立法會
Legislative Council

LC Paper No. CB(2)93/02-03
(These minutes have been
seen by the Administration)

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LegCo Panel on Health Services

Minutes of special meeting
held on Thursday, 29 August 2002 at 10:45 am
in Conference Room B of the Legislative Council Building

Members Present	:	Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman) Dr Hon LO Wing-lok (Deputy Chairman) Hon CHAN Kwok-keung Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Hon LI Fung-ying, JP Hon Michael MAK Kwok-fung
Members Absent	:	Hon Cyd HO Sau-lan Hon CHAN Yuen-han, JP Dr Hon YEUNG Sum Dr Hon TANG Siu-tong, JP Hon Tommy CHEUNG Yu-yan, JP
Public Officers Attending	:	Dr E K YEOH, JP Secretary for Health, Welfare and Food Mr Thomas YIU Deputy Secretary for Health, Welfare and Food (Health) Dr William HO, JP Chief Executive, Hospital Authority

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Dr Beatrice CHENG
Executive Manager (Professional Services)
Hospital Authority

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

Staff in Attendance : Mr Stanley MA
Senior Assistant Secretary (2) 6

I. Meeting with the Administration to discuss the issues relating to arrangements for liver transplants and other human organ transplants of the Hospital Authority
(LC Paper No. CB(2)2720/01-02(01))

The Chairman welcomed representatives of the Administration and the Hospital Authority (HA) to the meeting.

2. At the Chairman's invitation to introduce the Administration's paper, Chief Executive, Hospital Authority (CE(HA)) took the opportunity to extend an apology to the community for not being able to harvest a donated liver at Queen Elizabeth Hospital (QEH) on 15 June 2002. CE(HA) then explained the background of liver transplantation and gave a brief account of the incident in which a donated liver was not harvested on 15 June 2002 as set out in paragraphs 12 and 13 of LC Paper No.CB(2) 2720/00-01(01). CE(HA) said that in the light of the incident, HA had taken the following measures to improve the mechanism on organ procurement and distribution -

(a) HA Head Office's co-ordination in the clinical decisions on organ donation had been reinforced in order that resources could be mobilized in a timely manner to ensure organ procurement for cases involving inter-hospital arrangements. HA Head Office would work out a mechanism for determining the priority of liver transplant recipients in Queen Mary Hospital (QMH) and Prince of Wales Hospital (PWH) to ensure that donated livers would go to the most deserved patients;

(b) The inflexible arrangement of restricting the number of liver transplantations in PWH had been lifted; and

(c) HA would continue to monitor the development and clinical outcomes of liver transplantation in PWH and QMH and review its arrangement for the designation of liver transplant centres.

The liver transplant incident on 15 June 2002

3. Mr Michael MAK said that HA should provide more information to the public on its mechanism for coordination of clinical decisions on organ donation and strengthen public education on organ donation. He questioned why Professor Allen CHANG, Chief Executive of the New Territories East (NTE) Cluster had decided to refuse to give permission for the transplant team at PWH to use the liver without first seeking the assistance of HA Head Office. He queried whether HA hospital cluster chiefs were delegated with excessive powers and authority in public hospital management. Mr MAK also asked CE(HA) to clarify whether unhealthy competition between QMH and PWH for the development of liver transplant had contributed to the occurrence of the incident and whether HA Head Office had been notified of the decision not to use the liver.

4. CE(HA) agreed that improving the mechanism for organ procurement and distribution to restore public confidence was HA's immediate task. As to the cause of the incident, it was due to a combination of various circumstances and not due to unhealthy competition between QMH and PWH for provision of liver transplant service as alleged. He pointed out that liver transplantation was a highly specialised field in surgery and required substantial support from other multi-disciplinary teams of specialists, including physicians, surgeons, clinical psychologists, intensivists and radiologists. Currently, QMH was designated as the liver transplant centre in HA. Such an arrangement was in line with the recommendation of the review on the provision of surgical services in HA in 2000 conducted by a panel of international experts who advised that the provision of highly sophisticated services including liver transplantation should be concentrated in one designated centre in Hong Kong. At the same time, HA had been monitoring the liver transplant programme in PWH. There had been an established arrangement between QMH and PWH in that where a donated liver was not taken up by one hospital, the organ would be arranged for transfer to the other hospital.

