香港醫學會
The Hong Kong Medical Association
FOUNDED IN 1920-INCORPORATED IN 1960 AS A COMPANY LIMITED BY GUARANTEE
MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA
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President's Message: Your Health Your Life

The latest healthcare reform consultation document from the Food and Health Bureau titled 'Your Health, Your Life' warned us again that because of *our rapidly ageing population,* because of *rising medical costs due to advancement of technology and consumer expectation,* there will be a *declining level and quality of public healthcare services* unless we do something about it. It predicts that the occupancy in public in-patient wards for major specialties could *reach congestion within the next three years,* the waiting time of new cases for specialist out-patient services tripled by 2012, and the waiting time for non-urgent surgery like cataract extraction increased from 3 years to 6 in 2015. The document proposed to enhance primary care by developing basic models for primary care services, establishing a family doctor register, subsidizing patients for preventive care, improving public primary care and strengthening public health functions. The document went on to threaten that our system is not sustainable and supplementary financing has to be implemented. Despite denials, it is obvious that mandatory private health insurance and personal health care reserve are the choices of the government to lessen its contribution to public health care.

Albert CHENG, current legislative councilor disagreed in the SCMP on 22 March 08. He reminded us that our health care spending in 2004 of $37.8 billion represented 2.9% of GDP, and 'even if we increase this by five times, to HK$189 billion by 2033, it will only be about 5.5% of GDP, which is way behind the Organization for Economic Cooperation and Development countries' average of 8.1%. He suggested that government is 'exaggerating the problem of health care spending to scare the public into considering new options for supplementary financing'.

Dr. LO Wing Lok, former president of the Medical Association, expressed in the media his skepticism of life-long insurance contribution and saving for health care. He suggested that the fortune amassed will only be used to feed retired government officials, fund managers and ended up in a Mandatory Health Care Fund with a mean management which will further restrict patients' choice and use of service. Citizens will be sharing the bill but not given more choices.

Our Council has met and discussed with the Bureau. We were told that 30-40% of patients of the Hospital Authority were underprivileged and on CSSA and would not need to contribute anyway. The target would be on those 60% of currently paying patients in HA. By contributing to mandatory Insurance, they will be paying the full sum to HA to sustain HA. The recent attempt to increase the intake of medical students from 250 to 400 will increase the medical manpower intake of first year resident medical officers by 60%. Nursing and paramedical staff will probably be increased by the same ratio. This is in gross contrary to a small government and limiting services of the Hospital authority to 4 pillars only. The extra manpower is obviously employed to deal with the anticipated increase in patient load in the public hospital in the future. Without the supplementary funding, the salary of this extra manpower cannot be met. We have never heard our private sector colleagues complaining that they are overloaded with patients.

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We are not convinced that the Mandatory Insurance will allow more patient choice to see private doctors or go to private hospitals, the payment is grossly inadequate. Ultimately, more patients who have contributed will be forced back to Hospital Authority because they have no extra money left after paying the mandatory insurance. Alternatively, citizens will be paying more than the 5% initially suggested. The final sum may be jacked up to 15% before it is enough.

Putting emphasis on primary care has to be good, and the results of NHS (UK), OHIP (Canada) and the Australian Health System serve to demonstrate that this is the way. All 3 countries, however, invest tremendous amounts of resources in primary care. In UK, the NHS allows the general practitioners to be fund managers to bargain for the appropriate hospital and specialist fees. In Canada, the general practitioners are reimbursed fee for service by the Canadian government, as is the case in Australia. Your Health Your Life suggest that Hong Kong Government pays barely nothing and hopes that citizens get good primary care through their own financing (short of the coupons). The Mandatory Insurance is only for hospital fee.

Worst still, without instilling the most needed finance into primary care, the document starts to lay out plan to control the private sector. A family doctor register is no big deal and the HKMA had formed a similar register 2 years ago to inform the public. It was deemed not acceptable by the Medical Council because somehow, freedom of speech does not apply and we could not use the word 'register'. Now it is obvious that this word 'register' is only fit for use by government. To control general practitioners, only those with the *appropriate training requirements and qualification milestones can remain on the register in the future.* With the Canadians, this is no problem. 50% of their graduates underwent a 2 year government funded training program to sit for the CCFP with an almost 100% pass rate. In Hong Kong, may be 20 young doctors join the 6 year Family Medicine program in Hospital Authority program annually and the pass rate of 30% has been criticized by an eminent physician in the media as due to flaws in training, trainer and examination. With only over 100 specialists in Family Medicine currently, the current enrolment, and the pass rate, what should general practitioners without the required *qualification* to get into the register do in future with their basic primary degree? Beg rice? Is this not an attempt to control general practice? For the last century, general practice has provided between 70-90% of primary health care to the community. To establish the family doctor register, a working group involving the public and private sector will be formed to look at it. When the public sector contributes so little to primary health care in the past, what is its role in the working group? Is this not an attempt to control general practice?

The document looks at accessibility and back-up arrangements. Like the NHS, the document wants doctors to form groups to *provide mutual support in service provision. Doctors who register as solo practitioners should be required to make back-up arrangements in the event they take absence from practice.* So in future, you have to register and inform how you will provide 24 hour service. Most GP choose the specialty for the life-style and do not have in mind a 24 hour service on call vision. In NHS, government funded primary care dictates that only GP groups can survive and in 2004, there are only 6.1% solo general practitioners. However, even

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in UK, studies found little relationship between practice size and quality. Small practices are considered by patients to be more accessible and achieve higher level of satisfaction than larger practices. Nearly half of the general practitioners in USA are solo practitioners. If Hong Kong wants the general practitioners here to act like those in UK, then government should take the tab and pay them like their counterparts in UK.

Members reading the document carefully will find the suggestion that the Department of Health *should focus on devising appropriate standards and protocols for various primary care services and to promote and monitor the application of such standards.* In future, the size, structure, furniture of a general practice clinic will be fixed and audited. But how does government deal with the LINK, which controls the rental and size and shape of the public housing estate clinics? Has government, in fact, Mr. TSANG, not shrink away from touching LINK under the pretext of free trade? If LINK controls the rental of the estate clinics, how can government dictate what should be the size and structure of a clinic? Government has not helped with the management of general practice clinics in the past, now without funding the general practitioners, it wants to audit general practice clinics of the future, Is this not an attempt to control general practice?

All doctors reading the document should read 6.22. *We therefore propose the public sector to increase moderately the capacity of its private services operating on a full cost-recovery basis…the provision of such private services should help bring in additional financing into the public health care system and relief its financial burden.* And this is probably the main reason for the document.

Dr. CHOI Kin
President
The Hong Kong Medical Association

9 May 2008