

**立法會**  
**Legislative Council**

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(These minutes have been  
seen by the Administration)

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**Panel on Health Services,  
Panel on Manpower and Panel on Welfare Services**

**Minutes of joint meeting  
held on Thursday, 9 March 2006 at 2:30 pm  
in Conference Room A of the Legislative Council Building**

**Members present** : Panel on Health Services

Dr Hon KWOK Ka-ki (Chairman)  
# Hon Albert HO Chun-yan  
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP  
☆ Hon Andrew CHENG Kar-foo  
▲ Hon LI Fung-ying, BBS, JP  
Hon Vincent FANG Kang, JP  
Hon LI Kwok-ying, MH

Panel on Manpower  
Hon LAU Chin-shek, JP (Chairman)  
Hon KWONG Chi-kin (Deputy Chairman)  
# Hon LEE Cheuk-yan  
Hon LEUNG Yiu-chung  
Hon Jasper TSANG Yok-sing, GBS, JP  
Hon WONG Kwok-hing, MH  
Hon Andrew LEUNG Kwan-yuen, SBS, JP  
# Hon LEUNG Kwok-hung

Panel on Welfare Services  
Dr Hon Fernando CHEUNG Chiu-hung (Chairman)  
\* Hon CHAN Yuen-han, JP (Deputy Chairman)  
Hon James TIEN Pei-chun, GBS, JP  
Hon TAM Yiu-chung, GBS, JP  
Hon Albert CHAN Wai-yip  
Hon Alan LEONG Kah-kit, SC

**Members absent** : Panel on Health Services

Dr Hon Joseph LEE Kok-long (Deputy Chairman)  
Hon Fred LI Wah-ming, JP  
# Hon Bernard CHAN, JP  
# Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
# Dr Hon YEUNG Sum

Panel on Manpower

Hon Tommy CHEUNG Yu-yan, JP  
# Hon Frederick FUNG Kin-kee, JP

**Member attending** : Hon Emily LAU Wai-hing, JP

(# Also members of the Panel on Welfare Services)  
(☆ Also member of the Panel on Manpower)  
(▲ Also member of the Panel on Manpower and Panel on Welfare Services)  
(\* Also member of the Panel on Health Services and Panel on Manpower)

**Public Officers attending** : Item II

Ms Linda LAI, JP  
Deputy Secretary for Health, Welfare and Food  
(Family and Women)

Mr Freely CHENG  
Principal Assistant Secretary for Health, Welfare and Food  
(Family)

Ms Wendy CHEUNG  
Assistant Secretary for Health, Welfare and Food (Family) 3

Mr SIT Tung  
Assistant Director of Social Welfare  
(Rehabilitation & Medical Social Services)

Mr CHAN Chau-sang  
Social Work Officer  
(Rehabilitation and Medical Social Services) 11  
Social Welfare Department

Mrs CHAN MAK Kit-ling, Jenny, JP  
Assistant Commissioner (Employees' Rights & Benefits)  
Labour Department

Mr CHU Ming  
Executive Manager (Allied Health)  
Hospital Authority

Dr CHEUNG Wai-lun  
Director (Professional Services and Operation)  
Hospital Authority

**Deputations/  
Individuals  
by invitation**

: Item II

Society for Community Organization

Mr PANG Hung-cheong  
Patients' Rights Advocate

Mr CHOI Chung-man  
Patient Representative

HK SARS Mutual Help Association

Mr LI Sze-man  
Vice Chairman

Mr LAM Chi-yau  
Vice Chairman

Individuals

Mr CHENG Chi-fai  
Representative of SARS Deceased Family Member

Ms POON Wing-cum  
Representative of SARS Recovered Patient

Ms Joey LEE  
Representative of SARS IOD Staff

Mr KONG Wing-shing  
Representative of Amoy Gardens Block E Residents

**Clerk  
in attendance** : Ms Doris CHAN  
Chief Council Secretary (2) 4

**Staff in  
attendance** : Ms Maisie LAM  
Council Secretary (2) 2  
  
Miss Maggie CHIU  
Legislative Assistant (2) 4

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## **I. Election of Chairman**

Dr Fernando CHEUNG was elected chairman of the joint meeting.

## **II. Government support to patients of Severe Acute Respiratory Syndrome**

(LC Paper Nos. CB(2)1310/05-06(01) to (03) and CB(2)1334/05-06(01))

2. At the invitation of the Chairman, Principal Assistant Secretary for Health, Welfare and Food (Family) (PASHWF(F)) introduced the Administration's papers which set out the support that the Government provided to the patients of the Severe Acute Respiratory Syndrome (SARS) and the supplementary information on the Trust Fund for Severe Acute Respiratory Syndrome (the Trust Fund).

