

Transcript of remarks by S for Health at media session

Following is the transcript of remarks made by the Secretary for Health, Professor Lo Chung-mau, at a media session after attending a radio programme this morning (June 29):

Reporter: You mentioned that A&E resources must go to those in need, so how would authorities classify resources for those urgent and non-urgent users? Is there any standard for a cap on fees for severely-ill cases? And also, since the Government has ordered a comprehensive review of the Hospital Authority after a series of medical blunders, how is the progress so far? Will there be a review on prescription of drugs?

Secretary for Health: The Accident and Emergency (A&E) Department is one of the focus for public hospital services. It is an area that we must ensure that we can provide adequate and timely service for the acute and emergency patients. In the Accident and Emergency Department, we have a triage system, with the categories I, II and III patients having service pledges, that they should be managed within a very reasonable time. For the category I patients, it's a promise for "zero waiting time". We must ensure that these critically-ill patients are taken care of immediately, but unfortunately at this time we have 60 per cent of the patients attending the Accident and Emergency Department who are non-urgent patients or they are all these mild disease patients, like patients with flu, fever or rather mild symptoms. They are classified as category IV or even V. But unfortunately, they amounted to 60 per cent of all the patients attending the Accident and Emergency Department, that is a substantial drain on the resources and is causing a lot of burden on our healthcare professionals and causing concerns even about infection control. So we would like to emphasise that the resources of our Accident and Emergency Department should be catered for the need of those categories I to III patients mainly. And for these categories IV to V patients, we would consider adjusting the fees and charges, so as to serve as a guiding force for them not to so easily walk into the A&E Department for healthcare service.

Of course, on the other hand, we would have to enhance the services of our existing both public and private general clinics and family doctors. For example, in the previous long holidays and weekends, and the coming July 1 long weekend, we have enhanced the services of our public General Outpatient Clinics. We have 14 General Outpatient Clinics open during this long weekend to serve the patients, so we have to change the culture for our citizens to manage their health themselves on minor illnesses. They should be able to think about managing their own health conditions and seeking healthcare services from the General Outpatient Clinics or their family doctors, rather than easily walking into the Accident and Emergency Department and causing burden on the whole healthcare system.

Considering the major illnesses, a very common example these days will

be patients with cancer, that is actually a major burden for the patients and their families as well. Because with the advance in healthcare, especially in cancer treatment, some of these medications can be very expensive. Some of our cancer patients, even in the public sector, have to pay for all these self-financed items, and very expensive medications. That's the reason that in the current exercise for fees and charges review, we are considering not just the Accident and Emergency Department fees revision to focus on the acute patients, we are also looking into how to help our patients with major illnesses including those with cancer and rare diseases. One of the several measures we are considering is to increase the subsidy for the self-financed items. And also considering those patients with severe, critical or major illnesses, to see whether once their expenditure, fees and charges accumulate to a certain amount, we can increase the subsidy, or even setting a cap. We are looking into all possibilities and will come up with a proposal, and would seek comments and opinions from all stakeholders, as well as the public.

We realise that this is a very important issue, but I would like to emphasise that, even though most of us believe that we are healthy, and want ourselves to be healthy, we must prepare ourselves that one day we may encounter acute problems that we need to seek medical care in the Accident and Emergency Department, and one day we may have major illnesses, like cancer or stroke. We want to ensure that the current healthcare system in Hong Kong can provide the safety net for these people. The safety net should be for the acute and major illnesses, not for those with minor illnesses, so that everybody get the best protection. Even though the number of patients in category I, II or III in the Accident and Emergency Department, or the cancer or rare disease patients, constitute a small percentage of the people, but you never know, one day we may be one of them. That's why our current direction for driving towards these acute and major illnesses offers our 7.5 million of citizens protection. Similar to insurances, you never want to ask for a payment in insurance, but you have to prepare. That is the protection for all citizens in Hong Kong.

(Please also refer to the Chinese portion of the transcript.)