5. CE(HA) further explained that liver transplantations were highly specialised procedures which required the support by teams of specialists, including staff from the operation theatre and the intensive care unit. Taking into consideration the need to balance competing priorities of different services in the

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NTE cluster and the number of liver transplantations performed by PWH in 2001, the cluster management of the NTE cluster started to plan the liver transplantation programme of PWH for the 2002-03 financial year. On 13 June 2002, the management of PWH advised its liver transplant team to work towards performing one liver transplant per month for the remaining months of 2002-03. According to established mechanism, any donated liver not taken up by PWH would be transferred to QMH. However, on 15 June 2002, while the QMH liver transplant team was engaged in transplanting a liver donated on 14 June, another cadaveric liver became available in QEH. The PWH team was then approached regarding the possibility of receiving the donated liver from QEH for transplantation. Due to the need to balance competing priorities of service delivery, the hospital management decided that the potential donation would not be pursued. As the unstable clinical conditions of the donor in QEH could not allow the harvesting of the liver to wait until the QMH transplant team had finished its transplant operation and would then be ready to perform another liver transplantation, the donated liver was eventually not harvested.

6. CE(HA) acknowledged that failure to harvest the donated liver on 15 June 2002 had revealed that there was room for improvement in the existing coordination mechanism for organ donations in public hospitals. Although the management of PWH had not informed HA Head Office to activate the overall coordination mechanism on 15 June 2002, HA Head Office shared a responsibility for the failure to coordinate the immediate use of a potential donation to save a life. CE(HA) pointed out that organ procurement and distribution had always been carried out effectively by the transplant teams according to the established networks of public hospitals and clinical guidelines under the overall coordination of HA Head Office. There were also established procedures for organ sharing, inter-hospital transfers of organs/tissues, and selection of recipients. As such decisions often involved clinical judgment relating to the clinical conditions and special circumstances of both the donor and the recipient patient, procurement and distribution of donated organs/tissues were more effectively carried out through the professional network of clinicians rather than through central administrative staff.

Resources and prioritisation in public health care

7. Mr Michael MAK stressed that a human life was much more precious than the cost of $1 million for a liver transplant operation. He asked whether PWH really did not have the necessary resources and expertise to perform a transplant operation using the donated liver on 15 June 2002.

8. CE(HA) explained that public hospitals were now operating under a tight budget and their management had a responsibility to balance the needs of the

patients suffering from different diseases for services from different medical specialties. In the case of PWH, the transplant team had performed a total of eight liver transplantations in the first six months of 2002. The increase in the number of liver transplantations had caused significant strain to the clinical staff and resources in other essential services of the hospital and concerns had been expressed to the hospital management. The decision not to take up the liver donated in QEH was made having regard to the need to balance competing priorities of services and the decision of the hospital management on 13 June 2002 to work towards keeping the number of liver transplantations at one per month for the remainder of 2002-03. CE(HA), however, added that circumstances which would warrant the exercise of flexibility had not been discussed in PWH. Under normal circumstances, unless the team of specialists was engaged in another operation, PWH should be able to arrange a liver transplantation.

9. The Chairman pointed out that there were considerations other than competing priorities of different services for conducting an operation on transplant of a liver. CE(HA) agreed and said that in addition to the specialised procedures which required teams of specialists to perform, a liver transplant would involve clinical planning and arrangements in preparation for both the donor and the recipient to undergo a smooth operation, and to receive appropriate treatment and intensive health care services after the operation. In fact, carrying out a liver transplant operation would often affect the provision of specialist services in other units of the hospital.

10. Mr Andrew CHENG said that he could not accept the waste of a donated liver because of an inflexible arrangement of restricting the number of liver transplantation in PWH to one per month. He also considered it unacceptable to sacrifice a life in order to maintain cost-effectiveness. Although the restriction had been lifted and improvement measures were implemented, Mr CHENG was not convinced that the rights of patients suffering from liver failure could be adequately protected in the face of limited resources, particularly patients whose lives would be endangered by a delay in transplant. Given that the Administration was reviewing the fees structure to improve cost-effectiveness of the public health care system, Mr CHENG asked how the Administration would protect the interests of patients and restore the confidence of the community in the face of budget constraints.

