

# Complaints on abortuses handling: policy recommendations for Hong Kong

Complaints on  
abortuses  
handling

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Received 13 February 2019  
Revised 25 February 2019  
21 March 2019  
Accepted 28 March 2019

## Abstract

**Purpose** – The purpose of this paper is to review cases about complaints of abortuses handling in Hong Kong, and to further propose policy recommendations to help comfort parents with respect and dignity toward abortuses.

**Design/methodology/approach** – There is a systematic review of articles/newspapers related to the practice and regulation of abortuses handling in Hong Kong and overseas countries. Also, point of views among stakeholders are selected from: newspapers, patients' groups, Hong Kong SAR Government's websites, radio programmes' interviews, related organizations' websites, blogs from legislative councilors and lawyers.

**Findings** – Since parents suffered from miscarriage before 24 weeks' pregnancy are increasingly willing to share their experiences and struggled for arranging a legal funeral for their children, Hong Kong SAR Government is able to understand these parents' needs and hence set up more "Angel Garden" in both the public and the private cemeteries. Yet, the provision of funeral and cremation services are still not comprehensive. Existing measures from Mainland China and overseas countries to handle abortuses and to provide support for parents are analyzed. More critically, ethical concern on handling abortuses as one of the clinical wastes is further included in the discussion.

**Originality/value** – Although all less than 24 weeks' fetuses cannot be given any Certificate of Stillbirth, respect and dignity can still be presented toward their parents by flexible regulation. After discussing the related measures on handling abortuses from other countries, some of their humane regulations are feasible to be applied to Hong Kong.

**Keywords** Hong Kong, Policy recommendations, Handling abortus, Miscarriage

**Paper type** Research paper

## Introduction

News about experiences and difficulties of the parents who lose their less than 24 weeks' child are increasingly reported, showing the inadequacy of handling these cases. Hence, procedures, practices and policies from other countries have originality/value to be studied whether they are suitable to be applied for Hong Kong's situation without violating the current policy. This paper is divided into four parts. The first part starts with the representative case of Kelvin and Angela, which has raised public concern in Hong Kong. Point of views from different stakeholders on this issue is discussed in the second part, which many of them agree that there should have policy changes to help such unfortunate parents. The third part is to discuss the current measures in Hong Kong, including an exemption case to reveal that there is still room to have discretion while handling these cases. Borrowed the experience from other countries' measures on handling less than 24 weeks' abortuses as well as services provided for their parents, certain recommendations which can apply to Hong Kong are made in the last part.



*Miscarriage*

Miscarriage is actually a common condition that even healthy women may experience during their pregnancy. American Pregnancy Association (2018) stated that during the childbearing years of women, the chance of having a miscarriage can range from 10 to 25 percent, and for healthy women, the average is around a 15–20 percent. Moreover, a woman who has had a previous miscarriage has a 25 percent chance of having another.

*Reasons for miscarriage*

American Pregnancy Association (2018) reported that the causes for miscarriage are varied and usually cannot be identified. During the first trimester, the most common cause of miscarriage is chromosomal abnormality and most chromosomal abnormalities are the cause of a damaged ovum or sperm cell, or due to a problem when the zygote went through the division process. Other common cause of miscarriage included hormonal problems, infections or maternal health problems. Moreover, improper lifestyle such as smoking, drug use, malnutrition or excessive caffeine intake increases the chance of miscarriage. In addition, maternal age is one of the contributing factors. The higher the maternal age, the higher the chance of miscarriage. Andersen *et al.* (2000) investigated that the risk of spontaneous abortion was 8.9 percent in young women aged 20–24 and 74.7 percent in those aged 45 or above.

*Psychological effect after miscarriage*

Most women may suffer from grief when they lose their child. Toffol *et al.* (2013) investigated that the experience of miscarriage may lead to bad psychological well-being and higher risk of having psychiatric disorders. Psychological well-being is associated with depressiveness and impaired functioning. Beutel *et al.* (1995) suggested that behaviors expressing the grief included but not limited to sadness, yearning for the lost child and searching for a meaningful elaboration of the loss. Although grief reaction is a normal process for the women to help them walk through the pain, grief with a strong sense of self-blame may result in “pathological grief.” Toedter *et al.* (2001) pointed out that “pathological grief” may cause difficulty in handling normal daily activities such as interacting with other people.

