

器官殘障傷殘津貼關注小組 書面意見

各位議員：

我們在 2005 年初進行個案訪問，對象是公立醫院醫生，目的是了解前線醫生在進行傷殘津貼的醫療評估時遇到的困難及具體建議。結果有 13 位醫生回覆，分別來自腦科、腎科和風濕科。當中的意見甚具參考價值，現整理如下。

器官殘障傷殘津貼關注小組 謹上

公立醫院醫生進行醫療評估時遇到的困難

(一) 評估謀生能力十分困難：

1. 有些含糊的名詞，如：喪失工作能力是指原有的工作抑或所有工作
2. Definition of 100% less of earning capacity is vague and difficult for doctors to make an accurate assessment in a busy clinic.
3. 能力是從僱員，抑或僱主的層面看
4. working capacity in relationship with the particular patient, eg. cannot expect a P.1 (primary school) patient to do a university job.
5. Difficult to define 100%, what does earning capacity refer to? What kind of job?
6. No clear guidelines as to what constitutes 50% or 60% disability. What is difference between 45% and 43%
7. “百份之一百”=不能被僱用?
8. as mentioned there are different job nature which requires different skill
9. 謀生能力與就業可能性亦不等同。傷津與社會保障亦有所重疊。有時病人未必完全喪失謀生能力，但競爭力卻大大減低。
10. 許多病症沒有明確的「傷殘」準則，通常以「病」是否嚴重致不能工作，但「不能工作」有許多社會及自我評估的因素
11. 很難評估實際工作能力，不同工作有不同的需要

(二) 診症繁忙，時間不足：

1. Difficult to assess all the aspects listed in the checklist accurately and fairly in a busy clinic.
2. There is little time in a busy clinic to make an accurate and fair assessment. The doctor may not be familiar with the working tasks involved.

(三) 缺乏其他專業/評估報告作參考：

1. 若出傷津，.....有時亦很難將社會因素和醫學因素分開，如情緒、家庭離異是屬病因/結果？很難醫生單一決定
2. 沒有其他治療師的功能評估報告
3. Assessment should not be done by doctors, or solely by doctor.
4. the responsibility for judgement on the degree of disability in relation to working capacity should not be put on doctors.

(四) 器官殘障的傷津申請準則不合理的嚴格：

1. No allowance for patients whose illness produces episodic symptoms, eg. Epilepsy
2. The person has a 100% loss of earning capacity in real life, because of epilepsy, but all the factors in Section (1) (A) do not apply.
3. 限制很大，不容易給予病人幫忙
4. Difficulty with patients having moderate to severe impairment in work performance, but not up to 100% loss of earning capacity.
5. the term 100% loss implies absolute loss of working ability and requirement may be too harsh for some with severe disability.
6. 太嚴格

(五) 醫生認為醫療評估最必要看申請人的甚麼條件（13位回應的醫生之中的人數）

1. 自理能力及活動能力 (12人)
2. 身體/器官功能缺損程度 (9人)
3. 謀生能力 (5人)
4. 參與社會的機會及障礙 (5人)
5. 表達及溝通能力 (3人)
6. 有否公開就業 (1人)
7. 申請人因疾病和治療而需要特別的支出 (沒有人考慮)

其他建議

(一) 加入其他專職醫療的評估報告：

1. 物理、職業治療師及社會工作者的功能報告
2. The assessment is perhaps better done by occupational therapist.
3. Many of the criteria refer to self-caring, which is better assessed by occupational therapists than doctors.

(二) 醫生之間多一些意見交流：

1. assessment usually is based on medical grounds, and factors in decision making usually can be gathered by doctor in charge.
2. 若有需要可以在病人個案會議時討論

(三) 對器官殘障的病情有更清楚的指引和界定：

1. more guideline on medical condition such as renal disease, epilepsy.
2. 如果可以訂明甚麼程度的病況符合「傷殘」標準，醫生會比較容易「歸類」，也不會引致不同醫生有不同標準的問題。
3. There is need for more objective criteria for patients with different chronic medical diseases and different grades of disability.

