

**立法會**  
**Legislative Council**

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**Panel on Health Services**

**Minutes of special meeting  
held on Monday, 6 October 2003 at 8:30 am  
in the Chamber of the Legislative Council Building**

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

**Members absent** : Hon Albert HO Chun-yan  
Hon CHAN Kwok-keung, JP  
Hon CHAN Yuen-han, JP  
Hon LI Fung-ying, JP

**Members attending** : Hon Fred LI Wah-ming, JP  
Hon Margaret NG  
Hon SIN Chung-kai  
Hon Audrey EU Yuet-mee, SC, JP

Action

- Public Officers attending** : Dr E K YEOH, JP  
Secretary for Health, Welfare and Food
- Dr P Y LAM, JP  
Director of Health
- Dr William HO, JP  
Chief Executive (Hospital Authority)
- Mr Thomas YIU, JP  
Deputy Secretary for Health, Welfare and Food (Health)
- Miss Angela LUK  
Principal Assistant Secretary for Health, Welfare and Food (Health)
- Dr Thomas TSANG  
Consultant, Community Medicine (Communicable Disease)  
Department of Health
- Miss Magdalene LING  
Assistant Secretary for Health, Welfare and Food (Health) 1
- Clerk in attendance** : Ms Doris CHAN  
Chief Assistant Secretary (2) 4
- Staff in attendance** : Miss Mary SO  
Senior Assistant Secretary (2) 8
- Miss Monna LAI  
Assistant Legal Adviser 7

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**I. Further discussion on the report of the SARS Expert Committee**

At the invitation of the Chairman, Secretary for Health, Welfare and Food (SHWF) said that he accepted the comments, criticisms and all of the 46 recommendations made by the SARS Expert Committee on the handling of the Severe Acute Respiratory Syndrome (SARS) by the Government and the Hospital Authority (HA), and the responsibility for the inadequacies in Hong Kong health system that made it particularly vulnerable to new or emerging infectious disease.

Action

SHWF also apologised to the public for his statement made in mid-March 2003 that there was no outbreak in the community of atypical pneumonia (not SARS), which unfortunately had the unintended effect of giving the impression that he was trying to downplay the seriousness of the outbreak. SHWF said that the Administration and HA had been focusing their efforts in the past few months on key areas of improvements to guard against SARS, with good progress made. As announced by the Chief Executive (CE) on 2 October 2003, a committee, comprising four members of the SARS Expert Committee (the Committee) and Dr LO Wing-lok, would be formed to monitor the implementation of the Committee's recommendations.

2. Mr Fred LI said that although CE chaired the SARS Steering Group to steer Government response to the SARS outbreak, there was no mention of the performance of CE and other top officials of the Government in that regard in the report of the Committee. For instance, the report was silent as to who made the decisions to impose an isolation order on Block E of Amoy Gardens on 31 March 2003 and then abruptly evacuate its residents in the evening of 1 April 2003 to holiday camps for quarantine. In light of this, Mr LI asked why the Committee did not pin point the person(s) concerned in its report.

3. SHWF responded that he did not know the answer to the question raised by Mr LI in paragraph 2 above, as he was not a member of the Committee. SHWF however pointed out that the outbreak at Amoy Gardens was considered well handled overall by the Committee. As the disease was not named SARS by the World Health Organization until 15 March 2003 and in light of how little was known about the disease, the Government had done the best it could under the circumstances. In view of the continued steep rise in the number of cases in Block E of Amoy Gardens, the purpose of the isolation order was to prevent infected persons from Block E spreading the disease to the wider community. On 1 April 2003, the Secretary for Environment, Transport and Works informed him that her team of experts working with Department of Health (DH) investigators had found preliminary evidence suggesting that the sewerage and drainage system might have been involved in the vertical spread of SARS cases in Block E. As soon as this new information came to light, Block E residents were evacuated to a place of safety on 1 April 2003.

4. SHWF further said that in view of the outbreak at the Prince of Wales Hospital in early March 2003, a steering group chaired by himself was set up to coordinate preventive efforts and enhance information exchange of the outbreak. An expert group chaired by the Deputy Director of Health with experts from DH, HA, the University of Hong Kong and the Chinese University of Hong Kong was also formed to focus on investigation. For operational efficiency, the steering group and the expert group were later combined to become a Task Force under the Health, Welfare and Food Bureau (HWFB). The HWFB Task Force held its first

Action

meeting on 14 March 2003. In view of the spread of the scope of the disease, a high-level SARS Steering Committee, chaired by CE and involving the relevant principal officials, was established to steer Government response to the SARS epidemic on 25 March 2003. The HWFB Task Force continued its work despite the establishment of the SARS Steering Committee, albeit convened its meetings on a less frequent basis to avoid overlapping its work with that of the SARS Steering Committee.

