

The Guest Speaker for our 10th General Meeting was Prof. Sophia Chan, J.P., Secretary for Food and Health. We were honored to have Prof. Chan to give us a talk on 'Achieving healthcare for all : opportunities and challenges.' Prof. Chan showed us a short video on what the Health Department had done in the past one and a half years. She went on to speak on the various issues, challenges and opportunities that the Food and Health Department and its umbrella of departments are facing.

[Download for the summary of the talk]

The Guest Speaker Professor Sophia Chan, J.P., Secretary for Food and Health was introduced by the Second V.P. Elizabeth Cheng (see Appendix). Her work covers (i) Food and Environment Department
(ii) Agricultural & Fisheries Department.

Professor Sophia Chan began her talk with a short video showing what the Health Department had done in the past 1.5 years. These include:-

(I) Background Conditions with Health Issues in Hong Kong

(a) Aging Population

Due to our aging population, medical and hospital needs will increase in the future. By 2066, average survival rate will be 87 years of age for males and 93 years of age for females. Increasing aging population means more chronic diseases resulting in increasing medical cost. In a way, Hong Kong is a victim of its medical care success.

There is also a question of a shortage of doctors. The two universities are increasing their intake of medical students, but this cannot catch up with the expected need.

(b) Basic Medical Service

Out of hospital medical care is provided by private sector (70%) and government clinics (30%). In-hospital care is mainly provided by the government's Hospital Authority hospitals (90%) with only 10% provided by private hospitals.

(c) Unwarranted Emergency Medical Need

Hong Kong people consider government hospitals as the "Safety Net" of national health, and there is much abuse. What can be treated at out-patient clinics often becomes "emergency

cases”, thus over-loading the hospital casualty service.

(II) Future Plans include:-

(A) District Health System

Basic health needs can be divided into three levels:-

- (i) Primary Level is health promotion and disease prevention. Smoking, excess alcohol consumption, lack of exercise and eating unhealthy food are four high risks causing bad health. This must be reduced through public education and encouragement and active promotion.
- (ii) Secondary Level: Aging and obesity are the causes of many health problems or diseases (high blood pressure, diabetes, coronary diseases, renal failures, etc.). This is reduced with good control and early treatment as out-patient cases.
- (iii) Tertiary Level refer to people already down with serious illnesses as diabetes and hypertension. These can be monitored by patients on their own – “chronic disease management”. District level out-patient clinics can answer this need. This was started in Kwai Chung district and will be extended to Kwun Tong and the Eastern district in Hong Kong later. Hopefully, this facility can be extended to all 18 districts in Hong Kong.

(B) Chinese Medicine – five billion dollars are ear-marked for this, including:-

- (i) Chinese Medicine Hospital to provide in-hospital care
- (ii) Chinese Medicine Training and Research shared between the public (hospital authority) and private sectors. Hopefully this will bring about cheaper fees for patients.
- (iii) Western-Chinese Joint Medicine development.

(C) Hospital Authority with various problems in the future:-

- (i) Building new hospitals require land + money + manpower. 50 billion dollars have been set aside for this. Manpower includes doctors, nurses and other para-medical staffs. A serious problem is “unwarranted hospitalization” involving elderly patients who cannot take care of themselves on discharge. These persons require home care and not hospitalization which is more

expensive. On the average, there are more than 300 “over-stayers” at all times.

- (ii) Overseas doctors require local medical registration. These can be hired at government hospitals with “restricted registration”. To take the offer more attractive, the Hospital Authority is now offering “three-year contracts” instead of “one-year contract”.
- (iii) Retired and re-hired doctors at Hospital Authority.
- (iv) Part-time locum from private practitioners
- (v) “Special honorarium” for senior, elderly practitioners. Must consider the “Addition” vs “Attrition” rates and long-term manpower plan.

(D) Legislation for Para-Medical Practices, such as beauty parlours offering lipo-suction or botox injections, operating medical equipment such as lasers, etc. At present “high risk” medical procedures must be carried out by registered doctors. Other gray areas still require legislation.

Electric cigarettes, gene therapy, etc. must also be considered.

(E) China – Hong Kong – Macau medical joint ventures must also be considered in the future – “Hong Kong management” and “Hong Kong training” for non-Hong Kong employees, etc.

(F) Health Insurance for private sector. Health insurance to be tax-deductable requires future legislation.

This comprehensive and interesting talk was followed by heated discussions by Serrans.