

LETTERHEAD OF DANIEL C. W. TSE

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2 June 1999

Ms Doris Chan
Clerk to Bills Committee on the Chinese Medicine Bill
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Legislative Council Secretariat
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Dear

Re : Chinese Medicine Bill

The Chairman of the Bills Committee on the Chinese Medicine Bill has referred the letter of the University Grants Committee (UGC) on the drafted legislation for my information in my capacity as Chairman of the Preparatory Committee on Chinese Medicine. After reading the letter, I felt compelled to make the following response to the UGC comments, hoping that my response would be considered alongside the views of the UGC.

- (1) After reading through the whole letter signed by the Secretary-General of UGC, Mr N J French, giving the views of the Medical Sub-Committee (MSC), I must say I am surprised to find that in forming its views about Chinese medicine, the MSC seemed to have disregarded Article 138 of the Basic Law which provides equal opportunity to Chinese and western medicine for development in the Special Administrative Region. It seems to me that the MSC which is totally dominated by interested parties of western medicine, still treats Chinese medicine as a marginal profession playing a so-called 'traditional' (i.e. supplementary) role in the health care provision of the Special Administrative Region. As Chairman of the Preparatory Committee on Chinese Medicine, I find the condescending attitude totally unacceptable, because it goes against the spirit of the Basic Law in this regard.

- (2) In paragraph 3 of Mr French's letter, I find the description of Chinese medicine development in 'Mainland China' (the Chinese Mainland) totally misleading. His (or MSC's) understanding is that the Chinese Mainland is not as well provided with fully trained western medicine practitioners as in Hong Kong, and it is under such circumstances that subjects such as physiology, biochemistry, clinical examination, use of diagnostic technology etc. are included in the Chinese medicine curricula in the Chinese Mainland. May I submit that his (or MSC's) understanding is totally wrong and out-dated. As the Minister of Health Mr Zhang Wen-kang told the Preparatory Committee on Chinese Medicine on more than two occasions, the current emphasis of Chinese medicine development in China is modernization on firm scientific grounds. I think that such a factually incorrect statement of the MSC should be removed from consideration by the Bills Committee because it is not reflecting either the spirit of the Basic Law or the current situation in the Chinese Mainland regarding Chinese medicine.
- (3) In the 4th paragraph, Mr French talked about medical manpower planning. He says that there are currently hints that Hong Kong be facing an over supply of fully trained (western) medical practitioners, and some suggestions that the in-take to the medical schools at HKU and CUHK should be reduced. May I submit that the hints and the suggestions existed long before the training of Chinese medicine practitioners became an issue in Hong Kong. Mr French should remember that the Hong Kong government had suggested to UGC several years ago to consider cutting the in-take because of the apparent oversupply of western medical doctors, but that suggestion was successfully snubbed by the powerful lobbying of the two medical schools. Trying to shift the blame to the modern training of Chinese medicine practitioners for the over supply of western-trained medical practitioners is, in my view, quite irresponsible. It is a fact that many people in Hong Kong are consulting Chinese medicine practitioners these days, even before the legislation is in place. The registration of Chinese medicine practitioners which is anticipated to take place next year would definitely increase the popularity of Chinese medicine in Hong Kong. If UGC is concerned about the possible over supply of western medical practitioners in the future, it should certainly do something about the entry numbers at the two existing medical schools; shifting the blame to the manner in which the new breed of Chinese medicine practitioners are trained is not an alternative.

- (4) So far as research and practice are concerned, I do appreciate the fact that UGC would wish to make sure that the western trained practitioners be allowed to undertake clinical research on Chinese medicine. By the same token, I expect UGC or the MSC to be fair minded enough to allow the Chinese trained medical practitioners to undertake clinical research on treatment using some of the western methodologies. It is my considered view that only when the MSC can take an open and unbiased view towards Chinese and western medicine would it be able to command respect when it gives advice to both traditions.

Like Mr French, I should be grateful if you could bring my comments to the attention of the Bills Committee, and let me know the results of its deliberation.

Sincerely yours,

Daniel C W Tse
Chairman, Preparatory Committee on
Chinese Medicine

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