The five stages of grief proposed by Elisabeth Kübler-Ross involve denial, anger, bargaining, depression and acceptance. When the women are in the stage of anger, they had been suffering from negative emotions such as shock, loneliness, frustration and irritability, etc (Sands Australia National Council, 2012). Adding to the problem, they cannot receive sufficient psychological support from the hospitals or medical staff and therefore they may blame on the medical staff and complain about not caring for their feeling.

**The case of abortus handling**

The most representative case is Kelvin and Angela’s one. This couple requested to retrieve the body of their son, Wally, in Princess Margaret Hospital after the miscarriage (Lau, 2017). The hospital replied that all under 24 weeks’ fetuses are not classified as stillbirth. Therefore, their request was rejected by the hospital since abortuses are classified as clinical waste that should be treated by the hospital (*Apple Daily*, 2017a). As a common practice, the dead bodies and abortuses with the Certificate of Stillbirth (Form 13) are only claimed by funeral service providers. However, all less than 24 weeks’ fetuses are not eligible to receive Form 13 and hence these abortuses fail to use the service from funeral service providers. Then, the hospital recommended Kelvin and Angela to seek help from the Muslim cemeteries or pet cremation services. Later, a spokesperson for Hong Kong Hospital Authority announced parents could take back the pregnancy remains, i.e., their less than 24 weeks’ children. Dramatically, the hospital apologized to Kelvin and Angela for recommending pet cremation service for their child.

Yet, the hospital insisted not to issue Form 13 to this couple since Angela only experienced 15 weeks' pregnancy before miscarriage (Lau, 2017). As a result, they failed to arrange a legal and general funeral and bury for their son even though they could take him back. The unpleasant event became a strong motivation for Angela to fight for modifying the regulation on Form 13 with the LegCo (*Apple Daily*, 2017a). Thus, they sought help from a lawyer, two Legislative Councilors and Catholic diocese. The diocesan board of Catholic cemeteries was also willing to help these parents. They applied amendment in planned uses of cemetery sites based on their religious beliefs, so that Wally could have a funeral ceremony in Catholic Diocese parish and the body could be placed in "Angel Garden" eventually.

### **"Little Baby Concern Group"**

Besides Angela, the founder of the group, Tse Mei-ye, also work hard to voice out for these abortuses. When more parents were willing to share their sad experiences on miscarriage as well as difficulties on arranging a funeral for their baby that under 24 weeks' pregnancy (Stand News, 2018), Tse established the "Little Baby Concern Group" to gather the parents with similar experience and offers bereavement council service and support to help the parents on retrieving their babies. Their members include the grief parents, their family members, relatives and people from different industries, such as social workers, counseling psychologists, teachers, nurses and different religious members. They share the same view of striving respect and care to the baby under 24-week pregnancy and against the measure of handling abortuses as clinical waste. Tse attended different types of discussion, conference, legislative council meeting and cooperated with legislative councilors to give suggestions on amending the current regulation to handle abortuses with respect and care the need of parents.

### **Point of views among stakeholders**

#### *Religious parties*

The hospitals' practice of handling abortuses as medical waste raises the public's concern because of an ethical issue behind this case. Although the less than 24 weeks' fetuses are not classified as human beings according to the current regulation, it is undeniable that the fetus is a life once living. The parents regard the fetus would be the member of their families. Thus, treating them as clinical waste is unacceptable. For the perspectives of religious groups, they treat the fetuses as human beings once being formed. For example, from Psalm 139:16, "your eyes saw my unformed substance; in your book all my days were recorded, even those which were purposed before they had come into being," and from Muslin, Qur'an 5:3, "whosoever has spared the life of a soul, it is as though he has spared the life of all people. Whosoever has killed a soul, it is as though he has murdered all of mankind" and from Roman Catholic, Didache 2:1-2 70 A.D., "you shall not procure [an] abortion, nor destroy a newborn child." It shows that their attitude to life that they have always valued life since life was blessed and created by god.

#### *Parents*

The parents reported that they felt helpless and angry about the arrangement since the current policy could not protect their rights and failed to give a human identity to their babies (Ming Pao, 2018a). Since the parents stated that they were not informed about the processes, they did not know that the abortuses would be handled as clinical waste and hence they did not request for taking back their children. When the parents realize their children were treated as clinical waste, they felt angry and blame on themselves, as well as those medical staff (RTHK, 2018). Although the parents can take back their children, it is still difficult to bury their babies under the current regulation, which implies these parents do not even have a place for remembrance of their children.

