

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE MEDICAL COUNCIL OF HONG KONG

DR KO YANG YANG LILLIAN (REG. NO.: M01625)

It is hereby notified that after due inquiry held on 24 November 2014, 27 November 2014, 1 September 2015, 3 September 2015, 9 September 2015, 8 November 2015, 8 December 2015, 16 January 2016 and 24 January 2016 in accordance with section 21 of the Medical Registration Ordinance, Chapter 161 of the Laws of Hong Kong, found Dr KO YANG Yang Lillian (Reg. No.: M01625) guilty of the following disciplinary offences:—

‘That on or about 2 September 2005 she, being a registered medical practitioner, disregarded her professional responsibility to her patient X (‘the patient’), a minor, in that:—

- (a) she inappropriately diagnosed the patient with ‘heavy metal toxicity’ on the basis of hair analysis result and without other specific clinical features; and
- (b) she inappropriately prescribed heavy metal detoxification programme to the patient without proper justification.

In relation to the facts alleged, she has been guilty of misconduct in a professional respect.’

Dr KO was at all material times a registered medical practitioner. Her name has been included in the General Register from 22 September 1970 to present and in the Specialist Register under the Specialty of Paediatrics since 4 March 1998.

There is no dispute that Patient X was brought by his parents to consult one Dr YEUNG on 29 July 2005 for the specific purpose of diagnosing whether he had been affected by heavy metal toxicity. Patient X was then 13 years of age.

According to the patient’s mother (‘Madam A’), Patient X appeared to exhibit learning, behavioural and developmental problems as reported by numerous complaints from authorities at all levels of schools. The situation was accentuated at secondary school with threat of expulsion by the school, allegedly for disruptive behaviour. Through her own research in the internet, Madam A came to believe that Patient X might suffer from a spectrum of disorders due to heavy metal toxicity.

According to Dr YEUNG, Patient X’s parents told him that other doctors had suspected that Patient X was suffering from Attention Deficit Hyperactivity Disorder (‘ADHD’) and he lacked concentration and had learning difficulties at school. There is no dispute that Dr YEUNG then referred Patient X to consult Dr KO. Moreover, at the request of Madam A, hair sample was taken from Patient X and it was subsequently sent by Dr YEUNG to a local laboratory for analysis of heavy metals.

It is also not disputed that Dr YEUNG told Madam A during the subsequent consultation on 1 September 2005 that the laboratory test results of Patient X’s hair sample showed that ‘levels of certain toxic metals, notably mercury and lead, were elevated’.

Then on 2 September 2005, Madam A brought Patient X to see Dr KO and she was asked to complete a Child Developmental History Questionnaire about Patient X. According to Dr KO, when she saw Patient X, she also performed physical examinations to check his visual perception, balance and coordination.

There is conflicting evidence on whether Dr KO had actually confirmed with Madam A that Patient X was suffering from heavy metal toxicity. According to Dr KO, she only made a preliminary clinical diagnosis. It is however not disputed that the diagnosis of heavy metal toxicity was written in Dr KO’s official receipt, which was given to Madam A after the consultation.

Moreover, upon the request of Madam A, Dr KO issued a letter to her on 6 September 2005 which mentioned that Patient X ‘was assessed... and found to have Heavy Metal Toxicity, resulting in visuo-perceptual-motor dysfunction and learning disability... A program of Heavy Metal Detoxification and visuo-perceptual-motor training has just been started to improve his developmental problems. This is expected to continue for about one year...’.

There is no dispute that Patient X did not return to see Dr KO after 2 September 2005.

According to Madam A, she received the full report of 9 pages from a laboratory called Doctor Data Inc. some time on or about 14 September 2005. Madam A then realized that there was a note of caution on page 1 stating that 'The contents this report are not intended to be diagnostic...' Feeling dissatisfied with the consultations for failing to attain an indisputable diagnosis and shockingly high fee charged by Dr KO, Madam A referred the case to the Consumer Council for investigation. Thereafter, Madam A also lodged a complaint with the Medical Council.

