



Abel Au

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To <bestrong@fhb.gov.hk>

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Subject Response to the Healthcare Reform

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I object to any form of supplementary financing because:

1. the expansion of a private healthcare market will lead to a loss of experienced doctors in public health service sector.
2. with so much money in the market, private consultation fees will go up,
3. with medical bills covered, whether partly or wholly by private health care funds, doctors in private practice may abuse the system by giving patients treatments and examination which may not be necessary, which in turn will increase insurance premium.

As a result, public health services will have to push up salary in order to retain staff. If the insurance cannot cover the expensive private health service, users may go back to public health services. In this case, the reform will fail to provide good flexible service to the users; it will not relieve the burden of the public health services. Users do not benefit by paying extra. The only people who benefit from supplementary financing are the doctors and the financial managers of the fund.

Measures to tackle these problems must be introduced together with the options and implemented once the policy is adopted. It is useless just to say “there will be more room for collaboration between the public and private sectors....” In the consultation paper it says to “provide a mechanism for private doctors to practice in public hospitals”. How would this work if it is not mandatory? Honestly, in a free market, I cannot see how the government can control

consultation fee.

If the government has the determination and courage to reform the health policy, besides sourcing supplementary financing, it should also control medical expenditure. I suggest:

1. Allowed overseas and/or mainland doctors to practice in Hong Kong.
2. As a social responsibility, doctors in private practice are required to offer their service at public hospitals/clinics. The users pay the same fees as they would in public hospital/clinics.
3. The government should set a guideline for private consultation charges.
4. Consultation charges should be available at the doctor's clinics. This will save users' time and money to shop around.
5. In the past, Chinese Medicine had always been a cheap and acceptable form of treatment. It should be promoted and made accessible to patients with chronic illnesses and the elderly.
6. There is complaint that the administration cost of the MPF is too high. The government should incorporate in the consultation paper the % of administrative cost in order to avoid the same mistake.
7. "Our health expenditure will grow at a much faster rate than our economic growth", it is not realistic to pursue endlessly all the latest advance medical technology. This is a big ethical issue and cannot be evaded if the government is determined to reform our healthcare system.