There are some reasons for parents having a bad impression toward the medical staff after experiencing miscarriage. First, there is no midwife for less than 24 weeks' labor. Women may lack of care during labor and also after birth since midwives are experienced in handling these cases and able to provide support and sense of security (Tam, 2018). Moreover, before 18 weeks of labor, there is no grief team for the parents, so that they may lack of mental support. Furthermore, a mother had an unpleasant experience with those medical staff, simply because one of the staff claimed that "it's just a puddle of blood, it's useless to reclaim it and cremate it," which made her felt heartbreaking. That is quite unacceptable that the attitude of the medical staff was indifferent by failing to show empathy toward the parents who just lost their children. The majority of complaints in patients' report would be attributed to the unsatisfied experience of hospital staff, mainly due to lacking care on patients' emotions (Hannebaum, 2014).

#### *Doctors*

Doctors can take a side on whether distributing Certificate of Stillbirth without bearing legal responsibility, but it will still be against the medical practice and rules of the public hospitals. In fact, doctors will respect the decision of the mother for arranging a funeral to their children since it does help to process grief (RTHK, 2018). Nonetheless, there is no room to adjust the standard of 24 weeks that fetuses are not classified as stillbirth; otherwise, it will break away with the international standard. Furthermore, it is impossible to revise the basic requirement to distribute Form 13. Even lowering the standard of number of weeks of pregnancy, there is still victims that fail to be distributed a Form 13.

#### *Legislative councilors*

Tam Man Ho, Legislative Councilor, raised three suggestions on this controversial issue. First, he suggested making an amendment on Cremation and Gardens of Remembrance Regulation, in order to let all less than 24 weeks' fetuses can be buried or cremated legally (Tam, 2018). Second, he recommended to set up gardens in three government's cemeteries on Hong Kong Island, Kowloon and New Territories, so that the parents will be able to hold a ceremony for remembrance of their children whatever they have religious beliefs. Third, the unclaimed abortuses in hospitals are expected to have cremation and Hong Kong SAR Government is better to set up a public cemetery for these fetuses.

Another Legislative Councilor, Cheung Chiu Hung, also showed his concern on this. He suggested medical staff members are required to provide sufficient information for the parents, in order to help them make a clear decision (Cheung, 2018). A mother shared her experience of receiving inducing labor. She said that she and her husband needed to decide whether they hoped to meet their child and how to handle the body within a short period after the surgery. Nonetheless, they did not receive details from medical staff and all the decisions have to be made within a short period of time. Mr. Cheung restated all medical staff should treat the parents with empathy and care, in order to provide them psychological support.

With regard to point of views obtained from distinctive stakeholders, their comments clearly indicate constraints on handling abortuses, indicating such a policy has a loophole to be currently implemented without flexibility in Hong Kong.

#### **Review of current measures in Hong Kong**

The Births and Deaths Registration Ordinance allows doctors to make their own decision on issuing the Certificate of Stillbirth." (Press Releases, The Government of the Hong Kong Special Administrative Region, 2017) The current regulation does not specifically state 24 weeks is a restricted line to classify whether the fetus is considered as a stillbirth. However, Hong Kong College of Obstetricians and Gynecologists and also Hong Kong

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Hospital Authority recognize the international standard on National Health Service to define stillbirth is a fetus reaches 24 weeks' pregnancy or more than 500 g for uncertain gestational age (Press Releases, The Government of the Hong Kong Special Administrative Region, 2017). Fetuses before 24 weeks have not developed the vital organs and their lungs are not developed enough, so that they mostly perform low survival rate (Isle of Wight NHS Trust, 2017). All the unclaimed fetuses are treated as clinical waste in Hong Kong hospitals. Clearly, the procedure of disposal is the same as handling clinical waste. If the parents refuse their children to be handled as clinical waste, they are required to take back their children's bodies and therefore arrange burial or incineration service by themselves.

In fact, the number of receiving Hong Kong Hospital Authority's approval to collect the less than 24 weeks' abortus is merely 23 cases within three years (Hong Kong 01, 2018). A doctor explained that the low number was due to insufficient promotion on parents to reserve their rights for getting back the abortus (Hong Kong 01, 2018). Besides, different hospitals have different policies on retrieving the remains of abortus, so that it may confuse the couples who are willing to take back their children. Dr Cheung, Consultant of Department of Obstetrics and Gynecology, Prince of Wales Hospital pointed out that parents did not request to retrieve the abortus in the old days but nowadays people have changed their mind, i.e., better to hold a proper funeral for their babies (RTHK, 2018). Unfortunately, parents can only take back less than 24 weeks abortus but burial and cremation service providers refuse to provide them services.

