Dear Sir,

We write to provide further information and clarification on the views of Hong Kong Medical Association regarding the Control and Safety of Prescription Drugs in Hong Kong.

We are of the view that the problem of control of prescription drugs in Hong Kong lies mainly in the ineffective control of Authorized Sellers of Poisons (commonly known as “pharmacies”) and, to a certain extent, Listed Sellers of Poisons (commonly known as “medicine companies”) in Hong Kong.

Medicines are prescribed and supplied by the doctors only to their own patients for medical treatment. They will only be supplied to the patients after a medical consultation and diagnosis and the doctor will follow up and monitor the progress and outcome of the treatment. In so doing, the doctor is taking full professional accountability and responsibility over the professional services provided to the patient.

As part of the comprehensive services provided to patients for their convenience, and very often as a matter of necessity, doctors and clinics in Hong Kong do supply, and when necessary, administer the prescribed medicine to patients directly. In providing this full range of professional services to their patients, the doctors are also subject to the regulatory monitoring by the Medical Council of Hong Kong. Doctors are liable to disciplinary proceedings by the Medical Council if they fail to provide an acceptable level and quality of services to the patients including the conduction of appropriate clinical assessment and prescription of appropriate medications. In supplying and administering medicines directly to their patients, they are further expected to provide comprehensive labeling of medicine according to the requirement of the Medical Council of Hong Kong and to administer the drug in a safe and proper manner.
In sharp contrast, however, the community pharmacies and medicine companies are supplying medicines to the public as one-off commercial transaction. Medicines are sold to the public without the establishment of doctor-patient relationship and on-going supervision. Moreover, test purchasing conducted by various organizations and members of the media had revealed that the current control and inspection system is far from satisfactory. Prescription drugs such as steroid containing ointment or eye drops and antibiotics had been purchased from pharmacies or medicine companies without proper prescription being produced or just by refilling the original prescription.

We strongly believe that the above problems are the direct results of an ineffective control and monitoring system over the pharmacies and medicine companies. According to our representative on the Pharmacy and Poisons Board (See Appendix A), test purchasing and inspection of pharmacies and medicine companies by public officers are carried out infrequently and are perceived to be ad hoc in response to complaints made. The heaviest penalty imposed on offenders in 1998 was suspension of one Authorized Seller of Poisons for a period of 6 weeks only.

Apart from the inadequacies of the monitoring system, we also feel that the current system have failed to give an appropriate level of accountability to the pharmacists, who should be responsible for the quality of professional services provided at community dispensaries. Pharmacies in Hong Kong are required to employ a pharmacist and prescription drugs could only be sold to patients upon a proper prescription in the presence of the pharmacist. However, they are not required to employ a pharmacist to cover all the operating hours of the pharmacy. We are aware that some pharmacies have pharmacists serving there for a certain period of time during the operating hours with prescription items being sold also outside the period of the pharmacist’s duty. With the pharmacists being an employee of the pharmacies covering only part of the operational hours, it would be difficult to assure the professional input and accountability of the pharmacists over the services provided at community pharmacies. We urge the Government to look into ways and means of ensuring that pharmacists are made accountable for all dispensing and professional services provided by community pharmacies. In this regard, the system of compulsory partial ownership of pharmacies by pharmacists adopted by certain overseas countries could be taken for reference. For the medicine companies, which are not required to employ any pharmacist, it is even more difficult to ensure proper practice. Examples of the unsatisfactory pharmacy practices, which have been reported in the press, are enclosed for reference (See Appendices B, C, D, E & F). Our attention has also been drawn to the problem of drug labelling at the public hospitals and clinics. (See Appendices G & H).

In summary, the real problem of control of prescription drugs lies in the ineffective monitoring and inspection system, the ambiguous role of pharmacist in community pharmacies, and the total absence of professional pharmacist input in the operation of medicine companies. The Hong Kong Medical Association would like to put forward the following recommendation:
1. The right of patients to choose to obtain their medicine either from their doctors directly or from the community pharmacies with a prescription should be protected. (This is supported by a recent survey conducted by the Social Sciences Research Centre of the University of Hong Kong, which revealed that 80% of the respondents interviewed would like to uphold their right to choose where to get medicine after consultation. For details, see Appendix 1.)

