

立法會
Legislative Council

LC Paper No. CB(2)798/19-20
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Friday, 13 December 2019, at 10:45 am
in Conference Room 2 of the Legislative Council Complex

- Members present** :
- Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)
 - Hon CHAN Hoi-yan (Deputy Chairman)
 - Hon Tommy CHEUNG Yu-yan, GBS, JP
 - Prof Hon Joseph LEE Kok-long, SBS, JP
 - Hon WONG Ting-kwong, GBS, JP
 - Hon Starry LEE Wai-king, SBS, JP
 - Hon CHAN Kin-por, GBS, JP
 - Hon YIU Si-wing, BBS
 - Hon CHAN Chi-chuen
 - Hon Alice MAK Mei-kuen, BBS, JP
 - Dr Hon KWOK Ka-ki
 - Dr Hon Fernando CHEUNG Chiu-hung
 - Dr Hon Helena WONG Pik-wan
 - Hon Elizabeth QUAT, BBS, JP
 - Hon POON Siu-ping, BBS, MH
 - Hon CHU Hoi-dick
 - Hon SHIU Ka-fai, JP
 - Hon SHIU Ka-chun
 - Hon Wilson OR Chong-shing, MH
 - Hon YUNG Hoi-yan, JP
 - Dr Hon Pierre CHAN
- Members absent** :
- Hon WONG Kwok-kin, SBS, JP
 - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
 - Hon CHAN Han-pan, BBS, JP
 - Hon KWONG Chun-yu

Public Officers : Items III to V
attending

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Item III

Mr FONG Ngai
Deputy Secretary for Food and Health (Health) 3
Food and Health Bureau

Mr Chris FUNG Pan-chung
Principal Assistant Secretary for Food and Health (Health)3
Food and Health Bureau

Dr Janice Mary Johnston
Associate Professor, Deputy Director (Education) and
Division Head
Division of Health Economics, Policy and Management,
School of Public Health
The University of Hong Kong

Item IV

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food and Health (Health) 1
Food and Health Bureau

Dr Dominic TSANG Ngai-chong
Consultant (Microbiology)1
Department of Health

Dr Bobby SHUM Shui-fung
Consultant Forensic Pathologist i/c
Department of Health

Dr Teresa LI Mun-pik
Assistant Director of Health (Health Administration
& Planning)
Department of Health

Mr Michael LI Kiu-yin
Project Director 2
Architectural Services Department

Mr Eddie LEUNG King-ho
Senior Project Manager 238
Architectural Services Department

Mr Paul LEE Chun-kau
Senior Project Manager 242
Architectural Services Department

Mr Ivan CHAN Hoi-hei
Senior Geotechnical Engineer/Geotechnical Projects 4
Civil Engineering and Development Department

Item V

Miss Amy YUEN Wai-yin, JP
Deputy Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr SIN Ngai-chuen
Chief Manager (Patient Safety & Risk Management)
Hospital Authority

Attendance : Item V
by invitation

Forget Thee Not Limited

Dr FAN Ning
Chairman

Society for the Promotion of Hospice Care

Dr Jack LEUNG Man-chung

Association of Hong Kong Nursing Staff

Mr Clement CHAN
Chief Executive

The Elderly Services Association of Hong Kong

Ms LI Fai
Chairperson

The Association of Parents of The Severely Mentally Handicapped

Mr LEE Chi-yung
Committee Member

Hong Kong Public Doctors' Association

Dr Arisina MA Chung-yee
President

Chosen Parents' Network

Ms AU Yim-fong

Hong Kong Evergreen Association

Ms Rebecca CHAU

Ms Christine FANG Meng-sang

Hong Kong S.K.H. Welfare Council Ltd.

