

立法會

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(These minutes have been seen by
the Administration)

Panel on Health Services

Minutes of special meeting held on Monday, 16 April 2007, at 10:45 am in the Chamber of the Legislative Council Building

- Members present** : Dr Hon Joseph LEE Kok-long, JP (Chairman)
Dr Hon KWOK Ka-ki (Deputy Chairman)
Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP
Hon Bernard CHAN, GBS, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon Audrey EU Yuet-mee, SC, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH, JP
Dr Hon Fernando CHEUNG Chiu-hung
- Members attending** : Hon LEE Cheuk-yan
Hon Abraham SHEK Lai-him, JP
Hon WONG Kwok-hing, MH
- Members absent** : Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon LI Fung-ying, BBS, JP
- Public Officers attending** : Items I and II

Mr Patrick NIP, JP
Deputy Secretary for Health, Welfare and Food (Health) 1

Ms Ernestina WONG
Principal Assistant Secretary for Health, Welfare and Food
(Health) 2

Item I only

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr Beatrice CHENG
Chief Manager (Cluster Performance)
Hospital Authority

Item II only

Mr Shane SOLOMON
Chief Executive
Hospital Authority

Dr P Y LEUNG, JP
Director (Quality and Safety)
Hospital Authority

Dr LUI Siu-fat
Service Director (Risk Management & Quality Assurance),
New Territories East Cluster
Hospital Authority

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2)5

Staff in attendance : Ms Amy YU
Senior Council Secretary (2) 3

Ms Sandy HAU
Legislative Assistant (2)5

Action

- I. Effectiveness of Hospital Authority's new obstetric service arrangements and the obstetric service charge for non-eligible persons whose spouses are Hong Kong residents**
[LC Papers No. CB(2)1552/06-07(01) and CB(2)1587/06-07(01)]

Deputy Secretary for Health, Welfare and Food (Health) 1 (DSHWF(H)1) briefed members on the effects of the new obstetric service arrangements of the Hospital Authority (HA) for Non-eligible Persons (NEPs) implemented since 1 February 2007 and the obstetric service charge for NEPs whose spouses were Hong Kong residents, details of which were set out in the Administration's paper (LC Paper No. CB(2) 1552/06-07(01)).

Action

Allowing NEPs whose spouses were Hong Kong residents to pay the old rate of the NEP Obstetric Package Charge at \$20,000

2. Dr YEUNG Sum requested the Administration to allow NEPs whose spouses were Hong Kong residents to pay the old rate of the NEP Obstetric Package Charge at \$20,000. Dr YEUNG pointed out that to charge NEPs whose spouses were Hong Kong residents a revised rate of \$39,000 or \$48,000 (for NEPs who sought emergency hospital admissions through the Accident and Emergency Departments (A&EDs) without a booking) was detrimental to family reunion, as those lacking financial means would be forced to give birth in the Mainland. Under the existing arrangements, babies fathered by Hong Kong residents but born in the Mainland had to apply under the One-way Permit (OWP) Scheme to settle in Hong Kong, whereas Chinese citizens born in Hong Kong had the right of abode in Hong Kong regardless of the status of their parents according to Article 24(2)(1) of the Basic Law.

3. DSHWF(H)1 responded that the objective of introducing the new obstetric service arrangements as detailed in paragraph 3 of the Administration's paper was to ensure that local pregnant women could get proper and timely obstetric services at public hospitals. DSHWF(H)1 further said that applying the NEP Obstetric Package Charge equally to all NEP pregnant women who gave birth in public hospitals was in line with one of the principles under the population policy that heavily subsidised medical services should not be diverted to non-residents and visitors at the expense of local residents.

4. Dr YEUNG Sum said that charging NEPs whose spouses were Hong Kong residents the old rate of the NEP Obstetric Package Charge at \$20,000 was not contrary to the population policy that heavily subsidised services should be restricted to Hong Kong residents, having regard to the fact that the old rate of the NEP Obstetric Package Charge at \$20,000 was set on a cost recovery basis.

