

立法會
Legislative Council

LC Paper No. CB(2)800/13-14(03)

Ref : CB2/PL/HS

Panel on Health Services

**Information note prepared by the Legislative Council Secretariat
for the special meeting on 10 February 2014**

**Surgical Outcomes Monitoring and Improvement Programme
of the Hospital Authority**

As part of its efforts to improve surgical quality through the identification of problems and processes that need improvement, the Hospital Authority ("HA") has implemented the Surgical Outcomes Monitoring and Improvement Programme ("SOMIP") in all surgical departments of 17 public hospitals since 2008. Making reference to the National Surgical Quality Improvement Programme of the American College of Surgeons, SOMIP is designed as an outcome-based, risk-adjusted and corporate wide validated programme to measure and improve the quality of surgical operations in public hospitals. It benchmarks the performance of a surgical department with other participating surgical departments by measuring the 30-day postoperative outcomes of patients after full adjustment with the patients' preoperative risk factors. Over 23 000 major and ultra-major operations of HA are covered under SOMIP. Past findings reveal that mortality rate correlates with the bed occupancy rate of the surgical departments.

2. The subject of SOMIP of HA has not been discussed by the Panel on Health Services. There have been media reports about the findings of the fifth SOMIP Report released by HA in January 2014. The findings reveal that the outcomes of elective and emergency surgeries of the Tuen Mun Hospital have been statistically worse than expected for two and five consecutive years respectively. While the Prince of Wales Hospital ("PWH") is one of the top three best performed public hospitals in elective surgeries, outcomes of its emergency surgeries performed during the period of

July 2012 to June 2013 are for the first time statistically worse than expected and are the worst among all public hospitals. This apart, the recent incidents relating to the orthopaedic surgeries performed by PWH for a survivor of the Philippine hostage incident and a complaint against a cardiologist of PWH have given rise to wide public concern about the outcomes of the plastic and cardiac surgeries of the Hospital. The relevant media reports are in **Appendices I, II and III** for members' reference.

3. At the Council meeting of 30 October 2013, Hon James TO raised an oral question on the handling of a complaint against a cardiologist of PWH. An extract from the Official Record of Proceedings of the Council on the question is in **Appendix IV**.

Council Business Division 2
Legislative Council Secretariat
4 February 2014

文章總數: 1 篇

1. 明報 | 2014-01-09
報章 | A11 | 港聞

公院外科迫爆緊急手術死亡率較高

【明報專訊】醫管局公布2012至13年度外科手術成效「成績表」，分析指醫院外科病牀使用率愈高，緊急手術死亡率也較高。非緊急及緊急手術死亡率屬「三甲」的屯門醫院，平均外科病牀使用率更高達106%。至於綜合各院表現，威院外科緊急手術死亡率屬全港公院最高，但其非緊急手術表現則被列為出色。

威院緊急手術死亡率最高

報告指出，去年手術成效達標的威爾斯醫院，今年緊急手術死亡率是各公立醫院中最高，緊隨其後是過去4年均在「死亡率三甲」內的屯門醫院，以及去年「榜首」伊利沙伯醫院。

醫管局手術成效監察計劃總監袁維昌指出，經統計學分析，醫院外科病牀使用率與緊急手術死亡率有直接關係，去年度非緊急及緊急手術死亡率均入「三甲」的屯門醫院，外科病牀使用率高達106%，緊急手術死亡率同樣高企的威院及伊院，外科使用率亦超過九成。至於緊急手術及非緊急手術死亡率較低的仁濟及律敦治等，外科病牀使用率只有約六成。

不過，緊急手術表現最差的威院，其非緊急手術死亡率卻是第二低。

袁維昌稱，相信與緊急手術病人術後較少獲入住深切治療部有關，威院外科術後使用深切治療部比例中，有七成屬非緊急手術病人，只有三成是緊急手術病人。

袁說，現難追查是否醫生臨牀判斷出錯，已建議威院增設外科加護病牀予非緊急手術病人或低風險病人，深切治療部則着重照顧嚴重病人。另外，為解決屯門醫院多年來外科手術成效欠佳，報告建議將屯門醫院部分病人轉往同一聯網、外科病牀使用率僅65%的博愛醫院。

文章編號: 201401090040155

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威院緊急手術全港最差 術後沒深切治療 死亡率較預期高33%

醫管局昨公布被視為公立醫院每年成績表的「手術成效監察計畫」報告，新界東龍頭醫院威爾斯親王醫院的緊急手術成績「包尾」，術後病人死亡率比預期高出三成三。醫管局專家認為，威院緊急手術個案中，僅一成八病人使用深切治療服務，更有病人術後因病牀爆滿無法入住深切治療部，建議增加加護病牀配合；但威院在預約手術方面則錄得佳績。

記者：黃栩源

最新出爐的「手術成效監察計畫」報告，覆蓋二〇一二年七月至去年六月底共二萬三千多個大型和超大型手術，其中五千三百多個為緊急手術，一萬八千多個屬預約手術。緊急手術死亡率下降至百分之七點七，預約手術死亡率則維持於百分之零點七。報告根據不同手術的預期死亡率作出調整，計算出實際與預期對比的死亡比例，如果平均數值大於一，表示實際死亡率高於預期，數值介乎〇與一之間，代表實際死亡率比預期低。

預約手術錄佳績

威院去年共進行四百五十七個緊急手術，其實際與預期對比的死亡率高達一點三三，高於全港其餘十二所公立醫院，並於過去歷年報告中，首次錄得大於一的不及格水平。不過，威院於預約手術錄得零點四七佳績，兩者差異甚大。

醫管局手術成效監察計畫總監袁維昌指，局方研究發現，威院緊急手術中，僅有一成八人使用深切治療部，於全港公立醫院中使用率最低，而緊急手術出色的港島龍頭醫院瑪麗醫院，術後使用深切治療的比例高達五成四。

袁認為，緊急手術比較少用深切治療服務，是手術表現較差的原因之一，他曾側聞威院有緊急手術病人，因為其他預約手術病人已佔用深切治療病牀，術後未能入住相關病牀。

公共醫療醫生協會會長傅錦峯表示，威院的外科醫生同時負責進行緊急和預約手術，技術理應一樣，緊急手術成效較低，反映醫院的術後護理不足，例如在完成緊急手術後才發現沒有深切治療病牀。亦有公立醫院醫生指，深切治療部醫生未必同意已獲外科醫生進行緊急手術的病人，接受特別護理，部分醫院如瑪麗醫院外科本身有加護病房，則有使用主導權。

威院考慮增設加護病房

醫管局外科中央統籌委員會主席莫碧添表示，會考慮於威院增設加護病房，供預約手術病人術後使用，以騰空深切治療病牀，讓緊急病人使用。

威院說，會按病人臨牀情況及需要，安排入住深切治療部，院方將審視整個外科病人治療過程的不同環節，包括深切治療部支援、人手比例、其他臨牀服務配套及整體服務容量等因素，以

制訂相應改善策略。

另外，有指有公院拒絕接收複雜病症，以應付手術成效報告，袁維昌相信醫生應該維持應有醫德，報告結論會就手術複雜性調節，其中較現較好的醫院進行更多高風險手術。

文章編號: 201401090030013

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文章總數: 1 篇

1. 星島日報 | 2014-01-09
報章 | A06 | 港聞

屯院連續五年「表現遜色」

屯門醫院的手術成效則連續五年被評為「表現遜色」，無論預約手術或緊急手術，病人術後死亡率均高於預期，計畫總監袁維昌直言「感到不安」。報告又發現，屯門醫院去年外科病牀使用率高達百分之一百零六，與手術成效較低有關，擬由新界西聯網內的博愛醫院分擔部分緊急手術，聯網並增加不多於五名醫生。

屯院的緊急手術實際與預期對比的死亡率為一點二八，預約手術則為一點八八，兩者同樣反映病人術後死亡率高於預期。

袁維昌：感到不安

計畫總監袁維昌表示，屯院連續五年的術後死亡率高於預期，數據上令人「感到不安」；醫管局外科中央統籌委員會主席莫碧添直指，屯院多年來已經增加外科手術室、夜間資深外科醫生當值，情況仍未見改善。

報告首次發現，醫院的術後死亡率比預期高，與醫院本身的外科病牀使用率有正面關係，以屯門醫院為例，其外科病房共有一百九十四張病牀，使用率平均達百分之一百〇六，遠高於其他醫院。

委員會建議於博愛醫院增設緊急外科手術服務，現時博愛醫院外科病牀使用率約六成五，但院方每年將三千八百個緊急手術轉介屯院處理，醫管局相信新措施落實後，博愛醫院可自行處理部分緊急手術。

面對有外科醫生指人手、資源不足導致死亡率高於預期，袁維昌表示，統計數字上沒有顯示人手與死亡率有直接關係，外科醫生認為人手不足，或「感覺有錯」。邱家駿則表示資源分配上並非僅考慮科學數據。

屯門醫院指，區內人口持續增長並趨向老化，外科病牀使用率長時間超標，病人術前及術後護理或因此未能完全在最佳醫療環境下進行，醫管局長遠已計畫就此改善該院手術室。

文章編號: 201401090030015

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文章總數: 1 篇

1. 星島日報 | 2014-01-09
報章 | A06 | 港聞

四大醫院 表現出色

手術成效監察計畫報告提到，二〇一二/一三年度公立醫院整體的實際與預期對比的病人死亡率是零點八八，比往年零點九九改善。今年緊急手術表現出色的醫院，首四位依次是仁濟醫院、瑪麗醫院、東區醫院及明愛醫院；預約手術方面，表現出色的分別是東華醫院、律敦治醫院及威院。

仁濟東華各佔鰲頭

其中仁濟醫院二〇〇八年至一一年，三年間緊急手術的死亡率均遠高於預期，一一年後情況改善，去年度的死亡率跌至零點六七九。醫管局相信，與該院近年大大提高深切治療部的使用率有關，由以往不足兩成，升至現時超過兩成。

至於屬龍頭醫院之一的伊利沙伯醫院，其緊急手術的死亡率評為最差之一，但預約手術的死亡率則略見改善，去年度降至低於預期，新評分與大部分醫院相若。

手術成效監察計畫五年前起從美國引入，計畫總監袁維昌認為，計畫實行至今，不少醫院均願意改善配套，令本港整體醫院的死亡率大大降低。他今年退休，盼醫管局能繼續推行有關計畫，提升本港醫院醫療水平。

文章編號: 201401090030014

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疑ICU資源錯配倡增設加護病床 威院緊急手術表現 前年第一去年包尾

醫院管理局公開公立醫院手術成績表，威院緊急手術表現急速轉差，緊急手術30日後死亡率由前年在全港公院表現最佳，急跌至去年排第尾。醫管局估計與威院深切治療部（ICU）資源錯配有關係，緊急手術與預約手術後送入ICU的比率為3：7，建議威院調整ICU病床比例，並加設外科加護病床。前線醫生聯盟稱威院需進行死亡率高的腹動脈血管瘤手術，僅以一年結果評核醫院表示並不公允。本報記者余育奇

醫管局昨日公布《手術成效監察計劃》報告，揭示各大醫院進行食道、肝臟、膀胱切除等大型及超大型手術的成效。2012/13年度，醫管局共處理近2.4萬宗大型手術，當中5300宗為緊急手術，死亡率由前年9.1%降低至去年7.7%，創5年新低。

今年醫院排名變動頗大，身為中文大學醫學院教學醫院、前年榮獲第一的威爾斯親王醫院，跌至去年包尾，被醫管局點名評為三間表現遜色醫院之一，整體醫院實際與預期死亡比例（死亡比例）達1.332，相當於比預期多33.2%病人死亡，另外兩間遜色醫院為屯門醫院和瑪麗醫院，死亡比例分別為1.284和1.238，當中屯門醫院已是連續第五年被評為表現遜色醫院。至於連續三年緊急手術最差的仁濟醫院，去年躍升至第三位，其次為東區和瑪麗醫院。預約手術方面，東華醫院成績最好，其次為律敦治醫院和威院。

倡增緊急病人入ICU率

醫管局手術成效監察計劃總監袁維昌表示，威院緊急手術表現並不理想，但預約手術排行第三，死亡比例僅得0.465，表現兩極，過去從沒試過，調查後發現，威院的緊急手術病人術後使用ICU比率全港最低，只有18.2%，而且緊急手術和預約手術病人術後入住ICU的比例呈3：7極端比例。他指，數據顯示預約手術的病人死亡風險低於4.4%，而緊急手術死亡風險介乎0%至44%，醫管局已建議威院增加緊急手術病人入住ICU的比例。

