

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1971/17-18

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**

**held on Monday, 15 January 2018, at 4:30 pm  
in Conference Room 3 of the Legislative Council Complex**

- Members present** :
- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
  - Dr Hon Pierre CHAN (Deputy Chairman)
  - Hon Tommy CHEUNG Yu-yan, GBS, JP
  - Hon WONG Ting-kwong, GBS, JP
  - Hon Starry LEE Wai-king, SBS, JP
  - Hon CHAN Kin-por, GBS, JP
  - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
  - Hon Paul TSE Wai-chun, JP
  - Hon YIU Si-wing, BBS
  - Hon Charles Peter MOK, JP
  - Hon CHAN Chi-chuen
  - Hon CHAN Han-pan, JP
  - Hon Alice MAK Mei-kuen, BBS, JP
  - Dr Hon KWOK Ka-ki
  - Dr Hon Fernando CHEUNG Chiu-hung
  - Dr Hon Helena WONG Pik-wan
  - Dr Hon Elizabeth QUAT, BBS, JP
  - Hon POON Siu-ping, BBS, MH
  - Dr Hon CHIANG Lai-wan, JP
  - Hon CHU Hoi-dick
  - Dr Hon Junius HO Kwan-yiu, JP
  - Hon SHIU Ka-fai
  - Hon SHIU Ka-chun
  - Hon KWONG Chun-yu
- Member attending** :
- Hon Holden CHOW Ho-ding

**Public Officers :  
attending**

Items III and IV

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Dr Tony KO  
Deputising Director (Cluster Services)  
Hospital Authority

Item III

Mr FONG Ngai  
Head, Healthcare Planning and Development Office  
Food and Health Bureau

Mr Bernard LO  
Acting Principal Assistant Secretary (Health) 2  
Food and Health Bureau

Dr LEUNG Pak-yin, JP  
Chief Executive  
Hospital Authority

Ms Anita CHAN  
Director (Finance)  
Hospital Authority

Item IV

Miss Amy YUEN  
Deputy Secretary for Food and Health (Health) 2  
Food and Health Bureau

Dr Anne FUNG  
Assistant Director of Health (Health Promotion)  
Department of Health

Dr Sammy NG  
Principal Medical and Health Officer (3)  
Department of Health

Dr Ian CHEUNG  
Chief Manager (Cluster Performance)  
Hospital Authority

Dr Frank CHAN  
Senior Manager (Integrated Programs)  
Hospital Authority

**Clerk in attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in attendance** : Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**

[LC Paper Nos. CB(2)382/17-18(01), CB(2)410/17-18(01) and CB(2)532/17-18(01)]

Members noted that the following papers had been issued since the last meeting:

- (a) letter dated 22 November 2017 from Mrs Regina IP requesting the Panel to hold a meeting to receive views from members of the public on the district health centre to be set up in Kwai Tsing District;
- (b) 2016-2017 Annual Report of the Health and Medical Research Fund provided by the Administration; and
- (c) letter dated 12 December 2017 from Mr KWONG Chun-yu requesting the Panel to hold a meeting to receive views from members of the public on cancer strategy.

**II. Items for discussion at the next meeting**

[LC Paper Nos. CB(2)656/17-18(01) and (02)]

Regular meeting in February 2018

2. Referring to her letter dated 22 November 2017 (LC Paper No. CB(2)382/17-18(01)), Mrs Regina YIP suggested the Panel to discuss at the next regular meeting scheduled for 12 February 2018 at 2:30 pm the setting up of a pilot district health centre in Kwai Tsing District as

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announced in the Chief Executive's 2017 Policy Address. Dr Elizabeth QUAT expressed support for the suggestion, as the experience of the pilot centre would shed light on the setting up of district health centres in all 18 districts to enhance primary healthcare services at the district level.

3. The Chairman suggested and members agreed to discuss the subject "General Outpatient Clinic Public-Private Partnership Programme" as proposed by the Administration and the subject "Development of primary healthcare services" at the February regular meeting. The Chairman added that where necessary, the Panel could consider the need to invite members of the public to give views on the latter subject after the relevant discussion.