5. DSHWF(H)1 responded that the population policy did not make a distinction between NEPs with no marital ties in Hong Kong and NEPs whose spouses were Hong Kong residents. Persons not holding a Hong Kong Identity Card, i.e. NEPs, including Two-way Permit (TWP) holders who were the spouses of Hong Kong residents, might access public medical services in Hong Kong by paying the specified charges applicable to them, i.e. NEP charges. DSHWF(H)1 further said that the reason for revising the NEP Obstetric Package Charge from \$20,000 to \$39,000/\$48,000 was to ensure that local pregnant women were well served at public hospitals. DSHWF(H)1 pointed out that the old rate of \$20,000 was much lower than what most private hospitals charged for similar services. It was, therefore, necessary for HA to revise its obstetric service charge for NEPs so that public hospitals were less attractive to non-local mothers.

Action

6. Ms Audrey EU said that to make no distinction amongst NEP pregnant women between those who were spouses of Hong Kong residents and those who were not for eligibility of public medical services was contrary to the Government policies on enhancing family cohesion and putting people first as well as the call by the Chief Executive for each married couple in Hong Kong to have three children to address the problem of low fertility. Ms EU pointed out that if NEPs whose spouses were Hong Kong residents were forced to give birth in the Mainland due to lack of financial means, not only would it create difficulty for their spouses to be by their side during delivery of babies, the babies concerned would have to apply under the OWP Scheme to settle in Hong Kong thereby rendering them less easy to adapt to Hong Kong's education system. However, if these NEPs could afford to give birth in Hong Kong, their child would automatically become permanent residents of Hong Kong. Although their Mainland mothers had yet to become residents of Hong Kong, they could, under the TWP Scheme, stay in Hong Kong throughout the year except for those days, every three months, when they had to return to the Mainland to renew their visit endorsement. Mr LEE Cheuk-yan, Dr Fernando CHEUNG, Dr KWOK Ka-ki and Mr Fred LI expressed similar views. Mr LEE further said that to his knowledge, some NEP pregnant women whose spouses were Hong Kong residents were contemplating abortion or even suicide if they had to leave their families in Hong Kong to give birth in the Mainland due to lack of means.

7. In view of the growing marriages between Hong Kong residents and Mainlanders brought about by the increasing close integration of Hong Kong with the Mainland, coupled with the fact that NEPs whose spouses were Hong Kong residents were in essence members of Hong Kong families, Ms Audrey EU considered it necessary for the Administration to expeditiously review the population policy with regard to the eligibility for public benefits by NEPs. Ms EU suggested holding a joint meeting with other relevant Panel(s) to discuss the matter with the Administration. Dr Fernando CHEUNG expressed support, and further suggested inviting deputations to give views on the matter, including experts on population-related issues.

8. Mrs Selina CHOW expressed reservation about allowing NEPs whose spouses were Hong Kong residents to pay the old rate of \$20,000, as the objective of introducing the new booking system at public hospitals and the new NEP Obstetric Package Charge was to ensure that local pregnant women could get proper and timely obstetric services at public hospitals. Mrs CHOW was of the view that more time was needed to see whether, and if so, what adjustments should be made to the new obstetric service arrangements to better meet the overall interests of Hong Kong. Mrs CHOW also expressed reservation about whether holding a joint meeting with other Panels to discuss the population policy with regard to the eligibility for public benefits by NEPs would come to any meaningful conclusion or way forward, given that population was a highly complex and multi-faceted subject.

Action

9. DSHWF(H)1 responded that whilst recognising that marriages between residents of Hong Kong and the Mainland might become more prevalent given the increasing exchanges between the two places, this did not constitute any reason to go against the well-established policy that heavily subsidised medical services should only be made available to local residents and not their non-local spouses to ensure a rational use of public resources which were finite. The onus should be on those couples who engaged in cross-boundary marriages to make appropriate arrangements to meet their medical needs. Although non-local wives of Hong Kong residents were not eligible to enjoy public medical services at local rates which were over 95% subsidised, they could still access these services by paying NEP charges.

10. DSHWF(H)1 further said that the population policy was not contrary to the Government's policy of promoting family unity, as evidenced by the fact that certain places were allocated to children born to Hong Kong residents with Certificate of Entitlement in the 150 daily OWP quota to facilitate their move to Hong Kong permanently for family reunion. Moreover, Mainland spouses of Hong Kong residents were encouraged to visit Hong Kong under the TWP Scheme as soon as they had applied for an OWP, so that they might familiarise themselves with Hong Kong's way of life and the living conditions of their Hong Kong families.

