

立法會
Legislative Council

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LC Paper No. CB(2)1240/06-07
(These minutes have been seen by
the Administration)

Panel on Health Services

**Minutes of meeting held on Monday, 12 February 2007, at 8:30 am
in the Chamber of the Legislative Council Building**

- Members present** : Dr Hon Joseph LEE Kok-long, JP (Chairman)
Dr Hon KWOK Ka-ki (Deputy Chairman)
Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH, JP
Dr Hon Fernando CHEUNG Chiu-hung
- Members absent** : Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon Bernard CHAN, GBS, JP
- Public Officers attending** : Items IV and V

Mr Patrick NIP, JP
Acting Permanent Secretary for Health, Welfare and
Food (Health and Welfare)

Miss Pamela LAM
Principal Assistant Secretary for Health, Welfare and
Food (Health) 1

Dr P Y LEUNG, JP
Acting Director of Health

Dr Thomas TSANG Ho-fai
Consultant
Community Medicine (Communicable Disease)
Surveillance and Epidemiology Branch
Centre for Health Protection
Department of Health

Item IV only

Dr Sarah CHOI
Principal Medical and Health Officer (4)
Department of Health

Dr Henry KONG
Chief Port Health Officer
Department of Health

Item VI

Mrs Ingrid YEUNG
Deputy Secretary for Health, Welfare and Food
(Health)2

Mr Thomas CHAN
Principal Assistant Secretary for Health, Welfare and
Food (Health)3

Dr Regina CHING
Assistant Director of Health (Health Promotion)
Department of Health

Dr Heston KWONG
Principal Medical and Health Officer
Department of Health

Dr Beatrice CHENG
Chief Manager (Cluster Performance)
Hospital Authority

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2)5

Staff in attendance : Mr Stephen LAM
Assistant Legal Adviser 4 (Item IV only)

Ms Amy YU
Senior Council Secretary (2)3

Ms Sandy HAU
Legislative Assistant (2)5

Action

I. Confirmation of minutes

(LC Paper No. CB(2)1043/06-07)

The minutes of the meeting held on 8 January 2007 were confirmed.

II. Information paper(s) issued since the last meeting

2. There was no information paper issued since the last meeting.

III. Items for discussion at the next meeting

(LC Paper Nos. CB(2)1042/06-07(01), CB(2)1048/06-07(01),
CB(2)1068/06-07(01) and CB(2)1042/06-07(02))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting to be held on 12 March 2007 at 8:30 am -

- (a) Prevention and control of HIV/AIDS; and
- (b) Regulation of "Health Maintenance Organisations".

Ms Audrey EU suggested and members agreed to invite organisations providing services to people with HIV/AIDS in Hong Kong to give views on item (a).

4. Referring to Dr KWOK Ka-ki's letter requesting to discuss the issue of the reduction of convalescent beds in Tseung Kwan O Hospital (LC Paper No. CB(2)1068/06-07(01), the Chairman considered it more useful to discuss the wider issue of the impact of rationalisation of public hospital services in April 2007. Members expressed support. Acting Permanent Secretary for Health, Welfare and Food (Health and Welfare) (Atg PSHWF) said that the Administration would strive to come up with a paper for discussion in April 2007 as far as practicable.

Action

5. The Chairman said that a request had been made by Duty Roster Members for the Panel to follow-up with the Administration on the proposal put forward by deputations that the five Chinese medicine practitioners (CMPs) represented on the Chinese Medicine Council should not be appointed by the Chief Executive but be elected by all registered and listed CMPs. The Chairman requested the Administration to respond to such a proposal in its report to the Panel on the progress made in providing appropriate assistance to listed CMPs seeking to obtain registration status tentatively scheduled for May 2007. Atg PSHWF agreed.