*(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, an additional item on "Update on Chinese medicine development in Hong Kong" was included in the agenda of the meeting.)*

Special meeting on cancer strategy

4. Referring to his letter dated 12 December 2017 (LC Paper No. CB(2)532/17-18(01)), Mr KWONG Chun-yu suggested that the Panel should hold a meeting to receive views from patients and patient groups on cancer strategy which covered, among others, the waiting time for the first and follow-up consultations at public specialist outpatient clinics, the introduction of new cancer drugs in the Drug Formulary of the Hospital Authority ("HA") and supporting measures for cancer patients. Pointing out that HA was conducting a review of the patient's co-payment mechanism under the Community Care Fund Programme with a view to alleviating the financial burden on patients in need of long-term ultra-expensive drug treatment, Dr Elizabeth QUAT considered that a meeting should be held as early as possible for the purpose. Dr Pierre CHAN and Mr SHIU Ka-chun expressed support for the suggestion. Expressing support for the Panel to hold a meeting for the purpose, Dr Helena WONG suggested that the scope of the discussion should cover the treatment, care and counselling for cancer patients and support for their carers.

5. The Chairman suggested and members agreed that a special meeting for the purpose be held after the Chinese New Year holidays.

*(Post-meeting note: The special meeting for the above purpose has been scheduled for 2 March 2018 from 9:30 am to 12:30 pm.)*

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**III. Review of the Hospital Authority**

[LC Paper Nos. CB(2)656/17-18(03) and (04)]

6. Members noted the paper provided by the Administration (LC Paper No. CB(2)656/17-18(03)) and the updated background brief prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)656/17-18(04)) on the subject under discussion. In response to Dr Helena WONG's question, Under Secretary for Food and Health ("USFH") highlighted the major progress of HA in implementing the recommendations of the Steering Committee on Review of HA, details of which were set out in paragraph 4 in the Administration's paper.

Resource management

7. Ms Alice MAK was concerned about whether the implementation of the refined population-based model to inform resource allocation in the 2018-2019 financial year could address the current problem of under provision of resources to the Kowloon West ("KW") and New Territories West ("NTW") Clusters. Mrs Regina IP remarked that HA should not wait until the completion of the review to re-delineate the cluster boundary and allocate resources based on population size which had been long called for by members of the public.

8. Chief Executive, HA ("CE, HA") advised that based on the report of the external consultant, the refined population-based model would take into account factors that would affect the population's healthcare utilization pattern, as well as the impacts of the specialized services that were only available in designated hospitals to serve the entire population of the territory and cross-cluster flow of patients on individual hospital Clusters' resource needs. It was expected that the Kowloon East ("KE"), New Territories East ("NTE") and NTW Clusters would be allocated more resources in the future.

9. Mr CHAN Han-pan was concerned about the under provision of resources to the NTW Cluster where there was a rapidly growing population. For instance, there was a lack of 24-hour thrombolytic service to manage acute stroke cases and inadequate healthcare manpower to take care of acute patients and mental patients. He asked whether the Administration and HA had any plans to develop a new hospital in the NTW Cluster to meet the increasing service demand.

10. CE, HA advised that 24-hour thrombolytic service was currently provided at seven acute hospitals, namely, Pamela Youde Nethersole

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Eastern Hospital, Prince of Wales Hospital ("PWH"), Princess Margaret Hospital, Queen Elizabeth Hospital, United Christian Hospital, Tuen Mun Hospital and Queen Mary Hospital ("QMH"). The service would be extended to cover all acute hospitals in the Hong Kong East, Hong Kong West and KE Clusters in the 2017-2018 financial year, and the NTE and NTW Clusters in the 2018-2019 financial year. Separately, additional resources would be allocated to the NTE Cluster to address the long waiting time for mental health services. It was expected that the manpower constraint of the pressurized areas of HA would improve with the increase in the number of local medical graduates in the years to come.

11. Mr CHAN Han-pan expressed concern that the Administration and HA had turned a deaf ear to the repeated calls from members of the Wong Tai Sin District Council for providing accident and emergency ("A&E") services in the redeveloped Our Lady of Maryknoll Hospital. CE, HA advised that a full range of healthcare services for residents in the Wong Tai Sin district would be provided through a network of hospitals in the Kowloon Central Cluster, with the acute services being provided by the new acute hospital to be developed at the Kai Tak Development Area.

Outpatient services

12. Ms Alice MAK expressed concern that since the service quotas of HA's general outpatient clinics ("GOPCs") had to serve both episodic disease patients and chronically ill patients in stable medical conditions, it was not easy for the former to book a consultation time slot in the next 24 hours through the GOPC telephone appointment system. CE, HA advised that there had been an increase of a total of over 600 000 general outpatient attendances from 2012-2013 to 2016-2017. HA also planned to increase the GOPC consultation quota by 100 000 attendances in 2018-2019 and set up more nurse clinics to facilitate patients' early access to treatment and continuity of care. The Chairman requested the Administration and HA to brief members on the measures to increase the capacity of public GOPCs in order to meet the growing service demand in the context of discussing the development of primary healthcare services at the February regular meeting of the Panel.