5. Mr Fred LI remarked that given that the report of the Committee was silent on the performance of CE on the handling of the SARS epidemic and having regard to the fact that CE would invariably lead the fight against SARS if the disease should come back to Hong Kong, it was incumbent upon the Legislative Council (LegCo) to find out the performance of CE and whether he should be held accountable in that regard. Mr LI further said that although SHWF said that he was not a member of the Committee, he did chair the Committee until 17 July 2003.

6. SHWF clarified that although he was the chairman of the Committee until 17 July 2003, he did not chair nor lead the Committee in any way as to how it should conduct its investigation. SHWF pointed out that the Hospital Management and Administration Group and the Public Health Group formed under the Committee were chaired respectively by Sir Cyril Chantler and Professor Sian Griffiths. Moreover, these two Groups held their own series of meetings in June and July 2003 before joining in a final series of plenary meetings in August 2003. SHWF further said that the Committee did not approach the SARS Steering Committee. He surmised that this might be due to the fact the Committee considered there was no need for it as the handling of the SARS epidemic was considered well handled overall.

7. Mr Michael MAK expressed views similar to that made by Mr Fred LI's views mentioned in paragraph 5 above. Mr MAK further expressed disappointment that the report did not address the concerns of public frontline healthcare workers about the inadequate supply of personal protection equipment (PPE), as a result of which 386 of their peers got infected, including seven deaths. Mr MAK queried whether this was because the Administration and HA had withheld such concerns from the Committee. If the answer was in the negative, the Committee owed an explanation to the affected health care workers and their families as to why the former had contracted the disease. Mr MAK then asked about the actions which had been taken by HA to help families of deceased SARS patients who were public hospital staff to overcome their trauma, in light of the recent suicide attempt made by the surviving spouse of a deceased nurse from the Tuen Mun Hospital who died from the disease for caring SARS patients.

Action

8. Chief Executive, HA responded that HA was very concerned about the psychological condition of its staff who had contracted SARS and the family members of its staff who died from SARS. To this end, numerous measures had been taken by HA to help them overcome their trauma, such as counselling them and arranging them to undergo psychosocial rehabilitation. Chief Executive, HA further said that those public hospital staff who recovered from SARS but had shortness of breath during exercise, decreased exercise tolerance or difficulties in coping with activities of daily living, arrangements would be made for them to undergo tailor-made lung rehabilitation programme. Chief Executive, HA however pointed out that not all of them needed or wanted assistance from HA.

9. Dr TANG Siu-tong said that the report of the Committee was academically sound and its recommendations worthy of support. Dr TANG however expressed concern that the report only focussed on lessons to be learnt from the SARS experience, without pinpointing any individual deemed to be culpable for the spread of the disease to the community which resulted in 1 755 people infected with SARS, including 299 deaths. For instance, the Committee did not hold any one accountable for failing to react swiftly and appropriately to the outbreak of atypical pneumonia in Guangzhou in early February 2003, for the large number of health care workers infected with the disease and for only concentrating the epidemiological investigation on infected cases instead of on a population basis. To placate public dissatisfaction over such deficiency, Dr TANG urged the Government to appoint an independent Commission of Inquiry to examine the handling of the SARS outbreak by the Government and HA. In his view, a Commission of Inquiry was preferable to a select committee to be appointed by LegCo because the latter might be perceived by some as biased. Nevertheless, should the Government refuse to appoint a Commission of Inquiry, he would support the appointment of a select committee to inquire into the handling of the SARS outbreak by the Government and HA by LegCo.

