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25/06/2003 15:36

Urgent
 Return Receipt

To: <enquiry@hwfb.gov.hk>
 cc:
 Subject: Re: SARS Expert Committee - my views

Dear Sir,

Re : SARS Expert Committee - my views

My discussion will be centered on the cooperation and organization of different medical services and research facilities.

Several facts have slowly emerged or have become clearer :

(A) the rather poor disease reporting system initially, and the weak liaison between different treatment units.

(1) Could most people have been better alerted if the case of the late Prof [REDACTED] who was treated at Kwong Wah Hospital in late February could be made known to all hospitals at the earliest time ? instead of being "investigated as a potentially academically challenging and perhaps rewarding case (in terms of unusual findings and publishable information)". There could have been a central coordinating body with a much "lower threshold" for identification of outbreak of diseases, and to disperse information much earlier. We need a "lower threshold", as the current SARS, or perhaps Dengue or the Japanese encephalitis incidents have taught us that we need a much lower "treshold" among the health professionals and also emergency departments. We may not need a low threshold for the community, but we need a better coordination, and to reset our criteria for sending out alert notices.

(2) It surprised me that not many units enquire the team at Prince of Wales Hospital for advices and experiences in treating SARS. While none of the anaesthetists at PWH were taken ill by SARS (despite a lot of intubation and ICU care), many of the workers at PMH and TMH were taken ill because of contracting the disease during intubation or other respiratory care for patients ! I just wonder what was the problem ?? It was not until rather late in the course of the outbreak that the PWH team was formally invited to go around different hospitals for experience sharing etc, but that was obviously too late. We need better coordination here. For Public's Health's concern there should be more directives, and less "personal preferences" or "trial and error" approaches in patient management.

(3) It also surprised me much that while at PWH we have had reasonable successes with high dose pulsed steroid treatment, albeit empirical initially, many other units were reluctant or even skeptical in endorsing a similar approach, with much unnecessary delay in management, with many patients lapsing into serious situations. This reflected a lack of central coordination and directives in the management. Of course we need flexibility, but this reflected the sort of individual professionalism that abounded in HK, even during the depth of SARS, and we lack any sort of central coordination to amalgamate opinions to the best interest of our

patients. It was sad.

(4) It also came as much of a surprise that, despite the experience in PWH, when other hospitals started admitting patients : PMH and UCH, they quickly fell back into the same critical situations that we had faced at PWH - with rapid over-crowding and the shortages of facilities or hardwares. This was of course partly unfortunate due to the rapid outbreak in Amoy Gardens, but also reflected the lethargy and clumsiness in management which failed to take notice of what we have experienced in PWH.

(5) What troubled me most was also the unfortunate death of two young lady doctors. They were in critical conditions, but help was not sought from other more experienced and expert units until it was too late. I recall from Prof [redacted] who told the press, after visiting the dying Dr [redacted] at TMH, that he personally initiated to phone up the unit to ask if he may go and have a look at her. By the time he arrived, he realized how little he was able to do. What a shame! I would have thought that Prof [redacted] should have been contacted and his advice to be sought much earlier on during the course of illness of Dr [redacted].

(B) The Discordant roles of Research Units

Even up to now, different reserach units raced to announce their observations (be it laboratory or epidemiological), without providing a coherent picture of what is going on in HK. There is no coordination, and there is no central figure. When results contradicted with each other, that damaged the image of HK as a whole and the medical research circle as well. Although we encourage individual effort, innovative ideas and competition. But in a time of crisis, faced with an epidemic, we must be better coordinated and give a more coherent picture. I think a central coordinating panel, be it just Ad Hoc, should do the centralization and analysis of all available information, screening and vetting. When conflicting reports are received, they should be sorted out before announcing. When reports of similar natures are known, they should be amalgamated and presented together. We being scientists, academics and professionals should solve our discrepancies and disagreements among ourselves first, in a scientific and objective manner, before announcing to the public. Otherwise the public will get too confused. Otherwise the public will only get the image that we are manipulating the media. Do not let the media or the selfish ego takes rule. This has happened on a few occassions : that CUHK announced the identification of parainfluenza group of virus, and later HKU announced the isolation of corona virus. But the CUHK group is persistent in trying to understand more of the parainfluenza virus, but was left out of the scene. Were they totally wrong? could there be a possibility that it could be a mixed infection to account for some of the varied presentations? Then all a sudden another group from CUHK announced the uncoding of the corona virus genome, to be followed shortly by the HKU group, and yet each of them were saying they have identified something different from the others, or from the Canadian findings. All these were confusing, and in a rather unhealthy manner, at a time when accurate and clear information was absolutely necessary. And up to a rather late stage, at the PWH, we have not been using the so called " rapid" testing method developed by HKU, causing quite a bit of delay with the screening of patients (until eventually the hospital decided that all specimens to be sent over to HKU for confirmation, irrespective of whether or not the doctor in charge has explicitly requested that), and then last week the CUHK group announced the test that could be done within 24 hours, and the HKU group remained absolutely silent on this matter. These are conflicting and confusing messages for the people of Hong Kong.

I have high hopes that the Committee can come up with some good and solid recommendations for HK, to enable us to brace ourselves to overcome or to avoid another major outbreak of infectious disease, which besides SARS, may have a lot more to come in the future.

Yours truly,

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