13. Dr Helena WONG expressed concern that while HA had refined the service models to shorten the waiting time of specialist outpatient clinics ("SOPCs"), the waiting time of certain specialties, such as Orthopaedics & Traumatology, was still long or had even aggravated. She asked whether HA would consider setting performance pledge in this regard such that adequate resources would be allocated by the government for HA to meet

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the performance pledge. Mr Tommy CHEUNG was concerned about the unduly long waiting time for first consultation in many specialties of HA. Holding the view that the Cataract Surgeries Programme had effectively shortened patients' waiting time on HA's queue for cataract surgeries, he called on HA to implement more public-private partnership ("PPP") programmes to provide an option for patients who were on the queue for HA's specialist outpatient services.

14. CE, HA advised that there was a continuous rise in the number of old and new SOPC cases each year. In the face of the persistently high wastage rate and the already heavy workload of its frontline medical personnel, measures being put in place to alleviate pressure on waiting time of SOPCs included diverting appropriate SOPC cases (e.g. Orthopaedics & Traumatology routine new SOPC cases) to Family Medicine Specialist Clinics, setting up more nurse clinics and launching various PPP initiatives. Coupled with an estimated net increase of about 200 doctors and increase in the government subvention in the 2018-2019 financial year, it was expected that the waiting time for SOPCs would be gradually improved.

15. In response to Mrs Regina IP's concern about the inadequacy in the outpatient service quotas for civil service eligible persons, who were entitled to receive medical services provided by HA under the terms and conditions of employment of civil servants, CE, HA advised that HA would maintain communication with the Civil Service Bureau in this regard.

Chinese medicine services

16. Dr Elizabeth QUAT held the view that the review on HA had not addressed its manpower shortage problem squarely. In particular, she was disappointed about the Administration and HA's inaction to better utilize the manpower of the Chinese medicine practitioners ("CMPs") and promote the development of integrated Chinese-Western medicine in the public healthcare system. Mr CHAN Han-pan urged the Administration and HA to enhance the remuneration packages of CMPs and CMP trainees employed by the 18 Chinese Medicine Centres for Training and Research ("CMCTRs") to a level on par with that of the doctors and resident trainees employed by HA.

17. USFH advised that a dedicated unit overseeing the development of Chinese medicine in Hong Kong and a Chinese Medicine Hospital Project Office would be set up under the Food and Health Bureau. It was expected that the positioning and the development framework of major areas of the Chinese medicine hospital would be announced in the first half of 2018.

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CE, HA supplemented that an Integrated Chinese-Western Medicine Pilot Programme, which covered three selected disease areas (namely stroke rehabilitation, musculoskeletal pain care and cancer palliative care) was currently in place to gather experience regarding the Integrated Chinese-Western medicine and operation of Chinese medicine inpatient services. As regards the 18 CMCTRs which were operated under a tripartite collaboration model involving HA, non-governmental organizations ("NGOs") and universities, USFH advised that the remuneration package for the staff was determined by the NGOs concerned. Additional funding had recently been allocated for the NGOs concerned to increase the salaries of the staff at CMP rank. Mr CHAN Han-pan urged the Administration to increase the amount of subvention to NGOs operating the 18 CMCTRs.

Manpower shortage

18. Holding the view that the government policies of promoting PPP and facilitating the development of private hospitals had resulted in brain drain of experienced healthcare professionals from the public to the private sectors, Mr SHIU Ka-chun asked how the Administration would address the problem.

19. USFH advised that the private healthcare sector provided a service option for those members of the public who could afford and willing to use private services. He assured members that the Administration would keep in view the adequacy of the healthcare manpower supply to support the sustainable development of the healthcare system. Based on the recommendation of the Strategic Review on Healthcare Manpower Planning and Professional Development, it would conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of the University Grants Committee. The Chairman requested the Administration and HA to provide in writing, if available, statistics on the number of experienced doctors and nurses drained from HA to private healthcare providers and the number of returnees to HA in the past five years.

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HA

20. Dr Junius HO surmised that the reason why the inpatient service of Tin Shui Wai Hospital had yet to commence was due to medical manpower constraint. He asked whether HA would employ more non-locally trained medical practitioners with limited registration to alleviate its medical manpower shortage. Mr KWONG Chun-yu also expressed concern that Tin Shui Wai Hospital did not have sufficient manpower to provide full-fledged services.



