

12th June 2008.

Dr York Chow, SBS, JP,
Secretary for Food and Health
Food and Health Bureau
19/F Murray Building
Garden Road, Central,
Hong Kong.

Dear Dr. Chow,

Re: Healthcare Reform

The Diocesan Commission of Hospital Pastoral Care works directly under the Catholic Diocese of Hong Kong. Our budget comes from the Catholic Diocese of Hong Kong and donations from the general public. We currently employ full time staff to work at public hospitals (we cover almost all of them) in Hong Kong and incur almost no cost to the government. Our staffs and volunteers work at the frontline of patient care looking after the spiritual need for all patients (Catholic and non-Catholic), their families and healthcare professionals.

It is our responsibility to participate in the latest Healthcare Reform discussion to offer an additional view on the healthcare services.

It was mentioned in the consultative paper that Healthcare Reform is needed because the population is aging. It was also mentioned that holistic primary care is desired. Spiritual care is an important part of holistic care (as recognized by the WHO) and formal recognition in the healthcare system in Hong Kong is lacking. Spiritual care for the aging population is even of greater importance for they are often alone to face diseases and has little social support.

The present worries are:

1. No official recognition of spiritual services as a department and thus our staff cannot cooperate on a formal level with clinical departments to enhance patient care;

2. Future financing options, if insurance schemes are chosen, will overlook the importance of services to terminally ill patients who's spiritual need are probably greater than physical treatments
3. Future healthcare developments will further dehumanize patients and spiritual care ignored as it would not (probably never) be revenue generating
4. How social services is going to be differentiated from medical care as this is often grey in elderly care;

We suggest the following:

1. Spiritual services should be particularly mentioned in future consultative papers to recognize its importance;
2. There should be spiritual care services representative(s) in the membership of Health and Medical Development Advisory Committees or other workgroups;
3. Part of the budget should go into the funding of development in spiritual services;
4. Hospital Authority or any future governing bodies should help facilitate the work of spiritual care providing organizations in either the hospital environment or in the community (not leaving it to the understanding of individual administrator);
5. Future financing scheme should allow patients to the use of spiritual services.

We look forward to future co-operations with the Food and Health Bureau on all aspects of healthcare developments.

In Chirst,

Dr. Tsang Hing Lim Kenneth

Chairperson

Catholic Diocesan Commission of Hospital Pastoral Care