3. The Chairman then invited deputations to give their views on the support provided by the Government and the operation of the Trust Fund.

### Views of deputations

#### *HK SARS Mutual Help Association*

4. Mr LAM Chi-yau said that the Administration should ensure that sufficient resources were available for supporting the long-term financial needs of the SARS affected families. To this end, consideration should be given to the following -

- (a) to inject additional funds into the Trust Fund which only had a balance of \$23 million;
- (b) to relax the Trust Fund's \$500,000 ceiling on the special ex-gratia financial assistance for the recovered and "suspected" SARS patients; and

- (c) the medical re-assessment to ascertain the beneficiaries' eligibility and need for continued assistance should be conducted on a yearly basis, instead of every six months, as most of them had been suffering from severe long-term effects arising from SARS and their health conditions would not improve significantly in six months' time.

*Representative of SARS Deceased Family Member*

5. Mr CHENG Chi-fai expressed dissatisfaction that his family could not qualify for the special ex-gratia relief payment under the Trust Fund for the reason that his deceased 16-month-old son, who had been clinically diagnosed as having SARS and treated with steroids as medication for SARS, was subsequently found not to have SARS. Mr CHENG strongly requested the Administration to extend the scope of the Trust Fund to cover families of the deceased "suspected" SARS patients as well as the deceased elderly SARS patients.

*Representative of SARS Recovered Patient*

6. Ms POON Wing-cum told the meeting that the special ex-gratia financial assistance provided by the Trust Fund to her husband would cease next month because the total cumulative financial assistance he received had reached the \$500,000 ceiling. She urged the Administration to relax the ceiling and to continue providing the monthly financial assistance and medical expenditure assistance to the recovered SARS patients until they had fully recovered from their dysfunction and returned to work.

*Representative of SARS IOD Staff*

7. Ms Joey LEE said that she had infected SARS while working in the Intensive Care Unit of the Princess Margaret Hospital and was still suffering from various long-term effects attributable to SARS. Although she had strived to return to work in other postings, she had to be on sick leave again because of post-traumatic emotional distress. She questioned why the SARS injury-on-duty (IOD) employees had to comply with conditions such as attending the designated Hospital Authority (HA) clinics and participating in the Return to Work Programme if they were to accept HA's arrangement to utilise their normal accumulated sick leave balance to cover their SARS IOD sick leave beyond the 36-month statutory limit. She hoped that HA would take their health conditions into account and not push them to return to work. In view of the possible outbreak of avian influenza, she said that HA staff were very concerned about the arrangements offered by HA to the SARS IOD employees, which might serve as a precedent for dealing with similar cases in the future.

8. Ms LEE also told the meeting of her concern about the negative impact of her medical record on her future as well as her unpleasant experience when undergoing medical consultation at the designated HA clinic.

*Representative of Amoy Gardens Block E Residents*

9. Mr KONG Wing-shing made the following points -

- (a) it was regrettable that recently, HA had ceased to provide free medical services to many SARS patients on the ground that they were no longer suffering from dysfunction relating to SARS. Some patients had been referred to Chinese medical practitioners for acupuncture treatment, or had to seek private consultations, at their own cost;
- (b) given that one of the eligibility criteria for Comprehensive Social Security Assistance (CSSA) was that the value of the assets held must not exceed the prescribed limit, the SARS patients who were property owners of Amoy Gardens would not be eligible for assistance under the CSSA Scheme when their cumulative financial assistance under the Trust Fund had reached the \$500,000 ceiling;
- (c) the sightseeing tours to Block E of Amoy Gardens arranged by some travel agents had an adverse psychological impact on the residents. The Administration should step up public education to eliminate discrimination against SARS patients; and
- (d) the Administration should make more efforts to assist the recovered and “suspected” SARS patients to integrate into the community and fully return to normal life.

