MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE INQUIRY PANEL OF THE MEDICAL COUNCIL OF HONG KONG DR TONG HO (REGISTRATION NO.: M13341)

It is hereby notified that after due inquiry held on 12 April 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 ('Inquiry Panel') found Dr TONG Ho (Registration No.: M13341) guilty of the following disciplinary offence:—

'That on or about 9 September 2013, he, being a registered medical practitioner, disregarded his professional responsibility to his patient ('the Patient') in that he prescribed Brufen (Ibuprofen) to the Patient when he knew or ought to have known that the Patient was allergic, or was susceptible to adverse reaction(s), to Brufen (Ibuprofen).

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

Dr TONG was at all material times a registered medical practitioner. His name has been included in the General Register from 2 January 2002 to present.

Briefly stated, the Patient consulted Dr TONG at the Health Network Medial Center ('the Medical Center') on 9 September 2013 complaining of sore throat, cough without sputum and mild running nose. Dr TONG made a diagnosis of Upper Respiratory Tract Infection ('URTI') and prescribed the Patient with, amongst other medicines, Brufen 200mg 4 times a day for 3 days.

There is no dispute that the Patient had visited the Medical Center on and off since March 2011. Dr TONG was at all material times a locum doctor working there and the Patient's allergy to Brufen was made known to him during the consultation on 8 August 2013. Indeed, Dr TONG also admitted that he had personally updated the Patient's allergic history in the computerized medical records accordingly.

Brufen, which is trade name for ibuprofen, is a non-steroidal anti-inflammatory drug ('NSAID') and it should not be given to any patient who is allergic to ibuprofen.

According to his submission to the Preliminary Investigation Committee ('PIC'), when the Patient came to see him on 9 September 2013, he noted from reviewing the computerized medical records that the Patient visited the Medical Center on 8 August 2013 presenting with mild symptoms of URTI. He further noted from the clinical notes for the consultation on 8 August 2013 that the medicines that he prescribed to the Patient failed to control the Patient's illness. This resulted in the Patient returning for a follow-up consultation on 13 August 2013 and was given additional medicines for treatment of his allergic airway problems. And yet, the Patient's medical conditions did not resolve until the third consultation on 17 August 2013. Therefore, he was minded to review the medicines prescribed for the Patient on these consultations with a view to considering and recommending a better treatment.

Dr TONG further submitted to the PIC that upon browsing from the computerized medical records for the consultations on 8, 13 and 17 August 2013, he noted that the Patient was given an NSAID, namely, Ponstan. He then went on to browse older prescription records and noted that Brufen was prescribed to the Patient a few times back in 2011 with seemingly better therapeutic results. He therefore decided to prescribe Brufen to the Patient in the hope that this might provide the Patient with better treatment.

According to the Patient, whose evidence was unchallenged by Dr TONG, he developed allergic reactions after taking the medicines prescribed by Dr TONG, including Brufen. He immediately returned to the Medical Center and told Dr TONG that he felt unwell with rash and itchiness after taking the prescribed medicines.

According to Dr TONG's submission to the PIC, when he realized that he had overlooked the allergic history of Brufen, he gave the Patient an injection of Prednisolone and Atarax for relief of his allergic reactions. He also advised the Patient to stay in the Medical Center for observation. However, about 10 to 15 minutes later, the Patient requested the healthcare assistant of the Medical Center to call an ambulance to send him to hospital because he considered that there was no improvement to his medical conditions.

According to the A&E Attendance Record kept by the Prince of Wales Hospital, the Patient arrived by ambulance at 22:15 hours on 9 September 2013. He was found to have swelling of tongue and lips, shortness of breath and rash. He later developed hypotension and admitted through the A&E Department to the Intensive Care Unit for close monitoring. Eventually, his allergic reactions subsided and he was discharged from the General Ward on 12 September 2013. According to the Discharge Summary, a diagnosis of angioedema (anaphylaxis) was made.

Thereafter, the Patient lodged his complaint against Dr TONG with the Medical Council.

Dr TONG admitted the factual particulars of the disciplinary charge against him.

In the view of the Inquiry Panel, patients are entitled to, and they often do, rely on doctors to exercise reasonable care and competence in avoiding prescription of drug to which they have a known allergy. Allergic reaction to drug is not dose-dependent, and can be triggered by even a small dose. Moreover, allergic reaction to drug can be very serious and potentially life-threatening. In a patient with a reported allergy to a particular drug, the risk of having an allergic reaction after taking the same drug again would be high.

The Inquiry Panel found the prescription of Brufen to the Patient, whom Dr TONG ought to have known was allergic to ibuprofen, inappropriate and unsafe. If Dr TONG had taken adequate note of the Patient's history of allergy, he ought to have considered whether there were safer alternatives than Brufen. The Inquiry Panel therefore found Dr TONG guilty of misconduct in a professional respect as charged.

Having regard to the nature and gravity of this case and the mitigation advanced by Dr TONG's legal representative, the Inquiry Panel ordered that Dr TONG's name be removed from the General Register for a period of 1 month and the operation of the removal order be suspended for a period of 12 months.

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