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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 15 February 2016

Organ donation

Purpose

This paper summarizes the views and concerns of members of the Panel on Health Services ("the Panel") on issues relating to the organ donation.

Background

2. End-stage organ failure was one of the common end results of many common chronic illnesses. According to the Administration, about 3 000 patients in Hong Kong have urgent need for organ or tissue transplant. There are seven types of organs or tissues for which transplants are conducted in public hospitals, namely kidneys, liver, heart, lungs, corneas, bones and skin. Cadaveric organs are the main source of organs or tissues for transplant.

3. Persons who wish to donate their organs and/or tissues after death could voluntarily register, by means of the Internet, mail and fax, their wish in the Centralised Organ Donation Register ("CODR"), which was launched by the Department of Health ("DH") in November 2008 to make it more convenient for prospective donors to register their wish, and for such wish to be more reliably kept and retrieved by authorized persons, such as Organ Donation Coordinators (formerly known as Transplant Coordinators) of the Hospital Authority ("HA"), to facilitate arrangement of organ transplants. This apart, prospective donors could express their wish by signing and carrying organ donation cards. For both cases, the family of the deceased has to sign a consent form to confirm the organ or tissue to be removed for transplant purpose. For deceased persons who had not indicated their wish by registering in CODR or signing the organ

donation card, their organs or tissues can still be donated with the consent of their family members.

4. As at 31 December 2015, there were over 188 000 registrations recorded in CODR. A breakdown, by type of organ or tissue, of the number of prospective donors registered in CODR from 2011 to 2014; and the number of patients waiting for organ or tissue transplant, the average waiting time for patients on the waiting list and the number of donations in public hospitals from 2010 to 2014 are in **Appendices I and II** respectively.

Deliberations of the Panel

5. The Panel held four meetings between 2007 and 2011 to discuss the introduction of CODR and the promotion of organ donation. The deliberations and concerns of members are summarized in the following paragraphs.

Organ donation registration

6. Members noted that while the family consent rate for solid organ donation was only about 50% in 2010, more than 90% of the bereaved families had agreed to the donation if the deceased had recorded his or her wish to donate organs after death. Question was raised as to why prospective donors were not required to indicate, at the time of registration in CODR, the persons to whom they had made their donation wish known. The Administration advised that to do so would not satisfy the requirement of the Privacy Impact Assessment which provided safeguards with respect to personal data collected for the purpose of establishing CODR.

7. On the question as to whether there was a target on the number of registrants for organ donation to meet the demand of patients in need of organ transplant, the Administration advised that it would be difficult to set such a target since it was not possible to predict when the organs of the registrants would become available and whether they were suitable for the patients in need of organ transplant.

Promotion on organ donation

8. Members expressed concern that despite the efforts made by the Administration over the years to promote organ donation, the number of people willing to donate their organs after death was still on the low side. They considered that the Administration should conduct study to find out the common characteristics of people willing to donate organs after death in order to shed light on how the promotion campaign should be run to greater effect.

9. Members further suggested that to promote organ donation, consideration should be given to making the new promotion campaign more family-centred, such as collaborating with non-government organizations ("NGOs") in making home visits to garner family's acceptance of organ donation; instilling in youths that organ donation was a charitable life-saving act through civic education in schools; disseminating organ donation message in hospitals or clinics; giving out inexpensive souvenirs to people registered to donate organs after death; encouraging television stations and making use of popular websites to spread the organ donation message in their programmes; rallying the support of social groups, such as university students, who had registered their wish to donate organs after death to promote organ donation amongst their peers; as well as publicizing the long waiting list for organ transplant. To help the families making the decision on organ donation, the Administration could consider enabling the registrants on CODR to leave a personal message to their families about their wish to donate organs after death. A donor recognition scheme could be launched to honour the charitable act of organ donation. There was also suggestion that people should be requested to indicate their wish to donate organs after death when they applied for a driving licence or were issued with a Hong Kong Identity Card.