2. The Government should look at ways and means to enhance the effectiveness of the monitoring and inspection of pharmacies and medicine companies.

3. Disciplinary measures and penalties imposed on pharmacies or medicine companies which have committed illegal or improper practices should be adequate to create a deterrent effect.

4. The professional accountability and responsibility of pharmacists over the sales of prescription medicines at pharmacies should be enhanced. Several measures can be adopted:

   a. The pharmacist should be present at the pharmacy during all operating hours of the pharmacy to supervise the operation of the pharmacy.

   b. The pharmacist at the pharmacy should identify himself in order that patients who opt for their prescriptions filled at the pharmacies do know who is responsible for the prescription and accountability for their professional service can be established.

   Yours sincerely,
   For and on behalf of the Council of
   The Hong Kong Medical Association

   Dr Ko Wing Man
   Hon. Secretary
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20 July 1999

Dr. Margaret Chau,
Chairperson,
Pharmacy & Poisons Board,
Hong Kong SAR.

Dear Dr. Chau,

Re: Unlabeled medications and the sale of drugs without prescription

On 17 July 1999, between noon and 5 p.m., I instructed my staff to test-purchase medications with and without prescription from various pharmacies in Kowloon. I am obliged to inform you, in your capacity as Chairperson of the Pharmacy and Poisons Board, of the results:

1) A test-purchase for Aldomet was made. 90 tablets were requested through the pharmacy staff tried to persuade the buyer to buy 100. The medicine was COMPLETELY UNLABELLED. No advice was given on the side effects of the anti-hypertensive and the mode and time of administration.

2) A test-purchase for antibiotic was attempted. The buyer just asked for antibiotic. 10 capsules of a first generation cephalosporin was supplied. No prescription was asked for or required. No question was asked as to the symptoms and why antibiotic was needed. When asked how the drug should be consumed, the vendor just informed that the buyer that taking all the capsules (2 and a half days’ supply of antibiotic) would be enough. A receipt for cleansing agent was issued.

3) A test-purchase for Cozaar was attempted with an empty box of the medicine. No prescription was asked for or required. No question was asked of the lady buyer concerning pregnancy. No warning was given of possible side effects and the teratogenic effect on the fetus.

4) A test-purchase for prednisolone was attempted with a doctor’s empty but labelled medicine bag. When told that the purchase was for an asthmatic debtor, no prescription was asked for or required. The vendor persuaded the buyer to buy an extra bottle of anti-asthmatic containing dexamethasone. Another prescription item which no prescription was asked for, nor were the side effects of tremor of hands, anxiety or cardiac arrhythmia suggested. No drug history was asked for to avoid drug interaction.

5) A test-purchase for steroid eye drops was made with an empty bottle of the same kind of eye drops. No prescription was asked for or required. No history was asked for why the drug was required. No warning was given that prolonged use may lead to glaucoma and blindness, and may also aggravate corneal ulcers. The successful test-purchase confirmed the announcement of the Federation of Societies for the prevention of Blindness 2 weeks ago, that the increased incidence of blindness in Hong Kong may be related to the illicit use of steroid eye drops provided by pharmacies.
6) A test-purchase for a steroid ointment was made. Synalar-N cream was dispensed without a prescription and without warning that prolonged use will lead to skin atrophy. A receipt was refused.

7) My staff went to a pharmacy and requested medicine for sore throat. 2 medications were dispensed without explanation and without labels. I have been in practice for 27 years and I cannot identify the medicine.

All the medicine as well as their receipts are attached for your action. 2 copies of the test-purchase are available on demand.

I beg to remind you that I have, on 2 occasions, submitted unlabeled medicine bags from the Hospital Authority Pharmacy and the Department of Health Dispensary for your action. According to Benjamin Kwong, Jr. sun., president of the Pharmaceutical Society of Hong Kong in the City Forum on 18 July 1999, it is a offence under the law if pharmacist do not label their medicine. I am not aware of any action taken on the previous occasions and even though I am on the Pharmacy & Poisons Board for the past 2 years. I am not aware of any standardized penalties for such offence. Neither am I aware of the existence of a Professional Code and Practice guidelines for the pharmacist in Hong Kong.

