立法會
Legislative Council

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Panel on Health Services and
Panel on Welfare Services

Minutes of joint meeting
held on Monday, 20 October 2003 at 12 noon
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
Dr Hon YEUNG Sum
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 CHOY So-yuk
Hon Henry WU King-cheong, BBS, JP
Hon Albert CHAN Wai-yip
Hon WONG Sing-chi
Hon Frederick FUNG Kin-kee

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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
Hon Jasper TSANG Yok-sing, GBS, JP

Panel on Welfare Services

Hon LEE Cheuk-yan
Hon LEUNG Yiu-chung

(# Also members of the Panel on Welfare Services)
(* Also members of the Panel on Health Services)

Public Officers attending:

Mrs Carrie LAM, JP
Director of Social Welfare

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.

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II. 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)108/03-04(01))

2. Director of Social Welfare (DSW) gave a power point presentation on the support measures for Severe Acute Respiratory Syndrome (SARS) patients and their families in the context of the outbreak from March to June 2003, details of which were set out in the above paper. In particular, DSW said that the Administration would set up a $130 million Trust Fund for SARS to provide, on compassionate grounds, special ex-gratia relief payment or financial assistance to the eligible applicants with need -

(a) special ex-gratia relief payments to families of deceased SARS patients, but excluding those families which had been given financial assistance under the Financial Assistance Scheme for Family Members of those who sacrifice their Lives to Save Others; and

(b) special ex-gratia financial assistance (hereinafter called the financial assistance) to recovered patients suffering from longer term effects, attributable to SARS, which might result in some degree of physical or psychological dysfunction, subject to medical proof and financial need.

3. DSW pointed out that the financial assistance for each recovered SARS patient would be limited to a certain duration with the cumulative assistance receivable by the patient not exceeding $500,000. As it would take the Hospital Authority (HA) some time to observe all discharged SARS patients to identify the likely type(s) of longer-term effects, the Administration's best assessment at this stage was to earmark $50 million for this group to provide a buffer which might be invoked to cater for contingency as medical knowledge unveiled.

4. DSW further said that subject to members' views, the Administration intended to seek approval of a new commitment for the proposed Trust Fund by the Finance Committee (FC) in November 2003. The Administration would continue to review the other support measures in the light of experience and feedback to ensure that appropriate services were provided to the needy.

5. Mr Fred LI expressed concern about the inadequacy of support provided for recovered SARS patients, many of whom were suffering from longer term effects attributable to SARS, such as difficulties in coping with activities of daily living. To his knowledge, HA only advised recovered SARS patients to visit its out-

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patient clinics if they had medical need. Mr LI pointed out that patients suffering from longer term effects attributable to SARS had to quit their jobs and/or had to incur additional expenditure such as purchase of medical/rehabilitation aids and expenses on personal care and child care, etc. The recent reported effect that the use of steroids in treating SARS could cause Avascular Necrosis (AVN) had further put them in a state of fear. In the light of this, Mr LI urged HA to expeditiously contact all recovered SARS patients for screening of AVN so that appropriate treatment could be provided to them.

6. Senior Executive Manager (Medical Services Development), HA (SEM (MSD), HA) responded that since the discharge of recovered SARS patients in April 2003, all recovered SARS patients were followed up in designated SARS out-patient clinics operated by hospitals treating SARS patients where their functional and psychological progress was being regularly monitored. Apart from this, they had been screened through a standardised questionnaire to see whether they needed to enter the pulmonary rehabilitation and/or psychosocial rehabilitation programmes introduced by HA in June 2003.