Admin

6. Regarding the joint submission from the Pharmaceutical Society of Hong Kong, the Practising Pharmacists Association of Hong Kong and the Society of Hospital Pharmacists of Hong Kong requesting the Panel to further discuss the issue of mode of supply of self-financed item (SFI) drugs (LC Paper No. CB(2)1048/06-07(01)), the Chairman said that it might be better for the Panel to decide whether to pursue the issue after the Hospital Authority (HA) Board had come to a view on the mode of supply of SFI drugs as the issue had been thoroughly discussed by members on 25 September 2006 and 23 January 2007. Moreover, a motion urging HA to supply all SFI drugs in HA hospitals to public patients was passed by a majority of members voting at the meeting on 23 January 2007. Members agreed. In the light of this, the Chairman requested the Administration to report to the Panel when the HA Board had come to a view on the supply of SFI drugs before implementation. Atg PSHWF noted the Chairman's request.

Admin

7. As the Lok Yan School was managed by the Education and Manpower Bureau, the Chairman sought members' view on referring item 31 on the outstanding list of items for discussion by the Panel (LC Paper No. CB(2)1042/06-07(01)) concerning improving the School to the Subcommittee to Study Issues Relating to the Provision of Boarding Places, Senior Secondary Education and Employment Opportunities for Children with Special Educational Needs (the Subcommittee), formed by the House Committee, for follow-up. Members agreed. As many students of Lok Yan School were users of the Developmental Disabilities Unit of the Caritas Medical Centre, members further agreed that members of the Panel should be invited to join the discussion by the Subcommittee on the Lok Yan School. Where necessary, the holding of a joint meeting between the Panel and the Subcommittee should not be precluded in future.

IV. Review of the Quarantine and Prevention of Disease Ordinance (Cap. 141)
(LC Paper Nos. CB(2)1042/06-07(03) and (04))

8. Atg PSHWF briefed members on the Administration's proposal to amend the Quarantine and Prevention of Disease Ordinance (QPDO) (Cap. 141)

Action

to comply with the revised International Health Regulations (IHR) (2005) adopted at the World Health Assembly which would come into force in June 2007, details of which were set out in the Administration's paper (LC Paper No. CB(2)1042/06-07(03)). Atg PSHWF advised that it was the Administration's intention to introduce a bill into the Legislative Council (LegCo) in the second quarter of 2007 to implement the proposal.

9. Mr Andrew CHENG welcomed the Administration's proposal to amend the QPDO to strengthen the existing regulatory regime for preventing and controlling the spread of infectious diseases. Mr CHENG then asked the following questions -

- (a) whether there was any mechanism for adding infectious diseases of public health importance to the list of notifiable diseases in the QPDO prior to the passage of the bill to amend the Ordinance; and
- (b) what actions had been/would be taken by the Administration to strengthen the notification mechanism on infectious diseases between the Mainland and Hong Kong, as all improvement measures to strengthen the handling of infectious disease outbreaks would be futile if such notification mechanism was not working effectively.

10. Responding to Mr CHENG's first question, Atg PSHWF said that the Director of Health (D of Health) was empowered by section 72 of the QPDO to make orders to add infectious diseases of public health importance to the list of notifiable diseases in the First Schedule of the Ordinance as he deemed necessary. A recent case was the inclusion of the Community-associated methicillin-resistant Staphylococcus aureus (CA-MRSA) infection to the list of notifiable diseases in January 2007, due to the recent increase in local cases of CA-MRSA infection. Acting Director of Health (Atg D of Health) supplemented that it was the Administration's plan to add other infectious diseases, such as smallpox and anthrax, to the list of notifiable diseases in the near future. At the request of the Chairman, Atg PSHWF agreed to advise members in due course which infectious diseases would be added to the list of notifiable diseases.

Admin

11. Atg PSHWF explained that one reason for expanding the list of notifiable diseases in the QPDO to include infectious diseases of public health emergency was to comply with the revised IHR (2005) of the World Health Organization (WHO). Under such, each Member State was required to assess all events which might constitute a public health emergency of international concern within its territory by using the decision instrument in Annex 2 of the revised IHR (2005). Prior to adding infectious diseases to the list of notifiable diseases in the QPDO, the Scientific Committees of Centre for Health

Action

Protection (CHP), medical bodies, Hospital Authority and other experts would be consulted.