I would like to bring you back 1 year ago when a complaint was brought to the Board that a pharmacist substituted a generic drug without first consulting the doctor who prescribed a brand drug on his prescription form. There was a difference of opinion as to the ethics of this action and I had to introduce the practice guidelines for pharmacists in the United Kingdom to help settle the issue. I remember you ruled against the pharmacist but I do not remember any penalty issued. This confirmed my suspicion that there was no Professional Code and Practice for the Pharmacists. It therefore surprised me when I read the Hong Kong Standard of the 19th July 1999, reporting on the City Forum, and quoting Mr. Benjamin Kwong as saying “pharmacists would not change the drugs prescribed by a doctor as they are not involved in any conflict of interest with drug manufacturers”.

In view of the fact that my test-purchases was a 100% successful in obtaining dangerous drugs without prescription, and the Department of Health, after doing 1553 test-purchases last year, was only able to inquire into the conduct of 23 Authorised Sellers of Poisons, I must have grave misgivings on the efficiency of the test-purchases done by the Department of Health last year. It must be stressed that I am not the only one to successfully perform these test-purchases, the media have in the past reported obtaining Viagra and Xenical with ease and without a prescription.

On the issue of complete divorce of dispensing from diagnosis, I have been informed by senior doctors that the system currently employed in the Hospital Authority and Department of Health clinics are not a true divorce of dispensing from consultations. All patients actually obtained their medicines from the pharmacy in the same clinic because of cost. It is well known that certain medicine available to patients in the HA are not available in the DHA clinics and doctors are forced to initiate a consultation instead of repeating the original medicine and allowing the patient to get the proper medication in a private pharmacy. Similarly, there are restricted medicine in the HA because of price and doctors do not inform their patients of these better alternatives not available in the HA pharmacies or write out a prescription for these patients to obtain there required medicine elsewhere.
I must insist that the Pharmacy and Poison Board be more aggressive in penalising wrong doers. Disqualification from being an Authorised seller of Poisons for 6 weeks as a maximum penalty will hardly produce any deterrent effect. The Medical Council of Hong Kong is taxing drug peddling doctors from the registrar... I have iterated in the past that illegal prescription of steriod is worse than illegal prescription of cough medication containing codeine. The increasing number of patients gone blind as a result of misuse of steroid eye drops support my belief. Since all pharmacies in Hong Kong (authorised sellers of poisons and totally 295 at the end of last year) must employ a pharmacist, the role of monitoring prescription drugs and the job of reporting illegal sales must be the responsibility of the pharmacist. This is difficult because the pharmacist may be rating on his own employer. But unless such responsibilities are assumed by the pharmacist, how can they be regarded as professionals and how can we extract our patients to them?

I hope I have not provoke too much problems for you and I thank you for your attention.

With warmest regards,

Dr. CHOI Kin, FRCP(Ireland), FHKAM (Medicine & Family Medicine)
Board Member, Pharmacy & Poisons Board

PS I understand if I were to be kicked out of the board next term.

PPS I would be obliged if you can reimburse me with the cost of the medicine. Otherwise, please return all the medicine to me after you have done with the investigation. They cost a fortune. And that is probably the reason why citizens and doctors do not report test-purchase - the expense.
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張

小姐因誤服，到院就診。因誤服藥物，病人失去意識，經立即急救，但仍不幸身亡。經初步調查，發現藥房出售的藥物中，存在禁藥成分。經調查，藥房的藥師在出售藥物時，未充分注意藥物的成分，導致病人誤服。

報導指出，藥房在出售藥物時，應充分注意藥物的成分，防止病人誤服禁藥。同時，應加強對藥師的培訓，提高他們的專業知識，防止類似事件再次發生。
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[Image of a wristwatch with a focus on its dual zone time display feature.]
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店員推介治癢癢

根
據法例，藥房非法出售須有醫生處方的藥物，即屬違法；惟市面上仍有非法藥房擅自出賣此類藥物予市民。讀者徐女士早前便曾於士多及士多業販售之介紹購得一支「Q-Derm」，其九歲的女兒面對醫生意例下使用，及後發現皮膚受損。

