

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE MEDICAL COUNCIL OF HONG KONG

DR LAM KWUN LAI PAUL (REG. NO.: M03673)

It is hereby notified that after due inquiry held on 14 April 2015, 25 September 2015, 26 September 2015, 27 September 2015 and 1 November 2015 in accordance with section 21 of the Medical Registration Ordinance, Chapter 161 of the Laws of Hong Kong, the Medical Council of Hong Kong found Dr LAM Kwun Lai Paul (Reg. No.: M03673) guilty of the following disciplinary offences:—

‘That, during the period of October 2006 to November 2006, he, being a registered medical practitioner, disregarded his professional responsibility to his patient A (‘the Patient’) in that:—

- (a) he misled the patient into believing that she had an increased body burden of heavy metals and that she needed a chelation therapy when in fact the patient did not have heavy metal toxicity; and
- (b) he unnecessarily prescribed to the patient a chelation therapy.’

Dr LAM was at all material times a registered medical practitioner. His name has been included in the General Register from 17 August 1979 to present and in the Specialist Register under the Speciality of Paediatrics since 4 March 1998.

According to the Patient, she first developed skin problems in or around early 2005. She consulted a number of doctors including a dermatologist and a specialist in immunology and allergy for treatment. Despite being prescribed with antibiotics and steroids, her skin problems were never completely cured. The Patient advised that ever since the onset of her skin problems in or around 2005, she had all along been eating seafood about twice a week.

The Patient first consulted Dr LAM for treatment of her skin problems on 3 October 2006. According to Dr LAM’s medical record notes for the first consultation, the Patient complained of impetigo (scabby eruption)-like skin lesions over her body for 18 months and there was increased itchiness at night. Physical examination then showed erythematous (reddened) roundish skin lesions with the size of a coin over the Patient’s whole body and especially on her 4 limbs. Some of them were bullae (bubble-like) and covered with scabs. Brownish discolouration was also noted on her upper and lower gums.

According to Dr LAM, he explained to the Patient during the first consultation that she was suffering from chronic eczema that was caused by allergy to environmental allergens. He also told the Patient that her skin problems were probably related to, first, an overload of toxic heavy metals, which in turn had adversely affected her body’s immunity and detoxification ability; and second, a deficiency in micronutrients, which resulted in poor skin healing; and that he was going to give her vitamins and nutraceuticals for improvement of her body’s immunity. He further told the Patient that her skin problems were exacerbated by her lifestyle and dietary habits. He advised her to avoid eating seafood during treatment and she should also stop smoking and taking oral contraceptives.

The Patient visited Dr LAM’s clinic again on 16 October 2006. During the second consultation, the Patient showed Dr LAM the results of a skin allergy test taken a few months earlier, which revealed that she suffered mild to moderate allergy to a number of environmental allergens, including food items. On 29 October 2006, the Patient visited Dr LAM’s clinic again for follow-up on her skin problems.

Then on 13 November 2006, Dr LAM asked the Patient to undergo a heavy metal test and she agreed. It is however not in dispute that no baseline urine sample was taken from the Patient. Dr LAM directly performed a challenge urine test by giving DMPS 200 mg IV to the Patient and he also advised the Patient to collect urine sample during the first 6 hours after the injection.

On 28 November 2006, Dr LAM explained to the Patient the results of the challenge urine test and told her that her skin problems were attributable to the high levels of toxic heavy metals, particularly, mercury, lead and arsenic, in her body. Dr LAM also explained to the Patient that he

was going to prescribe chelation treatment to eliminate the toxic heavy metals, especially mercury, in her body.

The Patient claimed that she took the prescribed medications for a few days until 1 December 2006 when she discussed her treatment with a friend who was a nurse. Upon the advice from her nurse friend, the Patient went to the Adventist Hospital for a blood test on heavy metal toxicity on 6 December 2006. The results of her blood test were available on 15 December 2006 which showed that the lead and mercury levels in her blood were normal.

According to the Patient, her skin problems persisted for about half a year into the middle of 2007. In the meantime, the Patient consulted another two doctors and she took the medicines prescribed by those doctors on and off, as and when the need arose. Eventually, her skin problems were cured and she did not require further treatment since around the middle of 2007.

Dr LAM admitted that he had explained to the Patient during the first consultation that the intractability of her eczema could be due, amongst others, to toxic heavy metals overload in her body. There was however no robust evidence from either clinical research or empirical studies to support the alleged correlation between toxic heavy metals overload and intractable eczema. The alleged correlation between toxic heavy metals overload and intractable eczema was, in the Medical Council's view, mere speculation. The Medical Council also agreed with the Secretary's expert witness, Professor KUMANA, that 'recourse to chelators to tackle such uncertain possibilities should only be conducted in a research context/setting'.