12. Regarding Mr CHENG's second question, Atg PSHWF said that more effective communication channels between the Mainland and Hong Kong to enable timely exchange of important information about infectious disease incidents and outbreaks, as well as the prevention and treatment of infectious diseases, had been established since the Severe Acute Respiratory Syndrome (SARS) outbreaks in the Mainland and Hong Kong in 2003. The Administration was keenly aware of the importance of maintaining close liaison with the Mainland authorities so that it could respond swiftly to any potential outbreak situations, and would keep its communication network with the Mainland under close review. Relevant arrangements would be fine tuned for the protection of public health as appropriate in the light of operational experience. Atg PSHWF further said that China, being a Member State of WHO, was required to comply with the requirements stipulated in the revised IHR (2005). The revised IHR (2005) was a legally binding set of regulations for WHO Member States in relation to global response to public health threats.

13. Noting from paragraph 9(a) of the Administration's paper that the expansion of the list of notifiable diseases would be made having regard to the current local epidemiology of infectious diseases, Mr LI Kwok-ying asked whether the expansion of such would also take into account the current overseas epidemiology of infectious diseases given that the spread of infectious diseases had no geographical barrier.

14. Atg D of Health advised that the Surveillance and Epidemiology Branch of CHP under the Department of Health (DH) was tasked with the responsibility of closely monitoring the epidemiological developments both within and outside Hong Kong, among others. Should an infectious disease outbreak occur outside Hong Kong was assessed to pose a public health risk to Hong Kong, consideration would be given to including the disease in the list of notifiable diseases in Hong Kong.

15. Dr KWOK Ka-ki indicated support for the legislative amendment. He noted from paragraph 11(a) of the Administration's paper the proposed amendment to empower the Chief Executive (CE) in Council to decide on "state of public health emergency" in times of major outbreaks in Hong Kong. Dr KWOK asked whether this power was merely a procedural one or substantive. If the latter was the case, Dr KWOK said that he would have great reservation as this might delay the taking of effective measures to combat infectious diseases if the decision to declare Hong Kong in a state of public health emergency had to be made by CE in Council instead of D of Health who should be best equipped to make that decision. Dr KWOK pointed out that the proposed amendment, if implemented, would run counter to the practices in many overseas jurisdictions whereby similar power was vested in the health

Action

authorities to enable the taking of prompt and appropriate measures to combat and control the situation.

16. Atg PSHWF responded that there was no cause for concern that empowering CE in Council to decide on "state of public health emergency" would delay the taking of effective measures to combat and control the situation, as the fundamental powers to prevent the spread and control of infectious diseases in Hong Kong were conferred upon DH under the QPDO. DH's legal powers on handling infectious disease outbreaks would be further strengthened by the proposed amendments to the QPDO outlined in paragraphs 8 and 9 of the Administration's paper.

17. Atg PSHWF further said that the exercising of the power by CE in Council to decide on "state of public health emergency", as well as other measures outlined in paragraph 11(b)-(d) of the Administration's paper, would only be used under very exceptional circumstances when an outbreak had constituted a public health risk to other places through the international spread of disease and would potentially require a coordinated international response. Prior to deciding Hong Kong was in a state of public health emergency, advice of DH would first be sought. Atg PSHWF pointed out that it was not unprecedented in putting CE at the helm in the fight against major infectious disease outbreaks, albeit he would be advised by senior officials of policy bureaux/Government departments concerned and non-Government experts as circumstances warranted. For instance, under the Government's preparedness plan for influenza pandemic which included a three-level response system (Alert Response Level, Serious Response Level and Emergency Response Level), a Steering Committee chaired by CE would be set up at Emergency Response Level.

