



THE HONG KONG COLLEGE OF PATHOLOGISTS NEWSLETTER

Volume 2:1 March 1993

(Recreation of Newsletter)

PRESIDENT'S MESSAGE

Your Council has met four times since the AGM and much progress continues to be made in the development of the College and its functions with all the various committees hard at work in their respective areas. Some of the major issues under discussion are manpower, appointment of examiners and educational programmes.

The Annual General Meeting and Extraordinary General Meeting was well attended. On behalf of the College I would like to thank our guest speaker, and now honorary fellow, Professor Anthony Leong for giving the first T.B. Teoh Foundation Lecture I would also like to thank Professor David Todd, President of the Interim Council of the Academy of Medicine, who presented fellowship certificates to all fellows present. (Our overseas fellows should receive their certificates soon.)

INAUGURAL CEREMONY OF THE ACADEMY OF MEDICINE

On Sunday morning, December 5th 1993, the inaugural ceremony and admission of all founder fellows of the Academy will be held at the Hong Kong Cultural Centre. This will be followed by a celebratory dinner in the evening at the Hong Kong Convention Centre. The President of both The Royal College of Pathologists and The Royal College of Pathologists of Australasia will join the inaugural procession and attend the dinner that evening. We hope that all our fellows will participate in this important occasion.

The Academy has decided not to have a specific academy gown for fellows, but instead has requested that fellows of all the member colleges wear the gown or the tie/scarf of their own college.

Gowns will not be a prerequisite to attending the ceremony, except for officers of the Colleges.

The Professional and General Affairs Committee of the College is presently developing some suggestions for the Council and co-opted fellows to consider and we will attempt to solicit the views of as many fellows as possible. Thus ceremonial gowns, hoods, hats, ties and scarves should be available well in advance of the inaugural meeting of the Academy.

This is a most special occasion for Hong Kong so please keep that Sunday free so you can participate in the occasion. Also remember that the College AGM will be held on the day before, Saturday, December 4th, 1993.

The College continues to flourish such that as of February 15th, 1993, the total membership was 162 with 9 Honorary Fellows, 89 Founder Fellows, 24 Fellows, 7 Overseas Fellows, 7 Members and 24 Associates.

Training and Examinations Committee

'Regulations on Post-Graduate Training and Examinations' have now been distributed to all fellows and interested parties. (If you wish to obtain further copies please contact the Registrar.)

The application forms for approval of laboratories for training have been distributed to all the hospitals, relevant institutions and other possible training centres in Hong Kong. Almost all have already responded and so it is hoped that registration of institutions for training purposes, and thus for candidature for examina-

tions, can rapidly proceed.

Education Committee

A haematology workshop and course on related topics in management is being planned. Please let the Committee have your suggestions for further courses/workshops.

Quality Assurance Committee

Planning for the Quality Assurance Seminar to be held in conjunction with the 1993 AGM is progressing. A program is being arranged that will include contributions from the Chairman of QASEC (The Royal College of Pathologists of Australasia QA program), Professor Ian Lauder from the United Kingdom and local representation from the College and the Hospital Authority. A number of working groups reporting to the Quality Assurance Committee are preparing for an interpretative QA program in anatomical pathology, chemical pathology, haematology and microbiology. Details to follow soon.

Hong Kong Museum of Medical Sciences

Please note the new name for our Museum. The term pathology has given rise to so many misconceptions -both in English and in Chinese - with such reported negative effects on donors that the Museum Steering Committee and the Council decided to modify the name. This general misunderstanding and ignorance of the range which our profession encompasses would

seem an excellent reason for fellows to become involved in a project in which one of the major aims is to explain our role and so dispel such negative elements. The revised name should also encourage more active participation from members of the medical profession in general.

The Steering Committee and Council are pleased to announce that the Governor, The Right Honourable Christopher Patten, has kindly agreed to be Patron of the Museum.

In addition, the following distinguished members of the profession; the academic institutions, government branches and departments, Urban Council, and Antiquities and Monuments Board have kindly accepted our invitation to join the Museum Advisory Board. They are Dr Harry SY Fang, Dr Laurence LT Hou, Professor CT Huang, Professor Charles K Kao, Dr SH Lee, Dr Ronald Leung, Mr David Lung, Mr James YC So, Professor David Todd, Professor Wang Gungwu and Mr Ian Wotherspoon.

While the search for major donor(s) continues the response, particularly from non-fellows, to the brochure and word-mouth has been slow but encouraging.

