

立法會
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**Panel on Health Services and
Panel on Welfare Services**

**Minutes of joint meeting
held on Wednesday, 29 October 2003 at 8:30 am
in Conference Room A of the Legislative Council Building**

Members present : Panel on Health Services

- # Hon Michael MAK Kwok-fung (Chairman)
- Dr Hon LO Wing-lok, JP (Deputy Chairman)
- Hon CHAN Kwok-keung, JP
- Hon Jasper TSANG Yok-sing, GBS, JP
- Hon Andrew CHENG Kar-foo
- Dr Hon TANG Siu-tong, JP
- # Hon LI Fung-ying, JP

Panel on Welfare Services

- * Hon CHAN Yuen-han, JP (Chairman)
- * Dr Hon LAW Chi-kwong, JP (Deputy Chairman)
- Hon Fred LI Wah-ming, JP
- Hon Albert CHAN Wai-yip
- Hon WONG Sing-chi

Members absent : Panel on Health Services

- # Dr Hon David CHU Yu-lin, JP
- # Hon Cyd HO Sau-lan
- # Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
- # Dr Hon YEUNG Sum

Panel on Welfare Services

Hon LEE Cheuk-yan
Hon LEUNG Yiu-chung
Hon CHOY So-yuk
Hon Henry WU King-cheong, BBS, JP
Hon Frederick FUNG Kin-kee

(# Also members of the Panel on Welfare Services)

(* Also members of the Panel on Health Services)

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

Ms Susie HO, JP
Deputy Secretary for Health, Welfare and Food (Welfare)

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)
Hospital Authority

Clerk in attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Election of Chairman

Miss CHAN Yuen-han was elected Chairman of the joint-meeting.

II. 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)192/03-04(01))

2. At the invitation of the Chairman, Permanent Secretary for Health, Welfare and Food (PSHWF) briefed members on the Administration's response to issues raised by members at the last joint-meeting held on 20 October 2003, details of which were set out in the above paper. In particular, to address members' concerns that the number of recovered Severe Acute Respiratory Syndrome (SARS) patients in need might exceed the initial estimate, the Administration proposed to increase the original estimate for this group from \$50 million to \$70 million. The Administration had not extended the scope of the proposed Trust Fund for SARS to cover "suspected" SARS patients treated with steroids. In view of the medical knowledge available to date, the Administration considered it prudent to examine whether "suspected" SARS patients treated with steroids would also suffer from longer term effects, arising from the treatment received for SARS, before taking a view on the need for and the appropriate type of assistance. The Hospital Authority (HA) was considering an appropriate mechanism for conducting medical assessment for this group of patients.

3. Senior Executive Manager (Medical Services Development), HA (SEM (MSD), HA) supplemented that medical knowledge available to date showed that the effects of Ribavirin had generally been short term and reversible. Further observations on the effects of steroids were required, and medical experts were also not sure whether the reported effects thus far were due to the disease, the treatment or the predisposing conditions of the patients themselves. HA envisaged that the number of recovered SARS patients and "suspected" SARS patients treated with steroids suffering from longer term effects such as Avascular Necrosis (AVN), which might result in some degree of physical dysfunction, would not be high. SEM (MSD), HA pointed out that findings of overseas studies revealed that only a small fraction of patients who had been taking high dosage of steroids for a continuous long period of time suffered from AVN, and the highest percentage recorded thus far around the world was 14.5%. The majority of these patients eventually recovered from AVN, with no permanent damage caused to their health. Even those who required surgery were generally able to resume normal life over time.

4. SEM (MSD), HA further said that HA had started to conduct medical assessment for the recovered SARS patients to examine, amongst others, whether they had developed AVN, and aimed to complete such an exercise by January 2004. Thereafter, HA would start to conduct medical assessment for the "suspected" SARS patients treated with steroids. SEM (MSD), HA explained

that the reason for conducting the medical assessment at this time was because the medical conditions of these two groups of patients should have stabilised six months after their discharge from hospitals. Another reason was that the effects of steroids on patients, if any, would normally surface between six and nine months after their discharge from hospitals. Thus, patients were scheduled to return during October to December according to their discharge dates.

