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RE: Views on Healthcare Reform submitted to CSHK for consideration

Since the deadline for submission is drawing close, I shall only offer a few opinions in point form. Before I do that, I would like to state my qualifications:
I graduated from the University of Hong Kong in 1986.
I had a successful career as a surgeon working in the public sector (at Kwong Wah Hospital).
I retired from clinical service in 2001, subsequently moved and lived in New Zealand but have been living in the United States in the last three to four years. I have therefore had the opportunity to experience the different types of healthcare systems first hand. Furthermore, I have recently completed a PhD thesis that partly concerns commercialisation and medicalisation, topics of major relevance to healthcare reforms.

Points to be pondered:

1. I think that most people would agree that healthcare provision is a humanitarian endeavour. Health is a primary and common good in society. Any responsible governments/ societies necessarily have an interest in it and would accordingly undertake certain responsibilities.

2. Furthermore, it has been shown that a person's health is closely linked to his/her socio-economic environment,(Marmot et al., 1991) a point that speaks heavily for government involvement since many such external factors are beyond the control of the individual.

3. A healthcare system that is heavily privatized and that is supported by private insurance schemes, such as the one in the United States, runs the risk of overspending. The US runs an outrageously expensive healthcare system that spends the most money in the world but has a rather abysmal population health record by comparison. In the year 2006, healthcare expenditures already surpassed two trillion dollars and there is no indication that the rate of increase will slow down.(An et al., 2008; Anderson et al., 2007) As for population health, the US ranks below that of Hong Kong. Of course, many people will be surprised at this since many of our medical graduates go to the US for specialty training and observe impressive technological advances. It is not that the US cannot offer good healthcare, only that with an essentially privatised system, and healthcare that depends on private insurance schemes, there will inevitably be big discrepancies between the cares that the different economic groups will receive. In other words,

such a healthcare system breeds social injustice which, as I have already pointed out in point 2 above, is itself an important factor that determines the health of individuals. A vicious cycle is thus generated.

4. Private insurances compete for clientele in order to reduce operating costs. The tendency is therefore to offer services that may be more 'attractive' than realistically necessary or cost-efficient.

5. Insurances also propagate excesses. Merely because a service is covered by insurance, whether the client actually needs it or not, he/she feels it his/her right to use it since he/she has paid for it. For example, an American friend of mine gave birth last year. Both she and the baby were well and did not have any complaints at all. However, because her insurance scheme covered weekly post-natal visits, she felt it 'obliged' to use the service simply because she was entitled. Of course, the doctor had no objections either. One could ask why the insurance offered to cover weekly post-natal visits. There could be several reasons: 1) as one of those attractions to draw in clients; 2) it is there really for people with some complications after delivery.

6. Commercialisation is recognised by many as an important factor driving up demands and furthering medicalisation. If the aim of healthcare reform is to better control cost in the long run, putting more emphasis on a privately-based healthcare system is bound to fail. Just observe how the Democratic Party in the US is trying to reintroduce a certain form of 'socialised' medicine into its healthcare system and the point becomes obvious.

7. All that said, private healthcare and private insurances probably have some roles in society, only that they should not be primary roles. For example, private healthcare and insurances do offer people additional choices. Those who prefer a more 'luxurious' environment or require more individual attention from medical staff should not be denied the opportunities. After all, diverting this fraction of people to the private sector will improve the public sector by reducing waiting time and so on. Some people may say that social injustice is propagated by virtue of the system. To that, one could only say that Hong Kong has a capitalist economy and people accept that wealth can purchase more. By ensuring that everyone has access to a healthcare system that is of a satisfactory and humanistic quality, fundamental social justice can nevertheless be upheld.

8. This follows that an organization such as the HA has an undeniable responsibility to set standards and to determine the scope of its services. Of course, none of this should be done without open and widespread consultation. Take for example the issue of mammography screening which I was heavily involved in. At the time, HA was not providing the service but this did not stop our clinics from having to take up the responsibility of sorting out those women who were found to have a mammography/ a screening abnormality which was more than likely to have been a false positive finding. If HA had a policy for <u>not</u> handling abnormal findings from screening, then privately-run screening centres would have to bear the costs

of sorting out these abnormal findings which also would have meant that they would have to take up the responsibility for ensuring the cost-efficiency of their screening services. I am only using this as an example of why HA should determine the scope of their service. Of course, another reason is to avoid being swept into the rapidly expanding diagnostics and treatments that are often more experimental than demonstrably useful.

9. It is important to separate the two ideas: 1) health in the context of the individual; 2) satisfactory healthcare provision. The former is individually-centered and of course doctors should promote the individual sense of health. The latter, on the other hand, concerns policies; what society can offer and what society sees fit to offer. This is public-based and its success depends on measurable factors that can be readily documented. Hence I do not agree with the principle that 'the money follows the individual'. As an individual, I would want and desire everything and always the best whether these wants and desires necessarily constitute justifiable needs. As a healthcare policy, such flagrant desires can never be sustained even by the most reasonable and humanistic society/government!

10. Developed countries that have an essentially socialised form of healthcare system tend to have better healthcare statistics (e.g. Scandinavian countries, Western European countries, New Zealand and Hong Kong itself!). Even though they also have problems with rising budgets, the problem is way less severe to the out-of-control situation seen in the US. No government with any sense should adopt the path of the US which the latter is trying so hard to revert!

11. The Hong Kong public health system works as a safety net for the whole population. For the poor, it is their sole source of healthcare. For the more well-off, it serves as a cover for major medical catastrophies (prolonged or life-threatening illnesses). A complementary role is played by the private health sector and a healthy equilibrium between the two systems is absolutely essential. This is in sharp contrast with the U.S system which is overwhelmingly private. There is virtually no safety net. As a result of escalating healthcare costs, more and more people are left with no healthcare at all. Hong Kong should definitely not go down this path.

12. A sustainable healthcare system depends heavily on 1) sensible rationing (defining the scope of service is therefore fundamental); 2) cutting administrative and bureaucratic wastage and inefficiencies; 3) building a dependable and good quality primary care general practice; 4) having a vision for development and advancement that is not prejudicially influenced by the interests of groups that wish more to serve their self-interests than the interests of the public.

Many thanks for your attention. I hope these views will be of use.

Dr Yvonne LAU, MBBS, FRCS, MBHL

References :

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