*Society for Community Organization  
(LC Paper No. CB(2)1310/05-06(03))*

10. Mr CHOI Chung-man and Mr PANG Hung-cheong highlighted the following points in the Society for Community Organization (SOCO)’s submission -

- (a) there was a lack of an objective standard to classify which after-effect suffered by the SARS patients was a relevant long-term effect caused by SARS or SARS-related treatment, the medical expense of which would be reimbursable by the Trust Fund;
- (b) the half-yearly medical re-assessment put the beneficiaries of the Trust Fund under undue pressure every three to four months, not

knowing if they were still eligible for continued assistance. In addition, the lengthy processing time often resulted in a time lag between the expiry of the last payment term and the commencement of the new payment term;

- (c) if the nature of the Trust Fund was ex-gratia, special ex-gratia relief payments should also be granted to families with deceased elderly SARS patients, irrespective of whether the families had been relying on the deceased for financial support, as well as the families of the deceased “suspected” SARS patients;
- (d) more work should be done to take care of the long-term needs of the patients still suffering incapacity and to assist the recovered patients, in particular the non-HA employees, to find employment; and
- (e) if the HA’s arrangement to allow the 18 SARS IOD employees to utilise their normal sick leave balance to cover their SARS IOD sick leave beyond the 36-month statutory limit was of a compassionate nature, these employees should not be required to sign an agreement with the HA indicating that, inter alia, they would comply with the condition of participating in the Return to Work Programme.

### Discussion

11. Mr WONG Kwok-hing urged the Government to appreciate the difficulties faced by the individuals and families affected by SARS and respond to their requests and concerns in a humane way. Noting that the Administration had indicated at a previous meeting of the Panel on Welfare Services that they would consider the need to set up a fund similar to that established for people who were incapacitated by pneumoconiosis for recovered SARS patients after the nature of SARS became better known, Mr WONG asked when this would happen.

12. Deputy Secretary for Health, Welfare and Food (Family and Women) (DSHWF(FW)) replied that the Social Welfare Department (SWD) had subsidised the setting up of mutual help groups to help the SARS patients build up a network of support to overcome problems arising from contracting the disease. As regards the \$500,000 ceiling for the special ex-gratia financial assistance, DSHWF(FW) pointed out that the Trust Fund was set up as a tide-over arrangement to provide ex-gratia financial assistance to eligible SARS patients suffering from dysfunction. Of the 632 approved applications, only 290 patients were still receiving assistance, which demonstrated that many of them had gradually recovered.

13. DSHWF(FW) further said that the medical re-assessment conducted every six months was aimed at monitoring the progress of the patients' health conditions. Referring to the time lag mentioned in paragraph 10(b) above, she pointed out that there were cases where the patient had recovered from the reported dysfunction but claimed to suffer from other dysfunction attributable to SARS. In such cases, more time was required to assess if the patients were still eligible for assistance.

14. Ms LI Fung-ying asked the Administration how it would take care of the SARS patients whose cumulative financial assistance had reached the \$500,000 ceiling but had not fully recovered. She further said that the Administration had been too stringent in giving out the special ex-gratia payment and hoped that families of the deceased elderly SARS patients should be provided with such payment on a compassionate ground even though they were not relying on the deceased for financial support.

15. DSHWF(FW) responded as follows -

- (a) the \$500,000 ceiling for ex-gratia financial assistance was approved by the Finance Committee and the Administration did not have the authority to raise the ceiling;
- (b) HA had launched a fee waiver scheme for SARS patients in 2005 to provide life-long free medical services to them for potential SARS related problems. Eligible SARS patients in financial hardships could also apply for assistance under the existing social security system; and
- (c) there were cases where families of deceased elderly SARS patients had been granted special ex-gratia relief payment.

16. Responding to Ms LI Fung-ying's questions on HA's free medical services for SARS patients, Director (Professional Services and Operation), HA explained that because of the difference in individual physical conditions, it was considered more appropriate for the relevant HA doctors to exercise their professional judgement on a case-by-case basis to ascertain if the medical problems of a patient were attributable to SARS or SARS-related treatment, and hence eligible for assistance under the Trust Fund.

17. The Chairman said that a mechanism should be put in place for the patients to appeal against the decision of a doctor not to classify their medical problems as long-term effects caused by SARS or SARS-related treatment. In response, Director (Professional Services and Operation), HA said that a patient not satisfied with the decision of his attending doctor could seek a second opinion from another doctor in the private sector and request for a review of the case. Ms CHAN Yuen-han expressed support for the



Chairman's suggestion. She also hoped that the Administration could reimburse the medical-related expenses of those eligible patients in need of treatment outside HA's medical fee waiver scheme, such as acupuncture and Chinese herbal medicine. Moreover, HA should ensure that decisions and commitments of the senior executives be communicated clearly to the operational level for execution.