對於是否因為威院外科醫生判斷不當導致ICU資源錯配，醫管局總行政經理邱家駿解釋，威院在缺乏加護病房的情況下，把預約手術病人編入ICU進行護理是適當判斷，但承認或有情況穩定的病人未至於需要使用ICU設備，因此醫管局亦建議威院增設外科加護病床，照顧情況穩定的病人，以騰空ICU病床給緊急病人，期望可改善往後表現。

歸咎做較多大型手術

前線醫生聯盟主席蕭旭亮表示，本港醫院ICU病床可能只佔整體病床數目的1%，與外國約10%至20%相比十分稀少。他又指威院的政策與其他醫院不同，威院於70年代期間受一位外國麻醉科醫生影響，ICU政策與外國醫院看齊，堅持輔助呼吸機必須在ICU中使用，不同其他醫院會搬至普通

病房使用，因此威院ICU的負擔較其他醫院重。他又指，威院進行的大型手術包括緊急腹動脈血管瘤手術，此手術死亡率高，沒有季節性，若特定年份出現較多病人，容易影響統計數據，認為只以一年結果評論威院表現並不公允，應整合至少5年數據才可作準。

威院昨接受本報查詢後回應稱，威院是全港大型創傷、燒傷個案和多個外科的指定轉介中心，需處理跨區病人，亦需處理新界東聯網內大量緊急及複雜個案，例如血管外科及複雜內窺鏡手術等。隨着病人服務需求不斷上升，2012/13年度該院普通外科病床平均住用率為93%，深切治療部病床平均住用率為82%。院方將詳細研究報告，審視深切治療部對外科病人的支援、人手比例和其他配套，以制訂相應改善策略，持續提升服務質素。

文章編號: 201401095304896

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文章總數: 1 篇

1. 香港經濟日報 | 2014-01-09
報章 | A21 | 港聞

計算死亡率表現 僅港美採用

為提升公院外科手術服務質素，醫管局自08年推出「外科手術成效監察計劃」，監察各公院外科手術表現，至今已完成5份報告，但僅對外公布按實際與預期死亡率計算得出表現。

08年推計劃 今年首揭名單

計劃目的為監察本港有17間外科手術服務的公院，以病人術後30日死亡率評估表現，08年推出時為試驗計劃，其後不斷修改，今年更公開以往不開名的醫院名單，但將以往涵蓋、死亡率高的嚴重創傷個案、大範圍腸梗死及腎臟移植手術，剔除監察範圍外，僅監察普通外科、泌尿外科、整形外科和小兒外科四大類手術。

報告亦僅為醫管局的內部文件，公眾無法取得以了解詳情；而醫管局向傳媒公布的報告內容，僅提供全港整體處理宗數和粗死亡率，卻不提供各院每年處理手術宗數和死亡個案，僅提供統計學計算出的實際死亡和預期死亡比例而得出的評分。

計劃總監袁維昌指出，計劃概念源自美國一間退伍軍人醫院，醫管局5年前引入時，是一種大膽嘗試，是繼美國以外，另一利用此計劃監察手術成效的地區。

文章編號: 201401095317781

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文章總數: 1 篇

1. 英文虎報 | 2014-01-09
報章 | P01 | Front Page | headline | By Hilary Wong

STILL WEAK

Tuen Mun Hospital has the worst record among public hospitals for elective surgery and the second worst in emergency operations for the fifth year in a row.

That's the verdict of the Hospital Authority's surgical outcomes monitoring and improvement program.

But a spokesman for Tuen Mun Hospital said the demand for surgery has risen with the increasing - and aging - population in Tuen Mun.

The Hospital Authority evaluated the surgical operations of 17 public hospitals, comparing their death rates and the expected death rates from 23,700 surgeries from 2012 to 2013.

Tuen Mun Hospital had the worst performance in elective surgery as its death rate was higher than expected.

It was followed by United Christian Hospital, second to last, and Pamela Youde Nethersole Eastern Hospital, third to last.

For emergency operations, Prince of Wales Hospital was the poorest, with Tuen Mun Hospital second to last and Queen Elizabeth Hospital third to last.

Prince of Wales' performance fluctuated because its death rate in elective surgery was lower than expected but it was the worst in emergency surgery.

The top three in emergency operations were Yan Chai Hospital, Queen Mary Hospital and Pamela Youde Nethersole Eastern Hospital, with death rates lower than expected.

Tung Wah, Ruttonjee and Prince of Wales hospitals were top in elective operations.

The occupancy rate of beds in the surgical ward of Tuen Mun Hospital was the highest at 106 percent.

The Hospital Authority's chief manager for quality and standards Alexander Chiu said Tuen Mun Hospital should have more beds. He suggested that Pok Oi Hospital in Yuen Long could do emergency surgery to relieve the heavy load at Tuen Mun.

He added Prince of Wales did not use its intensive care unit well, with admission after emergency operations the lowest at 18.6 percent.

A spokesman for Tuen Mun Hospital said the department of surgery has reinforced its

emergency operations.

The hospital will try its best to increase the beds in surgical wards, number of operations and manpower.

The occupancy rate of beds in surgical wards exceeds 100 percent, which affects care of patients before and after operations.

"To improve the long waiting time for operations in our hospital, the surgery department in the middle or long term will set up surgical emergency services, and continue to transfer appropriate operations to Pok Oi Hospital," he said.

Alex Lam Chi-yan, vice chairman of the Hong Kong Alliance of Patients Organization, said he was concerned about the situation at Tuen Mun.

"The report showed the death rate is higher than the expected number, which meant more failures came in operations," he said.

"The Hospital Authority should quickly deal with the situation, including to send patients to Pok Oi Hospital and mobilize doctors to different hospitals."

Frontline Doctors' Union chairman Seamus Siu Yuk-leung said the results showed a systemic problem at Tuen Mun.

"The immense workload led to the turnover of some experienced doctors," said Siu. "This is a vicious circle which affects the quality of service provided."

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文章編號: 201401094480016

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文章總數: 1 篇

1. 香港經濟日報 | 2014-01-13
報章 | A32 | 港聞 | By 林卓昕

前顧問醫生 揭屯院3大問題

日前醫院管理局批評屯門醫院手術表現遜色，建議博愛醫院增設外科緊急手術服務分擔工作。

病症多病人延診 缺人手配套

惟有前屯院顧問醫生揭示屯院3大問題：病症多、病人延誤就醫、人手配套不足，認為轉移非緊急服務至博愛、增加人手才是解決方法。

立法會議員郭家麒認為，兩間醫院共用人手，做法只會加重屯院負擔。

醫管局日前發表《手術成效監測計劃》報告，屯院在預約手術和緊急手術中，分別連續第二年和第五年被評「表現遜色」；公民黨立法會議員郭家麒批評，報告對屯院情況毫不了解，批評對前綫醫生不公平。

去年屯院外科病床平均使用率達106.4%，為各公院最高，專科輪候時間亦冠絕各聯網，2012至13年度中，新界西聯網外科輪候中位數達30星期，矯形及創傷外科達58星期。

前屯門醫院外科顧問醫生黃就明指聯網覆蓋人口約110萬人，網內青山及小欖醫院為精神科醫院，實際上只有屯院及博愛提供急症及普通科服務，由於區內部分居民因貧窮不會選擇私家醫院，長者亦不願跨區治療，以致使用率極高。黃又指新界西安老院極多，不少長者因缺乏妥善照顧延醫，降低治癒機會。

屯院每日病症多，但人手、配套均不足，現時新界西聯網醫生與每千名人口比例為0.6，為各聯網中最低。

倡非緊急服務 轉至博愛醫院

郭指目前博愛醫院緊急手術設備不足，故大多轉送屯院，兩所醫院醫生實為同一批員工，約每隔半年至至一年調職。博愛醫院增設外科緊急手術服務，將屯院工作量分流至博愛的做法，只是「塘水滾塘魚」，人手不足問題依然存在，反令屯院醫生壓力更大。

郭家麒及黃就明均認為，其中一個解決方法是轉移屯院內非緊急醫療服務至博愛醫院，例如耳鼻喉科、不育治療及復康服務等，而急症及緊急手術等，則集中在屯院處理，同時要加強屯院深切治療部床位及資源。

屯門醫院回應指，面對區內人口增長並老化，對外科服務需求不斷增加，會致力增加外科病床數量，加開手術節數及增聘人手。

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文章總數: 1 篇

1 .成報 | 2014-01-13
報章 | A04 | 醫健

醫局報告被責對屯院不公平

【本報港聞部報道】屯門醫院連續五年被醫院管理局《手術成效監察計劃》報告評為遜色，報告出開後，令公眾擔心該醫院的醫療成效。有政黨批評醫管局報告結果對該醫院並不公平，令前線醫護人員承受極大工作壓力。

去年人員流失十分嚴重

據資料顯示，屯門醫院的使用量向來「傲視同群」，單就去年其外科病床平均使用率達**106.4%**，為醫管局轄下醫院當中最高；該聯網的專科輪候時間亦極長，單是外科輪候時間的中位數便已高達**30**個星期。

公民黨立法會議員郭家麒昨日在記者會上指出，屯門醫院去年人員流失及短缺十分嚴重，過去亦多次發生「逃亡潮」事件，令醫院服務質素亦受到直接影響。前屯門醫院外科顧問醫生黃就明認為，醫管局這次的報告只單看一間醫院的成績，未有就聯網所有醫院作出整體評核，其做法是極不公道。

屯門醫院發言人表示，為了改善以上情況，外科部計劃中長期開設博愛醫院的外科急症服務，及繼續轉移適合的手術到博愛醫院進行，以減輕屯門醫院手術室與病床的使用量。

文章編號: 201401130290064

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文章總數: 1 篇

1 .英文虎報 | 2014-01-13
報章 | P08 | Local | By HILARY WONG

Authority blamed for Tuen Mun woes

The Hospital Authority's maldistribution of resources is the cause of Tuen Mun Hospital's poor surgical performance, Civic Party lawmaker Kwok Ka-ki said.

The authority's surgical outcomes monitoring and improvement program last week rated Tuen Mun as the worst among public hospitals for elective surgery and the second worst in emergency operations for the fifth year in a row.

Kwok, a doctor by profession, said 1.1 million people in the New Territories West are served by just two hospitals, Tuen Mun and Pok Oi. Tuen Mun Hospital has 571 doctors, which account for 85 percent of the total in the two hospitals, he said.

This is equivalent to 0.6 doctors per 1,000 people whereas Kowloon Central and Hong Kong Island West stand at 1.3 and 1.1, respectively. There are only two emergency beds per 1,000 people in the cluster, compared with six in Kowloon Central and 5.2 in Hong Kong Island West, Kwok added.

He said as a result patients need to wait an average 58 weeks for orthopedic surgery.

"The lack of manpower causes heavy workload on staffers in the hospital. They frequently need to work overtime, which directly affects the quality of service to patients because they are exhausted," Kwok said.

He said the high turnover rate and reports of medical accidents had contributed to the poor working environment at Tuen Mun.

A former surgical consultant at the hospital, Wong Chau-ming, said non-emergency services should be transferred to Pok Oi to relieve the pressure.

