

Chinese Medicine Society, Medical Society, Hong Kong University Students' Union

Honorary Advisors: Mr. Chan Kong Sang
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Honorary President: Prof. Tong Yao

榮譽顧問

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13th April, 2008

Dear sir / madam,

Re: Healthcare Reform Consultation Document: Your Health, Your Life

I am writing in response to the Healthcare Reform Consultation Document: Your Health, Your Life.

Beforehand, I would like to express my appreciation to the government's intention to reform the healthcare system to a better one. I believe the government's effort will not be wasted and all of us will enjoy the fruit in the not long future. As a leader of a medical students' society, I would like express opinion on the healthcare reform.

First of all, Chinese medicine should play an active role in the primary care system. In chapter 2 paragraph 2.4, it says "*Primary care is not just about the curing of episodic illnesses.....It puts emphasis on preventive care, the promotion and protection of well-being, as well as the improvement in the quality of life through holistic care*". The essence of primary care is how to avoid diseases. In this part, Chinese medicine can definitely help achieve the goal as it focuses on "eliminating the disease causing factors before the disease comes" 「治未病」 by coordination of patient's lifestyle. On one hand, the patient's health will be improved. On the other hand, government's medical expense will be lowered. Therefore, I suggest:

1. Implement Preventive Chinese Medical Consultation 「治未病服務」 in Elderly Healthcare Centers. Elderly is the main group of customers of public health service. If preventive care is enough, many diseases such as stroke, hypertension in elderly can be minimized. The government can refer to the experience of Disease Prevention Center 「治未病中心」 in Guangdong Hospital of Traditional Chinese Medicine. This center provides comprehensive western medical check such as X-ray imaging, blood glucose test, renal function test, height, body weight, etc. Meanwhile, there are doctors of Chinese medicine to provide Preventive Chinese Medical Consultation. Through consultation, patients are divided into several constitutions 「體質」. Then doctors will advice patients to have a certain lifestyle according to his or her constitution e.g. eat more apple, don't eat chicken, do more exercise, etc. This helps the patients to build up a healthy lifestyle. Thus many diseases can therefore be prevented. Here is the official website:

<http://www.gdhtcm.com/guide/guide4-4.aspx?deptid=205>

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- 2. Allow doctors of Chinese medicine to use western diagnosis. Western diagnosis is accurate. If doctors of Chinese medicine can use both the Chinese and western diagnosis after attending certain recognized courses, then the rate of misdiagnosis will be minimized. Although this suggestion involves the amendment of current ordinance, it is worth it for the protection of well-being of patients.

Secondly, I would like to command on the supplementary financing. In my opinion, I support the Personal Healthcare Reserve because of this reason:

- 1. All citizens enjoy the same insurance by flat rate. This is especially essential to elderly and person with serious medical record to enjoy the same protection. In addition, under this scheme, all are equal. Thus it is also an anti-discrimination statement for sick people and elderly.

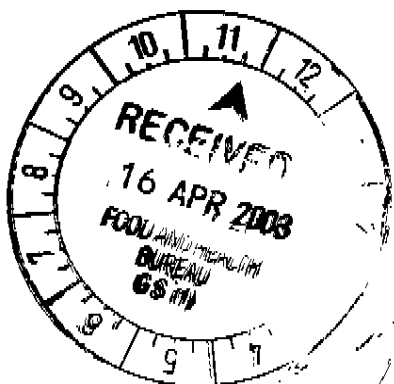
However, before implementing this scheme, there are several points to be aware of:

- 1. The range of the scheme. The government says that primary care is an integral part of the future healthcare system. But will the scheme cover the primary care such as general consultation? Most of the patients demand primary care but not secondary care. If the scheme doesn't cover the primary care, then not all patients can use their PHR. If they can't use it, then what's the point of running this scheme?
- 2. The scope of application. Citizen that has income below certain level or unemployment are not going to pay for the scheme. So, will they enjoy the saving accounts and insurance? If they will enjoy this scheme also, the government should pay for them. If they will not enjoy this scheme, then this scheme cannot protect all citizens.
- 3. The choice of services. In Our Vision of the document paragraph 2(b), it says: "Provide More Choices of Quality Services". So I suggest the scheme can covers as many quality services as possible such as general consultation, Chinese medicine and chiropractic medicine.

Last but not least, I hope that through the healthcare reform, all Hong-Kong citizens will enjoy the best medical care in the future. I am looking forward to government's engagement to us. I am willing to contribute anytime anywhere. Thank you.