According to the Administration, a survey conducted by DH in 2010 10. revealed that the major reasons for people to register their wish to donate organs included "want to help others"; "emotionally touched by stories of successful organ donation"; and "making registration through CODR website while web DH would, in collaboration with HA and relevant NGOs, continue its surfing. promotional efforts on organ donation on various fronts. For instance, it had organized exhibitions and seminars to enlist the support of students; arranged for organ donation pamphlets to be distributed through utility bills in order to reach households in the community; and appealed to social leaders to express support In addition, a Garden of Life was established in the for organ donation. Kowloon Park to recognize the charitable acts of organ donors and their families. The long-term goal was to create an atmosphere in the society which recognizes voluntary organ donation as a commendable act of charity and something that was the norm rather than the exception. The Administration advised that while Transplant Coordinators in public hospitals would make the best effort to counsel relatives of potential donors and obtain their consent for organ donation, the decision of family members who were suffering from the loss of their loved ones should be respected.

Kidney donations

11. Given the small number of kidneys donated for transplant, there was a question about the effort to be made by the Administration to address the

pressing demand for kidney transplant. The Administration explained that patients could receive a kidney from a deceased or a living donor for kidney transplantation. Given that patients with renal disease could receive haemodialysis treatment when waiting for kidney transplantation, there were relatively fewer living kidney donations when compared to other life-threatening diseases. The Administration would increase the resources allocation to HA for enhancing the haemodialysis service for patients with end-stage renal disease by providing additional hospital and home haemodialysis places.

Latest developments

12. At the Council meeting of 28 October 2015, Dr Hon Elizabeth QUAT raised an oral question on "Organ donation and transplant". An extract from the Official Record of the Proceedings of the Council on the question is in **Appendix III**.

13. According to the press release issued by DH on 20 November 2015, partly due to the reason that there had been a downward trend on the annual new registration number in CODR since 2013, DH had conducted a focus group study to gauge the views of the general public on organ donation in April 2015. The study revealed that the views of those who were unwilling or had not yet decided to donate organs included, among others, the traditional mindset of full body burial and objection by family members. The young people considered the issue being irrelevant to them, whereas the elders considered that their organs were not suitable. The majority of the respondents (including those who were willing and those who were not willing to donate organs after death) indicated that they would respect their family members' wish on organ donation. To strengthen the promotion of organ donation within HA and the support for external organ promotional activities, HA had recruited two additional Organ Donation Coordinators in 2015-2016, bringing the total number to nine.

Relevant papers

14. A list of the relevant papers on the Legislative Council website is in **Appendix IV**.

Council Business Division 2 Legislative Council Secretariat 5 February 2016

Appendix I

| | 2011 | 2012 | 2013 | 2014 | | |
|--|----------------------|---------|---------|---------|--|--|
| Number of persons registered during the year | 22 610 | 27 518 | 24 036 | 19 868 | | |
| Cumulative total number of persons registered Note 1 | 91 656 | 115 578 | 139 614 | 159 482 | | |
| Organs they wish to donate (number of persons) ^{Note 2} : | | | | | | |
| All organs | 20 337 | 24 924 | 21 807 | 17 874 | | |
| Kidney | | 2 241 | 1 887 | 1 732 | | |
| Heart | | 2 207 | 1 832 | 1 674 | | |
| Liver | | 2 165 | 1 838 | 1 690 | | |
| Lung | NA ^{Note 3} | 2 035 | 1 720 | 1 559 | | |
| Cornea | | 1 910 | 1 608 | 1 483 | | |
| Bone | | 967 | 834 | 696 | | |
| Skin | | 573 | 527 | 432 | | |

Numbers of registrations made in the Centralised Organ Donation Register ("CODR") from 2011 to 2014

Note 1: The figures have been adjusted to eliminate multiple entries starting from 2012.

Note 2: A person can indicate his or her wish to donate more than one or all organs in CODR.

Note 3: Breakdown on information about individual organs/ tissues under CODR was not available before upgrading the system in 2012.

Sources: Administration's replies to Members' initial written questions during the examination of estimates of expenditure (2014-2015 and 2015-2016)

