

**立法會**  
**Legislative Council**

LC Paper No. CB(2)979/17-18  
(These minutes have been seen  
by the Administration)

Ref : CB2/PS/1/16

**Panel on Welfare Services and Panel on Health Services**

**Joint Subcommittee on Long-term Care Policy**

**Minutes of the eleventh meeting**  
**held on Tuesday, 12 December 2017, at 10:00 am**  
**in Conference Room 3 of the Legislative Council Complex**

**Members present** : Dr Hon Fernando CHEUNG Chiu-hung (Chairman)  
Hon SHIU Ka-chun (Deputy Chairman)  
Hon LEUNG Yiu-chung  
Prof Hon Joseph LEE Kok-long, SBS, JP  
Dr Hon Elizabeth QUAT, BBS, JP  
Dr Hon Pierre CHAN  
Hon KWONG Chun-yu

**Members Absent** : Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon CHAN Han-pan, JP  
Hon Alvin YEUNG  
Hon CHU Hoi-dick  
Hon LUK Chung-hung

**Public Officers attending** : Item I

Dr Raymond SO, BBS, JP  
Under Secretary for Transport and Housing  
Transport and Housing Bureau

Mr Kevin CHOI, JP  
Deputy Secretary for Transport and Housing  
(Transport) 2  
Transport and Housing Bureau

Mr Nick CHOI  
Assistant Secretary for Transport and Housing  
(Transport) 1A  
Transport and Housing Bureau

Miss Rachel KWAN  
Assistant Commissioner for Transport / Bus and  
Railway  
Transport Department

Mr Gregory LO  
Chief Transport Officer / Bus and Railway 3  
Transport Department

Mr CHENG Sui-on  
Acting Assistant Director (Licensing and  
Certification)  
Fire Services Department

Dr SO Wing-yee  
Chief Manager (Quality and Standards)  
Hospital Authority

## Item II

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

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

Miss Stella CHANG  
Principal Assistant Secretary for Labour and Welfare  
(Welfare)3  
Labour and Welfare Bureau

Ms PANG Kit-ling  
Assistant Director (Elderly)  
Social Welfare Department

Miss CHAN Lai-chu  
Chief Social Work Officer (Rehabilitation and  
Medical Social Services)1  
Social Welfare Department

Mr CHAN Shiu-kwan  
Assistant Director (Ambulance)  
Fire Services Department

Dr K S LAU  
Chairman of Central Committee on Palliative Care  
Hospital Authority

Dr Christina MAW  
Chief Manager (Primary & Community Services)  
Hospital Authority

**Attendance by  
invitation** : Item II

DAB

Mr TSOI Shing-hin  
Deputy Spokesperson

Mr LEUNG Kwok-hung

St. James' Settlement - JCECC: Cheering @ Home  
End of Life Care Services

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Mr YU Lok-tin  
Project Manager (RSW)

Ms Christine FANG Meng-sang

New People's Party

Mr Joey LEE Man-lung  
Representative

Civic Party

Mr Andy YU Tak-po  
Executive Committee

Liberal Party

Ms TSANG Cheuk-yi  
Member

United Social Service Centre

Miss LEE Wing-lam  
Community Development Officer

Mr LEUNG Cheong-yiu

Ms Alice ISHIGAMI LEE Fung-king

Togetherness Limited

Mr MOO Chi-wai  
義務總幹事

The Association of Parents of The Severely Mentally Handicapped

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Mr LEE Chi-yung  
Chairman

The Hong Kong Council of Social Service

Ms WONG Yuen-wa  
Officer (Elderly Service)

Hong Kong Society of Palliative Medicine

Dr YUEN Kwok-keung  
Chairman

伍桂麟先生

**Clerk in attendance** : Mr Colin CHUI  
Chief Council Secretary (2) 4

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

Miss Meisy KWOK  
Legislative Assistant (2) 6

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Action

**I. The issue of prohibiting chronic patients from carrying portable oxygen cylinders to travel on public transport**

[LC Paper Nos. CB(2)476/17-18(01), CB(2)428/17-18(01), CB(2)498/17-18(01) and CB(2)519/17-18(01) to (02)]

The Joint Subcommittee deliberated (index of proceedings attached at **Annex**).