HILARY WONG

文章編號: 201401134480045

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文章總數: 1 篇

1. 明報 | 2013-11-23
報章 | A12 | 港聞

前中大教授：主診醫生連番犯錯 手術被指涉政治易小玲研追究

【明報專訊】曾為菲律賓人質事件受害人易小玲進行游離皮瓣下顎重整等多個手術的中大前整形外科部教授博昂志（Dr. Andrew Burd），前日在社交網站facebook指出，易的主診醫生進行首次傷勢評估時連番犯錯，部門主管卻因「避免政治人物尷尬」而下令易兩周內毋須做手術，令病情惡化。易小玲對博昂志披露的說法感到驚訝，未想過手術失敗和政治扯上關係，她會考慮追究。不過，威爾斯醫院否認指控，更表示會跟進博昂志未有病人同意，公開病人情況。

立法會議員涂謹申指博昂志在facebook公開此事，而非匿名舉報，若有人因顧全政治人物面子而拖延易小玲做第二次手術，這個指控十分嚴重，他研究在立法會跟進。

現於台灣為手術做體檢的易小玲，昨接受本報長途電話訪問時表示，已對香港醫療失信心，當時以為自身問題令到游離皮瓣手術失敗，未有想過和政治扯上關係。她認為如不是當時失誤，她現在便不用赴台再次接受手術，會和律師討論，考慮追究。「如要追究，很多問題都要追究。」

稱「免政治人物尷尬」停做手術她稱，3年前由黃守仁醫生替她做手術，手術後黃已離港放长假。惟手術後第二日，博昂志發現她傷口皮膚發黑，約手術後第4天，博昂志替她清理壞死組織，但未有拿出腓骨。再過約8至10天，博替她做手術，將左大髀的肌肉、皮膚、血管和神經移植到下顎。易於今年看牙醫，欲接受植牙，發現該腓骨因當年移植不好，幾近溶掉，要再次接受游離皮瓣手術。

易小玲昨早接受台灣醫生檢查身體，確認是否適合接受游離皮瓣手術，過兩天有報告，手術在下月18日進行。易指博昂志說出真相是好事，她已將事情告訴替她做手術的台灣整形醫生魏福全，她引述魏指上次手術失敗，今次不容有失，魏會聯絡博昂志，詳細了解上次手術出現什麼問題。

博昂志在facebook指易的主診醫生犯錯，包括遺漏清除壞死組織的步驟，報告無記錄傷口太緊需稍移重建骨板才能縫合傷口。他指易的情況原可挽回，但有部門主管命令易初步評估後兩周內不應再做手術，理由是避免「政治人物」尷尬。其間易小玲出現水腫、皮膚血液不足等情況。他強調手術時間應基於臨牀理由而非政治理由，籲年輕醫生汲取教訓。博今年8月已退休，而威院外科部門主管為賴寶山。

威院：最資深醫生施手術

威爾斯醫院回應說，易於2010年8月26日送抵威院，院方即日為她進行手術，手術由最資深整形外科、牙科醫生參與。個案一直由整形外科主管教授，聯同整形外科醫生、牙科醫生跟進。院方從未接獲病人投訴。醫院會跟進博昂志未有病人同意，在社交網站公開病人的治療情況。

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文章總數: 1 篇

1. 明報 | 2013-12-21
報章 | A02 | 要聞

易小玲手術順利可用鼻胃管進食

【明報專訊】馬尼拉人質事件傷者易小玲，早前赴台接受面部重建手術。為她進行手術的長庚醫院昨指出，手術歷時10小時，過程順利，易小玲已可經鼻胃管進食，重建的下顎及臉頸皮膚血液供應正常，醫生對她情況審慎樂觀。另外，人民力量議員陳偉業昨向立法會主席曾鈺成建議，提出私人草案透過法例分階段停止簽發菲傭工作簽證以制裁菲律賓，但草案須獲政府及主席批准才可正式提出。

議員擬提停菲傭簽證草案

保安局發言人表示，港府一直與菲政府進行積極與務實的商談，就尋求雙方都滿意的解決方案保持緊密接觸。政府待收到有關草案的正式文本後，會按既定程序處理。

易臉嘴紅腫暫未能說話

下顎受槍傷的易小玲，早前接受30多次整形手術失敗。是次赴台接受整形手術過程順利，前日中午前已拔除氣管插管，呼吸順暢，同日下午已開始經鼻胃管餵食。對於她手術後能否回復原貌，主診醫生魏福全指出：「沒辦法用簡單幾句話來表達，但根據我自己的判斷，現在應該是跟我們原先的計劃完全一致。」他又指出，手術最困難是處理血管，易小玲手術後住在加護病房，預計她仍要多住5至7天。曾探望易小玲的李牧師指出，其左臉和嘴巴紅腫，未能說話，只能以紙筆溝通，李為她祈禱。

醫院形容，手術難度頗高但順利，口腔外科醫生主要替她鬆開及切除臉頸上因受傷及多次手術所形成的攣縮疤痕，以及把兩側僅餘但已嚴重移位的下顎骨復位，再用鈦金屬重建骨板固定。整形重建科醫生截取易小玲左小腿腓骨骨皮瓣，塑形成下顎骨形狀，再移植至缺損的下顎骨，然後用顯微重建技術將微小血管縫接好，使移植部分獲得血液供應。醫院預料下周會舉行記者會交代手術過程。

文章編號: 201312210040065

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文章總數: 1 篇

1. 星島日報 | 2013-12-27
報章 | A04 | 港聞

病歷爆羅生門 威院：已交齊

易小玲日前控訴威院未交齊所有醫療記錄，威院昨反駁說，她今年十月二十八日向威院申請放射診斷記錄副本，院方翌日已交給她，所有內容載於七張光碟上。據悉，僅有一張牙齒X光片，因為技術問題，不可複印而未有提供，但評估影響不大。

據了解，醫院方面須遵守《個人資料私隱條例》，提供所有可複製的醫療記錄給病人，否則有機會違法；而院方當天交給易小玲的七張光碟，包括她自二〇一〇年八月二十六日起，於威院所有可複製的X光片、磁力共振、電腦斷層掃描及超音波影像掃描等記錄複本，而非對方所指的「七張X光片」。

對於易小玲在台灣成功完成下顎重建手術，瑪麗醫院整形外科顧問醫生李金合指出，本港曾進行大量同類的下顎重建手術，病人多數涉及口腔癌或舌癌手術，須重建下顎，成功率大概是九成五，與國際水平相若。

瑪麗醫生：港台水平相若

他形容，手術困難在於需要重新駁上血管、骨和皮膚等組織，病人下顎組織曾受傷而可能壞死，起初未能反映出來，增手術難度。他又指出，本港部分醫生曾到台灣長庚醫院交流，兩地醫療水平相若。

香港整形外科及醫學美容醫學會會長金永強表示，同樣手術在本港私家醫院進行，估計收費約五十萬元，病人並須支付住院費用。他相信，香港的技術與台灣相若，但難以評估兩地的手術成功率差異，由於香港病例比台灣少，經驗上或比較遜色，惟強調手術成功與否涉很多因素，包括血管是否已經創傷及有否纖維化、血管的位置等等。

文章編號: 201312270030017

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易小玲在港整形嚴重損傷 台主診醫生：添手術難度

在菲律賓人質事件受槍傷的易小玲，上周三在台灣長庚醫院接受重建下顎手術，康復進度理想。主診醫生、整形外科權威魏福全昨天表示，易小玲情況穩定，如無意外，手術算是成功，預計她下周四可出院。他指易小玲三年前在港手術失敗，令今次手術增添難度。

魏福全昨晨在記者會神情輕鬆，與手術前的態度截然不同。他表示，醫生團隊在手術前評估，發現易小玲下顎缺損一段約八厘米、在右側橫越中點的骨頭，而殘留的下顎骨因失去支撐，嚴重移位，加上她以往接受手術時，已動用兩條最合適的血管，今次手術的難題，是在她的下顎位置再找可接駁的血管，形容若滿分是十分，今次手術難度必定是十分。

手術難度滿分

他稱，團隊找到可接駁的舌動脈和靜脈後，手術難度已大大降低，對手術充滿信心，「一件東西做一千多次哪會緊張？而且（技術）是我原創的。」

手術主要分為兩部份，口腔顎面科先做臉頸部疤痕切除和鬆解，再將移位的骨頭復位，並利用鈦金屬板固定下顎骨。另一部份由整形重建外科負責，截取左小腿腓骨骨皮瓣，將其切成兩節並塑造成下顎骨的形狀，再移植到相關位置，以及接駁動靜脈。

魏福全指，不能判斷易小玲以往的手術失敗，是技術還是經驗所致，但坦言她三年前在香港首次接受的髒骨皮瓣移植手術失敗，不但對她下顎造成嚴重損害，並且令往後的手術增添不少難度。

他說，曾要求易小玲提供相關病歷，但本港醫生未能協助，「如早點知道顎骨移位的情況，和以往已用的是哪些血管就會好一些，但不會因沒有病歷造成特別困難。」

特首送花慰問卡

三年前曾為易小玲做整形手術的威爾斯醫院回應，易小玲曾於今年十月底向院方申請放射診斷紀錄複本，院方翌日向她提供七張光碟，內存她自一〇年八月底起於威院接受治療的所有醫學紀錄複本。

另外，行政長官梁振英前日向易小玲致送鮮花及慰問卡，祝願她早日康復。

文章編號: 201312275306736

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文章總數: 1 篇

1. 香港經濟日報 | 2013-12-27
報章 | A26 | 港聞 | By 李俊謙

有望復原貌 易小玲讚台「無得頂」

菲律賓人質事件中受傷的易小玲，3年來在港經歷33次手術失敗後，終在台灣長庚醫院完成下顎整形手術，將來有望恢復原貌。

正當易小玲大讚台灣醫院「無得頂」，有整形外科醫生認為，為易小玲進行治療的威爾斯親王醫院要解釋第一次手術失敗後，為何一直無法補救。

港曾接受33次手術 全失敗

今日是易小玲的生日，她昨日並無出席台灣長庚醫院交代有關手術的記者會，只是向傳媒撰寫親筆信，指自己還在康復期間，須靜心休養，並祝願各位新年快樂。

易小玲接受電視台電話訪問時直指，台灣醫療技術較香港好，「無得頂，台灣的技術！」

自2010年8月發生菲律賓人質事件後，易小玲在港進行多達33次手術，但因手術失敗，今年8月要把植入的骨都取走，整個下顎只餘三分一的骨。

負責手術的長庚醫院整形外科醫生魏福全昨日證實，易小玲關鍵的第一次手術失敗，令部分組織壞死及下顎兩側殘留部分嚴重移位。

對於易小玲在本港接受過33次手術均失敗，是否顯示香港有關技術比台灣遜色，魏福全拒作評論，只表示自己進行同類型手術，成功率達96至97%。

下顎嚴重變形 手術難度滿分

本港整形外科專科醫生陳祖鈞指，本港掌握創傷治療的整形技術與台灣相若，但為何易小玲第一次手術失敗後，院方一直無法補救，這只有負責手術的威院整形外科知道箇中原因。他認為威院整形外科及其高層應作出解釋。另一名整形外科專科醫生金永強亦認為，香港和台灣在整形術上都是大同小異，但台灣經驗較豐富，因地區較大，人口較多。

易小玲現時情況穩定，可進食稀飯及半固體食物，院方預計她下周可出院，但仍須4至6個月觀察其癒合進度，若情況理想便可為她種牙，1年內能咀嚼較硬的食物。

魏福全形容，手術算是成功，但仍非完全康復，要再進行幾次整形手術及植牙，有望移除疤痕及恢復原貌。魏坦言手術過程複雜，難度達10分滿分，尤其易經過多次手術後，下顎已嚴重變形。他指易下顎組織已混成一團，造成很多疤痕，要找回合適血管做接合相當困難，最終要選用較遠的舌動脈作接合。

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文章總數: 1 篇

1. 南華早報 | 2013-12-27

報章 | EDT3 | EDT | By Lawrence Chung in Taipei

Manila bus survivor recovering in Taiwan

Woman who was shot in the face has jaw reconstructed and will return home soon

Yik Siu-ling, who was shot in the face during the Manila bus hostage siege in 2010, will return to the city on January 10 after a successful operation in Taiwan to rebuild her shattered lower jaw.

“Thanks to the successful operation by Dr Wei Fu-chan, I have great confidence that I’ll be able to lead a normal life again,” Yik said by telephone yesterday.

The 37-year-old went to Taiwan on December 11 and had surgery a week later at Chang Gung Memorial Hospital after 33 unsuccessful attempts in Hong Kong.

Wei, who led a team that performed the 11-hour microsurgery, said Yik could be discharged in about a week, and would then spend another week in Taiwan.

“The most difficult part of her case was to find usable blood vessels that can provide adequate blood supply around her neck area in order to facilitate reconstruction and normal functioning of her lower jaw,” said Wei, an expert in reconstructive surgery.

Wei said the difficulty in locating usable blood vessels was due to severe damage and deformity caused by the gunshot wound and the previous operations.

Yik was one of the 14 Hongkongers who survived the kidnapping and botched rescue attempt on a bus in Manila three years ago. Eight Hongkongers were killed in the incident.

Yik has had 33 operations in Hong Kong, including bone being grafted from one of her calves. But complications meant the implants had to be removed in August, putting her back to square one. Wei and his team were also hindered by a bone defect and the complete lack of teeth on Yik’s right side.

Asked how he would rate the level of difficulty of the operation, with 10 the most difficult, Wei said: “I would give it a 10.”

Wei declined to comment on Yik’s previous operations.

He said she had recovered well and was able to take liquid food two days after the operation. But she still needs surgery and teeth implants in four to six months, Wei said. He expects her to make a full recovery in about a year.

Yik was pleased she would be able to eat normally again.

“I haven't chewed anything for a long time. I'll even be able to bite apple or chicken,” she said.

“I want to thank Dr. Wei, and tell my son I'll see him soon.”

With part of her calves removed for the surgery, Yik will be in a wheelchair for two months.

