



會 學 醫 港 香
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

Duke of Windsor Social Service Building, 5th Floor, 15 Hennessy Road, Hong Kong
E-mail: hkma@hkma.org Home Page: <http://www.hkma.org>
Tel. No.: 2527 8285 (6 lines) Fax: (852) 2865 0943

香港軒尼詩道十五號
溫莎公爵大廈五樓

Submission of the Hong Kong Medical Association to the Health Services Panel of the Legislative Council on 3 June 2011

Re: Hospital Authority Drug Formulary

To doctors, if there is enough evidence for a drug to be used, and it is beneficial to the patient, it should be prescribed.

To ask a patient to pay expensively out of his own pocket in order to obtain the necessary medication is a financial issue. In the setting of the Hospital Authority, doctors should be free of such financial concern when making a clinical decision.

For far too long, the under-privileged have to dig into their own pockets for expensive medications necessary to prolong or save their lives in spite of the fact that their healthcare provider was no one other than the publicly funded Hospital Authority (HA). That funding by the government has become a staggering 39.9 billion dollars paid on an annual basis.

For too long, minority groups of patients with cancers, thalassemia, rheumatic diseases, glycogen storage disorders etc. have to beg, borrow or steal in order to obtain medications to keep them alive, in contrary to the government promise that nobody will be denied of medical service due to a lack of financial means.

Currently, the HA formulary is totally unfair to Hong Kong Citizens. Most of the new anticancer drugs, which are life-saving, are expensive, and are named "Non-HA Standard Drugs". With a lack of financial means, the poor and the needy cannot afford to pay for the medications and are thus denied of a medical service they rightly deserve.

The so-called "HA Standard Drugs" is not uniform across HA hospitals. Some hospitals in Hong Kong East such as Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital have more comprehensive lists, while those



會 學 醫 港 香
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

Duke of Windsor Social Service Building, 5th Floor, 15 Hennessy Road, Hong Kong
E-mail: hkma@hkma.org Home Page: <http://www.hkma.org>
Tel. No.: 2527 8285 (6 lines) Fax: (852) 2865 0943

香港軒尼詩道十五號
溫莎公爵大廈五樓

in Northwest territories have more restrictive lists. Therefore, patients in different regions are subsidized for different medications. The most notorious of all are the "Special Drugs". These are the newer, expensive medications with higher clinical efficacy, or less adverse effects. While doctors in some hospitals are free to prescribe the "Special Drugs", doctors in other clusters may be restricted on their use. Such differential treatment of HA patients in different regions is unfair and totally unacceptable. HA would have data to confirm this inter-cluster discrepancy.

The Hong Kong Medical Association understands that there is a limit as to what the government can do in public healthcare. Nonetheless, it is shameful to see that in tandem with the ever escalating financial input into HA, from \$16.6 Billion two decades ago, to the latest, historic high of \$39.9 billion, health incidents have also been escalating - more wrong organs have been removed, and more instrument have been left behind. Despite the huge inflation in manpower from 1,700 doctors to over 5,000, more and more of them became dissatisfied and have left. The Hospital Authority should have done a lot better.

It is time to shape up or ship out. All medications required by patients in the Hospital Authority should be supplied without extra charge, and there should be one and only one, uniform formulary across all HA hospitals. Redistribution of wealth to help the needy is one valued purpose of our taxation system. If Hospital Authority cannot supply all the necessary medication to all its patients, it can either ask the government for more funding or reconsider its role properly. In UK or Canada, where social medicine is also practiced, free medical service does not include free medication. Most patients can afford their own diabetic medications or hypertension medications. It is the unfortunate minority with serious illness who require expensive medication need the most financial subsidy and it is here that subsidy is denied.