Mr LEUNG Tsz-tun
Senior Service Manager

Tung Wah Group of Hospitals

Ms Alice LEUNG Bick-king
Community Services Secretary

CUHK Jockey Club Institute of Ageing

Mr LEE Wai-tong
Functional Manager

St. James' Settlement

Ms Yvonne LO Pui-fan
Senior Manager

Our Hong Kong Foundation

Dr Pamela TIN Sze-pui
Head, Healthcare & Ageing Research

Jockey Club End-of-Life Community Care Project

Dr LEUNG Man-fuk

Hong Kong Society of Palliative Medicine

Dr Jeffrey NG Sheung-ching
Chairman

Haven of Hope Christian Service

Miss Carrie LEE

The Hong Kong Medical Association

Dr SHEA Tat-ming
Council Member

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Mr Ronald LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)210/19-20(01), CB(2)352/19-20(01), CB(2)353/19-20(01), CB(2)384/19-20(01) and CB(4)188/19-20(01)]

Members noted that the following papers had been issued since the last meeting:

- (a) 2018-2019 Annual Report of the Health and Medical Research Fund provided by the Administration;
- (b) joint letter dated 22 November 2019 from Dr KWOK Ka-ki, Mr Dennis KWOK, Mr Alvin YEUNG, Ms Tanya CHAN and

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Mr Jeremy TAM concerning the impacts of chemicals deployed by the Police to disperse crowds on the community;

- (c) letter dated 2 December 2019 from Prof Joseph LEE concerning the prevention of human infection of plague;
- (d) Administration's response to issues raised in the letter dated 2 December 2019 from Prof Joseph LEE concerning the prevention of human infection of plague; and
- (e) report of the Joint Subcommittee on Issues Relating to the Regulation of Devices and Development of the Beauty Industry under the Panel and the Panel on Commerce and Industry.

2. The Chairman drew members' attention that the Subcommittee on Issues Relating to the Development of Chinese Medicine appointed by the Panel would commence its work as a vacant slot was available.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)349/19-20(01) and (02)]

3. Members agreed to discuss the subjects "Enhancement of mental health services" and "Development of primary healthcare and setting up of DHC Express" at the next regular meeting of the Panel scheduled for 10 January 2020 at 10:45 am.

(Post-meeting note: At the requests of Prof Joseph LEE and Mr CHU Hoi-dick and with the concurrence of the Chairman, a new item on "The Administration's response measures for the emergence of a cluster of pneumonia cases in Wuhan of Hubei Province" has been added to the agenda for the above meeting. The Chairman has directed that the meeting be extended to end at 1:15 pm to allow sufficient time for discussion of all items on the agenda.)

III. Healthcare manpower planning 2020

[LC Paper Nos. CB(2)349/19-20(03) and (04)]

4. Under Secretary for Food and Health ("USFH") briefed members on the Healthcare Manpower Projection 2020 ("the current projection exercise") being conducted by The University of Hong Kong ("HKU"), details of which were set out in the Administration's paper (LC Paper No. CB(2)349/19-20(03)). Associate Professor, Deputy Director (Education)

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and Division Head, Division of Health Economics, Policy and Management, School of Public Health, HKU ("Head, Division of HEPM of HKU") then conducted a PowerPoint presentation on the projection model, details of which were set out in Annex B to the Administration's paper.

5. Members noted the background brief prepared by the Legislative Council ("LegCo") on healthcare manpower planning (LC Paper No. CB(2)349/19-20(04)).

Manpower demand and supply models

6. Dr Pierre CHAN criticized that the information provided by the Administration was too technical that some members might not be able to have a full grasp of the algorithm of the generic forecasting model being employed in the current projection exercise within a short period of time. Mr SHIU Ka-chun raised a similar concern, adding that many places would use ratio of healthcare professional to patients or population to ascertain the healthcare manpower requirement. Prof Joseph LEE opined that to ensure the accuracy of the healthcare manpower projection outcomes, the relevant demand model should include workload indicators as well as ratio of service providers to service users. Pointing out that member countries of the Organisation for Economic Co-operation and Development on average had a ratio of 3.4 doctors per 1 000 population, Ms Elizabeth QUAT asked whether the current projection exercise would use the above ratio or the local ratio of 1.9 doctors per 1 000 population to project the manpower demand of the medical profession. She also expressed concern about the workload indicators for the nursing profession. Mr POON Siu-ping sought information about the basket of variables covered under the current projection exercise and whether they comprised all those variables that international studies on healthcare manpower projection would adopt.