文章編號: 201312275336498

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文章總數: 1 篇

1.星島日報 | 2013-12-28
報章 | A08 | 港聞

威院兩次轉交診斷副本

易小玲聲稱曾向沙田威爾斯醫院申請所有X光片，惟至近日仍未領齊，威院發言人昨再度回應稱，已分兩次向易提供全部病例、所有可複製的放射診斷記錄副本，並委派整形外科顧問醫生與長庚醫院聯絡，確保治療持續性。

抵台逾兩周的易小玲，終一償所願，重見完整下顎的輪廓，但卻指曾向威爾斯醫院申領下顎、腭骨及盆骨的X光片，以便赴台手術時予醫生參考，卻一直未領齊感失望。

委派整形醫生聯絡

威爾斯醫院昨日再度回應稱，已於今年八月八日及十月二十九日，向易提供全部病例，以及包括X光、電腦斷層掃描、磁力共振掃描、超聲波及核子醫學骨骼掃描等放射診斷記錄中，可複製的所有記錄副本。

發言人續稱，為確保治療持續性，已就易的個案，委派整形外科顧問醫生趙多和，聯絡台灣長庚醫院整型外科，向其提供所需的病例資料，並將在易回港後，繼續盡力提供協助。 本報記者

文章編號: 201312280030023

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文章總數: 1 篇

1. 香港經濟日報 | 2014-01-10
報章 | A29 | 港聞 | By 陳正怡

「免周一嶽尷尬 延易小玲手術」

曾處理易小玲手術的威院前教授博昂志昨稱，院方因為免時任食衛局局長周一嶽尷尬，以「政治理由」拒絕讓他為易再進行手術的建議，又斥易的主診醫生黃守仁能力不足。

周一嶽透過發言人反駁，當時並無就易小玲的治療，向院方施壓。威院則稱，易重整手術並無因任何非臨床理由而延遲或受影響。

易：所謂政治理由 難接受

易小玲昨稱，首次得知所謂的政治理由，認為難以接受：「我又不是政治人物，又不是名人，有甚麼政治因素去做這些事（拒絕為她進行手術）？」她又表示，威院曾聯絡她希望會面，惟因院方不准第三方在場故她拒絕接受，院方及後答應可有律師在場，雙方正安排會面時間。

中大前整形外科部教授博昂志當年有份處理菲律賓人質事件中受傷的易小玲，他昨於電台節目中表示，當時接手後發現易小玲下顎傷口清理不完善，向院方發電郵要再進行手術，惟部門主管不接受建議，前新界東醫院聯網總監馮康亦回覆指不干預事件。

博昂志稱，當時被告知周一嶽探望易小玲後，曾向易表示未來兩周不用再做手術，院方因怕周尷尬，故不批准他為易進行手術，博昂志形容此舉屬行政手段阻礙醫學決定。

抨外科醫生黃守仁 能力不足

他指，易在港進行多次手術失敗，不是人為失誤，但批評本身負責易手術的威院整形外科醫生黃守仁能力不足，只負責清理傷口，並無詳細檢查傷口創傷程度：「清創手術除要清理傷口，亦要評估傷口狀況，如果無進行評估，你不能開始計劃重整手術如何做。」

周一嶽透過發言人回覆指，就博昂志以他及病人的談話，作為對手術專業決定的理由，令人難以理解；周又強調，當時政府高層、食衛局及自己並無就易的治療，向主診醫生及醫療團隊施加任何壓力，亦無干預其醫療決定及想法。

威院：沒非臨床因素而延誤

威院則強調易接受的兩次重整手術並無因任何非臨床因素，而延誤或受影響；威院又對博昂志於社交網站公開病人私隱深感遺憾；而聯網人力資源部亦會按既定機制處理員工有關投訴，有關個案的上訴程序仍進行當中。

對於易小玲多次於港接受重整手術均告失敗，香港整形及整容外科醫學會會長李天澤不評論手術失敗原因，認為屬個別事件，強調本港過去至今已進行逾1,500宗游離組織手術，當中游離腓骨皮瓣移植佔300宗，成功率逾9成，水準與歐美看齊，不能因單一事件而抹殺過去成功個案。

副會長何昭明則指，游離腓骨皮瓣手術可因接駁血管不合適、敷料壓住血管致栓塞，或術後出現感染等原因令手術失敗，即使由頂尖醫生操刀，亦有一定風險。

文章編號: 201401105319149

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文章總數: 1 篇

1. 明報 | 2013-08-18
報章 | A05 | 港聞 | 特稿

心臟科主任遭投訴手術差即停臨牀職務 余卓文被封刀名醫聯署轟不公

中大威爾斯醫院心臟科主任余卓文教授（圖）早前被投訴，指他做「通波仔」心臟手術成績差，新界東聯網高層暫停余卓文「通波仔」手術臨牀職務，要他「封刀」。據悉事件惹起業界非議，香港心臟專科學院院長王國耀聯同謝德富、潘昭安、王祖耀和陳漢華等心臟科名醫，6月簽聯署信力撐余卓文，炮轟新界東聯網以不尋常行政手段及不公義手法令余「封刀」，凌駕醫學專業，令病人利益嚴重受損，要求立即恢復余的臨牀職務。

明報記者談誦言

醫管局：兩個月有稽核結果

醫管局昨晚回應表示，總部較早前接獲具名投訴，對余卓文的通波仔手術水平提出質疑，基於病人安全考慮，確保處理程序公平公正，故委任獨立專家小組進行通波仔程序的臨牀稽核，並暫停余的臨牀職務，小組預計在未來兩個月內有結果。威爾斯醫院的通波仔手術服務維持正常。

聯署信：投訴者數據粗疏

據本報獲得的香港心臟專科學院聯署信，披露余卓文過去半年深受事件困擾。據了解，今次指控針對余卓文提出11宗有問題個案，以證明余的手術差，但參與聯署的醫生在信中指出，認真分析過投訴人所提的數據，認為數據流於粗疏，既無病人病歷詳細資料、高危因素、治療方法，連撰寫人的姓名也欠奉。信件又質疑，投訴沒設指標作對比分析，連30日內死亡統計及分析也沒有，只以長期跟進得出「手術成績差」的結論。

數名心臟名醫信中表示，投訴涉及的個案有5宗手術是以團隊方式進行，故不能把手術有併發症歸咎余卓文一人。

其餘6宗手術出現的併發症如支架栓塞、支架脫落、使用電鑽卡住血管等，都是通波仔手術已知的併發症。部分手術延後死亡與肺癆、肺炎有關，與通波仔無關。

投訴資料不全團隊手術歸咎一人

聯署信總結時指出，新界東聯網未作全面調查前要求余卓文停止臨牀職務，十分不合理，以不尋常行政手段干預醫學工作更是不公義，令病人利益嚴重受損，促立即恢復余卓文的臨牀職務。

食物及衛生局長高永文表示，有聽聞事件，但局方未收到報告。事件涉及臨牀質量問題，政府不會直接介入，但事件影響大，當局會關注事態發展。他稍後會向醫管局查詢調查進展及結果。醫學會會長謝鴻興表示，余卓文曾向醫學會求助，謝曾邀請心臟科醫生分析數據，認為余的手術結

果不至於「咁差」。

聯署信件

中大威爾斯醫院心臟科主任余卓文被醫管局停止通波仔手術，指他做「通波仔」心臟手術成績差，要他「封刀」，香港心臟專科學院院長王國耀聯同謝德富、潘昭安、王祖耀和陳漢華等心臟科名醫，聯署信件力撐余卓文，炮轟新界東聯網以不尋常行政手段及不公義手法令余「封刀」。

文章編號: 201308180040072

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文章總數: 1 篇

1 .南華早報 | 2013-08-19

報章 | CITY1 | CITY | HEALTH | By Lo Wei and Emily Tsang

Authority backs move to suspend surgeon

The Hospital Authority chief says a public hospital's decision to suspend a top cardiologist after receiving a complaint about his surgery was necessary in order to protect public safety.

Dr Leung Pak-yin yesterday defended the Prince of Wales Hospital over its suspension of Professor Yu Cheuk-man, who is also assistant dean of Chinese University's faculty of medicine.

The decision was made after a specialist complained to the Sha Tin hospital, questioning the standard of heart surgery – specifically angioplasty, in which a balloon is used to widen arteries – performed by Yu.

“It is always a very difficult decision to make,” Leung said. “But patient safety should always be the priority.

“Given that staffing won't be affected, the Hospital Authority supports the decision made by the Prince of Wales Hospital.”

Leung said the complaint would be investigated by an independent group of experts, with a result expected in two months. They would examine Yu's work records, including surgical data.

But doctors from the College of Cardiology, in a letter to the authority, said they were disappointed over how it had handled the matter, and that there wasn't a strong case for the complaint. They said it was unfair to suspend Yu at this stage.

Public Hospital Cardiologists Association chairman Dr Tam Kin-ming questioned whether there were even any rules in place to guide the handling of such incidents. “What standard procedures are there in reviewing a doctor's performance in cases like this?”

Leung said it was standard procedure overseas for hospitals to take any complaints seriously when they involved a specialist reporting another practitioner.

He would not divulge the name of the complainant, the timing of the suspension or elaborate further. He acknowledged that the investigation could add to pressure on doctors, but said the complaint would be handled fairly. A Hospital Authority spokesman said the angioplasty service at the Prince of Wales Hospital remained normal.

Yu could not be reached for comment last night.

文章編號: 201308195331010

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文章總數: 1 篇

1. 明報 | 2013-08-26

報章 | A05 | 港聞

被封刀醫生開火威院反擊 余卓文批未查先判威院：團隊全體投訴他

【明報專訊】前中大內科及藥物治療學系主任兼威爾斯親王醫院心臟科主任余卓文被「封刀」後，昨午現身開腔回應事件，要求即時復職，更點名不滿下「封刀」決定的三大高層威院行政總監馮康、內分泌及糖尿科主管周振中及中大醫學院長陳家亮，質疑3人行政失當「未查先判」；並引述數據指自己術後30日內死亡率遠低於國際標準及其他心臟醫生，質疑投訴報告準確性。但威院晚上亦首次詳細披露處理過程，透露威院和中大全體共7名專責處理心臟介入程序的醫生均投訴余卓文。

威院表示，資料顯示余卓文負責的有關個案，出現原可避免的重大併發症，需要心臟外科醫生介入及深切治療部緊急支援，原因是有關醫生在技術掌握、手術中團隊合作、病人風險評估各方面出現問題（見另稿）。

批無成立專組被拒查數據

余卓文昨午在記者會上點名指出，今年2月，馮康、周振中及陳家亮3名高層在早餐例會上，拿出一份「13頁紙的簡單報告」，以證明他的通波仔手術成績不理想，要求他即時「封刀」及自行辭去心臟科主任一職。余卓文質疑，事前無成立獨立專家小組評審，亦不讓他查核數據及解釋，是「未查先判」。

稱死亡率低於國際水平

余又反駁報告所指的過去3年手術死亡率曾高達8.3%實為誤導，因數據乃是病人在術後18至24個月內的死亡統計，但有關病人是因末期癌症、腎衰竭及肺炎等病致死，統計科學性存疑。而根據國際標準的術後30日內死亡率計算，他過去3年約600名病人中，僅2011年有1人在術後30日內死亡，按年死亡率是0.6%，2010及2012年更是0，低於國際水平的2.9%。

余卓文透露，兩名具名投訴他的醫生，同屬通波仔手術團隊，更有份撰寫該份投訴報告，報告曾以他的2011年上半年手術成績，與其中作投訴醫生比較，結果顯示他的死亡率高於該醫生。但過去3年其他時段，他本人的術後死亡率均低於該醫生，質疑報告「斷章取義」。

稱與同事融洽：無明顯反對聲今次「封刀」事件牽連幾名高層，被外界形容為內部權力鬥爭，余卓文說，自己亦對事件感到突然，不清楚是否涉及人事鬥爭，但強調過去與同事及下屬合作融洽，不時有意見交流及討論，「無感受到明顯反對聲音」。

醫生：安全優先可未審先封刀一名不願透露身分的獨立資深心臟科醫生表示，醫院高層確有權在未完成審查前便下決定要求醫生停止做手術，因前提是病人安全，但醫生被「封刀」半年之久的案例則少見。至於死亡率的計算則無既定指引，過去做長期評估時，亦會採用長達兩年的死亡率