目前市面上有不少含藥丸的藥物必須在醫生的指導下使用，否則會有不良影響，市民使用時宜多加留意。

徐女士之女徐記憶，其女兒於五月份時起疹患，時常發燒，懶惰不思飲食，情況極度惡劣。徐女士即帶同女兒前往大藥房求診，但藥房以「Q-Derm」的藥膏為售賣之藥物，且藥房未有提供使用之指導。

藥房售藥墬，必須有註冊醫生開出的處方才可以售賣，故市民欲購藥房之藥物，必須向藥房出示醫生處方。若有藥房售藥未有取得醫生處方而出售之藥物，則屬違例，處罰則可罰款十萬元及承擔刑責。

藥房半年八月止，藥房自接受十九宗藥房業販售之藥物之處方後，藥房業販售之藥物之處方後，及處方累計達八宗，發現有不良之處。

售藥物

徐女士之女徐記憶於士多業販售之介紹購得一支「Q-Derm」，其九歲的女兒面對醫生意例下使用，及後發現皮膚受損。

皮膚紅癢無著療

約一個月後，其女兒患診師的情形仍未見得，後發現下體大癢處開始出現紅色斑狀的皮膚反應，徐女士即帶同女兒前往大藥房求診，但藥房以「Q-Derm」的藥膏為售賣之藥物，且藥房未有提供使用之指導。

伊利沙伯的醫生指其女兒下體至大癢處出處出現紅癢反應的皮膚反應，並指其女兒為病況提供之誘因。

伊利沙伯的藥房銷售「Q-Derm」藥膏，但未有提供使用之治療指導。藥房業販售之「Q-Derm」藥膏，其處方來源為藥房業販售之處方。

藥房業販售之處方，必須由註冊醫生開出的處方才可售賣，故市民欲購藥房之藥物，必須向藥房出示醫生處方。若有藥房售藥未有取得醫生處方而出售之藥物，則屬違例，處罰則可罰款十萬元及承擔刑責。

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含激素皮膚藥須處方
持續過量使用損健康

香港醫療馨會長張錦輝表示：「Q-Derm」藥膏主要含有三種成分，包括用以殺菌的CLOTRIMAZOLE，抗真菌的GENTAMICIN SULPHATE及激素（即BETAMETHASONE DIFROPINATE）。

患者出現抗藥性
若患者連續數月使用，並大量塗抹此藥物，藥物的成分會導致患者體內出現抗藥性，減低對治療藥物的反應；若激素會導致患者的皮膚薄膚，如激素為正常發育的小童，則會因藥物使用過量，致身體內部激素分絕能受損，影響其生長速度。著藥物並未對身體造成不良後果的破壞，一旦停用即可自癒正常。

張先生指出，一支十五克裝的「Q-Derm」藥膏，約可抹敷一個月，不宜塗抹過多。尤其個案中的九歲小童患的「濕疹」，處於大發育期，容易「癢」。有时難以控制，所以「癢」的患者應當特別小心。

藥房涉非法
售藥物投訴

*資料由衛生署提供

Source：Oriental Daily News 華東日報
Date：14 September, 1999
Customer Hotline：2493 3922
香港醫學會

News Manager

Source: Oriental Daily News 东方日报

Customer Hotline 2493 3822

Date: 14 September, 1999
美藥廠已停產
敏感藥港仍有售
可致命
敏感藥
港仍有售

Source: Oriental Daily News　東方日報
Date: 19 September, 1999
Customer Hotline  2453 3922
Ref:

Page 1 of 1
• 旺角一藥房須記者出示醫生處方，才
出售抗敏藥Hismanal (左圖)。 (記者林焯銘

Source: Oriental Daily News 東方日報  Date: 19 September, 1999
Customer Hotline 2493 3822
Ref:
The Chairman,
Preliminary Investigation Committee,
Hong Kong Medical Council,
Hong Kong.

Dear Sir,

We would like to bring your attention to two drug labels brought to our attention by one of our patients. The
bags containing medications with these drug labels attached are enclosed for your examination.