7. SEM (MSD), HA pointed out that recovered SARS patients having shortness of breath during exercise, decreased exercise tolerance or difficulties in coping with activities of daily living would undergo tailor-made lung rehabilitation programme, in which physiotherapists and occupational therapists would teach them skills in breathing control or physical exercise, and offer work rehabilitation training. So far, 523 patients had entered the programme. In July 2003, around 1 500 questionnaires were sent to all discharged SARS patients to assess their psychosocial wellness. Of the some 600 returns, 200-odd respondents were assessed to be in need of psychological intervention. Clinical psychologists of HA immediately contacted these 200-odd respondents through telephone inviting them to undergo test to ascertain their need of psychosocial rehabilitation and 100 of them had accepted the assistance.

8. SEM (MSD), HA further said that HA would start to invite all recovered SARS patients this week for a detailed medical check-up, including using magnetic resonance imaging scan to detect whether they had developed AVN. It was envisaged that this exercise would take two to three months' time to complete. Opportunity would also be taken to assess the psychosocial wellness of all recovered SARS patients again when they returned to HA's hospitals for the aforesaid medical check-up to identify any further needs for referral to appropriate services, such as counseling, etc. SEM (MSD), HA added that the timing for screening of AVN was appropriate, as the effects of steroids on patients, if any, generally appeared six months after their recovery.

9. Ms LI Fung-ying said that requiring medical proof as one of the conditions

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for granting financial assistance to recovered SAR patients suffering from longer term effects, attributable to SARS, which might result in some degree of physical or psychological dysfunction, was too stringent. Given that knowledge of the longer term effects of SARS might take some time to unveil, Ms LI pointed out that many recovered SARS patients could ill afford to wait for medical proof that their disabling condition was attributable to SARS. In the light of this, Ms LI proposed that some level of financial assistance should at least be given to these patients before there was medical proof that their disabling condition was attributed by SARS. Noting that the Social Welfare Department (SWD) would assess the individual circumstances of each case to recommend the level of assistance, Ms LI asked how this would be implemented.

10. In response, DSW said that she had nothing to add to what was already set out in paragraph 10(b) of the Administration's paper. Nevertheless, she would convey Ms LI's suggestion in paragraph 9 above for consideration by the Committee tasked to advise the Administration on the operation of the proposed Trust Fund and approving the applications. On the question of how SWD would assess the individual circumstances of each case to recommend the level of assistance, DSW said that SWD would take into account its experience in administering funds for SARS affected families. DSW pointed out that having regard to the dire financial situation of families affected by SARS, SWD had recommended the extension of the one-off gratuity grants, disbursed from the "Business Community Relief Fund for Victims of SARS" set up by the business community, from three to six months.

11. The Chairman opined that no ceiling should be set for the financial assistance for recovered SARS patients suffering from longer term effects, attributable to SARS, which might result in some degree of physical or psychological dysfunction, having regard to the fact that compensation for injury at work had no ceiling.

12. DSW explained that the financial assistance for recovered SARS patients was not compensation, and was intended to serve, on compassionate grounds, as a tide-over arrangement to provide temporary relief to these patients. It was hoped that these patients would recover gradually and would resume normal life over time. It was ex-gratia in nature and did not imply any admission of liability on the part of the Government or HA. Moreover, there was nothing to prevent recipients of such financial assistance to pursue civil claims against any party (e.g., HA, the Government or private hospitals) for common law damages subsequently. DSW further said that in the event that there were cases that required long term support which ran beyond the cap, assistance would be rendered by the present social welfare network and social security system.

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13. Mr Michael MAK expressed surprise that of the 287 families of the 299 deceased SARS patients which SWD had contacted to identify and address their needs for assistance, 53 families had declined assistance. Mr MAK wondered whether this was due to the approach adopted by SWD staff in contacting these families. Mr MAK further said that apart from setting up the proposed Trust Fund to support the maintenance of these families, it was equally important that appropriate support services, such as moving them to new homes to help them overcome their trauma of losing their loved ones, were provided to them.

