立法會
Legislative Council

LC Paper No. CB(2)2790/11-12
Ref : CB2/PL/HS (These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 14 May 2012, at 8:30 am
in Conference Room 3 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon Andrew CHENG Kar-foo Hon LI Fung-ying, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon CHEUNG Hok-ming, GBS, JP Hon WONG Ting-kwong, BBS, JP Prof Hon Patrick LAU Sau-shing, SBS, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou Dr Hon Samson TAM Wai-ho, JP Hon Alan LEONG Kah-kit, SC
Member absent	:	Hon Vincent FANG Kang, SBS, JP
Public Officers attending	:	Items IV to VII Miss Janice TSE Siu-wa, JP Deputy Secretary for Food and Health (Health) 1 Food and Health Bureau

Items IV and V

Mr Y K LEE
Principal Executive Officer (Health)
Food and Health Bureau

Dr Emily LEUNG
Assistant Director of Health (Special Health Services)
Department of Health

Mr K M CHENG
Senior Physicist in Charge
Department of Health

Items VI and VII

Ms Estrella CHEUNG King-sing
Principal Assistant Secretary for Food and Health (Health) 1
Food and Health Bureau

Item VI

Dr Thomas TSANG, JP
Controller, Centre for Health Protection
Department of Health

Dr H W LIU
Director (Quality & Safety)
Hospital Authority

Dr Patrick LI
Kowloon Central Cluster Clinical Director (Clinical Service) / Chief of Service, Department of Medicine, Queen Elizabeth Hospital
Hospital Authority

Item VII

Dr Ronald LAM
Assistant Director of Health (Traditional Chinese Medicine)
Department of Health

Mr Robert LAW
Senior Pharmacist (Traditional Chinese Medicine)
Department of Health

Mr Y K CHAN
Senior Endangered Species Protection Officer
Agriculture, Fisheries and Conservation Department

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Sandy HAU
Legislative Assistant (2) 5

Miss Liza LAM
Clerical Assistant (2) 5

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I. Confirmation of minutes
[LC Paper No. CB(2)1927/11-12]

The minutes of the meeting held on 12 March 2012 were confirmed.

II. Information paper(s) issued since the last meeting
[LC Paper Nos. CB(2)1794/11-12(01) and CB(2)1835/11-12(01) and (02)]

2. Members noted the following papers issued since the last meeting -

(a) letter dated 18 April 2012 from the Chronic Obstructive Pulmonary Disease Concern Group to the Financial Secretary on funding to the Hospital Authority to expand the clinical application of long-acting bronchodilators for the treatment for chronic obstructive pulmonary disease; and

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(b) letter dated 17 April 2012 from The Practising Pharmacists Association of Hong Kong to the Assistant Director of Health (Drug) on the Revised Code of Practice for Authorized Seller of Poisons and the Administration's reply dated 23 April 2012 to the Association.

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1928/11-12(01) and (02)]

3. Members agreed to discuss the following items at the next regular meeting scheduled for 11 June 2012 at 8:30 am -

(a) Electronic health record sharing; and

(b) Redevelopment of Kwong Wah Hospital.

IV. Replacement of a Thermoluminescent Dosimetry System in the Department of Health

[LC Paper Nos. CB(2)1928/11-12(03) and CB(2)2009/11-12(01)]

V. Replacement of a Standard Radiological Dosimetry Calibration Facility in the Department of Health

[LC Paper No. CB(2)1928/11-12(04) and CB(2)2009/11-12(02)]

4. Members agreed to combine the discussion of agenda items IV and V as they were related.

5. Deputy Secretary for Food and Health (Health)1 ("DSFH(H)1") and Senior Physicist in Charge, Department of Health ("SPC, DH") briefed members on the Administration's proposal to replace the existing Thermoluminescent Dosimetry System ("the TLD System") and the Standard Radiological Dosimetry Calibration Facility ("RDCF") in the Department of Health ("DH"), details of which were set out in the Administration's papers (LC Paper Nos. CB(2)1928/11-12(03) and (04)).

Thermoluminescent Dosimetry System

6. Noting that the TLD system was a device for monitoring radiation dosages incurred by personnel engaged in work involving exposure to ionising radiation (including X-ray and gamma radiation), Mr Albert HO expressed concern about the safety of radiation workers. He sought details

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on the monitoring work carried out by DH to ensure safety of the radiation workers.

