

Disability Allowance

Submission from the Hong Kong Public Doctors' Association

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Present Situation:

Disability Allowance is abused by general public

1. Patients apply for disability allowance even with minor or stable illness, e.g.
 - a. Good control of Diabetes Mellitus with medication
 - b. Patients with hypertension controlled by medication
 - c. Patients with history of gastrectomy and is now asymptomatic
 - d. Patients with history of cerebral vascular accident and can now walk with stick independent and can go out for shopping everyday.
 - e. Patients with ischaemic heart disease and are well controlled by medication...etc
 - f. SLE in remission
2. Patients, in order to fulfill the criteria of disability allowance, may deliberately lax the control of their own illness

Inappropriate setting and personnel to assess patients

1. Clinically, doctors are very busy
2. Each consultation time is usually below 10 mins in outpatient setting, including consultation, examination, computer data entry, patient and relative health education and counseling
3. No extra time for disability assessment
4. Disability assessment include functional assessment and occupational assessment, required comprehensive multidisciplinary assessment for an objective test

Creating conflict between doctors and patients

1. due to the discrepancy on the eligibility of disability allowance, there are always conflict between patients and doctors over non-clinical issue.

Recommendation

There should be separate office or units for a team of doctors and allied health professionals to assess patients, both in medical, functional, and psychosocial aspect, for an objective assessment for the eligibility of the allowance.

Advantage:

1. Objective test
2. Comprehensive assessment by multidisciplinary staff
3. Not affect patients clinical treatment
4. Not affect patients and doctors relationship
5. Save times for better patients care