立法會
Legislative Council

LC Paper No. CB(2)2567/99-00
(These minutes have been
seen by the Administration
and cleared with the Chairman)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Friday, 16 June 2000 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present	:	Hon Michael HO Mun-ka (Chairman) Dr Hon LEONG Che-hung, JP (Deputy Chairman) Hon HO Sai-chu, JP Hon LEE Kai-ming, SBS, JP Hon Fred LI Wah-ming, JP Hon CHAN Yuen-han Hon YEUNG Yiu-chung Dr Hon TANG Siu-tong, JP
Members Absent	:	Hon Cyd HO Sau-lan Hon LEE Wing-tat Hon Bernard CHAN Hon Mrs Sophie LEUNG LAU Yau-fun, JP Hon WONG Yung-kan Dr Hon YEUNG Sum Hon LAW Chi-kwong, JP
Public Officers Attending	:	All items Mr Gregory LEUNG, JP Deputy Secretary for Health and Welfare 1 Dr P Y LAM Deputy Director of Health (2)

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Miss Angela LUK
Principal Assistant Secretary for Health and Welfare (Medical) 1

Miss Kinnie WONG
Assistant Secretary for Health and Welfare (Medical) 7

Item V

Dr H FUNG
Deputy Director (Hospital Planning & Development)
Hospital Authority

Item VI

Mr Paul TANG
Deputy Secretary for the Environment and Food

Mr John C Y LEUNG
Principal Assistant Secretary for the Environment and Food

Dr P Y LEUNG
Deputy Director of Food and Environmental Hygiene
(Food and Public Health)

Dr Y Y HO
Consultant (Community Medicine)
(Risk Assessment & Communication)

Item VII

Mr Paul TANG
Deputy Secretary for the Environment and Food

Miss Dora FU
Principal Assistant Secretary for the Environment and Food

Mr K K LIU
Assistant Director (Agriculture, Quarantine & Inspection)
Agriculture, Fisheries and Conservation Department

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Item VIII

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare (Medical) 3

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Ms Joanne MAK
Senior Assistant Secretary (2) 4

I. Confirmation of minutes of meeting held on 8 May 2000
(LC Paper No. CB(2)2223/99-00)

The minutes of the meeting on 8 May 2000 were confirmed.

II. Draft report of the Panel for submission to the Council on 21 June 2000
(LC Paper No. CB(2)2257/99-00)

2. Members endorsed the draft report of the Panel for submission to the Council on 21 June 2000.

III. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)2253/99-00(01) - (02))

3. Members agreed to hold a special meeting on 23 June 2000 at 8:30 am to discuss the following items -

(a) revision of Government fees and charges relating to health care professionals and institutions; and

(b) research report on the regulation of health food.

IV. Control on use of health care laser
(Annex II of LC Paper No. CB(2)1896/99-00(01))

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4. Dr LEONG Che-hung said paragraph 2 of the Administration's paper seemed to imply that a person who was not a registered medical practitioner could freely provide laser treatment so long as the person in doing so did not claim himself to be a registered medical practitioner. He asked if this was the Administration's intended policy. He then referred to the definition of "medical treatment" as given in paragraph 7 of the paper and pointed out that the meaning of "abnormal condition" was unclear and based on this definition, it was difficult to distinguish between medical treatment and beauty therapy.

5. Deputy Director of Health (2) (DD(H)2) responded that the paper was based on legal advice obtained from the Department of Justice. Deputy Secretary for Health and Welfare 1 (DSHW1) said that should there be disputes over the definition of medical treatment, the interpretation of the Medical Registration Ordinance (Cap. 161) rested with the court. DD(H)2 pointed out that there had been precedents of seeking the court's interpretation of Cap. 161 by the Administration and he briefed members on some of the cases.

