

立法會
Legislative Council

LC Paper No. CB(2)1119/16-17(02)

Ref : CB2/HS/2/16

Subcommittee on Rights of Ethnic Minorities

**Information note prepared by the Legislative Council Secretariat
for the meeting on 10 April 2017**

Use of healthcare services by ethnic minorities

The Race Discrimination Ordinance ("RDO") (Cap. 602) which was enacted in 2008 protects people against discrimination, harassment and vilification on the ground of their race.¹ Under RDO, it is unlawful to discriminate, harass or vilify a person on the ground of his/her race. RDO offers protection in, among others, provision of goods, facilities and services.

2. After the enactment of RDO, the Administration has introduced the Administrative Guidelines on Promotion of Racial Equality ("the Guidelines") to provide guidance to relevant bureaux, departments and public authorities to promote racial equality and ensure equal access to public services in key areas concerned² including public healthcare services. Under the Guidelines, relevant bureaux, departments and public authorities have drawn up checklists of measures that would assist in promoting racial equality and equal access to key public services. The checklist of measures drawn up by the Food and Health Bureau, the Department of Health and the Hospital Authority to facilitate ethnic minorities ("EMs") to access to the public healthcare services is attached in **Appendix I** for members' reference.

3. Members may also wish to note that the Report on the Study on Discrimination against Ethnic Minorities in the Provision of Goods, Services and Facilities, and Disposal and Management of Premises ("the Report") released by the Equal Opportunities Commission on 21 September 2016³ includes findings relevant to the provision of healthcare services, which are in **Appendix II**.

¹ Under RDO, race in relation to a person means the race, colour, descent, national or ethnic origin of the person.

² The Guidelines cover the key public services, namely, medical, education, vocational training, employment and major community services. The Constitutional and Mainland Affairs Bureau is responsible for coordinating and maintaining an overview on the implementation of the Guidelines in the Administration as a whole.

³ The full Report is available at:
[http://www.eoc.org.hk/EOC/Upload/UserFiles/File/ResearchReport/201609/EM-GSF_Report\(Eng\)V8_2_final.pdf](http://www.eoc.org.hk/EOC/Upload/UserFiles/File/ResearchReport/201609/EM-GSF_Report(Eng)V8_2_final.pdf)

4. The Subcommittee will discuss issues related to the use of healthcare services by EMs at the next meeting on 10 April 2017.

Council Business Division 2
Legislative Council Secretariat
7 April 2017

Existing and planned measures on the promotion of equality for ethnic minorities

Medical and Health

It is the Government's policy to promote and protect the health of our community and the public healthcare services are available to all members of the public regardless of their race and ethnic origins. Specific measures have been put in place to facilitate ethnic minorities to access to the public healthcare services.

Services Concerned

- The public healthcare services in Hong Kong cover a range of services from health promotion, disease prevention, to primary, secondary and tertiary care. The services to patients are mainly provided by the Hospital Authority (HA), which is a statutory body established under the Hospital Authority Ordinance (Cap.113) to manage all public hospitals in Hong Kong. HA is providing medical treatment and rehabilitation services to the public through hospitals, general outpatient clinics, specialist outpatient clinics and outreaching services. Meanwhile, the Department of Health (DH) is the Government's health adviser and agency to execute health policies and statutory functions. It also provides a range of services on health promotion, disease prevention, cure and rehabilitation.

Existing Measures

Interpretation services at public hospitals/clinics:

- Interpretation services are available in public hospitals/clinics under the management of HA mainly through a service contractor, part-time court interpreters, volunteers and consulate offices. The interpretation service provided by the service contractor covers 18 languages¹ of ethnic minorities (namely Urdu, Hindi, Punjabi, Nepali, Bahasa Indonesia, Vietnamese, Thai, Korean, Bengali, Japanese, Tagalog, German, French, Sinhala, Spanish, Arabic, Malay and Portuguese).

¹ The service contractor of HA provides interpretation services in 20 languages, including 18 languages for ethnic minorities, Taiwanese and sign language.

Interpretation services are available in DH's health centres/clinics mainly through the Hong Kong Christian Service's Centre for Harmony and Enhancement of Ethnic Minority Residents (CHEER) and part-time interpreters from Judiciary. The interpretation service provided by the CHEER covers 7 languages, namely Bahasa Indonesia, Hindi, Nepali, Punjabi, Tagalog, Thai and Urdu. Part-time interpreters from Judiciary provide interpretation services in more than 50 different languages and dialects. The service is provided on the site or through telephone depending on the needs in each case.

- For scheduled service (such as medical appointment at the specialist and general outpatient clinics of HA and services of DH), patients may request the hospital/clinic/health centre concerned to arrange interpretation service in advance. For non-scheduled service (such as hospital admission during emergency), hospital staff will arrange for the provision of interpretation service where necessary or upon request of patients. CHEER may also provide telephone interpretation.
- To enhance the standard of interpretation services provided at public hospitals/clinics, HA has arranged with its service contractor to provide training to the interpreters of the service contractor to equip them with general knowledge on hospital operation, medical terminologies and infection control.