7. DSFH(H)1 advised that the Administration attached importance to the safety of staff who were engaged in work involving exposure to ionising radiation. The TLD system was employed by DH to monitor the radiation exposure received by radiation workers. Radiation workers would carry thermoluminescent dosimeters during work. They would return their dosimeters to DH on a monthly basis for recording and monitoring the radiation dosage received. DH would assess the radiation dosage of each radiation worker to ensure that each worker's annual exposure to radiation would be within the dose limit. DSFH(H)1 further advised that the radiation exposure for each radiation worker would be monitored for 50 years.

8. SPC, DH supplemented that the use of radioactive substances or irradiating apparatus was regulated by the Radiation Ordinance (Cap 303). A licence from the Radiation Board was required for any person to carry out any activity involving radioactive substance or irradiating apparatus. The employers were obligated to provide a list of radiation workers to the Radiation Board; and to monitor the radiation dosage received by their employees employed in radiation work (if the annual dose exceeded 6 millisieverts at the work site) or work involving the handling of unsealed radioactive substance (regardless of the radiation level).

Standard Radiological Dosimetry Calibration Facility

9. Mr WONG Ting-kwong noted that RDCF was for calibration of radiation dosimetry instruments which were used for the measurement of ionising radiation (including X-ray and gamma radiation) dosage. He sought information on the reference standard for radiation dosimetry in Hong Kong and whether the local reference standard conformed to the international standards.

10. DSFH(H)1 advised that both RDCF and the TLD System were advanced equipment meeting the international standards, such as those prescribed by the International Atomic Energy Agency. SPC, DH further advised that the accuracy of RDCF was regularly calibrated against national primary dosimetry reference standards in order to conform to the standards on radiation dosimetry prescribed by the International Organization for Standardization.

11. In response to Mr WONG Ting-kwong's enquiry about the life expectancy of RDCF, DSFH(H)1 advised that the existing RDCF in DH

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had reached the end of its economic serviceable life, and the life expectancy of the new RDCF would be about 10 years.

12. In closing, the Chairman said that members of the Panel were in support of the funding proposals to replace the existing RDCF and TLD system in DH.

VI. Issues relating to healthcare personnel infected with human immunodeficiency virus

[LC Paper Nos. CB(2)1928/11-12(05) and FS24/11-12]

13. DSFH(H)1 briefed members on the management of human immunodeficiency virus ("HIV") infection in healthcare workers, details of which were set out in the Administration's paper (LC Paper No. CB(2)1928/11-12(05)). Controller, Centre for Health Protection ("Controller, CHP") and Director (Quality & Safety), Hospital Authority ("Director (Q&S), HA") then highlighted the operation of the Expert Panel on HIV Infection of Health Care Workers ("the Expert Panel"), and its assessment of a recent case concerning a public hospital healthcare worker infected with HIV which was referred to the Expert Panel in January 2012 as set out in paragraphs 6 to 13 in the Administration's paper.

Measures to minimize transmission of blood-borne pathogens

14. Dr PAN Pey-chyou noted that while substantial overseas literature and experience had suggested that the risk of healthcare worker-to-patient HIV transmission in the healthcare setting was extremely low, the Hospital Authority ("HA") had commenced a patient lookback exercise on 26 March 2012 following the recommendations from the Expert Panel on a case concerning a public hospital healthcare worker infected with HIV. He asked whether HA had conducted patient lookback investigations for other blood-borne viruses, in particular hepatitis B, for the sake of public interest.

15. Director (Q&S), HA advised that the need of patient lookback would be assessed and determined on a case-by-case basis with its assessment based on the concept of exposure-prone procedures. It should be noted that standard precaution for infection control, including good hand hygiene practices and use of protective barriers during routine patient care carried out by healthcare workers, had been practised in public hospitals to safeguard staff and patients from the risk of infection and transmission of blood-borne pathogens and other infectious diseases. In the event that patients or healthcare workers were accidentally exposed to the blood of the infected, such exposure would be assessed, managed and followed up in

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accordance with existing guidelines. In the past 18 months, there were some 260 reported cases and no case of infection had been identified.