As you can see from the details on the drug labels, the patient, Kwok Yiu Fai, D728, DOB 14/10/68, was seen
in the A & E Department of Caritas Medical Centre on 25 March 1997 at 2230 hours. However, the name of
the drugs, the name of the doctor who issued the prescription and any precautionary measures for the use of
the drugs were not visible on the labels.

Our Association is all for upholding drug labelling and has been encouraging our members working in the
private sector to comply with the regulations. However, it would seem unfair if only private doctors are
brought to the investigation committee. The Hospital Authority, despite its immense resources, made the
similar mistake of omission in its labels, and thus bringing up the question of whether the Medical Council has
been too demanding or harsh on those in the private sector without similar clinical and computer backups.

There has been suggestions that the complaint should be lodged against the pharmacist board because he is a
professional. Since the prescription could have been filled only by a dispenser in the right time, the complaint
could also be lodged against the Hospital Authority which covers for all its staff. We hope you can look into
this complaint and give us a clear answer.

Yours sincerely,

Honorary Secretary,
Practising Estate Doctors' Association

c.c. Chairman, Pharmacy & Poisons Board
<table>
<thead>
<tr>
<th>Capsules/Softgels</th>
<th>99年 9月 12日 一次服用此包體丸</th>
<th>20.01</th>
</tr>
</thead>
<tbody>
<tr>
<td>100mg</td>
<td>100mg</td>
<td>1.0</td>
</tr>
<tr>
<td>200mg</td>
<td>200mg</td>
<td>1.0</td>
</tr>
<tr>
<td>300mg</td>
<td>300mg</td>
<td>3.0</td>
</tr>
</tbody>
</table>

*Please keep out of reach of children.*

*Store in a cool dry place, away from direct sunlight.*

*Department of Health*

*Dr. M. A. Y. Lee*

*11/09/99*

Press Release

Survey revealed patients upheld their own choice of where to get their prescribed medicine filled

An independent survey on “Patients’ View on Means to Obtain Medication after Consultation in Private Clinics” conducted by the Social Sciences Research Centre in August this year revealed that a majority, or 80%, of the respondents interviewed in the survey upheld their right to choose where to get medicine after consultation, a privilege which is now enjoyed by members of the public in Hong Kong. Moreover, 56% of patients opposed to the suggestion that they could no longer obtain medicine directly at doctors’ offices after seeing their doctors. The Hong Kong Medical Association (“the HKMA”) and the Social Sciences Research Centre jointly announced the results of the survey today.

The Social Sciences Research Centre of the University of Hong Kong, commissioned by the HKMA, designed and conducted an independent telephone survey in August on “Patients’ View on Means to Obtain Medication after Consultation in Private Clinics”. A total of 1,015 Chinese-speaking adult respondents, who had sought consultation from private doctors within the six months period immediate before the survey, were randomly selected and interviewed by telephone. The results indicated that respondents considered “convenience and time saving” the most crucial consideration when deciding whether they would obtain the medicine prescribed direct at the doctors’ offices or at outside pharmacies. 41% of the respondents cited this factor when making the decision. Two other major factors are “confidence towards the doctor/pharmacies” and “cost of medicine” which were cited by 35% and 34% of the respondents respectively. (Question 2)

Figures showed more than half, or 56%, of the respondents opposed or strongly opposed to the idea that patients could no longer obtain medicine straight at the doctors’ after consultations and prescriptions were all that they could get. This clearly demonstrated the public’s
opposition to the proposal of “separating the medical practice and drug dispensing”. The same survey told that only 20% of the respondents do not oppose the suggestion doctors could only give out prescriptions and patients had to purchase their own medicine at pharmacies. (Question 3)

At the same time, a dominating majority of the respondents maintained that the decision of where to get the medicine should retain in the patients’ own hands. When asked whether they agreed or disagreed, after taking all relevant considerations into account, that patients should be given the choice to decide where to go for their drugs, 80% gave a confirming reply while less than 9% answered negative. (Question 4)

It was clear that the public did not subscribe to the proposal of separating medical practice and dispensing, remarked the Social Sciences Research Centre of the University. What was commonly accepted was that patients should have the freedom to choose where to obtain their drugs. The HKMA highlighted that the results of this survey corresponded to another one of the same kind which was commissioned by a third organisation and carried out earlier by the Social Sciences Research Centre. This showed that, generally speaking, patients were highly aware of their right to choose.

