

立法會
Legislative Council

LC Paper No. CB(2)1601/99-00
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Friday, 10 March 2000 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present : Hon Michael HO Mun-ka (Chairman)
Dr Hon LEONG Che-hung, JP (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon LEE Kai-ming, SBS, JP
Hon Fred LI Wah-ming, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, JP
Hon WONG Yung-kan
Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP

Members Absent : Hon HO Sai-chu, JP
Hon LEE Wing-tat
Hon CHAN Yuen-han
Hon Bernard CHAN
Dr Hon YEUNG Sum
Hon YEUNG Yiu-chung

Public Officers Attending : All items

Mr Gregory LEUNG, JP
Deputy Secretary for Health and Welfare

Ms Jennifer CHAN
Principal Assistant Secretary for Health and Welfare

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Miss Joanna CHOI
Principal Assistant Secretary for Health and Welfare (Designate)

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare

Miss Ada CHAN
Assistant Secretary for Health and Welfare

Dr T H LEUNG
Assistant Director of Health (Traditional Chinese Medicine)

Items IV and V

Dr W M KO
Deputy Director of Hospital Authority

**Deputations by : Item IV
Invitation**

Mr Graeme Stuart-Bradshaw
Western trained herbalist

Hong Kong Chiropractors' Association

Dr Edward LEE
President

Dr William YAM
Vice-President

Dr Stanley LUM
Chairman, Education Committee

Dr Allan CHAN
Member

Dr Vincent LAM
Member

The Hong Kong Prosthetists and Orthotists Association

Mr MAK Kin-kwok

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Chairman

Mr NG Kwok-hing
Vice Chairman

Mr CHUNG Yiu-kei
Secretary

Mr CHENG Wing-yiu
Executive Committee Member

Hong Kong Occupational Therapy Association

Miss Ruby HO
Chairlady

Mr Maurice WAN
Convenor, Working Group on Practice of Acupuncture

Miss Selina WAN
Member, Working Group on Practice of Acupuncture

Miss Eli CHU
Member, Working Group on Practice of Acupuncture

Mr Stephen MANN
Member, Working Group on Practice of Acupuncture

Mr Tony LAI
Concern Group, Subvented Organization & Private Practice

Item V

Hong Kong Public Doctors' Association

Dr LAI Kang-yiu
President

Dr LEUNG Ka-lau
Vice-President

Dr YIP Wai-chun
Secretary

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Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Item III only

Ms Eva LIU
Head, Research & Library Services Division

Ms Vicky LEE
Research Officer 3

Ms Elyssa WONG
Research Officer 4

All items

Ms Joanne MAK
Senior Assistant Secretary (2) 4

I. Confirmation of minutes of meeting
(LC Papers Nos. CB(2)928/99-00, CB(2)1234/99-00 and CB(2)1310/99-00)

The following minutes were confirmed without amendments -

- (a) Minutes of the joint meetings held by this Panel and the Panel on Environmental Affairs on 14 December 1999 and 7 January 2000; and
- (b) Minutes of the regular meeting on 14 February 2000.

II. Date of next meeting and items for discussion
(LC Papers Nos. CB(2)1308/99-00(01) and (02))

2. Members agreed to discuss the provision of hospital services for Kowloon East at the next meeting to be held on 10 April 2000 at 8:30 am.

3. Dr LEONG Che-hung suggested that the Panel should also discuss the matters

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Clerk coming under the Panel following the abolition of the two municipal councils. The Chairman requested the Clerk to compile a list of the relevant issues for discussion by this Panel.

Adm 4. The Chairman requested the Administration to provide a progress report on the utilization of the Clinical Pathology Laboratory Centre of the Department of Health after the setting up of a Laboratory Automation System.

Clerk 5. Referring to the item "Occupational injuries to the arms" on the Panel's list of outstanding items for discussion, the Chairman suggested to hold a joint meeting with the Panel on Manpower to discuss the subject. He requested the Clerk to liaise with the Clerk to the Panel on Manpower regarding the arrangements.