6. DD(H)2 informed members that the Administration had made reference to the experience of other countries (such as the United Kingdom, Australia and Singapore), among which the United States (US) was found to have imposed the most stringent control on the use of laser equipment. He said that in the US, it was required by law that all laser equipment intended for use on human beings must be registered with the Food and Drug Authority before it could be sold in the market and only doctors were allowed to provide laser treatment. However, it was not the case in most other countries.

7. DD(H)2 pointed out that while the different countries studied had different policies on controlling the use of health care laser, they had all introduced statutory control on health care equipment. For example, in the US, it was stipulated by law that health care equipment could only be sold to doctors. He said that the Administration was considering the introduction of a controlling system on the import of health care equipment, including laser equipment. He said that this could prevent the sale of laser equipment to people who had not received the required training for using the equipment. To take the matter forward, DD(H)2 said that the Administration was going to gauge the views of the sector and devise a proposal on the way forward within the next legislative session. He said that the Department of Health (DH) would continue to enhance laser safety awareness in collaboration with the Electrical & Mechanical Services Department and he called on the public to report any laser injury cases to DH.

8. The Chairman asked what kinds of laser treatment were being provided by beauty salons. DD(H)2 replied that based on the recent inspections conducted to beauty salons which had advertised laser treatment, it was found that only a few of

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them really provided laser treatment. He said that the use of laser by these beauty salons was mainly for hair removal and skin biostimulation. He said that there was also the use of the fourth level of laser for mole removal in some beauty salons. He said that so far the Administration had found that the provision of laser treatment at beauty salons was safe overall.

9. In response to Mr YEUNG Yiu-chung's question over the distinction between medical treatment and beauty therapy, DD(H)2 explained that the medical sector had not come up with a clear distinction between the two. He confirmed that breast implantation was a kind of medical treatment.

10. However, Dr LEONG Che-hung pointed out that based on the definition of medical treatment given in the Administration's paper, breast implantation could hardly be regarded as a medical treatment since it could be argued that breast implantation was not done for the purpose of "managing an abnormal condition or disease". DD(H)2 explained that the definition was given by a Government lawyer based on his interpretation of Cap. 161. He said that the final interpretation of the Ordinance rested with the court. Where necessary, the court could judge over the nature of a specific service provided by a beauty salon by taking into consideration the circumstances of the case involved.

11. Dr LEONG Che-hung and Dr TANG Siu-tong were concerned what action would be taken by the Administration to curb the use of laser by beauty salons to provide treatment. DD(H)2 reiterated that the Administration was exploring, as a long-term measure, to introduce a controlling system on the use of health care equipment including laser equipment. On the other hand, if there were disputes over the nature of any particular services provided by beauty salons, the court would have to judge whether the provision of medical treatment was involved in the services provided.

12. The Chairman considered that the proposed control on the use of health care equipment should not lead to a situation that all such equipment, regardless of their levels of risks involved, could only be used by doctors. He said that a balance had to be struck between protection of public health and the convenience of consumers. He suggested that the Government could consider allowing trained technicians to operate such equipment. In response, DSHW1 said that the proposed control on health care equipment only aimed at ensuring that the equipment should be used by personnel who had received the appropriate training.

V. Review of the list of follow-up actions by the Administration

(LC Paper No. CB(2)2253/99-00(03))

Proposed amendments to the Radiation (Control of Irradiating Apparatus) Regulations

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(the Regulations)

13. DSHW1 informed members that the Radiation Board would conduct a meeting on that day to discuss the comments from various parties on the proposed amendments to Regulation 26(1) of the Regulations. It would then forward its views to the Health and Welfare Bureau (HWB) for consideration. The Chairman said that as several ordinances and regulations concerning X-ray appliances and persons operating the applications were involved, the Board should not have the final say on the matter. He urged HWB to look at the views of various parties and make a decision based on the best interests of patients.