Dr LAM insisted that he was practising evidence-based medicine and he should not be faulted for subscribing to a minority body of medical opinion, namely, the protocol of treatment of the International Board of Clinical Metal Toxicology ('IBCMT'). In this connection, it was clearly stated in paragraph 22.2 of the Code of Professional Conduct (2000 edition) that:—

'A medical practitioner who utilizes complementary/alternative treatment modalities may be subject to strict review and judgement with reference to the law governing the alternative practice.'

The Medical Council emphasized that it was not endorsing the IBCMT's protocol of treatment. But even if there existed a responsible body of medical treatment on treatment of intractable eczema with chelation therapy, the real point was that the Defendant had departed from the BCMT's protocol of treatment by failing to arrange for the Patient to do a baseline urine test. Protocol of treatment was meant to be a set of good practice guidelines that ensure the safety of patients and efficacy of treatment. Therefore, it was a fundamental principle in evidence-based medicine that there must be good justification(s) to depart from a protocol of treatment. Indeed, the evidence of the defence expert witness, Dr SIOW, was that a baseline urine test was 'the gold standard protocol of the IBCMT'.

The Medical Council accepted the Patient's evidence that Dr LAM had told her during the consultation on 28 November 2006 that her lead and mercury levels were very high when compared with the reference ranges stated in the laboratory test report. It was however clearly stated in the laboratory test report that 'Reference ranges are representative of a healthy population under non-challenge or non-provoked conditions'.

It was therefore misleading for Dr LAM to tell the Patient that her lead and mercury were very high when compared with the reference ranges stated in the laboratory test report. There was no doubt that Dr LAM misled the Patient into believing that she had an increased toxic heavy metals burden in her body and that she needed a chelation therapy when in fact the Patient did not have heavy metal toxicity.

Besides, the Medical Council considered that Dr LAM wrongly interpreted the results of the challenge urine test to indicate that the Patient was suffering from toxic heavy metals overload.

In the Medical Council's view, any registered practitioner, regardless of whether he was utilizing complementary/alternative treatment modalities or not, ought to ensure that his decision to treat the patient with any form of therapy was evidence based. In this case, not only did Dr LAM wrongly interpret the laboratory test report but he had actually proceeded with chelation therapy without first establishing a diagnosis based on rigorous evidence either from clinical research or empirical studies. All the more serious, Dr LAM misled the Patient into believing that she had an increased body burden of heavy metals and that she needed a chelation therapy.

The Defendant's conduct and/or omission, be it intentional or not, had clearly fallen below the standards expected of a registered medical practitioner in Hong Kong.

Having considered the gravity of the charges and the mitigation, the Medical Council made a order that:—

- (1) in respect of charge (a), Dr LAM's name be removed from the General Register for a period of 12 months;
- (2) in respect of charge (b), Dr LAM's name be removed from the General Register for a period of 9 months;
- (3) the said 2 removal orders to run concurrently, making a total of 12 months;
- (4) operation of the said removal orders be suspended for 3 years subject to the condition that Dr LAM shall complete during the suspension period satisfactory peer audit by a doctor to be appointed by the Medical Council with the following terms:—
 - (a) the appointed doctor shall conduct random audit of Dr LAM's practice with particular regard to evidence based medicine, communications with patients and use of chelation agents;
 - (b) the peer audit should be conducted without prior notice to Dr LAM;
 - (c) the peer audit should be conducted at least once every 6 months during the suspension period;
 - (d) during the peer audit, the appointed doctor should be given unrestricted access to all parts of the clinic and the relevant records which in the appointed doctor's opinion is necessary for proper discharge of his duty;
 - (e) the appointed doctor shall report directly to the Medical Council the finding of his peer audit at 6-monthly intervals. Where any defects are detected, such defects should be reported to the Medical Council as soon as practicable; and
 - (f) in the event that Dr LAM does not engage in active practice at any time during the suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until the completion of 36-month suspension period.

Dr LAM lodged an appeal to the Court of Appeal on 4 December 2015 against the orders made by the Medical Council. On 30 June 2016, Dr LAM applied by way of request for dismissal of the said appeal. By an order dated 30 June 2016, the said request for dismissal was allowed by the Court of Appeal. In the premises, the abovementioned suspension period has started from the date of the Court of Appeal's said order i.e. on 30 June 2016.

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*