Appendix II

The number of patients waiting for organ/tissue transplant, the average waiting time of patients on the list and the number of organ/tissue donations from 2010 to 2014

| Year (as at 31 December) | Organ/Tissue | No. of patients waiting for organ/ tissue transplant | Average waiting time (months) ^{Note 2} | No. of donations |
|--------------------------------|-----------------|--|--|---------------------|
| 2010 | Vidnov | 1 621 | 10.2 | 01 |
| 2010 | Kidney Heart | 8 | 48.3 | <u>81</u> 13 |
| | | 12 | 29.4 | 2 |
| | Lung Liver | 91 | 19.6 | 95 |
| | Cornea (piece) | 500 | 24 | 250 |
| | Bone | | 24 | 6 |
| | Skin | NA ^{Note1} | NA | 23 |
| 2011 | Kidney | 1 781 | 46.1 | 67 |
| 2011 | Heart | 20 | 40.1 | 9 |
| | | 17 | 19.5 | <u>9</u> 1 |
| | Lung Liver | 109 | 35.5 | 74 |
| | Cornea (piece) | 500 | 24 | 238 |
| | Bone | 500 | 24 | 0 |
| | Skin | NA | NA | 21 |
| 2012 | Kidney | 1 808 | 45.1 | 99 |
| 2012 | Heart | 1 303 | 2.8 | 17 |
| | Lung | 15 | 33 | 3 |
| | Liver | 121 | 30.1 | 78 |
| | Cornea (piece) | 500 | 24 | 259 |
| | Bone | | | 3 |
| | Skin | NA | NA | 6 |
| 2013 | Kidney | 1 991 | 48.5 | 82 |
| 2013 | Heart | 17 | 5.8 | 11 |
| | Lung | 18 | 29 | 4 |
| | Liver | 120 | 34.5 | 72 |
| | Cornea (piece) | 500 | 24 | 248 |
| | Bone | | | 3 |
| | Skin | NA | NA - | 4 |
| 2014 | Kidney | 1 965 | 50 | 79 |
| | Heart | 28 | 5.4 | 9 |
| | Lung | 22 | 27.6 | 4 |
| | Liver | 98 | 39.9 | 63 |
| | Cornea (piece) | 465 | 24 | 337 |
| | Bone | - NA | NA - | 1 |
| | Skin | | | 9 |

- Note 1: NA = Not Applicable. Patients waiting for skin and bone transplant are spontaneous and emergency in nature. As substitutes will be used if no suitable piece of skin or bone is identified for transplant, patients in need of skin and bone transplant are not included in the organ/tissue donation waiting list.
- Note 2: "Average waiting time" is the average of the waiting time for patients on the organ/tissue transplant waiting list as at end of that year.
- Source: Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2015-2016

not have such an intention. Nevertheless, as I said earlier, the situation may change. In the course of consultation in future, if there are new views, we may reach a consensus after extensive discussion in society. In such circumstances, we will not exclude the possibility of reconsidering the Government's stance in this regard.

PRESIDENT (in Cantonese): This Council has already spent nearly 23 minutes on this question. Fourth Question.

Organ Donation

4. **DR ELIZABETH QUAT** (in Cantonese): President, recently, a 19-year-old young girl in a critical condition suffering from pulmonary hypertension died while waiting in vain for suitable lungs for transplant. Also, only at the last minute did a 46-year-old man with liver failure receive a liver transplant to gain a new lease of life. It has been reported that the organ donation rate in Hong Kong is lower than those in other regions. In 2011, there were about 35 deceased organ donors per million population (pmp) in Spain, 17 donors pmp in the European Union but less than five donors pmp in Hong Kong. While the demand for organ transplant in Hong Kong has been increasing year after year, organs available for transplant are in acute shortage. In this connection, will the Government inform this Council:

- (1) as there are currently only 174 000 registrations recorded on the Centralized Organ Donation Register, how the authorities will step up efforts in promoting the message of organ donation, and whether they will arrange staff to proactively approach members of the public, at places where they apply for identity cards, passports, driving licences and public library cards and donate blood, to invite them to consider signing an organ donation card; if they will, of the details; if not, the reasons for that;
- (2) as there are currently only nine organ transplant coordinators in Hong Kong, who are responsible for liaison work on organ transplant matters at around 40 public hospitals throughout Hong Kong, whether the authorities will increase the manpower such that at least one coordinator is provided for each public and private

hospital, so that apart from persuading families of persons who have just passed away to donate the organs of the deceased, they may also devote more efforts in promoting organ donation among staff, patients, etc. in hospitals and conduct registration for them; if they will, of the details; if not, the reasons for that; and

(3) whether it will implement a new policy to increase organ donation rate, such as by stipulating that where deceased persons have not raised any objection before death to organ donation, they will be deemed to have given consent to donate their organs for transplant after death, as well as enacting legislation to provide that organ donation cards have a legal effect similar to that of wills, in that unless the signers have changed their mind before death, other persons (including their families) do not have the right to object, after the signers have passed away, to the donation of their organs for transplant; if it will, of the details; if not, the reasons for that?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, for patients suffering from end-stage organ failure, organ transplant is their hope for gaining a new life. Organ transplants in Hong Kong, be it from cadaveric or living donations, are subject to regulation under the Human Organ Transplant Ordinance, which aims mainly to ensure that no commercial dealing is involved in the organs for transplant.

