

Supplementary material

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Supplementary Appendix. Excerpts of quotations from participants about the need for a platform*

1. Official information distribution

Participant 8

- (a) 係新聞講，我四處打聽，係啲隆隆罈罈先搵到兩份野出嚟，時間比較後……我哋暫時冇中醫嘅官方渠道，但香港中醫藥管理委員會起碼出返封信畀每個中醫師，話畀佢聽有班援港專家印咗呢個方案畀我哋參考……但我一直冇收過，我唔知有冇miss過。
- (b) According to the news, I asked around, and it was only through some connections that I managed to get two documents. The timing was relatively late...We currently don't have an official channel for traditional Chinese medicine, but (I hope) at least the Chinese Medicine Council of Hong Kong would send a letter to each practitioner, informing them that a group of experts supporting Hong Kong had produced these plans for our reference... But I haven't received it, and I don't know if I missed it.
- (c) 看過新聞報導後，我四處打聽，在不同地方仔細尋找才找到兩份文件，時間都比較遲……我們暫時沒有中醫的官方渠道，但香港中醫藥管理委員會至少會發信給每位中醫師，告知他們會有一群援港專家列印了這個方案給我們參考……但我一直沒有收過，也不知道有沒有錯過。

Participant 6

- (a) 我嘅印象係有official咁send啲過出過黎嘅，起碼我有睇過呢封email，我係電視新聞知道有呢份野……如果唔係你地send啲畀我，我都有睇過。
- (b) My impression is that there hasn't been an official email sent out about this; at least, I haven't seen one. I learned about this plan from the TV news... If you hadn't sent this to me, I wouldn't have seen it.
- (c) 我的印象是沒有那麼正式地傳過來，至少我沒有見過這封電郵，我是看電視新聞才知道這份文件……要不是你們傳給我，我都没見過。

Participant 7

- (a) 資料發放最好中醫藥管理委員會呢個比較正式嘅法定機構。第一網上出咗先可以畀人參考，第二可以寄信畀醫師，呢個畀人感覺上嚴謹啲，統一啲。如果唔係話佢係中央出嘅，我都有留意……最好有啲官方啲嘅統一佢發放會好啲。一開始已經過咗個峰期嗰段時間，我哋收資訊係其實好多，五花八門，好多好多。
- (b) The information should ideally be released by the Chinese Medicine Council of Hong Kong, which is a more formal, authorised organisation. First, it should be published online for reference, and second, it should be sent to TCM practitioners. This would give a more rigorous and unified impression. If it wasn't stated to be from the China central authority,

I wouldn't have noticed... It would be better to have some official and unified release. At the beginning, we had already passed the peak period, and we had actually received a lot of information—very diverse and abundant.

- (c) 資料發放最好由中醫藥管理委員會這個比較正式的法定機構來做。第一，網上發佈可以讓人參考，第二可以發信給醫師，這樣給人的感覺會比較嚴謹統一。要不是說它是中央發出，我都没留意……有比較官方的統一發放會比較好。一開始已經過了峰期時間，我們接收資訊的途徑其實有很多，五花八門，很多很多。

Participant 14

- (a) 我哋啲師兄姐send畀我，都好奇怪，有一個official途徑畀我哋。我懷疑係唔係NGO啲啲先至有official途徑。香港西醫就好似一直有update。我哋香港中醫就唔係咁。睇啲咩都係睇新聞，有時可能病人仲清楚過我哋。佢有時三點幾發佈，未必得閒，可能就咩都唔知。
- (b) It's quite strange that senior classmates sent me the information, but it was not through an official channel. I suspect that only non-governmental organisations received this protocol through official channels. Western medicine doctors in Hong Kong seem to have continuous updates, but our Chinese medicine practitioners do not. We mostly rely on news; sometimes patients might be more informed than us. Occasionally, updates are released around 3 o'clock, and if we are not available, we might miss them entirely.
- (c) 我們的師兄姐傳給我，很奇怪，並沒有官方正式途徑給我們。我懷疑是不是只有非政府組織才有正式途徑。香港西醫好像一直有更新，我們香港中醫則沒有。消息都來自新聞報導，有時病人可能比我們更清楚。他們有時三點多發佈，（我們）未必有空留意，便可能甚麼也不知道。

