



January 10, 2017

Chairman
Panel on Health Services
Legislative Council
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Sirs,

**Written Submission to the Panel on Health Services
Special Meeting on 17 January 2017
Re: LC Paper No. CB(2)386/16-17(05)**

My name is Grace Poon, and I am a Year IV medical student at the Li Ka Shing Faculty of Medicine, The University of Hong Kong. Please allow me to share with you my encounter with a patient I saw yesterday at Tung Wah Hospital in Sheung Wan. Mr. Lai was one of the younger patients at the stroke rehabilitation ward; being only 45 years old, he was unfortunately not spared from an ischemic stroke that almost took his life in November 2016. Through his slurred speech and lopsided mouth, Mr. Lai told me that he woke up on November 27, 2016 morning feeling as if half of his body was dead: paralyzed and numb. He was rushed to Queen Mary Hospital, treated, since then stayed at Tung Wah Hospital for rehabilitation where he was bed-bound, micturated and defecated in diapers, and ate only porridge for 30-days straight. Last week, I saw Mr. Chan, 60 year-old, in the respiratory ward in Queen Mary Hospital. I did not really get a chance to converse with him because Mr. Chan was simply exhausted...from breathing. In fact, Mr. Chan's labored breathing had taken such a great toll on him, and he was no more than skins and bones. Oxygen supplement was given to him via a tightly strapped continuous positive airway pressure mask, and he was also on a morphine drip. I later learnt that he had chronic pulmonary obstructive disease (COPD), and metastatic stage IV lung cancer. Just this morning, I saw Mr. Sze, 48 years old, who would appear very overweight from a distance but one would realize he actually only had a very distended abdomen with wasted arms and legs. Peritoneal dialysis fluid was sloshing in him, as his failed kidneys stopped clearing him from toxins. Having suffered from a massive myocardial infarction two years ago that required a triple vessel angioplasty, poorly controlled diabetes mellitus, and numerous gout attacks, Mr. Sze told me in tears that he wasn't sure if he would live to see her daughter getting married in March.

What was the common link in Mr. Lai, Mr. Chan and Mr. Sze's tragic stories? They were chronic smokers. When I collected their medical histories and realized they were smokers, did I accuse them for bringing the diseases on to themselves? No I did not. Being helplessly addicted to cigarette smoking had little to do with Mr. Lai, Mr. Chan and Mr. Sze's morals or self-discipline. We never blame the patients. We blame the tobacco. We blame the parties that are continually exploiting our patient's addiction to nicotine, manipulating their mesocorticolimbic dopamine reward pathways, and earning profit out of the suffering and deaths of thousands of smokers every year.

In 1964, Luther L. Terry, M.D., Surgeon General of the U.S. Public Health Service, first reported the deadly harms of tobacco and established the truth about the ugly reality of cigarette smoking. 53 years later in 2017, how have we responded and reacted to the truth? When the Hong Kong public learnt about melamine content in infant formulas, malachite green in fish, sudan dyes in eggs, dioxins in hairy-crabs etc, the government stopped import of the suspected food items within a month, and the public avoided those foods like the plague. Tobacco, a substance that is far more toxic and carcinogenic than the above chemicals, took us more than half a century and it still remains. I think this would make Dr. Terry turn in his grave. Let's not forget that Hong Kong is one of the parties to the WHO Framework

Convention on Tobacco Control (WHO FCTC). It is agreed by all 180 parties that priority should be given to protect public health, and tobacco control at all levels is necessary. My interpretation of the 44-page WHO FCTC document is: tobacco consumption is an epidemic that needs to be eradicated.

The unspoken truth is: tobacco is toxic, and if we were to honor the priority of public health, tobacco should be eradicated from Hong Kong. Just like how Hong Kong has fought off avian flu, swine flu, SARS, malaria, cholera, leprosy, bubonic plague, smallpox, lead in petrol, lead in water, and all sorts of weird substances in our foodstuffs, we should be doing the same, swiftly and efficiently, with tobacco control.

Of course, I am not ignorant to the social, political and economical difficulties that many parties will hence face; in fact, that is perhaps the reason why tobacco control in Hong Kong has been progressing in snail-speed, with small amendments passed in tiny chunks. Increasing the size of health warning labels on tobacco product packets and retail containers is nothing radical or novel. It is simply a step we are taking to move towards the goal that EVERYONE has agreed to arrive at.

Some pro-tobacco parties have argued against the effectiveness in reducing smoking prevalence with increased health warning labelling sizes (which is very interesting and paradoxical given their background) despite evidences showing a reduction in smoking prevalence in Australia and Canada, increase in thinking about risks of smoking in Canada and Uruguay, increase in thinking about quitting in Australia, Canada, Thailand and Uruguay, increase in quit attempts in Australia, and increase in confidence in not using/not smoking cigarettes in Thailand with enlarged health warnings.

But even in the absence of such concrete evidences listed above, as a person with a normal perception of fear and desire to preserve my health, a more prominent health warning will undoubtedly deter people from wanting to smoke, or wanting to start smoking. It is especially crucial to prevent the future generation from being exposed to tobacco: when a 6-year-old is buying a packet of Vitasoy at 7-Eleven, I hope he will always only see the negative image of tobacco glaring at them from behind the counter and will be engrained in his mind.

I therefore strongly support the proposals on tobacco control submitted by the Government to the Panel on Health Services of the Legislative Council, and I plead the LegCo for support in order to take a step forward in protecting the health of Hong Kong.

Yours sincerely,

A handwritten signature in black ink, reading "Poon Grace Yen Yen". The signature is written in a cursive, flowing style with some loops and flourishes.

Poon Grace Yen Yen
Year IV MBBS
Li Ka Shing Faculty of Medicine
The University of Hong Kong