Admin/HA

2. The Chairman requested the Administration/the Hospital Authority ("HA") to provide the following information in writing:

- (a) the number of HA's patients who required oxygen therapy, with a breakdown by types of disease these patients were suffering from; and
- (b) the implementation details relating to the Administration's legislative proposal to allow access to franchised buses for persons carrying compressed oxygen cylinders for self-medical use.

**II. Hospice services**

[LC Paper Nos. CB(2)476/17-18(02) to (03), CB(2)498/17-18(02) to (05), CB(2)519/17-18(03) to (04) and CB(2)583/17-18(01)]

3. The Joint Subcommittee deliberated (index of proceedings attached at **Annex**).

Admin/HA

4. The Chairman requested the Administration/HA to provide the following information in writing:

- (a) the amount of financial resources allocated by the Government for the provision of palliative care services and the training of palliative care specialists; and
- (b) the amount and percentage of HA's recurrent expenditure on its palliative care services and the utilization rate of palliative care beds of HA.

Action

**III. Any other business**

The LegCo  
Secretariat

5. The Chairman said that a report of the Joint Subcommittee would be prepared to summarize its deliberation and set out its recommendations for members' endorsement by circulation of papers to members in due course.

6. There being no other business, the meeting ended at 12:47 pm.

Council Business Division 2  
Legislative Council Secretariat  
5 March 2018

**Proceedings of the eleventh meeting of the  
Joint Subcommittee on Long-term Care Policy  
on Tuesday, 12 December 2017, at 10:00 am  
in Conference Room 3 of the Legislative Council Complex**

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
<i>Agenda item I – The issue of prohibiting chronic patients from carrying portable oxygen cylinders to travel on public transport</i>			
000749 – 001303	Chairman Admin	<p>Opening remarks</p> <p>The Administration briefed members on the current situation concerning the access to public transport for persons carrying compressed oxygen cylinders for self-medical use, details of which were set out in the Administration's paper (LC Paper No. CB(2)476/17-18(01)).</p>	
001304 – 001837	Chairman Prof Joseph LEE Admin	<p>Prof Joseph LEE declared that he was a member of the Equal Opportunities Commission. He held the view that the Administration should take measures in various aspects, such as healthcare, education and social welfare, to facilitate persons carrying compressed oxygen cylinders for self-medical use (including around 6 000 patients, a majority of them were suffering from Chronic Obstructive Pulmonary Disease ("COPD")) to live in the community. Specifically, the Administration should facilitate the access to different public transport carriers for these persons by amending relevant legislation and stepping up public education to reduce stigma and discrimination arising from the misunderstanding that people with compressed oxygen cylinders for self-medical use in public places would impose threats on public safety. In addition, the Social Welfare Department ("SWD") should strengthen its support for these persons.</p> <p>The Chairman added that according to the outcome of a study conducted by the Hong Kong Occupational Therapy Association ("HKOTA") in September 2017, there were about 6 300 patients who required oxygen therapy (as at June 2017) in Hong Kong.</p> <p>The Administration advised that according to regulation 14A of the Public Bus Services Regulations (Cap. 230A) ("PBSR"), no substance or article to which the Dangerous Goods</p>	

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		<p>Ordinance (Cap. 295) ("DGO") applied (including compressed oxygen) should be brought on to any bus, regardless of the quantity involved. However, other public transport carriers such as non-franchised bus, public light bus, taxi, tram and ferry did not impose a similar restriction under their respective statutory provisions. Passengers complying with DGO were allowed to carry compressed oxygen cylinders for self-medical use to travel on these carriers. Other views expressed by Prof Joseph LEE would be conveyed to relevant government bureaux and departments ("B/Ds") as appropriate.</p>	
<p>001838 – 002453</p>	<p>Chairman Mr KWONG Chun-yu Admin</p>	<p>Mr KWONG Chun-yu considered that the legislation which prohibited people with compressed oxygen cylinders for self-medical use on franchised buses had restricted the right of the patients concerned. He asked when the Administration would introduce the relevant legislative proposal to the Legislative Council ("LegCo") to address the problem.</p> <p>The Chairman remarked that according to the Administration's paper (LC Paper No. CB(1)1504/11-12(01)) for discussion at the meeting of the LegCo Panel on Transport on 12 April 2012, the Administration had once planned to introduce a relevant legislative proposal to LegCo for negative vetting in 2012. However, no work in this regard had ever been done to date.</p> <p>The Administration advised that in handling the subject matter, it had to strike a balance between the right of access to franchised buses for persons carrying compressed oxygen cylinders for self-medical use and the need to protect the safety of other bus passengers by taking into account the views of various stakeholders. The Administration aimed to introduce the legislative proposal to LegCo for negative vetting in the 2017-2018 legislative session. In addition, the Administration was particularly concerned that some persons carrying compressed oxygen cylinders for self-medical use failed to travel by those public transport carriers which did not have a similar restriction under their respective statutory provisions. The Transport Department, Fire Services Department ("FSD") and Hospital</p>	