Patient referrals by optometrists to Hospital Authority specialist clinics

14. DSHW1 said that the Administration supported the existing arrangement, i.e. referrals to Hospital Authority (HA) specialist clinics being made through family physicians and general medical practitioners, for the reasons given in the Administration's paper. However, the Chairman expressed doubt as to whether the system really resulted in more cost-effective use of health care resources. In response, Deputy Director (Hospital Planning & Development) (DD(HP&D)) of HA explained that under the present system, family physicians and general medical practitioners assumed the "gatekeeper" role in managing patients with eye diseases and this was desirable from the perspective of resources management. He said that the existing referral system was safer to patients and more cost-effective as the primary care practitioners could examine whether the visual disturbances of patients resulted from systemic medical illnesses. They could also confirm if there were genuine needs for them to receive the ophthalmological services of HA. He added that people who had urgent needs could receive prompt ophthalmological services at the Accident & Emergency Departments which were available round the clock.

15. DSHW1 agreed with the Chairman that it could help save the time of patients if they could be directly referred to HA to see an ophthalmologist by optometrists. However, he was worried that since optometrists could not provide eye treatment to patients, they might unnecessarily refer a patient suffering from minor eye disease to the HA ophthalmologists. He therefore preferred the present system under which the patient was required to see a general medical practitioner first. In this way, the medical practitioner could provide treatment to the patient without having to refer him to see the HA ophthalmologist. In addition, DSHW1 pointed out that if the referral system was changed in the way as suggested by the optometrist profession, the public might be confused as to whether they should consult an optometrist or a family physician when they had visual problems. If patients relied on optometrists to provide diagnosis service for their eye diseases, which could be manifestations of other systemic diseases, treatment of the diseases by general medical practitioners could be delayed.

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16. DSHW1 agreed that optometrists could do more than prescriptions for lenses. Therefore, HWB would be reviewing the role of optometrists in the health care system in collaboration with HA with a view to enhancing their role. The Chairman said he had different views and pointed out that an optometrist would know whether to refer a patient to a general medical practitioner or to a specialist. He would provide further information to the Administration later to illustrate his point.

Process of registration of new pharmaceutical products

17. DD(H)2 briefed members on the existing registration process of new pharmaceutical products. He said that steps had been taken to better coordinate the schedules of meetings of the Pharmacy and Poisons Board (the Board) and its two Committees with a view to expediting the registration process. He also briefed members on the new measures to enhance import control on unregistered pharmaceutical products.

18. Dr LEONG Che-hung suggested that the Administration should consider amending the relevant legislation so that patent right would also be considered by the Board in approving applications of pharmaceutical products for registration. In response, DSHW1 said that if this was adopted, it would be very difficult for a new pharmaceutical product to get registered with the Board. DD(H)2 pointed out that the Board had actually discussed the patent right issue on many occasions and the views of the Department of Intellectual Property and Department of Justice had been sought. He said that judging whether a product had infringed the patent of another product was a very complex issue, it should be decided by the court in a civil litigation between the manufacturers. The Administration would suggest that doctors should seek protection when they bought generic drugs from a supplier by asking the supplier to guarantee that the products did not infringe upon the patent right of other medicines and indemnify the doctors against any claims from patent right holders in respect of the drugs.

Subsidiary legislation under the Chiropractors Registration Ordinance

19. DSHW1 invited members to note the proposed fees under the Chiropractors Registration Ordinance as set out at the annex of the Administration's paper. He explained that due to the small number of members involved, the fees were high as a substantial part of the cost was invariant with the number of the professionals. He informed members that the profession had already been consulted about the proposed fees and it had expressed acceptance. He said that the subsidiary legislation would be submitted to LegCo for negative vetting later this year.

Outcome of the latest manpower evaluation in respect of medical practitioners

20. DSHW1 said that the last forecast had been made in February 1999 and the

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Administration was currently updating the latest projection.

Long working hours of public hospital doctors

21. DD(HP&D) said that the Working Group on "Work Hours of Doctors in HA Hospitals" would submit its recommendations on ways to alleviate the workload of doctors in October 2000.

