

## 公務員醫療及牙科福利研討會 — 新聞稿

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日期：二零一零年四月二十三日  
時間：下午二時三十分至六時正  
地點：尖沙咀東部科學館演講廳  
主辦單位：香港高級公務員協會、政府紀律部隊人員總工會、  
香港特區政府公務僱員總工會、香港公務員總工會、  
退休公務員醫療聯席

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為公務員提供最佳的醫療及牙科福利，是香港特區政府對公務員入職時的聘用承諾，故政府（僱主）應有合約責任，為公務員（僱員）及合資格人士，提供最優質的公務員醫療及牙科福利（下稱公務員醫療福利），使這個具法律效力的合約能依法執行。

公務員醫療福利的內容及原則，詳列於《公務員事務規例》第六章，當中詳細闡明政府承諾向公務員及合資格人士提供全面及整體的（即病情需要及醫療上必須）、免費的（除住院及若干牙科治療項目外）、以及最佳的護理和治療。由此可見，公務員醫療福利是明顯有別於政府的公共醫療政策，故兩者應該分開處理以符合政府訂定的規例。

主要提供公務員醫療福利的機構，分別是醫院管理局及衛生署。然而，醫院管理局只將公務員納入其「公營醫療體系」內，並沒有按《公務員事務規例》第六章所訂下的原則提供有關服務。這樣不但造成公務員侵蝕市民醫療資源的假象，更令為人詬病的公營醫療問題，同樣發生在公務員的身上；而輪候專科時間過長，引致診斷服務延遲的問題往往導致病情延誤，甚至失救事情亦曾發生。在這種種情況下，為了自保自救，部份公務員唯有無奈地自費尋求私營醫療服務及被逼購買昂貴的自購藥物。

現時公務員所獲得的醫療福利每下愈況，其水平與《公務員事務規例》第六章所承諾的相距甚遠。公務員所希望的，是政府能重視及體現合約精神，確切地履行承諾，使公務員能具有健康的體魄，以最佳的身體狀態及精神為市民大眾服務。故我們就改善公務員醫療福利提出以下建議：

1. 提供最佳的公務員醫療福利是政府給予公務員的聘用承諾，故必需按《公務員事務規例》第六章所制定的原則，充份履行，不能曲解，亦不可另立

附加條件。

2. 公務員醫療福利與「公營醫療體系」的原則、目標及法理基礎皆有所不同，故兩者應分開處理。
3. 增加衛生署公務員普通科門診診所的比重，更應按照 2008 年的諮詢文件，朝著「基層醫療」概念提升服務。
4. 重開公務員專科診所，並要以專科醫生提供專科門診服務，按國際認可的最佳臨床指引處理醫護專業資格、轉介、輪候、診斷及治療。藥物應以「最佳的護理及治療」的原則處方。
5. 醫生處方應直接被視為「病情所需」的證明，而醫療費用亦應由政府直接繳付，免去繁瑣的行政程序，浪費時間、人力及資源。
6. 普通科、專科及牙科等服務，須增加人力資源以縮短輪候時間，並以合資格的專科醫生提供專科服務。如輪候時間超過最佳臨床指引，可轉介使用私營專科醫療服務，費用由政府支付。
7. 將中醫中藥納入公務員醫療福利範圍。
8. 使勤役終生的退休公務員，老有所依、病得其治。

香港高級公務員協會  
政府紀律部隊人員總工會  
香港特區政府公務僱員總工會  
香港公務員總工會  
退休公務員醫療聯席 啓

二零一零年四月二十三日

## **Forum on Medical and dental benefits for civil servants**

### **Press Release**

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Date : 23 April 2010 (Friday)  
Time : 2:30 p.m. to 6:00 p.m.  
Venue : Lecture Hall, Science Museum, Tsimshatsui East  
Organizer : Hong Kong Senior Government Officers Association,  
Government Disciplined Services General Union,  
Hong Kong Special Administrative Region Government  
Employees General Union,  
Hong Kong Civil Servants General Union

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The medical and dental benefit for civil servants is a condition of service, a legally binding contract between the employees (civil servants) and the employer (the Government of the Hong Kong Special Administrative Region).

The content of the agreement is contained in Chapter VI of the 'Civil Service Regulations'. In essence, the government promises to provide the civil servants and eligible persons a medical and dental care which is free (other than the hospital in-patient charges and charges for some dental treatments), comprehensive (dictated by medical necessity and need), and best available. It is different from the public health delivery system and as such, the two should not be bundled together.

The Hospital Authority and Department of health are entrusted to be the providers for this benefit to civil servants. However, the Hospital Authority does not follow the policy as stated in chapter VI of the Civil Service Regulations and uses the same platform to take care of civil servants and the public. As such, it creates a false impression that civil servants are taking away the public health resources. The civil servants are also become victims of the problems found in the public healthcare system. The waiting times for specialist care and diagnostic investigations are notoriously long. So long that the illness turns more complicated, treatment more difficult, and suffering more protracted. Sometimes the illness becomes so terminal and no treatment is possible. Some civil servants are forced to pay for private care, services, and drugs in order to get appropriate

care at appropriate time.

It is blatantly clear that the current provision of the medical and dental benefit is very much substandard to what are promised in chapter VI of the Civil Service Regulations. We are not asking for more. We are asking for what is promised. It is our sincere wish that the government of Hong Kong can give the following suggestion a positive consideration. After all, the people of Hong Kong can be better served if the civil servants are healthy.

In this connection, we recommend to improve in the following ways :

1. The medical and dental benefit is a condition of service as detailed in chapter VI of the Civil Service Regulations. The principles are there that and cannot be twisted.
2. The benefit should be provided separately from the public health system because of the obvious difference in the principle, objectives, and legal background.
3. In general outpatient care, the Families Clinic of the Department of Health should be expanded in phases. It should also develop along the primary healthcare concept as described in the 2008 consultation document.
4. In specialist outpatient care, waiting times, consultations, examinations and diagnosis, prescriptions, and treatment should follow internationally accepted protocols and best practices. To measure up to the promise of 'best available attendance and care', care should be provided by specialists.
5. Direct payment should be in place to deal with reimbursement of medical expenses. Doctors' prescriptions should be accepted as valid proof of 'medical necessity'.
6. Resources should be injected in the general and specialist dental cares to shorten the waiting times. Protocols and best practices should be adopted and specialist care should be provided by specialists. For treatments with unreasonably long waiting times, the government should refer and pay for private cares.
7. Chinese medical care should be allowed in the benefit.
8. Services to aged retirees should be given due weight.