14. DSW responded that a lot of time and efforts had been put in by SWD staff in contacting each and every of the 287 families of the 299 deceased SARS patients to identify their needs so that appropriate support services could be provided to them. It should however be pointed out that not every family of deceased SARS patient wanted or needed assistance out of various reasons, such as their cases had been followed up by Medical Social Workers (MSWs) of HA while some families claimed they had no welfare needs. Despite such, SWD would continue to take care of the needs of the 53 families which had rejected SWD services previously and to render support to them.

15. DSW assured members that SWD attached great importance to the welfare needs of the families of deceased SARS patients. Upon receipt of the list of deceased SARS patients from the Department of Health (DH), SWD immediately passed on the list to its District Social Welfare Officers (DSWOs) for arranging frontline social workers to contact the families concerned with an aim to providing services to them. Of the 234 families which had accepted assistance, their cases were followed up by social workers from SWD's Family Services Centres (FSCs)/Integrated Family Services Centres (IFSCs), including provision of emotional support, arrangement of school places and leisure activities. To date, 119 families had been provided with financial assistance and 14 families with housing assistance. 29 family members were referred for clinical psychological services, 12 families for volunteer services, nine for voluntary legal advice services and 67 for community support services, etc.

16. SEM (MSD), HA supplemented that similar to the families of deceased SARS patients, not all discharged SARS patients would accept offer of psychological help from HA for reasons such as they claimed they had no such need or refused to be followed-up in hospitals. This was the patient's choice, and HA must respect it.

17. Mr Michael MAK urged SWD and HA not to give up helping families of deceased SARS patients and recovered SARS patients which/who had previously rejected SWD and HA's offer of assistance. Mr MAK further said that SWD and HA should be more flexible in their handling of SARS victims. For instance, HA

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should enhance its outreach service, instead of merely contacting recovered SARS patients through telephone to persuade them to receive help. The Chairman concurred with Mr MAK. She surmised that one of the reasons why some patients declined HA's offer of assistance was that they did not want to return to a place which would remind them of their traumatic experience of fighting for their lives in battling SARS.

18. SEM (MSD), HA agreed to convey the suggestions made by Mr MAK and the Chairman in paragraph 17 above to HA for consideration. DSW said that the suggestions made by Mr MAK and the Chairman had already been adopted by SWD. For instance, the welfare needs of families of deceased SARS patients were followed up by social workers from FCSs/IFSCs. If a particular family refused to meet with the social workers from FCS/IFSC in the latter's offices, the social workers concerned would visit the family at a place of its choosing. DSW further said that SWD would be happy to take over those cases from MSWs of HA, if the reason for holding back the individuals concerned from getting help was that they did not want to return to the hospitals where they had been treated for SARS.

19. Noting that some families of deceased SARS patients were followed up by MSWs of HA, Mr Michael MAK asked whether HA or SWD was overall in charge of providing support for SARS patients and their families. To avoid confusion and improve efficiency, Mr MAK considered that one single department should be responsible for providing care and support for SARS patients and their families.

20. DSW responded that SWD was responsible for providing various support and welfare services to families of deceased SARS patients and recovered SARS patients, save that of the medical services which fell under HA. DSW explained that the reason why some families of deceased SARS patients were followed up by MSWs of HA was because they preferred their cases to be followed up by MSWs of HA. Nevertheless, SWD would continue to take care of the needs of the 53 families which had rejected SWD services previously and to render support to them. As regards recovered SARS patients, DSW said that upon receipt of the list of recovered SARS patients from DH, SWD immediately passed on the list to its DSWOs for arranging frontline social workers from FCSs/IFCSs to contact them to ensure timely provision of support to those in need. To date, SWD staff had made rounds of call to this group of patients.

21. Mr Andrew CHENG said that the special ex-gratia relief payments for the surviving dependent children, spouse and dependent parents of deceased SARS patients were acceptable. Mr CHENG however considered earmarking $50 million for recovered SARS patients was inadequate, given that this group numbered 1 456, and requested that the earmarked sum be increased.