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		<p>Authority ("HA") would, among others, liaise with the relevant public transport service operators and patient groups on the legislative provisions concerned, and provide appropriate assistance and guidelines to further facilitate the use of these transport services by patients who required oxygen therapy.</p>	
<p>002454 – 003210</p>	<p>Chairman Deputy Chairman Admin HA</p>	<p>The Deputy Chairman:</p> <ul style="list-style-type: none"> <li>(a) asked the Administration to provide information on the number of HA's patients who required oxygen therapy, with a breakdown by types of disease these patients were suffering from;</li> <li>(b) asked whether the legislative provisions to be amended as proposed by the Administration would be applicable to all franchised buses managed by different operators and green mini buses, which were usually taken by patients to and from hospitals; and</li> <li>(c) said that public education was an effective measure to help reduce the stigma and discrimination against persons carrying compressed oxygen cylinders to use public transport services.</li> </ul> <p>The Administration:</p> <ul style="list-style-type: none"> <li>(a) advised that the requisite information at (a) above might not be available. That said, the Administration would make reference to the outcome of the HKOTA's survey, which revealed that, among others, there were about 6 300 patients who required oxygen therapy and about 75% of them were over the age of 65. HA added that patients suffering from COPD, pneumoconiosis, or other pulmonary lung diseases might require long-term oxygen therapy;</li> <li>(b) reiterated that the proposed legislative amendments would be applicable to all franchised bus operators, which would in turn further facilitate the use of public transport services by patients who required oxygen therapy; and</li> </ul>	

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		<p>(c) affirmed the effectiveness of public education and added that the Administration had already liaised with operators of franchised ferry, tram and green mini bus on the respective legislative provisions applicable to them. The Administration would also provide guidelines for various public transport service operators regarding this subject matter to facilitate their daily operation.</p> <p>The Deputy Chairman asked the Administration to provide information be requested at (a) above after the meeting.</p>	<p><b>Admin/ HA (para. 2(a) of the minutes)</b></p>
<p>003211 – 003950</p>	<p>Chairman Mr LEUNG Yiu-chung Admin</p>	<p>Mr LEUNG Yiu-chung asked the Administration to:</p> <p>(a) provide the respective outlines of the relevant legislative proposal and guidelines as soon as possible for consulting members and stakeholders; and</p> <p>(b) take measures to facilitate persons carrying compressed oxygen cylinders for self-medical use to have access to (i) Mass Transit Railway ("MTR") without seeking assistance from the MTR staff, and (ii) public transport carriers which had no strict control on the carriage of oxygen cylinders under their respective statutory provisions.</p> <p>The Administration advised that it:</p> <p>(a) had held a meeting with patient groups on 7 December 2017 to collect their views on the implementation details of the legislative proposal under consideration and the formulation of relevant guidelines. Having consulted FSD and the Electrical and Mechanical Services Department and made reference to the relevant provisions of DGO, the Administration initially proposed limiting the total number of oxygen cylinders for self-medical use to be allowed on a bus at any one time at two. A written response on the implementation details would be provided for members' reference after the meeting; and</p>	<p><b>Admin (para. 2(b) of the minutes)</b></p>