(四) 設立統一評估中心，由一班專業人士處理所有個案，避免醫生用了診症時間做太多文書工作，而且避免標準不統一的害處

附：公立醫院醫生傷殘津貼意見問卷訪問

題目：

1. 當你(醫生)填寫傷殘津貼醫療評估表格時，有甚麼困難和含糊的地方?
2. 你(醫生)如何評估長期病患者的「殘疾程度大致上相等於失去百份之一百謀生能力?」，當中有甚麼困難和含糊的地方?
3. 除了社會福利署的既定準則及指引，及附於醫療評估表格內的「檢查表」外，你認為有關當局還需要提供甚麼資料和支援，協助醫生作出客觀的評估? 還是這些已經清楚和足夠了?
4. 當你評估「器官殘障」中「嚴重殘疾」的長期病患者，是否具有資格申請傷殘津貼時，你最必要看申請人的甚麼條件?
5. 其他意見

各位立法會議員：

我們是一群器官殘障的病人組織，我們所指的器官殘障是「表面看不見的、內臟器官的殘疾，例：腦神經系統(如：癲癇症、重症肌無力症)、器官功能(如：末期腎衰竭)、免疫系統(如：系統性紅斑狼瘡)等」。我們今次行動的目的是要求社會福利署檢視傷殘津貼醫療評估表格的問題。我們需要強調，我們的行動並不是爲了爭取器官殘障人士領取傷津的清單；我們是希望能夠有一個有效、一致、可靠的評估表格及機制，使大家都清楚知道申請的準則和程序。這份意見書是集中希望各議員及政府官員多加留意醫療評估表格的問題，並提出建議。

立法會福利事務委員會 2005 年 11 月 14 日的會議文件中，我們已經附上一份「傷殘津貼審批準則及機制」研究調查報告書，當中提及傷津醫療評估表格主要有三個問題：

- (一) 器官殘障病人的傷津需要不被正視
- (二) 醫療評估表格的準則含糊、混亂
- (三) 傷殘津貼的醫療評估，將殘疾程度與謀生能力掛勾，有違公共福利金的原意，亦不合時宜

(一) 器官殘障病人的傷津需要不被正視

現時傷殘津貼醫療評估表格中，甲類：肢體傷殘及雙目失明，是沿用香港法例第 282 章(僱員補償條例)第一節對嚴重傷殘的定義。該法例說明，評估肢體傷殘及雙目失明達到某些程度，例：失去雙肢功能、雙目完全失明，便屬於永久傷殘，自動被界定爲「失去百份之一百謀生能力」，他們的謀生能力並不需要評估，更不論有沒有工作(even though they have taken up employment)。

但對於器官殘障的申請人，社署卻一再強調要符合其「殘疾程度大致上相等於失去百份之一百謀生能力」才有資格領取傷津。這群非肢體傷殘及雙目失明的器官殘障病人，必須得到醫生證明其殘疾程度與工作能力掛勾，還要是失去百份之一百謀生能力才有資格！被訪的醫生也批評社署對器官殘障的審批準則是不合理，使他們的醫療評估工作十分困難。

從較早前 5 個發起團體進行了一個有關傷殘津貼的問卷調查，發現較少器官殘障的病友可以成功領取傷津，只有 58%，反之其他殘障類別成功領取傷津的平均百分比高達 96.2%。

(二) 醫療評估表格的準則含糊、混亂

此外，器官殘障的歸類和醫療評估檢查表的準則，使到整個評估準則更見含糊混亂。

1. 分類的問題

雖然很多器官殘障病人是四肢健全，但卻被列入傷殘類別「甲類：肢體傷殘及雙目失明的人士」之最後一項：『其他任何情況引致身體全部殘疾』中。這樣的歸類，醫生容易誤會和做成混亂，以為申請人的病情必須到了肢體傷殘，或者雙目失明的程度，才有資格申請傷津。

2. 醫療評估檢查表的問題

當器官殘障病人申請傷津時，醫生需要評估『其他任何情況引致身體全部殘疾』人士的資格，可參考一份醫療評估檢查表，該檢查表是指引醫生評估申請人的病情是否已失去：

- (1) 勝任原有的、及類似工作的崗位及表現；
- (2) 自我照顧及個人衛生，包括：餵食、穿衣、清潔、上廁、沐浴；
- (3) 當站、坐，進行日常活動、進行戶內轉移，前往診所、學校、工作地點時，可維持個人的姿勢及平衡；及
- (4) 表達自己、與別人溝通和互動，包括：言語、書寫、使用社會(社區)資源、向別人求助，及參與康樂和社交活動。