7. Dr KWOK Ka-ki asked whether the manpower supply model had taken into account the possibility that the Administration would not be able to honour its pledge to require the Hospital Authority ("HA") to hire all qualified locally trained medical graduates when there was an economic downturn, as was in the case in the early 2000s. Dr Pierre CHAN remarked that according to the Administration's reply to his written question raised at a Council meeting in 2016 on the financial provision for HA, the Government would take into account, among others, the overall fiscal position in determining the level of recurrent funding to HA.

8. On manpower supply of the public healthcare sector, Ms Elizabeth QUAT remarked that a booming private healthcare market would result in brain drain from the public to private sector. Dr Helena WONG was

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concerned that the development of the Guangdong-Hong Kong-Macao Greater Bay Area might induce greater demand for Hong Kong's private healthcare services. This would have an impact on the medical manpower demand and supply in both the private and public sectors. Dr KWOK Ka-ki said that there was recently a drop in the Mainlanders' demand for private specialist services in Hong Kong. This might result in a lower drainage of public hospital doctors to the private sector. He asked how this would be reflected in the manpower projection. Dr Pierre CHAN raised a similar question. Mr CHAN Chi-chuen said that the social events took place in the past half year might increase wastage of the healthcare professionals servicing in the public sector and deter the non-locally trained healthcare professionals from coming to Hong Kong to practise, which would have a negative impact on the supply of healthcare manpower.

9. Head, Division of HEPM of HKU advised that the same generic forecasting model developed for the last projection exercise, which was built on an endogenous and historically-informed base case model, would be used in the current projection exercise. Using historical utilization data as the basis for projection, the model could be adopted to adjust for the impact of externalities and policy interventions on manpower demand and supply. Referring to the Government's policy of promoting the development of primary healthcare, which, in her view, should be a policy intervention that the model should take into account, Ms CHAN Hoi-yan asked whether the planned service volume of the District Health Centres had been set for projecting the manpower requirement in the relevant healthcare professions. USFH assured members that the current projection exercise would cover the healthcare manpower requirements to meet the service demand arising from the setting up of District Health Centres in 18 districts.

10. As regards members' enquiries as to whether a target ratio of the number of healthcare professionals per capita would be used for projecting the healthcare manpower demand, Deputy Secretary for Food and Health (Health) 3 ("DSFH(H)3") replied in the negative. He added that the generic forecasting model as set out in paragraph 6 of the Administration's paper had taken into account demographic changes and other relevant factors such as utilization trends of both the public and private healthcare sector, including the demand of Mainlanders for Hong Kong's healthcare services. The Chairman and Ms Elizabeth QUAT maintained the view that the Administration should set a target ratio in this regard. The Chairman further suggested that a target ratio of specialist doctors in the public sector per 1 000 population should also be set.

Assumption of the generic forecasting model

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11. Noting that the manpower demand and supply in the base year (i.e. 2017) adopted in the current projection exercise was assumed to be at equilibrium, Dr Helena WONG cast doubt on the accuracy of the projection as the waiting time for various public healthcare services in recent years was unduly long. Expressing concern about the long waiting time for accident and emergency services at public hospitals and the unreasonably short consultation time of public outpatient services, Mr SHIU Ka-chun raised a similar concern. He sought explanation from the Administration as to what constituted "equilibrium" under the model. Prof Joseph LEE opined that a major indicator as to whether manpower demand and supply was at equilibrium was whether the service needs could be met. In his view, if having taken into account the international standard concerning the healthcare professional-to-patient ratio, all those 10 healthcare professions under the study which belonged to the Health Services functional constituency were currently facing manpower shortage. For instance, while the standard nursing manpower ratio was one nurse to six patients, a study conducted by the Association of Hong Kong Nursing Staff in 2018 revealed that the local ratio was one nurse to 11 patients. Casting doubt about the accuracy of the outcomes of the last projection exercise which were released in 2017, Ms Elizabeth QUAT was concerned about whether the use of the data in 2017 as the basis for the current projection exercise would generate accurate healthcare manpower requirements for improving the unduly long waiting time for public hospital services.

