To whom it may concern

Re: The Embarrassing Situation of Hospital Medicine in Hong Kong

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A doctor in a government hospital has plenty of opportunities to become frustrated. Too much work. Too many patients. To deal with all his patients in a proper manner is mission impossible.

Take for example the doctor in a medical unit. To take care of more than twenty (or sometimes thirty) patients in the ward may not sound too difficult, but it's no easy task to discharge and admit half of this number of patients every three days. The doctor must struggle through his patients as quickly as possible, otherwise he won't be able to finish seeing all his patients. He must not ask a detailed history (no time), must have a firm voice (to prevent the patient from the slightest digression), must not perform a detailed physical examination (no time). Before a patient is discharged from a specialty unit, a proper sorting-out of his medical problems and plans for further management need to be determined. This is the way how a conscientious doctor thinks. His conscience is exactly the source of his frustrations. Take for example a patient with multiple medical problems to be discharged. He has got diabetes. A proper management involves a documentation of the possible complications of diabetes at that point of time. Has he got neuropathy? Has he got retinopathy? Has he got nephropathy? Has he got ischaemic heart disease? A proper look at the fundi takes an extra one to two minutes, which is rather extravagant in the busy round. If a doctor does not have time to answer these questions, it would be exceptional for him to have job satisfaction. He would be even more frustrated when he finds his patient coming in a few days later in diabetic precoma. The patient had omitted his insulins because he had caught a cold and thought it was best to stop medications, and claimed that the doctor had not explained adequately beforehand. To be frank, a proper explanation of the nature of illness to patients is an unusual phenomenon in government hospitals until today.

Out-patient sessions are headaching times. An afternoon packed with more than a hundred cases. Everybody is in a rush. Doctor in specialty OPDs are as rushy as in general OPDs. Patients queuing for hours to be seen by a doctor in

minutes. Unfair to both patients and doctors.

The houseman system remains a big disgrace to the Hong Kong medical service. That they are overworked is no news. But they are really being disgracefully over-exploited. Many people (including many doctors on completion of internship) tend to think that the hardships of internship are justified because internship is a time for training; one cannot be competent and independent enough without exposure to stress and tension. However, it does not seem to be realized (or easily forgotten) that stress beyond a limit is sure to have a more negative than positive effect. Any careful observer can see how the internship experience has destroyed many budding doctors: to survive the physical and mental stress of internship, the only way is to turn numb and dumb, to be insensitive to others' pain and sufferings, to be inconsiderate to others. Interns in Hong Kong soon learn to see patients as enemies, to be rough in doing things, to be rude to patients. Moreover, the inadequacy of supervision for interns in Hong Kong is alarming. Surely an intern in Hong Kong upon finishing his internship can astonish his foreign counterpart by talking about how many lumbar punctures he had performed, how many pneumothoraxes he had drained, how he managed myocardial infarctions independently with or without cardiac monitors in a general ward, how he admitted patients at a rate of one per five minutes (including history taking, physical exam, urgent blood taking, setting drips), and how he managed to take dozens of blood samples one morning (including writing up the forms and sticking on the labels). Anybody with common sense would see that, in fact, there is nothing to be proud of. Instead, there's everything to be ashamed of. We should pay pity towards our overworked interns, our unlucky patients, and our inhuman system of medical care. Human dignity and human respect are seldom found within the walls of government hospitals. The writer shivers as he realizes that such an inhuman system is working on and on with the silent consent of hundreds of doctors working in government hospitals — doctors who had received a university education, who are supposed to have common sense and maturity.

Problems have been described. Solutions have to be found.

It seems that all the above problems boil down to the final fact that there are inadequate resources, manpower and facilities — to deal with the heavy

patient load. So the logical solution is to increase resources, which means money.

Whether the government should increase its expenditure on medical and health services is very debatable. This point would be dealt with later. At this point the writer wants to point out that there is still a lot that government doctors can do to improve the present situation within the present resources. If all doctors perform their duty with responsibility, things would be much better off.

