**G.N. 183**

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

# ORDER MADE BY THE MEDICAL COUNCIL OF HONG KONG DR CHIU KONG NGAI (REGISTRATION NO.: ML00106)

It is hereby notified that after due inquiry held on 25 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 CHIU Kong Ngai (Registration No.: ML00106) guilty of the following disciplinary offences:—

'That in the period between a date on or about 9 June 2011 and a date on or about 7 July 2011, he, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam X ('the Patient'), deceased, in that:—

(a) he inappropriately or without good medical reason prescribed systemic Dexamethasone to the Patient;

(b) he prescribed long period of high dose Diclofenac 50 mg (4 tabs/day) to the Patient without properly and/or adequately monitoring its side effect(s); and

(c) he inappropriately and/or without good medical reason prescribed Diclofenac continuously to the Patient.

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

Upon the recommendation of her friend, the Patient first consulted Dr CHIU on 9 June 2011 complaining of hip and leg pain. There is no dispute that Dr CHIU gave the Patient an intramuscular injection (IMI) of Dexamethasone, which is a systemic steroid, 1 ml (= 4 mg) at his clinic. The Defendant also prescribed to the Patient after the consultation, amongst others, 2 oral medicines, namely, Dexamethasone 0.5 mg 4 times a day (QID), Diclofenac, which is a nonsteroidal anti-inflammatory drug (NSAID), 50 mg QID for 2 days.

The Patient returned to see Dr CHIU again on 11 June 2011. Again, Dr CHIU gave the Patient the same dosage of Dexamethasone IMI at his clinic and the same 2 oral medicines were prescribed to the Patient after the consultation.

It is not entirely clear from the evidence altogether how many times the Patient had consulted Dr CHIU. However, according to Dr CHIU's consultation record card, he repeatedly administered and prescribed the same IMI and oral medicines to the Patient for 11 times in a span of 4 weeks from 9 June 2011 to 7 July 2011.

According to the medical report jointly prepared by Dr Lawrence MA, a specialist in haematology and haematological oncology, and Dr TSE Tak Sun, a specialist in cardiology, the Patient was admitted to St. Paul Hospital on 16 July 2011 with general malaise. Upon admission, her blood pressure was on low side and she was treated as a case of Addisonian crisis, precipitated by sepsis and was later transferred to the Intensive Care Unit for management. Clinical laboratory report on the same day also showed that her serum cortisol level was above normal value.

On 18 July 2011, the Patient had an episode of seizure for 3 minutes. Subsequent blood test then revealed markedly raised Troponin I test result which indicated that she might be suffering from acute myocardial infarction (heart attack). Bedside echocardigram also showed impaired left ventricular function. The differential diagnoses were acute myocarditis or Takotsubo cardiomyopathy secondary to acute stress with sepsis. Her condition continued to deteriorate despite dobutamine infusion. Blood test further showed renal impairment and she later developed congestive heart failure requiring bilevel positive airway pressure (BIPAP) support.

The Patient was transferred to the Pamela Youde Nethersole Eastern Hospital on 20 July 2011 after she developed acute pulmonary oedema with desaturation. She was immediately admitted to the Cardic Care Unit for management. Initially, she was treated as severe sepsis with acute renal failure, convulsion and disseminated intravascular coagulopathy (DIC). However, she progressively developed respiratory distress and had to be intubated. Despite high level of inotropic support, empirical antibiotics, anti-fungals, anti-tuberculosis and other supportive treatments, she developed refractory shock and eventually died on 23 July 2011.

It is clearly stated in the Code of Professional Conduct that a doctor may prescribe medicine to a patient only after proper consultation and only if drug treatment is necessary.

Dr CHIU told the Preliminary Investigation Committee (PIC) that the Patient complained to him of intermittent leg and hip pain on the first visit. No injury was noted upon physical examination albeit there was some limitation in movement. Having ascertained from the Patient that she had no history of drug allergy, Dr CHIU then prescribed Dexamethasone and Diclofenac to her as aforesaid.