18. Dr KWOK Ka-ki queried whether the proposed amendment to provide for the use of private property (including vaccines, drugs, personal protective gears, vehicles, shipping containers and vacant residential facilities) by the Government during a state of public health emergency, as mentioned in paragraph 11(c) of the Administration's paper, would contravene Article 105 of the Basic Law which provided, inter alia, that "the Hong Kong Special Administrative Region shall, in accordance with the law, protect the right of individuals and legal persons to compensation for lawful deprivation of their property". Dr KWOK pointed out that the proposed prohibition of the use of certain registered trademarks on the packets of cigarettes containing words implying or suggesting that the cigarettes contained therein were less harmful than others was a major point of contention during the deliberation of the Bills Committee on Smoking (Public Health) (Amendment) Bill 2005.

Action

Admin

19. Atg PSHWF assured members that legal advice would be sought to confirm that the proposed amendment to provide for the use of private property by the Government during a state of public health emergency was in compliance with the Basic Law. The relevant legal opinions would be provided to LegCo when the bill was introduced into LegCo. The Administration would also specify the arrangements for implementing the proposed amendment, such as compensation to the parties providing the property.

20. Mr LI Kwok-ying asked whether consideration would be given to the Government procuring items, such as vaccines, drugs and personal protective gears, during an emergency from outside Hong Kong instead of from the private sector, as the latter should also have great demand for these items then.

21. Atg PSHWF reiterated that the Government would only use private property, such as vaccines, drugs and personal protective gears, under very exceptional circumstances where prompt response was critical to control the situation and such items stockpiled by the Government for contingency purpose had been exhausted.

22. Dr KWOK Ka-ki noted from paragraph 9(b) of the Administration's paper the proposed amendment to require notification of any release of dangerous infectious agents and empower DH to require the surrender of such agents for proper disposal so as to prevent the spread of diseases in the community. Dr KWOK asked whether such provision would be extended to the Mainland to enable DH to obtain any dangerous infectious agents from the Mainland authorities.

23. Atg PSHWF advised that the QPDO only applied to Hong Kong. Should Hong Kong require obtaining a dangerous infectious agent sample from the Mainland, the Administration would do so through the existing communication channels on infectious diseases established with the Mainland.

24. Ms LI Fung-ying supported the legislative amendment, but remarked that all the proposed amendments to strengthen the powers of DH to handle infectious disease outbreaks would be greatly compromised, if the respective roles of HA, DH and the private doctors/hospitals in combating infectious diseases were not clearly spelt out in the QPDO. Ms LI further said that the proposed amendments to provide additional powers to DH, as outlined in paragraph 9 of the Administration's paper, would not be effective to prevent and control the spread of infectious diseases if there were no corresponding measures to ensure compliance by medical practitioners and sick persons, contacts and carriers of infectious diseases. Ms LI pointed out that during the SARS epidemic in Hong Kong, there were reports of contacts of the disease under medical surveillance leaving their homes to swim in a public pool.

Action

25. Atg PSHWF responded that the objective of the QPDO was to provide the legislative framework for the prevention and control of infectious diseases among humans, and not to set out the respective roles of DH, HA and the private doctors/hospitals in infectious disease control which came under the ambit of CHP. The CHP, set up on 1 June 2004 as a new public health infrastructure under DH on the recommendation of the SARS Expert Committee, had the responsibility, authority and accountability for the prevention and control of communicable diseases. It was also responsible for maintaining close working relationships with national and international agencies for communicable disease control. Atg PSHWF further said that there was no cause for concern about medical practitioners and sick persons, contacts and carriers of infectious diseases not complying with the requests and orders from DH mentioned in paragraph 9 of the Administration's paper as these orders were mandatory in nature. The Chairman was of the view that it was necessary for the bill to include provisions on enforcement of orders and requests issued by DH to ensure compliance.

26. Ms LI Fung-ying expressed concern that D of Health would be allowed to recruit anyone from the community as he saw fit to help out during an emergency, should the proposed amendment to enable unregistered but qualified health care personnel to perform necessary tasks and duties under the direction of D of Health during an emergency be enacted.

27. Atg PSHWF clarified that the objective of the proposed amendment mentioned by Ms LI in paragraph 26 above was to enable D of Health to engage the assistance of qualified health care personnel, who were not registered in Hong Kong, in times of public health emergency, and was not intended to allow D of Health to recruit anyone. To allay Ms LI's concern, the Chairman said that the Administration should make clear this point when introducing the bill. Atg PSHWF agreed.