10. SHWF agreed to convey the proposal of appointing a Commission of Inquiry to the Government for consideration. SHWF further said that although the Committee did not pinpoint any individual deemed to be culpable for the handling of the SARS epidemic, there was no reason for the 11 members of the Committee to be partial to the Government or other interests in that regard. Each member of the Committee had his or her own roles and responsibilities in his or her own countries and their integrity and reputation mattered to them. As mentioned by the Committee in its report, in view of the fact that SARS was a new and emerging disease, the Committee therefore considered it fair and reasonable in its evaluation to assess critically the decision-making process and decisions taken against the knowledge and information available at the particular time. For instance, with regards to the early events in Guangdong Province, the Committee considered that the authorities in Hong Kong had acted reasonably on the information available, and pursued with due diligence a course of investigation

Action

commensurate with the evidence available at the time. The Committee noted that accurate information about the atypical pneumonia in Guangdong Province was not available to Hong Kong or the international community at the time, otherwise the epidemic in Hong Kong might have been ameliorated.

11. Mr Andrew CHENG asked the following questions -

- (a) Whether consideration would be given to providing compensation for families of deceased SARS patients and the recovered SARS patients; and
- (b) Whether SHWF would consider stepping down from office to demonstrate his accountability for the handling of the SARS outbreak, instead of choosing to stay on.

12. SHWF responded that the Government was actively considering the setting up of a Trust Fund for SARS to serve as a tide-over assistance for families of deceased SARS patients and the recovered SARS patients with need. SHWF further said that he had also called upon both HA and the Social Welfare Department to see how their support measures for SARS patients and their families could be further strengthened to better meet the latter's needs. SHWF explained that the reason why he chose to stay on was because he considered the best way of accepting responsibility was to better prepare the health care system for any future outbreak based on lessons learnt from the SARS experience. SHWF however pointed out that his staying on was not determined by himself, but by the Government which had its own internal mechanism on realising accountability of principal officials.

13. Mr Andrew CHENG said that the fact that the Government was still considering the idea of compensating families of deceased SARS patients and recovered SARS patients was a testament that it had responded very slowly to the SARS outbreak. Mr CHENG pointed out that members had repeatedly raised such a request during the special Panel meetings to discuss the latest developments in SARS from April to June 2003. Mr CHENG requested the Government to expeditiously provide members with details on the eligibility criteria for applying from the proposed Trust Funds for SARS. Mr CHENG further said that although the accountability system in Hong Kong was new, there had been cases of principal officials resigned from offices for various reasons. Although it was yet to be confirmed whether SHWF should be held accountable for the handling of the SARS outbreak, Mr CHENG urged SHWF to re-consider his decision to stay on his job given that his credibility had been seriously undermined by the SARS outbreak.

Action

14. SHWF responded he had considered all the factors mentioned by Mr Andrew CHENG in paragraph 13 above before deciding to stay on his job. SHWF further said that the Government was sincere in its intention to set up a fund to assist the SARS patients and their families, and was presently at work in finalising the details. It was the Government's plan to consult the relevant Panel(s) concerned on the proposed Trust Fund for SARS before seeking funding from the Finance Committee of LegCo. SHWF however pointed out that the proposed Trust Fund was not a compensation but was an ex-gratia financial assistance to be provided on compassionate grounds.

15. Dr LAW Chi-kwong requested the Administration to provide a timetable for implementing the Committee's recommendations, so to enable members to decide on how to monitor the progress of such implementation.

16. SHWF responded that a task force, to be chaired by him, had been set up to coordinate the implementation of the 46 recommendations of the Committee. The task force would shortly convene its first meeting. It was the Administration's intention to report to members on the progress made by the Government and HA in taking these recommendations forward periodically. Although some of the recommendations, such as the re-organisation of health and healthcare system for the control of an outbreak of communicable disease, might take a longer time to achieve, others, such as the enhancement of the isolation facilities in public hospitals, had already commenced.

17. Dr LAW Chi-kwong insisted that the Administration should provide members with a timetable for implementing the recommendations of the Committee. Ms Cyd HO concurred, and suggested that the timetable could be broken down into short, medium and longer terms. SHWF agreed to provide as soon as practicable.

18. Mr SIN Chung-kai was of the view that the best way forward was for LegCo to appoint a select committee to inquire into the SARS outbreak by the Government and HA. Dr YEUNG Sum and Ms Cyd HO echoed similar views.

19. Miss Margaret NG queried why SHWF still chose to stay on given the comments/criticisms made by the Committee in paragraphs 4.7, 4.17 and 4.21 of its Report. Miss NG also favoured the setting up of a select committee by LegCo to inquire into the SARS outbreak by the Government and HA.

