

香港醫務委員會  
**The Medical Council of Hong Kong**

---

**DISCIPLINARY INQUIRY**  
**MEDICAL REGISTRATION ORDINANCE, CAP. 161**

Defendant: Dr HO Michael Chak Sing (何澤誠醫生) (Reg. no M12348)

Date of hearing: 13 March 2013

1. The charges against the Defendant, Dr HO Michael Chak Sing, are that:-

“He, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam [REDACTED] [REDACTED] ([REDACTED]) formerly known as “[REDACTED]” (“the Patient”) in that he:-

- (a) in the period between 2004 and late 2007 gave steroid injections to the Patient without informing her of the nature of the injections and without advising her of the possible risks and side effects of the medication;
- (b) in the period between 2004 and late 2007 gave steroid injections to the Patient despite the fact that she had expressly indicated that no medication containing steroid should be prescribed to her;
- (c) failed to advise the Patient of alternative treatment for eczema by July 2004;
- (d) inappropriately used steroid to treat the Patient’s eczema between July 2004 and 2008 notwithstanding the possibility of long term side effects of systemic steroid;
- (e) failed to refer the Patient to a specialist for management of her eczema by July 2004 when such referral was warranted by the circumstances.

In relation to the facts alleged, he has been guilty of misconduct in a

professional respect.”

**Facts of the case**

2. The Patient first consulted the Defendant for chronic eczema on 24 May 2004. She specifically told the Defendant not to prescribe to her drugs containing steroid. Nevertheless, the Defendant gave her an intramuscular injection of dexamethasone which is a steroidal medicine. The Defendant neither informed the Patient that it was steroid, nor explained the risks and side effects of the medicine.
3. Thereafter the Patient consulted the Defendant at an average interval of 4 days. On each consultation the Defendant gave her the same injection although of varying doses, without informing her of the steroidal nature of the injection or the risks and side effects. This continued up to 9 April 2008, by which time a total of 399 injections had been given to the Patient.
4. In December 2007 the Patient was told by another doctor that dexamethasone was a steroidal drug and cannot be used on a long-term basis. When she confronted the Defendant, the Defendant replied that some patients used higher doses of the medicine every day without any problem. The Patient then continued to receive the injections.
5. On 12 April 2008, the Patient was admitted to a public hospital because of elevated blood sugar level. She was diagnosed with iatrogenic Cushing’s Syndrome with adrenal suppression and steroid induced diabetes mellitus. She had cushingnoid features including moon face, thin skin, buffalo hump, fat pad, thin limbs and truncal obesity. She had elevated fasting blood glucose level and HbA1C. Her morning cortisol level was less than 12 nmol/L, likely to be due to adrenal suppression from iatrogenic steroid.

**Findings of Council**

6. Though the Defendant strenuously denied the relevant allegations during preliminary investigation, he admits all the factual allegations of the charges in

this inquiry.

7. Although the facts have been admitted, it remains our duty to determine whether the Defendant's conduct constitutes professional misconduct.
8. We accept the evidence of the Secretary's expert, Dr LAI Cham Fai, which can be summarised as follows:-
  - (a) Dexamethasone is a potent steroid, with half-life ranging from 36 to 54 hours. If it is injected at 4 days interval, it means that the medicine is continuously in the body.
  - (b) Given the significant side effects of steroids, it is unacceptable to prescribe steroids without informing the patient and explaining the risks and side effects.
  - (c) It is well known within the medical profession and to medical students that long term use of systemic steroid will inevitably lead to various side effects, some of which are irreversible. It is also well known that there are numerous "steroid-sparing medications" available for the treatment of intractable eczema. Long-term use of steroid is unacceptable unless absolutely necessary, i.e. after all other options have been tried and failed.
  - (d) Systemic steroids should be limited to one or two courses per year, except in extremely recalcitrant cases. Once improvement occurs, the dose should be tapered off over 1 to 2 weeks. The general consensus is that systemic steroid should not be used for more than a few weeks unless absolutely necessary.
  - (e) Systemic use of dexamethasone by intramuscular injection every 4 to 5 days over a long period will inevitably result in adverse effects. It will affect almost every organ.
  - (f) Acute flare up of chronic eczema usually will not last for more than one week. The Patient could not have had acute flare up consistently for a period of 4 years as in the present case.

