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Act soon on doctor shortage

WITH reference to your article "Concern not complacency call over doctor shortage" (SCM Post, November 8), I find myself unable to agree with some of the points raised by the group calling itself "Concerned Medics."

It has been hinted that the quality of medical care in Government hospitals is seriously affected by the "brain" drain of doctors to the private sector. The specialties of ear, nose and throat surgery and anaesthesiology were quoted as examples.

Before the Hongkong Government employs its clinical consultants, it has set down certain minimal requirements to ensure that the newly appointed consultants have the ability to shoulder the responsibilities thereby laid upon them.

These requirements are similar in all the specialties, be they medicine, surgery, ENT surgery or anaesthesiology. Up to today, there isn't any evidence to suggest a deterioration of the standard of ENT service in Hongkong, nor is there sufficient grounds to doubt the ability of the present consultant-in-charge of ENT surgery, who has more than adequately satisfied the requirements, to maintain the standard of his specialty.

Junior anaesthesiologists in any Government regional hospital work under close supervision when they first join the anaesthesiology department. After a few years of training, with or

without obtaining their higher qualifications, they are able enough to handle by themselves the day-to-day cases, while the more complicated ones are usually taken care of by the more senior members of the department concerned. There aren't as yet any statistics to show that having anaesthesia in one regional hospital is not as safe as it is in the others.

Nevertheless, I cannot agree with Concerned Medics more on matters concerning shortage of doctors in the public sector.

The Secretary for the Civil Service, Mr Martin Rowlands, spoke of 77 vacancies for doctors out of an establishment of 1,204, ie 6.4 per cent.

Yet, according to the Director of Medical and Health Department, Dr K.L. Thong, in his speech addressing the Legislative Council (SCM Post, November 12), the establishment was 1,310.

If the figure is correct, the available vacancies for doctors will be 183, which is 14 per cent of the establishment, a figure one should look carefully upon before one could be "reasonably satisfied."

This shortfall of Government doctors has exerted tremendous pressure on the serving officers. Government doctors working in the clinical streams have frequently had to work 60-70 hours a week, sometimes 32 hours continuously.

The long hours of work, poor working environment, including congested

hospital wards and the never-ending queues in the out-patient departments, have heavily taxed these hard-working doctors both physically and mentally. They are frequently under fire for their impatient, apathetic, ill-tempered manners, although they have already tried patiently to put up with whatever working conditions are provided and succeeded in achieving a decent standard of medical care of which they are proud.

But for how long can they stand this continual pressure? Among other reasons, many have already succumbed to the temptation of the private sector and resigned. The annual wastage of doctors can only be considered "healthy" up to the point that it will not affect the plans for development and expansion of the medical services to meet the rising needs. With so many projects in hand, the Medical and Health Department will have difficulty in finding others to share its optimism.

The present situation calls for prompt action. The effects of the recent surge in population is not absorbed with a grunt. A yield point may very well be around the corner. I hope the Medical and Health Department will take into account the hardships its staff has borne and spare no effort in finding ways to attract doctors and keep them in the public service.

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