Recommended guidelines on HIV infection and healthcare workers

16. Mr CHAN Kin-por was of the view that the HIV Infection and Health Care Workers: Recommended Guidelines ("the Guidelines"), which were developed by the Advisory Council on AIDS ("ACA") in 1994 and updated in 2003, should be reviewed to take into account the development of medical technology, such as the availability of effective treatment to reduce the infectivity of HIV-infected individuals.

17. DSFH(H)1 responded that at its meeting held on 20 April 2012, ACA had reviewed the mechanism to safeguard against HIV transmission from infected healthcare workers to patients, and agreed to consult the Expert Panel on the need to review the Guidelines for further deliberation by ACA.

Rights and responsibilities of HIV-infected healthcare workers

18. Noting that there were precedents whereby HIV-infected healthcare workers were recommended to change their duties in order to reduce the risk of transmitting HIV to patients during exposure-prone procedures, Mr CHAN Kin-por was concerned that some HIV-infected healthcare workers would be discouraged from seeking counselling and treatment, fearing that this would result in a restriction of practice.

19. DSFH(H)1 advised that to safeguard privacy and to encourage infected or at-risk healthcare workers to receive proper counselling and management, healthcare workers were generally not required to disclose their HIV status to their employers. Disclosure, if any, would be made on a need-to-know basis and with consent of the worker. However, an HIV-infected healthcare worker should be ethically bound to seek advice from his/her attending doctor on whether there was a need to limit or alter his/her working practice so as to avoid putting patients at risk. The attending doctor concerned should then refer the case to the Expert Panel in an anonymous manner and seek its advice on, among others, the need for job modification, limitation or restriction. The Expert Panel would evaluate each case on a case-by-case basis, taking into account an array of risk and work performance factors. Its recommendations would be conveyed to the referring doctor of the case for his/her follow-up with the healthcare worker concerned. Controller, CHP supplemented that as at the end of March 2012, only a small proportion of the 20 cases assessed by the Expert Panel were recommended for a change of duties.

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20. Mr CHEUNG Man-kwong asked whether consideration could be given to requiring all new and existing healthcare workers to undergo routine confidential blood tests for HIV infection. Knowledge of the test results would be restricted to the healthcare workers themselves for their determination on whether, on ethical grounds, they should seek professional advice on job modification if the test results indicated that they had infected with HIV. In so doing, a right balance could be struck between safeguarding the personal privacy of healthcare workers and protecting patients from the risk of infection in the healthcare setting. Mr Alan LEONG echoed Mr CHEUNG's suggestion, adding that healthcare workers should be subjected to annual HIV testing.

21. DSFH(H)1 stressed that while the reporting of the HIV status by the healthcare workers was on a voluntary basis, it was incumbent on all healthcare workers to act in the best interests of their patients. They had an obligation to act in accordance with the standards of their profession to prevent harm in the practice of patient care. In addition, the precautionary infection control measures being put in place in hospitals had further minimized the risk of HIV transmission in the healthcare setting. Controller, CHP supplemented that the Expert Panel would consider the feasibility of Mr CHEUNG's suggestion during its review of the Guidelines.

22. Mr Albert HO expressed concern that no matter how minimal the risk might be, there was still a possibility of transmission of HIV from the infected healthcare workers to their patients in the healthcare setting, particularly for the specialties of surgery and obstetrics where there was a higher chance of patient exposure to blood or potentially hazardous body fluid from an infected healthcare worker. There might also be cases that the HIV-infected healthcare workers chose to repeatedly ignore the advice given by their attending doctors on job modifications. In the light of this, he considered it necessary to mandatorily require the HIV-infected healthcare workers to report their infection status to their employers. Where necessary, their employers should make appropriate arrangements for the transfer of duties to ensure patient safety.

23. Controller, CHP responded that as confirmed by Professor Julian Gold, Director of the Albion Street Centre and World Health Organization Regional Collaborating Centre of HIV/AIDS, at the meeting of the Expert Panel on 26 March 2012, the risk of HIV transmission from infected healthcare workers to patients during invasive procedures was negligible. That said, in line with the internationally accepted principle of precaution, the Expert Panel would assess anonymous referrals from the attending doctors of infected healthcare workers, and to provide advice on the need of job modification and lookback investigation on a case-by-case basis.