18. Ms CHAN Yuen-han urged the Administration not to evade the request to extend the scope of the ex-gratia relief payment to cover families of the deceased "suspected" SARS patients, as this had been repeatedly raised by members and deputations alike during past discussions of the Panel on Welfare Services. She further said that more had to be done on public education, having regard to the negative impact of the sightseeing tours to Block E of Amoy Gardens on the psychological well-being of the residents who were recovered SARS patients. Ms CHAN also hoped that changes in the top management of HA after the SARS epidemic would not have a bearing on its undertaking to look after the healthcare professionals who had contributed selflessly during the epidemic and contracted SARS at work.

19. Dr KWOK Ka-ki said that the Administration should be held responsible for failing to devise an outbreak control plan at the initial stage of the epidemic, and hence resulting in the large-scale SARS outbreak. In the light of this, the Administration should not be too stringent in giving out the ex-gratia financial assistance to the victims. Dr KWOK then made the following suggestions -

- (a) the \$500,000 ceiling on the special ex-gratia financial assistance for the recovered and "suspected" SARS patients should be relaxed;
- (b) financial dependency should not be the sole determining factor in granting special ex-gratia relief payment to families of deceased SARS patients;
- (c) the scope of the Trust Fund should also cover the families of the deceased "suspected" SARS patients;
- (d) more employment assistance services should be offered to non-HA employees to help them secure employment; and
- (e) HA should put in place a mechanism to ensure that doctors would not use different standards in assessing whether a dysfunction was attributable to SARS or SARS-related treatment, and patients should be provided with an opportunity to seek a second opinion where necessary.

20. Executive Manager (Allied Health), HA responded that the SARS patients were taken care of by the relevant specialists. To standardise the

medical assessment of all hospitals, the SARS Collaborative Group comprising experts in respiratory medicine and relevant clinical specialties would regularly review the clinical conditions and treatment plans for all post-SARS patients. Apart from providing them with specialist care, the patients were given the option for follow-up by HA's family medicine specialists for extended medical and nursing care. Besides, they could always request for a second opinion as appropriate.

21. Noting that the registration for follow-up by the family medicine specialists was entirely voluntary, the Chairman requested HA to refer all recovered and "suspected" SARS patients for such medical care as the patients might not fully understand the difference between family medicine specialist and other specialists. The Chairman also sought information on the number of SARS patients who had registered for the service and were currently in receipt of financial assistance under the Trust Fund.

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22. Executive Manager (Allied Health), HA replied that 677 SARS patients were on the register of family medicine. He could provide a paper setting out the information requested by the Chairman after the meeting. As regards the SARS patients not on the register of family medicine, he undertook to inform the patients of the arrangement.

23. Referring to the compassionate arrangement offered by HA to its SARS IOD employees, Mr LEE Cheuk-yan said that HA should not request the employees to exhaust their own sick leave balance to cover their IOD sick leave beyond the 36-month statutory limit as HA had the responsibility to take care of these employees. This also set a poor precedent for future epidemic of infectious disease such as avian influenza. Mr LEE further questioned why these employees had to participate in the Return to Work Programme as an entitlement condition. Taking into consideration that some of these employees might still be suffering incapacity and could not resume work, participation in the Programme should only be on a voluntary basis and with reference to their health conditions.

24. Director (Professional Services and Operation), HA said that, according to Employees' Compensation Ordinance, an injured employee shall no longer be entitled to any paid sick leave after the statutory limit of 36 months. To look after the injured employees, the Board of HA had agreed as an exception that a compassionate arrangement be offered to allow these employees to utilise, if necessary, their normal sick leave balance which they had accumulated as an HA employee to cover their SARS IOD sick leave for a further period of not more than 12 months. They would continue to receive salary on fully pay or half pay if applicable until the sick leave balance accrued had been exhausted.

25. As regards Mr LEE's second question, Director (Professional Services

and Operation), HA pointed out that the objective of the Return to Work Programme was to accelerate the recovery of injured employees and build up their confidence in resuming their jobs as far as possible. Participation of injured employees in the Programme was not compulsory. He agreed to consider the individual circumstances of those employees who were unable to return to work and to discuss with them on other possible arrangements.

26. Mr Andrew CHENG criticised that the Government had allocated \$240 million for the organisation of the 2009 East Asian Games and over \$1 billion for the capital works to upgrade the selected sports venues and to build the new Tseung Kwan O Sports Ground for staging the event, but was mean in providing financial support to relieve the hardships of the recovered and “suspected” SARS patients. Taking into account that the Trust Fund, with a current balance of only \$23 million, would soon be exhausted and 290 SARS patients and families were still relying on it, he urged the Administration to seek the approval of the Finance Committee for the following -

- (a) relax the \$500,000 ceiling on special ex-gratia financial assistance for each recovered and “suspected” SARS patient; and
- (b) inject additional funds into the Trust Fund to provide long-term support to the SARS patients.