Organ donation and transplant, and eventually whether patients can be saved, depend on a number of factors. The Hospital Authority (HA) has put in place mechanisms to handle and co-ordinate the clinical aspects involved in the process. However, one of the most important factors, which is beyond our direct control, is the attitude of the general public towards organ donation. In this regard, it is the Government's policy to gradually inculcate a culture of organ donation in the community with a view to reducing reluctance or hesitation of individuals and family members in donating organs.

Hong Kong has seen an overall increase in organ donation rate. It rose from about four donors pmp in 2005 to about 6.1 pmp in 2013, which is higher than that of other developed economies in Asia such as Malaysia (0.5) and Japan (0.66), but remains lower than some Western countries. Organ donation rate is affected by a number of factors, including demographic structure and death rate, attitude of individuals and their family members, and clinical factors. Given the differences in background, customs, culture and individual circumstances, we cannot make direct comparison.

Our reply to the various parts of the question is as follows:

(1) At present, members of the public may register their wish to donate organs after death through the Centralized Organ Donation Register (CODR) managed by the Department of Health (DH) by mail or through the Internet. Currently, more than 179 000 registrations are recorded in the CODR. Besides, members of the public can carry signed organ donation cards or express their wish to healthcare workers. In the event that a deceased person had not indicated his/her wish by signing the organ donation card or registering in the CODR, his/her organs can still be donated with the consent of his/her family members.

To impress upon the general public the importance of organ donation and to gradually inculcate a culture that is receptive to and appreciative of organ donation, the DH has been making promotional efforts on different fronts in collaboration with the HA and non-governmental organizations (NGOs).

The DH launched the CODR in November 2008 to encourage the public to register their wish to donate their organs after death. In recent years, the DH has introduced an IT platform to facilitate members of the public to register as organ donors. The DH has also taken the following promotional measures:

- establishing an institution-based network by inviting public bodies, private companies and NGOs to work in collaboration with the Government to promote organ donation, and to encourage registration in the CODR in institutions. There are currently over 300 supporting organizations;
- (ii) enhancing public understanding and acceptability of organ donation through public education activities such as exhibitions and seminars. In the past three years, the DH

organized about 170 seminars and exhibitions in various places such as hospitals, government buildings/offices, Immigration Tower, and so on;

- (iii) launching promotional activities on radio, television, the Internet and other media; and
- (iv) encouraging public participation through electronic means such as setting up an Organ Donation Fan Page in a social networking website to enhance the promotion of organ donation among the younger population.

Since 2008, we have cumulatively distributed more than 2.1 million leaflets with CODR registration forms. The DH also arranged distribution of promotional leaflets and CODR registration forms at blood donor centres. We will also consider arranging distribution of such promotional leaflets or materials at other locations.

To recognize the charitable acts of organ donors and their families, the Government has established the Garden of Life in Kowloon Park. Characterized by special landscape and architecture, the design of the garden echoes the theme "Light Up Lives" of organ donation.

Over the years, the DH has organized various activities to celebrate the anniversaries of the launch of CODR and further promote organ donation. To celebrate the seventh anniversary of the launch of CODR, the DH will, in collaboration with the Hong Kong Medical Association, the HA, Hong Kong Society of Transplantation and Hong Kong Liver Foundation, organize talks in November, to further promoting registration for organ donation among the public through joint efforts with primary care doctors.

(2) The duties of transplant co-ordinators of the HA including the following three areas:

- (i) Approach families of brain stem dead patients who may be potential donors and explain to them the details of organ donation in the hope that they will give consent.
- (ii) Within the HA, promote organ donation among healthcare staff to raise their awareness of it.
- (iii) Provide support and co-ordination for external organ donation promotional activities.