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Past experience indicated that the need for a change of job duties was rare, and the case referred to in paragraph 13 above was the first case whereby a precautionary patient lookback was recommended. It should also be noted that under the Guidelines, the attending doctor who had counselled an HIV-infected healthcare worker on job modification and who was aware that the advice was not being followed and patients were put at risk had a duty to inform the relevant statutory body which regulated the professional conduct of the medical or healthcare profession for appropriate action.

24. Mr Albert HO remarked that bringing up a case to the relevant professional body for possible disciplinary action would create a more severe adverse impact on the healthcare worker concerned than requiring the worker to change his/her job duties. He maintained the view that healthcare workers should be required to disclose their HIV status to their employers on a mandatory basis in order to protect patients.

25. Kowloon Central Cluster Clinical Director (Clinical Service)/Chief of Service, Department of Medicine, Queen Elizabeth Hospital, HA advised that according to the Professional Code and Conduct for the Guidance of Registered Medical Practitioners promulgated by the Medical Council of Hong Kong, all HIV-infected medical practitioners, regardless of whether they were practising in the public or private sector, should seek appropriate counselling and act upon it when given. It was unethical if one failed to do so as patients were put at risk. In addition, the attending doctors of the infected healthcare workers had the obligation to seek the advice of the Expert Panel on the areas of management and possible need for job modification. They also had a duty to inform the Medical Council if they were aware that their advice on job modification was not being followed and patients were put at risk.

26. Mr Alan LEONG noted that in the United States, procedures were categorized according to the level of risk for blood-borne pathogen, including HIV, transmission, i.e. Category I activities included procedures with de minimis risk of blood-borne virus transmission; Category II activities included procedures for which blood-borne virus transmission was theoretically possible but unlikely; and Category III activities included procedures for which there was definite risk of blood-borne virus transmission or that had been classified previously as "exposure-prone". HIV-infected healthcare workers having circulating HIV viral burdens of greater than or equal to 5 x 102 GE/mL were not recommended to perform Category III activities. He asked whether similar categorization and work practices could be adopted in Hong Kong for patient safety.

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27. Director (Q&S), HA advised that HA and the Expert Panel had followed the guidelines promulgated by the Society for Healthcare Epidemiology of America on the categorization of the healthcare-associated procedures for the management of HIV-infected healthcare workers, and would take into account the merits of each case when assessing the need of job modification for cases of HIV-infected healthcare workers.

28. Ms Audrey EU considered that the Administration should at the very least make it a policy that healthcare workers performing procedures associated with a risk for provider-to-patient transmission of HIV infection despite the use of appropriate infection control procedures had to declare their HIV status to their employers if they were infected or at risk of infection. Upon receipt of the referral, the Expert Panel would then advise on the necessary modification or limitation of the work practices.

29. Controller, CHP stressed that while the risk for transmission in the context of procedures was crucial to the overall risk assessment, it should not be the sole factor for consideration in assessing the risk for provider-to-patient HIV transmission and hence, the need for job modification. At present, the Guidelines covered all HIV-infected healthcare workers. The Expert Panel would consider each case on its own merits in risk circulation, taking into account other factors such as the circulating viral burden of the infected healthcare worker. Director (Q&S), HA supplemented that from a public health perspective, measures should be put in place to effectively minimize the risk of healthcare worker-to-patient HIV transmission in the healthcare setting. Given that a mandatory reporting system might create an undesirable outcome of discouraging healthcare workers at risk of HIV infection from seeking appropriate counselling and treatment, and the fact that the risk of HIV transmission in the healthcare setting as suggested by scientific evidence was extremely low, it was accepted worldwide that a voluntary reporting system should be adopted.

Protection of personal privacy of the HIV-infected healthcare workers

30. Expressing concern about the media coverage of the identity of the HIV-infected public hospital healthcare worker referred to in paragraph 13 above, Dr PAN Pey-chyou asked whether HA had taken any followed up actions for such cases of unlawful intrusion into personal data privacy. Ms Audrey EU considered that HA should investigate the recent incidents relating to leakages of personal data of its patients and impose penalty on the persons knowingly leaking the relevant data. Holding the view that HIV-infected healthcare workers had the same rights of confidentiality as any patient seeking or receiving medical care, Mr Alan LEONG urged HA

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to take reasonable measures to prevent its staff members from leaking information concerning the identity of those infected healthcare workers to the press in an unauthorized manner.