12. Head, Division of HEPM of HKU explained that any manpower forecasting model building on an endogenous and historically-informed base case model would require the use of historical data of a specific timeframe as the basis for making the projection. An essential assumption of such model was that the manpower situation in the base year was at an equilibrium. For the current projection exercise, year 2017 was the base year. She stressed that the generic forecasting model adopted in the last and the current projection exercises was well established and critically evaluated. As in the case of the last projection exercise, the projection outcomes so derived would be subject to review by the respective healthcare professions and could be suitably adjusted and factored in the latest development of the professions concerned. DSFH(H)3 supplemented that the model had taken into account known shortage in the public and subvented sectors for healthcare professionals as at end 2017. As regards the existing public healthcare services, USFH assured members that while facing a tight manpower situation, efforts would continuously be made by HA to enhance its service quality through measures such as manpower deployment and workflow improvement.

Healthcare manpower training and service planning

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13. Dr Fernando CHEUNG said that he respected the academic research conducted under the last and current projection exercises. However, the crux of the issue was how the Administration would address the existing shortfall of the healthcare professions under the studies. Referring to the outcomes of the last projection exercise that most of the 13 healthcare professions under study would face different levels of manpower shortage in the short to medium term and the various public hospital development projects in the pipeline, Dr Helena WONG asked about the plan of the Administration to meet the healthcare manpower requirements.

14. USFH advised that long-term planning was needed in order to facilitate timely commencement, progression and completion of major hospital development projects for meeting future service needs. In tandem, efforts would continuously be made to increase the healthcare manpower supply, with local graduates being the primary source of supply. The conduction of a healthcare manpower projection exercise once every three years in step with the triennial planning cycle of the University Grants Committee ("UGC"), as recommended by the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development in the last projection exercise, would ensure a steady supply of locally trained healthcare professionals. Where necessary, there would be an increase in the number of healthcare-related UGC-funded first-year-first-degree intake places per annum.

15. Mr POON Siu-ping suggested that a shorter time interval could be adopted for the conduction of each new round of healthcare manpower projection. He sought information about the measures to be taken by the Administration to strengthen the capacity of those UGC-funded universities which offered healthcare-related training programmes to prepare for the likely outcomes of the current projection exercise that there would be a general manpower shortage of the healthcare professions under the study. USFH advised that the Administration would continue to discuss with the universities concerned on enhancement of their teaching facilities to cope with any increase in UGC-funded healthcare training places.

16. Mr CHAN Chi-chuen expressed concern about the Administration's decision to put on hold the submission of the funding proposals on enhancement of healthcare teaching facilities of the UGC-funded universities to the Finance Committee in view of some Members' concerns. USFH advised that the plan of the Administration was to re-submit the funding proposals to the Finance Committee in the current legislative session.

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17. Ms CHAN Hoi-yan noted that according to the outcomes of the last projection exercise, the projected full-time-equivalent surplus for Chinese medicine practitioners was 716 in 2016 and 354 in 2020 given the existing service levels and models. She asked whether the Administration had made reference to the above projection and planned for enhancement of the Chinese medicine services, in particular in the area of preventive treatment of disease. Dr KWOK Ka-ki remarked that the steady supply of registered Chinese medicine practitioners, who played an increasing prominent role in the provision of primary healthcare services in the community, might affect the demand for private general outpatient services. USFH advised that with the incorporation of Chinese medicine into the healthcare system in Hong Kong, the Administration would keep in view the role of Chinese medicine practitioners in the healthcare system.

18. Pointing out that majority of dentists were currently practising in the private sector, Ms CHAN Hoi-yan urged the Administration to draw reference to the manpower projection outcome of dentists to plan for the enhancement of public dental services. USFH advised that given the manpower shortage of dentists, the Administration's policy on dental care sought to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. At present, eligible elders could use the Elderly Health Care Voucher to cover their expenses for private dental services. Separately, various initiatives had been launched in recent years to provide dental care support for needy elders living in the community or residential care homes, and adult patients with intellectual disability and financial difficulties.

Motions

19. Having ascertained that a quorum was present, the Chairman invited members to consider whether the three motions respectively proposed by Prof Joseph LEE, Ms Elizabeth QUAT and Dr Helena WONG, the wording of which had been tabled at the meeting, should be proceeded with. No members raised objection.

