

Dear Legislative Councilor,

### **A Patients' Petition**

This is a patients' petition in blood and tears. Written for those who live to tell their tragic stories, and those of their comrades who died in combat with cancers and fatal diseases, after their access to lifesaving drugs are unlawfully denied.

Once severely struck by the merciless boxing-day tsunami which devastated thousands of homes and resorts, seizing lives by hundred thousands, the South Asian countries are poised to a miraculous recovery. For lifesaving efforts, humanitarian supplies and resources for resurrection keep flowing in from all over the world. Victims, dead or wounded, poor or rich, all were treated with sympathy, generosity and humanity. In short, they feel love and love brings hope.

In Hong Kong, an imminent healthcare tsunami has been developing, undermining the health and ultimately survival of the patients suffering from cancers and fatal diseases. It has already taken heavy tolls. Hospital Authority, run by a team of cold-blooded scrooges and bean counters, has been mercilessly depriving cancer patients of quintessential examinations and drugs for years using various excuses. They range from steep prices, lack of cost-effectiveness and efficacy not well proven.

The worse has yet to come. HA has developed a malpractice of attaching price tags to patients and classifying them by categories. Patients labeled as 'expensive' are denied essential treatments including examinations and drugs, or they have to go through means assessment before getting any subsidy. The terms of assessment are harsh and the funding from charity scheme bound to be unsustainable. In stark contrast, patients of other categories are offered treatments virtually free. In short, cancer patients are being deserted, discriminated and betrayed. Their situation is hopeless.

Patients acquire cancer by fate, not by choice. Each patient is a tragedy that should be soothed with sympathy, humanity and generosity. However, HA chooses to brutally target them for discrimination and torture, by depriving them the right to proper medical treatments from the public healthcare system. To justify its wrong doings, HA promulgates a propaganda preaching that funding of lifesaving drugs by Government is imprudent handling of public coffer; and treating more patients is more cost-effective than saving lives. Two examples that follow illustrate how desperate and helpless the patients are.

For more than a decade, HA has been denying CML (Chronic Myeloid Leukemia) patients the very essential bone marrow test for tracking the health of patients' bone marrow, which is indispensable in determining efficacy and direction of treatments. Patients have to pay \$2,500 per test, and they have to do it two to four times a year. Although Glivec has been proven globally a lifesaver for CML patients, HA has excluded it from regular formulary in SDF, by questioning its cost-effectiveness. On the contrary, being the most effective therapy to treat CML to date (it can treat patients who fail all conventional therapies including Bone Marrow Transplant), Glivec has been approved the first line treatment by most healthcare authorities worldwide, including FDA of US, NICE of UK and even HA itself.

A breast cancer patient living on social security is deprived of lifesaving treatment by HA for two reasons: because the treatment is expensive, and the cancer cells have not yet spread to other organs like lungs and liver. She is even denied of subsidy and has to resort to loans.

In the South Asian tsunami, many tourists were blessed with a narrow escape when the alert and competent guides directed them to higher terrain. In this imminent healthcare tsunami, lifesaving drugs have turned from blessings to curses, when incompetent and merciless bureaucrats choose patients to discriminate and torture. Once labeled as 'expensive' patients, there is no escape.

Why does our public healthcare system categorize patients for unfair treatments? Why funding of lifesaving drugs by Government is regarded as imprudent handling of public coffer? Why how many lives we save is less important than how many patients we treat? Why should cancer patients be treated as burden, instead of members of our beloved community? When cancer drugs are being produced by state-of-the-art science and technology and become more expensive, is lifesaver drug a blessing or a curse in disguise? Why fighting finance deficit is more important than combating cancers? Why funding lifesaving drugs has to resort to charity, even at times of finance surplus? Confronted with despair, agony and paradoxes, cancer patients become speechless. Who can they turn to?