III. Research study on regulation of health food - outline of study
(LC Paper No. CB(2)1308/99-00(03))

6. Head (Research and Library) (H(RL)) of the Secretariat briefed members on the proposed scope of study. She explained that due to resources constraints, the research would be conducted by two stages: in the first stage they would examine the regulation of health food in Japan and the United States which had put in place advanced regulatory framework. She expected that this part of the research would be completed by May 2000. Thereafter the research would proceed to examine the regulation of health food in the Mainland and other countries such as Australia and Canada. The second stage was expected to be completed by mid June 2000. If information about the system in the Mainland was not forthcoming, the system in the Mainland would not be included in the report, but would be researched over this summer.

H(RL) 7. The Chairman suggested that attention should be paid to the differences in the definition of "health food" adopted by different countries. Dr LEONG Che-hung suggested to extend the scope of the research study to include regulation of genetically modified food in overseas countries. As genetically modified food was a new development, H(RL) considered that it was more suitable for a separate research study. The Chairman agreed and requested the Research and Library Services Division to plan the subject for future study. Details would be considered after the completion of the current research.

IV. Use of acupuncture and herbal medicine by other health care professionals
(LC Papers Nos. CB(2)1308/99-00(04) - (10))

8. The Chairman welcomed representatives of the deputations to the meeting.

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Mr Graeme Stuart-Bradshaw, western trained herbalist

9. Mr Bradshaw said his concern about the Chinese Medicine Ordinance was whether it would impose any restrictions on the use of Schedule 2 Chinese herbal medicines by western trained herbalists. He said that as it had since been clarified that there would be no restriction on their use of Schedule 2 herbs, his concerns had been allayed and he had no problems with the Ordinance. In response to the Chairman's question, Mr Bradshaw said that he and other western trained herbalists did not use Schedule 1 Chinese herbal medicines. He pointed out that there were similar protocol and restrictions in western herbal medicines. The only strong herb they used was "Ephedrae" which was used to treat asthma and as a stimulant. The Chairman requested the Administration to check whether it was Schedule I medicine.

Adm

10. Dr LEONG Che-hung requested Mr Bradshaw to explain the basic principles of the practice of a western trained herbalist as he was concerned whether any areas of such practice would contravene the Chinese Medicine Ordinance. In response, Mr Bradshaw explained that although there were some similar areas, the western trained herbalist's approach to diagnosis was more organ-based without the same emphasis on the five-element theory adopted by Chinese medicine practitioners. Instead of pulse diagnosis, the western trained herbalists used an electro-acupuncture device developed in Germany to do some measurements and made their diagnosis based on readings of the measurements and the symptoms of their patients.

Hong Kong Chiropractors' Association

11. Dr Edward LEE of the Association pointed out that acupuncture was often used by chiropractors in the course of their practice. In fact, acupuncture was included in the post-graduate studies on chiropractic. Dr LEE highlighted that the kind of acupuncture used by them was based on western theories of diagnosis and treatment, which were different and distinct from the principles of "Yin Yang" as practised in traditional Chinese medicine.

12. The Chairman sought Dr LEE's views on how to regulate the use of acupuncture by chiropractors. Dr LEE replied that the Chiropractors' Association supported setting up a committee under the Chiropractors Council to regulate the use of acupuncture by chiropractors. The Association recommended that the committee should draw up a list of qualified chiropractors who had completed formal studies on acupuncture and only these chiropractors would be allowed to practise acupuncture.

13. As regards the use of herbal medicines, Dr LEE pointed out that chiropractors did not use Schedule 1 Chinese herbal medicines. They used a limited range of herbal medicines in prepared form to supplement treatment and none of them was in Schedule 1.

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14. Dr LEE considered that the Administration should clarify whether it would contravene the law for chiropractors, who had studied natural medicine (such as Naturopath and Homeopathy), to practise it in managing their patients.