20. Prof Joseph LEE moved the following motion which was seconded by Mr SHIU Ka-chun:

"本委員會促請政府在醫療人力規劃不能不切實際，必須加上工作量指標及被照顧者與服務提供者比例，以達到服務需求及供應平衡。"

(Translation)

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"This Panel urges that the Government must be realistic and include workload indicators and the ratio of persons being taken care of to service providers when conducting healthcare manpower planning, so as to achieve an equilibrium in the demand and supply of services."

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

22. Ms Elizabeth QUAT moved the following motion:

"本委員會要求是次港大推算人力應加上醫生與人口比例不低於 2.3。"

(Translation)

"This Panel requests that a doctor-to-population ratio of not lower than 2.3 (per 1 000 population) should be included in the healthcare manpower projection currently conducted by The University of Hong Kong."

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

24. Dr Helena WONG moved the following motion:

"本委員會促請政府在醫療人力規劃上，必須訂立工作服務承諾的具體指標，包括縮短各專科輪候時間至合理水平。食物及衛生局亦需就如何增加相應人手作出具體可行的建議。"

(Translation)

"This Panel urges that the Government must set specific indicators for performance pledge, including shortening the waiting time for specialist services to a reasonable level, when conducting healthcare manpower planning. The Food and Health Bureau also has to make concrete and feasible recommendations on how to enhance manpower accordingly."

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

IV. Enhancement of the public health facilities of the Department of Health

[LC Paper No. CB(2)349/19-20(05)]

26. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedure, they should disclose the nature of any direct or indirect pecuniary interests relating to the funding proposals under discussion before they spoke on the subject.

27. At the invitation of the Chairman, USFH briefed members on the Administration's proposed enhancement of the Public Health Laboratory Centre ("PHLC") and the proposed reprovisioning of the Victoria Public Mortuary at Kennedy Town, details of which were set out in the Administration's paper (LC Paper Nos. CB(2)349/19-20(05)).

PHLC

28. Dr Helena WONG sought elaboration about the respective role of PHLC, the Government Laboratory and laboratories under HA. Consultant (Microbiology)1, Department of Health ("C(M)1, DH") advised that the Government Laboratory was tasked to provide analytical, forensic, and advisory services to various government departments, whereas laboratories under HA were responsible for the provision of investigation services for HA's patients. PHLC, which was set up under the Centre for Health Protection ("CHP") of the Department of Health ("DH") and a Biosafety level 2 ("BSL-2") laboratory in accordance to the World Health Organization ("WHO") Laboratory Biosafety Manual, provided clinical diagnostic and public health laboratory services for specialities including clinical and public health microbiology, chemical and histopathology, cytology, and neonatal screening. Where necessary, it would work closely with laboratories of HA in the surveillance, prevention and control of diseases. In response to Dr Helena WONG's enquiry about the work of PHLC in response to the recent emergence of a number of human infection cases of plague in the Mainland, C(M)1, DH advised that PHLC could provide timely laboratory diagnostic service for outbreak investigation under the existing mechanism.

29. Ms Elizabeth QUAT was supportive of the proposed enhancement of PHLC. She asked whether the enhancement would enable PHLC to give a

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swift response in the tackling of communicable diseases and provide round-the-clock service where necessary. C(M)1, DH advised that the floor area of the high containment laboratories in PHLC would be increased from about 700 m² to about 1 000 m² after completion of the project and a laboratory suite meeting Biosafety level 3 ("BSL-3") would be set up for service upgrade and integration. The new design would facilitate immediate deployment and utilization of manpower and equipment in PHLC to meet the urgent and surging service demand arising from the emerging communicable diseases in Hong Kong.

30. Dr Fernando CHEUNG said that he was supportive of the project. He was concerned about whether PHLC's polymerase chain reaction testing time would be shortened after the completion of the enhancement works. Ms CHAN Hoi-yan expressed support for the project. She asked whether the testing time for those biological agents that required containment controls at BSL-3 level would be shortened if PHLC would become able to handle the agents on its own without the need to seek the support of other microbiology laboratories in the academic sector.

31. C(M)1, DH explained that in line with the relevant guidelines of WHO, microbiology laboratories that were designed for meeting the BSL-2 facility requirements but followed the laboratory practices and procedures at BSL-3 could still handle microorganisms of Risk Group 3. This was the present case of PHLC. The proposed enhancement of PHLC could further limit the contamination of the work environment and the surrounding areas for better protection of the staff and the community but not shortening the time required for the availability of the testing results of polymerase chain reaction. Dr Fernando CHEUNG remarked that it was important to ensure the safety level of PHLC which was located near a rehabilitation and healthcare centre and a school for persons with intellectual disability.