Yours truly,

Peter Choy  
On behalf of Cancer Patients

Dear Legislative Councilor,

**Subject: Standard Drug Formulary and Public Healthcare System**

On behalf of cancer patients in general, and Chronic Myeloid Leukemia (CML) and GIST patients in particular, we express our deepest concern on the Standard Drug Formulary (SDF) currently proposed by Hospital Authority (HA). We oppose the introduction of the proposed SDF in our public healthcare system because it is inhuman, discriminating, irresponsible, unjust, unethical, unjustified, unsustainable and misinformed. For it would legitimize the malpractice of labeling patients by price tags and excluding relatively expensive treatments and medication required by patients of cancers and fatal diseases. In a nutshell, the fatally ill are being deserted by the system.

**Unethical & Irresponsible**

Our public healthcare system is entrusted with the sacred mission: to heal the sick and save lives. Medical expenditure should genuinely reflect the state of health of citizens: naturally, it falls when the publics are healthy and rises when our health are at risk. Any artificial means of capping such expenditure will make the system unethical, irresponsible and will surely defeat the mission. SDF is such means.

**Unjustified**

For the past few years, HA had repeatedly refused to include Glivec (a.k.a. Imatinib) into the Regular Formulary by questioning its efficacy and its cost-effectiveness, and citing finance deficit as an excuse. Until now, Bone Marrow Transplant is the only proven treatment to cure CML. However, Glivec can effectively bring majority of CML patients who relapsed post-BMT or cannot undergo BMT into remission. In fact, Glivec is the most effective treatment for CML to date. Ten months into current fiscal year and Government has already a surplus of 22 billions and the figure will rise after due collection of taxes. Therefore, Government has surely the financial means to provide Glivec and cancer drugs to patients.

**Inhuman and Discriminating**

Life is priceless. Acquiring cancer or fatal disease is already a tragedy; the patient simply has no choice but go for the most effective treatment to save his life. SDF's exclusion of cancer drugs like Glivec from regular formulary, by reason that the money spent on treating a patient with Glivec can be used to treat more patients of other, usually less fatal illness, is very inhuman. By attaching price tag to patients and excluding lifesaving drugs from regular formulary, it is choosing patients and ranking some lives on top of others. Therefore, singling out cancer patients like CML for means-assessed subsidy is discriminating. If Government is really short on resources and has to choose patients to treat, cancer patients should get priority. For how many lives we save is more important than how many patients we treat.

**Unjust**

Every citizen is entitled equal, irrevocable protection from the public healthcare system. Provision of drugs through means assessment on selected groups of patients violates this principle. Since Glivec is approved as the first line treatment for CML, it should be offered free, like other first line drugs. SDF deprives the right of CML patients to free first line treatments, which are enjoyed by other patients. Besides, for more than a decade, HA has been denying patients the quintessential bone marrow examination for monitoring the health of patients' bone marrow. In short, HA has effectively deserted CML patients by refusing to provide both Glivec and bone marrow tests.

To treat all patients equally and fairly, Government should establish a Personal Healthcare Quota entitling a certain amount of medical treatment provided free to a patient per annum. Exceeding this quota, a patient may apply for the means-assessed subsidy.

**Unsustainable**

Provision of cancer drugs through charity scheme is unsustainable because charity funds, unlike Government coffers with stable income from taxes, rely on donations which are unstable, unreliable and highly competed for by many projects.

**Misinformed**

SDF is a product of black-box operation, without proper consultation with patients and therefore does not address patients' needs. In reality, patients are most knowledgeable about efficacy and side effect of the drugs and their inputs are indispensable. The current practice of deciding on the drug list before consulting patients is placing the cart before the horse.

**Patients' Demands**

1. First line drugs should be offered free to patients, since efficacy well proven (e.g. Glivec has been approved as the first line treatment for CML by FDA in US and NICE in UK )
2. Therefore, Glivec and other cancer drugs with proven efficacy should be reinstated as the general, essential and paid drugs.
3. Establish Personal Healthcare Quota to ensure expenses of essential medical treatments due to patients should not exceed 10% - 15% of family income.
4. Drugs for fatal diseases should be given higher priority, not the other way round.
5. From now on, all meetings about SDF should include representatives from relevant Patient Groups to ensure proper consultation.

Yours truly,

Peter Choy  
On behalf of CML and GIST Patients