

Healthcare reform consultation document – my view

I agree that there is a problem of sustainability for our healthcare system, and not only financially. However, before any scheme is embarked on, the government need to provide realistic and sufficient incentives to the public which are at present not strong enough. The private sector also needs more regulation especially when medical ethics are now falling. Overall, I prefer option 6- personal healthcare reserve. I hope the insurance part can provide a comprehensive medical +dental health-check program; and if indicated, medications for preventive care e.g. statins for cardiovascular disease.

1, When sixty percent of the salary tax is paid by the 100,000 highest income taxpayers, one can easily see that the government is playing a significant role in redistributing wealth by providing a arrange of social benefits. With the exception of these v. high income group, everyone else of the 700M population are actually enjoying some sort of benefits, especially the health benefit. People in HK can simply work hard with the security that they will be well-treated if they had fallen ill and at an affordable cost. Since the government has promised that no one would be denied adequate healthcare through lack of means, there are **insufficient incentives** presented in the proposal for the majority of people to make a significant effort to give up even 3% of their salary. One must remember that for the top 5-10% highest earners, they couldn't care less. And for the rest, it is a significant sacrifice, especially for one who is the sole breadwinner of a family with children and elderly to support.

2, The government has listed the followings as a sort of incentives: limited alternative choice to public hospital services, wider safety net, holistic primary care and limited integration of care.

For the public, it is a personal choice to go to the private sector, and it is unfair for the public as a whole to contribute to some sort of fund. The voluntary insurance scheme is better in that way.

For the v. expensive treatment, the chance of that is too low to give up a substantial proportion of one's income for month after month. Even when one unluckily suffers from much uncommon illness, they can still transfer their money to some relatives so that they can meet the mean test. It is a v. uncommon occurrence in HK now. A relative told me that the hospital social worker persuaded him to disown his son and he can get the CSSA, and that it only needed to be done in paper. It tells very clearly that people don't find it a great deal to cheat on the government to get the benefits they want.

For the holistic care and the continuity of care, the public believe it is the responsibility of the government and the medical profession anyway- no point for them to sacrifice their salary.

The monthly contribution is regarded by many as a tax rise in disguise. Since the great majority of taxpayers are not paying as much as 3% of their income for tax, they would think a rise in tax is more preferable.

3, Being a medical professional myself, I understand very much the questionable sustainability of our present healthcare system. But simply asking the public to pay is not

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enough. Much of the rise in healthcare expenditure is secondary to the new technologies and medication that provide marginal benefit. Doctors are taught to provide the best for the patient in front of him/her with no regard to cost. To us, if the system and the government is not providing sufficient fund for everybody, it is the system and the government's problem. To the doctors, the health issue is the most important issue of their patients. If the government is not demanding the medical schools to teach their students otherwise, the future doctors will continue to hold this microscopic and self-inflated view. As intelligent individuals, doctors need continuous stimulus and we embrace new technologies more than readily. Together with the pharmaceutical industry and the demands from patient groups, no amount of fund is really sufficient. **The public and the doctors must know the limitation of medicine itself**. Not all illness can be treated. Sometimes, prolonging life means prolonging sufferings only. There are times when the best thing a doctor can do is to do nothing. Doctors must be taught not to play God.

4, To provide incentives for the public, **the government must set limits**. An example would be that the government is only providing public education on the part of preventive care. Other preventive screening or medication for preventive purposes would all be charged. Treatment not for definitive care e.g. the v. expensive palliative chemotherapy would not be provided. The vast amount of money spent in this area only prolongs the patient status of an individual. Even the well-to-do may hesitate to spend their money to prolong the time of being a patient and would rather it be spent on some more worthy courses.

5, If the government want more people to go to the private market when they can afford it, it must do something more **to regulate the private sector**. One must not forget that the Harvard report had pointed out the v. variable standard of our private sector. Private hospitals are asking for more beds and pieces of land now. The government should take the opportunity to ask for better documentation and audit systems. These documents should be ready for inspection. The public need to be assured of the standard in the private and that the doctors there would not be ordering unnecessary investigations or suggesting operations that are not indicated for them to spend their money in the private sector.

6, Besides financial sustainability, our healthcare system also faces problems in **sustainability of expertise**. When the economic environment is favourable, the public system would lose a substantial number of specialists to the private sector. It is often the time when incompetent specialists are raised to the post of SMO and consultants. Since skill-based specialists need a number to tens of years to train up, the junior doctors are deprived of the guidance of an expert and the patients become guinea-pigs again. The government has the responsibility to prevent such unfairness to patients by first ensuring that it is the responsibility of every specialist to teach if they want to remain in the specialist registration. Secondly, incompetent surgeon can be prevented by changing the way junior doctors are employed. If junior doctors need to do at least 2 years of rotation where the dexterity of their hands, the 3-D visualization of body anatomy and other relevant skills can be tested, there would be less mismatch of skill set to specialty.