Admin

28. Mr LI Kwok-ying asked, apart from the proposed amendment to empower DH, having regard to WHO's recommendations, to refuse exit of any traveller whom a health officer had reason to believe was a sick person, contact or carrier of infectious disease, whether the necessary legal power would also be conferred upon DH, having regard to WHO's recommendations, to control the entry of any traveller whom a health officer believed or suspected to be a sick person, contact or carrier of infectious disease; if so, what such power was.

29. Atg PSHWF responded that new powers would be provided to DH, having regard to WHO's recommendations, to require travellers entering Hong Kong to produce proof of vaccination or prophylaxis and to require relevant health declarations, as well as for conducting necessary medical examinations or tests on any incoming traveller and ordering isolation/quarantine of such traveller who was believed to be a sick person, contact, carrier of infectious diseases or a contaminated person.

Action

30. Ms Audrey EU asked whether Hong Kong had all the core capabilities in handling infectious disease outbreaks as set out in Annex 1 of IHR(2005), save with the enactment of the bill. Ms EU further asked whether the new powers to be conferred upon the Government, CE in Council, D of Health and DH in the bill would be effected by way of subsidiary legislation or administrative means.

31. Atg PSHWF responded that Hong Kong was well-equipped to deal with infectious disease outbreaks. Many of the proposed amendments were already done through administrative means, and the enactment of the bill was to make the exercising of certain powers formal and clear. Regarding Ms EU's second question, Atg PSHWF said that the new powers to be conferred upon the Government, CE in Council, D of Health and DH in handling infectious disease outbreaks would be conferred by way of subsidiary legislation, which would be introduced into LegCo together with the bill.

32. Dr Fernando CHEUNG opined that the powers to be conferred upon the Government would further exacerbate the already concentration of powers on the Government in handling infectious disease outbreaks, and provisions to counteract such should be included in the bill.

33. Atg PSHWF responded that the management of an epidemic, including surge capacity, was made open and transparent, as a result of adopting an enhanced communication strategy recommended by the SARS Expert Committee. Atg PSHWF however pointed out that there would be provisions to safeguard the proper use of the powers by the Government mentioned in paragraph 11(a)-(d) of the Administration's paper.

34. Mr Andrew CHENG requested the Administration to provide a response in writing to the following before introducing the bill into LegCo -

- (a) how the proposed amendments mentioned in paragraph 9(a)-(f) of the Administration's paper differed from the relevant provisions in the QPDO and to what extent would the handling of infectious disease outbreaks be enhanced as a result of enacting these proposed amendments;
- (b) what were the practices and legislation adopted by other jurisdictions in dealing with public health emergency and how did these practices and legislation differ/compare with the proposed amendments mentioned in paragraph 11(a)-(d) of the Administration's paper; and
- (c) whether there was any contingency measure should CE and members of the Executive Council also become infected during a public health emergency.

Action

Admin Atg PSHWF said that the Administration would address the above issues either in the LegCo Brief or to the bills committee concerned.

Admin 35. In closing, the Chairman said that the Administration should take into account members' views/suggestions expressed at the meeting in the drafting of the bill.

V. Centre for Health Protection's Strategic Plan on Prevention and Control of Communicable Diseases 2007-2009

(LC Paper No. CB(2)1042/06-07(05))

36. Atg D of Health briefed members on the strategic plan on the prevention and control of communicable diseases of CHP for 2007-2009, details of which were set out in the Administration's paper.

37. Dr KWOK Ka-ki asked the following questions -

- (a) what was the latest risk assessment of avian influenza in humans in Hong Kong;
- (b) what areas of improvements had been identified in Exercise Great Wall which CHP jointly organised with the health authorities in the Mainland and Macao in November 2006 to test the emergency response mechanism among the three places in handling cross-border public health emergencies; and
- (c) what was the latest progress in the development of an electronic platform for the exchange of epidemiological information between the Mainland and Hong Kong.