32. Mr POON Siu-ping expressed support for the project. He asked whether there would be a need for PHLC to meet the facility requirements at Biosafety level 4 ("BSL-4") in the longer term. C(M)1, DH advised that BSL-4 laboratories were the maximum containment laboratories operated mainly for research purpose with the most stringent requirements on all fronts. Most of the microbiological agents of the some 6.54 million tests conducted by the Public Health Laboratory Services Branch of CHP in 2018 required only BSL-2 facilities. It would be suffice for PHLC, as a public health laboratory, to become a BSL-3 laboratory for the handling of pathogens that were novel and highly transmissible and that no effective treatment and preventive measures were available. In response to Mr POON Siu-ping's enquiry about the manpower qualification requirement

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for a BSL-3 laboratory, C(M)1, DH advised that only those appropriately trained personnel could work in a BSL-3 laboratory.

33. Dr Helena WONG said that the Democratic Party supported the proposed enhancement of PHLC. She was concerned about whether the service of PHLC would be affected during the carrying out of the project. C(M)1, DH replied in the negative.

34. In response to Ms CHAN Hoi-yan's enquiry regarding the use of the floor areas vacated from the proposed relocation of the Chemical Pathology and Haematology Division from Lek Yuen Health Centre to the enhanced PHLC, Assistant Director of Health (Health Administration & Planning), DH advised that the initial thought of the Administration was to make use of the floor areas so vacated for decanting the services of those DH's clinics which needed to undergo renovation and improvement works.

Victoria Public Mortuary

35. Ms Elizabeth QUAT said that she was supportive of the proposed reprovisioning of the Victoria Public Mortuary to enhance its body storage capacity and the use of the existing cavern area by DH for the setting up of ancillary facilities. She sought information as to how far the reprovisioned Victoria Public Mortuary, together with the other two public mortuaries, would be able to cope with the projected caseload of Hong Kong in the years to come. Dr Helena WONG asked about the demand for body storage spaces in different regions of Hong Kong.

36. USFH and Principal Assistant Secretary for Food and Health (Health)1 advised that there were currently three public mortuaries operated by the Forensic Pathology Service of DH, namely Kwai Chung Public Mortuary, Fu Shan Public Mortuary and Victoria Public Mortuary. To enhance the service capacity, Fu Shan Public Mortuary was undergoing reprovisioning and improvement had been made to the Kwai Chung Public Mortuary. The reprovisioned Fu Shan Public Mortuary and Kwai Chung Public Mortuary would cater for the projected caseload of Kowloon and New Territories up to 2031. As regards the reprovisioned VPM, it would cater for the projected caseload of Hong Kong Island up to 2046.

37. Expressing support for the project, Dr Fernando CHEUNG asked whether there would be any space in the reprovisioned VPM for the bereaved families to conduct memorial ceremony. USFH advised that the reprovisioned VPM would have an indoor ceremony hall of 40 m² with a capacity of 30 persons and environment-friendly joss paper burning facility.

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Conclusion

38. In closing, the Chairman concluded that the Panel did not object to the submission of the funding proposals under discussion to the Public Works Subcommittee for consideration.

V. Meeting with deputations on legislative proposals on advance directives and dying in place

[LC Paper Nos. CB(2)115/19-20(03), CB(2)349/19-20(06) and (07)]

39. Members noted the following papers on the subject under discussion:

- (a) paper provided by the Administration for the meeting on 8 November 2019 (LC Paper No. CB(2)115/19-20(03));
- (b) Administration's response to relevant issues raised at the meeting on 8 November 2019 (LC Paper No. CB(2)349/19-20(06)); and
- (c) updated background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)349/19-20(07)).

Presentation of views by deputations

40. The Chairman reminded the organizations and the individual attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, 17 organizations and an individual presented their views on the consultation proposals on advance directives and dying in place ("the consultation proposals"). A summary of their views is in the **Appendix**. Members also noted the written submission from an organization not attending the meeting.

