



**President**  
Dr Samuel PY KWOK

12 September 2017

**Vice-President**  
Dr TSE Tak Fu

**Re: Bills Committee on Private Healthcare Facilities Bill- Second Meeting,  
9 October 2017**

**Honorary Secretary**  
Dr Carina CF LI

**Written Submission by Association of Private Medical Specialists of Hong  
Kong**

**Honorary Treasurer**  
Dr CHAN Chor Man

### **OVERALL**

**Council Members**  
Dr Jane CK CHAN  
Dr Ricky WK CHAN  
Dr Kenneth KF FU  
Dr HO Kai Leung  
Dr HO Yu Cheung  
Dr Alex Y HUI  
Dr LAI Cham Fai  
Dr LAM Kui Chun  
Dr LEE Kin Hung  
Dr LEE Siu Wing  
Dr LEE Yuk Tong  
Dr Donald KT LI  
Dr Jeffrey CF PONG  
Dr TSANG Man Wo  
Dr Matthew KY WONG  
Dr Carrel KL YU

The Association of Private Medical Specialists of Hong Kong acknowledges that the Consultation Document in the relevant topic is detailed, unbiased and extensive. We wish to stress the following points of importance that have not been made in either the Consultation nor the feedback:

### **Concept**

Healthcare is a continuously developing field. Definition of any facility must be sufficiently loose to accommodate new developments. The new service or facility amounts to 5% every year. That would be one in twenty being renewed every year. The legislative process cannot possibly keep up with medical developments.

### **Articles**

We recommend that the articles define the different needs for different levels of service and control to be simply divided according to the risk levels expected:

High risk of serious injury or death – to be performed in hospitals by qualified doctors.

Medium risk of injury with little risk of death – to be performed by medical doctors in clinics.

Low risk of injury – can be performed by trained paramedical staff or doctors in facilities approved by Government.

Specific facilities, services, equipment or medication can be listed in appendices. These can be conveniently updated as supplementary legislation.

### **Concept**

In healthcare there is a significant gap in expectation of results between the service recipient and the service provider. Feedbacks from the public put pressure on the government to be empowered to hand out severe punishment on the service provider if results fall short of public expectation. From the carer's angle, this may frequently be unfair. This is especially true for new forms of treatment that may cause previously unknown effects.



香港私人執業專科醫生協會  
Association of Private Medical Specialists of Hong Kong

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**Article**

Greater use should be made of the Arbitration / Mediation system if recommended by the Preliminary Investigation Committee before a complaint goes to a Court of Law or Medical Council Enquiry.

Other than the above points, we agree with the suggestions in the Consultation Document on the requirements on the person-in-charge, his staff, the premises, quality control, infection control, waste disposal, resuscitation handling of emergencies, and transparency of charges.

Yours Sincerely,

Samuel Kwok

President

Association of Private Medical Specialists of Hong Kong