

蔡堅醫生的信頭

Letterhead of Dr. CHOI Kin, Gabriel

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The Chairperson,  
Subcommittee on Regulations relating to Occupational Safety & Health  
Legislative Council,  
Hong Kong.  
Attn: Ms. Constance Li  
FAX: 25099055

Dear Sir,

**Re: Appointed Medical Practitioners**

I was informed earlier today that a discussion of the above will take place tomorrow. As a doctor who has taken the required diploma leading to the proposed AMP status, I think it is my obligation to discuss this issue.

As an omnipotent physician, I was not aware that occupational medicine is a discipline by itself until I took the diploma course in occupational medicine. It was then that I learnt (i) about Ramazzini, the father of occupational medicine, (ii) of the occupational groups like laborers, miners, quarrymen, furnace, forge, foundry and rolling mill workers, construction workers, painters and decorators, textile workers, leather workers, glass and ceramic workers, paper and printing workers and clothing workers, lorry drivers, (iii) of the different diseases which affected each group of workers, (iv) of the toxicology of metals, solvents and various organic compounds, (v) of occupational lung diseases, occupational dermatitis, and occupational cancers, (vi) of decompression sickness, noise, irradiation and other physical hazards due to occupation, (vii) of infectious diseases, accidents and traumas related to occupation, (viii) of ergonomics and light in providing a better physical environment for workers and (ix) finally about examination of workers and control of occupational disease. Being a veteran physician with 27 years of experience and 15 diplomas behind me, I must admit that I learnt a lot from the course, materials not taught to me in medical school.

The medical community has come to accept that we should be responsible to our patients. We have created the Academy of Medicine to define specialties and specialists. We have demanded that all non-Hongkong graduates, whether from the Mainland or from abroad, must be up to a certain standard by passing the Licentiate Examination of the Medical Council, to ensure the safety of our citizens. One council member of the College of Family Physicians even suggested that all general practitioners without 3 years of recognized training should not be allowed to engage in unsupervised practice and should not be registrable in his proposed primary care register. By the same token, having acknowledged that occupational medicine is a distinct entity just like cardiology and urology, no untrained physician should be allowed to determine the professional life of a diver, just like no untrained graduate of medical school would be allowed to do cardiac catheterization or transurethral resection of prostate.

There are those who argue that any practitioner can do medical check ups and that they have been doing check ups for years. These doctors do not recognize that the special category of workers specially arranged for examination by the AMPs are totally different from the bank staff or clerical workers that they usually examined. Other doctors argued that they can perform check ups for workers exposed to chemical solvents by referring to textbooks or computer web sites when such a person came into their office. They are not aware of the amount of misleading information on the web sites. The analogy would be allowing a medical student to act as a doctor without taking his final examination and allowing him to see a patient with an open textbook of medicine in front of him every time.

The only criticism I like to make is that there may be diplomas or degrees from other countries comparable to the local list and not recognized for AMP inclusion. I would suggest that for all doctors who claim to have enough experience or expertise on the subject, that they be allowed to sit for the AMP examination and that if they should pass the examination, they be included in the list of AMPs. This would be a fairer solution and will not contravene WTO regulations.

Yours sincerely,

Dr. CHOI Kin

Chairman, Practicing Estate Doctors' Association

Adjunct Associate Professor, Department of Community & Family Medicine, CUHK

Honorary Assistant Professor, Department of Family Medicine, HKU