[During the presentation of views by deputation, the Deputy Chairman took the chair at 12:48 pm in the temporary absence of the Chairman, and informed members at 1:28 pm of her decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]

Discussion

41. Dr Helena WONG said that the Democratic Party was supportive of the consultation proposals. Given that only a small percentage of patients

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had made an advance directive, she urged the Administration to enhance life-and-death education in the school setting. Sharing some deputations' views that it was necessary to have a statutory prescribed form for the making of advance directives and set up a centralized database, say, under the Electronic Health Record Sharing System, for the storage, management and retrieval of the advance directive records, she suggested that the form and the database concerned should also record the person's decision for organ donation and green burial. Mr SHIU Ka-chun shared the view of the deputations that there was a need to enhance life-and-death education and cooperation between the medical and welfare sectors and set up a central registration system to facilitate the implementation of advance directives. Expressing support for the consultation proposals on advance directives, Mr SHIU Ka-fai urged the Administration to step up publicity to raise public awareness and acceptance in this regard. As a related issue, he called on the Administration to enhance the provision of public niches.

[At 1:43 pm, the Chairman re-took the chair.]

42. Dr Helena WONG and Mr SHIU Ka-chun considered that the Administration should enhance the palliative home care services to facilitate the implementation of dying at home. Holding the view that HA's palliative care services and the end-of-life care provided in the community were far from adequate to meet the need of an ageing population, Prof Joseph LEE cast doubt on how the piecemeal consultation proposals could help meet people's common wish of having a "good death". Mr SHIU Ka-chun requested the Administration to take heed of his and Dr Fernando CHEUNG's repeated call for make it a mandatory requirement that all residential care homes for the elderly ("RCHEs") had to set up hospice care facilities to facilitate the implementation of dying at RCHEs. Dr Pierre CHAN said that the consultation proposals had failed to address issues such as the handling of dead bodies in case of dying at home and the possible depreciation of the value of the property concerned. He requested the Administration to consider carefully the views expressed by the deputations when formulating the legislative proposals. Mr POON Siu-ping urged the Administration to revert to the Panel as early as possible on the views gauged during the public consultation exercise which would end in mid-December 2019.

[At 1:45 pm, the Chairman suggested and members agreed that the meeting be further extended to end before 2:00 pm.]

43. In response to members and deputations' views, USFH elaborated on the consultation proposals (a) to codify the current common law position in respect of an advance directive and to increase the safeguards attached to it;

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(b) to remove legislative impediments to implementation of advance directives by emergency rescue personnel; and (c) to amend the relevant provisions of the Coroners Ordinance (Cap. 504) to facilitate dying in place in RCHEs, as set out in the consultation document. He assured members that these proposals were just some first steps taken by the Administration in its efforts to improve end-of-life care.

VI. Any other business

44. There being no other business, the meeting ended at 1:51 pm.

Council Business Division 2
Legislative Council Secretariat
17 April 2020

Panel on Health Services

**Meeting on Friday, 13 December 2019, at 10:45 am
in Conference Room 2 of the Legislative Council Complex**

**Summary of views and concerns expressed by organizations/individuals on
legislative proposals on advance directives and dying in place**