The Council and Museum Steering Committee has decided to broaden the search for support by distributing the brochure - with the new name - to all medical practitioners in Hong Kong. Fellows will have noted the publicity given to the Museum by the recent article in the South China Morning Post.

The support of all fellows is crucial if this unique opportunity for us to contribute to our society is to be maximised. Those fellows and friends who attended the special Open Day in November will have seen what a marvellous building we have been most fortunate to obtain. Please give some thought as to how you might help. Possible ways range from the obvious with direct financial assis-

tance, to spreading the word amongst possible donors, to considering exhibits or useful items for inclusion in the museum.

There has been an occasional question concerning the relationship between the College's other activities and funds and the Museum. The donations and any expenses concerned with the Museum are kept separate from the number of other accounts maintained by the College. The Council, in the early phase of discussions but after a firm decision had been made to pursue the matter, allocated a sum of \$20,000 from College funds. Since then donations of nearly \$130,000 have been received and this with accrued interest has provided an income of \$150,000. The expenditure has totaled about \$70,000 of which the major sums have been \$35,000 to the architects for the project feasibility study and about \$15,000 for the production of booklets and the leaflets for use in the various fund raising efforts.

Many thanks to:

Professor David Todd for his generous donation of 10 books.

Professor Lee Ngok (SPACE, HKU) for the donation of several pieces of old equipment.

Remember the museum when you are considering the disposal of any old or obsolescent equipment, records, etc. (Please call Dr Rob Collins on 8192180 (or fax 8725197) for information.)

NEW FELLOWS, MEMBERS AND ASSOCIATES

The College extends a warm welcome to the following:

Honorary Fellows:

Professor Bernard H. **Knight** (Cardiff, Wales)

Professor Anthony S.Y. **Leong** (Adelaide, Australia)

Fellows:

Dr Gregory **Cheng** (QMH)

Dr **Tsang** Ngai Chong, Dominic(QEH)

Dr **Lo** Ka Tai (QEH)

Dr **Wan** Suk King (QEH)

Dr **Cheung** Nga Yin, Annie (QMH)

Dr **Wong** Woon To (QMH)

The College extends a special welcome to our first dentally qualified fellow.

Dr L.P. **Samaranayake** (PDH)

Overseas Fellows:

Dr Dick **Lee** (Vancouver, Canada)

Dr **Lin** Pai Chun, Betty (Sydney, Australia)

Dr **Lo** Sau Him (NSW, Australia)

Members:

Dr **Lam** Woon Yee (QEH)

Dr **Tsang** Yick Woon (QEH)

Dr **Pong** Wal Mei (QEH)

Dr **Lee** King Chung (QEH)

Dr **Lam** Suk Yee, Christine (SYP)

Dr **Yik** Yu Hing (KH)

Dr **Yan** Kin Wing (PMH)

Associates:

Dr **Lo** Yee Chi, Janice (QMH) Dr

Dr **Ma** Choi Ha (KH)

Change of Address: Please note the change of address of following:

Dr **Kung** Tak Min, Ignatius (Overseas Fellow) 64 Tidcombe Crescent, Doncaster East, Victoria 3109, Australia.

Dr **Lee** Yun Sang (Associate) Institute of Pathology, Jockey Club Clinic, Sal Ying Pun, Hong Kong (Phone: 8598296)

Dr **Liu** Hing Wing (Fellow) Hong Kong Red Cross Blood Transfusion Service, 15 King's Park Rise, Yaumatei, Kowloon.

Dr **So** Kwan Wing, Kong Fan (Founder Fellow) 6 Hedlow Court, Carindale, Brisbane, Queensland 4152, Australia.

Dr **Wong** Hon Man (Member) Fu Shan Public Mortuary, Lower Shing Mun Road, Tal Wai, New Territories.

Dr **Wong** Kwong Pang (Founder Fellow) Southland Hospital, Invercargill, New Zealand.

Dr **Yuen** Wing Sheung, Rose (Fellow) 20003, N23rd Avenue, No.222, Phoenix, Arizona 85027, U.S.A.

LETTERS TO THE EDITOR

Dr W.H. Seto, Department of Microbiology, University of Hong Kong, writes:

Difficulties Confronting Clinical Laboratories caused by the Chemical Waste Ordinance (under the Waste Disposal Ordinance)

Introduction

The Environmental Protection Department (EPD) has legislated a new ordinance on chemical waste. The focus of this legislation is to control the production of chemical waste by the various industries in Hong Kong. All producers of chemical waste will now be required to register with the EPD, and only licensed practitioners are allowed to collect and treat chemical waste. The list of chemical wastes are very inclusive and include poisons, all acids, all alkalis, solvents (and thus ethanol) and heavy metals.

