

**立法會**  
**Legislative Council**

LC Paper No. CB(2)649/03-04  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting  
held on Monday, 3 November 2003 at 4:30 pm  
in Conference Room A of the Legislative Council Building**

**Members present** : Hon Michael MAK Kwok-fung (Chairman)  
Dr Hon LO Wing-lok, JP (Deputy Chairman)  
Hon CHAN Kwok-keung, JP  
Hon CHAN Yuen-han, JP  
Dr Hon YEUNG Sum

**Members absent** : Dr Hon David CHU Yu-lin, JP  
Hon Cyd HO Sau-lan  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
Hon Jasper TSANG Yok-sing, GBS, JP  
Hon Andrew CHENG Kar-foo  
Dr Hon LAW Chi-kwong, JP  
Dr Hon TANG Siu-tong, JP  
Hon LI Fung-ying, JP

**Public Officers attending** : Mrs Carrie YAU, JP  
Permanent Secretary for Health, Welfare and Food

Miss Diane WONG  
Principal Assistant Secretary for Health, Welfare and Food (Welfare)

Miss Ophelia CHAN  
Assistant Director (Rehabilitation and Medical Social Services)

Dr Daisy DAI  
Senior Executive Manager (Medical Services Development)

**Clerk in attendance** : Miss Mary SO  
Chief Assistant Secretary (2) 4

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**I. Continue discussion on the support measures for Severe Acute Respiratory Syndrome patients and their families in the context of the outbreak from March to June 2003**  
(LC Paper No. CB(2)213/03-04(01))

At the invitation of the Chairman, Permanent Secretary for Health, Welfare and Food (PSHWF) updated members on the Administration's position in respect of certain issues raised by Members at the joint meetings of the Panel on Health Services and the Panel on Welfare Services held on 20 and 29 October 2003, details of which were set out in the above paper. Notably, the scope of the proposed Trust Fund for Severe Acute Respiratory Syndrome (SARS) would be expanded to cover those "suspected" SARS patients treated with steroids who were medically proven to suffer from physical dysfunction, if any, and financially with income reduction or loss. The Hospital Authority (HA) would start to conduct medical assessment for the "suspected" SARS patients treated with steroids, and would complete its medical assessment for the recovered SARS patients by January 2004. Subject to members' views, the Administration intended to seek the Finance Committee (FC)'s approval of a new commitment of \$150 million for the proposed Trust Fund for SARS on 7 November 2003.

2. Referring to the complaints made by some recovered SARS patients to the press about HA not arranging them to undergo magnetic resonance imaging (MRI) examination to find out whether they had developed Avascular Necrosis (AVN), Senior Executive Manager (Medical Services Development), HA (SEM (MSD), HA) clarified that as the examination would be done between six and nine months after discharge, HA had therefore only started to invite all recovered SARS patients to undergo detailed medical check-up, including MRI examination. HA was still in the process of calling up the patients.

3. Noting that the granting of special ex-gratia financial assistance for recovered SARS patients under the proposed Trust Fund was subject to medical proof and financial needs, Miss CHAN Yuen-han asked whether medical proof

had to come from public hospitals.

4. PSHWF responded that as all recovered SARS patients were treated by doctors in public hospitals, consequently medical proof of their physical or psychological condition would have to come from doctors in public hospitals.

5. Dr LO Wing-lok expressed concern about inviting recovered SARS patients to undergo MRI examination for the screening of AVN according to the chronological order of their dates of discharge from hospitals, as it could not be ruled out that some of them might develop the disease earlier. Dr LO then asked whether there was any evidence that reducing weight from the affected joint of patients suffering from AVN at the onset of the disease was more beneficial to the patients concerned than doing it later. If the answer was in the positive, HA should have a system in place to identify which recovered SARS patients belonged to the high-risk group for developing AVN so that earlier arrangement could be made for them to undergo MRI examination.

6. SEM (MSD), HA responded that HA would not rigidly arrange recovered SARS patients to undergo medical assessment, including MRI examination, for the screening of AVN, on the basis of the chronological order of their dates of discharge from hospitals. If a patient had developed symptoms of AVN, such as having joint pain, arrangement would be made for him/her to immediately undergo medical assessment, including MRI examination, to find out whether he/she had developed the disease. In fact, several patients had been screened for AVN long before they should be invited to return to HA's hospitals to undergo medical assessment. As regards treatment for recovered SARS patients suffering from AVN, SEM (MSD), HA said that experts from HA had developed a set of treatment protocols targeting at different stages of the disease.

7. Dr LO further enquired about the measures which had been taken by HA to help those recovered SARS patients who were public hospital staff to overcome their psychological/emotional problems arising from the SARS infection.

8. SEM (MSD), HA responded that apart from advising supervisors to monitor their psychosocial well being of their subordinates, health care workers recovered from SARS were also encouraged to seek help from the clinical psychologists of HA if needed.

9. Dr YEUNG Sum expressed support for the proposed Trust Fund to cover "suspected" SARS patients treated with steroids who were medically proven to suffer from physical dysfunction, and financially with income reduction or loss. Dr YEUNG hoped that HA would complete contacting all recovered SARS patients in the coming two to three weeks so that early treatment, where necessary,

could be provided to them. Dr YEUNG further said that he would support future proposal from the Administration to seek additional funding from FC for the Trust Fund for SARS.

10. Responding to the Chairman's enquiry on the number of "suspected" SARS patients treated with steroids, SEM (MSD), HA said that she had checked with HA's dispensary and found out that the number was around 80. SEM (MSD), HA however pointed out that she would need to check with the attending doctors concerned and/or the patients' medical records to ascertain whether these patients had indeed been administered with steroids, and if so, the dosage used.

11. Mr CHAN Kwok-keung said that to his knowledge, some "suspected" SARS patients treated with steroids were suffering from psychological dysfunction. Mr CHAN asked whether consideration could be given for the proposed Trust Fund to cover this group of patients.

12. PSHWF responded that as the steroids which "suspected" SARS patients had received for treatment could generally be of a small dosage, any longer terms effect of steroids on the psychological condition of the patient concerned should be very minimal, if any. In this connection, the financial assistance would be limited to those "suspected" SARS patients treated with steroids who were medically proven to suffer from physical dysfunction and had financial need, pending the availability of more medical knowledge on the effects of steroids. Moreover, medical experts were not sure whether the reported effects of steroids thus far were due to SARS, the treatment for SARS or the predisposing conditions of the patients themselves.

13. In summing up, the Chairman said that members were supportive of the Administration's plan to seek FC approval of a new commitment of \$150 million for the proposed Trust Fund on 7 November 2003.

14. There being no other business, the meeting ended at 4:58 pm.