38. Atg D of Health responded as follows -

- (a) even though there was no human case of avian influenza in Hong Kong and Guangdong Province, recent reports of avian influenza cases in other places of the Mainland and overseas as well as the detection of H5N1 virus in local wild birds had indicated that the disease remained a threat to Hong Kong. Apart from activating the Alert Response Level, which was the first of the three-level response system to ensure the Government's swift formulation of strategies in handling major infectious disease outbreaks, CHP would continue to maintain close liaison with WHO and health authorities in the Mainland and overseas to obtain the latest information about the global and regional situation concerning the disease;

Action

- (b) Exercise Great Wall revealed that the existing desktop communication through channels, such as telephone, facsimile and email, among the Mainland, Hong Kong and Macao was working effectively. To further strengthen collaboration between the Mainland and Hong Kong, a working group comprising representatives from the Mainland Ministry of Health (MoH) and the Health Department of the Guangdong Province, among others, would be set up to explore the feasibility of involving other places in the Mainland, apart from Guangdong Province, in exercises to test the emergency response mechanism in handling cross-boundary public health emergencies through other modes of communication such as teleconference and other formats such as on-site drills;
- (c) CHP would continue to explore with the Mainland health authorities on the feasibility of developing an electronic platform for the exchange of epidemiological information between the Mainland and Hong Kong. To this end, CHP would share with the Mainland side the planning and development of a Communicable Disease Information System. It was hoped that such sharing of information would help the Mainland side to enhance its electronic platform in facilitating reporting by health authorities at provincial and city levels to MoH in Beijing which at present was vertical in nature, meaning that the communication was only between the reporting party and MoH and that one reporting party could not view the reported cases made by another party; and
- (d) an electronic platform for exchange of surveillance data and information on HIV situation among 13 cities in the Pearl River Delta (PRD) Region was established in June 2005. Such electronic platform would be further enhanced by 2008 to strengthen HIV surveillance in the PRD Region.

39. Dr YEUNG Sum asked the following questions -

- (a) whether CHP had sufficient resources to carry out its work;
- (b) what was the latest progress in the betterment of the notification mechanism on infectious diseases between the Mainland and Hong Kong;
- (c) what measures would be taken to ensure full disclosure of information on infectious diseases to the public and in a timely manner; and

Action

(d) what was the role of CHP in safeguarding food safety.

40. Atg D of Health responded as follows -

- (a) CHP had adequate funds to carry out its work set out in the strategic plan for 2007-2009;
- (b) communication with the Mainland authorities on infectious diseases had greatly improved since the SARS epidemic in 2003. Notwithstanding such, the Administration would continue to liaise with the Mainland health authorities for the betterment of the notification mechanism;
- (c) it was the ongoing efforts of CHP to provide timely and complete information and messages on infectious diseases to the public as appropriate; and
- (d) CHP would continue to work closely with the Food and Environmental Hygiene Department in the investigation of food poisoning cases to tackle the problem at source.

41. Miss CHAN Yuen-han raised the following questions -

- (a) what actions would be taken to enhance the surveillance of infectious diseases in residential care homes for the elderly (RCHEs);
- (b) what measures would be taken to strengthen the prevention and control of hepatitis B in Hong Kong, having regard to the heavy traffic between the Mainland and Hong Kong and the high rate of people in the Mainland infected with hepatitis B virus; and
- (c) what was the Administration's assessment of the findings of a Japanese study suggesting that blow flies might be transmitters of avian influenza virus.

42. Consultant, Community Medicine (Communicable Disease), CHP, responded as follows -

- (a) to improve the sensitivity of outbreak detection of infectious diseases in the community, a sentinel surveillance system covering more than 40 childcare centres had been launched since December 2004. The system had been further extended to more than 50 RCHEs since April 2005. It was one of the key strategies of CHP to enhance the functions of these sentinel surveillance

Action

systems by putting in place an electronic platform linking sentinel sites and CHP by 2009;

- (b) an important mission of CHP over the next few years was to achieve the goals of hepatitis B control as well as measles elimination set by the Regional Office for the Western Pacific of WHO; and
- (c) there was no conclusive scientific evidence at present that flies could transmit the H5N1 influenza virus. CHP would maintain its vigilance on monitoring the global development of avian influenza and obtain expert advice in this regard from the Scientific Committees of CHP.