11. Mr LEE Cheuk-yan said that it was not true that HA only charged patients on the basis of whether they were holders of Hong Kong Identity Card, i.e. EPs and NEPs. Mr LEE pointed out that there were in fact four types of charges by HA, which was discriminatory against NEP pregnant women. Taking the hospitalisation rate for public general wards as an example, EPs were charged \$100 per day; NEPs were charged \$3,300 per day; NEP pregnant women were charged \$39,000/\$48,000 for a stay of three days and two nights; and non-local spouses of civil servants were charged \$100 per day. Mr LEE further said that if the Administration was truly concerned about ensuring local pregnant women were well served at public hospitals and not about generating more income, HA should cease admitting NEP pregnant women with no marital ties with Hong Kong residents to use its obstetric services.

12. DSHWF(H)1 responded that the fact that the charge for NEP obstetric services was different from other NEP charges for other medical services should not be construed as discriminatory for the reason already given in paragraph 5 above. As regards why non-local spouses of civil servants were charged \$100 per day for hospitalisation at public hospitals, DSHWF(H)1 explained that it was medical benefits provided by the Government to its employees. Providing medical benefits to employees was a common practice in both the public and the private sectors.

13. Mr Andrew CHENG was unconvinced about the Administration's explanation given in paragraph 12 above, not to mention that the medical benefits to non-local spouses of civil servants were paid for by taxpayers.

Action

Mr CHENG was adamant that the Administration should at least allow NEPs whose spouses were Hong Kong residents to pay the old rate at \$20,000. Mr CHENG further said that if income generated from the NEP Obstetric Package Charge, which amounted to some \$190 million in 2006, was used on improving the obstetric services at public hospitals, he did not see allowing NEPs whose spouses were Hong Kong residents to pay the old rate at \$20,000 should render it difficult for local expectant mothers to access public obstetric services. Mr Fred LI pointed out that NEPs with no marital ties with Hong Kong residents comprised the greater number in the number of NEP pregnant women using obstetric services in Hong Kong in recent years.

14. DSHWF(H)1 explained that allowing non-local spouses of civil servants to use public medical services at subsidised rates and according NEPs whose spouses were Hong Kong residents the same treatment were two separate issues, as the former was a common human resources practice and the latter involved the rational use of public resources. DSHWF(H)1 further said that 50% of the income generated from the obstetric services at public hospitals would be used on improving the hospital services of HA. With increase in funding to HA in the coming three years, improvements to public obstetric services would be made where necessary.

Deferring the implementation of the new Obstetric Package Charge on those NEPs who were already pregnant prior to such implementation

15. Ms Audrey EU said that the fact that no grace period had been given to implement the new NEP Obstetric Package Charge had disrupted the plans of couples of cross-boundary marriages with meager means to give birth in Hong Kong. Ms EU urged for the deferment of the implementation of the new NEP Obstetric Package Charge on those NEPs who were already pregnant prior to the implementation of the new rate on 1 February 2007. Mr LEE Cheuk-yan and Dr Fernando CHEUNG echoed similar views.

16. DSHWF(H)1 responded that the Administration did not consider it justified in deferring implementation of the revised NEP Obstetric Package Charge. Both in the overall medical fee revision in 2003 and the first time introduction of a NEP Obstetric Package Charge in 2005, the revised new medical fees were implemented with immediate effect after completion of the necessary legal procedures, including the publication of the new fees in the gazette. Implementation of the new package charge this time was no different from the last exercise. Director (Cluster Services), HA supplemented that there was no justification to defer the implementation of new medical fees to suit a particular group of patients, as grace period concept for fees and charges was not applicable for medical care.

Effectiveness of the new obstetric service arrangements

17. Mr LI Kwok-ying enquired about the effectiveness of the new obstetric

Action

service arrangements in ensuring local pregnant women were given proper obstetric services and priority to such services. Noting from paragraph 11 of the Administration's paper that the settlement rate for booked cases was at 99.2%, Mr LI asked why the settlement rate was not 100%.