- (g) In the present case, the steroid should have been stopped in July 2004 at the latest, and the Patient should have been referred to a specialist clinic for management.
9. The adverse side effects of long-term use of systemic steroid are well known, particularly after the SARS epidemic in 2003. This Council has in many previous cases warned that it is professional misconduct to prescribe steroid without informing the patient and explaining the risks and side effects, not to mention that it is unethical to secretly prescribe a medicine which the patient has specifically refused.
  10. We accept that, within the acceptable range, it is a clinical decision in each case as to how long the steroid should continue to be used. However, in the present case there were 399 injections at close intervals over an exceptionally long period of 4 years. By any standard, such indiscriminate use far exceeds the acceptable range and cannot be medically justified.
  11. All doctors have a professional responsibility to determine whether a medicine is indicated and whether it should be used. It is entirely unacceptable for a doctor to prescribe a medicine which he knows is not in the patient's best interest simply because the patient insists.
  12. The Defendant argued during preliminary investigation (although he no longer adopts that argument in this inquiry) that he continued to give dexamethasone injections to the Patient for the 4 years simply because the Patient insisted. Even if assuming that be the case, the Defendant was in reckless disregard of his professional responsibility to determine whether the medicine should be used. What the Defendant argued was no different from selling dangerous drugs to drug addicts indiscriminately simply because the addict insisted to have the drugs to feed his addiction.
  13. Even if steroid is indicated and there are no alternatives, the prescribing doctor must closely monitor the patient's condition and stop the steroid once side effects begin to manifest. In the present case, if the Defendant had monitored the Patient's condition, he must have noticed that the Patient was becoming cushingnoid. The only reasonable inference from his continuation with the steroid injections is that he had not monitored the Patient's condition at all.

14. In the circumstances, we are satisfied that the Defendant's in respect of each of the charges is far below the standard expected amongst registered medical practitioners. We find him guilty of professional misconduct in respect of each charge.

### Sentencing

15. The Defendant has a clear record.
16. In line with our published policy, we give him credit for honest admission of the facts in the inquiry. Nevertheless, we must point out that the extent of credit will be larger if the admission had come earlier during preliminary investigation.
17. We bear in mind that the purpose of a disciplinary order is not to punish the Defendant. The purpose is twofold. Firstly, to protect the public from persons who are unfit to practise medicine for reason of competence, integrity or otherwise. Secondly, to maintain public trust in the medical profession by upholding the reputation of the profession.
18. This is a serious case. We have warned on a number of previous occasions that prescription of steroids without informing the patient, and without explaining the risks and side effects, is by itself professional misconduct.
19. Furthermore, to secretly prescribe a medicine which the patient has specifically refused is unethical and cannot be tolerated. To persist in prescribing steroid on numerous occasions despite the Patient's express refusal is an abuse of the public trust in the medical profession. It not only undermines public trust in the medical profession, but also brings disgrace to the profession.
20. The Defendant's conduct in giving the Patient steroid injections for 399 times, secretly despite the Patient's express refusal of steroids, at close intervals, over an exceptionally long period of time, causing serious damages to the Patient, all add up to a serious case.

21. Having regard to the gravity of the case and the mitigating factors, we order that the Defendant's name be removed from the General Register for a period of 10 months. We must emphasise that this is a lenient sentence in respect of a serious case, and the period of removal would have been much longer if not for his honest admission in the inquiry.
  
22. If and when the Defendant applies for restoration to the General Register after the expiration of the removal period, we recommend that the Council should:-
  - (a) require that cogent and concrete evidence be provided to show that the Defendant has improved himself in respect of professional ethics;
  - (b) be satisfied that cogent and concrete evidence be provided to show that he has acquainted himself with the appropriate drug prescription practices;
  - (c) impose a condition upon restoration that the Defendant's practice be monitored for at least 12 months.

Prof. Felice Lieh-Mak, GBS, CBE, JP  
Temporary Chairman, Medical Council