

(Translation)

Restricted

**Elderly Commission**  
**Minutes of the 59th Meeting**

Room 2005, 20/F, Murray Building, Garden Road, Central  
2:30 p.m., 23 September 2009 (Wednesday)

**Present**

**Chairman**

Dr the Honourable LEONG Che-hung, GBS, JP

**Members**

Prof CHAN Cheung-ming, Alfred, BBS, JP

Prof Jean WOO

Mr CHAN Chi-yuk, Kenneth

Prof CHIU Fung-kum, Helen

Dr YAM Yin-chun, Loretta, BBS

Dr WONG Yee-him, John

Ms FUNG Yuk-kuen, Sylvia

Dr CHAN Hon-wai, Felix

Dr CHENG Kam-chung, JP

Dr CHEUNG Moon-wah

Dr CHONG Ming-lin, Alice

Mr MA Ching-hang, Patrick, BBS

Mr MA Kam-wah, Timothy

Mr YAU How-boa, Stephen, BBS, JP

Ms LEE Suk-ye, Sandra, JP

Permanent Secretary for Food and Health

Mr TANG Kwok-wai, Paul, JP

Permanent Secretary for Labour and Welfare

Mr NIP Tak-kuen, Patrick, JP

Director of Social Welfare

Mr LEE Kwok-wing, Albert, JP

Representative of Secretary for Transport and  
Housing/Director of Housing

Dr CHAN Wai-man, JP

Representative of Director of Health

Dr Daisy DAI

Representative of Chief Executive of Hospital Authority

**In Attendance**

Ms LAM Shuet-lai, Shirley

Principal Assistant Secretary for Food and Health

Miss LIAW Lee-wah, Ida

Chief Executive Officer  
Food and Health Bureau

Dr Ernest CHUI

Associate Professor  
Department of Social Work and Social Administration  
The University of Hong Kong

Dr Vivian LOU

Assistant Professor  
Department of Social Work and Social Administration  
The University of Hong Kong

Ms HO Siu-ping, Betty

Deputy Secretary for Labour and Welfare (Acting)

Ms YOUNG Bick-kwan, Irene

Deputy Secretary for Labour and Welfare (Designate)

Mrs Kathy NG, JP

Assistant Director  
Social Welfare Department

Mr NGAN Man-por

Chief Social Work Officer  
Social Welfare Department

Miss Sheila KONG

Chief Social Work Officer  
Social Welfare Department

Mr LAM Ding-fung

Chief Social Work Officer  
Social Welfare Department

Ms YAN Yuen-mei, May

Chief Social Work Officer  
Social Welfare Department

Ms TANG Lai-fan

Senior Social Work Officer  
Social Welfare Department

Mr HEUNG Wing-keung

Senior Social Work Officer  
Social Welfare Department

Ms CHAN Sau-ming

Senior Social Work Officer  
Social Welfare Department

Ms LEUNG Mei-wah

Senior Social Work Officer  
Social Welfare Department

Ms KWAN Shuk-ye, Nancy

Senior Social Work Officer  
Social Welfare Department

Ms KWAN Yuen-yuk, Rosemary

Senior Social Work Officer

} Agenda Item 3

} Agenda Item 4

Dr NG Ping-sum	Social Welfare Department Senior Medical and Health Officer Department of Health
Dr LAM Chau-kuen, Yonnie	Senior Medical and Health Officer Department of Health
Mr HA Kwok-fung, Bryan	Assistant Secretary for Labour and Welfare
Miss LEE Wing-tung, Jessica	Assistant Secretary for Labour and Welfare
Mr LO Chun-hang, Simpson	Assistant Secretary for Labour and Welfare
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer Labour and Welfare Bureau
Ms LI Wing-hang, Amanda	Executive Officer Labour and Welfare Bureau

**Absent with Apologies**

Mr CHAN Han-pan  
Rev LAU Wai-ling, Dorothy, BBS, JP  
Mr MA Chan-hang, Leo  
Mr WU Moon-hoi, Marco, SBS

