Submission from a member of the public

Submission on "Medical and Dental Benefits to for Civil Servants, Pensioners and Eligible Dependants" for meeting dated 17 February 2014 of LegCo Panel on Public Service

Background

In the following submission, I would focus on the provision of orthodontic treatment by the Department of Health. The opinions made below are based on my personal observations, having received orthodontic treatment from the Department of Health more than 3 years as a dependant of a civil servant. It is hoped that the members of the Panel would be able to receive views from a direct stakeholder to understand the deficiencies, if any, in the provision of Medical and Dental benefits by the Department of Health.

My views and observations

1. Resources and manpower constraint frustrating clinical judgment

As the Panel and the Administration rightly acknowledged in past meetings of the Panel, the Government has a contractual obligation to make every endeavour to give civil service eligible persons the "best available medical attendance and treatment" under Civil Service Regulation 902, and the amount or nature of the treatment to be provided is at the sole discretion of the attending medical officer in the exercise of his clinical judgment.

However, it is observed that in the case of orthodontic treatment provided by the Department of Health, the frequency of treatment as decided by the attending orthodontist in the exercise of his clinical judgment cannot be met by the scheduling clerk for numerous occasions due to the full schedule of the orthodontist.

It is noteworthy that whilst as a matter of professional conduct each dentist must take personal responsibility and liability for his patients, it appears that orthodontists (or more generally dentists) practising in the Department of Health are bound to accept patients as assigned by senior dental officers. In other words, even if the orthodontist is unable to take further cases due to his full schedule without sacrificing the frequency of treatment of existing patients, which is a clinical decision, it can be overridden by an administrative decision of the senior dental officer to take further cases. As a result, waiting time between each consultation had been significantly lengthened at times. During one period, the usual waiting time was 6 weeks for each consultation, at times extending to more than 8 weeks as opposed to the usual 3 weeks.

The Department of Health had cited resources and manpower constraints as justifications for the lengthy waiting time. While appreciating the constraints on them, it is difficult to accept resources constraint as a justification for the non-fulfilment of contractual obligation, or worse still, the overriding of clinical judgment. A dentist is under a professional duty, whether under common law or their Code of Conduct, to exercise a reasonable standard of care and skill in the treatment of the patient once he has undertaken to treat the patient. It is submitted that the Department of Health could have stopped taking up new cases in order to finish the present cases at a reasonable standard first, and it is entirely their choice to continue to take up new cases at the expense of the present patients.

2. Delay and reduction in the improvement of service

Members of the Panel may be referred to previous documents the Department of Health had submitted to the Panel or minutes of previous meetings of the Panel outlining their plans on the improvement of orthodontic treatments.

2013- CB(4)465/12-13(04)

2012- CB(1)1217/11-12(05)

2011- CB(1)1544/10-11(05)

2010- CB(1)1582/09-10(04)

2009- CB(1)1977/08-09

The following table is compiled summarising the figures outlined in the said documents to compare the changes of plans of the Department of Health submitted to the Panel.

Year	Expected Increase of Clinical hours	Expected percentage Increase of Clinical hour	Expected Increase in Orthodontic Surgeries	Expected Time of Completion
2008	N/A	N/A	2	March 2009
2010	+6150 (Calculation from percentage increase)	+26%	N/A	N/A
2011	+5250	+22.2%	3	First/ Second Quarter 2012
2012 & 2013	+3500	+15.4%	2	Fourth Quarter 2012

From the above table, it can be seen that the expected time of completion was postponed repeatedly over the years. Moreover, the increase of clinical hours was nearly halved when compared to the original figures planned when the Department of Health submitted the plans for funding approval.

3. Frequent change of orthodontists

The Department of Health had in some years ago replaced the permanent posts of orthodontists with contract term orthodontists. The hourly rate, at $291-$368 in 2012, was significantly lower than the market rate. As a result, there has been frequent personnel change, and consistency and continuity in the treatment cannot be fully achieved. In my case, there were already 3 changes in attending orthodontist in 3 years.