Discussion

5. Mr Michael MAK said that increasing the estimated sum for recovered SARS patients to \$70 million was still inadequate, and proposed that it be further increased to \$100 million. Mr MAK noted that the provision of special ex-gratia financial assistance (hereinafter called the financial assistance) to the recovered SARS patients would be subject to the assessment of attending doctors that the patients concerned suffered some degree of physical or psychological dysfunction attributable to SARS, or arising from the treatment received for SARS. Mr MAK asked whether the attending doctors meant public hospital doctors only and would not include doctors working in private hospitals/clinics and Chinese medicine practitioners (CMPs). Mr MAK further asked whether the hotline for coordination of appropriate follow-up of recovered and "suspected" SARS patients with medical/psychosocial problems, referred to in paragraph 13 of the Administration's paper, had come into operation; if so, what was the response to the hotline and the types of problems raised by these two groups of patients.

6. PSHWF responded that the Health, Welfare and Food Bureau (HWFB) was willing to re-consider the proposal of further increasing the amount for the recovered SARS patients, but hoped members would have regard to the serious budget deficit of the Government. Moreover, HWFB needed to compete with other policy bureaux and government departments for resources which were finite. In order not to delay the granting of special ex-gratia relief payments to the families of deceased SARS patients and financial assistance to the recovered SARS patients with needs, PSHWF urged members to support the proposed amount of \$70 million for the recovered SARS patients. In line with the usual practice, HWFB could always seek additional funding to cover any shortfall from the Finance Committee (FC) for the Trust Fund for SARS in future, if eligible applicants could not receive the grant. On the question of the attending doctors for recovered SARS patients, PSHWF said that as these patients were treated by HA doctors, it was only natural that their medical conditions after discharge from hospital would continue to be followed up by HA doctors.

7. As regards the hotline for coordination of appropriate follow-up of recovered and "suspected" SARS patients with medical/psychosocial problems, SEM (MSD), HA said that arrangements were presently being made by HA to

coordinate the provision of various follow-up services and to identify the appropriate personnel to man the hotline. It was envisaged that the hotline would come into operation in the next few weeks. At the urging of Mr Michael MAK to expedite the setting up of the hotline, SEM (MSD), HA agreed to see to it that the hotline would come into operation within one week.

8. Mr Fred LI wondered whether a recovered SARS patient would need to have medical proof that he/she had some degree of physical or psychological dysfunction attributable to SARS, or arising from the treatment received for SARS, in order to be eligible for the financial assistance. Mr LI pointed out that the English version of the second sentence of paragraph 3 of the Administration's paper read "the financial assistance serves to provide temporary relief as tide-over assistance to the recovered SARS patients, subject to medical and financial needs", whereas the same in the Chinese version read "為「綜合症」康復者提供短期的經濟援助(須有醫生證明和有確切的經濟需要)". Mr LI urged the Administration to expeditiously come up with a view on the way forward for taking care of those "suspected" SARS patients treated with steroids with needs. To this end, Mr LI asked about the possible number of "suspected" SARS patients treated with steroids with medical needs, and the procedures for extending the financial assistance to cover this group of patients after the proposed Trust Fund was approved by FC on 7 November 2003. Mr LI hoped that the procedures to effect extending the financial assistance to cover "suspected" SARS patients with steroids would not be too complicated. Nevertheless, Mr LI believed that if this meant having to seek FC's approval for changing the scope of the Trust Fund for SARS, Members would support it. In order to save the time and efforts spent by the recovered SARS patients for follow-up treatment at HA hospitals, Mr LI urged that arrangements be made for these patients to seek such treatment from a public hospital nearby where they lived.

9. Deputy Secretary for Health, Welfare and Food (DSHWF) clarified that in order to be eligible for the financial assistance, the patient's health condition must be certified by his/her attending doctor that he/she had some degree of physical or psychological dysfunction attributable to SARS, or arising from the treatment received for SARS. DSHWF assured members that every effort would be made to expedite the examination of whether those "suspected" SARS patients treated with steroids would also suffer from longer term effects. In the meantime, "suspected" SARS patients concerned about their health could contact the hotline, referred to in paragraph 13 of the Administration's paper, for assistance. On extending the financial assistance to cover those "suspected" SARS patients treated with steroids later on, DSHWF said that the Administration would consider how this could be achieved in a most efficient and expeditious manner.