**Secretary**

Mrs CHAN CHOY Bo-chun, Polly	Principal Assistant Secretary for Labour and Welfare
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Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting. In particular, he extended his welcome to new Members of the Elderly Commission (EC), including Dr CHAN Hon-wai, Felix, Dr CHENG Kam-chung, Dr CHEUNG Moon-wah, Dr CHONG Ming-lin, Alice, Mr MA Ching-hang, Patrick, Mr MA Kam-wah, Timothy, Mr YAU How-boa, Stephen, as well as Mr WU Moon-hoi, Marco who was absent with apologies. He also welcomed some new official Members, including Mr NIP Tak-ken, Patrick, the new Director of Social Welfare, Mr LEE Kwok-wing, Albert, Deputy Director of Housing, Ms YOUNG Bick-kwan, Irene, Deputy Secretary for Labour and Welfare (Designate), and Mr HA Kwok-fung, Bryan, new Assistant Secretary for Labour and Welfare. The Chairman also thanked Ms YIP Man-ken, Carol, former Deputy Secretary for Labour and Welfare, for her contribution to the EC in the past years.

### **Agenda Item 1: Confirmation of the Minutes of the 58<sup>th</sup> Meeting**

2. The minutes of the last meeting were endorsed without amendments.

### **Agenda Item 2: Matters Arising**

#### Paragraph 3 of the Minutes of the 58<sup>th</sup> Meeting

3. Prof CHAN Cheung-ming, the Vice-chairman, said that the vetting committee had held a meeting to assess the new round of 20 applications for establishing elder academies. The Secretariat had also sought supplementary information or clarification from some of the applicants. All supplementary information had been received. One of the schools on application was still unable to seek the partnership of one more welfare organisation, in addition to the residential care home for the elderly (RCHE) it already partnered with, in order to recruit more elderly participants. However, the vetting committee was of the view that initial approval could be given to the concerned application to allow the participating

school/organisation to try recruiting elderly participants. If subsequently the school/organisation failed to recruit participants, they would then be disqualified. Apart from this application, all other revised applications were in compliance with the requirements of the Elder Academy Scheme and thus approved. Prof CHAN said that with the establishment of the 20 elder academies in this new round, there would be 98 elder academies in primary and secondary schools. Including the tertiary institutions which offered elder academy programmes, the total number of elder academies had exceeded 100.

4. Besides, Prof CHAN said that the Working Group on Active Ageing would provide financial assistance of \$20,000 to each elder academy which was willing to organise intergenerational extra-curricular activities. The financial assistance was to subsidise needy students/elderly participants to join the extra-curricular activities which could fulfill the said objective. The Secretariat had written to 78 elder academies earlier to ask about their intention, and favourable response was received.

5. Prof CHAN advised that elder academies had the support of various government departments, but he was disappointed that no government school had participated in the Elder Academy Scheme so far. He appealed to Members to continue to promote the Scheme to primary and secondary schools.

6. The Chairman added that the EC would organise a ceremony for elder academies at The University of Hong Kong on 2 November. The event served multiple purposes, including introducing the 20 new elder academies and the Elder Academy Scheme of The University of Hong Kong, announcing the establishment of the Elder Academy Development Foundation and thanking a donor of the Foundation, etc.

Paragraph 6 of the Minutes of the 58<sup>th</sup> Meeting

7. Mrs CHAN CHOY Bo-chun, Polly, Principal Assistant Secretary for Labour and Welfare, said that the Office of the Government Chief Information Officer had earlier openly invited organisations providing elderly-related services to submit proposals on the development of a dedicated portal for the elderly by the end of July. The Office had conducted two rounds of assessment and was clarifying some details with the organisations concerned. The Secretariat would report to the EC as soon as possible upon receipt of the assessment results.

Paragraph 33 of the Minutes of the 58<sup>th</sup> Meeting

8. The Chairman thanked new Members for joining the “Working Group on Long Term Care Model” and “Working Group on Active Ageing”. The new membership lists of the two working groups had been distributed to all Members for reference. The Chairman proposed and Members unanimously agreed that the “Working Group on Active Ageing” and the “Working Group on Long Term Care Model” be chaired by Mr Timothy MA and Prof Alfred CHAN respectively.

9. Before moving on to Agenda Item 3, the Chairman reminded Members to make a detailed disclosure of their interests when they had a potential conflict of interests in a matter discussed by the EC (particularly when the discussion involved funding proposals).

**Agenda Item 3: Vaccination Programme 2009-2010**

10. Ms Sandra LEE, Permanent Secretary for Food and Health, briefed Members on the Vaccination Programme 2009-2010 with the aid of a powerpoint presentation.

