



"choykl"

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To <beStrong@fhb.gov.hk>

cc

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Subject Health Care Reform and Finance

Urgent Return receipt Sign Encrypt

Dear Sirs,

I am putting forward my opinion on the captioned subject, for your serious and dutiful consideration. I would like to see my views and opinions truly reflected in your consultation report.

Thanks

K S Choy

A Chronic Patient

Health Care Finance Solves the Wrong Problem

I object to the 6 proposals FHB put forward in this consultation, because they all suffer from the similar absurdities:

1. All 6 proposals only ask patients to pay, without any financial commitment by government and employers. As long as patients pay, the problem will go away.
2. It re-iterates the principle of pay your own bill, which is seriously flawed, gravely unfair and does not apply to public service. Public health care, being a public service, is entirely government's responsibility. The same applies to education, social welfare, security. Why patients have to pay their own bills, while students can enjoy 9 years of free education?
3. Government treats health care as a burden, not an investment. Why it can invest in education, but not in health care? It even divides HK people by blaming old people as the scapegoat for the ever-increasing health care costs.
4. Health care is a funding problem, not a finance issue. Government has the resource to fund it, only lacks the determination.
5. Health care needs reform, by prioritizing on treating fatal diseases and cancers, by spending every dollar directly on patients.

Public Health Care Needs Reform, not Financing

Our aging public hospitals and clinics fail to expand to cope with the increasing population, causing great grievances to patients and pressures on medical staff. It is common experience that a new case has to wait for 3 years to get consultation from a specialist outpatient clinic. On average, doctor only has 3 to 5 mins for each patient, which is hardly enough for patient putting his case, let alone for doctor doing his diagnosis and treatment. To make the situation even worse, HA permits the malpractice of allowing senior medical officers to conduct private consultations in public hospitals and clinics, causing greater stress on doctor's availability, patients' waiting time, and the quality of medical consultation/treatment.

One key reason is that government had not been capital-investing in public health care system for many years, majority of our hospitals are too old, facilities outdated, and under-capacity. Of the total health care budget, an overwhelming portion (85%)

is spent on salaries, with very little left for medicines, examinations, treatments, operations, hospitalization, rehab, etc. Government should immediately rectify the grave situation by undertaking a radical reform of the system aimed at spending 85% of the budget directly on patients, with no more than 15% on salaries. Also, private consultation should be banned in all public hospitals and clinics, ensuring the public have enough quality treatment and consultation.

HA Needs Funding, not Financing

Our public health care system (Hospital Authority) has been run under serious deficit since 1997/98, when financial secretaries artificially under-budget the health care expenses using various excuses such as Asian financial turmoil induced fiscal deficit, saving enough forex reserves to fight currency speculation, etc. The HA deficits problem will go away quickly if Government is willing to confront the issue honestly by providing sufficient budget to HA.

Public Health Care victimized by Improper Public Finance

Our government has a combined reserve of about 180 billions, but it is very reluctant to invest in health care. Of the top three public expenditures, health care ranks last, averaging 30b or below for the past years, while education comes first and social welfare second. When education mainly benefits people attending schools, a relatively small portion of our populace, it gets a very respectful budget of 60b a year. But health care takes care of every member of all ages in our community and beyond, including babies who are not even born, yet it receives a budget only half of that of education.

Why is government so generous to students, yet so mean to patients? If the healthcare budget of 30b is causing great concern and pressure to government, why not the doubled education budget of 60b, the 130% social welfare budget of 40b? It really defies common sense and logic that a budget of 30b is too much to bear and need financing while a doubled budget of 60b can be tolerated without financing. Take charge of our health and our life will take care of itself, please re-engineer our public finance and give health care its well deserved top priority, Mr. Donald Tsang.

Abolish the hypocritical Safety Net

By imposing stringent and harsh criteria, the Safety Net and associated Samaritan Fund is actually designed to milk patients of their precious hard-earned savings. It is a conspiracy in disguise, one that is aimed at deserting patients rather than helping them, using the slogan "no one will be denied of necessary treatment because of financial reason". The widespread and common end results: patients of fatal diseases often end up penniless after footing the bills of expensive medical treatment.

Ending the Discrimination against Patients of fatal disease

Our public healthcare system is seriously flawed because the financial subsidy priority of treatments is totally distorted. Inexpensive, affordable medical treatments of common diseases like cold and flu are fully subsidized unconditionally, although it is common sense that even patients on CSSA scheme could afford panadol from drug store. Yet expensive treatment on fatal disease like blood cancer (e.g. CML), which consists of monthly Glivec bill of \$20,000 and quarterly DNA examination bill of \$2,500, totaling \$250,000 a year, has to be borne by the patient entirely. Hence,

to these cancer patients, the existence of our so called public health care system is meaningless, because they have to pay in full market price for drugs and medical examinations.