觀察，故評核醫生表現時，應全面參考短中長期死亡率數據及其他因素。

余卓文與當局爭論

通波仔死亡率計算標準

中大：余卓文於過去3年做通波仔手術後18至24個月，病人死亡率曾高達8.3%

余卓文：手術後18至24個月非國際通用的標準，若按術後30日內死亡率的國際標準，其術後死亡率最高為2011年0.6%（1人死），遠低於國際的2.9%

資深心臟科醫生：死亡率計算有多個標準，30天內死亡率是常見標準，醫管局亦有以1年以上時間計算作術後長期評估

在早餐會要求余卓文封刀

中大：3名高層馮康、陳家亮及周振中在早餐例會上會見余卓文，引述具名投訴要余封刀及辭去心臟科主任一職

余卓文：投訴報告資料不齊全，先後修正過4次，事前未成立獨立專家調查委員會，「未審先判」

資深心臟科醫生：高層考慮到病人安全風險，有權在未完成調查前要求醫生暫停做手術，但甚少「封刀」半年

醫管局調查委員會成立的時間和組成

中大：3月開始籌劃成立有本地及海外獨立專家的委員會

余卓文：在4月28日向醫管局行政總監梁栢賢申訴，指威院高層行政失當，被投訴的馮康才成立調查委員會，但成員及調查方向由他決定，亦是向馮匯報，有利益衝突

資深心臟科醫生：醫管局調查無指定時限

資料來源：綜合余卓文、醫管局、不肯具名的獨立資深心臟科醫生及明報資料室

文章編號: 201308260040134

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文章總數: 1 篇

1. 星島日報 | 2013-08-26
報章 | A10 | 港聞

威院：事件不涉人事糾紛

面對余卓文的反擊，威爾斯親王醫院昨晚亦發表聲明，首次透露院方是於今年一月，接獲全體專責處理心臟介入程序的醫生投訴，質疑余卓文手術水平及臨牀手法安全性，當中涉及多宗複雜及採用新技術手術個案；有關個案出現了原可避免的重大併發症，終須心臟外科醫生介入及深切治療部緊急支援，原因可能是余卓文就技術掌握、手術中團隊合作、病人風險評估出現問題。

發言人又指威院內科部門，於去年底進行通波仔手術審計後，發現余卓文主治的個案，較另一名主理同類手術的醫生，明顯較多復發及併發症，但余卓文主治的個案不涉及急性心肌梗塞或心源性休克等高危因素，基於病人安全考慮，院方今年二月暫停余卓文手術職務，強調不涉及人事糾紛。

發言人稱，院方早前成立專家委員會覆檢審查方法及準確性，有關工作接近完成，委任院外獨立專家是希望確保程序的公正公義，而委員會秘書處早前邀請余卓文出席稽核病人個案委員會，但對方方至今仍未確定到會日期。發言人又重申，余卓文在威院的職務安排，屬榮譽委任性質，院方與中大醫學院將參考委員會調查結果，處理其後委任安排。

對於封刀事件是否涉及內部權鬥。余卓文表示，其與同事相處並無不妥，部分人關係更是亦師亦友，不明白為何會遭同事投訴。他強調，現時最希望討回公道，未有考慮是否採取法律行動，及會否轉往私家醫院工作。

文章編號: 201308260030044

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文章總數: 1 篇

1. 南華早報 | 2013-08-26

報章 | CITY1 | CITY | Health | By Lo Wei

Top surgeon fights hospital suspension

Doctor with 23 years of experience in public hospitals says multi-party complaint about his heart procedure is based on flawed data

A veteran heart surgeon suspended from his duties has broken his silence on the suspension, saying he was unjustly penalised based on misleading data.

Professor Yu Cheuk-man, former head of cardiology at the Prince of Wales Hospital and Chinese University, said he had been “punished” before a complaint about the quality of his surgical work had been investigated. The complaint was made by all other doctors at the hospital who perform similar heart surgery.

He said the hospital chief and the dean of the university’s faculty of medicine told him in February about the complaint and asked him to resign.

He has been suspended from performing heart surgery since then.

After Yu appealed to the Hospital Authority in April, two committees were set up by his two employers to investigate criticism of his work made by the doctors, who identified themselves in the complaint.

“The handling of this matter deviated severely from the usual hospital and international practice,” Yu said at a press conference yesterday. “Suspension before proper investigation, to my knowledge, has never happened at the Hospital Authority before.”

A hospital spokeswoman said earlier that it had been preparing to set up investigating committees in March, and that they were officially set up in April.

Hospital Authority chairman Anthony Wu Ting-yuk said yesterday that the suspension was made based on considerations of patients’ safety after receiving the complaint. The investigation is being carried out by local and foreign experts.

The authority said in a statement that serious complications affecting patients could have been avoided, and that the problems could have been the result of the doctor’s techniques, teamwork during surgery, and patient risk assessments.

Lawmaker James To Kun-sun, who is helping Yu, argued that patients’ rights are being ignored by preventing a top doctor such as Yu from treating patients without a valid reason.

According to Yu, the complaint said his patients had an 8.3 per cent mortality rate within a month of undergoing angioplasty, in which a balloon is used to widen blood vessels in the heart

- higher than the average 2.9 per cent mortality rate in British hospitals in 2011.

He said it was misleading because the figure had been based on 133 patients he had operated on in the first half of 2011, looking at their mortality 18 to 24 months after surgery. Some had died of unrelated conditions such as cancer and tuberculosis, he said.

He added that the international standard for calculating post-surgical mortality is 30 days after the procedure.

He said that of more than 600 patients he had operated on from 2010 to 2012, only one had died within 30 days of surgery.

“There was no investigation by any independent panel before that, and I was not allowed to check data and patients’ records,” he said. “I was not given a chance to explain. It was conviction without due process.”

文章編號: 201308265333631

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文章總數: 1 篇

1. 明報 | 2013-08-28
報章 | A06 | 港聞

封刀風波威院查馮康有否不公 余卓文展受訓證書威院：仍未夠資格

【明報專訊】威爾斯親王醫院前心臟科主任余卓文被「封刀」風波續擴大，因應余卓文的投訴，威院管治委員會已成立調查委員會，調查威院行政總監馮康在事件中是否有處事不公；馮余二人昨日就余是否接受足夠訓練做兩項新引入的心瓣及左心耳手術「隔空駁火」，並揭出余卓文有11宗手術的病人出現嚴重併發症，當中4人於術後4日至17個月內因併發症死亡。

威院昨日證實，因應余卓文的投訴，已按既定程序調查馮康是否有不公，並已分別面見余及馮，未知何時可公布結果。

馮：余11個案4人死

馮康、威院和余卓文昨日的「駁火」，圍繞余卓文做主刀手術的資格。馮康昨晨率先在商台《在晴朗的一天出發》上披露，余卓文操刀的其中11宗病人個案，有4人出現嚴重併發症死亡，另還有多名病人心臟、股大動脈穿破或手術不成功，需做補救措施等連串嚴重技術失誤。馮直指余未經特別受訓，卻貿然為病人做新手術，「不容許再發生第12、13宗個案」，故要求對方暫停手術檢討事件。

余：馮不知資歷也不奇

余卓文則於黃昏召開記者會，拿出多張有關「人工主動脈瓣膜置換手術」（TAVI）及「左心耳封堵術」（LAAO）的海外證書，反證自己絕對符合做相關手術的資歷。余卓文強調引入技術到威院時，已獲時任中大醫學院院長霍泰輝審批，並有海外專家監督頭幾宗手術；而他在2011年7至8月時亦先後到過德國、丹麥及瑞士等地接受額外的海外培訓，因醫院無規定做手術時需向高層匯報資歷，「馮康不知道都不奇」。

余：4死亡個案非關新技術

余強調自己至今已做過18宗心瓣手術及逾20宗左心耳手術，因相關手術引入本港僅兩三年，個案只有數十宗，且都是高危病人，併發症較多亦屬正常。余卓文更主動出示11宗嚴重併發症或死亡個案的名單，指4宗死亡個案都是傳統通波仔手術，與新技術無關，同時相關病人乃因肺炎等病致死，至於有刺穿心情況則是手術難度所致。

威院：須監督下主刀10次

不過，威院晚上再發聲明質疑余的資歷，指余卓文所出示由醫療器材製造商發出的證書，只代表他可參與「人工主動脈瓣膜置換手術」，但按製造商規定，醫生須在海外專家監督下主刀10次手

術，才能獨立做手術，在余做被投訴的該1宗心瓣置換手術個案前，余只在監督下主理過1次手術，做手術時海外專家亦不在場，故未符合規定。同樣，「左心耳封堵手術」的部分嚴重個案發生時，余卓文尚未完成擔任主刀所需培訓。

威院發言人又澄清，今年2月內科部門主管周振中曾向余卓文澄清，無禁止余卓文做所有手術，可以繼續做心臟起搏器置入及電生理檢查等簡單手術。

證合資格

余卓文昨開記者會，展示一些由醫療器材製造商等發出的證書，力證自己符合做新手術的資格。
(鄧宗弘攝)

文章編號: 201308280040166

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文章總數: 1 篇

1. 明報 | 2013-08-28
報章 | A06 | 港聞

新手術認證無「白紙黑字」機制

威爾斯醫院心臟科主任余卓文，被指控在未接受全面培訓下做新引入的「導管主動脈瓣植入手術」（TAVI）。有心臟科專科醫生指出，任何新引進的手術技術，提供儀器的醫療器材製造商都會要求施刀醫生具有相關經驗及資格，在缺乏本地專家的情況下，意味醫生有需要在海外專家監督下，處理首數宗手術個案，或赴海外受訓，次數未有規定。

儀器製造商對醫生有要求

自2011年初引進本港的TAVI屬微創手術，用於醫治心臟主動脈瓣狹窄的患者。手術會在大腿內側開一個小切口，利用導管將附有擴張心瓣的儀器引入心臟，然後再導入「人工心瓣」。

主刀前受訓時間無規定

由於技術於近兩年才引進本港，未必有本地專家可協助指導。一名不公開姓名的資深心臟科專科醫生指出，醫院在引入新技術儀器，除了經醫院管理層審批，醫療器材製造商本身也會要求院內負責的醫生，具有關手術經驗及資格，若無本地專家可選擇，就有需要邀請海外專家來港監督，處理操刀醫生首數宗手術個案，或讓本地醫生赴海外接受訓練，如輔助主診醫生做手術，但無規定監督下的手術次數或訓練時間。

醫學會前會長蔡堅說，本港一般手術都是採取「學徒制」，醫生在做任何未做過的手術前，都需要經訓練及監督才可親自主診操刀。

被封刀的余卓文表示，目前做通波仔手術只能依從醫療器材製造商的認證機制，本港則未訂立本地認證機制，他認為既然已有指引參考，醫管局及私院未必需要「白紙黑字」訂立多一套機制，但他強調病人安全仍是首要考慮。

文章編號: 201308280040167

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威院6同類手術余質疑醫生乏資格

威爾斯醫院高層質疑心臟科前主管余卓文，訓練不足卻做過「導管主動脈瓣植入手術」(TAVI)及「左心耳封堵術」(LAO)，質疑其證書不符主刀資格。余卓文昨晨再次反駁指控，指自己「問心無愧」，又指上述手術必須由兩名具資歷醫生負責，自他2月被「封刀」後，院內獲認證可操刀的醫生只有1人，但威院卻繼續替6名病人施同類手術，部分出現併發症，質疑是否有操刀醫生乏認證，影響風險。

梁栢賢：需實證方可確立投訴

威院發言人指出，院內暫有一名心臟科醫生林逸賢具有TAVI手術的主刀資格，承認自余卓文封刀以來，由另一名不具相關履歷的醫生擔任副手，但強調手術只要有一名具主刀資格的醫生在場領導即可，亦無手術後死亡個案。對於余卓文提及的6次手術，醫管局行政總裁梁栢賢表示，要有實質證據及詳情才可確立相關投訴，但不宜停止有關醫療服務，有需要謹慎處理。

余前日提出多張有關TAVI及LAO手術由醫療器材製造商發出的海外證書，以證資歷；但威院隨後發聲明，反指醫生須於海外專家監督下主理10次手術，才可擔任主刀，而余只做過1次。

余：須2醫具資歷有指1人領導即可

不過，余卓文昨在港台《千禧年代》指出，由於上述手術必須兩人一組，自己與另一名醫生已按規定，一同接受10次培訓，並無主刀與副手之分，而遇上複雜突發情況，決定權也在其手上。余卓文反擊院方，指他2月被封刀後，醫院繼續替6人施同類手術，當中數名病人有嚴重併發症，批評有新人替而未取得資格的醫生參與手術，影響風險，要求院方必須交代。但有心臟科專科醫生指出，若手術有一名主刀醫生領導，其他人員未有相關資歷亦可。

另外，立法會議員涂謹申表示非常關注事件，批評若醫院容許缺乏相關經驗及資格的醫生做手術，是完全罔顧及危害病人安全，促請院方交代由2月至今做過多少宗LAO及TAVI手術，以及涉及多少宗併發個案，院方亦應徹查及交代。

文章編號: 201308290040111

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文章總數: 1 篇

1. 明報 | 2013-08-29
報章 | A01 | 要聞

醫局介入設委會檢視威院調查

威爾斯親王醫院心臟科前主管余卓文被「封刀」風波愈演愈烈，「升級」至醫管局總部介入調查。醫管局昨日委任總部總監廖慶榮，協助威院轄下的稽查小組工作，要求小組呈交報告及委派一名外國心臟科專家驗證。同時，總部會成立一個獨立檢討委員會，對威院兩份報告提出總結及建議，並處理醫院的人事及臨牀管治問題；食物及衛生局亦要求醫管局交報告。食衛局前局長、現任平機會主席周一嶽則呼籲「大家先收聲」，認為調查不應集中在余卓文，而需要包括整間醫院及部門管理。