11. First of all, Ms LEE played the latest television announcement of public interests (API) on the programme and advised that the vaccination programme for 2009-10 would be launched in mid-October. This year's vaccination programme was more comprehensive than before and targetted at elders and children. The programme covered both seasonal influenza and pneumococcal vaccines, and the expenditure involved amounted to \$570 million. As regards the elderly, free seasonal flu and pneumococcal vaccinations would be provided to all eligible elders under the "Government Influenza Vaccination Programme" (GVIP). Arrangement would be made for all RCHE residents (including those aged below 65) to receive vaccinations at the RCHEs. Elders aged 65 or above who were chronic patients attending public clinics and elderly recipients of Comprehensive Social Security Assistance (CSSA) who were aged 65 or above could receive vaccinations at general/specialist out-patient clinics under the Hospital Authority (HA) or at chest out-patient clinics or elderly health centres under the Department of Health (DH). As for elders aged 65 or above who were not on the GIVP, they could receive the above two vaccinations from private doctors participating in the "Elderly Vaccination Subsidy Scheme" (EVSS), and the Government would subsidise the vaccine costs and vaccination fees (\$80 and \$140 for the vaccine costs of seasonal flu and pneumococcal vaccinations respectively and \$50 per dose for the vaccination fees). The participating private doctors should display the EVSS logo outside their clinics and specify on the EVSS posters any charges in addition to government subsidies.

12. Ms LEE added that FHB had liaised with pharmaceutical manufacturers earlier to ensure the availability of sufficient vaccines for use under the vaccination programme this year. Besides, the electronic platform of the Elderly Health Care Voucher Pilot Scheme would be used to record the vaccination information of elders under the programme. To facilitate more elders to register for use of the vouchers, DH would collect personal particulars from eligible elders at places such as RCHEs and elderly centres for opening the e-

health account. Meanwhile, every elder receiving the vaccinations would be issued with a vaccination card for easy inspection by healthcare workers to avoid duplicate vaccinations.

13. Besides, Ms LEE briefed Members on the seasonal flu and pneumococcal vaccination programme for children. Since last year, children aged six months and below six from CSSA households had been eligible to receive free seasonal flu vaccination at DH's Maternal and Child Health Centres (MCHCs). As for other children of the same age, and children aged six or above who were studying at kindergartens/child care centres, they would receive vaccination provided by private doctors under the "Childhood Influenza Vaccination Subsidy Scheme" (CIVSS), and the Government would subsidise the cost of the vaccine (\$80 per dose). Besides, since 1 September 2009, the Government had included pneumococcal vaccine in the Childhood Immunisation Programme. All children born on or after 1 July 2009 could receive free vaccination at MCHCs, and free pneumococcal vaccination was provided for children aged below two under a Catch-up Programme.

14. The CIVSS and EVSS would be launched simultaneously on 19 October 2009. A series of promotional activities had been arranged to explain the Schemes to the public.

15. Members raised the following questions and views:

(a) Could elders who were not chronic patients but attending public clinics receive vaccination at out-patient clinics of HA or DH?

(b) What were the vaccination arrangements in private RCHEs?

(c) A Member agreed that it was a good arrangement for visiting medical practitioners (VMPs) to participate in the vaccination programmes of RCHEs and hoped that the cooperation between VMPs and RCHEs could be further strengthened in future.



- (d) Could elders pay with the health care vouchers if they were charged additional vaccination fees at private clinics?
- (e) The “Childhood Pneumococcal Vaccination Programme” (CPVP) was launched on 1 September 2009, whereas the CIVSS would be launched on 19 October. Why was there a difference in the timing of implementation? Could these two vaccines be administered in one go?
- (f) What was the definition of visiting registered medical practitioners of RCHEs?
- (g) How would vaccinations be provided to elders of elderly centres under the vaccination programme?
- (h) A Member suggested that publicity be stepped up by providing posters, leaflets, etc. to offices of District Council Members.
- (i) How to prevent over-charging of vaccination fees by some private doctors?
- (j) Why was pneumococcal vaccine included in this year’s vaccination programme?

16. Responses from Ms LEE and Dr CHAN Wai-man were as follows:

- (a) The Government encouraged elders who were not suffering from chronic diseases to receive vaccination at private clinics.
- (b) DH had liaised with visiting registered medical practitioners of RCHEs to provide vaccination for RCHE residents while the Government would make arrangement for the procurement and delivery of the vaccines.