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Mr CHENG further said that the Administration should be more conciliatory by increasing the amount of financial assistance for recovered SARS patients, lest provoking them to resort to court to seek compensation from the Government and HA, which was not conducive to a harmonious society. If the Government was willing to subsidise $80 million for the Hong Kong Harbour Fest, it should be equally, if not more, forthcoming in increasing the amount of financial assistance for eligible recovered SARS patients. Mr CHENG then asked the Administration whether it had made reference to places which had experienced SARS outbreak, such as Singapore and Canada, in providing financial support for SARS victims and their families when drawing up the proposed Trust Fund.

22. DSW responded that it was not the Administration' intention to use the financial assistance for recovered SARS patients to discourage them to seek compensation from the Government and/or HA, as recipients of such assistance could still pursue civil claims against any party for common law damages subsequently. DSW further said that the Administration had studied the Courage Fund launched in Singapore when developing the proposed Trust Fund. To her knowledge, the Courage Fund was intended to meet the immediate financial needs of SARS patients and did not include recovered SARS patients. Principal Assistant Secretary for Health, Welfare and Food (Welfare) supplemented that the total amount of the Courage Fund (as at July 2003) was about S$28 million (with S$1 million from the Singapore Government and the remaining sum split between the Singapore Government and the community contribution on a 1:1 basis), and the accumulative number of SARS cases in Singapore was 238.

23. Mr Andrew CHENG requested the Administration to make clear in its proposal to the Legislative Council the amount of contribution made by the Singapore Government towards the Courage Fund, having regard to the fact that the Courage Fund was launched by the community of Singapore and the Singapore Government had agreed to make a dollar-for-dollar matching for all donations towards the Fund as a show of support.

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(*Post-meeting note :* The absolute figures were provided vide LC Paper No. CB(2)192/03-04(01) for the joint meeting of the Panel on Health Services and the Panel on Welfare Services on 29 October 2003.)

24. Dr LO Wing-lok said that the cumulative financial assistance of $500,000 which could be received by a recovered SARS patient should be higher than the amount of special ex-gratia relief payment for the families of deceased SARS patients, having regard to the fact that the former was suffering from longer term effects, attributable to SARS, which might result in some degree of physical or psychological dysfunction. Although it was reckoned that the financial assistance for recovered SARS patients was not a compensation, Dr LO pointed

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out that the compensation received by workers who became permanently disabled from injury at work was higher than that for the families of those workers who died from injury at work. Dr LO agreed with Mr Andrew CHENG that the amount of $50 million earmarked for the recovered SARS patients was inadequate. To his knowledge, the number of recovered SARS patients found to have developed AVN thus far had exceeded projection. Assuming 10% of the 1 456 recovered SARS patients would suffer from AVN, it was highly questionable whether $50 million could cope with the number of patients with need. In the light of the aforesaid, Dr LO requested the Administration to increase the earmarked sum for recovered SARS patients as well as the amount of cumulative financial assistance which could be received by a recovered SARS patient. Dr LO also requested the Administration to provide details of the financial assistance for recovered SARS patients, including information on why the cumulative financial assistance which could be received by a recovered SARS patient would be capped at $500,000.

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25. SEM (MSD), HA responded that in HA's view, the number of recovered SARS patients likely to develop AVN should be less than 100, having regard to the preliminary findings in hospitals and from medical literature review that less than 1% of the number of patients suffering from other diseases, treated with steroids, had developed AVN. SEM (MSD), HA however pointed out that a more accurate figure on the number of recovered SARS patients suffering from AVN would be available after the completion of medical assessment on all recovered SARS patients by HA. SEM (MSD), HA further said that AVN would generally not result in permanent disability in patients if appropriate treatment was provided. For instance, patients whose deceased joints were replaced with artificial parts could continue to lead a normal life.

