G.N. 5269

DENTISTS REGISTRATION ORDINANCE (Chapter 156)

ORDER MADE BY THE DENTAL COUNCIL OF HONG KONG

It is hereby notified that the Dental Council of Hong Kong ('the Council'), after due inquiry held on 20 June 2019 in accordance with section 18 of the Dentists Registration Ordinance, Chapter 156 of the Laws of Hong Kong, found Dr MA Siu-wing, Raymond ('Dr MA') (Registration No. D01561) guilty of the following charges:—

'In about June 2015 to January 2017, you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient, Ms LEE Si-lin, Nancy ('the Patient') or otherwise neglected your professional duties to the Patient in that:—

(i) you failed to explain to the Patient the possible risks and complications associated with cutting healthy teeth for crowns; and/or

(ii) you devised and implemented an inappropriate treatment plan for the Patient, necessitating extensive cutting of sound tooth substance and resulting in gingival and pulpal complications;

and that in relation to the facts alleged you have been guilty of unprofessional conduct.'

Ms LEE Si-lin, Nancy ('Ms LEE') had her 6 upper front crowns (teeth '13' to '23') made in around 2003 for cosmetic reasons. For 10 years, she was satisfied with those 6 upper crowns and never had any problem associated with them until they developed dark lines around the metal margins near the gums. As to her lower teeth, she had 2 lower wisdom teeth (teeth '38' and '48') extracted in Germany in 2013. In about June 2015, Ms LEE went to her beauty salon for a facial session. The beauty salon was promoting a dental check-up package to its customers. A beautician of the beauty salon highly recommended Ms LEE to consult Dr MA for an initial free-of-charge dental assessment.

In about late June 2015, three staff from the beauty salon accompanied Ms LEE to Dr MA's dental clinic for the assessment. Having examined Ms LEE's teeth, Dr MA told Ms LEE that the best way to solve the metal-showing problem on her top front crowns was to have them replaced with porcelain crowns. He also told her that in order to make her upper teeth look even, a total of 10 upper crowns should be done. For the uneven lower teeth, Dr MA told her that unevenness could be dealt with by placing another 10 porcelain lower crowns. Dr MA told her that by placing 10 porcelain crowns at the top and another 10 at the bottom she would definitely get a brilliant Hollywood smile and excellent appearance. Ms LEE told the Council that Dr MA had never given her any options or told her of the possible risks and complications of crowning. She said she was rushed into agreeing to the crowning procedure.

In September 2015, Ms LEE consulted Dr Karnstedt in Germany. Dr Karnstedt was of the view that all her teeth and gums were healthy, and recommended replacement of the existing 6 crowns only. Dr Karnstedt advised that there was no reason for additional work. Ms LEE did not pay heed to Dr Karnstedt's advice. She was led by Dr MA to believe that 20 crowns would give her a superior smile than 6 new crowns. On 19 November 2015, Dr MA provided Ms LEE with the first set of 10 upper porcelain crowns from tooth '15' to tooth '25' with shade A1. Ms LEE suffered from severe toothache after the cementation of those 10 upper crowns by Dr MA. On 7 December 2015, Dr MA recorded Ms LEE's complaint of pain and disappointment with the crowns in the clinical notes. Painkiller Arcoxia was prescribed.

On 16 January 2016, Ms LEE consulted Dr Danny LOW ('Dr LOW'), an endodontist. Ms. LEE reported that provision of multiple crowns was in progress ('15' to '25' and '35' to '45'), in which generalized dull pain was noted. Intra-oral examination revealed that temporary crowns were presented with gingival inflammation noted. Upper incisors ('11', '12', '21' and '22') were tender to percussion as well as tender upon palpation of associated labial mucosa overlying root apices. Whereas, lower left incisors ('31' and '32') were tender to percussion, as well as tender to palpation of associated labial mucosa overlying root apices. No treatment was done and medication was prescribed for management of discomfort. Ms LEE had been advised to discuss with the dentist for RCT of symptomatic tooth/teeth. There was no record of preparation of the 10 lower crowns. On 26 January 2016, the lower crowns were fitted (teeth '35' to '45').

On 16 November 2016, Dr MA carried out root canal treatment ('RCT') on three painful lower left teeth (teeth '31', '32' and '33'). On 16 January 2017, Ms LEE consulted Dr LOW. Dr LOW

noted facial swelling, flare-up of root-treated '31', '32' and '33'. Dr LOW had to re-do RCT for the three lower front teeth. On 26 January 2017, Ms LEE made an emergency visit to Dr LOW for her painful teeth '11' and '12'. Dr LOW had to carry out RCT on these two teeth in the same visit. In May 2017, when Ms LEE was in Germany, she suffered from severe pain in tooth '24' and she had to seek urgent RCT from Dr Köhnke in Germany. In June 2017, when Ms LEE was still in Germany, she suffered from severe pain in tooth '42'. Dr Köhnke carried out RCT on tooth '42'. In June 2018, Ms LEE suffered from severe pain in teeth '35' and '45'. In the following month of July, severe pain happened to tooth '44'. RCT were done on these teeth.

All the aforementioned teeth which required RCT were teeth with crowns provided by Dr MA. At all material times, Dr MA had not explained to Ms LEE the possible risks and complications associated with cutting healthy teeth for crowns. Dr MA had made submission to the Preliminary Investigation Committee of this Council by a letter dated 27 April 2018 from his Solicitors ('the PIC Submission'). In Dr MA's PIC Submission, Dr MA admitted to the facts of both charges (i) and (ii).