18. Director (Cluster Services), HA responded that the new booking system at public hospitals and the new NEP Obstetric Package Charge so far had been effective in discouraging non-local pregnant women from utilizing the obstetric services of public hospitals, thus allowing HA to focus more of its resources to the needs of local pregnant women. In the nine weeks since 1 February, the number of births by non-local women in public hospitals dropped on average by 35.9% as compared with the same period in 2006; whereas the number of births by local women in public hospitals increased on average by 4.1% as compared with the same period in 2006. In order to ensure local women would have adequate access to the necessary obstetric services in public hospitals, HA would continue to closely monitor the booking situation and stand ready to adjusting the quota for booking by NEPs accordingly and, if necessary, opening new obstetric units in public hospitals to meet increased demand by local pregnant women. HA would also continue to ensure that local expectant mothers would be given access to the necessary obstetric service within their own hospital cluster. DSHWF(H)1 supplemented that the Administration would report to the Panel on Security on 8 May 2007 the effects of the complementary immigration measures that had been put in place on 1 February 2007 to tie in with the new obstetric service arrangements.

19. On the question of why the settlement rate for booked cases was not 100%, Director (Cluster Services), HA explained that this was because some NEPs had yet to settle the extra day hospitalisation fee. HA would step up debt recovery efforts to improve the settlement rate by NEPs.

20. Noting also from paragraph 11 of the Administration's paper that the settlement rate for non-booked cases was only at 59.7%, Dr KWOK Ka-ki expressed concern about such high payment default rate and asked how many of these cases involved NEPs whose spouses were and were not Hong Kong residents.

21. Director (Cluster Services), HA responded that although the non-settlement rate for non-booked cases was at some 60%, it should be pointed out that the number of NEPs involved was lower than that before 1 February 2007 having regard to the significant drop in the number of NEP pregnant women seeking obstetric services at public hospitals without any prior arrangements after the implementation of the booking system. In the nine weeks since 1 February, a total of 371 non-local pregnant women sought emergency hospital admission through A&EDs, which was 75.5% lower on average than the same period in 2006 and 67% lower than January 2007. Regarding the status of the spouses of NEP pregnant women seeking obstetric services at public hospitals, Director (Cluster Services), HA said that HA did not have such information.

Action

22. Mr Vincent FANG asked about measures that would be adopted by HA to enhance fee collection.

23. Director (Cluster Services), HA responded that HA had already introduced a number of measures to enhance fee collection. These included operating the cashier on a 24-hour basis and providing more efficient and convenient payment methods such as Octopus and credit cards. To deter patients from defaulting on their medical bills, HA was considering imposing a surcharge on late payment and refusing admitting people seeking non-urgent treatment if they had failed to settle their payments with HA. Director (Cluster Services), HA further said that HA Board regularly reviewed HA's efforts on fee collection to examine their effectiveness and identify areas for improvement.

Refunding the NEP Obstetric Package Charge

24. Dr KWOK Ka-ki asked whether consideration could be given to refunding the fees paid at the time of booking if the delivery did not take place eventually for reasons such as a miscarriage or unexpected matters preventing them from coming to Hong Kong to give birth.

25. Director (Cluster Services), HA responded that as a general rule, HA would not offer refunds. Nevertheless, there might be a limited number of booked cases in public hospitals where the delivery did not take place in unfortunate circumstances such as a miscarriage. If the patients in such cases made use of associated obstetric and gynaecology services in the public hospitals, HA would offset their medical fees so incurred against the amount already paid for under the NEP Obstetric Package Charge.

Cost of HA obstetric services

26. Responding to Dr KWOK Ka-ki's enquiry about the cost of providing obstetric services to pregnant women with a stay of three days at public hospitals, Director (Cluster Services), HA said that it was \$20,000-odd.