Regulation of health claim under the Undesirable Medical Advertisement Ordinance (UMAO)

22. DD(H)2 said that UMAO was being reviewed to see if there was a need for any improvement. As regards the Panel's request for details of past cases alleged to have contravened undesirable labels, DH was liaising with the police and Department of Justice to obtain the information.

VI. Progress report on study on establishing a labelling system for genetically modified (GM) foods

(LC Paper No. CB(2)2253/99-00(04))

23. Deputy Secretary for the Environment and Food (DSEF) said that the Administration was inclined to set up a GM foods labelling system and was conducting a feasibility study on this. He said that the Administration aimed at working out details of the relevant proposal before the end of this year.

24. Consultant (Community Medicine) (C(CM)) gave a presentation on the work progress achieved by the Environment and Food Bureau (EFB) and the Food and Environmental Hygiene Department (FEHD) in the past few months concerning the labelling of GM foods. He highlighted that much progress had been made in the following aspects -

(a) A special chapter on GM foods had been created at the website of FEHD to provide information on GM foods and related issues and to collect the public's opinions regarding GM foods;

(b) Two public forums on GM foods had been organized by the Administration to exchange views on GM foods safety and labelling with representatives from the food trade, consumers, the Consumer Council and the academic circle;

(c) Overseas experience in regulating GM foods had been extensively studied and the findings were set out in paragraphs 8 to 16 of the Administration's paper; and

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(d) FEHD had sent representatives to attend two meetings held by the Codex Alimentarius Commission (the Commission) to enhance understanding of the regulatory systems of GM foods. The Commission would devise international standards for GM foods, but this standardizing exercise was not expected to be completed before 2003.

25. C(CM) concluded his presentation by briefing members on the scope of the study being launched by EFB on the feasibility of setting up a labelling system for GM foods in Hong Kong. He said that the study would be completed in the last quarter of 2000 and a proposal on the way forward would be released for public consultation by the end of 2000/early 2001.

26. Dr LEONG Che-hung enquired about the cost implications of conducting tests to detect GM materials in food. Deputy Director of Food and Environmental Hygiene (Food and Public Health) (DD(FPH)) replied that at present, it cost about $2 000 to $3 000 for conducting each test. The Australian authority estimated that the cost of food might increase by 6% to 15% if a pan-labelling system for GM foods was implemented.

27. In response to Miss CHAN Yuen-han, DSEF reiterated that the Administration was inclined to introduce a GM foods labelling system in Hong Kong. The details would have to await the completion of the feasibility study.

28. Mr Fred LI Wah-ming said that the public was concerned whether GM foods were safe for human consumption and urged the Administration to provide such information as well as data on the percentage of food products which contained GM materials and were now available in the market. He also requested the Administration to note that some people for religious reasons refrained from eating meat (or a particular kind of meat) and were worried that they would be unknowingly eating food containing animal genes. He urged the Administration to take prompt action in responding to the public's demands for a GM foods labelling system. The Chairman asked when the Administration would be able to release information on GM crops which contained animal genes.

29. Addressing concerns about the safety of GM foods for human consumption, DD(FPH) said that all GM foods available in the market had been tested to ensure their safety by the industry and food authorities of their place of origin before they were first put on the market. It was believed that GM foods were as safe as their conventional counterparts and none of them had been proved to be unfit for human consumption.

30. In reply to Mr LI's second question, DD(FPH) said that the most common GM foods currently available in the market were soyabean, tomato, corn and potato. The

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Administration estimated that there were about 6 000 food products being sold in Hong Kong containing soyabean, tomato, corn or potato as ingredients. However, out of these 6 000 food products, it was not known how many of them contained soyabean, tomato, corn or potato which were genetically modified.