27. DSHWF(FW) explained that capping the special ex-gratia financial assistance at \$500,000 was on the assumption that many of the patients would gradually recover and no longer need the assistance. After considering the amount of financial assistance given to the existing cases, it was envisaged that the Trust Fund could remain in place for one to two more years. In the meantime, the Administration had no plan to raise the \$500,000 ceiling and injection of additional funding to the Trust Fund would be considered separately if required.

28. Ms Emily LAU supported Mr LEE Cheuk-yan’s call for a review of the compassionate sick leave arrangement offered by HA to its SARS IOD employees. She also expressed support for members’ proposals to relax the \$500,000 ceiling for special ex-gratia financial assistance and inject additional funds into the Trust Fund, having regard to the Government’s fiscal surplus and that the SARS victims deserved the community’s care and support. She further suggested moving a motion on the provision of continued financial assistance to SARS patients and their families for debate at a Council meeting. The Panel on Health Services, Panel on Manpower and Panel on Welfare Services could hold another joint meeting to discuss the matter if necessary.

Admin 29. At the request of Ms Emily LAU, DSHWF(FW) undertook to relay the views of members on the operation of the Trust Fund to the Secretary for Admin Health, Welfare and Food (SHWF). Director (Professional Services and

Operation, HA agreed to follow up with Ms Joey LEE on her concerns and to provide a paper setting out the way forward for similar cases after the meeting.

30. Mr Albert HO said that given the complexity of the sources of infection, many SARS victims, in particular the non-HA workers, found it difficult to take legal action against the Government for compensation. For those who had been granted legal aid to pursue their claims, they still had to endure years of financial hardships while waiting for the case to be heard. To better help the SARS patients, he urged removing the existing restrictions of the Trust Fund and injecting additional funds into the Trust Fund. Mr HO further said that the Administration should expeditiously set up a fund similar to that established for people who were incapacitated by pneumoconiosis for the recovered SARS patients. Moreover, HA should not impose any condition on the SARS IOD employees for entitlement to the injury related sick leave. He was of the view that the Administration and HA should change their attitude and handle the matter in a caring manner.

31. Mr LEUNG Kwok-hung pointed out that the Government had sponsored \$100 million for the Hong Kong Harbour Fest to re-launch the economy in the aftermath of SARS and would spend \$140 million for the improvement works at the Peak. He said that the healthcare professionals showed a high sense of selfless devotion and professionalism in the fight against SARS and deserved the community's recognition for their dedication to duty. Holding the view that the Government should be held responsible for the inadequacies of the healthcare system in handling the large-scale outbreak of SARS, Mr LEUNG considered that no one should suffer without being compensated.

32. Ms CHAN Yuen-han was of the view that the Administration's responses given at the meeting still fell short of addressing the concerns of the deputations. She said that the Panel on Health Services, Panel on Manpower and Panel on Welfare Services should hold another joint meeting and SHWF should attend to answer questions from members. She further said that she had no objection to Ms Emily LAU's proposal of moving a motion for debate at a Council meeting.

33. Mr PANG Hung-cheong of SOCO noted that the Trust Fund was originally set up as a tide-over arrangement to provide financial assistance for SARS patients for a limited duration. However, the fact that there were still 290 patients relying on the Trust Fund three years after the occurrence of the epidemic showed that there was a need for an overall review of the mode of assistance. Mr PANG further said that the SARS patients should not be required to bear the cost of the treatment of the after-effects, such as poor eye sight, on the ground that there was no evidence to prove that these were problems related to SARS or the steroid treatment.

34. Executive Manager (Allied Health), HA advised that HA would review

the records of the SARS patients two months before the expiry of the six-month term to verify their eligibility for assistance based on the relevant parameters. For cases where the patients had not fully recovered from the reported dysfunctions, such as avascular necrosis, financial assistance would be provided continuously and no further medical examination was needed. Financial assistance under the Trust Fund would only cease for those patients who had recovered from the reported dysfunctions. However, these patients would be invited to undergo a further medical examination so as to more accurately assess if they were suffering from other relevant dysfunctions arising from SARS. If this was the case, HA would try its best to complete the examination before the expiry of the term.