15. The Chairman noted that after the passage of the Chinese Medicine Bill, some health care service providers (including medical practitioners, Chinese medicine practitioners, chiropractors and physiotherapists) had enrolled with some institutions on the Mainland to learn acupuncture. He suggested the Administration to consider whether these people should also be granted exemptions to use acupuncture taking into consideration their professional expertise.

16. Deputy Secretary for Health and Welfare (DSHW) recalled that in discussing the Chinese Medicine Bill, members of the relevant Bills Committee had agreed that acupuncture based on the theories of traditional Chinese medicine would be subject to regulation under the Bill. Hence, if the health care professionals referred to by the Chairman wanted to practise acupuncture which was based on the theory of traditional Chinese medicine, they would have to pass the relevant registration assessments held by the Chinese Medicine Council first.

Hong Kong Prosthetists and Orthotists Association

17. Mr MAK Kin-kwok of the Association said that the training received by prosthetists and orthotists did not include the use of acupuncture. However, he pointed out that many of them were learning acupuncture, but it was not the kind based on the theories of traditional Chinese medicine.

18. The Chairman asked if the Association had any suggestions on how to regulate the use of acupuncture by its members. In response, Mr MAK said that over 90% of their members were employed by HA, which was responsible for regulating their services. In response to the Chairman's further question, Mr MAK said that he was not aware if there were any prosthetists and orthotists in private practice.

19. The Chairman said he was more concerned about the use of acupuncture by health care service providers who were not subject to any statutory registration systems. He considered that the Administration should pay special attention to these groups. DSHW replied that as the Chinese Medicine Ordinance stood, any act or activities practised by health care professionals which were not based on the theory of traditional Chinese medicine were outside the ambit of the Ordinance. Nevertheless, DSHW pointed out that these health care service providers should be aware that their act or activities were still subject to regulatory control by their own professions as well as criminal or civil liabilities. He added that it would be a serious crime for health care providers or any other persons to insert a needle into the body of another person claiming that they were practising acupuncture and then to be found that they were not qualified for the practice.

Hong Kong Occupational Therapy Association

20. Miss Ruby HO of the Association said that the practice of occupational therapy did not involve the use of Chinese herbal medicines. In regard to the use of acupuncture, she said that it was used by the profession only as a "facilitation technique". Miss Eli CHU of the Association supplemented that at the present stage acupuncture was more often used by occupational therapists during their research studies and not as treatments provided to patients.

21. Miss Ruby HO said that the Association was going to forward its proposal on how to regulate the use of acupuncture by registered occupational therapists to the Occupational Therapists Board. The Association was of the view that a registered occupational therapist could not use acupuncture unless he/she had received adequate training in it. To provide structured training in acupuncture for registered occupational therapists, the Association was collaborating with the University of Hong Kong to organize acupuncture training courses. Mr Maurice WAN added that the Association was liaising with the Occupational Therapists Board to establish the accreditation, registration and monitoring mechanisms for the use of acupuncture by occupational therapists. The Association considered that it would be necessary to draw up a code of practice for the regulation.

Adm

22. In response to the information provided by the deputations, DSHW said he was initially of the view that the Chinese Medicine Council should further discuss with individual health care professions to understand more about the theory basis of the kind of acupuncture used by them.

Adm

23. Replying to Miss Cyd HO Sau-lan's enquiry about the regulation of the use of Chinese herbal medicines, DSHW explained that retailers and wholesalers of the Schedules 1 and 2 medicines were required by law to obtain a licence for the sale of these medicines. For the potent Chinese herbal medicines in Schedule 1, they could only be sold or dispensed on prescription by registered Chinese medicine practitioners. Miss HO found that the list of herbal medicines used by Mr Bradshaw in his submission was quite different from the medicines used by Homeopaths. She suggested the Administration to check whether any herbal medicines used in Homeopathy overlapped with Schedule 1 medicines. DSHW agreed.