At present, the HA has seven transplant co-ordinators. Regarding the work of approaching families of brain stem dead patients mentioned in item (i) above, effective contacts have generally been As for items (ii) and (iii), the HA has increased its made. establishment to nine transplant co-ordinators in 2015-2016 to strengthen internal and external promotion of organ donation. As such work virtually requires various professional community partners (including the DH and other interested community and professional groups) to collaborate, transplant co-ordinators play a supportive and co-ordinating role to create a positive atmosphere for organ donation in the whole community. The HA will review the effectiveness of the latest enhancement and the manpower of transplant co-ordinators as appropriate.

(3) The Government seeks to enhance public understanding and acceptance of organ donation through different approaches, including strengthening education and publicity.

Adopting a legislative approach like drawing on overseas experiences to introduce mechanisms such as "automatic organ donation" and "opting out systems", or to provide "organ donation card" with legal effect so that it can form part of a will, are very different from the existing organ donation regime. Under the existing regime, family members of organ donors have the right to refuse the request for organ donation on behalf of the donors. We must respect their wishes. Before implementing any new proposals, we should ensure that they are acceptable to the public, and a fair, transparent and widely acceptable mechanism will be developed. We will continue to discuss with the professional sectors and interested parties in the light of the recent discussions on organ donation in the community and duly consult the public before making any substantial changes to the existing regime.

The Government plans to assess more in-depth the public's understanding and acceptance of organ donation via the Census and Statistics Department's Thematic Household Survey. In the meantime, the DH will continue to step up its efforts in promoting organ donation.

DR ELIZABETH QUAT (in Cantonese): President, some 2 500 seriously ill patients on the verge of dving are now struggling every day to live on and organ donation is their only hope of gaining a new lease of life. The Democratic Alliance for the Betterment and Progress of Hong Kong has been making ongoing efforts in promoting organ donation. We conducted surveys in 2012 and 2015 on this issue, both of which showed similar results. The surveys found that 23% of the respondents had signed organ donation cards and 45% indicated that they would not do so. However, in the survey conducted this year, 54% of the respondents indicated their willingness to sign organ donation cards if they were approached to do so, which is 14% higher than the 2012 survey. Hence, if proactive efforts can be made to approach members of the public to sign organ donation cards, the result would be impressive. As it is a matter of life and death and life is precious, my supplementary question is whether the Government has tried all its channels and means to enlist public support in signing organ donation cards? In my main question, I asked the Government whether it had proactively approached members of the public at all its service provision points, whether sufficient manpower was available in each hospital to proactively approach people, and whether it would immediately examine the implementation of a new regime. The Secretary only replied that the Government would review the matter. I hope that the Secretary can be more precise in his reply and tell us what he will actually do.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, Dr QUAT's question is mainly about whether we will consider the exploration of more channels to provide information to those members of the public who are willing to donate organs but do not know the convenient means to express their wish, and to facilitate their participation in the regime. In this regard, we definitely will take this into consideration. Next, we will consider stepping up distribution of promotional leaflets at the places suggested by the Member where currently no relevant work is done.

The promotional leaflet currently used by the DH to promote the CODR contains a simple organ donation form. If members of the public, after receiving this leaflet, understand and agree with its content, they can directly fill in the form and submit it to the DH through various channels. We will arrange dedicated staff to contact them again to confirm their wish and clarify certain information before filing their registration.

DR ELIZABETH QUAT (in Cantonese): *President, I wish to further ask the Secretary: How will he proceed with the study of the new regime? Can a new regime be implemented at all?*

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

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, if the new regime mentioned by Dr QUAT refers to some other approaches, including a legislative approach, as I have said just now in the last part of my main reply, we will continue the discussion with the relevant professional sectors. We first need to know whether the professional sectors' views have changed over the years because, as I have said several times in public, we had a relevant discussion about 10-odd years ago. At that time, both the professional sectors and the public were not very receptive to non-voluntary arrangements. We will now discuss with the professional sectors again and, as I have pointed out just now, we will assess more in-depth the public's understanding and acceptance of organ donation via the Census and Statistics Department's Thematic Household Survey.