Participant 16

- (a) 如果唔係你同我講係政府網download，我都唔知係唔係official。因為其實佢經常性有唔同嘅版本……
- (b) If you hadn't told me that it was downloaded from the government website, I wouldn't know if it was official, because there are often different versions...
- (c) 要不是你跟我說在政府網站下載，我也不肯定是不是官方的，因為其實它經常有不同版本……

Participant 16

- (a) 最好透過好official嘅途徑出嚟，好多年紀大嘅，點會無端端上網download，所以按道理唔會見到。所以管委會，應該話比人哋知有呢份野，呢個係最基本囉。
- (b) It should be released through a proper official channel. Many older practitioners might not quickly go online to download it, so logically they wouldn't see it. Therefore, the Chinese Medicine Council of Hong Kong should inform practitioners that this document

exists; this is the most basic requirement.

- (c) 最好透過官方途徑推出。多數年紀大的，怎會無故上網下載，所以照道理不會看到。所以香港中醫藥管理委員會應該告知別人有這份文件，這個是最基本。

Participant 12

- (a) 最起碼有一個中央，叫做可信嘅來源。或者暫時嚟講，管委會應該最適合擔當咁嘅角色，但長遠嚟睇，應該有一個機構得閒就負責update嘅醫師咁樣嘅。
- (b) At the very least, there should be a central, credible source. For now, the Chinese Medicine Council of Hong Kong should be the most suitable body to take on this role. However, in the long run, an organisation should be responsible for providing regular updates to TCM practitioners.
- (c) 至少有個中央、可信的來源。或者暫時來說，香港中醫藥管理委員會應該最適合擔當這角色，但長遠來看，應該有一個機構負責定期向醫師更新。

Participant 15

- (a) 內地係衛健委同中醫藥管理局，聯合組織專家嚟制定呢啲診療方案，之後佢公佈發佈。所以喺香港都應該都要有咁樣嘅一個機構。
- (b) In Mainland China, the National Health Commission and the Administration of Traditional Chinese Medicine jointly organise experts to develop these treatment plans, which are then announced and published. Therefore, Hong Kong should also have such an organisation.
- (c) 內地是衛健委和中醫藥管理局，聯合組織專家來制定這些診療方案，之後它公佈發佈。所以在香港也應該需要有這樣的機構。

2. Timely collection and synthesis of local clinical experience

Participant 6

- (a) 坊間好多學會會組織醫師去分享一啲嘅中醫COVID-19嘅研討會，咁最近都有學會請到唔同專家講COVID-19嘅康復期，或者係之後長新冠嘅患者嘅唔同角度點睇，點醫治。咁如果出呢個診療建議，例如政府機構，佢可以帶頭做多啲，佢個號召力應該強過學會，做多啲，統籌下唔同嘅學會，將啲資訊，整合得好啲分得廣啲。每個醫師收到封電郵知道嘅。咁可能會真係全港嘅中醫醫師會接觸到多啲呢類型嘅野……例如係已經可以搵到比其他人睇到快嘅醫師，雖然佢嘅個人經驗，唔係好有說服力，佢嘅經驗都可以擺係一個平台……雖然唔係好完美，但係早過人地，已經係有指導嘅意義，大家都擺啲野上去，慢慢呢睇得少啲嘅人就可以學到果個醫師嘅經驗，所謂拋磚引玉，之後就會慢慢引到多啲野。
- (b) There are many associations in the community organising forums for TCM practitioners to share and discuss traditional Chinese medicine for COVID-19. Recently, some associations have invited different experts to talk about the recovery phase of COVID-19

and various perspectives on treating long COVID patients. If the government was to issue treatment recommendations, it could take the lead in doing more. Its influence should be stronger than that of the associations. By coordinating different associations, the information could be better integrated and widely disseminated. Every physician would receive an email and be informed. In this way, more Chinese medicine practitioners in Hong Kong could be exposed to such resources. For example, they might identify practitioners who treated COVID-19 patients early in the pandemic to share their experiences. Although their personal experiences may not be very convincing, they could still be shared on a platform. While it may not be perfect, being ahead of others already has guiding value. Everyone can contribute their knowledge, and gradually those who have treated fewer patients can learn from those with more experience. This is like ‘casting a brick to attract jade’, which will eventually lead to more resources.