委總部總監協助威院小組

署理食衛局長陳肇始表示，已要求醫管局盡快完成調查，並向局方提交報告，以釋除公眾疑慮。

其實威院已就封刀事件先後成立3個委員會，包括專責稽查投訴的本地及海外獨立專家委員會、專責覆檢稽查方法的專責覆檢委員會，以及調查威院行政總監馮康有否不公的委員會（見圖），惟仍未公布結果，更被余卓文批評為「未審先判」。

另委海外專家驗證

醫管局行政總裁梁栢賢昨日宣布，委任醫管局總部的質素及安全總監廖慶榮協助威院兩個小組的工作，提供政策及程序支援，又會另外派出一名海外著名心臟科專家，驗證兩份報告結果的準確度及是否符合國際水平。同時，醫管局總部將成立一個獨立檢討委員會，強調其職能不會與威院的專家小組重疊，成員包括醫管局大會成員、醫學專科學院院長李國棟等人，名單將再公布。

新成立委員會的工作，包括對威院兩份報告提出總結及意見，按其結果建議跟進行動，處理醫院的人事、臨牀管治及資歷認證等問題，了解有關方面為何會積壓問題，令事情發展至今。梁栢賢強調會嚴肅公正處理事件，以在日後向公眾交代。

周一嶽籲各界「先收聲」

另外，周一嶽昨出席活動後表示，自己是局外人，不清楚內情，但認為現時事件對公眾影響甚大，不論事件的來龍去脈，呼籲「大家先收聲，唔好再評論」。他又認為事件並非單一醫生的個別問題，促請政府或醫管局高層成立中立的委員會，調查醫院領導或管理層情況，不希望事件令威院或中大名譽受損。

身為醫生的周一嶽又說，作為主管有責任保障病人安全，若有一個「很離譜」的失誤已可決定將有關醫生「封刀」，毋須經過審計，但今次卻看不到余卓文有任何特別嚴重失誤的病例。

至於外界質疑問責當局未有適時插手，消息透露食衛局自上周風波初起已與醫管局密切聯絡，表達關注，亦不希望過分干預醫院行政，但連日來余卓文與馮康不停隔空駁火，局方也必須「出

手」促請醫管局介入事件，以令風波得以解決。

文章編號: 201308290040110

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文章總數: 1 篇

1 成報 | 2013-08-31
報章 | A08 | 港聞

醫局查「封刀」委會名單公布

【本報港聞部報道】因應中大醫學院心臟科教授余卓文被「封刀」事件，醫院管理局日前宣布在總辦事處成立獨立檢討委員會，接收由威爾斯親王醫院兩個專家小組提交的報告。該局昨日公布委員會的成員名單，包括彭耀佳（委員會主席）、李國棟及葉健雄。醫管局質素及安全總監會向委員會提供政策及程序的支援，委員會亦會向國際專家尋求獨立專業意見。

這3人委員會，包括商界人士彭耀佳，他亦是醫管局大會成員，李國棟是醫學專科學院院長以及理工大學醫療及社會科學院院長葉健雄。發言人補充獨立檢討委員會會考慮小組的報告結果，檢討事件涉及的管理及臨床管治事宜，如有需要會建議跟進行動以確保臨床服務的質素及安全。

不過，前線醫生聯盟主席蕭旭良接受本報訪問時表示，過往政府成立獨立檢討委員會時，普遍會邀請具法官背景的人員成為委員會主席，這類人士在市民心中有一定的公信力，公眾認受程度較高，但今次3名成員中並沒有法官背景的代表。他認為醫管局是大型的機構，理應有機制處理這類突發性的事件，該局必須汲取經驗，設立系統的檢討機制，為日後再遇上類似事件時，即時啟動機制處理，而不是臨急才訂出任何決策。

文章編號: 201308310290148

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文章總數: 1 篇

1. 香港經濟日報 | 2013-09-06
報章 | A30 | 港聞

余卓文拒威院調查 促港府介入

中大心臟科教授余卓文遭下屬集體投訴致被封刀風波，余昨要求解散威爾斯醫院的兩個調查委員會，並要求港府介入，委任包括法官在內的獨立委員會進行調查。

倡解散2小組 另設委會

食衛局昨指醫管局的獨立檢討委員會完成報告後將提交局方。

就余卓文被封刀的事件，威院成立的兩個調查委員會，一個覆檢內部「通波仔」手術成效數據的稽查，另一個覆檢嚴重併發症個案。至上周，醫管局再公布成立一個由3名獨立人士組成的覆核委員會，檢視威院兩個委員會的調查結果報告及審視調查程序。醫管局亦邀請一名意大利心臟科專家，協助驗證威院調查小組的結果。

但余卓文昨認為醫管局的3人覆檢小組，兩人非醫生，唯一的醫生又不是心臟科，難對複雜心臟科手術作獨立判斷，亦易被威院的小組誤導。余又指，醫管局邀請的意大利心臟科專家與事件中投訴他的心臟科醫生相熟，憂難公正處理。

身心受打擊 冀還公道

余昨要求解散威院的兩個調查小組，稱應由政府成立真正獨立的調查委員會，成員應包括一位現任或退休法官和兩位海外心臟科醫生，並要與事件中牽涉的所有醫生，包括他自己不相熟，甚至不認識。

余卓文昨間接承認精神受壓：「受到這樣的對待，精神上或身體上一定會受到不少的打擊，事件如還我一個公道，不止對我個人，亦希望事件對業界也能還一個公道，這樣無理封刀，對醫療界是很危險和破壞的先例。」醫管局昨回應時重申，已成立獨立檢討委員會，接收由威院兩個專家小組提交的報告，包括考慮小組的報告結果，檢討事件涉及的管理及臨床管治事宜，如有需要會建議跟進行動以確保臨床服務的質素及安全。

文章編號: 201309065319324

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文章總數: 1 篇

1. 香港經濟日報 | 2013-11-18
報章 | A46 | 港聞

瑞士專家 獲邀查余卓文被封刀

【本報訊】威爾斯醫院心臟科主任余卓文「被封刀」事件，醫管局再邀請一名瑞士心臟科專家加入獨立檢討委員會。

醫學會認為現時才加入海外專家調查，會拖延調查時間，對余卓文不公平。

高永文支持 盼增強公信力

食物及衛生局局長高永文贊成有關決定，認為有助增加委員會公信力。他指再邀請一名國際專家加入獨立檢討委員會，審視威院專家小組的調查報告，是希望提供專業支援及增強公信力。

他表示，當局希望盡快完成報告，但由於要兼顧程序公義，讓雙方有足夠時間蒐集文件，故委員會亦需要時間考慮，以及讓專家提供意見。至於報告何時完成，要視乎委員會的工作。

醫學會：拖延調查對余不公

醫學會會長謝鴻興則認為，再邀請獨立人士加入，可提高檢討報告的公信力，但事件發生至今已大半年，現時才委任新的顧問，顯示醫管局也認為原先委員會，組成有欠公正，而且拖延調查，對余卓文不公平。另醫學會上星期已將余卓文涉及的11宗手術個案的資料，發送給4名海外專家，評估余卓文的手術是否達到水平，有結果時會向外公布。

文章編號: 201311185318768

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Review panel is 'more credible'

The health minister yesterday welcomed a public hospital move to include another international expert on a panel reviewing the quality of treatment provided by suspended cardiologist Dr Yu Cheuk-man.

It comes after Yu objected to the Prince of Wales Hospital's decision to invite only one expert to assess his performance, which he said was unfair.

Yu, the former head of cardiology at the Sha Tin hospital, has been banned from performing surgery since February after the hospital received complaints from other doctors about the quality of his work.

The Hospital Authority has formed two panels to review the treatment Yu provided to patients and the clinical performance of the entire department.

Yesterday, Secretary for Food and Health Dr Ko Wing-man said bringing in another expert would enhance the credibility of the review.

"Now that we have sought the assistance of another international expert, I am confident that this will enhance both the credibility of the authority's independent review committee and its ability to review the expert panel's investigation," Ko said.

But Medical Association president Dr Tse Hung-hing said bringing in another expert at this stage would delay the investigation, which would be unfair to Yu as it would prolong his suspension.

He said it showed that the authority acknowledged that the formation of these panels was unfair to Yu in the first place.

Chief executive of the New Territories East hospital group, Dr Hung Chi-tim, said the incident had been handled fairly and it would take time for the panel members to study all the information and reach a conclusion.

The Sha Tin hospital has also formed a committee to investigate the decision of the former head of the Prince of Wales Hospital, Dr Fung Hong, to suspend Yu, after Yu complained it was unjust.

As the saga dragged on, the Hospital Authority set up a fourth committee to review the case and procedures for suspending doctors in the future.

文章編號: 201311185334139

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文章總數: 1 篇

1. 星島日報 | 2014-01-15
報章 | A12 | 港聞

余卓文通波仔符國際標準「封刀」事件 專家小組有結論

中大心臟科教授余卓文被封刀接近一年，威院成立兩個小組調查事件，醫管局成立獨立檢討委員會跟進，《東周刊》引述消息指調查結果顯示余卓文通波仔手術符合國際標準，十一宗複雜手術未必可歸咎余卓文一人，不過小組專家質疑余未受足夠培訓進行兩種複雜心臟手術。

本報記者

威院成立兩個專家小組調查事件，分別負責調查十一宗涉及複雜心臟介入治療(包括「導管主動脈瓣植入手術」及「左心耳封堵術」)個案，專家認為手術由團隊進行，結果不應由余卓文一人負責，部分病人手術前已經有高風險因素，難以確定嚴重併發症與手術的關係，正尋求海外專家意見。

心臟手術疑受訓不足

不過，專家小組有成員質疑余卓文是否已接受足夠訓練，可進行「導管主動脈瓣植入手術」及「左心耳封堵術」，《東周刊》消息指余卓文確未在海外專家監督下做夠十次手術，而他自己辯解的「接受海外培訓」，也只是到海外看專家怎樣做。

至於通波仔手術方面，威院專家小組和海外專家都認同，應該以術後三十日死亡率計算手術成效，而非投訴所用的術後十八至廿四個月死亡率，專家就此確認余卓文於通波仔手術成效，符合國際標準。醫管局獨立檢討委員會成員李國棟表示，委員會早前開過三次會，但仍然等待報告，料兩周後會有詳細資料作出跟進。

據了解，余卓文於去年二月被封刀後，中大醫學院曾提議並推薦余卓文到私家醫院工作，以平息風波，而余卓文亦有意投向私人市場，不過整個醫療界已知悉今次事件，私家醫院都拒絕他加入。

醫委會會長謝鴻興表示，相信私家醫院不會因為負面報道而拒用醫生，這不是專業的考慮，醫委會現時找海外專家另外進行調查，以證明余卓文是否清白。

余卓文太太吳少琼回應表示，現階段最希望報告可以還余卓文一個清白，多年來余卓文都有考慮到私人市場工作，惟亦喜歡服務中大，未來去向未有定案。

文章編號: 201401150030025

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文章總數: 1 篇

1. 星島日報 | 2014-01-20
報章 | A06 | 港聞

醫學會專家報告證余卓文手術無誤

擾攘近一年的中大醫學院心臟科前主管余卓文「被封刀」事件有新進展，香港醫學會昨公布獨立的海外專家報告，證明余卓文涉及的十一宗手術的併發症普遍，且不涉醫療失當。不過，報告只針對個案處理，並無評核余的施術資格和手術三十日死亡率。余卓文則借報告向醫管局施壓，要求盡快公布調查報告，以還清白。

六位歐洲專家評核

余卓文「封刀」事件糾纏接近一年，香港醫學會昨發表一份海外專家報告，評核指控余卓文的十一宗手術個案處理方法。

六位受到醫學會委託的歐洲心臟科頂尖專家，分別收到病人記錄、化驗報告、病人住院記錄、手術記錄、手術過程光碟及心臟超聲波內容，再按其專長和時間揀選評核的個案，十一宗個案均受到一至兩名頂尖專家評核。

十一宗手術包括四宗左心耳封堵手術、一宗導管微創主動脈心瓣植入術和六宗俗稱「通波仔」的冠狀動脈介入治療術。專家認為十一宗手術的過程均良好，併發症均屬已知，專家對手術評價不認為涉醫療失當，其中一宗「通波仔」手術的病人於術後死亡，該個案術後血管造影顯示手術成功，後來病人再出現心臟血管滲血，終因肺炎及心臟衰竭辭世，但專家認為處理恰當。不過，報告只考慮單一個案處理手法，沒有評價余卓文的施術資格和術後三十日死亡率的計算。

余促醫管局盡快交代

余卓文回應報告指，醫學會的海外專家還他一個清白，希望醫管局的覆檢委員會盡快公布調查報告，還他一個公道，「封刀」事件對他和家人帶來壓力，同時令有需要的病人無法得到及時的治療。

