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**Speech by the Hon Mrs Selina Chow Liang Shuk-Yee, JP
Motion Debate on Consultancy Report on Health Care
Financing, 5 May 1999**

Selina Chow:

Madam President, our medical problems are not related to charges and the quality of hospital services only. Similarly, the out-patient system is fraught with serious problems and must be revamped thoroughly.

At present, the people of Hong Kong visit out-patient clinics nine times per year on average, a figure higher than that recorded in western countries. This is because not every member of the public can afford the exorbitant service provided by private clinics. The majority of the general public still rely on the out-patient service provided by the Government. However, public out-patient services provided in the territory are seriously below standard and can hardly cater to the needs of the public.

In Hong Kong, public out-patient services are divided into general out-patient service and specialist out-patient service, which are separately managed by the Department of Health (DH) and the Hospital Authority (HA). Insofar as the general out-patient service that the general public frequently come into contact is concerned, 63 general out-patient clinics are currently operated under the DH. They are open from 9.00 am to 1.00 pm and then from 2.00 pm to 5.00 pm from Monday to Friday. On Saturdays, the clinics operate in the morning only. Of these 63 clinics, only 22 operate from 6.00 pm to 10.00 pm from Monday to Friday. In other words, they provide evening service after normal working hours. On Sundays, only 11 public clinics provide out-patient services in the morning session. This timetable has clearly indicated that there is basically a serious discrepancy between the public out-patient services provided by the DH and the daily lives of the public.

There is no time limit for one to fall sick. A person may fall ill at any time and he will then need to be treated as soon as possible. However, public out-patient services are subject to a lot of time restraints in Hong Kong. No service is provided not only during most of the time on Saturdays and Sundays, but also on some public holidays such as the first day of the Lunar New Year. Even for weekday evenings, only a small number of public clinics provide service, not to mention 24-hour service. If someone suddenly has the need to consult a doctor in the middle of the night, the DH will be unable to cater for this need. How can we expect the public to "pick the right date and the right hour" to fall sick? If not, how can the general public who have fallen ill receive

treatment outside the public clinics' opening hours? At present, members of the public are forced to swarm hospital casualties for treatment, resulting in abuses of casualty services. Last year, a total of 2 303 614 people visited casualties in public hospitals for treatment. But only 25% of them were considered as genuine urgent cases.

Out-patient services provided by the DH are not only unsatisfactory and unreasonable in terms of opening hours, the quality of the service is also seriously below standard. Late last year, it was discovered by the media that some "indolent" doctors providing evening service were found very often reporting late for work and leaving office early. After that, it was also reported that as far as evening services are concerned, patients were not provided with independent records. Even the contact telephone numbers and addresses of patients were put on record. What the DH did was to briefly put down the details of illnesses and prescriptions with respect to all patients in one single register only. Because of such an unimaginable and out-dated arrangement, the privacy of patients was not protected. What is more, it might even lead to serious consequences in case of medical blunders. In February last year, an incident related to chloroform cough syrup took place in Kowloon Clinic, which was operated under the DH. So far, the Government has been unable to get in touch with one of the affected patients who visited the Clinic in the evening because of a lack of information.

Madam President, today Hong Kong has become one of the international cosmopolitan cities. Please excuse me for finding it hard to accept that public out-patient services in Hong Kong still remain at the level we attained in the '70s or '80s. I think there is a need for the relevant authorities to review this problem thoroughly. Apart from considering seriously extending the opening hours and improving the quality of service, they should, more importantly, consider the fundamental structure, including whether or not a regulatory body similar to the mode of the Airport Authority should be set up independent of the Government to replace the unsatisfactory DH for the purpose of managing out-patient services, or to go one step further to allow one body to manage public out-patient services as well as hospital services for the purpose of strengthening co-ordination between these two types of services. The Government should also consider whether it is the best arrangement for an Administrative Officer to oversee medical policies and whether it is appropriate for a Bureau Secretary to be responsible for so many policies in such fields as sanitation, health care and welfare.

Apart from public out-patient services, I would also like to talk about private out-patient services delivered in public housing estates. If estate practitioners can provide the residents with comprehensive out-patient services, it will greatly relieve the public's demand for public out-patient services. But at the moment, neither the Housing Department nor the Housing Authority has a policy for facilitating the establishment of estate joint clinics. Neither is there any measure to encourage residents

in housing estates to make better use of out-patient services available in housing estates. In renting estate shop premises to doctors, the Housing Authority will invariably apply the market value for the purpose of calculating rentals and offer no concession. Furthermore, the number of clinics is determined not according to the population of individual housing estates. Currently, there is basically only one doctor serving each clinic. Even if a number of doctors are interested in practising in housing estates, the space available is very often inadequate.

I would like to suggest the Housing Authority to amend the existing arrangement by providing doctors with bigger clinics at a rent below the market rate. This will attract doctors, be they general and specialist, to set up clinics in housing estates jointly to provide the residents with comprehensive out-patient service.

At the same time, the Housing Authority should also determine medical charges with doctors together with a view to keeping the charges below the market price so as to ensure that the charges are affordable to the residents. Such a rental concession is not supposed to be permanent. The Liberal Party can in fact propose concession by way of amending its proposed voluntary medical insurance scheme.

Thank you, Madam President.