G.N. 65

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE MEDICAL COUNCIL OF HONG KONG
DR TSE BOON KEUNG (REGISTRATION NO.: M02246)

It is hereby notified that after due inquiry held on 15 November 2016 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 TSE Boon Keung (Registration No.: M02246) guilty of the following disciplinary offences:—

First case

'That, in or around 2010 to October 2013, he, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam X ('the Patient') in that:—

(a) he prescribed Cordarone to the Patient without proper justification; and

(b) he failed to pay proper regard to causing harm to the Patient in so doing.

In relation to the facts alleged, either singularly or cumulatively, he has been guilty of misconduct in a professional respect.'

Second Case

'That he, being a registered medical practitioner, was convicted at the Shatin Magistrates' Courts on 29 December 2014 of the offence of failing to keep a Register of Dangerous Drugs in the specified form, which is an offence punishable with imprisonment, contrary to Regulations 5(1)(a) and 5(7) of the Dangerous Drugs Regulations made under the Dangerous Drugs Ordinance, Chapter 134, Laws of Hong Kong.'

Dr TSE was at all material times a registered medical practitioner and still is included in the General Register. His name has never been included in the Specialist Register.

First Case

In between May 2007 and October 2013, the Patient underwent a health maintenance programme provided by one La Clinique De Paris (HK) Limited ('La Clinique'). This programme included monthly medical consultations, annual body checkups, follow-up blood testing (if necessary), prescription of preventive medicine for anti-aging and etc.

According to Dr TSE, he worked at La Clinique as a general practitioner from 1 December 2000 to 31 October 2013. Dr TSE first saw the Patient at La Clinique on 28 March 2008. Thereafter, the Patient continued to consult him regularly pursuant to the health maintenance programme.

There is no dispute that Dr TSE started to prescribe Cordarone (amiodarone), an antiarrhythmic medication used to treat a number of types of irregular heartbeats, to the Patient in or around August 2010.

However, there is conflicting evidence on the reason(s) for this prescription. According to Dr TSE, the Patient presented with chest discomfort and palpitation when she consulted him in or around August 2010. Although her blood pressure and resting heart rate were normal and physical examination findings were unremarkable, Dr TSE found on auscultation of her heart that her heartbeats were irregularly irregular. A diagnosis of atrial fibrillation was made and he then advised the Patient to take Cordarone in order to put her heartbeat back into normal rhythm and to reduce the risks of her suffering from a stroke or heart attack.

The Patient disagreed. Although she was prepared to accept that Cordarone was mentioned in the prescription sheet given to her after the consultation as a medication for prevention of atrial fibrillation, she insisted in her complaint letters to the Medical Council that her heart functions were normal when she consulted Dr TSE in or around August 2010.

However that may be, Dr TSE frankly admitted that he prescribed Cordarone to the Patient without proper justification; and in so doing, he also failed to pay proper regard to causing harm to the Patient. In this connection, there is no dispute that Dr TSE increased the dosage from 100 mg per day initially to 200 mg per day in December 2010 and then to 400 mg per day in

March 2011 without carrying out any test (other than a CT coronary angiogram which showed no abnormality) to verify the diagnosis of atrial fibrillation.

It is unchallenged evidence of the Patient that she consulted one Dr Ignatius LAM, a specialist in internal medicine, on 2 December 2013 complaining of chest discomfort, tiredness, palpation, on and off dizziness and shortness of breath for a period of 2 months. In view of the sinus bradycardia and her symptoms of on and off dizziness and tiredness, Dr LAM advised the Patient to go back to La Clinique to find out why she had to take Cordarone and whether it could be stopped.

It is not entirely clear from the evidence whether the Patient did go back to La Clinique on 2 December 2013. There is however no dispute that the Patient consulted Dr Peter KING, a cardiologist of Hong Kong Adventist Hospital, for cardiology evaluation on 3 December 2013. According to Dr KING's medical report on the Patient, cardiac examination revealed regular rate and rhythm. No murmurs or gallops were noted. Moreover, the Patient underwent treadmill exercise test and no arrhythmias was noted. However, the Patient was found to have bradyrhythmia and she was advised to undergo repeat Holter study, echocardiogram and further evaluation of bradyrhythmia and the need for permanent pacemaker implementation. Dr KING also recommended her to reduce the dosage or stop Cordarone to see if her heart rate would increase.