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21. USFH advised that the Medical Registration (Amendment) Bill 2017 which was under scrutiny of LegCo sought to, among others, extend the term of registration of a medical practitioner with limited registration and the term for which such a medical practitioner could renew his or her registration from a period of not exceeding one year to a period of not exceeding three years. It was expected that the above legislative proposal, if passed, could attract more non-locally trained medical practitioners to serve in HA with limited registration. With the increase in the number of local medical graduates starting from 2018-2019, HA planned to open an additional of 500-odd beds in 2018-2019, 92 of which (including 32 acute beds in Tin Shui Wai Hospital) would be in the NTW Cluster. CE, HA added that the A&E service of Tin Shui Wai Hospital would be extended from eight hours to 12 hours by end of March 2018, and further to 24 hours in the fourth quarter of 2018.

Staff management

22. Noting that the occupancy rate of medical wards was high in many public hospitals, in particular during winter surge, Mr KWONG Chun-yu urged HA to take measures to retain its frontline healthcare professionals. Mr POON Siu-ping was concerned that some care-related supporting staff, including Patient Care Assistant ("PCA") and Health Care Assistant, were discontent with their remuneration packages and promotion opportunities. He asked whether HA would conduct a review in this regard. Ms Alice MAK urged HA to review and enhance the remuneration packages of its care-related supporting staff, so as to align the practices among different public hospitals, retain and attract talents, and boost staff morale.

23. CE, HA advised that measures implemented by HA to retain its staff in recent years included, among others, creating additional Associate Consultant posts for promotion of doctors with five year's post-fellowship experience by merits, and shortening the required years of service for progression from PCA IIIA to PCA II and Operation Assistant IIIB to Operation Assistant IIIA to three years starting from the 2018-2019 financial year. In addition, HA would strive to improve the working environment of hospital wards with the redevelopment of public hospitals under the 10-year Public Hospital Development Plan and the works projects under the \$13 billion one-off grant to HA for its minor works projects. He undertook to provide in writing information on the measures taken by HA in recent years to attract and retain its care-related supporting staff.

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24. Referring to Annex B to the Administration's paper, Mr POON Siu-ping sought information about the enhancement on the central mechanism for creation and deletion of senior positions which was implemented in the first quarter of 2017 as one of the strategic goals and targets under recommendation 5 put forth by the Steering Committee on Review of HA. CE, HA advised that under the central mechanism, representatives from the Human Resources Division of the HA Head Office and the seven hospital clusters would join hands to ensure consistency in various human resources management and practices, such as promotion of Associate Consultants, in and between the clusters.

25. Dr Pierre CHAN asked about the mechanism put in place by HA to consider and determine the remuneration packages of and annual pay adjustment for its senior executives. He noted that as a reference, the adjustment to the pay points in the directorate and upper salary band of civil service pay scales for the 2017-2018 financial year was 1.88%. The adjustment to the remuneration of the Chief Executive Officer of the MTR Corporation Limited in 2017 was 4.8%. However, adjustment rates of the remuneration of some highest paid executives of HA for the 2016-2017 financial year reached 6.3% and 7.6%.

26. CE, HA advised that same as frontline staff, senior executives of HA were remunerated on HA's pay scale which was normally reviewed and revised when the Government adjusted the civil service pay. On the anniversary of appointment, there would be an incremental progression up to the maximum of the salary scale of the positions concerned. For some senior executives who retired in the financial year, the remuneration might include encashment of leave which had not been taken. In response to Dr Pierre CHAN's concern that the pay scale of senior executive of HA was on the high side, CE, HA explained that the remuneration package offered to HA employees on the establishment of HA in 1991 was based on the principle of cost comparability with the civil service. At the request of the Chairman, CE, HA undertook to provide information in writing on the details of the said mechanism.

Admin/  
HA

27. Mrs Regina IP said that there was a suggestion that senior executive positions of HA could be filled by administrative personnel specializing in healthcare and hospital management rather than doctors, so that the latter could devote their efforts to provide healthcare services at the frontline. CE, HA advised that there was a subspecialty of Administrative Medicine under the Hong Kong College of Community Medicine of the Hong Kong Academy of Medicine to train talents in this regard. It should be noted that

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HA's recruitment policy was to appoint the most suitable candidates to fill the vacancies of senior executives through open and fair competition.