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		(b) expected that the implementation of the legislative proposal and provision of guidelines in respect of allowing access to public transport for persons carrying compressed oxygen cylinders for self-medical use could enable the public transport service operators and members of the public to have a better understanding of the issue. Public education efforts in this regard would continue to be stepped up. Separately, the Administration would discuss Mr LEUNG Yiu-chung's suggestion at (b)(i) above with the MTR Corporation.	
003951 – 004401	Chairman Dr Pierre CHAN Admin	<p>Dr Pierre CHAN expressed support for the Administration's proposal to amend the legislation to allow access to franchised buses for persons carrying compressed oxygen cylinders for self-medical use. He asked how DGO was related to the proposed legislative exercise. On the other hand, he was wary that smoking should not be allowed in the proximity of persons carrying compressed oxygen cylinders in order to protect public safety.</p> <p>In response to Dr Pierre CHAN's question, the Administration briefed members on DGO and regulation 14A of PBSR, details of which were set out in paragraph 3 of the Administration's paper (LC Paper No. CB(2)476/17-18(01)).</p>	
004402 – 004707	Chairman	The Chairman was concerned about the Administration's initial thought of allowing a maximum of two oxygen cylinders to be carried on a bus at any one time. He called on the Administration to consider relaxing the above proposed restriction given that a patient going outside might need to carry two oxygen cylinders for self-medical use. He also urged the Administration to take stringent enforcement actions against smoking at the statutory no-smoking areas and introduce the relevant legislative proposal to LegCo as early as possible.	
<i>Agenda item II – Hospice services</i>			
004708 – 005117	Chairman	Opening remarks	
005118 – 005429	DAB	Presentation of views	

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005430 – 005759	New People's Party	Presentation of views [LC Paper No. CB(2)583/17-18(01)]	
005800 – 010214	Ms Christine FANG Meng-sang	Presentation of views [LC Paper No. CB(2)498/17-18(03)]	
010215 – 010620	St. James' Settlement - JCECC: Cheering @ Home End of Life Care Services	Presentation of views	
010621 – 010932	Civic Party	Presentation of views [LC Paper No. CB(2)519/17-18(03)]	
010933 – 011328	Liberal Party	Presentation of views	
011329 – 011629	United Social Service Centre	Presentation of views	
011630 – 012007	Mr LEUNG Cheong-yiu	Presentation of views	
012008 – 012305	Ms Alice ISHIGAMI LEE Fung-king	Presentation of views	
012306 – 012646	Togetherness Limited	Presentation of views	
012647 – 013214	The Association of Parents of The Severely Mentally Handicapped	Presentation of views [LC Paper No. CB(2)519/17-18(04)]	
013215 – 013534	The Hong Kong Council of Social Service	Presentation of views [LC Paper No. CB(2)498/17-18(04)]	
013535 – 013720	Hong Kong Society of Palliative Medicine	Presentation of views [LC Paper No. CB(2)498/17-18(02)]	
013721 – 014201	伍桂麟先生	Presentation of views	
014202 – 014536	Mr LEUNG Kwok-hung	Presentation of views	
014537 – 020631	Chairman Admin HA	The Chairman invited the Administration to respond to the major views expressed and suggestions made by the deputations and individuals concerning the absence of a comprehensive policy on and the inadequate	

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		<p>provision of hospice services, a lack of social-medical collaboration in this regard and the reluctance of public doctors in certifying their patients' advance directives ("ADs") or recognizing those ADs signed outside HA. He was also concerned about the timetable for the introduction of end-of-life care services by subvented and private residential care homes for the elderly ("RCHEs").</p> <p>The Administration briefed members on the end-of-life care services supported by SWD and the three-year research study on the quality of healthcare for the ageing ("the Research Study") conducted by the Chinese University of Hong Kong, details of which were set out in paragraphs 11 to 13 and 14 respectively of the Administration's paper (LC Paper No. CB(2)476/17-18(02)). It also advised that:</p> <p>(a) the provision and quality of palliative care services would be progressively improved with the Administration's continuous efforts in various aspects, e.g. the conduct of the Research Study expected to be completed in end-2018, the announcement made by the Chief Executive in her 2017 Policy Address that the Administration would consider amending relevant legislation to give patients the choice of "dying in place", and the implementation of the "Strategic Service Framework for Palliative Care" ("the Strategic Framework") by HA;</p> <p>(b) one of the recommendations of the report on the Elderly Services Programme Plan was to strengthen end-of-life care services. SWD would discuss with the non-governmental organizations concerned which were operating subvented RCHEs how to introduce end-of-life care services through their expansion, redevelopment or new development projects under the Special Scheme on Privately Owned Sites for Welfare Uses. Continuous efforts would also be made to progressively introduce these services in contract and private RCHEs. In addition, SWD planned to discuss with RCHEs operators how to strengthen the training of frontline staff to better gear them up for the</p>	