All chemical waste must be delivered to the EPD for disposal in a Central Waste Treatment Centre built by the EPD. As to the amount, there is no exemption, and if even a minute amount is disposed of in the wrong manner the offending person is liable to be prosecuted.

Generally the new regulations will benefit Hong Kong and result in a cleaner environment. Nevertheless, the new regulations are highly stringent, and in many instances are even more so than those of the RCRA resource Conservation and Recovery Act) in the USA. Industries in their manufacturing processes often pro-

duce large amounts but limited categories of chemical waste. The control of such wastes is certainly justified but unlike industry, health care providers are not large producers of chemical waste. Many departments, especially the laboratories, are producers of small amounts but varied types of chemical waste. The lack of exemption in the present ordinance will intensely affect the work of these laboratories.

Pertinent issues in the ordinance that are relevant are summarised below:

1. The ordinance does not provide exemption for small producers and small amounts of chemical waste.

While the RCRA is internationally recognised as a stringent document on chemical waste disposal, it does have a provision for small producers of chemical waste. Producers of <100kg per calendar month will in general be exempted from federal regulation. The criteria is even less stringent for certain categories of chemicals. With this exemption many clinical laboratories will not be hampered by the regulation. There is no such exemption in the Hong Kong ordinance. Therefore, many procedures (eg. preparing a silver stain) will technically be liable for prosecution under this new ordinance, unless all chemicals are collected for disposal by the EPD.

The RCRA also does not regulate "empty containers"². The definition of an empty container is also given and this includes less than 3% of the amount in the container. It is clear that the RCRA understands that trace amounts will not be regulated. There is no such clarification in the chemical ordinance.

2. The ordinance does not provide for the discharge of chemicals into the sewage system.

In the daily work of the laboratory, chemicals are often discharged into the drain. The National Committee for Clinical Laboratory Standards of

America (NCCLS), for example, provides for such discharge by defining minimal amounts and listing what is safe for discharge³. The present chemical waste ordinance does not prohibit this in writing, but does not provide for The absolute stand of the ordinance will make such a practice difficult, and the EPD has stated that a "water pollution act" is in preparation to control such discharges. The lack of such provision will critically impede many procedures in the clinical laboratory.

3. Difficulty in monitoring personnel

Penalty for offenders is \$200,000 or 6 months imprisonment. The EPD has stated that the prosecution can extend to the individual offenders, and not just to the institution. In clinical laboratories, where the tests are both varied and multiple, it can be extremely difficult to monitor all procedures. Again, the lack of provision for small producers do not allow exemption. All technicians will work under the threat of prosecution if they discharge even a minute amount of listed chemicals into the sewer, or drop it into the waste bin.

4. No details regarding cost implications.

Presently the collection of this waste is contracted out to one company, *Enviropace*, (who also built the Chemical Waste Treatment Centre) by the EPD. They are paid by the EPD and their service is presently rendered without charge to the public. However the EPD has made it clear that, in the near future, they will probably in turn charge the waste producers. The charging scheme is yet to be decided and the EPD has no information on the matter. Since there are no plans to run this operation at a loss, one can expect the price tag to be significant.

There is also a potential danger for monopoly by *Enviropace*. The EPD stated that they will allow other waste disposal companies to exist but the

contract is given to only one company. This is a large operation, and it will be difficult for others to enter the market in the future.

So there are two uncertainties, the price tag for disposal and the danger of monopoly. Many clinical laboratories are already facing budget cuts and rising costs. These uncertainties can be overwhelming unless steps are taken to control the situation.

There is a general impression that the Chemical Waste Ordinance is legislated for the control of industrial waste and is not the primary concern of the health care community. The reality, however, is that this piece of legislation will immensely affect the procedures in the clinical laboratories. We must familiarize ourselves with this ordinance and be alerted to the implications that will adversely affect us .. lest we be caught unaware.

References

1. Title 40 of the Code of Federal Regulations, 261.5: Special Requirements for Hazardous Waste Generated by Conditionally Exempt Small Quantity Generators.
2. Title 40 of the Code of Federal Regulations, 261.7 : Residues of Hazardous Waste in Empty Containers.
3. NCCLS Document GP5-P Vol.6 No.15: Clinical Hazardous Waste.

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