No.	Name of deputation/individual	Submission / Major views and concerns
1.	Forget Thee Not Limited	<ul style="list-style-type: none"> • LC Paper No. CB(2)349/19-20(08)
2.	Society for the Promotion of Hospice Care	<ul style="list-style-type: none"> • Expressed support for the proposals on advance directives and dying in place set out in the consultation document entitled "End-of-life care: Legislative proposals on advance directives and dying in place" ("the consolation proposals"). • The Administration should allocate more resources to support the provision of palliative care and hospice services by relevant non-governmental organizations ("NGOs"). • Ambulance service should cover, among others, the transfer of terminally ill or patients approaching end of life to facilities having hospice service if these patients had opted to die at these facilities but not at hospitals.
3.	Association of Hong Kong Nursing Staff	<ul style="list-style-type: none"> • LC Paper No. CB(2)349/19-20(09)
4.	The Elderly Services Association of Hong Kong	<ul style="list-style-type: none"> • LC Paper No. CB(2)349/19-20(10)
5.	The Association of Parents of The Severely Mentally Handicapped	<ul style="list-style-type: none"> • LC Paper No. CB(2)349/19-20(11)
6.	Hong Kong Public Doctors' Association	<ul style="list-style-type: none"> • Expressed support for the consultation proposals. • The Administration should consider the following views: (a) any healthy individuals should be allowed to make an advance directive; (b) any verbal revocation of advance directive which a family member/carer of the person had been informed of should also require a second witness so as to avoid dispute; (c) emergency rescue personnel should be allowed to accept advance directives with signed Do-Not-Attempt Cardiopulmonary Resuscitation ("DNACPR") forms attached and not attempt cardiopulmonary resuscitation; (d) the Administration should provide a model DNACPR form if there was no statutory prescribed form in this regard; (e) the manpower of doctors should be strengthened to meet the proposed legal requirements for the implementation of dying in residential care homes for the elderly ("RCHEs").
7.	Chosen Parents' Network	<ul style="list-style-type: none"> • Welcomed the consultation proposals on advance directives. • The Administration should (a) step up publicity and make

No.	Name of deputation/individual	Submission / Major views and concerns
		available a gist of the consultation proposals to enable members of the public, in particular those with intellectual disability, to have a better understanding of the subject; and (b) review the Mental Health Ordinance (Cap. 136) to address the need of persons with intellectual disability in the making of decisions in relation to advance directives and dying in place.
8.	Hong Kong Evergreen Association	<ul style="list-style-type: none"> • Expressed support for the consultation proposals. • Expressed concern about whether there was adequate support for the smooth implementation of advance directives and dying in place, in particular for singleton elders in the community, and the management of any disputes over such implementation.
9.	Ms Christine FANG Meng-sang	<ul style="list-style-type: none"> • LC Paper No. CB(2)349/19-20(12)
10.	Hong Kong S.K.H. Welfare Council Ltd.	<ul style="list-style-type: none"> • Agreed in principle to amend the relevant provisions of the Coroners Ordinance (Cap.504) to exempt deaths in RCHEs from reportable deaths under certain conditions. • If the relevant legislative proposals were passed, the additional tasks arising from the implementation of advance directives and dying in RCHEs should be taken up by the Community Geriatric Assessment Team of the Hospital Authority or other cluster-based palliative care supporting teams instead of staff of RCHEs. • The Administration should allocate more resources to NGOs and tertiary institutions to step up public education on the subject under discussion.
11.	Tung Wah Group of Hospitals	<ul style="list-style-type: none"> • LC Paper No. CB(2)349/19-20(13)
12.	CUHK Jockey Club Institute of Ageing	<ul style="list-style-type: none"> • Expressed support for the consultation proposals. • The Administration should enhance the relevant training for healthcare professionals and step up public education. • Any modifications to an advance directive should be in written form to avoid family disputes in this regard.
13.	St. James' Settlement	<ul style="list-style-type: none"> • LC Paper No. CB(2)405/19-20(01)
14.	Our Hong Kong Foundation	<ul style="list-style-type: none"> • LC Paper No. CB(2)383/19-20(02)
15.	Jockey Club End-of-Life Community Care Project	<ul style="list-style-type: none"> • LC Paper No. CB(2)383/19-20(03)
16.	Hong Kong Society of Palliative Medicine	<ul style="list-style-type: none"> • LC Paper No. CB(2)405/19-20(02)
17.	Haven of Hope Christian Service	<ul style="list-style-type: none"> • Expressed support for the consultation proposals. • The Administration should introduce a statutory form for the making of advance directives and a centralized system for the keeping of the advance directive records by leveraging the

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		existing Electronic Health Record Sharing System, and formulate measures with the concerted efforts of relevant Government bureaux and departments to facilitate the smooth implementation of advance directives after the passage of the relevant legislative proposals.
18.	The Hong Kong Medical Association	<ul style="list-style-type: none">• Expressed support for the consultation proposals.• A statutory prescribed form should be used in making an advance directive to avoid disputes in this regard.• Implementation of the proposal of dying at home would require administrative support from the Government and the availability of adequate palliative care services.

Council Business Division 2
Legislative Council Secretariat
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