- (c) Elders could use their health care vouchers to pay for the additional vaccination fees, but it should be noted that each voucher had a face value of \$50 and at least one voucher had to be used each time. The DH understood that some private doctors had already indicated that they would not charge elders any additional fees for vaccination. DH welcomed this arrangement and encouraged other private doctors to follow suit so as to attract more elders to receive vaccination. From the perspective of public health, a higher coverage rate could effectively reduce the incidence of complications, resulting in reduction of the overall medical expenditure.
- (d) The CPVP was designed for new-born babies, and free vaccination was provided by the Government to children aged below two under a Catch-up Programme. Given the need to calculate accurately the number and date of catch-up vaccination of each child, it was more appropriate to conduct the vaccinations collectively at MCHCs. DH had also arranged to open the MCHCs on Sundays for catch-up vaccinations. On the other hand, childhood influenza vaccinations were administered annually and not according to the age of individual children. Provision of the vaccination by private doctors could promote public-private partnership.
- (e) As required by SWD's Licensing Office, all RCHEs should employ visiting registered medical practitioners to perform routine body checks and provide medical services for RCHE residents. DH had notified RCHEs earlier to arrange for medical practitioners to provide vaccination for elders. At present, VMPs' initial response to the vaccination programme was satisfactory. DH would organise a briefing session later to explain details and arrangements of the programme to RCHE staff and participating medical practitioners. Besides, as mentioned above, the Government had employed more designated staff to help RCHE residents register for e-voucher accounts, with a view to enhancing the coverage rate and saving the administration time of VMPs.

- (f) DH learnt that many district organisations (e.g. district elderly centres, neighbourhood elderly centres) and some private doctors had been willing to provide influenza vaccination to elders at a low price. Given the implementation of the EVSS this year, it was expected that more elders would receive the vaccination.
- (g) The Government understood that private doctors might charge elders additional vaccination fees to cover their operating costs (e.g. rents and manpower). It was the Government's general policy of not regulating the fees charged by private doctors. The proposal to control or prohibit the charge of additional vaccination fees by doctors under the EVSS was therefore not feasible. In view of past experiences, the Bureau believed that private doctors' fees would be adjusted in response to market competition.
- (h) The vaccination was administered on a preventive basis. Medical research showed that a reduction of the chance of contracting pneumococcal could effectively prevent complications and reduce the mortality rate.

17. Ms LEE added that in view of the sizable number of persons and amount of money involved in the EVSS, it was necessary to make use of the electronic platform of the Elderly Health Care Voucher Pilot Scheme for registration so as to facilitate fund transfer and auditing, etc. This would also promote the popularity of the electronic platform and help improve the public health record system, develop the concept of family doctor and launch more new public-private partnership projects in future.

18. The Chairman was glad to note that a number of new initiatives in medical services for the elderly had been launched in recent years. He thanked Ms LEE for the detailed briefing and invited her to report on the implementation of the "vaccination programme against Influenza A/H1N1" to the EC later.

#### **Agenda Item 4: Progress and Plan of Work of the Elderly Commission**

(Information paper No. 06-09)

19. The Chairman invited the two Principal Assistant Secretaries for Labour and Welfare, Mrs CHAN CHOY Bo-chun, Polly and Ms HO Siu-ping, Betty, to brief Members on Information paper No. 06-09.

20. Mrs CHAN first of all said that “caring for the elderly” was one of the strategic policy objectives set out by the Hong Kong Special Administrative Region Government in 1997 to improve elders’ quality of life and provide them with a sense of security, a sense of belonging and a feeling of health and worthiness. The EC was set up in the same year. Its primary role was to advise the Government on the formulation of comprehensive elderly policies. The EC had been striving to improve long-term care (LTC) services for the elderly, to bring about a mindset change in the image of ageing, as well as to build a new image for the elderly. The Working Group on Active Ageing was set up in 2005 to advise the EC on a strategic vision of active ageing and means to promote active ageing and disseminate related messages. In the past three years, major programmes and events launched to promote the concept of active ageing included a pre-retirement workshop, Silver Hair Market Fair, a seminar on “Ageing in the Community”, the 2007 Active Ageing Project, the Neighbourhood Active Ageing Project (NAAP), the production of television and radio APIs and the television programme on “Golden Age”, the Elder Academy Scheme and the sending of birthday greetings to centenarians. In 2009-10, the EC’s work plans on active ageing would include the establishment of the Elder Academy Development Foundation and a committee to manage the Foundation, the launching of a new pilot NAAP to educate the elderly on dementia and other cognitive diseases, the production of a radio programme hosted by the EC Chairman in collaboration with the RTHK to invite celebrities to share their life experiences, and to continue sending birthday greetings to centenarians.