31. Director (Q&S), HA stressed that HA had all long maintained confidentiality of the identity of the staff member concerned. While HA had been extremely prudent in assessing any potential impact to patients and staff upon confirmation of the case of staff infection with HIV, it was emphasized in the course of its internal discussion that the personal privacy and identity of any staff member concerned should be protected in all circumstances. Knowledge of information concerning the identity of the staff member concerned was also restricted to only a few management staff of HA. Given the extremely minimal risk of provider-to-patient HIV transmission upon assessment, HA and the Expert Panel had decided not to make public the incident. It was not until the incident had aroused public concern at a later stage that HA had confirmed with the media of the incident without disclosing the identity of the staff member concerned. It should be noted that HA would investigate each incident relating to leakage of personal data of patients. When there was evidence of an offence, HA would report the case to the Police for further investigation.

Other issues

32. Dr PAN Pey-chyou asked whether tracing of a deceased's contacts in the community would be conducted if the knowledge of the HIV status was only confirmed during the post-mortem examinations.

33. Controller, CHP responded that given that the protection of a patient's medical condition, including his/her HIV status, would be continued after the death of the patient, it would be difficult to identify any third party, other than his/her partner, who would be at risk of having contracted HIV from the deceased.

VII. Chinese medicinal products containing ingredients from bear gall bladders

[LC Paper Nos. CB(2)1928/11-12(06) to (08), CB(2)1957/11-12(01), CB(2)1988/11-12(01) and (02), CB(2)2005/11-12(01) to (03) and CB(2)2026/11-12(01)]

34. DSFH(H)1 briefed members on the source of bear gall bladders, their medicinal value and the existing controls over proprietary Chinese medicines ("pCm") containing ingredients from bear gall bladders in Hong

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Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)1928/11-12(06)).

Clinical effects of bear gall bladders

35. Pointing out the divergent views among the Chinese medicine trade on whether the clinical effects of bear gall bladders could be substituted by the use of other herbal medicines, as well as whether there were any artificially synthesised substitutes, Ms Audrey EU urged the Administration to conduct an independent research in this regard. Mr CHEUNG Man-kwong noted that the registered pCm products containing bear gall bladders as active ingredients were primarily for strengthening heart functions, boosting resuscitation, invigorating blood circulation and removing blood stasis, etc. He held the view that unless bear gall bladders had to be used for the treatment of life threatening acute diseases, otherwise, products containing the ingredients of bear gall bladders should be restricted.

36. DSFH(H)1 said that she would relay Ms EU's suggestion to the Chinese Medicine Board ("CMB") under the Chinese Medicine Council ("CMC") for consideration. At present, having considered the uniqueness of the medicinal properties, functions and usage of bear gall bladders and the balance between animal rights and utilization of natural resources, CMB accepted the use of bear gall bladders as an active ingredients of pCm where the pCm product used for medical treatment met the requirements laid down in the Chinese Medicine Ordinance ("CMO") (Cap. 549), the Protection of Endangered Species of Animals and Plants Ordinance ("PESAPO") (Cap. 586) and the Convention on International Trade in Endangered Species of Wild Fauna and Flora ("CITES"). Assistant Director of Health (Traditional Chinese Medicine), DH ("ADH(TCM), DH") supplemented that the assessment of the experts of CMB revealed that the efficacy of bear gall bladders in the treatment of critical, acute, serious and rare or complex illness could not be substituted. It was also worthy to note that CMB had only accepted the use of bear gall bladders as active ingredients of pCm products for medical treatment, rather than health preserving, purpose.

37. Pointing out that a research study recently conducted by the School of Chinese Medicine of The University of Hong Kong had revealed that herbs, such as Rhizoma Coptidis, were possible substitutes for bear bile, Mr CHAN Hak-kan asked whether the Administration and the trade were aware of the outcomes of the research. He opined that with the availability of such substitutes, it was not a must for pCm manufacturers to use bear gall bladders or bear bile as active ingredients of the relevant products.