The Code of Professional Conduct ('the Code') states that '*a doctor may prescribe medicine to a patient only after proper consultation and only if drug treatment is appropriate*.' Leaving aside whether the diagnosis of atrial fibrillation was rightly made, the Medical Council agreed with the unchallenged evidence of the Secretary's expert, Dr TANG, that Dr TSE should at least consider if immediate drug treatment was necessary in the circumstances. And even if immediate drug treatment was found to be necessary, Dr TSE should firstly arrange for the Patient to undergo a 12 leads electrocardiogram ('ECG') to verify the diagnosis of atrial fibrillation and to rule out other cause(s) of irregular heart rhythm. Moreover, this would form the baseline for any subsequent ECG, if required.

However that may be, Dr TSE was unable to give any satisfactory explanation why he increased the dosage of Cordarone from 100 mg/day to 200 mg/day and then to 400 mg/day. In the view of the Medical Council, Dr TSE could not safely rely upon the normal liver and thyroid function tests to justify his continual prescription and let alone increase in dosage of Cordarone. Without verifying the diagnosis of atrial fibrillation in the first place, Dr TSE ought to have arranged for an ECG before increasing the dosage.

Dr TSE's conduct had clearly fallen below the standards reasonably expected of registered medical practitioners in Hong Kong. The Council therefore found him guilty of professional misconduct as per the disciplinary charge in the First Case.

Second Case

On 25 July 2014, pharmacists from the Department of Health inspected Dr TSE's clinic and found different dangerous drugs. The Defendant was asked to produce the relevant dangerous drugs registers for inspection. Dr TSE then presented a loose paper in which he claimed all the dangerous drugs registers were kept.

In the presence of Dr TSE, pharmacists from the Department of Health checked the physical stock of dangerous drugs against the balance shown in his dangerous drugs records. It was found that the physical stock of Sedapam (diazepam) 2 mg tablets did not tally with the balance shown in the corresponding dangerous drug record and 25 tablets were found to be missing.

It was also found out that the dangerous drugs records made by Dr TSE were of a different format from the statutory form specified in the First Schedule to the Dangerous Drugs Regulations, Chapter 134A. Moreover, address of person or firm from whom the dangerous drugs were received or to whom supplied and invoice number were missing from Dr TSE's dangerous drugs records.

Dr TSE was subsequently charged with the offence of 'failing to keep a register of dangerous drugs in the specified form', contrary to regulations 5(1)(a) and 5(7) of the Dangerous Drugs Regulations, Chapter134A.

Dr TSE was convicted on his own plea of the aforesaid offence at the Shatin Magistrates' Court on 29 December 2014 and was fined a sum of $1,800. There is no dispute that the aforesaid offence is punishable with imprisonment.

Section 21(3) of the Medical Registration Ordinance (MRO) stipulates that '*Nothing in this section shall be deemed to require the Council to inquire into the question whether the registered medical practitioner was properly convicted but the Council may consider any record of the case in which such conviction was recorded and any other evidence which may be available and is relevant as showing the nature and gravity of the offence*.' The Medical Council was therefore entitled to take the said convictions as conclusively proven against Dr TSE and found Dr TSE guilty of the disciplinary offence as charged.

The Medical Council has repeatedly emphasized the importance of proper record of dangerous drugs in compliance with the statutory requirements. Medical practitioners being given the legal authority to supply dangerous drugs must diligently discharge the corresponding responsibility to keep records in the prescribed form.

In sentencing Dr TSE, the Medical Council emphasized that the gravamen of the First Case lay in his overall management of the Patient for a lengthy period of over 3 years. Whilst Dr TSE might have good intentions all along but he ought to know that in the practice of evidence based medicine, genuine belief was not enough. After making a preliminary diagnosis, Dr TSE ought to consider what further investigations that could help him to substantiate his bedside diagnosis before formulating his subsequent treatment plan and to review the Patient's medical progress and treatment from time to time. And by managing the Patient in the way that he did, Dr TSE exposed her to potential significant adverse effects which might in rare cases even be fatal. This also reflected on his competence to practise medicine.

Taking into consideration the nature and gravity of the disciplinary offence of the First and Second Cases and the mitigation advanced by Dr TSE's lawyer, the Council made a global order in respect of the First and Second Cases that Dr TSE's name be removed from the General Register for a period of 2 months.

Pursuant to the Medical Council's order, Dr TSE's name has been removed from the General Register on 6 January 2017.

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-yee, Joseph *Chairman, The Medical Council of Hong Kong*