31. DD(FPH) said that the last point raised by Mr LI (i.e. GM crops containing animal genes by genetic modification) was gaining worldwide attention and the Administration would explore in its feasibility study whether it was possible to include such information in the labels of GM foods. He pointed out that so far it was not known that any crops had been found containing animal genes. It was known that some GM crops had undergone genetic modification to provide resistance to crop pests so that the use of pesticides could be reduced or to increase crop yields.

32. However, Mr Fred LI Wah-ming pointed out that since some food exporting countries did not put in place a GM foods labelling system, it was not known whether the foods exported by these countries were GM foods or not. DD(FPH) agreed that different countries had adopted different approaches and measures in the regulation of GM foods. He added that consumers' right to know was an important consideration in setting up a GM foods labelling system in Hong Kong.

33. In response to the Chairman's question, DD(FPH) explained the concept of substantial equivalence which was endorsed by the World Health Organization and the Food and Agriculture Organization as the basis for safety assessment of GM foods. He pointed out that if GM foods were of the same nutritional value, toxicology and allergic property as its conventional counterpart, it was considered to be as safe as the latter.

34. Dr LEONG Che-hung urged the Administration to put in place a labelling system for GM foods. He considered that all GM foods should be labelled regardless of its equivalence in product characteristics to traditional food because particular GM materials contained in a food product might cause allergy to some persons. Therefore, it was important to let consumers know the composition of GM foods to enable them to make informed choices. In response, DD(FPH) said that in the US and Australia, the existing legislation only required labelling of GM foods which were not substantially equivalent to their traditional counterparts. However, it was noted that countries of the European Union, Japan and South Korea, to a certain extent, required GM foods to be labelled regardless of their equivalence in product characteristics to traditional food. He said that Hong Kong, by making reference to international experience in regulating GM foods, would further decide on the labelling standards and approach to be adopted and whether a mandatory or voluntary labelling system should be introduced. He said that when the Administration came up with details of the proposed arrangements, it would seek LegCo's advice and comments.

35. Members in general considered that a GM foods labelling system should be

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introduced in Hong Kong to safeguard consumers' right to know and to address their health concerns. In response to the Chairman's question, DSEF said that the Administration had yet to decide on the format of the public consultation exercise to collect views on the GM foods labelling system.

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VII. Revision of fees and charges for services related to control of animals and plants and regulation of veterinary surgeons
(LC Paper No. CB(2)2253/99-00(05))

36. DSEF introduced the Administration's paper on the subject. The Chairman asked about the feedback from the sector on the proposed fee adjustments. Assistant Director (Agriculture, Quarantine & Inspection) (AD(AFC)) of the Agriculture, Fisheries and Conservation Department replied that the fee items set out in the paper related mainly to the issuing of phytosanitary certificates for plants. As only a few dozens of plants required the issuing of such certificates each year, the proposed fee adjustments would have minimal impact on the sector. In response to the Chairman's question about the fees for dog licence, AD(AFC) said that the Administration aimed at achieving full-cost recovery of such fees on an incremental basis.

37. AD(AFC) said that the Administration was now in the midst of consulting LegCo Members on the proposed fee adjustments. He said that to implement the proposed adjustments, it would be necessary to amend the relevant regulations in the next legislative session. He said that the Administration would consult the sector again before introducing necessary amendments to the relevant regulations.

VIII. Smoking (Public Health) (Amendment) Bill 2000 (the Bill)
(LC Paper No. CB(2)2253/99-00(06))

38. The Chairman said that the Democratic Party was of the view that sufficient time should be allowed for the Bill to be thoroughly discussed by Members and the public. He would therefore propose at the coming House Committee meeting to form a bills committee to study the Bill.

39. Dr LEONG Che-hung briefed members on the objects of the Bill and pointed out that the proposals of the Bill were in line with the Government's policy of minimizing public's exposure to environmental tobacco smoke to the maximum extent possible.

40. There being no other business, the meeting ended at 10:30 am.

Legislative Council Secretariat
1 September 2000