A legal burial or cremation service for handling the abortus is only available in private service providers since the cemeteries and crematoria under Food and Environmental Hygiene Department do not accept the application for those less than 24 weeks' abortuses. The parents can merely choose services provided by the private sectors related to religious parties or pet cremation services. For instance, the "Angel Garden" providing comprehensive service for abortuses is now being under the government's surveillance. For the couples who do not have any religious belief or have other religious beliefs, they can only choose pet cremation services. However, the ash cannot be placed in the niches. Actually, not many couples were willing to choose to cremate their children by pet cremation services, because that is quite unacceptable their children were treated as pets. Besides, the expensive service fee for private pet cremation is also the parents' concern. Consequently, the twilight zone to help arrange cremation for abortuses by pet cremation is not too workable in our real-life context. A manager from pet cremation company remembered no one asked for cremation service for less than 24 weeks' abortus, the company was not able to handle these cases since its staff did not have a clear picture of the existing regulation in Hong Kong (*Apple Daily*, 2017b). In other words, the usual practice of funeral parlors should be always followed by those official documents from the government and/or hospitals.

### *Exemption*

Of all cases on this issue, Hong Kong SAR Government can still execute its exemptions, and Mrs. Chung and Mr. Chung's case was a successful one. The case is that Mrs. Chung underwent termination of pregnancy in a day before 24 weeks' gestation. Her husband tried to approach undertaker of burials, but his application was rejected due to lacking Form 13. Even with the help of chaplaincy, the hospital refused to issue Form 13. Public cemeteries rejected their application and then he discussed with another undertaker of burials whether pet cremation services could accept his application. Mr Chung complained that he could do nothing to help his wife and hence pet cremation service should be their only option. Fortunately, he received help from a Legislative Councilor, so that Food and Environmental Hygiene Department exercised its discretion to allow public cremation service and niche arrangement for his son. To be obvious, this

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case indicates the government has its discretion on handling legal burial of abortuses in public cemeteries without violating the law of Hong Kong, and more critically this case has become a precedent (RTHK, 2017).

### *Regulation*

As the current regulation never restricts the distribution of Certificate of Stillbirth on pregnancy week, so that doctor can make his/her professional judgment. If a doctor issues the certificate, the abortus will be signified as a stillbirth even less than 24 weeks, and such a being without doubt enjoys the same rights as a stillbirth under the current regulation.

However, the above-mentioned regulation may lead to certain controversies. The first controversy is the current regulation namely Offences against the Person Ordinance (Laws Compilation and Publication Unit, Law Drafting Division, Department of Justice, The Government of the Hong Kong Special Administrative Region, 2015). Since less than 24 weeks' fetuses are viewed as a body part or human tissue, abortion can be done before first 24 weeks' gestation when requirements are fulfilled. The pregnant women need to prove that the continued pregnancy will upset their mental health and also require approval from two doctors. After 24 weeks of pregnancy, abortion surgery can only be proceeded under two doctors' strong conviction that continued pregnancy would sooner or later threaten the maternal life. When the fetuses are larger than 24 weeks, they would have a higher possibility to stay alive. Therefore, stillborn children above 24 weeks can be claimed as a stillbirth that Hong Kong's regulation admits their human identity. In other words, getting approval of abortion after 24 weeks' pregnancy is more difficult than that of before 24 weeks' pregnancy.

The second controversy is that regulation of before 24 weeks pregnancy abortion will be affected. If the abortuses can receive Form 13 before 24 weeks' gestation, they are legally classified as stillbirth. Therefore, the regulation of abortion surgery before 24 weeks' pregnancy should be as strict as the standard of after 24 weeks' pregnancy abortion, which leads to more limitation on abortion of before 24 weeks' pregnancy. In addition, the mothers cannot receive medical termination of pregnancy by the reason of their physical or psychiatric problems, and physical or mental abnormality after 24 weeks' pregnancy.

The standpoint of not issuing a human identity for before 24 weeks' fetus is undoubted. Therefore, such an improvement plan toward this issue is better to focus on comforting the parents as well as being more sensitive to provide them support in the real-life context.