- (c) 坊間很多學會會組織醫師去分享一些中醫新冠肺炎的研討會，最近也有學會邀請到不同專家講解新冠肺炎的康復期，或者之後長新冠的患者不同角度的想法和醫治方式。如果提出這個診療建議，例如政府機構，它可以帶頭做多一點，那號召力應該比學會強，多做一點，統籌不同學會的資訊，方便整合和發放。每個醫師都會透過電郵知悉，這可能會讓全港中醫師接觸到更多這類型的事……例如說找到比其他（接收訊息較）快的醫師，雖然他的個人經驗，不是說很有說服力，但也可以放在一個平台上……雖然不是很完美，但也比別人早，已經是有指導的意義，大家把資訊都放上去，慢慢看診比較少的人就可以學到某個醫師的經驗，所謂拋磚引玉，之後就會慢慢引出更多東西。

Participant 22

- (a) 我覺得本地有經驗有分量嘅專家或者老師……多啲參與討論方案擬定。就算唔係有頭銜，都係集思廣益。
- (b) I think we should have experienced and reputable experts or teachers form an expert committee to participate more in the discussion and formulation of the plans. Even if they don't hold titles, it's still beneficial to gather ideas.
- (c) 我覺得本地有經驗、有分量的專家或者老師……多參與討論方案擬定。即使沒有頭銜，也能集思廣益。

Participant 8

- (a) 如果set guideline，講專家共識嘅背後都有啲案例分享，體會分享，我諗咁就唔係留到一家之言就算。中醫有唔同流派……點解我哋想知，係有個理論依據，臨床嘅體會，會令到大家嘅提升，可讀性會提升。
- (b) If the plans and recommendations are supported by case sharing and personal experiences, I think they will be more convincing, rather than just a one-sided opinion. Traditional Chinese medicine has different schools of thought...What we want to know is that

theoretical basis combined with clinical experience will enhance everyone's understanding and the readability of the plans.

- (c) 如果設立指引，指出專家共識背後的案例分享，體會分享，我想這樣就不是留到一家之言便算。中醫有不同流派……為甚麼我們想知道，是有個理論依據，臨床的體會，會令大家有所提升，可讀性也會提升。

Participant 3

- (a) 唔同思路門派，嗰個建議當中係比較單調，用時方，成藥為主，譬如經方果類可能唔同常見坊間醫師思路，有更多唔同參考思路參考元素，我覺得比依家教材式、證明類式，更加理想。
- (b) Different schools of thought have varying approaches. The suggestions provided are somewhat monotonous, focusing primarily on classical formulas and Chinese patent medicine. For example, the theory of classical formulas may differ from the common principles used by many practitioners. Incorporating more diverse reference elements and perspectives would be preferable to the current textbook-like, syndrome-based approach.
- (c) 不同思路門派，那個建議當中是比較低調，用時方，成藥為主，譬如經方那類可能跟常見坊間醫師的思路不同，有更多不同參考思路參考元素，我覺得比現有教材式、證明類式更加理想。

Participant 9

- (a) 可能因為我哋成日講2019冠狀病毒，其實真係2019到依家嘅變化太大了。啲診療方案可唔可以seasonal咁出。
- (b) It might be because we keep talking about COVID-19, but there have been significant changes from 2019 until now. Can the treatment plans be released and updated seasonally?
- (c) 可能因為我們常說2019冠狀病毒，但其實從2019年到現在的變化太大了。診療方案可否每季推出？

* In the original data, participant quotations were transcribed in Cantonese (a), the language of the interviews. For readability, an English translation (b) alongside a version in formal written Chinese (c) are provided