PROF JOSEPH LEE (in Cantonese): *President, in the Secretary's main reply in relation to the part on promoting organ donation, it is mentioned that 2.1 million registration forms have been distributed and about 180 000 registrations are now on the CODR, accounting for about 9%. I would like to ask the Secretary: Does the Administration have any data on the age distribution of the 180 000 CODR*

registrants recorded since 2008? If such data are available, will he target the work of organ donation promotion at specific age groups, such as in the form of life education?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I will reply in two parts. First, although I do not have at hand the age distribution data that Prof LEE mentioned, I will provide the data later if necessary, provided that such data are available. Besides, in the past 20 to 30 years, I myself have participated in numerous organ donation promotional activities organized by the HA, professional bodies or even those organized by the DH. I can tell Members that the promotional activities target at a wide range of people and cover many different groups. As I have pointed out in my main reply just now, in order to enhance the promotion among the younger population, we have recently made use of information technology platforms to promote organ donation. Hence, I believe if there are groups that we still have not approached, we will enhance our work and conduct more promotion, training and education for these groups in a focused manner.

PROF JOSEPH LEE (in Cantonese): *President, I would like to ask the Secretary to provide such data later and clearly state the means he will adopt to target promotion and publicity at different age groups.*

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

SECRETARY FOR FOOD AND HEALTH (in Cantonese): If such data are available, I will provide them to Members as far as practicable.

MR CHAN CHI-CHUEN (in Cantonese): President, I very much support the organ donation scheme to save lives. I signed an organ donation card when I was at school, but I only learnt recently that registration in the CODR can be done online, which is very convenient and I have made online registration as well. I suggest that the Secretary can promote this scheme to all Legislative Council Members and staff of Members' offices because not every Member is aware of it.

Secretary, I wish to consult your opinion. There are restrictions on blood donation in Hong Kong. For instance, male homosexuals, that is men who have had sex with another man, are deemed permanently unsuitable to give blood. I would like to ask the Secretary: Is there similar restriction on organ donation? If there is, I will have to withdraw my registration. If not, why do blood donation and organ donation have two different sets of criteria? Is there any medical justification for the difference?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I do not have the relevant information at the moment. However, as far as I know, there are different criteria for donating different organs and these criteria are evolving as well. Simply put, the same set of standards may not be applicable to different human organs or tissues. I will, after the meeting, try to see if I can provide any relevant information to Mr CHAN.

MS STARRY LEE (in Cantonese): President, promoting organ donation across the community is a process which requires the changing of social atmosphere and habits. I hope that the Bureau can proceed with the work in a continuous, persistent, vigorous and more innovative manner. In fact, the two incidents mentioned by Dr QUAT have provided a very good opportunity for us to take this job to the next level. There are two main proposals under discussion in society. One is the opt-out proposal and the other is giving "organ donation card" legal effect so that it can form part of a will. Simply put, if I have signed an organ donation card, my family cannot oppose my wish of organ donation. In my opinion, the latter is easier to secure support from the people of Hong Kong or the Chinese community. I would like to ask the Secretary: Does he agree to this view? Will he adopt this approach in the first place?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, when we consider this issue, the first proposal ... I forgot the order of the two proposals she mentioned ... regarding the proposal of giving legal effect to organ donation wish or organ donation card so that it can form part of a will, we will bring this issue up in the next round of discussion, so as to collect the views of the professional sectors and members of the public. Regarding the opt-out proposal, we will also bring this issue up in the new round of discussion and we do not rule

out the possibility of including this proposal in the opinion survey. However, if the Member asks me whether I have reservation about this proposal, my answer is that I do have greater reservation about it.

First of all, Hong Kong people in general, as well as the mainstream medical sector, very much hope that organ donation can be done by voluntary rather than non-voluntary means. Besides, in places where legislative means is adopted to enhance organ donation rate, the effectiveness varies. For example, legislative means is effective in Spain whose organ donation rate is relatively high, but it is not that effective in some other countries, such as Singapore whose organ donation rate is not very high. Hence, some countries may be able to boost their organ donation rate, but does the boosted rate reflect an effective legislative means, or does it simply reflect their local culture, especially their view about death and the level of acceptance towards organ donation? We need to conduct further analyses before coming to a conclusion.

DR KWOK KA-KI (in Cantonese): President, people in Hong Kong have witnessed the death of a 19-year-old young girl who had waited in vain for organ donation. It is a frustrating and sad fact that is too hard to accept. It is even more frustrating that after more than 20 years of so-called "work" done by the Government, the current number of registrations on the CODR only accounts for less than 2.5% of the population. The work that the Secretary mentioned just now has been carried on for 10 to 20 years. President, if it is effective, the situation now will not be so undesirable.