21. The Chairman said that the Elderly Academy Scheme was a major initiative introduced by the EC to promote the work of active ageing. One of the messages disseminated by the Scheme was that elderly services were more than just the provision of welfare. Elders could change the community's perception on them through lifelong learning. Besides, elder academies also facilitated communication between elders and students to achieve inter-generational harmony. As for the NAAP, its aim was to enhance social harmony by encouraging neighbourhood contact and communication. The neighbourhood support network established under the NAAP could help identify hidden elders and promote the work on the prevention of elderly abuse and elderly suicide, etc.

22. A Member asked about the existing number of centenarians in Hong Kong. Mrs Kathy NG, Assistant Director of SWD, said that there were about 1 500 centenarians in Hong Kong according to the statistical figures in 2005.

23. Ms HO said that another important mission of the EC was to examine ways to enhance LTC services for the elderly. As such, the EC had set up the Working Group on LTC Model to advise on how to further enhance LTC services to promote "ageing in place", how to enhance the quality of RCHEs, and how to co-ordinate different sectors (e.g. medical, health, welfare, housing), relevant government departments and the private sector in the provision of elderly services. Major programmes on LTC services launched by the EC in the past three years included the Study on Residential Care Services for the Elderly, Integrated Discharge Support Programme for Elderly Patients, Care Enhancement Pilot Project for Aged Care and District-based Scheme on Carer Training. In 2009-10, the EC's work plan on "LTC services" would include further discussion on the future development of LTC services, particularly measures to promote ageing in place; and reviews of the District-based Scheme on Carer Training, Integrated Discharge Support Programme for Elderly Patients and Care

Enhancement Pilot Project for Aged Care with a view to formulating the way forward of these projects.

24. The Chairman said that the percentage of elders living in RCHEs in Hong Kong was higher than that in other parts of the world. However, with ageing in place being the global trend, the EC hoped to change the present situation in Hong Kong by enabling more elders to choose ageing in place. The EC would examine whether existing public resources allocated to subsidised RCHEs and community care services were appropriate so as to ensure that the limited public resources could be targetted at elders most in need. Besides, it would also explore ways to enhance the quality of private RCHEs, so as to enable elders to enjoy their golden age in an ideal environment.

25. Apart from the work plan formulated as set out above, the Chairman also came up with a few other work proposals for Members' consideration. One of them was on the work on dementia, such as providing training for carers of demented patients and examining ways to enhance support for such patients. Consideration could also be given to a study on the possible problems and needs of retired elders in respect of finance, living environment, health, etc. The EC could also consider examining ways to streamline the arrangements for admitting elders to different types of RCHEs.

#### **Agenda Item 5: Study on Residential Care Services for the Elderly**

26-40. The item was reported under separate confidential cover.

## **Agenda Item 6: Any Other Business**

### Consultation Session on 2009-10 Policy Address – Chief Secretary for Administration’s meeting with EC representatives

41. The item was reported under separate confidential cover.

### Consultation Paper of the Hong Kong Law Reform Commission – Enduring Powers of Attorney: Personal Care

42. The Chairman said that the Law Reform Commission (LRC) proposed to extend the scope of an enduring power of attorney (EPA) in Hong Kong to include decisions as to the donor’s personal care. In this connection, the LRC had drawn up a consultation paper to solicit views from all sectors of the community. He invited Members to actively express their views which would be consolidated by the Secretariat for submission to the LRC.

43. The Chairman said that some Members had already made written submissions, expressing support for extending the scope of an EPA in Hong Kong to include decisions on personal care, and seeking clarifications from the LRC on a number of issues, including: (1) what was the definition of personal care? (2) would it be possible to engage two lawyers for handling financial affairs and matters on personal care respectively? (3) if a person had to take care of his/her spouse or family member who was incapable of self-caring, could he/she authorise his/her agent to decide on his/her behalf matters related to the personal care of his/her spouse or family member under his/her care at a time when he/she himself/herself became incapable of self-caring? (4) what would be the role of the Guardianship Board (the Board) if personal care was to be included in an EPA?