20. Mrs Sophie LEUNG said that the Liberal Party was in support of setting up a select committee to inquire into the SARS outbreak by the Government and HA. However, the Party was concerned whether to do so would impede the work of the Government and HA in preventing the possible return of SARS. In the light of this, Mrs LEUNG asked when SARS was likely to return and which

Action

recommendations of the Committee the Government and HA would accord priority for implementation to prevent the onslaught of the disease in Hong Kong.

21. Director of Health responded that although he did not have an answer on when SARS would return to Hong Kong, much preparation work had been done to combat the disease if it should return. For instance, collaboration on infectious disease surveillance among Guangdong Province, Hong Kong and Macao had been enhanced, a much closer working relationship between DH and HA had been forged, collaboration with experts from local universities on the prevention of infectious diseases had been stepped up, recruitment for field epidemiologists and virologists and work on the setting up of the proposed Centre for Health Protection had started.

22. Chief Executive, HA also said that HA had put in place a contingency plan to ensure a swift and effective response to any onslaught of infectious disease. HA had been and would continue to conduct drills in the public hospital setting to facilitate thorough understanding of the emergency response plans, to familiarise the various parties with the work procedures and to identify room for improvement. In order to ensure that HA had an adequate pool of trained intensive care staff and other appropriate staff for deployment to deal with a major infectious disease outbreak, around 1 900 infection control training classes had been conducted in recent months with a total of 68 500 attendances. To strengthen supply of intensive care expertise, rotation programmes were also arranged so that more clinical staff could gain exposure in working in intensive care units. HA's Infectious Diseases Control Training Centre would continue to enhance staff awareness of infection control guidelines by providing basic training to all new employees, organising briefing sessions and updates for serving staff and providing more in-depth training for around 500 healthcare professionals in 2003-04. On the hardware side, the majority of the some 1 400 new isolation beds would come on stream by the end of this month, whilst the rest would come on stream by the end of the year. Plan was also in hand to construct an infectious disease block attached to Princess Margaret Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital. Chief Executive, HA further said that HA would continue to work on ways to improve communication with its staff, the private sector and the media. As much on the nature of SARS was still unknown, various researches were being conducted to find out, inter alia, the best treatment protocol for SARS and how best to protect healthcare staff attending SARS patients.

23. Mrs Sophie LEUNG said that the select committee, if established, should give way to allow the Government and HA to combat SARS if the disease should return later in the year. Mrs LEUNG also urged HA to address the problem of air flow in hospital wards which was considered to be one of the major problems why so many healthcare staff had contracted SARS.

Action

24. Ms Cyd HO hoped that in managing SARS or other major epidemic, political consideration would not override professional judgement on protecting public health.

25. SHWF assured members that safeguarding the health of the public was the prime concern of the Government throughout the SARS outbreak. SHWF further said that although the Committee's work was focused on lessons to be learnt, it did consider whether anyone should be held accountable. The fact that it did not was because it considered the Government and HA had done their utmost under the then circumstances.

**II. To discuss the appointment of a select committee by the Legislative Council to inquire into the handling of the outbreak of the Severe Acute Respiratory Syndrome by the Government and the Hospital Authority**

26. Members noted the draft motion proposed by the Chairman tabled at the meeting.

27. Mrs Sophie LEUNG questioned whether a select committee had the capability to assess how well the Government and HA had prepared themselves in the event of an infectious disease outbreak of a scale similar to the last SARS outbreak. Dr LAW Chi-kwong also said that it would not be possible for a select committee to comment on something which had not happened.

28. Mr SIN Chung-kai was of the view that a select committee should focus on finding out who should be held responsible for the handling of the SARS outbreak. Mr Michael MAK, Dr TANG Siu-tong, Mr Andrew CHENG, Dr LAW Chi-kwong and Ms Cyd HO concurred.

29. After some discussion, members unanimously passed a motion proposed by the Chairman, the wording of which was as follows -

"That this Panel recommends to the House Committee to appoint a select committee to inquire into the Government's and the Hospital Authority's handling of the SARS outbreak, which should include eliciting the facts of the events of the outbreak, examining the performance and accountability of the Government and its officials and the principal officers of the Hospital Authority during the outbreak".

Action

The Chairman said that the Panel's proposal that LegCo should appoint a select committee to inquire into the handling of the SARS outbreak by the Government and HA would be put forward to the House Committee for consideration on 10 October 2003.

30. There being no other business, the meeting ended at 10:24 am.

Council Business Division 2  
Legislative Council Secretariat  
16 July 2004