



Title	Liver transplantation in Hong Kong.
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product (GDP) growth from the Harvard report.² In 2001, salary growth was less than the GDP growth, and the financial status of the Health Protection Account (HPA) would be worse if the 2001 situation prevailed.

Third, suggestion that the rate of return “will likely” be more generous—unfortunately, the Mandatory Provident Fund is invested in a number of managed portfolios that have reported negative returns since its inception. We cannot be too optimistic with a poor economy and high unemployment rate. Furthermore, Fig 1 provides a whole range of return rates for the readers’ consideration.¹ The savings rate of 2.5% is just one of the many possible scenarios.

Fourth, alleged potential benefit of the HPA—whether the introduction of the HPA can change patients’ care-seeking behaviour is speculative. We would expect the behaviour of patients to depend on their health status and not the availability of the HPA. However, it may well be a complementary system that may encourage or help to develop more appropriate care-seeking behaviour in Hong Kong.

Fifth, alleged misleading analyses—the HPA is not a social insurance; it is a personal savings plan to cover medical expenditure after the age of 65 years. As a consequence, the cost of providing medical treatment to this needy age-group cannot be shared with the other accounts. The financial and instrumental burden upon the government to provide medical treatment and services will not subsequently be reduced. Ten percent of the population will still have to rely on the government, but the HPA of the remaining 90% cannot be used to alleviate the government burden.

Certainly, we agree that longitudinal data can provide further information. To the best of our knowledge, we are

not aware of the existence of such data or, if they do exist, the relevant authority has not made them available. If such data do not exist, it may be time to conduct a large-scale longitudinal study to advance the medical and public health research development in Hong Kong. The standard of medical and health services in Hong Kong is excellent. The Government and the Hospital Authority should be proud of what they have already achieved. They have enhanced productivity and are now to consider revamping the fees and charges, which, in turn, would reduce the deficit. If the money from any mandatory medical savings scheme can be used to purchase services from private health insurance, it might affect the medical seeking behaviour of the community. Subsequently, the private sector would play a more significant role in health care delivery. For the time being, the choice to the government to reduce its health care deficit is limited, apart from the gradual increase of fees and charges. It is encouraging to note that the government is to investigate the issue further. Let us emphasise that any form of mandatory medical savings scheme should be able to demonstrate its usefulness, relevance, and viability.

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Liver transplantation in Hong Kong

To the Editor—I read with interest the Editorial “Liver transplantation in Hong Kong” written by Chui.¹

The information about liver transplantation mentioned in the article is valid except for the part of adult-to-adult right-lobe live donor liver transplantation. To place the historical aspect into the correct perspective, I wish to point out that the adult-to-adult right-lobe live donor liver transplantation was actually initiated by us at the University of Hong Kong Medical Centre, Queen Mary Hospital, in 1996.² The operation was subsequently adopted by numerous liver transplant centres throughout the world. Our publication of the first seven cases² has been cited 105 times in literature on right-lobe live donor liver transplantation. The innovation of right-lobe live donor liver transplantation is a

major contribution to the recent development of liver transplantation from Hong Kong.

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