### **Regulation in Mainland China and overseas countries**

With reference to such a scenario in Mainland China, disposal of the less than 24 weeks' fetuses has meanwhile been a controversy. Ministry of Health of Mainland China announced the "Baby and Fetus Remains and Placenta Management Regulation," the management of remains of fetuses and babies needs to follow the regulation of Funeral Management Regulation (Hong Kong 01, 2018). In addition, handling of fetus remains should be done by parents. If such parents have difficulties, they can entrust the handling of fetus to a funeral department. Handling remains of fetuses and babies as clinical waste are forbidden.

In Australia, since all less than 20 weeks' fetuses are not recognized as human beings according to the law. Hence, Birth, Deaths and Marriages Registry would not issue any registration of birth toward such cases (Sands Australia National Council, 2012). As these fetuses are not eligible to have registration of birth, they do not have the registration of death either. Still, there is no constraint on how the parents handle the remains of their children. The way of handling the remains is up to parents' decision, including to take back their children and bury at home, buy the communal cremation services offered by hospitals, choose funeral services arranged by hospitals or simply organize private funerals. For psychological support, an organization called Sands has provided continuous support to

parents who did experience miscarriage, stillbirth and newborn death. A range of services is provided to relieve the pain of these parents. For example, “24/7 National Support Line and Email Support” is offered to let them share negative feelings and thoughts. If they want to have a face-to-face communication, they can opt for the “Live Chat” service. They can further join the local support groups to meet other parents who have the similar experiences. Apart from females, the organization also cares about males, i.e., the negative feelings of fathers. For instance, a dedicated line called “Men’s Support” is offered accordingly (Sands Australia National Council, 2012). Sands provides comprehensive services for the parents to cater for their psychological needs.

In the UK, Isle of Wight NHS Trust (2017) handed out a leaflet about preterm birth of before 24 weeks’ pregnancy. The leaflet provides information explaining its services before and after preterm birth. For instance, medical staff members are able to provide guidance for parents about different options after preterm-birth. Midwives would monitor both the physical and the psychological change of mothers, in order to offer mental support by comforting these depressed parents. After giving birth, the bereavement support can be provided to the parents, such as designing mementos by photographs and memory boxes. If the mothers hope, they can further request the Maternity Unit staff to provide the certification of birth with the detail of delivery date, time and weight of the baby. In addition, parents are allowed to visit their babies in the Chapel of Rest or decide to take back their baby to their home for a period of time. What deserves to mention is that the UK specifies the abortuses will be sent to Hospital Mortuary, which is different from places of handling as clinical waste. If parents are willing to conduct funerals for their children, “Born too Soon” service is noted prior option since it is simple and free of charge, or they can select private funeral services customizing arrangements. The content of the leaflet is based on two principles, focusing on respecting the maternal preference in addition to treating the deceased with care and respect.

Although both Hong Kong and the UK do not admit fetuses less than 24 weeks as a kind of stillbirth, the practices of the UK on handling abortuses are more humanizing that is able to show care to the parents and also respect to the abortuses. In this regard, mothers can receive both the effective communication and the clear procedures were provided by the government in their difficult times (Human Tissue Authority, 2015). With reference to the UK’s hospitals, their practices are worked out under the NHS guidelines as below. Medical staff members would provide documents listing all procedures of handling the abortuses and options for the parents, and the content of the document must be explained by the professionals. More critically, the decision on disposal of pregnancy remains absolutely depends on maternal decision. Parents are allowed to settle the burial for their children depending on their particular religious beliefs. If the mothers are not willing to receive any information and/or avoid involving in the choice of handling the pregnancy remains right after surgery, all the information should be prepared thereafter upon the request. Finally, the abortuses disposal must be treated by “Sensitive Incineration” rather than the same pathway of disposing clinical waste.

### **Policy recommendations for Hong Kong**

People may question why the parents insist in arranging a funeral for their babies. Although the baby lived only for a short time or died prior to birth, he or she is still a part of the family. Thus, a funeral service becomes an important part of the grieving process as it is an instrumental tool to express sorrow. What is more, funeral provides the final opportunity for parents accepting the unfortunate reality that their babies have gone, especially for the depressed mothers. As a result, arranging a proper funeral is considered as a chance for the depressed parents, other family members, and friends to express their love and “say goodbye” to the babies (Sands Australia National Council, 2012).