Quality of patient care and patient safety

28. Mr CHAN Chi-chuen cast doubt on the effectiveness of the measures to strengthen medical incidents sharing in response to recommendation 10 put forth by the Steering Committee on Review of HA in preventing the occurrence of medical incidents. The Chairman was concerned that while the implementation of hospital accreditation in HA, which covered, among others, the management of medical incidents, had increased the workload of frontline staff, it had not reduced the occurrence of medical incidents.

29. CE, HA explained that the causes of medical incidents were multifaceted. HA would continue to strengthen clinical governance and enhance the training for healthcare professionals to minimize the occurrence of medical incidents. In case of medical incidents, HA would focus on communication with and support for the patients concerned and their family members and would conduct root cause analysis to review whether relevant systems and work procedures needed to be improved. The implementation of hospital accreditation would help to evaluate the performance of a hospital in relation to the established standards for continuous improvement in service quality and safety. HA would review whether the workload arising from hospital accreditation could be reduced.

*[At 5:59 pm, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time at 6:30 pm to allow more time for discussion.]*

30. Dr Helena WONG was concerned about the QMH incident occurred in October 2017 whereby there was an unnecessary intra-operative break of three hours during a liver transplant operation ("the Liver Transplant Incident"), in which the part-time Honorary Consultant concerned departed the operating theatre for an elective surgery in a private hospital. Noting that the role of supervisor surgeons of QMH was mostly taken up by the above referred Honorary Consultant in the past year, she held the view that liver transplant operations should not be centralized in QMH but should also be made available in PWH with the participation of more full-time experienced surgeons. Dr Pierre CHAN expressed concern about HA's management of its honorary staff who were clinical professors employed by the medical schools of the two local universities.

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31. CE, HA explained that the centralization of the liver transplant operations in QMH was conducive to consolidating the relevant resources and expertise at a single location and facilitating the coordination and performance of liver transplants which required multidisciplinary support. Findings of the investigation of the Liver Transplant Incident had revealed that manpower arrangement was irrelevant to the occurrence of the Incident. In response to Mr KWONG Chun-yu's question about the measures to be taken to improve the management of surgeons in private practice working in HA on a part-time basis in the light of the Liver Transplant Incident, CE, HA advised that HA would review the job assignment of liver transplant surgeons.

Other issues of concern

32. Expressing concern about the cumbersome procedures for listing new drugs on the Drug Formulary of HA and the drug formulary of individual clusters or hospitals, Mr KWONG Chun-yu asked if the procedures could be streamlined so as to expedite the listing of new drugs for the benefit of patients. USFH advised that HA would look into the matter.

33. Mr SHIU Ka-chun expressed appreciation for the efforts made by the corporate communication team of the HA Head Office in maintaining close communication with the stakeholders. Ms Alice MAK remarked that individual hospital clusters should also place greater emphasis on corporate communication.

**IV. Legislative proposal on paired/pooled organ donation and Thematic Household Survey findings on organ donation**  
[LC Paper Nos. CB(2)656/17-18(05) and (06)]

34. Members noted the paper provided by the Administration (LC Paper No. CB(2)656/17-18(05)) and the updated background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)656/17-18(06)) on the subject under discussion.

Legislative proposal on paired or pooled organ donation

35. Dr Pierre CHAN called on the Administration to put more efforts to promote cadaveric donation which accounted for the majority of all organ donations. Expressing support for the Administration's proposal to amend the Human Organ Transplant Ordinance (Cap. 465) ("the Ordinance") to allow paired or pooled organ donation between living non-related persons

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("the legislative proposal"), he questioned about whether paired or pooled organ donation between living non-related persons had ever been carried out in Hong Kong.

36. Deputy Secretary for Food and Health (Health) 2 ("DS(H)") advised that there had been a few cases in the past under the approval of the Human Organ Transplant Board. She further advised that it was required under the Ordinance that a living donor had to give consent to the proposed organ removal without coercion or the offer of inducement. To remove the legal ambiguities surrounding paired and pooled donation arrangements, it was necessary to amend the Ordinance so that the fact that consent had been given in consideration of a proposed organ transplant into a person chosen by the donor under the paired or pooled donation arrangement would not in itself constituted an offer of inducement. At the same time, the Human Organ Transplant Board would continue to assess and approve the applications for, inter alia, paired or pooled organ transplant to prohibit commercial dealings in human organs intended for transplanting. Noting that HA would implement a pilot Paired Kidney Donation Programme and subject to the experience gained, explore the expansion of the Programme to cover liver, Mr POON Siu-ping asked about the timetable in this regard. DS(H) advised that HA would work out the details in due course.