他指，對他的指控是抹黑和政治逼害，針對他的不當收取私家症費用的投訴是第二波的抹黑，不排除有第三和第四波抹黑。不過，余堅稱與中大醫學院同事合作無間，重申他有很多選擇，但希望留在香港和中大服務。

醫學會會長謝鴻興表示，不會評論余卓文事件，只會陳述事實，報告將轉交醫管局、中大和威爾斯親王醫院，學會將觀望相關機構反應，暫未決定下一步行動；亦要求醫管局盡快公布報告，認為拖延只會對有關醫生不公平道。

醫管局回應指，醫管局成立的獨立檢討委員會正檢討事件涉及的管理及臨牀管治事宜，完成所有工作後會向公眾交代。記者 曾偉龍

文章編號: 201401200030015

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文章總數: 1 篇

1. 星島日報 | 2014-01-20
報章 | A06 | 港聞 | 星島獨家

余卓文「封刀」調查陷尷尬 小組主席涉同類手術 病人開刀後亡

中大心臟科醫生余卓文被威爾斯親王醫院「封刀」近一年，成立的兩個調查小組報告至今仍未公布，本報接獲消息透露，擔任調查小組主席和成員的伊利沙伯醫院心臟科顧問醫生李耿淵，於調查余卓文主刀複雜心臟介入手術出現嚴重併發症期間，自己亦進行了一宗同類手術，病人因嚴重併發症後翌日死亡，事件令調查工作變得尷尬；有醫學界認為兩人手術同屬已知併發症，處理方法各異，有欠公道。余卓文因被下屬投訴其複雜的心臟介入手術成效欠佳，去年二月起被「封刀候審」。其中一個複雜手術，就是簡稱TAVI的「導管微創主動脈心瓣植入術」，該手術最先由伊利沙伯醫院於三年前引入，其中一位負責該手術的醫生李耿淵，正是受威院委任，分別作為兩個調查小組的主席和成員。

事件已交死因庭處理

本報接獲多個消息證實，大約三至四個月前，李耿淵與另兩位心臟科醫生為一名年約七十歲的男病人進行TAVI手術，不過病人術後出現嚴重併發症，包括閉塞冠心主動脈和大腿大動脈，病人一度心臟停頓，其後須心胸外科醫生到場開胸搶救，雖然最後成功放入人工心瓣，病人仍然沒有心跳，靠人工心肺機維持生命，至翌日宣布死亡。

該男病人本身患有冠心病，進行過多次「通波仔」，另有嚴重腎病，須長期洗腎，醫院在家屬同意風險下進行手術；就手術結果，有解釋指，TAVI手術會透過大腿動脈將人工心瓣以導管方式，放進並取代原有的心瓣，冠心主動脈閉塞及大腿動脈閉塞屬其中已知併發症，故此不認為是嚴重醫療事件，當時未有向傳媒公布，而事件已交死因庭處理。

該死亡個案對伊院醫生團隊未有太大衝擊，團隊TAVI手術成績一向標青，過往三年約進行三十個手術，上述死亡個案，屬三年以來唯一一個術後三十日的死亡個案。

醫學界質疑雙重標準

不過，投訴余卓文的十一宗嚴重個案中，其中一宗屬於TAVI手術，該病人同樣出現已知的術後併發症，最後可康復出院。

有醫學界人士認為，兩者個案同樣出現已知併發症，但一個要「封刀」，另一個卻認為沒有問題，明顯是兩個處理標準，亦有心臟科醫生指出，不可以說李耿淵處理的手術有問題，不過當初因已知併發症而將余「封刀」的決定，就顯得奇怪。

伊院拒回應及評論

本身是外科醫生的立法會議員郭家麒獲告知個案後表示，事件讓公眾明白任何醫生做手術都存在風險，但醫管局和中大處理余卓文的個案有別於一般情況，存在不公，令人感到遺憾。

伊利沙伯醫院回應該個案表示，由於沒有病人個人資料及家屬同意，拒絕回應和評論個案，強調醫院一向設有一套行之有效的機制，監察醫護人員的手術水平。

記者：黃栩源

文章編號: 201401200030014

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文章總數: 1 篇

1 南華早報 | 2014-01-20
報章 | CITY3 | CITY | medical | By Ada Lee

European experts clear suspended cardiologist

Hong Kong specialist relieved as panel finds no evidence of any faults in 11 operations

Six European experts who investigated the case of suspended Prince of Wales Hospital cardiologist Professor Yu Cheuk-man have found no evidence of malpractice, a Medical Association report says.

Yu has been suspended for almost a year after complaints by surgeons at the hospital that 11 of his operations last year had resulted in serious complications. In four of the cases, the patients later died.

Yu, who is in his forties, stood down as head of cardiology when the complaints emerged in February. But the experts from Switzerland, Germany, Belgium and Britain found no evidence of impropriety and even said that two of the operations were “well performed”.

The Medical Association has given a copy of the report to the Hospital Authority, which has set up two panels: one to review Yu’s work and the other to look at the clinical performance of the department as a whole.

Another copy has been sent to Chinese University, where Yu also works as an assistant dean, and a third to Yu himself.

Yu welcomed the report, adding: “I hope this credible report can show I did nothing wrong and that the Hospital Authority will lift my suspension as soon as possible.”

Association president Dr Tse Hung-hing said the full report would not be made public and the association would not comment on it.

Yu admitted he knew a few of the six experts, but did not believe this affected their findings.

He previously argued that the patients who suffered complications were aged between 70 and 88 and had other health risks, making them more likely to suffer complications after angioplasty.

He said three of those who died did so more than 30 days after their operations, and after contracting other diseases. The heart of the fourth patient was in an extremely poor condition before operation.

The Sha Tin hospital is investigating the decision by its former chief, Dr Fung Hong, to suspend Yu, after Yu complained he had been punished before an investigation.

Another committee, also set up by the Hospital Authority, is reviewing procedures for the

suspension of doctors.

The Hospital Authority said it was aware of the report and its committees were continuing their work on the case.

文章編號: 201401205328851

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文章總數: 1 篇

1. 星島日報 | 2014-01-24

報章 | A08 | 港聞

威院：「無理封刀」投訴不成立

中大心臟科前主管余卓文被指手術表現差而被「封刀」，威爾斯醫院調查小組完成報告，認為余卓文投訴威院前行政總監馮康和內科主任周振中無理解除他職務，並不成立；但報告亦指，威院在處理事件時可以做得更好，例如審視牽涉手術個案速度可以較快，馮康和周振中表示接受報告內容，強調任何情況之下都要堅持維護病人安全，投訴人余卓文則促請局方盡快公布全面調查報告，還他公道。

醫管局則回應指，已經收到威院管治委員會調查小組報告，知悉報告認為部分投訴不成立，局方已將調查結果通知投訴人和兩名涉及的高級行政人員，並會根據報告的結論及建議作出適當跟進行動。

余卓文促全面交代報告

調查小組本周二分別向余卓文、馮康和周振中等人提供調查報告，確認「無理封刀」投訴並不成立，主要原因是涉及的「冠狀動脈介入治療術」(PCI)、「左心耳封堵手術」(LAO)及「導管微創主動脈瓣植入術」(TAVI)都是高風險和尖端的介入手術，或會導致嚴重效果，小組認為臨時暫停余卓文執行心臟介入手術臨牀權利的決定是合理。小組亦指這是基於病人安全而作決定，屬於謹慎臨牀管治，並非紀律處分，但認為暫停手術的範疇，醫院應該指明限於LAO、TAVI及PCI，而院方處事速度亦可較快。

馮康和周振中昨晚發出聯合回應，表示接受報告內容，並指身為醫生，維護病人安全是任何情況下都不能替代的天職；不過余卓文則指，報告屬於機密文件，多處地方遭到遮蔽，以致內容難以理解更無法查證，部分內容甚至失實，正與律師商量如何進一步跟進，他又促請醫管局檢討委員會全面調查事件並盡快公布報告。本報記者

文章編號: 201401240030016

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文章總數: 1 篇

1. 南華早報 | 2014-01-24

報章 | CITY4 | CITY | By Danny Mok and Emily Tsang

Panel backs hospital's suspension of surgeon

An investigation panel supported the decision by the Prince of Wales Hospital to suspend a prominent cardiologist from performing surgery after the hospital received complaints from other surgeons questioning the quality of his work.

The report by the hospital's governing committee said the decision not to allow Dr Yu Cheuk-man to operate was reasonable and that it was not a disciplinary action against him. It said the hospital's decision to suspend him until investigations were complete was based on the consideration of patients' safety.

As for the mismanagement complaint raised by Yu against two senior doctors in the hospital, including the former chief executive Dr Fung Hong, the report said the accusation was not substantiated as the decision was made by the Chinese University's medical faculty.

Yu was suspended in February last year after the hospital received complaints from surgeons about the quality of his operations, including suggestions some of his patients suffered serious complications.

The report, which was submitted to the Hospital Authority and Yu on Tuesday and will not be made public, said the hospital could have handled Yu's case better and taken less time to review his operations. A Hospital Authority spokesman said the hospital would act on the report's conclusions and recommendations as appropriate.

The report will have no influence on whether or not Yu can resume his duties.

Last night Yu said the report was hard to understand and unverifiable. Its content was not comprehensive and some of it was untrue. He would be talking to his lawyer on follow-up action.

Since the saga began, the authority and the Sha Tin public hospital have set up three different panels to review Yu's performance and the overall performance of the whole cardiology department. The reviews are still ongoing. The fourth panel was set up to review the hospital's handling of Yu's suspension.

文章編號: 201401245339110

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No. 19 — Companies Registry Trading Fund
Annual Report 2012-13

Report of the Bills Committee on Professional Accountants (Amendment)
Bill 2013

ORAL ANSWERS TO QUESTIONS

PRESIDENT (in Cantonese): Questions. First question.

Handling of a Complaint Against a Cardiologist

1. **MR JAMES TO** (in Cantonese): *President, the Head of the Division of Cardiology of the Prince of Wales Hospital (PWH) was ordered on 1 February this year to immediately cease handling all cardiac interventional procedures (the suspension). Only after a lapse of several months and a complaint on maladministration had been lodged against its Chief Executive (Chief Executive of PWH) did the PWH set up two clinical audit committees (the investigation panels) to investigate the incident. It has been learnt that the incident has aroused wide public concerns, and a joint statement has also been published in newspapers by some patients, members of the public and healthcare personnel, urging the authorities to dissolve the investigation panels and appoint afresh an independent investigation committee to thoroughly investigate the suspension. In this connection, will the Government inform this Council:*

- (a) *whether it knows why the PWH has, in the absence of sufficient evidence, immediately suspended the doctor concerned from surgical duties prior to the conduct of a formal investigation, whether such a move is an established practice and of the existing mechanism governing the suspension of doctors from surgical duties;*
- (b) *of the number of cases of transcatheter aortic valve implantation (TAVI) performed by the Division since 1 February this year, the number of patients involved and, among them, the number of those who developed complications; whether the Division has looked into the causes of such complications and their impact on patients; whether the surgeries resulting in complications were performed by*

doctors in accordance with international standards and guidelines, and of the respective numbers of qualified and non-qualified doctors jointly performing each of such surgeries as well as the relevant details; and

- (c) *given that the two aforesaid investigation panels were set up by the Chief Executive of PWH after a complaint had been made against him and two thirds of the members of the two investigation panels were his subordinates, whether the authorities have assessed if the investigations will not be independent and will be in breach of procedural justice; of the number of doctors in the investigation panels which are tasked with investigating the relevant cases, and their actual experience in performing TAVIs and left atrial appendage occlusions respectively; whether the authorities have assessed if the investigation panels are professionally competent to conduct investigations into the relevant cases; given that the Independent Review Committee subsequently set up by the Hospital Authority (HA) is mainly responsible for considering the investigation reports submitted by the investigation panels and will not conduct its own investigation, whether the authorities will appoint an investigation committee that is genuinely independent in order to thoroughly investigate the incident and to report its findings to the public?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I understand the public's concerns over the incident of the suspension of some clinical duties of the Head of the Division of Cardiology of the PWH. I must point out that as the incident as a whole involves patient safety and reputation of healthcare professionals, it must and it will be handled fairly, objectively and impartially.

My reply to the Member's question is as follows:

- (a) According to the existing mechanism of the HA, if the conduct of a staff member causes danger or brings negative impact on patient safety or the operation of a hospital, he/she may be suspended from all or some of his/her duties so as to protect patient safety. Where necessary, appropriate investigation may be conducted or an

investigation committee may be set up to follow-up the issue. In the past five years (that is, from 2008-2009 to 2012-2013), a total of four doctors involved in complaint cases have been suspended from all or some of his/her duties.