44. At the meeting, Members in general supported the extension of the scope of an EPA in Hong Kong to include decisions related to the personal care of the donor. That notwithstanding, they also put forth the following questions and views —

- (a) As “personal care” generally referred to taking care of one’s basic needs, such as clothing, food, shelter and transportation, it was suggested that “personal care” should be rephrased as “personal and health care”, so as to clearly indicate that the scope of an EPA would cover personal health care matters.
- (b) Personal finance and health care should be taken care of in two separate legal documents as elders might not authorise the same person to handle these two different matters on their behalf, and the attorney needed not be a lawyer but could be anyone. If there were two separate legal documents, elders could authorise other persons, such as accountants, to decide on their financial matters, and let their family members decide on their personal and health care matters.
- (c) It was recommended in the consultation paper that “personal care” should not include decisions involving the giving or refusing of life-sustaining treatment, but there was no clear definition on “life-sustaining treatment”. For example, some people might refuse to receive antibiotic treatment, yet this might cause death to them. As such, the LRC should clarify the definition of “life-sustaining treatment”.
- (d) Would the Board put in place any measures to prevent the abuse of power by the attorney?
- (e) The scope of an EPA should include “advance directive” in order to enable a donor to determine in advance under what circumstances he/she would not receive any further “life-sustaining” and “life-saving” medical treatment.



- (f) Members agreed with the LRC's proposal to give the Board certain powers so as to save the public's effort in seeking direction from the court on every matter. However, they queried if the Board had sufficient resources to carry out the additional powers.
- (g) There were grey areas between "life-sustaining treatment" and "life-saving treatment". As doctors currently had the authority to overrule a patient's decision under certain circumstances, the LRC should clarify whether it should be the attorney or the doctor who made the final decision.
- (h) Recommendation 4 of the consultation paper mainly listed out matters on physical care of the elderly. However, as elderly abuse very often involved issues such as elders' psychological aspects, rehabilitation and mobility, these should also be included in the scope of personal care.
- (i) If clearer guidelines could be provided through legislation as to whether a doctor should give certain treatments to his patient (e.g. peritoneal dialysis in nephrology), the doctor would find it easier to make explanation to the patient's family. The Chairman responded that it was difficult for the LRC to come up with an exhaustive list in this regard.
- (j) Was there any overlapping between the attorney's role and the Board's role?
- (k) The personal care decisions set out in Recommendation 4 of the consultation paper did not include personal health care. Besides, the "personal care" stated in Recommendation 3 did not include decisions involving the giving or refusing of life-sustaining treatment, but such decisions were not included in the decisions to be statutorily excluded from the scope of an EPA as proposed in Recommendation 5. It seemed that the two Recommendations were not entirely consistent.

- (l) If two separate attorneys were appointed by the donor under an EPA to handle financial and health care matters respectively, disputes might arise in the execution of decisions. For example, in the event that the attorney for health care matters decided to have an expensive operation done on the donor in order to save his life but the attorney for financial matters might not agree to pay the exorbitant operation fees, how could the dispute be resolved? The Chairman responded that even if the two attorneys had dispute over this, the donor could still receive appropriate treatment in the HA's hospitals.
- (m) The LRC proposed to empower the court to appoint a substitute attorney. However, the consultation paper did not specify who could apply to the court for appointing a substitute attorney when the attorney was incapable of fulfilling his responsibilities owing to physical or mental problems.
- (n) At present, the Board only issued guardianship orders for persons who were mentally incompetent to make decisions for themselves and handled matters for them only in six areas including housing and healthcare. If the Board was to deal with the powers conferred by an EPA, additional manpower and other resources would be required.

**New Books entitled “Invest for Your Health” (「投資健康人生」)**

45. Dr CHAN Wai-man introduced to Members two new books entitled “Invest for Your Health” (「投資健康人生」) published by DH, and said that the books would help to enhance the general public's understanding of healthy life style, common chronic diseases and health check up, etc .

**Date of Next Meeting**

46. The next EC meeting was tentatively scheduled for 23 October 2009.

**Time of Adjournment**

47. The meeting was adjourned at 5:00 p.m.

October 2009