G.N. 3123

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE INQUIRY PANEL OF
THE MEDICAL COUNCIL OF HONG KONG

DR LEUNG CHIN WAN TASMAN (REGISTRATION NO.: M06773)

It is hereby notified that after due inquiry held on 18 February 2019 in accordance with section 21 of the Medical Registration Ordinance, Chapter 161 of the Laws of Hong Kong, the Inquiry Panel of the Medical Council of Hong Kong (the 'Inquiry Panel') found Dr LEUNG Chin Wan Tasman (Registration No.: M06773) guilty of the following disciplinary offence:—

'That on or about 6 April 2013, he, being a registered medical practitioner, disregarded his professional responsibility to his patient ('the Patient') in that he failed to properly examine the laceration on the Patient's finger to recognise the extensor tendon injury before performing suturing of the wound.

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

The name of Dr LEUNG Chin Wan Tasman has been included in the General Register from 4 February 1988 to present and his name has never been included in the Specialist Register.

The Dr LEUNG admitted the factual particulars of the disciplinary charge against him.

Briefly stated. The Patient's right middle finger was cut by a broken glass flower vase on 6 April 2013. The wound was about 1.5 cm long and located at the proximal interphalangeal ('PIP') joint dorsal side of her right middle finger. On the same day, the Patient sought treatment from Dr LEUNG. According to Dr LEUNG, he found on examination slight limitation of flexion and extension of the PIP joint of her right middle finger at terminal range due to pain. The Patient could open and close the fist of her right hand. With the consent of the Patient, Dr LEUNG then proceeded to close the wound.

However, Dr LEUNG failed to notice the extensor tendon injury before performing suturing of the wound.

On 13 April 2013, the Patient returned to see Dr LEUNG and complained that the wound was still painful. On examination, the Patient could not fully extend the PIP joint and the terminal range was still limited by pain. After removing the sutures, the wound was found to be mildly opened, suggestive of minor wound infection. Re-suturing of the wound was subsequently performed.

And yet, the pain in the wound was not relieved. The Patient later attended the Accident & Emergency Department of Ruttonjee & Tang Shiu Kin Hospitals for treatment. The provisional diagnosis was infected laceration and suspected extensor tendon injury. The Patient was referred to the Department of Orthopaedic & Traumatology of Pamela Youde Nethersole Eastern Hospital ('PYNEH') for further management. Eventually, the diagnosis of incomplete rupture of the extensor tendon was confirmed on 29 April 2013. Operation was performed on 30 April 2013 and repair of the Patient's extensor tendon was carried out.

Meanwhile, the Patient lodged this complaint against Dr LEUNG with the Medical Council.

Dr LEUNG admitted that he failed to properly examine the laceration on the dorsal side of the Patient's right middle finger to recognize the extensor tendon injury before performing suturing of the wound on 6 April 2013.

The Inquiry Panel accepted the unchallenged opinion of Dr TSE, the Secretary's expert, that:—

'Given the history of cut by a glass flower vase, it is most important to examine for injury to the tendons. The best time to confirm any tendon injury is at the time of exploration and suture of the wound.

… The cut tendon should not be difficult to be detected if a conscious effort was spent to look for it…'

In the view of the Inquiry Panel, since Dr LEUNG had decided to perform the exploration and suture of the wound in his clinic without referring the Patient to see a specialist or for

admission to hospital, he ought to have carried out the examination of the Patient's finger properly before performing suturing of the wound.

The Inquiry Panel also agreed with Dr TSE that dorsal hand wounds often involve extensor tendons, because of their superficial lie and thin overlying skin. And the most certain way to identify a tendon injury is direct visualization at the time of exploration.

Had Dr LEUNG examined the laceration on the Patient's finger properly, which he admitted he did not, Dr LEUNG ought to be able to come up with a provisional diagnosis of suspected extensor tendon injury and to refer her to orthopaedic specialist or hospital for further investigation and treatment.

In the view of the Inquiry Panel, Dr LEUNG's conduct had fallen below the standards expected of registered medical practitioner in Hong Kong. Accordingly, Dr LEUNG was found guilty of misconduct in a professional respect as charged.

The Inquiry Panel accepted that Dr LEUNG had shown sufficient insight into his failings and had since taken relevant CME courses to improve his professional knowledge. Given his genuine remorsefulness, the Inquiry Panel believed that the chance of his committing the same or similar disciplinary offence would be low.

Having considered the nature and gravity of the disciplinary charge and the plea of mitigation, the Inquiry Panel ordered that a warning letter be issued to Dr LEUNG.

The order is published in the *Gazette* in accordance with section 21(5) of the Medical Registration Ordinance. The full decision of the Inquiry Panel 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