如果申請人任何一項能力因疾病及治療而受到限制，便有資格領取傷津。明顯地，上述這 4 項能力都不是百份之一百謀生能力的評估，究竟醫生是執著那項準則進行醫療評估？！

3. 超過半數領取傷津者都是「其他」類

根據衛生福利及食物局在 2005 年 6 月 1 日資料顯示，在 95,901 宗成功申請個案中，有 51.6% 超過一半是屬於「甲類：肢體傷殘及雙目失明」中之「『其他』任何情況引致身體全部殘疾」類別，其數目之大反映出有必要將此類別再細分類，把「器官殘障」明確地在醫療評估表格內列為獨立的殘疾類別。

(三) 傷殘津貼的醫療評估，將殘疾程度與謀生能力掛勾，有違公共福利金的原意，亦不合時宜

1. 有違公共福利金的原意

發放傷殘津貼的目的，是為嚴重殘疾的香港居民，每月提供現金津貼，應付因殘疾而引致的特別需要（摘自《公共福利金計劃》小冊子）。傷殘津貼著重申請人的病情和功能缺損程度，但不需資產或入息審查。可是，政府卻以謀生能力去決定殘疾人士的殘疾程度，明顯違背了公共福利金的原意。

較早前 5 個發起團體進行的問卷調查顯示，器官殘障病人因殘疾引起的特別開支平均要\$1,928，比其他傷殘類別的病人為高。

2. 現時不少傷津領取者具有謀生能力

在科技發達的今天，憑著復康儀器的協助，很多肢體殘障或失明人士均可就業，但他們卻受到僱員補償條例第 282 章的保障，屬於永久傷殘，自動被界

定失去百份之一百謀生能力，但肢體殘障或失明的人士而具謀生能力的例子多的是，現今仍以「謀生能力」這樣空泛的準則作為領取傷殘津貼的要求，是不符合實際情況、不合時的做法，當局必須正視及檢討。

基於上述原因，我們希望議員及官員們能清楚問題之所在，檢討及改善醫療評估表格及相關之審批準則和機制，以下是我們有關的建議：

(一) 改善傷殘津貼醫療評估表格

1. 將器官殘障抽出成為獨立一項的殘障類別，而非在甲類「肢體傷殘及雙目失明」之下的「其他」項。
2. 器官殘障類別取消「殘疾程度大致上相等於失去百份百謀生能力」的準則。
3. 器官殘障類別應使用醫療評估表格之檢查表，用以量度申請人的病情是否已失去：
 - (1) 勝任原有的、及類似工作的崗位及表現；
 - (2) 自我照顧及個人衛生，包括：餵食、穿衣、清潔、上廁、沐浴；
 - (3) 當站、坐，進行日常活動、進行戶內轉移，前往診所、學校、工作地點時，可維持個人的姿勢及平衡；及
 - (4) 表達自己、與別人溝通和互動，包括：言語、書寫、使用社會(社區)資源、向別人求助，及參與康樂和社交活動。

如果申請人任何一項能力因疾病及治療而受到限制，便有資格領取傷津。

器官殘障傷殘津貼關注小組 謹上

2005年12月12日

關注小組團體及個人：

香港協癩會(癩癩症)
香港肌健協會(多發性硬化症小組)
腎友聯(末期腎衰竭)
重症肌無力症互助小組
樂晞會(系統性紅斑狼瘡)
類風濕性關節炎
心臟衰竭

MEDICAL ASSESSMENT FORM

Social Security Allowance (SSA) Scheme

In making the medical assessment, please refer to the checklist on P. 4 for reference.

Please tick the appropriate box below:

(I) Nature/Degree of disability

(A) The patient is in a position broadly equivalent to a person with a 100% loss of earning capacity*** due to:

- (i) loss of functions of two limbs
- (ii) loss of functions of both hands or all fingers and both thumbs
- (iii) loss of functions of both feet
- (iv) total loss of sight
- (v) total paralysis (quadriplegia)
- (vi) paraplegia
- (vii) illness, injury or deformity resulting in being bedridden
- (viii) any other conditions resulting in total disablement TB, para / CRP (specify)

(B) The patient is suffering from a condition which produces a degree of disablement broadly equivalent to a person with a 100% loss of earning capacity due to:

- (i) organic brain syndrome
- (ii) mental retardation
- (iii) psychosis
- (iv) neurosis
- (v) personality disorder
- (vi) any other conditions resulting in total mental disablement (specify)

(For (A) and (B) above, please also complete (IV) to assess the patient's mental fitness for making a statement.)

