

蔡堅醫生的信頭

Letterhead of DR. CHOI KIN

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17 December 1998

Legislative Council
Subcommittee on Human Organ Transplant Ordinance
Hong Kong Special Administrative Region
Attn.: Ms Doris Chan, Clerk to Subcommittee

Dear members of the Subcommittee,

Re: Human Organ Transplant Ordinance (Cap 465)

Thank you for your letter dated 8 December 1998 asking our views on the above Ordinance.

Our Association, the Practising Estate Doctors' Association, is made up of doctors, generalists and specialists, working in estates over the 18 districts of Hong Kong, and providing primary and secondary care to about half the population of Hong Kong. Some of us have had the experience of dealing with renal transplants in both the public and private sector. Our views on the Ordinance are:

- 1) We hold the conviction that there should be no commercial organ trading in Hong Kong. The Nephrology Society of Hong Kong adopted this principle dating back to 1988 and advised its members accordingly. Difficult situations arise when Hong Kong citizens have transplants done in countries where the source of the organ cannot be confirmed to be from a voluntary source and the fee for transplantation is high and may include the cost of the organ. The medical profession in Hong Kong should not participate in these dubious transplant procedures though the profession has also avoided being judgmental over those countries where these practices are carried out.
- 2) Difficulty will arise when the potential recipient or his family bring in a non-genetically related donor, especially one from China or another country, posing as a close friend or distant relative. Though it may be inhumane to forbid such a transplant on a dying patient, the Human Organ Transplant Board must also make sure that the donor understand the risk, including mortality and morbidity of the operation. The Board must also think about the repercussions if a donor dies during or after such an operation, especially if the donor is from abroad. Will the hospital, the Hospital Authority, the Department of Health or the SAR Government be responsible for the future of the widow or orphan of a donor who suffers a fatal complication? Will the SAR Government be forced to allow the donor's family members to come into Hong Kong to care for the donor if he should suffer from a health problem after the operation, and provide financial assistance for him and his family in the process?
- 3) To counter these measures, the Board must be vigilant that there is no monetary reward for the organ donor. The Board should meet with the donor and ensure that each case is genuine. For urgent cases, the committee should ensure that they meet with the donor themselves and make a decision within an hour. Since service on the Board is on a voluntary basis, its members should be prepared to meet after midnight if needed because the transplant surgeons may be operating at 2 am in the morning. Failure to do so will suggest inadequacy of the Board itself.
- 4) If a patient waiting for transplant should become comatose, prior consent for operation or indication of understanding of the hazards of the operation should be enough. Emergency operations like craniotomy or laparotomy on traffic accident victims have been done with only the consent of the relative or sometimes, lacking the latter, with the hospital administrators' approval only.

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- 5) The Board should release its reason for refusal, if such is the decision of the Board, to the recipient or his family, or the media if needed, as soon as possible, and a mechanism for appeal should be available to the recipient to furnish new evidence. The real reason for refusal should be given, and none other.
- 6) Cadaveric donor must be the way for the future. Live donor is always subjected to risk. Opting out will only create more animosity in a Chinese society. During the past 20 years little progress was made because no real effort was made and a wrong approach taken. No public figure (except for pop singers?) stood out and pronounced that he had sign a voluntary donor card, not the Chief Executive, not the Director of Health, not Board members and not the transplant surgeon. It is not enough setting up nurses specially to talk to the relatives of the dying. Despite the deteriorating doctor-patient relationship in the nineties, doctors still are the most influential person when he talks to his patient. As early as 1973, Dr. Lawrence Chan, then intern in the University Surgical Unit in Queen Mary Hospital, currently Professor of Nephrology in the University of Colorado, successfully talked to the relatives of a traffic accident victim and convinced them to donate the victim's kidneys. The operation was done late at night and I assisted in one of the transplants. To avoid conflict of interest, doctors doing the transplants nowadays are not allowed to persuade victims to donate kidneys. Unfortunately, those not involved with the transplants are not too keen to persuade their dying patients to donate organs lest they should antagonise the family. Unless this attitude is changed and unless a different campaign using more public figures to counter the traditional Chinese belief of 'whole corpse' is adopted, no progress in transplant can be anticipated.
- 7) We trust in the current Board, but we must emphasise once again that to serve on this Board, members must be 24 hours on call like doctors, must not bend to pressure, and must be able to speak to the recipient, his family and the public with frankness and integrity.

We hope that we can be of service to you but regret that we cannot provide you with a Chinese submission or a soft copy in Winword 6.0 format. We will be glad to assist in this matter in future if needed.

Yours faithfully,

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Medicine)
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