

## **LEGCO PANEL ON HEALTH SERVICES**

### **Support Measures for Severe Acute Respiratory Syndrome (SARS) Patients and their Families in the context of the Outbreak from March to June 2003**

#### **Purpose**

At the meetings of the Joint LegCo Panel on Health Services and Welfare Services on 20 and 29 October 2003, Members considered the papers on “Support Measures for SARS Patients and their Families in the context of the Outbreak from March to June 2003” (Paper No. CB(2)108/03-04(01) and CB(2)192/03-04(01)). This paper updates Members on the Administration’s position in respect of certain issues raised by Members at those meetings.

#### **The scope of the Trust Fund for SARS (the proposed Trust Fund)**

2. Members requested that the scope of the proposed Trust Fund be expanded. The patients in question were those 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 suffer from longer term effects, attributable to the effects of the steroids received (if any), which may result in some degree of physical dysfunction (hereinafter called the “suspected” SARS patients treated with steroids), Members requested the Administration to consider providing

special ex-gratia financial assistance to them, subject to medical proof and financial need.

3. Given SARS was new and never encountered before, it is inevitable that the understanding, locally and internationally, of its causes, its nature, and the treatment remains limited. More scientific research is required, before more effective medication unfolds. In fact, those “suspected” SARS patients treated with steroids were diagnosed on admission according to the prevailing definition for SARS as specified by the World Health Organization. Such definition comprised the clinical symptoms with epidemiological history but did not include laboratory findings, as laboratory tests were still evolving at the time. This group was correctly diagnosed when satisfying the prevailing definition and appropriate medication was initiated.

4. Medical knowledge available to-date shows that the effects of steroids require further observation, and medical experts are also not sure whether the reported effects thus far are due to SARS, the treatment or the predisposing conditions of the patients themselves. There is no definitive indication that those “suspected” SARS patients treated with steroids would suffer from longer term effects. It is also not certain whether such effects, if any, would be great, nor the possible number of such patients involved.

5. That said, we have considered the issue carefully. Given the concern of Legislative Council Members, we consider it appropriate to expand the scope of the proposed Trust Fund to cover those “suspected” SARS patients treated with steroids who are medically proved to suffer from physical dysfunction, and financially with income reduction or loss. Special ex-gratia financial assistance would be provided to those “suspected” SARS patients (who are Hong Kong residents) with presumptive clinical diagnosis

of SARS, treated with steroids as medication for SARS, and subsequently found not to have SARS, during the outbreak in Hong Kong from March to June 2003, if they suffer from longer term effects, attributable to the effects of the steroids received (if any), which may result in some degree of physical dysfunction, subject to medical proof and financial need.

### **Strengthening support services**

7. HA aims to complete its medical assessment for the recovered SARS patients by January 2004. It will start to conduct medical assessment for the “suspected” SARS patients treated with steroids shortly. HA plans to set up the hotline for coordination of appropriate follow-up of the two groups with medical/psychosocial problems before 7 November 2003. SWD is also putting in place a hotline at around the same time to answer questions relating to the application for the proposed Trust Fund, and other support measures.

### **Way Forward**

8. We intend to seek the Finance Committee’s approval of a one-off commitment of \$150 million for the proposed Trust Fund for SARS on 7 November 2003.

Health, Welfare and Food Bureau  
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