Other measures to facilitate communication:

- To facilitate communication with the ethnic minorities in public hospitals/clinics, HA has provided its frontline staff with response cue cards, patient information sheets and consent forms, etc in a number of ethnic minority languages to enhance the communication between the clinical staff and patients, to facilitate the registration and provision of services. These documents contain information of some common illnesses (e.g. headache, chest pain and fever, etc), treatment procedures (e.g. blood transfusion, radiation safety, etc) and details of

HA's service (e.g. fees and charges, triage category in the Accident and Emergency Department). HA has currently produced cue cards, patient information sheets and consent forms in 18 languages, namely Urdu, Punjabi, Bengali, Russian, Arabic, Nepalese, Vietnamese, Indonesian, Malaysian, Thai, Philippines, Japanese, Hindi, Korean, German, Portuguese, Spanish and French. Cue cards in 5 ethnic minority languages are also used for interviewing ethnic minority clients during child health, antenatal and postnatal visits to maternal and child health clinics under DH.

- HA has been organizing seminars or training courses on ethnic minorities and anti-discrimination ordinances at cluster level according to their service need. The HA e-Learning Centre is offering an e-courseware on communication with ethnic minorities, knowledge about the culture of ethnic minorities and proper arrangement of hospital interpretation service. Participants to these trainings include frontline staff working at enquiry counters of hospitals and clinics, nurses and clerical staff. Besides, relevant information on ethnic minorities is incorporated in the orientation program for new staff. In the past 3 financial years, the total number of participants for the said trainings and e-courseware is over 5,800. In 2015-2016, a total of 53 new recruits and existing employees of DH have attended seminars on equal opportunities organised by the Civil Service Training and Development Institute of the Civil Service Bureau and 591 employees have attended in-house seminars on equal opportunities in workplace to raise their awareness and understanding of the issue.
- The health education resources produced by DH to the public are generally in both Chinese and English. Information in other languages, including some minority languages such as Hindi, Nepali, Urdu, Thai, Bahasa Indonesia, Tagalog, etc, is also provided for a number of selected health topics and DH's services, such as child health and parenting, home safety, nutrition, family planning, antenatal and postnatal care, communicable

disease prevention, HIV antibody test, etc.

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| Assessment of Future Work and Existing Measures | <ul style="list-style-type: none">● There were around 10,000 cases where interpretation services were provided to ethnic minorities in public hospitals/clinics under the management of HA during the period from April 2015 to March 2016. The feedback from service users indicates that the services are satisfactory. HA will continue to monitor the utilization and users' feedback on the interpretation services.
● Interpretation services were provided in DH's health centres/clinics for a total of 1 903 and 126 cases by CHEER and part-time interpreters respectively since April 2012 (as of March 2016). |
| Additional Measures Taken / To be Taken | <ul style="list-style-type: none">● To meet the needs of ethnic minorities, special diet such as Halal food is available in HA hospitals.
● HA and DH will continue their efforts to facilitate the access of ethnic minorities to public healthcare services and will enhance the supporting measures for the ethnic minorities as necessary. |

Enquiries / Complaints

If members of the public have any enquiries / complaints relating to racial equality issues, they can contact –

For matters related to HA
General Enquiry
Hospital Authority
Telephone : 2300 6555
E-mail: enquiry@ha.org.hk

For matters related to DH
Client Relations Unit
Department of Health
Telephone : 2836 0077
Email: enquiries@dh.gov.hk

**Food and Health Bureau
Department of Health
Hospital Authority
August 2016**

Other services

17. When being asked if they were discriminated or treated unfairly in other aspects, some respondents commented that they have encountered some problems when receiving medical services in public hospitals, whilst no problem was encountered in private clinics.

18. The problems encountered included:

- Medical staff of public hospitals did not take their cases seriously, and their time for doctor consultation was shorter than local Chinese. A case mentioned by one of the respondents was that, her mother felt pain in her chest and went to the public hospital. The doctor only examined her mother for less than 2 minutes and mentioned that no problem was observed. The respondent then requested a translator to be present to ensure that they could communicate clearly to the doctor. Afterwards, the doctor took the case seriously and made suitable diagnosis.
- Another respondent claimed that she waited to see the doctor and observed that many Chinese patients could see the doctors prior to her case. Upon checking with the registration counter, the nurse mentioned that she did not respond when they called her to the medication room. The respondent claimed that she did not leave the waiting area and should not miss her order. Later, she heard that the nurse talked to other colleagues and said “no one knows how to pronounce her name”, which made her feel unfair to wait for a long time.