It was clearly stated in the 2004 Position Paper issued by the Hong Kong College of Paediatricians ('the Position Paper') that 'The use of hair analysis for the screening of lead or mercury toxicity is controversial and is not recommended for routine clinical practice.' In her PIC submission, Dr KO also told the Medical Council that her 'plan was then to correlate these clinical features with gold standard laboratory tests, namely blood and urine provocation tests, before deciding upon the final management plan.'

Initially, Dr KO sought to convince the Medical Council that 'heavy metal toxicity' was her clinical suspicion and not a conclusive diagnosis. However, the Medical Council did not accept this explanation because Dr KO clearly wrote in her clinical notes of the consultation with Patient X that her diagnosis was 'heavy metal toxicity'; and the same diagnosis was actually repeated in her official receipt, which was issued and signed by her after the consultation.

But later in the course of her oral evidence in chief, Dr KO tried to rely on the textbook by Harrison's Principles of Internal Medicine and sought to convince the Medical Council that hair sample test alone would be sufficient and confirmatory tests was not necessary before embarking on treatment. However, when being asked by the Legal Officer whether confirmatory tests like blood or provocative urine test was required for Patient X's case, Dr KO then told the Medical Council that she arrived at the diagnosis of heavy metal toxicity on the basis of the results of the hair sample test and her clinical assessment of Patient X.

Dr KO also mentioned a host of clinical signs and symptoms that she found in Patient X to justify the diagnosis of 'heavy metal toxicity'. And yet, none of these clinical signs and symptoms was found by the Medical Council to be specific to and let alone diagnostic of 'heavy metal toxicity'. Moreover, Dr KO was constrained to accept that none of the medical literature before the Medical Council had established a causal relationship between heavy metal toxicity with behavioural problems and learning difficulties in children.

In the Medical Council's view, Dr KO ought to have adhered to her alleged 'plan... to correlate these clinical features with gold standard laboratory tests, namely blood and urine provocation tests, before deciding upon the final management plan.' Her conduct had fallen below the standards reasonably expected of registered medical practitioners in Hong Kong. Accordingly, the Medical Council found Dr KO guilty of charge (a).

It is again undeniable from reading Dr KO's letter dated 6 September 2005 that she had prescribed a programme of 'Heavy Metal Detoxification' to Patient X. Dr KO explained that detoxification in this context meant firstly, 'the termination of source so there will not be any further damage... And, secondly, a change of lifestyle... And, thirdly, the dietary control.'

However, in the Medical Council's view, the real issue is whether the 'Heavy Metal Detoxification' was inappropriately prescribed without proper justification. In view of its finding in respect of charge (a), the Medical Council had no hesitation in finding that Dr KO inappropriately prescribed heavy metal detoxification to Patient X without proper justification. Again, her conduct had fallen below the standards reasonably expected of registered medical practitioners in Hong Kong. Accordingly, the Medical Council also found Dr KO guilty of charge (b).

The Medical Council did not doubt her bona fides in making the diagnosis of 'heavy metal toxicity'. However, the fact remained that she inappropriately diagnosed the patient with 'heavy metal toxicity' on the basis of hair analysis result and without other specific clinical features. Moreover, she inappropriately prescribed heavy metal detoxification programme to Patient X without proper justification. However, the Medical Council accepted that there was nothing in the evidence which indicated that the nutrients and substances given to Patient X so far had caused him any harm.

Taking into account the whole circumstances of this case and Dr KO's plea of mitigation, the Medical Council ordered that Dr KO be reprimanded in respect of charges (a) and (b).

The orders are published in the *Gazette* in accordance with section 21(5) of the Medical Registration Ordinance. The full decision of the Medical Council is published in the official website of the Medical Council of Hong Kong (<http://www.mchk.org.hk>).

LAU Wan-ye, Joseph *Chairman, The Medical Council of Hong Kong*