-tune its key messages for men.

20. As the effective implementation of the various new initiatives to strengthen preventive services would involve DH working closely with other government departments and community groups/organisations, the Chairman suggested that members could take this matter up at the Panel on Home Affairs.

21. As the antenatal HIV testing programme was voluntary, Dr YEUNG Sum expressed concern that some expectant mothers might not come forward to undergo such testing if they suspected they were infected with HIV. Dr YEUNG shared the view that DH's preventive programmes tended to place emphasis on promoting the physical health of people, and urged that this be changed by putting more resources on promoting the mental well being of people, particularly during the current economic downturn.

22. As regards the concern expressed by Dr YEUNG about the voluntary nature of the antenatal HIV testing programme, DDH pointed out that over 90% of expectant mothers who made enquiries to undergo such testing had actually gone

through it. The reason for such high acceptance rate was because expectant mothers were made aware that with early detection, the risk of an HIV infected mother transmitting HIV to her baby could be greatly reduced. DDH reiterated that DH would step up efforts on promoting the mental well being of people.

23. Mr Michael MAK enquired about the fees charged or to be charged for services provided by the various new initiatives to strengthen preventive services. DDH responded that no fees would be charged for programmes which were promotional and educational in nature. However, people undergoing NRT was charged an out-patient clinic fee for each visit. As regards whether fees should be charged for undergoing cervical cancer screening, DDH said that no decision on such had yet been made.

IV. Reform of the Medical Council of Hong Kong (LC Paper No. CB(2)1032/01-02(04))

24. Mr LAW Chi-kwong, chairman of the Subcommittee on improvements to the medical complaints mechanism (the Subcommittee), said that the Subcommittee saw no need to continue its work as the Administration had indicated at its meeting held on 31 January 2002 that it would not consider the setting up of an independent complaint office strongly advocated by the majority of members of the Subcommittee and deputations, and instead stated that the reform recommendations of the Medical Council of Hong Kong (HKMC) offered the best solution to address the problems of the existing system. Mr LAW further said that a report on the work of the Subcommittee would be submitted to the Panel in March 2002.

25. At the invitation of the Chairman, DSHW introduced the Administration's paper which set out the Administration's views on the reform recommendations of HKMC and the establishment of an independent complaint office.

26. Dr YEUNG Sum said that the Democratic Party was very disappointed by the Administration's total disregard of the public call for the setting up of an independent office. Dr YEUNG then made the following comments refuting the Administration's arguments for not setting up an independent complaint office set out in paragraph 17 of the Administration's paper -

- (a) One of the reasons for not setting up an independent office was because it was not possible or realistic to make it completely independent of the profession. Members of the Legislative Council (LegCo) and the public had never insisted on such. On the contrary,

it had always been made clear that the sanctioning of disciplinary action should remain with the respective professional bodies;

- (b) The Administration said that there was a wide discrepancy between the expectations of the public, LegCo Members and the health care professionals on the remit and duty of the independent complaint office. The public and LegCo Members were by and large uniformed in their views that the receiving and screening of complaints and the conduct of investigation should be handled by an independent office. Moreover, the Administration should not categorically turn down the proposal of setting up an independent complaint office just because there was no consensus on its remit and duty;
- (c) The reason that there was no independent international experience of an independent office with remit and functions similar to the one as proposed was unacceptable, as the remit and functions of an independent office for Hong Kong were yet to be worked out. Beside, there was no question that the patient complaint offices in the United Kingdom, Australia and Canada were independent;
- (d) The fact that there was no independent complaint office in other professions such as lawyers, accountants or architects should not be a reason for not having such for the health care professions, where any malpractice or negligence could result in death and other serious consequences;
- (e) Having serious resource implication was not a valid reason for not setting up an independent complaint office, as money should be spent where justified; and
- (f) Time required to put in place a new piece of legislation should not be an excuse for not setting up an independent office, as LegCo Members and the public had never said that such office must be set up immediately.

27. Miss CHAN Yuen-han criticised the Administration's failure to address the public call of an independent complaint office. Miss CHAN also expressed regret that it was a regression that the Administration had not taken up its earlier proposal of setting up a Complaints Office under DH, as this showed that the Administration was set on relying on the reform proposals of HKMC to address the problems in the existing system. Miss CHAN pointed out that although the

HKMC's reform proposals, if adopted, would improve the transparency of its complaint handling mechanism, they still could not fully address the concern that doctors were biased in favour of doctors. This view was equally shared by one of the public doctors associations. In this connection, Miss CHAN was adamant that the tasks of receiving complaints, screening out of cases, investigation and prosecution of doctors should be handled by an independent office.

