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By Email

Dr. Hon Pierre CHAN  
Chairman  
Penal on Health Services  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong

Dear Dr. Chan,

**Re: Corporate Governance and Manpower Situation of Hospital Authority**

Hong Kong healthcare delivery system is characterized by its dual public and private healthcare sectors. The two sectors cover the various levels of care from primary to the more specialized secondary and tertiary care. The original purpose of the setting up of the Hospital Authority (HA) is to restructure public medical services and to care for the underprivileged, complicated and acute medical conditions as well as training purposes. Over the years, HA has been providing services in different branches of medical care which cover up to 95% of population in Hong Kong.

With the recent abrupt increases in horrific adverse medical incidences in the public health care system<sup>1</sup>, we are obliged to raise our voices against its current policy and administration. In particular, HA being a statutory body in Hong Kong, supported by the government of Hong Kong SAR, China, have repeatedly dismay the public. With its setup close to thirty years ago, promises had been made to improve health care services for the people of Hong Kong. At its start-up, the slogan was “no camp bed and no waiting time”. Instead, after multi-billions, if not trillion, of hard-earned tax-payer money spent over the past thirty years<sup>2</sup>, HA has created more camp bed, longer waiting time and also shockingly more public complaints and dissatisfaction. The one and only one reason, put forward by the HA, echoed by the two local teaching Universities, to the public is the lack of medical manpower, especially doctors, with insufficient funding support. However, these voices are mainly from beneficiary of increase in

public spending (staff with their salary, social position and honor gained from their position in the public teaching Universities or HA themselves).

Hong Kong Doctors Union (HKDU) is the unique trade union with doctor members in both public and private services, registered with the Trade Union Registry to look after the interests and rights of doctors in their employer employee relationship. While we are committed to upgrade the standard of medical doctors to cater for the health of the Hong Kong community, we also relate to the Government the urgent needs of the patients and reflect the true situation in the context of medical care so that the Government will appropriately and efficiently set up policies with long term benefits for the health care of Hong Kong citizens. One of the fundamental problems we have identified is the wrong calculation of public health-care spending itself<sup>3</sup>, which only include recurrent revenue from the government and disregards other important cost of operations such cost of the premises and the provision of “risk-free” job. In the private medical sector, the latter two are key factors in determining a sustainable services/business. For example, if HK\$ 800 is paid to a private doctor for the diagnosis and treatment of hypertension, this will include salary to doctors and supporting staff, rent and cost of administration, storing and dispensing medication and the usual risk of business. In the public, HK\$ 800 spent will solely go into salary and benefits with no other cost covered and is risk-free. Hence, in order to properly understand the expenditure of public health care system, the cost of the premises occupied by HA and risk-free insurance backed up by the government need to be included as the denominator for cost-efficiency calculation. This is of great importance as land premises, unlike the rest of the world, is very expensive in Hong Kong, Without including these “cost”, the efficiency of health care services delivered cannot be properly calculated. This will also create a false and unfair comparison on “public” vs “private” spending and unnecessary wastage of the public funding.

Perhaps, the best solution for providing an efficient health care services to the people of Hong Kong is to have the policy back to “square one” principal and that is medical doctors are trained to serve patients and in the public sector should only serve Hong Kong citizen, with no other “hidden” agenda.

In order to understand the gravity of the problem, we strongly suggest following questions to be addressed:

(1) What is the total amount of monthly working hours of doctors with registered medical degree in HA (median, range and distribution curve but not average)? What is the proportion of their working hours spent on providing consultation or procedures to patients (not based on self-reporting but censored auditing) in relationship to their actual pay, title and benefits?

(2) What are the annual costs (rent at market price) of all premises used by HA, such as Queen Elizabeth Hospital, Princess Margaret Hospital, Queen Mary Hospitals etc and the two teaching Universities.

(3) The utilization of HA public facilities, by the two Universities teaching staff for their own private practice (defined as medical services provided for non-Hong Kong citizen and/or those who enjoy priority without the need to wait for consultation and procedures as an average Hong Kong public citizen).

(4) Resources spent on publicity with local media coverage by the two teaching Universities to booster individual University teaching staff images for their own concurrent private practice, rather than for the sake of public education<sup>4</sup>. Indeed, a lot of the so-called “discoveries” reported in local media by the two teaching Universities were “old stories” and were never publishable in any reputable peer-reviewed international medical journals. For example, there is a lack of original articles, as lead author, in top medical journal such as New England Journal of Medicine, for almost ten years by HKU<sup>5</sup>.

We believe once these important questions are seriously addressed, the root problem of the so-called “lack of manpower” will find a “CURE”. Indeed, we believe it is the mal-distribution of resources spent on health-care either via public or private funding sources has brought up the current problems. To this end, we welcome the government to roll out the private public partnership (PPP) programme to direct patients to private sector. However, due to low and unrealistic remuneration, based on false calculation of the public spending by HA as indicated above, it turns out to be a failure. HKDU strongly recommend that the

government should review the amount of remuneration level, based on realistic estimate, in order to make PPP programme a success.

“Those doctors who are not interested to provide consultation and procedures for public patients should not be respected and paid as doctors by the HA”.

“Those Universities’ teaching staffs not interested to advance and disseminate medical knowledge (to publish in peer-reviewed medical journals), should not be entitled and paid as “professors” by the two teaching hospitals.”

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- (2) <http://www.ha.org.hk/ho/corpcomm/AR201617/html/en/ch6/index.html>
- (3) [http://www3.ha.org.hk/haconvention/hac2006proceedings/doc/P2\\_2.pdf](http://www3.ha.org.hk/haconvention/hac2006proceedings/doc/P2_2.pdf)
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<https://www.scmp.com/news/hong-kong/health-environment/article/2090054/doctors-optimistic-about-hong-kong-mothers>
- (5) See attached

Yours Sincerely,



Dr. Yeung Chiu Fat Henry  
President  
Hong Kong Doctors Union

Cc: Mrs. Hon. Carrie Lam, Chief Executive  
Prof. Sophia CHAN, JP Secretary for Food and Health  
Legislative Councilors  
The Press

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