Founded in June, 1991, the Social Sciences Research Centre of the HKU has been conducting surveys on various social and political issues. It also provides research services to local or overseas institutions on condition that all surveys, from designs to methodologies, are to be conducted independently by the centre and that results will be made available to the public. This survey commissioned by the HKMA was, as all others were, conducted independently by the centre after the HKMA had provided the necessary background information of the issue to the centre.

It is the stand of the HKMA that patients’ rights could not be jeopardised. What’s more, to impose the model of drug dispensing in some other countries was not only unnecessary but unwise, which in turn might hamper the flexibility of the present one-stop-shop service offered by the medical profession in Hong Kong. Coupled with the deficient monitor exerted on the retail pharmacies, which brought about cases after cases of illegal sale of drugs, any such move would surely bring the public more detriment than protection.

End

For enquiries, please contact Ms. Samantha Wong (2527 8285)
調查顯示市民支持自由選擇何處配藥
反對醫藥分家

香港大學社會科學研究中心於八月份獨立進行了有關「醫藥分家」的意見調查，結果顯示有八成被訪者認為病人在向私家醫生求診後應可自由選擇在診所配藥或自行外出購買藥物。此外，逾半數市民反對醫藥分家的建議。香港醫學會與香港大學社會科學研究中心於今日聯合發表了是次調查的結果。

香港大學社會科學研究中心民意研究組在香港醫學會委託下，於今年八月獨立設計及進行了有關「醫藥分家」的民意調查，研究中心以電話訪問形式隨機抽樣，成功訪問了一千零一十五位在訪問前半年內曾向私家醫生求診之本港居民。調查發現，被訪者在選擇於醫生診所配藥、或由醫生簽發處方讓病人自行外出購藥時，主要考慮因素為方便程度及是否省時，提及此項因素者佔總樣本四成；另外，分別有三成半及三成四被訪者表示，「對醫生／藥房的信心」以及「費用」此兩項因素也是作出選擇的考慮項目之一。（問題二）

調查數據顯示，被訪者在考慮各項因素後，有五成六市民反對及非常反對私家醫生醫務所往後不能再為病人配藥，不同意病人只能從醫生醫務所取得處方，其後需要自行前往藥房買藥，反映出逾半市民反對「醫藥分家」。
的建議：至於贊成「醫生只可以為病人處方然後病人需要自行外出買藥」
者則只佔二成一。（問題三）

調查進一步探討病人對其選擇權的意見，當被問及贊成或反對病人可以自
由選擇在醫務所或自行往外購買藥物時，絕大部份 — 亦即八成 — 被訪
者贊成病人應可自由選擇於何處配藥，不贊成病人可以選擇者則不足九個
百分點。（問題四）

香港大學社會科學研究中心指出，是次調查清楚表明一般市民目前並不接
受「藥械分家」的概念，調查反映出，病人應可以自由選擇於私家醫生醫
務所或藥房配藥這個方案，已廣為人所接納。香港醫學會稱，是次調查的
結果，與香港大學社會科學研究中心早前為另一機構進行的一項同類調查
結論非常吻合，充份顯示市民非常重視其在配藥方面的選擇權。

香港大學社會科學研究中心於一九九一年六月成立，一直進行各項有關社
會及政治問題的民意研究，並為不同本地及海外機構提供研究服務，條件
是中心可獨立設計及進行研究，且不論結果如何亦把研究結果向外界公
佈。是次調查乃香港醫學會委託研究中心民意研究組進行，以了解市民對
市民在向私家醫生求診後，對選擇往何處配藥的態度，問卷及調查的方法
均由該中心在香港醫學會提供背景資料後由研究中心本身獨立設計。

香港醫學會又重申，病人的權利不容遭到剝削；此外，將外地「醫藥分家」
的制度強加硬套於本港之上，實在有損本港醫學界現行為病人提供便利的
配套式服務；而在本港藥劑零售業極度缺乏監管、不法濫售藥物個案頻生
的情況下，「藥械分家」非但不能為病人帶來額外保障，卻祇會徒添負面
影響。

完

查詢：黃美兒小姐（二五二七 八二八五）
Question 3: "After taking into account all the above factors, do you agree or disagree that private clinics could no longer provide medicine to patient but a prescription for filling out at outside pharmacies?"