28. DSHW responded that the reason why the Administration supported the reform direction of HKMC was because it believed the proposals could improve the credibility, transparency and fairness of its complaint handling mechanism, which played a significant role in handling complaints against doctors. In particular, the Disciplinary Committee as currently proposed would have a high degree of independence from HKMC. If members' view that none of the medical members of this Committee should be members of HKMC was taken on board, then the Disciplinary Committee would be an independent body in the system. In addition, the Administration considered that other organisations concerned with medical complaints should also enhance their communication with the public on the functions and roles of their respective complaint mechanism and handling procedure; and provide necessary support to the complainants, including guidance on the appropriate complaint channel. These measures, when implemented properly, were expected to be effective in solving the majority of the problems of the existing system, particularly in respect of complaints against doctors. Against this background, the Administration considered that setting up an independent complaint office might not be the best solution to address the problems of the existing system. Moreover, this might become yet another channel of complaint and further complicate the system. In the light of the aforesaid, DSHW hoped that members would allow time for HKMC to put its reform proposals into practice to see how effective they were in addressing the existing problems.

29. Mr LAW Chi-kwong echoed similar views to those expressed by Dr YEUNG that the explanations given by the Administration for not setting up an independent complaint office were unconvincing. In particular, Mr LAW pointed out that an independent office did not necessarily mean that it had to be independent of the Government and/or of the professional bodies it related to. For example, although the head of Office of the Ombudsman was appointed by the Chief Executive and the Legal Aid Department was part of the Government structure, the operation of both of these bodies was nevertheless independent of the Government. Mr LAW also pointed out that the Administration's argument for ruling out the setting up of an independent complaint office was because there was a lack of consensus in the community about the remit and duty of such an office could not hold, as it had never been the Administration's practice to introduce policy only if there was consensus in the community. As the majority

view of the community was in support of an independent office to receive and clarify complaints, seek and provide explanation, mediate where appropriate and conduct investigations, Mr LAW was of the view that the Administration should expeditiously implement its proposal of setting up a Complaints Office under DH, with a view to moving such office towards independence in the long run.

30. DSHW reiterated that the Administration did not see the need to add an additional complaint channel at this stage, given that the reform measures of HKMC, when implemented properly, were expected to be effective in solving the majority of the problems of the existing system and that an additional complaint channel would duplicate and complicate the existing system. Mr LAW disagreed that the setting up of an independent office would duplicate and complicate the existing system, as such problems could be resolved if clear delineation of functions and roles among the complaint channels was made. DSHW responded that the Administration would step up its efforts to educate the public on the functions and roles of the existing complaint channels, and the organisations concerned would also be encouraged to enhance their communication with the public on the functions and roles of their respective complaint mechanism and handling procedures; and provide necessary support to the complainants, including guidance on the appropriate complaint channel. The Administration would also discuss with HKMC on its recommendation in the light of members' comments.

31. Mr Michael MAK expressed strong disappointment that the Administration had reneged on its original intent to make the patient complaint system more transparent and accountable, and instead stated that the proposed reform of HKMC was moving in the right direction. Mr MAK was adamant that the Administration should accede to the public call by expeditiously setting up an independent complaint office. DSHW reiterated the reasons given above for not setting up an independent complaint office. DSHW further said that the Administration would pursue with HKMC the proposals made by members to further improve the transparency, credibility and accountability of its complaints handling procedure as set out in paragraph 13 of the Administration's paper.

32. In view of the Administration's refusal to set up an independent complaint office, Mr LAW Chi-kwong proposed to move the following motion which was submitted to the Chairman in written form -

"That this Panel urges the Government to expeditiously set up a Complaints Office in the Department of Health to receive medical complaints, conduct preliminary investigation, make referrals and conduct mediation; and to examine at an appropriate time on gradually moving such Office towards independence."

Action

Adm The Chairman put the motion to vote. The motion was passed by all members present at the meeting, with the exception of Dr LO Wing-lok and Mr Michael MAK who abstained. DSHW said that the Administration would consider the proposal in the motion and revert to members later.

33. There being no other business, the meeting ended at 10:40 am.

Council Business Division 2
Legislative Council Secretariat
8 March 2002