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		<p>provision of end-of-life care services. Separately, SWD would examine how to strengthen the training of its frontline social workers to enhance the support for dying patients and their family members by taking into account some deputations' views in this regard;</p> <p>(c) it was not feasible for FSD to implement the Do-Not-Attempt Cardiopulmonary Resuscitation ("DNACPR") Guidelines at present. According to legal advice, there appeared to be a conflict between the implementation of the DNACPR Guidelines and the statutory obligation of FSD officers under section 7(d) of the Fire Services Ordinance (Cap. 95) ("FSO") which mandated initiation of life-sustaining measures. If the above conflict could be addressed, FSD was open to implement the DNACPR Guidelines; and</p> <p>(d) individual cases mentioned by deputations or individuals would be followed up as and when appropriate after the meeting.</p> <p>Regarding the Administration's reply at (c) above, the Chairman held the view that the conflict should be addressed by making or amending relevant legislation.</p> <p>Agreeing to strengthen its provision of palliative care services and the social-medical collaboration in this regard, HA advised that:</p> <p>(a) with the support from the Administration, HA intended to progressively extend its palliative services, which were currently provided by 16 multidisciplinary teams of professionals on a cluster basis, to cover all public hospitals;</p> <p>(b) the Strategic Framework released by HA in 2017 set out, among others, four strategic directions for adult palliative care (i.e. enhancing governance by developing cluster-based services with the collaboration of medical and oncology palliative care specialists; promoting collaboration between palliative care and non-palliative care specialists through shared care model</p>	

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		<p>according to patients' needs; enhancing palliative care in the ambulatory and community settings to support patients and reduce unnecessary hospitalization; and strengthening performance monitoring for continuous quality improvement). In addition, three strategic directions were formulated for the provision of paediatric palliative care (i.e. establishing territory-wide paediatric care services in HA; promoting integrated and shared care with the parent teams; and enhancing community support for children and families in need of palliative care); and</p> <p>(c) ADs, the validity of which had already been recognized by the common law, should be respected, no matter they were signed in or outside HA. That said, public doctors would advise HA patients with ADs signed outside HA to also sign ADs in HA in order to avoid ambiguity and facilitate clearer communication and work of HA clinical teams involved. An AD form and the Guidance for HA Clinicians on ADs in Adults were available to help HA clinical teams handle issues relating to ADs as and when appropriate.</p>	
020632 – 021242	Deputy Chairman	<p>The Deputy Chairman asked the Administration to:</p> <p>(a) respond to The 2015 Quality of Death Index which ranked palliative care across the world. According to the report, Hong Kong was at position 22 in the Index, which was lower than Taiwan, Singapore, Japan and South Korea;</p> <p>(b) provide information on the amount of financial resources allocated by the Government for the provision of palliative care services and the training of palliative care specialists; and the amount and percentage of HA's recurrent expenditure on its palliative care services and the utilization rate of palliative care beds of HA. Citing the Caritas Medical Centre as an example, he expressed concern that facilities of some public hospitals were not fully utilized to</p>	