It is not entirely clear from reading the consultation record card, which only recorded the names of medicine, what diagnosis the Defendant had made. Apparently, Dr CHIU was treating the pain symptoms in her leg and hip and nothing more.

However that may be, there is nothing in the evidence which indicates that prescription of systemic Dexamethasone was justified. Even if Dexamenthasone was prescribed for off-label use, the Council agreed with the Secretary's expert, Dr PANG, that before prescribing Dexamethasone to the Patient, Dr CHIU ought to weigh the expected gain carefully against the undesirable effects. This is especially true when Dr CHIU was dealing with a patient of the age of 64 and whose medical condition was not properly assessed.

It was clearly stated in Harrison's Principles of Internal Medicine 15th ed. at p. 1992, systemic glucocorticoids (for which Dexamethasone is one) have no place in the treatment of osteoarthritis. Hence, even if Dr CHIU had actually found the Patient's pain symptoms to be of musculoskeletal origin, Dexamethasone was not indicated for the treatment of her oestoarthritic pain. Viewed from this perspective, Dr CHIU's prescription of Dexamethasone to Patient was without good medical reason.

Moreover, whilst Dexamethasone might offer the Patient some pain relief but the undesirable effects of this medicine, especially those associated with impaired or suppressed immunity, clearly outweighed the expected gain. Viewed from this perspective, Dr CHIU's prescription of Dexamethasone to the Patient was also inappropriate. Therefore, the Council found Dr CHIU guilty of charge (a).

As to charge (b). There is no dispute that Dr CHIU did not arrange for a renal function test before prescribing Diclofenac to the Patient. Without the benefit of a baseline renal function test, it would be difficult to gauge the renal toxic effects of Diclofenac on the Patient.

The Council agreed with Dr PANG that the prescribed dosage of Diclofenac was high, bearing in mind the Patient's age and built. The Council also agreed with Dr PANG that the adverse effect of Diclofenac on the Patient's body might be aggravated by the continuous prescription and consumption of Dexamethasone.

The Council found Dr CHIU's repeated prescritions of Diclofenac for no less than 11 times to the Patient without paying proper attention to possible adverse effects on her renal functions unacceptable. In view of the lengthy period and high dosage of which Diclofenac was prescribed, Dr CHIU ought to have monitored the Patient's response to Diclofenac closely by arranging for appropriate laboratory tests. Therefore, the Council found Dr CHIU guilty of charge (b).

As to charge (c). The Council agreed with Dr PANG that without a precise diagnosis, Dr CHIU was achieving only a temporary relief of the pain symptoms by prescribing Diclofenac to the Patient repeatedly. But then again, the real point is that Dr CHIU prescribed Diclofenac indiscriminately without verifying the underlying medical cause(s) for the leg and hip pain. As such, the continuous prescription of Diclofenac to the Patient was inappropriate and without good medical reason. Therefore, the Council also found the Defendant guilty of charge (c).

By reasons of the aforesaid, Dr CHIU'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 charged.

The Council emphasized that no doctor should prescribe medicine to his patient without proper consultation and unless drug treatment is actually indicated. The Council was most concerned about Dr CHIU's indiscriminate prescription of medicines without verifying the underlying cause(s) of the Patient's medical complaints.

Taking into consideration the nature and gravity of the disciplinary offences committed by Dr CHIU and the mitigation advanced by Dr CHIU, the Council ordered that:—

(1) in respect of the amended charge (a), the Defendant's name be removed from the General Register for 3 months;

(2) in respect of charge (b), the Defendant's name be removed from the General Register for 1 month;

(3) in respect of charge (c), the Defendant's name be removed from the General Register for 3 months; and

(4) all the removal orders to run concurrently, making a total of 3 months.

Pursuant to the Medical Council's order, Dr CHIU's name has been removed from the General Register on 13 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*