The Council made the following findings:—

Charge (i)

Ms LEE's desire was to have better looking teeth, and Dr MA rushed her into agreeing to the crowning procedure. No doubt, this was an elective aesthetic crowning case. Crowning was a very destructive and irreversible dental procedure. It would result in significant loss of sound tooth substance and occlusal contacts. In the context of clinical dentistry, risks meant the possibility of there being factors which would lead to undesirable outcome in a treatment, and complications meant unwanted but possible situations arising from the treatment procedures.

In order to accommodate the thickness of the porcelain of the crowns for necessary strength and aesthetics, further and extensive cutting of sound tooth substance was required. Furthermore, excessive cutting of tooth structure would increase the risk in this case significantly. It might lead to pulpal insult and the intrusion in the biologic width which might result in periodontal health issues such as marginal gingival inflammation and periodontal destruction. The possible complications were pulpal pathology, periodontal infection, restoration failure, crown longevity issue, and aesthetics failure.

Dr MA should have but had never explained to Ms LEE about all these possible risks and complications. There was also no mentioning at all of any risks and complications in Dr MA's clinical notes. In fact, Dr MA's clinical notes were grossly and disproportionately brief and incomplete. Most importantly, Dr MA had done nothing to highlight to Ms LEE the possible aesthetics failure.

The Council considered it elemental for Dr MA to explain to Ms LEE about all these possible risks and complications. However, Dr MA had failed to do so. The Council was satisfied that the conduct of Dr MA had seriously fallen below the standard expected amongst registered dentists. It would be reasonably regarded as disgraceful or dishonourable by registered dentists of good repute and competency.

The Council therefore found Dr MA guilty of charge (i).

Charge (ii)

The Council took the view that there was no absolute contraindication for crowning for aesthetics reasons provided that a thorough and proportionate diagnostic and treatment planning process had been carried out and a valid informed consent was obtained.

An appropriate treatment plan would involve the dentist weighing the benefits that might bring to the patient by crowning against the risks of doing so. The benefits in Ms LEE's case would be improvement of aesthetics in the elements of tooth colour, shape and position, and the relation to the gum. To achieve these benefits, crowning was not the only option. In fact, there were other options in the restorative ladder, which were far less destructive than crowning. In fact, crowning was a very destructive procedure in the restorative ladder, and it was irreversible. For instance, to change the colour and/or shape of the teeth, there were the options of bleaching or porcelain veneer. To change the position, there was the option of orthodontics. To change the relation to the gum, there was an option to extend the crown margin more gingivally. An appropriate treatment plan would therefore require the dentist to give to the patient all these options, and to advise the patient to proceed with less invasive options or phased treatment progression, and not to immediately proceed to crowning.

In this case, Dr MA had only devised and implemented one-and-only-one plan, which was crowning. He had never given Ms LEE any less invasive option nor suggested phased treatment progression. Dr MA only implemented mock up after Ms LEE had expressed her dissatisfaction to the crowns, but not pre-operatively. This was grossly inappropriate. No doubt, the extensive cutting of sound tooth substance, in Ms LEE's case, had resulted in her having to go through multiple RCTs, and developing facial swellings, gingival and pulpal inflammations, and pain.

The Council was satisfied that the conduct of Dr MA had seriously fallen below the standard expected amongst registered dentists. It would be reasonably regarded as disgraceful or dishonourable by registered dentists of good repute and competency.

The Council therefore found Dr MA guilty of charge (ii).

Having regard to the gravity of the case and the mitigation submitted by Dr MA, the Council made the following orders:—

(a) In respect of charge (i), that the name of Dr MA be removed from the General Register for a period of 3 months.

(b) In respect of charge (ii), that the name of Dr MA be removed from the General Register for a period of 3 months.

(c) The orders in paragraphs (a) and (b) above be concurrent.

(d) The operation of the removal orders in the paragraphs above be suspended for a period of 18 months, subject to the conditions set out below during the suspension period.

(e) The conditions were in the following terms:—

  (i) Dr MA's practice during the suspension period be subject to supervision by a monitor to be appointed by the Council.

  (ii) The monitor shall conduct supervision visits to Dr MA's clinic at least once in every 3 months during the suspension period.

  (iii) The supervision visits shall be conducted without advance notice to Dr MA.

  (iv) The monitor shall be given unrestricted access to all parts of the clinic and all documents (including clinical records) which in his opinion are necessary for proper supervision of Dr MA in his dental practice. In particular, the monitor shall ensure Dr MA has put in place and implemented good record keeping, valid informed consent and treatment planning protocol.

  (v) Dr MA shall prove to the satisfaction of the monitor by the end of the suspension period that he has satisfactorily completed 15 hours of continuing dental education courses in record keeping, consent and treatment planning. Prior approval of the courses from the Chairman of the Council is required.

  (vi) The monitor shall report to the Council the progress of the supervision at the end of the 6th, 12th and 18th month during the suspension period. If any irregularity is detected, the irregularity should be reported as soon as practicable.

(f) The orders in paragraphs (a) to (e) above shall be published in the *Gazette*.

In accordance with section 18(5) of the Dentists Registration Ordinance, the orders of the Council shall be published in the Government of the Hong Kong Special Administrative Region Gazette. The full judgment of the Council is published in the official website of the Dental Council (http://www.dchk.org.hk).

LEE Kin-man *Chairman, Dental Council of Hong Kong*