<table>
<thead>
<tr>
<th>Frequency 頻數</th>
<th>Percentage 百分比</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree 非常贊成</td>
<td>46</td>
</tr>
<tr>
<td>Agree 贊成</td>
<td>163</td>
</tr>
<tr>
<td>Half and half 一半半</td>
<td>143</td>
</tr>
<tr>
<td>Oppose 反對</td>
<td>464</td>
</tr>
<tr>
<td>Strongly oppose 非常反對</td>
<td>107</td>
</tr>
<tr>
<td>Don't know 唔知唔講</td>
<td>89</td>
</tr>
<tr>
<td>Total 總數</td>
<td>1,012</td>
</tr>
</tbody>
</table>

Question 4: "After taking into account all the above factors, do you agree or disagree that patients could choose to obtain medicine straight at the doctor's clinic or to obtain a prescription for filling out at outside pharmacies?"

<table>
<thead>
<tr>
<th>Frequency 頻數</th>
<th>Percentage 百分比</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree 非常贊成</td>
<td>238</td>
</tr>
<tr>
<td>Agree 贊成</td>
<td>570</td>
</tr>
<tr>
<td>Half and half 一半半</td>
<td>64</td>
</tr>
<tr>
<td>Oppose 反對</td>
<td>75</td>
</tr>
<tr>
<td>Strongly oppose 非常反對</td>
<td>11</td>
</tr>
<tr>
<td>Don't know 唔知唔講</td>
<td>55</td>
</tr>
<tr>
<td>Total 總數</td>
<td>1,013</td>
</tr>
</tbody>
</table>
Question 1: “Have you consulted any private doctors in the past 6 months?”

問題一：「你過去半年有否向私家醫生求診？」

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1,015</td>
<td>56.8%</td>
</tr>
<tr>
<td>No</td>
<td>762</td>
<td>42.5%</td>
</tr>
<tr>
<td>Unsure</td>
<td>15</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>1,787</td>
<td>100%</td>
</tr>
</tbody>
</table>

Question 2: “If you are free to choose, after consulting a private doctor, whether you get the medicine at the doctor’s clinic or obtain a prescription from the doctor for purchase of medicine at outside pharmacies, what factors would you take into consideration when making the decision?”

問題二：「假設你有得自由選擇係醫生診所配藥，或者係醫生處方後自行去藥房買藥，在你作出選擇時，你會考慮哪些因素？」

<table>
<thead>
<tr>
<th>Factor</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience and time saving 方便程度/是否省時</td>
<td>418</td>
<td>41.2%</td>
</tr>
<tr>
<td>Confidence towards the doctor/pharmacies 對醫生/藥房的信心</td>
<td>351</td>
<td>34.6%</td>
</tr>
<tr>
<td>Cost of the medicine 藥物費用</td>
<td>349</td>
<td>34.4%</td>
</tr>
<tr>
<td>Safety of the medicine 藥物安全問題</td>
<td>116</td>
<td>11.4%</td>
</tr>
<tr>
<td>Quality and types of the medicine 藥物類別/質素</td>
<td>92</td>
<td>9.1%</td>
</tr>
<tr>
<td>Medical conditions suffering from 病情/病症</td>
<td>41</td>
<td>4.0%</td>
</tr>
<tr>
<td>Out of habit 習慣</td>
<td>21</td>
<td>2.1%</td>
</tr>
<tr>
<td>Others 其他因素</td>
<td>19</td>
<td>1.9%</td>
</tr>
<tr>
<td>Don't know 唔知/唔係</td>
<td>62</td>
<td>6.1%</td>
</tr>
<tr>
<td>Total 總數</td>
<td>1,469</td>
<td>100%</td>
</tr>
</tbody>
</table>