Yours faithfully,

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在香港，中醫藥服務為市民所廣泛使用。自回歸後，香港中醫藥發展進入新的里程，中醫藥被納入政府監管，建立牌照制度，而醫管局亦開設中醫診所，香港的中醫藥發展開始制度化，專業水平逐步提升，但《醫療改革諮詢文件》(下稱《文件》)中並未就中醫於公營醫療服務中的角色作出任何建議，令人覺得政府對中醫藥發展有欠承擔。中醫藥的療效為市民所認同，中醫於公營醫療服務是不可或缺的一環。在《文件》)2.4 段寫道：「*基層醫療服務不僅是醫治偶發性疾病，亦應在市民的家居環境中為個人提供終身(持續)、全面、全人醫護服務。基層醫療服務著重預防性護理，促進和保障人們身心健康，藉全人護理提升生活質素。*」本會認為中醫在未來基層醫療的角色是可以提供 1) 預防醫學服務 2) 多元化的醫療服務 3) 高質素的醫療服務 及 4) 全人的醫療服務。

根據 2006 年衛生署的統計，香港的長者人口佔所有人口的 12.4%，約 857,000 人。政府統計處《香港人口推算 2004 - 2033》亦指出未來的長者人口會上升至佔整體人口的 25%。另外，根據醫院管理局的數據，2006 年長者的總入院人次達 1,130,000，說明長者人口的醫療需求較大。因此未來基層醫療的使用者應該是以長者為主。政府設置了 18 間長者健康中心，提供長者基層醫療服務，可惜截至 2006 年，18 間長者健康中心只有會員 38,042 人，佔長者人口約 4.4%，仍有很大的改善空間。因此，本會建議政府重點增加 18 間長者健康中心的資源。另外，亦建議政府展開新的服務。

本會提議 18 間長者健康中心首先推行「中西醫疾病預防服務」，每間中心加入中醫諮詢服務，由中醫辨析參加者的體質及身體狀況，作調養建議或轉介至公營中醫診所。此舉不但不會加重政府的財政負擔，而且可以更有效利用中醫的治未病及養生學說，監察病人的身體狀況及減少長者患病的機會。根據《文件》2.19(b) 段：「*當中最重要，是根據基層醫療服務的基本模式，在普通科門診診所現時提供的治療護理服務中加入預防性護理的元素。*」。本會認為此服務的最終目標是把這項服務推行到全港 75 間普通科門診診所。

在推行此項服務外，本會建議政府應盡快開辦中小型公立中醫院，由醫管局管理及營運。其理念是以中醫為主，西醫為輔。醫院設有中醫主診的普通科門診服務、專科門診服務及病後療養服務，亦有中西醫療法結合病房，由中西醫共同參與治療病人。為配合現代醫療服務，醫院設有急症服務及外科手術病房，由西醫主診。醫院的特色是設置中西醫預防醫學研究中心，以中醫學為主，再配合現代的預防醫學，研究中醫的治未病及養生學說一及提供「中西醫疾病預防服務」，。成立中小型的公立中醫院，政府投放的資源相對較少，而且可以提升中醫的服務及科學研究層次，提高醫療質素，豐富香港的醫療服務，是提供全面及全人醫療服務的里程碑。

建立公立中醫院比建立中西醫結合病房可以更有效促進中醫培訓、管理、晉升等制度的全面發展。例如在職培訓方面，訓練時間可以延長，中醫師及中醫學生有更多機會診察病人，從而提升醫師自身的成長；在管理及晉升方面，可以仿效現時醫院的建制，設住院醫師、高級醫師、副顧問醫師及顧問醫師等晉升階梯，健全的階級管理制度可以把中醫的資源及效用作最大發揮。

最後引用《文件》的 2.13 段作結：「*基層醫療服務的基本模式應輔以特定的臨牀工作常規，讓提供基層醫療服務的醫護專業人員使用.....訂定這些工作常規的工作，必須有醫護專業人員參與。因此，我們打算邀請醫療專業人員及其他醫護專業人員參與制訂基層醫療服務的基本模式及臨牀工作常規。*」。本會希望政府不再忽視市民對中醫服務的需求，能夠邀請不同的中醫界人士參與制訂基層醫療服務的基本模式及臨床工作常規。

2008/6/12

香港大學學生會醫學會中醫藥學會