11. CE(HA) agreed that there should be no excuse for not harvesting a donated liver in any circumstances. He pointed out that since QMH was the designated centre for liver transplantations and given the particular circumstances of the incident, the decision of the management of PWH was understandable. He highlighted that the mission of HA was to implement the Government's policy that no one would be denied adequate medical care for lack of means. In fulfillment

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of the mission, individual hospital management would have to exercise judgment in allocation of internal resources to various services in the most appropriate manner, which should balance the interests of patients with different health care needs. CE(HA) stressed that despite the resource constraints, HA would continue to aim at providing timely health care services to patients in need, and priority would be given to patients in emergency conditions.

12. Secretary for Health, Welfare and Food (SHWF) said that the Government would not sacrifice a patient's life on grounds of limited resources in the public health care system. Despite the limited resources, the Administration, HA and its staff would adhere to the existing public health care policy to safeguard and promote the health of the community as a whole and to ensure the provision of adequate medical and health services for the people of Hong Kong. SHWF stressed that the review of fees structure would not affect the Government's policy on provision of adequate health care services to every citizen. He pointed out that there were resource constraints in the provision of health care services and this was a worldwide phenomenon. In Hong Kong, the total health care cost would continue to rise in the face of a growing and ageing population, rapid advances in medical technology and rising community expectations. The review of fees structure was targetted to prioritise resources to assist those who had insufficient earnings or who had difficulty in paying for treatment of services or chronic diseases. This would ensure that adequate health care services would be provided to needy patients including the low income group, the elderly and the chronically ill.

13. Mr Andrew CHENG expressed understanding of the need to ensure cost-effective delivery of heath care services in public hospitals but stressed that the interests of patients should be considered first. He asked how patients with special health needs would be prioritised in receiving treatment or a transplant of organ.

14. SHWF responded that from a management perspective, the cost-effectiveness of a treatment or operation was not the first consideration. In practice, individuals' priorities in medical treatment or organ transplantation would be mainly decided by their health needs. In general, a patient whose health conditions would seriously deteriorate without immediate treatment would be given priority. In most cases, the established procedures for selection of recipients on the basis of clinical judgment would be followed. In other words, the collective judgment of the medical professionals on the clinical conditions and special circumstances of both the donors and the recipient patients would determine the most deserved patients for a transplant of organ. Having said that, health care technology was another important consideration. Technology was changing fast and a major advance might result in a need to adopt a new type of

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medical treatment or operation for a particular group of patients. To enhance effectiveness in the provision of health care services, medical practitioners were now encouraged to pursue continuing medical education in order to keep abreast of the rapidly changing health care technology. The Chairman remarked that the ultimate aim should be to provide the most appropriate treatment to the most needy patients first.

15. Mr CHAN Kwok-keung shared the view that the waste of a donated liver was largely the result of resource constraints in PWH. He asked whether the incident was an attempt to expose the issue of resource constraints in PWH to public view. He also wished to know how many patients were queuing for liver transplant and whether there was any waste of donated liver in the past. Mr CHAN also cited examples to urge HA to exercise a better planning and control on internal allocation and utilization of financial resources.

16. CE(HA) responded that he did not consider that the incident was an attempt to draw public attention to the budget constraint in PWH. He estimated that there were around 100 to 200 patients suffering from liver failure who would need a transplant of liver. According to HA's investigation, no donated liver had not been harvested save the one in the incident. The Chairman remarked that given their geographical locations, inter-hospital arrangements between QMH and PWH could be made in less than one hour. She considered it unlikely that the two hospital management would need to compete for resources for liver transplantations at the expense of patients' interests.

17. Dr LAW Chi-kwong said that every society had resource constraints and HA simply would not have sufficient resources to carry out an unlimited number of liver transplantations at the same time. In the face of competing priorities of different services, HA should ascertain the prevailing social values and expectations of the community in prioritisation of heath care services. He suggested that the Administration should conduct a comprehensive consultation on the allocation of resources for different health care services. Dr LAW anticipated that the participation of the community in the prioritisation process would promote community knowledge and interest in heath care matters.

18. SHWF agreed that given the limited resources, HA would need to consult the community in prioritisation of health care services. He pointed out that patients and their parents had their own values and their decisions to receive or refuse a certain treatment or an operation should be respected. CE(HA) supplemented that the Administration had all along maintained close contacts with relevant patient associations to collect feedback on setting of priorities in public health care services.