10. As regards the number of "suspected" SARS patients treated with steroids

with medical needs, SEM (MSD), HA said that HA was currently checking the records of "suspected" SARS patients to find out who had been treated with steroids, and if so, the dosage used. SEM (MSD), HA surmised that most "suspected" SARS patients were treated with low dosage of steroids, if any, and the likelihood of them suffering from longer term effects, which might result in some degree of bodily dysfunction, should not be great, if any. For those "suspected" SARS patients identified to have been treated with high dosage of steroids, HA would immediately contact them to undergo detailed medical check-up. On the suggestion of enabling patients to seek follow-up treatment at a public hospital nearby where they lived, SEM (MSD), HA said that HA had all along acceded to such request from patients.

11. Mr Andrew CHENG expressed disappointment at the meager increase of \$20 million for the recovered SARS patients. Mr CHENG opined that the Administration should spend money on areas most in need, instead of squandering it away on subsidising the Hong Kong Harbour Fest and allowing the Chairman of the Equal Opportunities Commission (EOC), Mr Michael WONG, to continue to receive his pension while on EOC's payroll. Mr CHENG was adamant that the financial assistance for the recovered SARS patients should cover those "suspected" SARS patients treated with steroids, given that the Administration had conceded in its paper that this group of patients was correctly diagnosed according to the then prevailing definition specified by the World Health Organization. To ascertain whether the sum of \$70 million was adequate to provide financial assistance for the recovered SARS patients and the "suspected" SARS patients treated with steroids, Mr CHENG requested the Administration to provide information on the number of "suspected" SARS patients treated with steroids and the likely type(s) of dysfunction they would suffer before submitting its funding proposal to FC for the setting up of the proposed Trust Fund on 7 November 2003. Mr CHENG further said that the Administration should periodically report to the Legislative Council the disbursement of funds under the Trust Fund for SARS.

12. PSHWF reiterated that HWFB was willing to bid more money for the recovered SARS patients, but this would invariably delay the setting up of the proposed Trust Fund. In the light of this, PSHWF urged members not to pursue further increasing the global sum of \$150 million. The Administration could always seek additional funding from FC for the Trust Fund for SARS in future, in the event eligible applicants failed to receive the grant due to shortfall of the Trust Fund. Having regard to members' concern expressed, PSHWF agreed to reconsider extending the scope of the proposed Trust Fund to cover those "suspected" SARS patients treated with steroids. On the information requested by Mr CHENG in paragraph 11 above, PSHWF said that the Administration would provide such as soon as HA could come up with the same.

13. Ms LI Fung-ying asked the following questions -

- (a) Whether recovered SARS patients applying for the financial assistance would be subject to assets test; and
- (b) Whether reimbursement of medical expenditure for recipients of the financial assistance would also cover in-patient and out-patient services provided by private hospitals/clinics and CMPs.

14. DSHWF responded that applicants for the financial assistance would be subject to assets test. Namely, the total value of the assets owned by the applicant would exclude any owner-occupier property (i.e. live-in flat) and vehicle(s), but should not exceed the prescribed asset limits which had been drawn up by reference to the limits set out for waiving of medical charges. As the intention of the financial assistance was to address an unprecedented situation, a lenient approach in considering applications for the financial assistance would be adopted as far as possible. The criteria and parameters for determining the eligibility of financial assistance for the recovered SARS patients were prepared by the Administration by reference to similar funds, exact formula of which would be decided by the Committee for the proposed Trust Fund.

15. As regards Ms LI's second question, DSHWF said that consideration could be given to whether reimbursement of expenditure incurred by patients for services provided by doctors in private hospitals/clinics and CMPs would be approved by the Committee for the proposed Trust Fund exceptionally on a discretionary basis. In view of the wide powers of the Committee for the proposed Trust Fund, Ms LI urged that the composition of the Committee should comprise representatives from the SARS patients or patients' concern groups.

