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## EDITORIAL

# Health Care Reform: An Inevitable Outcome

In early 1997, I called for a comprehensive review of our health care system before we entered the next millennium.<sup>1</sup> The main discussion then centred on the fragmented health care system in Hong Kong, with the Hospital Authority looking after the public hospitals and the Department of Health responsible for the Government's share of primary health care. Such an illogical segregation has hindered the possibility of any significant improvement in our health care system. There have been endless stories of service duplication, service fragmentation and wastage of resources. It creates obstacles to seamless health care because two separate bodies with different and possibly "competing" interests have been held responsible for the health care of the public in Hong Kong. Furthermore, the forced separation of the health care services for the public has also led to an unbalanced development of the medical system. Since the establishment of the Hospital Authority less than a decade ago, we have seen the bulk of public health care resources going to the hospital system providing secondary and tertiary care while experience from other developed countries have called for the development of quality primary health care. For example, the UK has been re-engineering their National Health System over the past decade with the emphasis on being primary care led. One of the major reasons why these countries want to develop their primary care is to contain the spiralling increase in hospital costs which do not always improve the health of the people. The fact that our public hospital system is grossly overloaded makes health care reform a particular urgent matter. Hospital specialists can provide quality care only if they are left to attend to patients who require specialist attention and are not overwhelmed by patients who can be well looked after in the primary care setting. No country on earth can sustain continual increases in their health budget, which are often well above the increase in the countries' GDP growth. I am sure these national experiences will send us a strong message that a cost-effective health care system, which also provides the greatest patient satisfaction needs to be primary care led.

In the last decade, we have seen other similar examples of Government led initiatives on health care in Hong Kong which are not well thought out. Apart from the unfortunate example of the forced separation of primary care from hospital services within the public system in the late 80's, the establishment of Elderly Health Centres in 1995 to provide prevention and health promotion without curative care was another bureaucratic blunder. I also called for a re-think of the programme to make it an integrated service, providing both preventive and curative care.<sup>2</sup> I am glad that the Government has now adopted the principle of integrated services in their renewed

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programme for the Elderly Health Centres. Unfortunately, because the plan is to have only 18 of these Elderly Health Centres in Hong Kong, it will mean that the programme will continue to suffer from the criticism of being window-dressing. It will continue to lead to wastage of public resources on service duplication within the Department of Health. For example, repeat of the same laboratory investigations at both Elderly Health Centres and Government's General Outpatient Clinics. The Inverse Care Law, that is those who need it most are not likely to benefit while those who need it least will be more likely to utilise the service, will continue to apply. A solution, as I suggested in 1995, is to have the Elderly health Centres in all the Government's General Outpatient Clinics. These clinics currently have many patients over the age of 65 who are eligible to enrol in the Elderly Health Centres. Of course, such a programme will require a re-distribution of resource allocation but may be cheaper than having the elderly patients cared for in institutions while they can still be well looked after in the community.

As early as 1992, I foresaw a paradigm shift in our health care.<sup>3</sup> It might have been too bold a vision then. However, I was always certain that the paradigm shift to place more emphasis on primary care would have to come one day, sooner rather than later.

I am glad that the public is now invited to comment on the Harvard report, which calls for a major overhaul of our health care system, with more emphasis on primary care. While our community is hotly debating this issue, *HK Pract* has also run the longest ever series on a specific topic since the beginning of the year because of the importance of the issue. Dr. C H Leong, Member of the Legislative Council representing the Medical Functional Constituency is continuing the discussion in this issue of

the journal.<sup>4</sup> He has raised important issues relating to the inevitable health care system reform in Hong Kong. He is pointing us back to the Report of the Working Party on Primary Health Care in 1990 which provided a critical and excellent analysis of primary health care in Hong Kong.<sup>5</sup> Despite the fact that the Report is almost 10 years old, I think many of their comments still apply today and it might provide us with a lot of insights and ready made recommendations, such as the establishment of the Primary Health Care Authority. I believe the medical profession must participate in this health care reform so that it will occur to the betterment of the people of Hong Kong. Professor Ian McWhinney, a pioneer and philosopher of family medicine, once said, "If the profession is failing to meet a public need, society will find some way of meeting the need, if necessary by turning to a group outside the profession". I therefore urge your continued debate on this issue before the Government formulates the roles that it wants primary care to play in the future health care system in Hong Kong. ■

**Lam Tai Pong**  
Editor

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