

Food and Health Bureau  
19/F., Murray Building  
Garden Road  
Central, Hong Kong

12 June 2008

Dear Sirs,

**Re: Healthcare Reform Consultation Document**

In response to your Consultation Document in March 2008, our College has sent out a questionnaire to our surgeons. 44% of the respondents come from the private practice and 43% from the Hospital Authority. The rest are from various universities and private hospitals. Over half of the responses come from the specialty of General Surgery and others from various specialties which include Ophthalmology, Otorhinolaryngology, Cardiothoracic Surgery, Urology, Plastic Surgery, ENT.

We have a unanimous view on the following points:

1. Patients should have more choice of personalized healthcare services such as choice of doctors/providers, amenities of care or option of treatment and government funding should follow patients' choice of service. This is what we called the principle of "money follows the patient".
2. It is important for the Hospital Authority to clearly define its scope of service. There should be a division of labour between public and private services. The Hospital Authority should focus on providing service to the lower strata who cannot afford to use private service. The Authority should also target at acute diseases and ultra-complicated cases where the private sector lacks resources to serve. It is certainly not the function of the Hospital Authority to provide private medical services.
3. Supplementary healthcare financing is necessary. The government should have policies to provide incentives for individuals to save money for future medical needs. However, the critical issue is not just to attract funding but to restructure our service areas so as to

ensure the effective use of resources.

## **Supplementary Financing Options**

In our consultation of the 6 types of supplementary financing options, we do not unanimously agree to any single option.

### 1. Out-of-pocket payments

78% of the surgeons agree to increase user fees for public healthcare services.

### 2. Voluntary private health insurance

93% agree to the policy of encouraging more individuals to take out private health insurance in the market voluntarily.

### 3. Mandatory private health insurance

71% disagree to require a specified group of the population to subscribe a regulated private health insurance scheme for their own healthcare protection.

Our health system should strive for fairness and efficiency. The public needs help to make informed choices about the use of services. The system should use resources efficiently which is acceptable to users and which consistently reduces inequalities in health across the community. A high quality healthcare service cannot be achieved without such foundation.

Yours faithfully,

Professor Chung-kwong Yeung  
President