Motion

27. Dr Fernando CHEUNG proposed to move a motion as follows -

"本委員會對於衛生福利及食物局及醫院管理局於今年 2 月初推行公立醫院內地孕婦的新收費政策(39,000 元／48,000 元)未有考慮對港人家庭(即父親為香港居民而母親為準來港婦女之家庭)的影響表示遺憾，並要求當局豁免港人家庭按新收費政策繳費。"

Action

(Translation)

"That this Panel expresses regret that the new obstetric package charge (\$39,000/\$48,000) implemented by the Health, Welfare and Food Bureau and the Hospital Authority in early February this year for Mainland women giving birth in public hospitals has failed to take into account its impact on Hong Kong families (i.e. father being a Hong Kong resident and mother a Two-way Permit holder), and urges the Government to exempt these families from the new fee charging policy."

The Chairman put the motion to vote. Six members voted in favour of the motion, no member voted against it, and one member abstained. The Chairman declared that the motion was carried.

Conclusion

28. Members agreed to hold a special meeting as soon as possible to listen to the views of deputations on the new obstetric service arrangements. DSHWF(H)1 said that the Administration would be happy to attend the meeting to listen to the views of deputations. However, as the new obstetric service arrangements were only in operation since 1 February 2007, the Administration needed more time to closely monitor their effects prior to making any changes/fine-tuning to the arrangements, if any. Moreover, the peak period for using the obstetric services would be in the latter half of the year.

29. Members further agreed to hold a joint meeting with other relevant Panel(s) to discuss with the Administration on the eligibility for heavily subsidised social services by NEPs whose spouses were Hong Kong residents.

II. Mortuaries in hospitals

[LC Paper No. CB(2)1587/06-07(02)]

30. In view of the incident occurred on 11 April 2007 in which the body of a deceased patient at the Prince of Wales Hospital (PWH) was taken away and cremated by the family of another deceased patient, Mr WONG Kwok-hing asked -

- (a) why HA had failed to learn the lesson from the Fu Shan Public Mortuary incident occurred in March last year in which a deceased body was wrongly released to another family; and
- (b) what was the timing for HA to implement measures to improve its mortuary operations to avoid the same mistake from recurring, including increasing the capacity of its mortuaries to avoid storing

Action

two dead bodies, in particular those of opposite gender, in the same compartment.

Mr LI Kwok-ying expressed similar concerns.

31. Chief Executive, HA responded that HA deeply regretted the mortuary mix up at PWH, and had taken some actions to tighten up the existing manual procedures on the identification and collection of deceased bodies. Although the PWH case, prima facie, was an unfortunate incident involving human errors, a thorough investigation was being conducted by HA about the case to ascertain whether there were deficiencies in the relevant systems and procedures and whether human errors were involved, and if so, the improvement measures that would be taken to prevent recurrence of similar incidents in future. A detailed report would be ready in a month's time.

32. Chief Executive, HA further said that HA was committed to improving its mortuary operations to minimise chances of human errors. To that end, HA had (i) revised the manual procedural guidelines on the identification and collection of deceased bodies, which, amongst others, stipulated that mortuary staff had to correctly record and double verify the personal information on the bracelet and the identification tag of the body as well as that on the body claiming form before releasing the body to the family of the deceased, and (ii) introduced new training programme for mortuary staff last year. In addition, HA had in place a planned programme to increase the capacity of its mortuaries to provide an additional 156 places by the end of 2007, which represented a 10% increase in the mortuary capacity. Further expansion to the mortuary capacity would be made next year, depending on other competing priorities. HA would also put in place a barcoding system for identification of deceased bodies this year to complement the existing Mortuary Services Utilisation Monitoring System which had been implemented since December 2005 in all 31 HA mortuaries to monitor mortuary capacity and to provide computerised monitoring of mortuary operation to minimise chances of human errors. The barcoding system would be put in place in all 31 public hospitals with mortuaries by the end of 2007, and PWH would be the first hospital to have such system introduced. Chief Executive, HA also said that storing two deceased bodies in the same mortuary compartment should not give rise to wrong release of deceased body. The PWH incident was mainly due to a failure by the mortuary staff concerned to follow through the procedural guidelines on identification of deceased bodies.