35. The Chairman said that the Administration should adopt a flexible approach to ensure the continuation of financial assistance to the patients, until after receipt of the medical report that they had fully recovered from all SARS-related dysfunctions. In response, Executive Manager (Allied Health), HA assured members that HA had been flexible in handling the cases. There were only a few cases where the patients were required to undergo further medical examination.

36. Mr LEE Cheuk-yan pointed out that under the existing system, the SARS patients were put under pressure every six months not knowing if they were still eligible for continued assistance. The Administration should determine the medical re-assessment period on a case-by-case basis according to the condition of each patient, instead of imposing a six-month term for all the patients. As regards the employment assistance provided to the SARS patients, Mr LEE noted from the Administration's paper that of the 149 patients who participated in the assistance programme, only 15 non-HA SARS patients had resumed their original work or got alternative jobs by end of January 2006. He asked whether consideration could be given to employing these patients to fill the vacancies in HA or the Government.

37. Director (Professional Services and Operation), HA clarified that the 149 cases referred to in the Administration's paper included the HA staff and non-HA staff participating in two separate programmes. Of the 118 HA staff who participated in HA's integrated rehabilitation programme, 100 staff had returned to work already and 18 staff were still receiving training under the programme. For non-HA staff, a "Patient Retraining & Vocational Resettlement Service" was offered by HA in collaboration with the Employees Re-training Board, and 15 out of the 31 participants had resumed work.

38. Responding to the suggestion of Mr LEE that the Government should consider employing the SARS patients to fill its vacancies, DSHWF(FW) said that equal opportunities would be given to all job seekers. Besides, a comprehensive range of free employment training and assistance services were provided to help job-seekers, including those recovered from SARS, to find

suitable jobs.

39. Mr PANG Hung-cheong said that the case of Mr CHENG in paragraph 5 above demonstrated that the existing arrangements of the Government had fallen short of addressing the concerns of the SARS patients and their families and prolonged their grief. He then made the following points -

- (a) the relaxation of the \$500,000 ceiling on the special ex-gratia financial assistance for the recovered and “suspected” SARS patients would not pose a heavy financial burden on the Government as the average amount of financial assistance granted to each eligible SARS patient was only \$3,000 per month;
- (b) consideration could be given to inviting contributions from the community-initiated relief funds for victims of SARS to the Trust Fund;
- (c) the condition of requesting the SARS IOD employees to participate in the Return to Work Programme where required by HA had put the employees under pressure; and
- (d) HA’s compassionate arrangement was inadequate for those SARS IOD employees who only had little sick leave balance as the employees concerned would not be eligible for any further sick leave payment when their sick leave balance accrued had been exhausted.

#### Motion

40. At about 4:33 pm, Mr LEUNG Kwok-hung proposed to move a motion urging the Government to conduct a thorough review of its support to patients of SARS and their families, and to address the problem of the anticipated shortfall of the Trust Fund.

41. The Chairman pointed out that the motion had not been proposed during the original appointed meeting time. In accordance with Rule 24A(f) of the House Rules (HR), no new motion could be proposed and dealt with during the period of extension of a meeting. Hence, the motion proposed by Mr LEUNG could not be proceeded with.

42. Mr LEE Cheuk-yan expressed support for the earlier suggestion of Ms Emily LAU that the Chairman of this meeting should move a motion for debate at the Council meeting, having regard to the Administration’s negative response to the concerns raised at this meeting.

43. For the purpose of enabling Members and public officers to consider the

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proposals on the provision of financial assistance to SARS patients and their families, Ms Emily LAU said that the Panel on Health Services, Panel on Manpower and Panel on Welfare Services should jointly seek the agreement of the House Committee for a debate slot to be allocated to the Chairman of this meeting to move a motion on the subject matter for debate at a Council meeting. Ms LI Fung-ying suggested and the Chairman agreed that Chairmen of the Panels could consider the way forward after the meeting.

*(Post-meeting note : The Panel on Welfare Services would seek the House Committee's agreement for allocation of a debate slot to its Chairman, Dr Hon Fernando CHEUNG, to move the motion on the subject for debate at the Council meeting on 17 May 2006, under HR 14A(h).)*

44. In closing, the Chairman requested the Administration and HA to consider the concerns and views expressed by members and deputations at this meeting and to handle the matter in a humane manner.

45. There being no other business, the meeting ended at 4:38 pm.

Council Business Division 2  
Legislative Council Secretariat  
12 April 2006