Professor Sophia Chan, Secretary for Food and Health of Hong Kong SAR Government, stated that the government has been carefully considering a series of proposed legislative amendments to better handle cases of arranging funerals for less than 24 weeks' fetuses (Ming Pao, 2018b). Starting from 2019, a non-profit private Tao Fong Shan Christian Cemetery is expected to provide 144 quotas for burial of abortuses for their members. Besides, Chinese Permanent Cemeteries will have its first "Angel Garden" and provide 219 quotas for burial, and with a garden for the scattering of cremated ashes for couples without any religious beliefs (Li, 2019). Yet, cremation of the babies' bodies still needs to be done by their parents (by using the pet cremation services). It is worth mentioning that Food and Health Bureau is planning the expansion of "Angel Garden" in other public cemeteries. Although there is a modification on burial for less than 24 weeks' fetuses, their parents still encounter difficulties to arrange a cremation for their children.

Modifying the related policies can be considered as one of the most effective approaches by having a Pareto improvement. For example, Mainland China and overseas countries have humanizing policy that able to show care to the parents and respect to the abortuses. Nowadays, 24 weeks is an unshakeable dividing line to determine whether the fetus is human and eligible to apply Form 13 in Hong Kong. A lawyer suggested having another Form, Form 13 A to make all less than 24 weeks' abortuses to recognize as "special existence," proving them they are under the legal abortion also but not being classified as stillbirths (RTHK, 2017). Hence, their parents are legal to arrange funerals for them in public cemeteries, and can opt for more choices for their children. To be obvious, modifying the policies can help couples who do not have religious beliefs or have other religious beliefs to choose the best option for their children. Besides, Form 13 A can help eliminate worries of private service providers of whether they are legal to "help" such depressed parents.

Apart from the improvement in legislation, hospital staff members are expected to deliver more care with substantial support, such as providing clear instructions and sufficient information toward parents. In public hospitals, nurses and doctors need to declare the further procedures on handling abortus with document signing to ensure that parents are fully understanding all details. In particular, medical staff members should clearly tell the couples whether they can take back the abortus, the procedure of taking back the abortus and how the hospital handles abortus if they choose not to take back their children. Clearly, it can help prevent the possibility of the couples who do not clear about their rights and the procedures of the hospital to handle the abortus. If possible, the information is suggested to be told before labor induction or prior to the termination of pregnancy. In a long run, training staff on handling the depressed parents' emotion and communication techniques are necessary. Nurses or medical social workers are always responsible to provide sufficient information for their final decision making and also follow-up consultation. When any medical staff members explain the related procedures to the parents, the earlier ones need to be aware of the wordings and care the feelings of them in the entire process.

Not only the hospital staff, but also Hong Kong Hospital Authority can help provide psychological support for parents in need. "Walking through Stillbirth" and "Walking through Miscarriage" are examples of patient groups held by the parents who did experience the loss of their less than 24 weeks' babies. The Hospital Authority can collaborate with certain Chinese charity communities to establish parental bereavement and grief consultation, in order to set up a platform for parents to receive mental support that help them go through the sadness. Once the outsourcing contracts nearly ends with contractors, the Hospital Authority can consider inviting professionals from universities and/or non-profit organizations by reviewing the existing disposal policy of pregnancy remains. A discussion for a medical professional committee on modifying how to handle the abortuses before 24 weeks' gestation can be formed to collect opinions from experts both inside and outside Hong Kong, i.e., from Mainland China and overseas countries. For



instance, the proposed procedures can refer to “Sensitive Incineration” of the UK’s NHS, which mentions separation of the abortuses and human tissues handling to show more respect and dignity to both parents and their children.

## Conclusion

The occurrence of miscarriage is common among pregnant women and the miscarriage rate can reach 20 percent. However, there is not enough care for those unfortunate women in Hong Kong nowadays. Angela and Kelvin’s case of being recommended to use pet cremation for their son initially raised the public concern on this controversial issue, and more people realized that all less than 24 weeks’ fetuses should be treated as clinical waste in hospitals. As for different opinions among stakeholders, not sufficient funeral services can be provided for the depressed parents and also medical staff members always fail to provide mental support to their clients. To be obvious, there are great rooms for improvement on medical staff’s attitude toward these couples and having more flexibility in arranging legal funerals or cremations for all less than 24 weeks’ fetuses. After studying both the current regulation and the practices in Hong Kong SAR, it is clear that the existing regulation is not comprehensive and has a loophole. Moreover, by taking Mainland China and overseas countries’ measures as a reference, their regulations on handling abortuses and support service from medical staff members provide better direction by showing more respect and dignity to both parents and their children. Although the less than 24 weeks’ abortuses are not classified as any human identity due to the legal constraint, flexibility can still be provided on handling abortuses as a kind of Pareto improvement.

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