26. The Chairman concurred with members that the earmarked sum of $50 million for recovered SARS patients should be increased. The Chairman said that given that the SARS outbreak was caused by a new virus and of a proportion not seen in modern Hong Kong, the intention of the financial assistance for recovered SARS patients should be to provide them with longer term support, instead of as a tide-over arrangement. The Chairman pointed out that in view of the long term effect on workers who were exposed to, say, noise, in their work environment, different funds had been established by the Administration to provide long term support for persons suffering from different types of occupational diseases. The Chairman further said that the scope of the financial assistance for recovered SARS patients should be extended to cover those who were diagnosed as "suspected" SARS patients treated with steroids but subsequently confirmed as non-SARS cases (hereinafter called "suspected" SARS patients treated with steroids), and as a result suffered from longer term effects which might result in some degree of physical or psychological dysfunction.

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27. DSW responded that with medical knowledge available to date, it was not possible to work out precisely the number of recovered SARS patients with medical needs, not to mention the difficulty in estimating the amount of financial assistance for individual applicants. Very much would depend on the medical and economic needs of the individuals concerned. Nevertheless, DSW undertook to convey members' concern to the Secretary for Health, Welfare and Food about the adequacy of the amount for recovered SARS patients.

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28. Deputy Secretary for Health, Welfare and Food (DSHWF) said that she could not give a reply to the proposal of extending the scope of the proposed Trust Fund to those "suspected" SARS patients treated with steroids at this stage, as the Administration was still considering the mechanism for conducting medical assessment to this group of patients to find out what types of follow-up services could be provided to them.

29. In response to Mr Andrew CHENG, SEM (MSD), HA disagreed with members who coined those SARS patients who turned out not to have SARS as "misdiagnosed" cases, having regard to the fact that this group of patients was diagnosed at the time of admission according to the prevailing definition for SARS as specified by the World Health Organization.

30. Mr Andrew CHENG called upon the Administration to adopt an open mind and not to rule out extending the scope of the proposed Trust Fund to cover "suspected" SARS patients treated with steroids. Dr LO Wing-lok and Mr Michael MAK concurred. Dr LO further suggested that HA should make use of its MSWs network to obtain information on "suspected" SARS patients treated with steroids so as to identify the types of patients in need. Mr MAK proposed that financial assistance for "suspected" SARS patients should be limited to those treated with steroids who were medically proved to suffer from physical dysfunction only.

31. DSW clarified that the Administration did not rule out providing financial assistance to "suspected" SARS patients treated with steroids with needs. The Administration would give due consideration to the proposal and revert to members later.

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32. In summing up, the Chairman said that members were in support of increasing the earmarked sum for recovered SARS patients and extending the scope of the proposed Trust Fund to cover "suspected" SARS patients treated with steroids. The Chairman suggested and members agreed to hold a further joint-meeting to consider the Administration's response on the issues raised before November 2003.

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33. DSHWF cautioned that the Administration might need to postpone seeking funding from FC for the setting up of the proposed Trust Fund from 7 to 21 November 2003 to allow more time to obtain details of the "suspected" SARS patients treated with steroids, before deciding on whether or not to extend the scope of the proposed Trust Fund to cover this group of patients.

34. The Chairman said that the Administration should not deviate from its plan to seek funding from FC for the setting up of the proposed Trust Fund on 7 November 2003. The Chairman further said that she did not see why the Administration needed so much time to obtain details of "suspected" SARS patients treated with steroids, as such information should be readily available. The Chairman further said that the most important thing was to come up with a clear definition of the types of "suspected" SARS patients treated with steroids with needs, and not the possible number of patients involved. Members shared the Chairman's views, and agreed to hold the next joint-meeting before 7 November 2003 to continue discussion with the Administration on the proposed Trust Fund.

(*Post-meeting note :* The next joint-meeting of the Panel on Health Services and the Panel on Welfare Services was held on 29 October 2003 at 8:30 am.)

35. There being no other business, the meeting ended at 2:00 pm.

Council Business Division 2
Legislative Council Secretariat
22 December 2003