



**政府醫生協會**  
**The Government Doctors' Association**

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**To: Panel on Health Services, Legislative Council**

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Dear Chairman, Deputy Chairman and Honourable Members of the Panel on Health Services,

**Re: Redeployment of Directorate Posts in the Department of Health – Objection to the Proposed Deletion of the following serving posts:**

1. **Consultant Oral & Maxillofacial Surgeon in Queen Mary Hospital**
2. **Consultant Forensic Pathologist**

The Government Doctors' Association (GDA) represents all doctors and dentists working in the Civil Service. The GDA is aware that the above-mentioned issue will be tabled for discussion by Panel on Health Services of the Legislative Council in the year 2009-2010 and must register **our objection to the deletion of the above two directorate posts.**

## **Consultant Oral & Maxillofacial Surgeon in Queen Mary Hospital**

GDA must point out that the already limited dental services available to the sick and disabled members of the general public, who are attending one of our leading general hospitals, will be gravely affected by the deletion of a Dental Consultant post.

The Administration has been urged at least by one former member of the Panel on Health Services to provide comprehensive dental services for the people of Hong Kong. It was pointed out at this Panel that the existing arrangement of only providing pain relief and extraction services to the public at designated Government dental clinics and basic and preventive care to primary school children were far from adequate.

Hospital Dental Service is the only public dental service provided to all people of Hong Kong (i.e. not only restricted to the Civil Servants). In this context, dental treatments provided to all hospital in-patients and out-patients are different for the conventional 'dental treatments' (e.g. dental fillings, dentures for healthy, walking individuals). To those unfortunately chronically ill members of the General Public, essential dental treatments must be provided as part of the overall medical treatments. For example, our colleagues in the hospital dental units have been rendering supporting services to the Accidents & Emergency Departments, Clinical Oncology Department, Medical Departments, Surgical Department, Paediatrics Department, etc. Even such essential services are only provided by the Department of Health in seven regional hospitals (i.e. Queen Mary Hospital, Queen Elizabeth Hospital, Prince of Wales Hospital, Princess Margaret Hospital, Tuen Mun Hospital, Pamela Youde Nethersole Hospital and North District Hospital).

Specialist Dentists, apart from the 'general dentists' that make up the bulk of the Government Dental Services, are required in these units to meet the more sophisticated demands imposed by these medically compromised patients. A Dental Specialist Consultant is required to handle the clinical and administrative duties of each single unit. Yet, there are only 5 Dental Specialist Consultant manning 7 units at present. Two units are 'under-manned'.

It has been said that no matter what changes are made to our healthcare system, the Government will uphold its long-established policy of ensuring that no one be denied adequate healthcare for lack of means. It has been further assured that healthcare services will remain accessible to the low-income and under-privileged groups, and ensure the system continues to serve as a healthcare safety net for the whole community. The provision of essential dental treatment of hospital patients, most of them are from the low-income and under-privileged groups, is undeniably part and parcel of the hospital care of our healthcare system.

Based these promulgated aforesaid promises, it is incomprehensible that there is now a proposal to retract an already undermined service by deleting the Dental Consultant post in Queen Mary Hospital in the disguise of 'redeploying'. This particular post that has been serving the general public of Hong Kong for over three decades, the interests of our chronically ill and severely medically compromised population has been deprived and will ultimately sacrificed – if such a proposal is accepted.

## Consultant Forensic Pathologist

The Forensic Pathology Service (FPS) is the only medical unit in Hong Kong that provides dedicated service and training in the specialty of Forensic Pathology, we need to maintain a minimum of Consultant posts to facilitate quality control, academic discussion and professional guidance, especially when the Service is currently divided into three teams due to geographical reasons. Deletion of a Consultant post (thus reducing the number of Consultants to a mere 2) severely undermines the FPS in the provision of professional quality control, as well as in the provision of training in Forensic Pathology. In the long run this would also hinder the development of Forensic Pathology as a specialty in Hong Kong.

Forensic Pathologists are heavily involved in the provision of expert evidence in medico-legal cases. In practically all medical units in Hong Kong, difficult medico-legal cases are handled by Professors or Consultants. Courts in Hong Kong practice the adversarial system, in which case lawyers as well as medical experts from both sides should be of equivalent standing if justice is to be served. The deletion of a Consultant Forensic Pathologist post would require some of the more difficult medico-legal cases to be shifted to FPS doctors occupying more junior posts. The overall result is that standing of expert opinions provided by the FPS as a whole will be adversely affected and that would be detrimental to the administration of justice.

Unlike other medical specialties, the practice of Forensic Pathology is virtually monopolized by the Hong Kong SAR Government. Taking up private practice is not a practical option. Promotion prospect, therefore, is poor compared with most other clinical specialties. The further reduction of our promotion prospect following the deletion of a consultant post is very unfair and severely demoralizing to doctors of the FPS.

Public mortuaries are run by the FPS. This is a well-known fact that in the past few years, public expectation of mortuaries services has been much higher. It has been pointed out by the Independent Committee on Public Mortuary Incident in 2006 that public mortuaries were running with inadequate resources. Although in the past three years some more mortuary staff have been employed, the additional administration work has been absorbed by senior doctors of the FPS, without any added head count for such increase in administration work. The already strained senior doctors of FPS were further strained. It was thus completely unreasonable to delete a Consultant Forensic Pathologist post in such a time of need.

It is a well known fact that the population of Hong Kong is aging, and the people of Hong Kong is becoming more and more concerned with the standard of medical care provided to patients. As a result the number of cases reported to the Coroner has been increasing steadily and will continue to increase. The number of Coroner's cases has increased from 7890 in 2002 to 9422 in 2007, at a rate of about 4% per year. Meanwhile the establishment of the medical staff for Forensic Pathology Service (with the exception of the post seconded from the Immigration Department to handle torture claims) has been static in the past 20 years or so. Senior doctors in FPS are now choking with workload; a reasonable employer should have taken prompt actions to increase manpower to cope with the added workload, and to handle the raised public expectation on professional quality. The deletion of a Consultant Forensic Pathologist post was just counterproductive; it will bring about a severe breakdown in morale in all medical staff and will definitely impair the quality of service delivery due to exhaustion of senior medical staff.

The GDA believe that the existing level of medical service cannot be further compromised and the deletion of these two existing posts is totally unacceptable nowadays and against the pledge to maintain our best quality service to safeguard the health and welfare of the community.

Thank you for your attention.



Dr. Tsang Sheung Yin, Stanley,  
Chairman