V. Long working hours of public hospital doctors (LC Papers Nos. CB(2)1308/99-00(11) - (13))

24. The Chairman welcomed representatives of Hong Kong Public Doctors' Association (HKPDA) to the meeting.

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25. Dr YIP Wai-chun of HKPDA pointed out that public hospital doctors were facing very heavy workload as seen from the fact that the overwhelming majority (93%) of patients was being handled by the public health sector. He pointed out that public hospital doctors were facing escalating health care demands also due to other factors: an ageing population, enhanced public expectation on service quality and medical advancement.

26. Dr YIP invited members to note that HKPDA had made the following requests in relation to public hospital doctors' working hours -

- (a) Continuous working hours of doctors should be limited to 28 hours (at present many doctors worked 33 hours continuously);
- (b) Compensation off should be arranged for doctors after working on statutory holidays and Sundays;
- (c) Time-off should be arranged for doctors after working continuously for 28 hours; and
- (d) On-call cycle for doctors should be scheduled no more than once in every three days.

27. Dr YIP said HKPDA was of the view that the unbalanced situation of the public and private health sectors in terms of the proportion of patients being handled by them should be addressed. In this connection, HKPDA supported that it was necessary to review the health care financing system and the manpower situation of health care service professionals.

28. Deputy Director of the Hospital Authority (DD(HA)) pointed out that there were no major discrepancies between the two sets of data in respect of the working hours of public hospital doctors provided by HKPDA and HA in their submissions. He said that HA was very concerned about the long working hours of public doctors, even though it was not a problem unique to Hong Kong. He agreed with HKPDA that the demand for public health care services had continued to grow at a fast rate and public hospital doctors' workload had become very heavy. However, DD(HA) explained that due to the nature of hospital operation which required the provision of round-the-clock services for patients, it was necessary for hospital doctors to adopt work schedules extending beyond normal working hours.

29. DD(HA) pointed out that HA had been implementing new initiatives since September 1997 to alleviate the medical staff workload. To review the progress made in implementing the initiatives, DD(HA) said that an audit survey had been conducted by HA in 1998 which had found that public doctors were required to perform on-call duty not more than once in every three days. However, he admitted

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that as the survey had only been conducted in 10 acute hospitals with six specialties sampled during the audit, the findings might not fully reflect the whole picture. He said that if HKPDA had any information on actual cases showing that there were discrepancies in the findings, he requested HKPDA to provide such information to HA for follow-up.

30. DD(HA) said that HA was aware that the directive of arranging statutory holiday compensation off for doctors had not been fully complied with. As regards arranging time-off for doctors after excessive continuous hours of work, DD(HA) said that HA had also given clear directive in this regard. He said it was stipulated that a doctor who had performed on-call duty the night before and was working for most of the time during the night, should be given time-off the next day after conducting ward rounds. However, DD(HA) admitted that this directive had not been strictly enforced due to management problems and operational difficulties. Nevertheless, it was found that some Interns had on their own initiative worked longer hours because they considered that they could gain useful experience from the work.

31. To continue in its efforts in alleviating doctors' workload, DD(HA) said that HA had set up a Working Group on Working Hours of Doctors in HA Hospitals chaired by the Chief Executive of HA and including representatives of frontline doctors. In addition, HA was looking forward to the Green Paper on health care reform, which was expected to provide some solutions to improve the unbalanced situation of Hong Kong's health care system and enable private hospitals to share more in providing health care services.

32. Referring to the Administration's paper which mentioned that the average working hours of Interns were 85 per week, Mr Fred LI Wah-ming questioned if doctors really had to work such long hours in order to learn. He then referred to paragraph 11 of the paper and asked if improvements would be made to rectify the current situation that Consultants and Senior Medical Officers were found spending excessive time on general management duties.