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38. DSFH(H)1 responded that while the Administration welcomed research studies on substitutes to bear gall bladders, there were divergent views among the Chinese medicine trade on the clinical effects of these substitutes. In addition, the availability of substitutes did not necessarily mean that the manufacturers of the relevant pCm products would choose to use these substitutes.

Existing statutory controls over Chinese herbal medicines and pCms containing ingredients from bear gall bladders

39. Ms Audrey EU expressed concern about the adequacy of the existing regulatory regime for managing Chinese herbal medicines and pCms containing ingredients from bear gall bladders.

40. DSFH(H)1 and Senior Endangered Species Protection Officer, Agriculture, Fisheries and Conservation Department ("SESPO, AFCD") responded as follows -

(a) at present, bears of all species under the family of Ursidae were endangered species listed in the Appendices to CITES, with some listed in Appendix I (i.e. species threatened with extinction where trade in their specimens was permitted only in exceptional circumstances), and others listed in Appendix II (i.e. species not necessarily threatened with extinction, but in which trade had to be controlled in order to avoid utilization incompatible with their survival). Under PESAPO, a total ban was generally imposed on the import and export of specimens of Appendix I species irrespective of whether they were alive, dead, parts or derivatives (including medicines) of the species. As regards Chinese herbal medicines, pCms and products containing ingredients of species listed in Appendix II, the import of which had to be accompanied by a CITES permit issued by the exporting country for inspection by the authorized officers at the time of their arrival in Hong Kong. For such items to be exported from Hong Kong, an export permit had to be obtained in advance from the Agriculture, Fisheries and Conservation Department;

(b) it should also be noted that all products that fell within the definition of pCm under CMO had to be registered before they could be imported, manufactured or sold in Hong Kong. In order to register, all pCms, including those containing bear gall bladders as active ingredients, had to meet the registration

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requirements prescribed by CMB regarding their safety, quality and efficacy; and

(c) while CMO also governed the import/export, possession, wholesale and retail sale of some commonly used Chinese herbal medicines in Hong Kong (as listed in its Schedules 1 and 2), bear gall bladders and bear bile powder were not included in the Schedules as they were seldom sold in the form of Chinese herbal medicines in Hong Kong.

41. Ms Audrey EU sought clarification as to whether bile extraction from bear species whose populations were not threatened with extinction would be subject to control under the legal framework of CITES. The Chairman asked whether countries exporting parts and derivatives of species listed in Appendix II had to meet any humane requirements on the extraction method. Dr PAN Pey-chyou asked whether products containing farmed bear bile could be imported into Hong Kong.

42. DSFH(H)1 advised that CITES aimed at protecting the endangered species of wild fauna and flora and ensuring the sustainable use of wild fauna and flora by subjecting international trade in specimens of selected species to a permit system. For the CITES-listed species, an export permit should be issued only if the specimen was legally obtained and if the export would not be detrimental to the survival of the species. Hence, products from bear farms with inhumane living conditions and extraction methods should be prohibited from entering international trade. It should however be noted that the export permit of a product would not contain information on how its ingredients were obtained. SESPO, AFCD supplemented that the Management Authority of each Party to CITES had to consult the Scientific Authority of that Party on whether the export of the specimen would affect the survival of the wide species. CITES had also required that registered captive breeding operations of CITES-listed species for commercial purposes needed to ensure the welfare of the animals concerned.

43. ADH(TCM), DH advised that in the Mainland, the use of bear gall bladders in pCm products was regulated by the State Forestry Administration and the Ministry of Health of the People's Republic of China. He reiterated that those pCm products containing bear gall bladders as active ingredients and complied with relevant ordinances, such as covered by export permits issued by the exporting countries, as well as meeting the registration requirements prescribed by CMB regarding their safety, quality and efficacy could be registered and sold in Hong Kong.

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44. Ms Audrey EU and Dr PAN Pey-chyou were of the view that apart from adhering to CITES, Hong Kong should enact its own legislation to tighten the importation of Chinese medicinal products containing the bear gall bladder ingredients so that only those products whereby the bear gall bladder ingredients were extracted in a humane manner could be imported into Hong Kong. Mr CHAN Kin-por remarked that any restriction imposed on the import and sale of Chinese medicinal products had to be fully justified.

