

Article castigates govt's hospital subvention policy

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UNDERSTAFFING and a "discriminatory" subvention policy are forcing the aided hospitals to render a second-rate service.

In the spring issue of Chinese Quarterly, published by the Hongkong Council of Social Service, one Dr Lam revealed that the government, in safeguarding the superiority of government hospitals, limited the funding of subvented hospitals from one-third to half of that provided for the former.

He said the ratio of doctors and nurses to hospital beds in the aided

hospitals was also only one-third or half in government hospitals.

Hospitals in the aided sector were affected by the subvention policy's "see-saw" effect, which meant that more public donations could lead to a deduction in the government subsidies, Dr Lam continued.

Citing an example, he said in the geriatric unit of Caritas hospital, the ratio of principal medical officer: senior medical officer: medical officer is 1:2:8, whereas in the Princess Margaret hospital the ratio is 1:2:7.

Doctors at Caritas hospital have to oversee 300 beds in the unit, while their counterparts in Princess Margaret only look after 74 beds. The former will admit patients aged 65 during its 24-hour service, but the latter only handles admissions through the out-patient service during office hours.

Caritas, a regional hospital, has 1,464 beds, served by only 293 nurses. But there are 999 nurses serving 1,268 casualty beds in Princess Margaret.

Owing to the second-rate service necessitated by the

"discriminatory" subvention policy, Dr Lam said aided hospitals had a low occupancy rate and many of those admitted did not actually need to stay in hospital, adding that their admission was mainly to satisfy the Medical and Health Department.

Since the employment conditions in subvented hospitals were unattractive, Dr Lam said, medical and paramedical posts stayed vacant.

Although the service provided by the special units in government hospitals was far from adequate, it had

never been supplemented by subvented hospitals, he said. As most subvented hospitals only ran three fundamental units - surgery, medical and gynaecology - psychiatric, ear, nose and throat, paediatric and dental units were seldom found in such hospitals.

Even if a minority of the subvented hospitals did have special units, they were not supervised by full-time medical officers.

Dr Lam cited as an example that the psychiatric unit of Kwongwan hospital which, he claimed, was staffed by unqualified

doctors. Since 1968, the hospital's honorary principal medical officer, Dr C.L. Wan, had been urging the government to second more capable doctors to the unit.

On manpower at subvented hospitals, the doctor said United Christian hospital serving a population of 700,000 in Kuntong, was not poorly staffed. Though the hospital ran a casualty service, its wards did not even have one officer-in-charge or neurosurgeon.

The workload at the United Christian's casualty ward was heavier than that in a government hospital. A

doctor at the hospital handled an average of 160 cases during his nine hours of duty, whereas a government doctor only handled about 120 cases during his day's work.

Dr Lam said most of the subvented hospitals had been plagued by difficulties in the recruitment of qualified staff.

He urged the government to drop its double standard which discriminated against subvented hospitals. Staff at the latter should be entitled to the benefits enjoyed by their government hospital counterparts, he said.