



## 政府醫生協會

# The Government Doctors' Association

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Dear Dr Chow,

### GDA's suggestion about Medical Reform

The council of The Government Doctors' Association has had a series of discussion since the release of the Consultation Document on Health Care Reform in March, and I would like to summarize our opinions and doubts about the consultation document.

Each of the six suggested financial plans has its own value and shortcoming, and our council would not conclude that we are in favor of any single one. Instead, our council has the following suggestions for the Bureau:

1. Immediate funding for Department of Health and Hospital Authority for relief of shortage in resources.
2. Increases manpower, specialist training, post for promotion in Department of Health and Hospital Authority.
3. Boost of moral in public doctors, for example: provision of permanent posting for doctors on contract terms, improvement of resources by including more drugs in standard drug list, renewal of medical equipments.
4. The consultation document stresses the importance of primary health

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care, The GDA suggests that the first step towards this direction should be improving of current General Outpatient Service in Hospital Authority; measures should include decrease number of disc per session, improvement of formulary and computer system. This could provide a reference standard for governance of primary care in the future.

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5. Consolidation of current Dental services; and a clearer, coordinated territory wide plan of the development of Dental field in future reform.

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There would be a clear distinction on dental treatment as part of the overall medical treatment and dental treatment as part of personal healthcare. The former should be considered together with the provision of general medical treatment to community and mainly provided via the public healthcare delivery system. There are many patients suffering from chronic debilitating diseases and requiring essential dental treatment as part of their overall medical care. Examples include patients undergoing radiotherapy, patient requiring oral and dental rehabilitation after extensive surgery for head and neck cancers, cleft lip and palate patients, children with severe facial deformity, patients on long-term anti-coagulants, institutional bound elderly, etc. All these are conspicuously left out in the consultation paper.

On the other hand, the GDA has no object that dental treatment as part of personal health, especially those who are otherwise healthy; continue to be mainly served by the private sector.

6. Whilst we strongly agree with the consultation document that "The development of a territory-wide electronic health record (eHR) infrastructure is essential to enhancing continuity of care as well as better integration of different healthcare services for the benefits of individual patients. It also provides the infrastructure to support the healthcare reform especially in the areas of primary care and public-private partnership..... To take forward the initiative, the Government will take the lead.", taking into consideration of the decades-old "manual" health record system in most of the clinics run by Department of Health under which most of our members are working, isn't it a big irony?

The GDA council also suggests that the Bureau should clarify the following issues in the coming documents:

1. At the employee level, the GDA members would like to know what level of medical service will be provided for Civil Servant in future.
2. Do government doctors have to pay for mandatory insurance or saving?
3. Most of the GDA members are working under Department of Health, will those doctors be considered as "Primary care Doctors" in future? Concerning the development of family medicine concept in Hong Kong, we wonder how the standard in family medicine specialist will be determined, and in what ways the training up of primary care doctors (doctors working under DH) to become family medicine specialists will be provided. Will there be any recognition of the role of family medicine specialist in the future primary health care system?

4. What is the role of Department of Health after the reform? Will clinical services be taken over by Hospital Authority, just like what happened to the General Outpatient Clinics in 2003?

5. Will the role of DH/HA be more clearly defined? Or will there be just a continuum of current scope of work with a new "financial source"?

To end with, as a Government Doctor, we are also deeply concerned about the ethical issue that may be arising from the Reform that it may end up with two classes of patients with different categories of management standard, solely decided, not by their needs, but by whether they are medical account holders or insurance policy holders.

Yours faithfully,

  
Dr Tsang Sheung Yin Stanley

Chairman