45. DSFH(H)1 responded that as a Party to CITES, there was a need to study whether the introduction of stricter domestic measures on top of the permit requirements to control the trade of Chinese medicinal products containing parts and derivatives of bears would contravene the CITES legal framework. The Chinese Medicine trade should also be consulted on any change in the import control of Chinese medicinal products. Ms Audrey EU remarked that she did not see why international trade conventions or organizations would raise opposition to the imposition of an import control against those Chinese medicinal products whereby the ingredients of bear gall bladder were extracted in an inhumane manner.

46. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

47. Noting that in Hong Kong, there were currently 21 registered pCm products containing bear gall bladders as active ingredients, Ms Audrey EU sought information as to whether the bear gall bladder ingredients of these products were extracted in a humane manner. Dr PAN Pey-chyou raised a similar question. Holding the view that it might be inappropriate to adopt the standards of the western countries where the use of medicinal products containing ingredients of bear gall bladders or bear bile was rare, Dr PAN stressed that the Administration had the responsibility to study and monitor the supply chain to ensure that the bear derivatives of these products were extracted in a humane manner.

48. Mr CHAN Kin-por noted from the submission of the Hong Kong Chinese Patent Medicine Manufacturers' Association Ltd. (LC Paper No. CB(2)2005/11-12(02)) that according to the Association's understanding, the Endangered Species Import and Export Management Office of the People's Republic of China had never issued export permits for those products containing the ingredients of bear bile which was extracted daily from live farm bears in an inhumane manner, and hence these products would not be made available in the local market. He sought confirmation on whether this was the case.

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49. DSFH(H)1 advised that it would be difficult to trace the entire supply chain of pCm products manufactured outside Hong Kong which often involved more than one trader. For instance, the pCm manufacturers exporting the products might use bear bile powder or the raw material of bear gall bladders imported from other places. At present, 15 out of the 21 registered pCm products containing the ingredients of bear gall bladders were exported from Japan, and the other remaining products were either imported from the Mainland or manufactured by local pCm manufacturers. She reassured members that the imported pCm products were accompanied by a CITES permit issued by the exporting country. Mr CHAN Hak-kan requested the Administration to provide after the meeting information on the places of origin of the 21 registered pCm products.

50. Ms Audrey EU referred members to the reply letter dated 24 April 2012 from CMC to her earlier enquiry concerning the detailed information, including, among others, the brands, of the 21 registered pCm products available in the local market (LC Paper No. CB(2)2026/11-12(01)) which was tabled at the meeting. She pointed out that the crux of the problem was whether the method of getting the bear gall bladders or bear bile for the use of the relevant pCm products was humane or not, rather than the places of origins of the products.

Motion proposed by member

51. Ms Audrey EU moved the following motion which was seconded by Dr Joseph LEE –

> "本會要求政府立法禁止任何不人道方法取熊膽的中藥材或中成藥在香港出售或進入香港。"
>
> (Translation)
>
> "That this Panel requests the Government to legislate against the sale or import in Hong Kong of Chinese herbal medicines or pCm which contain bear gall bladders extracted with any inhumane method."

52. Dr PAN Pey-chyou considered that given the wide public concern over the issue, it was incumbent upon the Administration to study how the ingredients of bear gall bladders or bear bile in the 21 registered pCm products were extracted. In his view, only when this first step was taken could the need of legislation be considered. Hence, he had reservations about the motion when official information on the extraction method was not yet available. Ms Audrey EU clarified that her motion did not seek to immediately introduce legislation to prohibit the trade of Chinese herbal

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medicines or pCm which contained ingredients from bear gall bladders. She agreed that an investigation on the extraction method was necessary.

53. Ms Audrey EU moved an amendment to her original motion by adding "成分" after "熊膽" to enhance clarity. The amended motion which was seconded by Dr Joseph LEE was as follows -

> "本會要求政府立法禁止任何不人道方法取熊膽***成分***的中藥材或中成藥在香港出售或進入香港。"
>
> (Translation)
>
> "That this Panel requests the Government to legislate against the sale or import in Hong Kong of Chinese herbal medicines or pCm which contain ***ingredients from*** bear gall bladders extracted with any inhumane method."

54. The Chairman put the amended motion to vote. All members present at the meeting voted in favour of the amended motion. The Chairman declared that the motion was carried.

VIII. Any other business

55. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
18 September 2012