37. Noting that commercial dealings in human organs intended for transplanting were prohibited under the Ordinance, Dr Pierre CHAN asked about the handling of cases, if any, whereby local residents received organ transplantation outside Hong Kong through commercial dealings. USFH advised that it was difficult to get known of these cases. Dr KWOK Ka-ki said that he did not object to the introduction of paired or pooled donation arrangements. However, it was necessary to ensure that the arrangements would not result in commercial dealings in human organs. Dr Pierre CHAN urged the Administration and the relevant parties to ensure that the ethical principles underlying the existing regulatory regime for organ donation would be upheld after the introduction of paired or pooled organ donation arrangements.

Thematic Household Survey on Organ Donation

38. Referring to the Thematic Household Survey ("THS") on Organ Donation conducted by the Census and Statistics during October 2016 to January 2017 which revealed that 43.6% of those respondents aged 18 to 64 years who provided their views on organ donation did not support the idea that family member(s) could overturn the registered wish of the deceased to donate organs after death, Dr Elizabeth QUAT asked about the

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follow-up actions to be taken by the Administration in this regard. Mr POON Siu-ping sought elaboration about the plan of the Administration to study the feasibility of giving an option such that a deceased donor's wish to donate organs after death would be respected in all circumstances. USFH and DS(H) advised that the Committee of Promotion of Organ Donation ("the Committee") set up under the Food and Health Bureau would examine the way forward in the light of the findings of THS at its future meetings.

39. Dr Elizabeth QUAT noted that the results of the THS on Organ Donation showed that 33.8% and 35.9% of the respondents respectively supported and were against the implementation of an "opt-out" system in Hong Kong, and the remaining 30.3% were either neutral or did not specify their views in this regard. Holding the view that not many people were familiar with the concept of an "opt-out" system, she asked whether the Administration would conduct further study to examine the feasibility of implementing an "opt-out" system in Hong Kong. USFH advised that the Committee would make reference to the above findings in considering the way forward in this regard.

Promotion of organ donation

40. Dr Elizabeth QUAT remarked that the Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") had all along supported organ donation. According to a survey conducted by DAB in 2015, many members of the public were willing to sign up for organ donation if being invited face to face. She suggested that the Administration should set up promotional counters in the community and at various frontline government offices (e.g. frontline offices of the Immigration Department and Transport Department) to actively encourage more people to sign up for organ donation. Expressing support for organ donation, Dr Helena WONG opined that the Administration should enable members of the public, if they so wished, to register their decisions on advance directive in relation to medical treatment, organ donation and green burial in one go. Casting doubt about the effectiveness of the past efforts of the Administration in promoting organ donation, Dr KWOK Ka-ki was of the view that the Administration should allocate more resources to promote organ donation, including the setting up of a dedicated fund to provide financial support to relevant organizations.

41. USFH advised that efforts had been and would continuously be made by the Administration in collaborating with other parties to conduct organ donation promotional activities and programmes. He agreed to relay the

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suggestions from members to the Committee for consideration. Dr KWOK Ka-ki requested the Administration to brief Members on further measures to be put in place by the Administration to promote organ donation when introducing the legislative proposal into LegCo.

42. Dr Helena WONG was gravely concerned that the Liver Transplant Incident in October 2017 and other recent incidents involving prescription for liver disease patients on high-dose-steroid therapy had brought about negative impact on registration for organ donation. She called on HA to re-introduce liver transplant service at PWH, or engage the relevant clinical professors of The Chinese University of Hong Kong to practise at the designated Liver Transplant Centre at QMH in order to strengthen the manpower of the liver transplant team, in particular that of full-time experienced surgeons. Expressing a similar concern, Dr KWOK Ka-ki urged the Administration and HA to review the current arrangements in relation to the provision of liver transplant service by the Liver Transplant Centre.

Admin/  
HA

43. USFH undertook to examine the provision of liver transplant service by HA, in particular the directorship and manpower arrangement of the liver transplant team in the light of the liver transplant incident in October 2017, and provide the Panel with the preliminary findings within three months' time.

Conclusion

44. In closing, the Chairman said that the concerns and suggestions raised by members on the regulation and promotion of organ donation could be further deliberated by the Bills Committee to be formed to study the relevant bill.

**V. Any other business**

45. The Chairman reminded members that the Panel would hold a special meeting on 5 February 2018 to receive views from members of the public on the subject "HIV and AIDS response measures formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)".

46. There being no other business, the meeting ended at 6:38 pm.