16. Dr LO Wing-lok said that the scope of the proposed Trust Fund should be extended to cover those patients who were clinically diagnosed as having SARS on admission, treated with steroids as medication for SARS, but turned out subsequently not to have SARS. Where such patients also suffered from longer term effects, attributable to the effects of the steroids received, if any, which might result in some degree of physical dysfunction, financial assistance should also be extended to these patients. PSHWF agreed to convey Dr LO's views to the Secretary for Health, Welfare and Food.

17. Dr LO further said that the Government would end up paying similar amount for reimbursing the medical expenditure incurred by recipients of the financial assistance if such reimbursement was confined to services provided by HA. This was because in so doing, patients would be forced to solely use HA services which were heavily subsidised by public moneys. Dr LO then asked

whether the monthly financial assistance would be set at a level to cover the loss or reduction in the patients' income arising from the SARS infection, or to meet the prevailing Median Monthly Domestic Household Income (MMDHI) for a family with a similar number of members who were solely dependent on the patient in question.

18. DSHWF responded that both the loss or reduction in income of the patient and the prevailing MMDHI for a family with a similar number of members who were solely dependent on the patient in question would be used in determining the patient's monthly financial assistance. Although the monthly financial assistance might exceed the prevailing MMDHI for a family with a similar number of members who were solely dependent on the patient in question, a balance would need to be struck having regard to the fact that the cumulative financial assistance for each individual would be capped at \$500,000.

19. Mr Albert CHAN expressed support for extending the scope of the proposed Trust Fund to cover "suspected" SARS patients treated with steroids who were medically proved to suffer from some degree of physical dysfunction, and financially with income reduction or loss. In view of the negative comments made by some people about the efficacy of using of Ribavirin and steroids in treating SARS by HA, Mr CHAN asked whether there was a mechanism enabling the recovered SARS patients and "suspected" SARS patients treated with steroids to seek medical opinions independent from HA.

20. PSHWF expressed doubt about the usefulness of seeking medical opinions outside HA, having regard to the fact that SARS was a new disease and much about its causes, its nature and the treatment remained limited both in Hong Kong and internationally. Moreover, only HA had the most experience in treating SARS in Hong Kong, and might be internationally, in view of the significant number of SARS patients involved and the fact that they were all treated by HA doctors. PSHWF further said that to her understanding, Hong Kong was not the only place to have used Ribavirin in treating SARS. A case in point was Canada, at least during the initial stage of the SARS outbreak. Moreover, medical knowledge available to date showed that the effects of Ribavirin had generally been short term and reversible. SEM (MSD), HA supplemented that how a SARS patient was treated was not decided by a doctor based on his/her own judgement, but was governed by a set of treatment protocols developed by medical experts from HA based on their best assessment under the then prevailing circumstances. Discussion on the treatment protocols for SARS was still ongoing at HA.

21. Mr WONG Sing-chi said that HA should not charge the recovered SARS patients for applying for their medical records and also the families of deceased

Action

HA

SARS patients for applying for the medical records of their deceased family members. SEM (MSD), HA undertook to convey Mr WONG's suggestion to the management of HA for consideration. Mr WONG expressed dissatisfaction that HA still needed to consider his suggestion, despite the plight of SARS victims and their families. In response, SEM (MSD), HA said that there was no question of HA not being sympathetic to the plight of the SARS patients and their families. For instance, all SARS patients were waived of their fees during their stay at the hospitals for treatment. The reason why HA charged them for their applications of the medical records was because it did not want them to be stigmatised as SARS patients amongst other patients. The Chairman urged HA to give serious consideration to Mr WONG's suggestion, as SARS was new and its impact profound.

Admin

22. The Chairman sought members' views on how to follow up the proposed Trust Fund. In order to avoid the question of quorum and the need to elect a chairman for each joint-meeting of the Panel on Health Services and the Panel on Welfare Services, Mr Andrew CHENG proposed that the matter be followed-up by the Panel on Health Services and to invite members of the Panel on Welfare Services to join the discussion. Mr CHENG further proposed that the Panel on Health Services should hold a meeting before 7 November 2003 to follow up with the Administration on the outstanding issues raised. Members agreed. PSHWF undertook to provide a written response to the issues raised by members at the meeting for the Panel on Health Services before 7 November 2003.

23. There being no other business, the meeting ended at 9:50 am.

Council Business Division 2
Legislative Council Secretariat
22 December 2003