- (b) The PWH's cardiology team is qualified for performing coronary interventional procedures independently. The team consists of cardiologists with the relevant training and recognized qualifications in Transcatheter Aortic - Value Implantation (TAVI) and Left Atrial Appendage Occlusion (LAAO), who can take independent charge of and lead the team to perform the procedures concerned.

Since February 2013, the PWH has performed seven TAVI operations and nine LAAO operations for 16 patients. All operations were performed by members of the team in accordance with the relevant guidelines under the leadership of the team's experienced and qualified cardiologists.

All of the seven patients who received TAVI surgery had the devices successfully implanted in their bodies. Three of them developed complications, the risks of which are known. The clinical performance indicators of the seven cases were fully in compliance with international standards. The six patients who received LAAO operations did not develop any complications. All 16 patients have recovered and have been discharged from the hospital after treatment. All of the above cases will be included in the audit exercise in the long run.

- (c) In January 2013, seven of the eight specialists (other than the Head) of the Division of Cardiology of PWH made non-anonymous complaints about the clinical procedures of some cases undertaken by the Head of the Cardiology. All of the cases are related to complicated and high-risk clinical cardiac interventional procedures, of which TAVI and LAAO involve particularly high risk and skills. Since the safety of patients was involved, the PWH considered the situation as serious. Having examined carefully all relevant information and held discussions with the Vice-Chancellor, Pro-Vice-Chancellor and the Dean of Medicine of The Chinese University of Hong Kong, the Chief Executive of PWH and the

Chief of Service of the Department of Medicine, with patient safety as the primary concern, made an administrative decision to suspend the Head of the Division of Cardiology from part of his clinical work.

In end March 2013, the PWH, upon consulting the relevant department in the HA Head Office, set up two expert panels in accordance with the established mechanism to evaluate the treatment processes of the cases and review the department's internal audit results. The terms of reference, mode of operation and membership of the two expert panels were more or less finalized in April 2013. Moreover, to ensure that the investigation is conducted in a fair and independent manner, the HA also set up an independent review committee to receive and examine the reports of the two expert panels. The review committee will propose follow-up actions based on the review findings of the expert panels. It will deliberate on issues of clinical governance, including credentialing, which has emerged as a concern in this incident. It will also review the entire process in handling the case. Apart from the reports of the expert panels, the committee also has power to directly access the evidence relating to the complaints and the factors which have been considered by the expert panels. The HA has also engaged overseas experts to give professional advice to the committee so as to support its work.

All members of the two expert panels and the committee as well as the overseas experts have declared their interests as required in respect of their participation in the investigation to ensure fairness and impartiality. All declarations have been reported to the committee for review and have been confirmed not to constitute any hindrance to the work of the panels and committee. The HA Head Office has also deployed the Director (Quality and Safety) to provide the expert panels with policy and procedural support. Upon completion, the reports of the expert panels will be submitted directly to the committee without going through the PWH.

All in all, we are highly concerned about the incident. We have taken comprehensive measures in strict adherence to procedural

fairness to investigate and review the incident in order to protect patient safety and the reputation of healthcare professionals.

MR JAMES TO (in Cantonese): *President, the Chief Executive of the PWH who made the decision concerning the suspension is Dr FUNG Hong who had already retired. Under his instruction, two investigation panels were set up to investigate the incident involving Prof YU. According to Secretary Dr KO Wing-man's main reply, these two investigation panels were actually investigating the decision concerning the suspension made by Dr FUNG Hong in disguise. May I ask the Secretary if Dr FUNG Hong's appointment of two investigation panels to investigate himself and Prof YU meets the standard of procedural justice as accepted by the Government? Why does Secretary Dr KO not simply dissolve these two investigation panels and set up an investigation committee to conduct a truly fair and independent investigation to convince everyone? Why does the Secretary insist on allowing the two investigation panels appointed by Dr FUNG Hong to continue to handle the case despite the doubts involved? Why does the Secretary insist on doing so?*

PRESIDENT (in Cantonese): Mr TO, you have stated your supplementary question.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, the two investigation panels set up by the Chief Executive of the PWH are respectively responsible for the audit of high-risk procedures and the clinical audit of other high-risk clinical cardiac interventional procedures. These two areas of work involve clinical audit. Regarding the procedures of handling this case by the administration department of the PWH or the Chief Executive of the PWH, an investigation should be conducted by the review committee set up by the HA.

PRESIDENT (in Cantonese): Has your supplementary question not been answered?

MR JAMES TO (in Cantonese): *Why not simply dissolve these two investigation panels? Since the review committee but not the investigation committee is*

responsible for the review, why not simply dissolve these two investigation panels?

PRESIDENT (in Cantonese): Mr TO, the Secretary has already answered your question. If you disagree with the Secretary's explanation, I am afraid you may have to debate the matter on another occasion. If you still have other supplementary questions, you can wait for your turn to raise your question.

MR TOMMY CHEUNG (in Cantonese): *I would like to follow-up on the reply just given by the Secretary though I do not quite follow his reply. It seems to me, a layman who do not know much about this field, that the areas of work of the two investigation panels involve high-risk and low-risk procedures. My supplementary question is: Should the investigations of these high-risk and low-risk procedures, especially when cardiac interventional procedures are involved, be made by experts, so as to ensure that the investigation is properly conducted and has a high level of creditability? In particular, the person involved in this case is a doctor who is a professor of a local university. If an investigation is conducted by local people, there may be doubts of impartiality or slander. On the contrary, overseas experts may simply judge, from the perspective of the investigation panels, whether the surgeries are properly conducted. Will there be higher credibility if all members of the investigation panels are overseas cardiologists?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, concerning the supplementary question of Mr CHEUNG, perhaps I have not given a clear explanation just now. Of the two expert panels set up by the PWH, one is responsible for the audit of coronary interventional procedures, that is, the examination of percutaneous coronary intervention (PCI). Another expert panel is responsible for examining the relevant case which involves the two especially high-risk procedures, namely TAVI and LAO. These two procedures are the subject of the non-anonymous complaints made by seven doctors against the Head of the Cardiology.

Strictly speaking, PCI surgery also involve risks, but the risks of the two aforesaid procedures are particularly high. The two investigation panels comprise members with the relevant experience to carry out investigations. In

respect of overseas experts mentioned by Mr CHEUNG, in fact, there are two overseas experts in the review committee set up by the HA.

PRESIDENT (in Cantonese): Mr CHEUNG, has your supplementary question not been answered?

MR TOMMY CHEUNG (in Cantonese): *President, my question is simple enough, because I do not have any idea about the composition of the investigation panels. When conducting an investigation of these procedures, should members of the panels have experience in such surgeries so that they can judge if these procedures have been carried out properly? It does not make much sense if there are only one or two experts in an investigation panel of 10 members.*

Will the investigation be more credible and independent if overseas doctors who have performed such operations are appointed to carry out the investigation? As these overseas doctors will not be involved in any interest, will the investigation be more credible?

PRESIDENT (in Cantonese): Secretary, do you have anything to add?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I wish to add one point. These two expert panels mainly comprise cardiologists or cardiothoracic surgeons, and all members of the panels are experts in the specialty concerned. In addition to cardiologists or cardiothoracic surgeons, other members are the Directors of Quality & Safety Division in the hospital clusters. All members of the expert panel are responsible for clinical audit, and hence, they all understand the professional practices. As regards overseas experts, I reiterate that two members of the review committee set up by the HA are overseas experts.

MS STARRY LEE (in Cantonese): *President, the point in question is whether members of these two investigation panels are appointed by Dr FUNG Hong, the Chief Executive of the PWH, who is one of the parties involved in the staff dispute. If so, the report to be issued by the investigation panels will be disputed by the other party concerned. May I ask the Secretary if the aforesaid situation*

is true? Will the Secretary consider reappointing an independent committee to conduct an investigation to avoid the situation in which the appointment of members of the investigation panels is made by one of the parties in dispute?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): In respect of Ms LEE's supplementary question, I would like to reiterate that in late March this year, the PWH had, after consulting the relevant departments in the HA Head Office, made preparations for the setting up of two expert panels in accordance with the mechanism. First, in preparing for the setting up of these two expert panels, no complaint against the Chief Executive of the PWH had been received. Second, as the preparation work was made after seeking the views of the relevant departments in the HA Head Office, the two expert panels to be set up are independent.

Throughout the process, all members of the two investigation panels, as well as members of the review committee of the HA Head Office, must declare any conflicts of interest in accordance with the mechanisms, and they have done so. After reviewing the declaration process, it has been confirmed that the involvement of these members will not affect the independence of the investigation.

MR NG LEUNG-SING (in Cantonese): *President, from the Government's reply just now, we find that it is really necessary to ensure that the two investigation panels and the review committee will conduct a fair investigation. As indicated by many people, these kinds of operations affect the lives and well-being of the general public and involve significant public interest. The sector has also reflected that this incident involves technical issues, as well as office politics in respect of competition for interests. Since the issues are extremely complicated, will the Secretary agree that this Council should invoke the Legislative Council (Powers and Privileges) Ordinance to inquire into the incident?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I fully understand the concerns of Mr NG. For the general public, they would think that it is a loss if an expert who has the skills cannot serve the public; I perfectly understand their concern. However, hospitals, not only the PWH but also every hospital and every administrative department, have the responsibilities to ensure

that operations conducted in hospitals are performed by suitable persons with the relevant qualifications, and such operations must be safe.

Thus, I have explained in part (a) of my main reply that, according to the existing mechanism of the HA, if *prima facie* evidence proves that the conduct of a staff member may cause risks to patients, and the doubt cannot be erased, the Chief Executive of the hospital not only has the power but also the responsibility to suspend a doctor from certain clinical duties. A review of this incident must be conducted from two angles: first, two investigation panels should carry out professional clinical audit procedures; second, if the Chief Executive of the PWH who originally handled this incident was complained against, the HA should instruct that Chief Executive to stop handling the case.

Moreover, reports of the two expert panels will be submitted directly to the review committee of the HA Head Office, without having to be forwarded by the PWH administration. In this connection, I think we should let these two expert panels complete the work, and then the HA review committee would, on the basis of the clinical reports of the two expert panels and the analyses of the two overseas experts in the committee, consider if clinical risks were involved at that time. The review committee may also review if the PWH management has properly handled the case in respect of administrative and procedural measures. Therefore, I have reservations about Mr NG's proposal.

DR LEUNG KA-LAU (in Cantonese): *As far as I understand, the two expert panels do not have statutory power, and I know that Prof YU is also reluctant to meet with these two expert panels because he simply does not trust them, and these expert panels do not have statutory powers to summon anyone. Some also queried that the academic status of the experts in these two expert panels may be lower than that of Prof YU. To assess the performance of a doctor, it is also necessary to assess the performance of other doctors. When we allege that the performance of a doctor is not up to standard, his performance should be compared to that of other doctors. Yet, it seems that the HA's expert panels do not have so much time to assess the performance of all cardiologists under the HA.*

For the sake of procedural justice, may I ask the Secretary if this incident should be investigated by a body with statutory powers such as the Medical Council? The Medical Council has the statutory power to regulate doctors. As

this incident affects the professional standard of the doctor concerned as well as the patients under his care, given that we have little confidence in the two expert panels of the HA, should this incident be referred to the Medical Council?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, generally speaking, the clinical audit expert panels will deal with more specialized and professional procedures, and they are bodies with statutory powers. The investigation and review are now in progress, and the expert panels have repeatedly invited Prof YU to attend interviews or provide information in writing to assist in the review. As far as I know, Prof YU has recently accepted the invitation to meet with the expert panels. The expert panels will prudently complete their investigation and review, and then submit reports to the HA review committee. Once again, I reiterate that the HA review committee has two international expert members who may professionally assist the committee in making a decision after considering the reports of the two expert panels.

PRESIDENT (in Cantonese): We have spent more than 24 minutes 30 seconds on this question. A few Members are still waiting for their turn to raise questions but I think they have to follow-up on this issue on other occasions. Second question.

Anti-mosquito, Pest Control and Bedbug Control Operations

2. **DR CHIANG LAI-WAN** (in Cantonese): *President, in reply to a question from a Member of this Council last year, the authorities stated that where necessary, the Food and Environmental Hygiene Department (FEHD) would carry out pest control work in public places and promote concerted efforts of government departments. However, it has been recently reported that the numbers of complaints and requests for assistance concerning bedbugs received by the FEHD and the Housing Department (HD) are on the rise, reflecting that bedbugs have caused nuisance to the public. I have received more than a hundred relevant complaints just from Tai Hang Tung Estate, Nam Shan Estate and Un Chau Estate in Sham Shui Po. According to the residents affected, the HD indicated that there had been only individual sporadic cases of bedbug problems, and that the HD would neither intervene nor provide assistance. On the other hand, private companies often charge fees ranging from several*