33. DSHWF(H)1 supplemented that in the light of the Fu Shan Public Mortuary incident, HA had conducted an audit on "Operation of Mortuaries" in 10 hospitals in 2006. The findings revealed, amongst others, that the hospitals concerned, including PWH, had in place effective procedural guidelines regarding the identification and collection of bodies. Apart from internal auditing, the Independent Commission Against Corruption (ICAC), as part of its normal corruption prevention work, had completed a study of the Operations

Action

of Public Hospital Mortuaries in 2006. No major risks were identified by the ICAC study, though minor improvement measures had been recommended. HA had implemented the measures as far as possible. DSHWF(H)1 further said that the utilisation of mortuary at PWH was presently over 100%. To better meet the demand, Chief Executive, HA said that HA would explore ways to fast track the provision of 12 additional spaces at PWH within this year.

34. Noting that HA had not fully implemented the minor improvement measures recommended by ICAC, Dr Fernando CHEUNG asked what these measures were. Director (Quality and Safety), HA replied that some of these measures involving expansion/alteration could not be fully implemented due to physical constraints of the sites.

35. Dr KWOK Ka-ki remarked that implementing a barcoding system for identification of deceased bodies could not totally prevent wrong release of deceased bodies, as the system would still to some extent entail manual operation.

36. DSHWF(H)1 responded that the barcoding system, built on the existing blood transfusion system, was aimed at providing another safeguard against chances of human errors.

37. Mr Fred LI said that it was unacceptable for HA to store two deceased bodies in the same mortuary compartment, which was disrespectful of the deceased. Mr LI asked HA whether it could give an assurance to cease such practice. Noting that 17 of the 31 hospital mortuaries had over 100% utilisation, Mr LI asked HA whether the additional 156 spaces would be distributed amongst these 17 undersupply mortuaries.

38. Chief Executive, HA responded that he could not give an assurance for not storing two deceased bodies in the same mortuary compartment, having regard to the present shortage of spaces. DSHWF(H)1 supplemented that although storing two bodies in the same compartment was sometimes necessary due to lack of space, mortuary staff were instructed to handle the deceased in a respectful manner.

39. Regarding the distribution of the additional 156 places, Director (Quality and Safety), HA advised that most of which would be provided to those HA mortuaries with over 100% utilisation. Director (Quality and Safety), HA further advised that HA hoped to address the capacity problem of its mortuaries in two years' time.

40. Mr Fred LI said that it was not fair to put all the blame on HA for the PWH incident, as the root of the problem lay in the long waiting time for cremation service due to lack of cremation capacity. Dr KWOK Ka-ki concurred, and further said that the Administration should either allocate more resources to expand the capacity of HA mortuaries or that of the public crematoria.

Action

41. DSHWF(H)1 responded that to cope with the rising demand for cremation service, the Food and Environmental Hygiene Department had been improving/upgrading the existing six public crematoria. Although the Administration had planned to construct more crematoria, none could be realised thus far because the public at large generally did not favour the presence of crematorium in their neighbourhood due to psychological reasons. The public were also concerned about environmental implications, and the operation of crematoria after the normal office hours and over weekends when most residents in the neighbourhood were at home.

42. Dr KWOK Ka-ki noted that HA did not impose any charges on the storage of deceased bodies in its mortuaries and did not set a maximum storage period. Dr KWOK also noted that the Bradbury Hospice provided free storage of deceased bodies for the first three working days and subsequently charged \$550 per day and the Hong Kong Buddhist Hospital (HKBH) charged \$50 per day upon the issuance of a death certificate. Dr KWOK asked whether the average length of storage of the deceased bodies in Bradbury Hospice and HKBH was shorter than that in HA mortuaries which was about 15 to 20 days in 2006. Dr KWOK was of the view that if the average length of storage of the deceased bodies in HA mortuaries could be shortened to, say, 10 days, the need for additional spaces could be reduced by about 30% and the need for storing two deceased bodies in the same compartment could be eradicated earlier.

43. Chief Executive, HA replied that the average length of storage of the deceased bodies in Bradbury Hospice and HKBH was significantly shorter than that in other HA mortuaries. The main reasons why the average length of storage of the deceased bodies in HA mortuaries was about 15 and 20 days at present were due to the facts that families of the deceased preferred holding the funeral on an auspicious day and the higher costs charged by private crematoria. Chief Executive, HA believed that with the expanded capacity, the need to store two deceased bodies in the same compartment should be greatly reduced. Nevertheless, he agreed that the length of storage of the deceased bodies had to be kept at a reasonable level.