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19. Dr LAW Chi-kwong remarked that HA should consider consulting the public prior to its internal discussion on the allocation of health care resources and prioritisation of services. The Chairman considered that prioritisation of health care services was an issue of public concern and should be discussed by the Panel at a future meeting. Dr LO Wing-lok expressed support for the Panel to follow up with the Administration on the issue.

Clerk

20. Ms LI Fung-ying expressed concern about HA's immediate measures to prevent further waste of donated livers. She asked how HA would handle similar situations and coordinate with QMH and PWH in inter-hospital arrangements for transplant of organs, before the establishment of a monitoring mechanism for determining the priority of liver transplant recipients in QMH and PWH. She also asked how "availability of resources" in paragraph 16(b) of the Administration's paper should be interpreted in the context of providing flexible arrangement for liver transplantations.

21. CE(HA) responded that in following up the incident, HA had taken the opportunity to review the overall coordination mechanism for organ donations in public hospitals. He stressed that HA would continue to monitor the development and clinical outcomes of liver transplantation in PWH and QMH and examine whether PWH should also be designated as a liver transplant centre. He reiterated that liver transplantations were highly specialised procedures and selection of recipients should be based on clinical assessment of the conditions and special circumstances of both the donor and the recipient patient. In other words, procurement and distribution of donated organs/tissues were more effectively carried out through the professional network of clinicians rather than through central administrative staff. To perform the role of an effective coordinator, HA Head Office would concentrate on seeking consent from patient relatives, legal issues and inter-hospital communication on organ transplantations. As regards “availability of resources”, CE(HA) said that the management of PWH had ordered the transplant team to exercise flexibility in future liver transplantations, having regard to the need to balance competing priorities of different services in the hospital.

22. Dr LO Wing-lok suggested that there should be two designated liver transplant centres in HA. He considered that the current practice of designating only QMH to perform the bulk of the liver transplantations in the territory was unfair to both patients and teams of specialists in QMH and PWH. He pointed out that the designation of PWH as an additional centre for liver transplantations would reduce the workload of QMH, enhance development in liver transplantation through positive competition and ensure continuity of service in case the service of a designated centre was already fully taken up. Dr LO also suggested that to facilitate effective coordination for liver donations in public hospitals, HA should

maintain a central list of patients with liver failure. SHWF expressed agreement to Dr LO's suggestions in principle.

23. CE(HA) responded that HA would consider Dr LO Wing-lok's suggestions and keep in view the number of liver transplantations in PWH. He pointed out that the panel of international experts appointed by HA in 2000 had advised that the provision of highly sophisticated services such as liver transplant should be concentrated in one designated centre to enhance cost-effectiveness and facilitate development of liver transplants in Hong Kong. In the light of the incident on 15 June 2002, the Medical Services Development Committee of HA would continue to monitor the development and clinical outcomes of liver transplantation in PWH and QMH, and consider whether an additional centre should be designated.

24. The Chairman asked whether the recommendations of the panel of international experts had been thoroughly considered by the relevant medical professionals in HA. She pointed out that apart from the number of organ transplantations, the panel had made other recommendations having regard to the population distribution, the geographical location of and the expertise in liver transplantation in QMH and PWH, the future development of medical surgery, etc.

25. CE(HA) responded that the panel of international experts had visited HA hospitals including QMH and PWH, and had discussed with teams of specialists on matters related to transplant of organs. The Coordinating Committee on Surgery of HA had discussed the recommendation of the panel but had not reached a consensus on whether one or two hospitals should be designated for the provision of liver transplantations.

26. Dr LO Wing-lok expressed concern about the feeling of parents of the donor when they learnt that the donated liver was wasted. He asked whether HA had explained the case to the parents. CE(HA) said that in view of the publicity of the incident, the relatives of the donor would probably have known, but he would ask his staff to follow up on this point. Although the liver was not harvested, HA staff had obtained the consent of the relatives to transplant the kidneys and corneas of the deceased patient to other patients.

27. The Chairman pointed out that persuading parents and patients to agree on donation of organs was not an easy task as such donation was at variance with the traditional belief that the body of a deceased person should remain intact. She considered that the Administration should reinforce public education in this aspect. CE(HA) agreed.

28. The Chairman thanked representatives of the Administration, in particular CE(HA) who had adjusted his schedule of overseas visit in order to attend the

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meeting.

II. Any other business

29. There being no other business, the meeting ended at 12:10 pm.

Council Business Division 2
Legislative Council Secretariat
16 October 2002