33. In response to Mr Fred LI's questions, Dr LAI Kang-yiu of HKPDA pointed out that in the United Kingdom, there were official guidelines stipulating that doctors were required to work not more than 56 hours per week. In addition, the medical faculties of the two Universities had also advised that on-call duty for doctors should be scheduled not more than once in every three days. As regards the situation of Consultants and Senior Medical Officers, Dr LAI pointed out that many of them had performed administrative duties on top of their own regular full-time clinical duties. Therefore, even if their administrative duties were cut, they would not be able to spare much extra time to perform more clinical duties.

34. DD(HA) appreciated that many Consultants and Senior Medical Officers had been using their own rest time to attend to administrative duties. He pointed out that

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HA was seeking to reduce their administrative work so that they could have more rest time. DD(HA) said that it was not a requirement of HA that doctors must work for such long hours in order to gain experience. To alleviate their workload, HA was reviewing their work process and trying to minimize their non-clinical duties. He pointed out that some practical tasks (such as blood extraction) which did not require junior doctors' specific skills had been transferred to other staff as far as possible.

35. Dr LEUNG Ka-lau of HKPDA considered that the long working hours of Senior Medical Officers and Consultants inevitably reduced the time and attention they could spare for the Interns under their guidance and supervision. He also suggested that a directive should be issued to hospitals to stipulate that Interns should not work for more than 28 hours continuously.

36. DD(HA) reiterated that HA had already issued directives stipulating that on-call duty for Interns should not be scheduled for more than once in every three days. He said that HA would follow up those cases failing to comply with the directive. He also undertook that HA would ensure that that doctors were given time-off after continuous long working hours.

37. Dr LEONG Che-hung requested HA to provide a timeframe for meeting these targets. As he noted that any reform of health care system to be introduced would only be a long-term solution to the current problem, he asked what HA would do to relieve the heavy workload of public doctors in the short run. Apart from this, he took the view that the Working Group on Working Hours of Doctors in HA Hospitals should not have been formed under the Human Resources Committee of HA and expressed his preference for an independent committee to look into the problem.

38. DD(HA) replied that while the long-term solution lay with reform of the health care system, HA would continue to improve hospital management to alleviate the long working hours of doctors. In addition, the Working Group on Working Hours of Doctors in HA Hospitals would follow up on the problems raised by the HKPDA. The Working Group would submit a report of its findings in six months' time.

39. Dr TANG Siu-tong noted that HA had recruited fewer doctors in recent years and questioned whether it was due to insufficient resources provided for HA. He also asked whether the implementation of the Enhanced Productivity Programme (EPP) had further increased the workload of Interns and junior doctors. DD(HA) pointed out that as stated by HKPDA in its submission, public hospital doctors of all ranks had worked equally hard to cope with the heavy pressure of work.

40. In response to Mr LEE Kai-ming's question, DD(HA) said that HA would give the first priority to ensuring that the statutory holiday compensation off was granted to the staff. However, at the present moment he could not say definitely as to when this target could be fully met.

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41. Miss Cyd HO Sau-lan referred to the newly announced Government Budget which had confirmed that there would not be allocation of additional resources to HA. She queried whether HA could really cope with the problem of heavy workload simply by implementing the measures set out in paragraph 5(a) to (d) of the paper. DD(HA) replied that with the implementation of the measures since September 1997, improvements had been made to the on-call frequency of public doctors. He considered that it would be more appropriate to conclude whether or not it was absolutely necessary to increase manpower only after the measures to alleviate doctors' workload had been fully implemented.

Adm 42. The Chairman considered that since there were no major differences between the goals set by HA and HKPDA for improving the working hours of public doctors, he requested HA to discuss with HKPDA on how to implement necessary measures to achieve the goals. Dr LEONG Che-hung agreed with the Chairman. He pointed out that as the problem of long working hours of public doctors might be a resources problem, HA might not be able to solve it by itself. The Chairman requested HA to report to the Panel on progress made on the matter.

43. The meeting ended at 10:35 am.

Legislative Council Secretariat

7 April 2000