44. The Chairman expressed dissatisfaction about the Administration and HA's replies given so far at the meeting. The Chairman pointed out that it was incumbent upon the Administration and HA, being a public organisation, to come up with a solution, or at least a contingency plan, to cease the practice of storing two deceased bodies in the same mortuary compartment.

45. Chief Executive, HA responded that to obviate the need of storing two deceased bodies in the same mortuary compartment, attempts had been made in the past to seek the consent of the families to move the deceased bodies to another hospital mortuary which had vacant spaces. However, the families concerned were reluctant to do so. Hence, the only way to avoid storing two

Action

deceased bodies in the same mortuary compartment was by expanding capacity. To that end, HA planned to provide an additional 390 places, which represented an increase of 25% of the mortuary capacity, in the next two years. Every effort would be made to see how best some of the increase could be advanced to realise this year.

46. Mr WONG Kwok-hing asked HA whether it could at least give an assurance that it would not store deceased bodies of different gender in the same mortuary compartment immediately. Chief Executive, HA replied in the positive.

47. Mr WONG further asked whether consideration could be given to double-decking the mortuary compartments at HA hospitals, as had been done in the public mortuaries, should storing two deceased bodies in the same compartment be necessary due to lack of spaces. DSHWF(H)¹ responded that this was not feasible as the design of HA mortuaries and public mortuaries was different.

48. Dr KWOK Ka-ki asked why HA had not implemented the recommendations of the report of the Independent Committee on the incident of the Fu Shan Public Mortuary, such as putting in place a double checking system and strengthening staff establishment, to avoid the incident of wrong release of body from recurring.

49. Chief Executive, HA responded that HA had implemented the recommendations of the report of the Independent Committee on the incident of the Fu Shan Public Mortuary. In respect of the PWH case, the problem appeared to be caused by the staff concerned not following the procedural guidelines on identification of deceased bodies stringently rather than that he was overly busy as PWH only averaged about five deaths per day. Chief Executive, HA further said that the procedures on identification of deceased bodies did involve a double checking process. Consideration would be given to adopting a counter checking process if warranted after the investigation of the PWH case.

50. Mr Andrew CHENG questioned whether the provision of an additional 390 places of HA mortuaries could prevent the need to stack two deceased bodies in the same compartment, in view of the ageing population. Mr CHENG said that HA should consider constructing temporary mortuaries in the interim, while hammering out long-term measures to address the rising demand for mortuary service. Mr CHENG further said that the main reason why mortuary staff failed to closely following the working guidelines was because they did not feel their jobs had been given recognition and respect, despite the obnoxious nature of the jobs. Mr CHENG suggested that HA should enhance staff training to promote the building up of good service culture.

51. Chief Executive, HA responded that as the death rate in Hong Kong was

Action

estimated to increase by 2.5% per annum, the 25% increase in the mortuary capacity should be able to cope with demand. Notwithstanding, HA would examine the feasibility of constructing temporary mortuaries. As regards training of mortuary staff, Chief Executive, HA referred members to paragraph 7 of the Administration's paper. HA would see whether there was any need to provide more training and/or fine-tune the content of the training programme after the investigation of the PWH incident.

52. Ms Audrey EU requested the following -

- (a) how prevalent was the storing of two deceased bodies in the same mortuary compartment in and at which HA mortuaries; and
- (b) what was the work plan on addressing the capacity problem of HA mortuaries.

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Chief Executive, HA undertook to provide the information after the meeting. In respect of (b), Dr KWOK Ka-ki hoped that the work plan could meet future demand for mortuary service in the next 10 to 15 years.

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53. In closing, the Chairman said that HA should immediately stop storing two deceased bodies in the same mortuary compartment, provide a detailed plan and timetable on expanding the capacity of its mortuaries to meet demand in the next 10 to 15 years, and provide a written response to the suggestion of constructing temporary mortuaries.

III. Poison prevention and control

54. Due to time constraint, members agreed to defer the discussion of this item to another meeting.

55. There being no other business, the meeting ended at 1:20 pm.