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		<p>enhance the provision of palliative care services due to healthcare manpower shortage in HA;</p> <p>(c) take measures to facilitate FSD to implement DNACPR Guidelines; and</p> <p>(d) strengthen the provision of psychosocial care which was considered vital for dying patients.</p>	
021243 – 022201	Chairman Dr Elizabeth QUAT Admin	<p>Expressing concern about the subject, Dr Elizabeth QUAT called on members with different political backgrounds to join hands to facilitate the development of hospice services for the benefit of the community. Noting that the conflict between the statutory obligation of FSD officers under section 7(d) of FSO and the implementation of the DNACPR Guidelines had hindered the application of ADs, she asked which B/D would take lead to amend relevant legislation if necessary.</p> <p>The Administration advised that the Research Study which was expected to complete in end-2018 would holistically review quality of healthcare for the ageing and make recommendations to address, among others, legislative issues on the implementation of AD. The Administration would decide on the way forward in this regard by taking into account such recommendations. In the case that relevant legislation such as FSO required any amendments, the Food and Health Bureau would take lead in relevant work as and when necessary, in consultation with the B/Ds concerned, such as FSD.</p> <p>Dr Elizabeth QUAT urged the Administration to start working on the necessary legislative amendments as soon as possible before the completion of the Research Study. She would follow up the issue with the B/Ds concerned after the meeting.</p>	
022202 – 022613	Chairman Mr LEUNG Yiu-chung HA	Mr LEUNG Yiu-chung was concerned about the inadequate provision of palliative care beds. Noting a deputation's concern that the farewell room at Queen Mary Hospital was too small to pay respect to the deceased, he urged HA to address the problem and enhance the provision of farewell services by some public hospitals.	



Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p>Taking note of Mr LEUNG Yiu-chung's suggestion, HA advised that the direction of improving hospital mortuary facility was included in the HA's Strategic Framework. HA would consider enhancing their hospital mortuaries, if any, as appropriate when there was renovation or redevelopment of hospitals, as well as development of new hospitals. Moreover, multipurpose rooms, in addition to palliative care beds, were in-place in some hospitals to accommodate various needs of patients, including to be used as farewell rooms for patients in their last few days of life.</p>	
<p>022614 – 025049</p>	<p>Chairman The Association of Parents of The Severely Mentally Handicapped Mr LEUNG Cheong-yiu Togetherness Limited 伍桂麟先生 Ms Christine FANG Meng-sang Admin HA</p>	<p>At the invitation of the Chairman, some deputations and individuals further expressed views and made suggestions on various issues relating to hospice services, including the implementation of ADs in and outside HA, issues relating to euthanasia, inadequacies in medical-social collaboration, provision of farewell rooms and services by some public hospitals, regulation of funeral industry and the absence of an inter-departmental policy on hospice services.</p> <p>The Administration advised that:</p> <ul style="list-style-type: none"> <li>(a) following the development of palliative care services in the past 30 years or so, the Administration would continue to progressively enhance the service provision in this regard. As a next step, the Administration would follow up the recommendations to be made by the Research Study;</li> <li>(b) euthanasia, which was a complicated social issue, was not permitted under the laws of Hong Kong;</li> <li>(c) the Administration attached great importance to the needs of individual cases and would offer assistance as and when appropriate so that the service providers concerned could follow up the cases directly;</li> <li>(d) whether palliative care services and relevant support should be provided as healthcare or social welfare services would depend on the needs of patients and their families at different stages. Frontline social workers should make use of the collaboration among various sectors to provide holistic services and support for service users based on their needs; and</li> </ul>	

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		<p>(e) a deputation's view on the regulation of funeral industry was noted.</p> <p>HA advised that it noted a deputation's view on inadequacies in the provision of farewell services by some public hospitals, and would examine the feasibility of making enhancements in this regard. At the request of the Chairman, the Administration/HA also undertook to provide information requested by the Deputy Chairman at (b) above [time-marker: 020632 – 021242] after the meeting.</p> <p>The Chairman said that the Administration should enhance the provision of hospice services which was the common wish of all Hong Kong people by taking concrete measures, such as making necessary legislative amendments, improving the regulation of funeral industry, enhancing relevant healthcare and social welfare services and putting in place a coordination mechanism to strengthen medical-social collaboration.</p>	<p><b>Admin/ HA (para. 4 of the minutes)</b></p>
<i>Agenda item III – Any other business</i>			
025050 – 025153	Chairman	<p>The Chairman said that the Joint Subcommittee would cease its work upon completion of the 12-month period which would end on 15 December 2017 and be put on the waiting list for re-activation. He thanked members and the LegCo Secretariat for their support for the work of the Joint Subcommittee in the past year. He said that a report for the Joint Subcommittee would be prepared to summarize its deliberation and set out its recommendations for members' endorsement by circulation of papers to members in due course.</p>	<p><b>LegCo Secretariat (para. 5 of the minutes)</b></p>