43. Mr LI KWOK-ying enquired about the need to examine the cost-effectiveness of new vaccines for routine vaccination.

44. Consultant, Community Medicine (Communicable Disease) responded that CHP had commissioned a local university to undertake a study on cost-effectiveness of new vaccines for routine vaccination in Hong Kong. He added that the benefits of the vaccine have to be considered alongside with its potential side effects and other factors.

VI. Centralised organ donation register

(LC Paper Nos. CB(2)1042/06-07(06) and (07))

45. Deputy Secretary for Health, Welfare and Food (Health)2 (DSHWF(H)2) briefed members on the progress of the development of a centralised organ donation register (CODR) to facilitate organ donation and the associated promotion efforts, details of which were set out in the Administration's paper (LC Paper No. CB(2)1042/06-07(06)).

46. Dr KWOK Ka-ki raised the following questions -

- (a) whether, and if so, what progress had been made by the Administration in pursuing the option of incorporating a person's organ donation details in the Smart ID Card raised at the meeting of the Panel on 13 February 2006;
- (b) apart from the development of the CODR by DH, what other campaigns would be launched by the Administration to encourage more people to become organ donors;
- (c) what action would be taken by the Administration to encourage organ donation cardholders to register with DH as organ donors;

Action

- (d) whether the Administration had set a target on the number of prospective organ donors, if so, what the target was; and
- (e) whether consideration would be given to conducting a public consultation on adopting an "opt out" approach for organ donation whereby everyone was regarded as organ donor unless he had indicated otherwise.

47. DSHWF(H)2 responded as follows -

- (a) the Administration had no plan at the present stage to pursue the option of incorporating a person's organ donation details in the Smart ID Card, as to do so would entail amending the Registration of Persons Ordinance (Cap. 177) and the Registration of Persons Regulation (Cap. 177A) and every time a person wished to make changes to his organ donation details a new Smart ID Card would have to be issued;
- (b) efforts made by the Administration to promote organ donation were detailed in paragraphs 11-15 of the Administration's paper;
- (c) consideration would be given to encouraging organ donation cardholders to register as organ donors with DH in the future publicity campaign to launch the CODR in the third quarter of this year;
- (d) it was not meaningful to set a target on the number of prospective organ donors, as the organ donation cards would continue to be used upon the setting up of the proposed CODR and a person was not required to inform DH on their signing of the organ donation cards; and
- (e) adopting an "opt-out" approach for organ donation in Hong Kong would not be appropriate at this stage, given the prevailing societal value, albeit public attitude on organ donation had changed significantly in recent years. Nevertheless, the Administration would continue to closely monitor public opinions on organ donation to see what other measures could be adopted to increase the number of prospective organ donors.

48. Miss CHAN Yuen-han expressed concern about the security of organ donation details stored in the CODR, and asked whether the operation of the CODR would be manned by DH or outside contractor. Miss CHAN further asked how the Administration could ensure that organs of the donors were suitable for transplant if the donors had, say, hepatitis B, when they were alive.

Action

49. Responding to Miss CHAN's first question, Principal Medical and Health Officer, DH said that both the setting up and maintenance of the CODR would be carried out by DH. The system would incorporate features to ensure protection of data confidentiality and security, including access by persons authorised by DH. Regarding Miss CHAN's second question, Chief Manager (Cluster Performance), HA said that medical staff would determine whether the organs of the donors were suitable for transplant based on their professional medical knowledge and judgment.

50. Ms LI Fung-ying asked whether the proposed CODR had adequate capacity and the information stored in the system could be expeditiously retrieved by Transplant Co-ordinators at all times. DSHWF(H)2 replied in the positive.

VII. Any other business

51. There being no other business, the meeting ended at 10:35 am.

Council Business Division 2
Legislative Council Secretariat
9 March 2007