(C) The patient is suffering from, but NOT TO THE EXTENT OF (A) OR (B) ABOVE.
(disability)

(II) Recommendation (tick one item only)

- The patient does not qualify for a Disability Allowance because:
 - (i) his degree of disablement is not broadly equivalent to a 100% loss of earning capacity (see (I)(C)), or
 - (ii) his disablement specified in (I)(A) or (B) is expected to last for less than 6 months (applicable to new cases only).
- The patient qualifies for Normal Disability Allowance (see (I)(A) or (B) but not Higher Disability Allowance. (For conditions of eligibility for Higher Disability Allowance, please refer to Supplementary Medical Assessment Form attached).
- The patient qualifies for Higher Disability Allowance meeting the criteria for Normal Disability Allowance (see (I)(A) or (B)) and additional conditions for Higher Disability Allowance. (Supplementary Medical Assessment Form for Higher Disability Allowance must also be completed).

1 MAY 1993

(III) Duration of disabling condition

The condition specified in (I)(A) or (B) is likely to last *from the date of application/from the date after the expiry date of last certification, which is (date to be filled in by SSFU or MSSU).

- less than 6 months (see (II) (ii) on P. 2)
(specify number of months)
- 6 months
- over 6-12 months
- over 1 year-up to 2 years
- over 2 years-up to 3 years
- from 3 years to years (specify)
- up to years old (specify for child assessment service)
- permanently

(IV) Fitness for making a statement

- The patient is mentally fit for making a statement.
- The patient is mentally unfit for making a statement.

(V) Any other comment by the Medical Officer

(Space for official chop)

Signature of Medical Officer: *f*

Name in block letters:

..... Hospital/Clinic

Date:

* Delete whichever is inapplicable.
** A sheltered workshop worker is normally NOT eligible for Higher Disability Allowance.
*** According to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) but for the purpose of the Scheme, the element of 'permanency' which is in Cap. 282 has been excluded from (vii) and (viii) of (I)(A).

Checklist for Medical Assessment of
Eligibility for Normal Disability Allowance
for Disabilities other than Profound Deafness

Eligibility criteria

Subject to other eligibility criteria being met, an applicant certified by the Director of Health or the Chief Executive, Hospital Authority as being in a position broadly equivalent to 100% loss of earning capacity according to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) can be eligible for Normal Disability Allowance (NDA) under the Social Security Allowance Scheme.

A profoundly deaf person who is certified to be suffering from a perceptive or mixed deafness with a hearing loss of 85 decibels or more in the better ear for pure tone frequencies of 500, 1000 and 2000 cycles per second, or 75 to 85 decibels with other physical handicaps which include lack of speech and distortion of hearing can also be eligible for NDA. Applicants suffering from hearing impairment should be assessed by ENT doctors of the designated specialist clinics/hospitals under the Hospital Authority in order to determine their eligibility for NDA. There is a different set of medical assessment form for cases of profound deafness.

Checklist for medical assessment of eligibility for NDA for disabilities other than profound deafness

- (I) Applicants whose physical/mental impairments or medical conditions have fallen into one of the following categories (which have been defined as 100% loss of earning capacity in the First Schedule of Employees' Compensation Ordinance (Cap. 282) are considered automatically eligible for NDA on medical grounds even though they have taken up employment:
- (i) loss of functions of two limbs
 - (ii) loss of functions of both hands or all fingers and both thumbs
 - (iii) loss of functions of both feet
 - (iv) total loss of sight
 - (v) total paralysis (quadriplegia)
 - (vi) paraplegia
 - (vii) illness, injury or deformity resulting in being bed-ridden
 - (viii) any other conditions resulting in total disablement

If the applicant's disabling condition does not fall into any of the above categories, please proceed to (II) below.

- (II) Where an applicant's physical/mental impairments or other medical conditions have not fallen into any of the categories in (I) above, a medical assessment should be carried out to determine if the applicant is 'severely disabled' within the meaning of the scheme.

An applicant is considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for NDA if his/her physical or mental impairment or other medical conditions have resulted in a significant restriction or lack of ability or volition to perform the following activities in daily living to the extent that substantial help from others is required in any one of the following areas:

- (1) working in the original occupation and performing any other kind of work for which he/she is suited;
- (2) coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing;
- (3) maintaining one's posture and dynamic balance while standing or sitting, for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), travelling to clinic, school, place and work; and
- (4) expressing oneself, communicating and interacting with others including speaking, writing, utilizing social (community) resources, seeking help from others, and participating in recreational and social activities.