



11/06/2008 18:57

To beStrong@fhb.gov.hk

cc

bcc

Subject Healthcare Reform comments

Urgent Return receipt Sign Encrypt

Food and Health Bureau
Dear Sir/Madam,

I forward my comments as follows:

1. The financial burden of Hong Kong's public health care financing should not fall mainly on middle salary income earners. The levy (in whatever form, whether insurance premium, social health contribution or medical savings) should also be borne by those who earn money from sources not currently subject to taxation, e.g. from capital gains, inheritance from family's estate, in proportion to what they earn from these sources. These income sources should also eventually be included in the taxation net to fund health care expenditure.

2. Insurance can play an important role in meeting medical expenses. In current medical insurance policies, one illness typically excluded is venereal disease. Its exclusion may be for reason of not to encourage casual sexual contact, i.e. with persons whom one does not know well. Yet venereal disease can be contracted by a person who has sexual relationship only with one's spouse - if his/her spouse has casual sex contact with other people. Thus to exclude that person who contracts venereal disease, through no "fault" of her/his own, from insurance protection is unfair to the patient who pays the full insurance premium. I therefore suggest, if mandatory insurance is to be introduced, there should be included in coverage not only pre-existing medical conditions but also venereal disease. If due to reason of high amount of claims AIDS (which should be included in coverage as a matter of fairness) has to be excluded, other kinds of venereal disease should be included in the coverage.

3. Judicious use of public healthcare resources to guard against excessive wastage is important. In any supplementary financing method, there should be ways to encourage such use.

4. Currently, Comprehensive Social Security Assistance (CSSA) recipients basically pay nothing for public medical services. Some members of this group may tend to use public healthcare services in an unnecessary way. Introduction of some form of co-payments for this group is suggested.

5. I support the proposal that, with the patient's consent, full medical record of a patient, irrespective of to whom he or she sought medical

consultations before, be made available to all medical personnel who attends to the patient.

6. I agree that medical resources, in terms of both personnel and facilities, in the private sector be purchased by Government in provision of public health care in certain circumstances, as mentioned in Para. 20 of the Executive Summary of the Consultation Document.

Yours sincerely,

Ho Tak On

HK Resident,