Doctors working in Casualty Departments (now called Accident and Emergency Department, AED) are in a strategic position. The high admission rate in Hong Kong government hospitals is perhaps one of the highest in the world. Just based on this fact alone we can already infer that screening procedures are not properly done, since, compared to other countries, Hong Kong has a very poor communication between general practitioners and hospitals and a high tendency for the public to abuse the AED service, which means that a high proportion of cases would be trivial and do not warrant admission. Doctors in hospital units are familiar with the not infrequent admissions with funny indications. There are individual doctors whose admission rate approaches 100% (to the horror of the interns in that hospital). Of course AED doctors have their situational limitations, such as the lack of time to see patients, the lack of rooms for longer observation of patients, and the lack of senior opinion. The implementation of Consultant and Senior Medical Officer posts in AED in the recent few years is a belated first step towards improvement, but much more still remain to be done. Generally speaking, it is fact that Senior M.O.s in AEDs fail to give professional opinion (with notable exceptions) which can help the junior doctors to admit or discharge a patient. One important practical point is that senior M.O.s do not countersign on AED cards, and thus bear no direct responsibility. The junior M.O. still has to be solely responsible for all the consequences of his decision. It would be very constructive to discuss the roles of the consultants and senior M.O.s in AED in Hong Kong. If the admission rate to hospital wards can be controlled, a significant part of the problem can be solved.

Another area of improvement within the capabilities of doctors is in doctor-patient relationships. Generally speaking, the manner in which government

doctors deal with patients must be quite alarming to their foreign counterparts. It is quite unusual to find doctors speaking to patients in a kind sympathetic tone. Although the pressure of limited time often necessitates a more "rough" handling of patients, now and then there are opportunities for a more proper dealing with patients. The writer has virtually never heard a doctor addressing a patient by his surname and title; now and then female patients under fifty are addressed as 阿婆. Let us recall what one of the greatest clinicians in our century said about Hong Kong doctors. Professor Hutchison, the former Professor of Paediatrics in our university, once said, "Hong Kong doctors are lacking in empathy. It is not just a lack of sympathy, but especially the lack of empathy that characterizes Hong Kong doctors."

An inadequate explanation of the nature of illness to patients is the rule. The consequence of such a low priority given to such an important aspect of patient management is devastating. The furious feeling when a doctor was told by a patient that he had been admitted to hospital several times before but knows nothing about his illness is all too common. On deeper thoughts our routine patient management is quite uneconomical: a lot is invested without the patient appreciating it. The consultant who keeps a close eye on the running of his unit and who does a lot of researches and investigations is regarded as an energetic consultant. But the consultant who stresses the need to explain things to patients still remains to be found.

Having pointed out that there are personal responsibilities for government doctors to improve on patient care, the problem of the "system" must not be overlooked. The writer is discussing the ultimate problem of increasing expenditure on medical services. Let us consider the point in more details.

People seem to get tired of complaining about the inadequacy of our medical service because they think that it is in fact already a good compromise within Hong Kong's limitations. It is true that there is no ideal or near-ideal health service. The UK's attempt to create a slightly near-to-ideal service is based on generous allocations from revenues. Regarding the Hong Kong situation, the writer is of the opinion that the Medical and Health Department is, generally speaking, using resources in an efficient way, (some may not agree). It is like a competent housewife who allocates the limited family

income very well; but the problem is that there are really too many mouths to feed and the consequence is that her children are being malnourished. When people blame her for the unsatisfactory conditions of her children, she becomes angry and maintains that she is a better housewife than many of her neighbours and that many children in Pakistan are worse than her children. We can see that although there may be no doubt about her competence, what she had better done is to ask her husband for more income or to go out to work herself or ask her children to work. Whether her children prefer to be at home and eat less or go to work and eat more shall be their own decision. If the total government expenditure cannot be allocated, (this is a political question), the taxpayer must be prepared to pay more for a better service. Whether the public, or different sectors of the public, prefers to pay more for a better service or less for a poor service should be a decision for the public; but now the Medical & Health Department has apparently forced them to the latter alternative. The writer suggests that the concept of health insurance be brought out and seriously debated. It is only after the public has weighted the odds and ends themselves that they will realize the advantages and limitations of the alternative. This understanding would be important for their acceptance of any model of health care service.