

CONFIDENTIAL

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MEMO

From: Dr. TAM Cheuk Yin,
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To: Ms Hayley WAN,
Council Secretary
Legislative Council, HKSAR

Ref:

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Date: 15 March 2004

RE: Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome outbreak by the Government and the Hospital Authority

Please see the attached as required. (by fax: Total 4 pages including this page)

1. Professional qualifications and experience
2. Response to the questions as in Appendix IV

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Dr. TAM Cheuk Yin

1. What are your role and responsibilities as the Consultant of the Respiratory Team of Tuen Mun Hospital (TMH)?

My role and responsibilities as the consultant of Respiratory Team of Tuen Mun Hospital (TMH) are

- (a) To develop and maintain the respiratory medical service of TMH.
- (b) To provide specialist care and advise in respiratory medicine to patients of TMH.
- (c) To lead the team of Respiratory Medicine under Department of Medicine & Geriatrics in Tuen Mun Hospital.
- (d) To provide training in respiratory medicine/respiratory care to doctors, nurses and allied health professionals.

2. On 12 April 2003, TMH began receiving referrals of Severe Acute Respiratory Syndrome (SARS) patients from the designated medical centres of the Department of Health and Yan Chai Hospital? Who made the decision and were you consulted on the decision? If not, why not? If yes, what views did you give? Were you involved in making preparations for TMH to admit additional SARS patients? If not, why not? If yes, what preparations did you carry out? Did you have adequate time to prepare TMH to admit the additional SARS patients?

I was not involved in making the decision to receive referrals of SARS patients from designated centres on 12 April 2003. I was not consulted upon when such a decision was made.

My role during the SARS period was a clinician. I was the Duty Chest (Respiratory) Physician of TMH and was responsible for clinical consultation.

It was anticipated that, additional SARS patients would be admitted to TMH and other physician specialists would be joining to take care of the SARS patients.

3. Were SARS patients and suspected SARS patients placed in the same ward? Were there occasions where intubations of SARS patients were performed in open wards? If yes, why were the intubations performed in open wards and not in the ICU? Did any HCWs and/or non-SARS patients contract

SARS as a result?

SARS and suspected SARS patients had high risk of being infectious. While they were placed in the SARS ward, they were physically segregated. Stringent infection control measures were also implemented.

There were occasions where SARS patients were being intubated in the SARS ward before admission to ICU. The need to intubate depends on disease progress and is a clinical judgment. Intubation and bagging of intubated SARS patients could be a possible cause of HCWs' infection.

4. Were there any suspected and/or confirmed SARS patients who were refused admission to the ICU of TMH during the SARS outbreak? If yes, who made the decision to refuse admission and what was the reason for the decision?

During the said period, no patient was refused to be admitted to ICU if intensive care was clinically indicated. All cases were being assessed by ICU team before ICU admission.