I wish to ask the Secretary through the President two questions: What is the magnitude of increase in the physical resources provided by the Government in this regard over the past 10 years? More importantly, the other question is: if the prevailing policy is not feasible, will the Government conduct a review to see what more practical and feasible means are available to revitalize the organ donation scheme? It is because the Government has become increasingly indolent in its work in the past 20 years. It is more and more difficult to find relevant announcements of public interest or information in the media or in other places. **PRESIDENT** (in Cantonese): Dr KWOK, you have raised your supplementary question. Please let the Secretary answer.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, increasing the organ donation rate to enable more patients in need of an organ to gain a new lease of life through organ donation and transplant is the goal of the Government. It is also the goal that many co-workers in the professional sectors have been working very hard for. If the Government is criticized for not doing enough in this regard, we will surely accept the criticism no matter what. But we all know that organ donation is a common goal that the Government, many professional bodies and individuals have been striving for. Hence, I believe the criticism that we are not working hard enough or even indolent is unfair to all those who have participated in the work concerned.

However, as Members may be aware, we uphold the value of goodwill and voluntary means when it comes to organ donation. We will thus try our very best to change social atmosphere and habits as well as people's mindset, especially their hesitation about donating their loved ones' organs. I believe Members can see the efforts that we have made. As I have just said, I have participated in the work concerned for the past 10 to 20 years. I hold that the efforts made in this regard by the professional sectors and the Government are actually on the increase. Moreover, recent surveys show that members of the public may not hesitate to donate their own organs, but they do hesitate when they have to decide on their deceased family member's behalf to donate his/her organs, especially when they are unsure of their deceased family member's wish of organ donation.

Hence, first of all, as some Members have said just now, we should strive to provide convenient means and more contact points for those who wish to donate organs but do not have the registration forms and do not know the means to make registration. Second, we have to ensure that organ donation registrants will inform their family about their wish so that their good intention will not be wasted. We will enhance our work along these directions.

Moreover, as I have said just now, we will not rule out the possibility of adopting other regimes, but we will pursue this matter under the principle of respecting the wish of the public and their family members.

DR KWOK KA-KI (in Cantonese): President, I have specifically asked the Secretary just now about — perhaps he does not have the information now, but I hope he can provide it after the meeting — that is, how many resources has the Bureau injected in the past 10 years to enlist more people to support organ donation?

PRESIDENT (in Cantonese): Secretary, can you provide the information after the meeting?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I will strive to find if any physical records are available which can indicate the amount of resources we have injected. However, I believe these physical records will not be comprehensive. As I have said just now, apart from the Government, healthcare institutions, the professional sectors and NGOs have also made considerable efforts in promoting organ donation in the past 10 to 20 years. Hence, even if I can provide information after the meeting, such information may not be able to cover the resources provided by these parties.

PRESIDENT (in Cantonese): We have spent more than 25 minutes on this question. Fifth question.

Solicitation on Streets by Sex Workers

5. **MR CHAN HAN-PAN** (in Cantonese): President, the solicitation on the streets (on-street solicitation) by sex workers coming to Hong Kong from the Mainland to engage in prostitution activities has eaused great distress to residents of certain districts over the years. The authorities have conducted numerous law enforcement operations but with little effect. Some residents have relayed to me that their daily lives as well as the overall image of the community have been adversely affected. In this connection, will the Government inform this Council:

(1) of the number of law enforcement operations conducted against on-street solicitation in each of the past five years; whether the authorities have monitored if on-street solicitation revived after the

| Committee | Date of meeting | Paper |
|---------------------|-----------------|--|
| Panel on Health | 12.2.2007 | Agenda |
| Services | (Item VI) | <u>Minutes</u> |
| | 10.11.2008 | Agenda |
| | (Item III) | <u>Minutes</u> |
| | 8.2.2010 | Agenda |
| | (Item IV) | <u>Minutes</u> |
| | 14.3.2011 | Agenda |
| | (Item VI) | <u>Minutes</u> |
| Legislative Council | 28.10.2015 | Official Record of Proceedings Pages 494 - 505 (Question 4) |

Relevant papers on the organ donation

Council Business Division 2 <u>Legislative Council Secretariat</u> 5 February 2016