香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr LEE Chiu Tong (李照堂醫生) (Reg. No.: M03260)
Date of hearing: 11 July 2012 and 16 April 2013

1. The charges against the Defendant, Dr LEE Chiu Tong, are that:

"On or around 13 July 2008 he, being a registered medical practitioner, had disregarded his professional responsibilities to his patient [redacted] ("the Patient") in that he:

(a) inappropriately prescribed to the Patient in one consultation four types of drug containing analgesic, namely Europain 500mg tablets; Mefenamic Acid 250mg tablets; Dolocin tablets and Codolax tablets;

(b) inappropriately prescribed to the Patient in one consultation Venicol 250mg capsules, Dimox capsules and Amantadine 100mg tablets, when antibiotic and antiviral were both not indicated;

(c) inappropriately prescribed to the Patient in one consultation two types of drug containing steroid, namely Prednisolone 5mg tablets and Dexamethasone 0.5mg tablets;

(d) inappropriately prescribed to the Patient in the consultation Codolax tablets containing Chlorpheniramine, a kind of antihistamine;

(e) inappropriately prescribed to the Patient in the consultation Ulcerin 400mg tablets containing Cimetidine, a kind of anti-H2 antagonist; and/or

(f) inappropriately prescribed to the Patient in the consultation Codolax tablets containing Papaverine, a kind of anti-spasmodic.

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

Facts of the case

2. The Patient was 71 years old when he consulted the Defendant on 13 July 2008. There was no record of the diagnosis in the medical record. The Defendant initially said in his oral evidence that he made the diagnosis of "*upper respiratory tract infection induced asthma*". However, he later changed the diagnosis to "*acute severe asthma*".

3. He prescribed 20 different drugs to the patient, 13 in oral form and 7 in the form of intra-muscular injection. The charges are about the propriety of the 13 drugs contained in the 10 prescribed oral preparations for treating the patient's medical condition.

Findings of the Council

4. The Defendant admitted that on 13 July 2008 he had prescribed all the 10 oral preparations set out in the charges. In addition to those oral preparations, and probably unbeknown to the Secretary and the Preliminary Investigation Committee, he admitted in his oral evidence in the inquiry that he administered 7 other drugs by intra-muscular injection. While those additional drugs do not form part of the charges, we have to consider the propriety of the 10 oral preparations in the context of this full picture.

5. The Defendant's evidence is full of inconsistencies and illogicality. One example is that he claimed that he would only treat less serious illnesses and would refer more serious cases to the Accident and Emergency Department of hospitals. Nevertheless, he claimed to have given treatment for the acute severe asthma of this 71-year old Patient in order to save his life, as he would have died if he had transferred him to the hospital.

6. In order to determine the propriety of the prescription, we have to establish the Patient's medical condition and the diagnosis made by the Defendant. From

the recorded symptoms and the evidence of both the Patient's daughter as well as the Defendant's evidence, we accept the Defendant's initial diagnosis of "*upper respiratory tract infection induced asthma*", and reject his later claim of acute severe asthma for the following reasons:-

(a) In his type-written explanation (at Defence Exhibit p.4), the Defendant said that the diagnosis of "*Upper Respiratory Infection (URI) induced asthma*" was made. There was no indication that it was an acute attack of severe asthma.

(b) The claim of acute severe asthma only emerged in the course of the Defendant's explanation for prescribing steroids: Prednisolone, Dexamethasone and Triam-forte, after having justified the prescription of 8 other drugs on the basis of upper respiratory tract infection.

(c) The Patient was able to walk from his home to the Defendant's clinic which was about 15 minutes away, unaided by other persons or wheelchair. He was able to tell the Defendant his medical history.

7. We then proceed to consider the propriety of the drugs for the Patient's condition. Before we do so, we must set out the principles of proper prescription.

8. Drugs must be prescribed with proper medical indications. Only drugs which are specifically indicated for a patient's medical condition should be prescribed. Since many drugs have side effects, prescriptions should be made after proper analysis of the risks and benefits of the intended drugs. If there are safer alternatives, drugs with potentially serious side effects such as steroids should only be prescribed if the alternatives are unsuitable.

9. Before turning to individual charges, we must point out that this is a serious case of polypharmacy for a relatively minor disease. Upper respiratory tract infection is a common and self-limiting condition, which will usually resolve by itself without medication.

10. Polypharmacy not only makes drug compliance difficult for patients, especially elderly patients, but may also potentiate side effects and adverse drug-drug interactions. Overlapping of drugs and over-prescribing will also encourage the development of drug resistance, especially with antibiotics and antiviral drugs. Where a single drug is sufficient, there is no reason for prescribing multiple drugs for similar purposes.

11. We are particularly concerned that some of the drugs prescribed are very potent drugs with potentially serious side effects, including the steroids Chloramphenical and Sulpyrine. These drugs should be prescribed only for serious illnesses where there are no safer alternatives, and should not be prescribed for minor illnesses such as in the present case.

12. It is particularly alarming that the Defendant was aware of the serious adverse effects of those drugs, yet he proceeded to prescribe them for such minor illness as in the present case and the alleged prophylactic purpose.

13. The Defendant justified some of the drugs (e.g. antibiotics and anti-viral drugs) on the basis of prophylaxis. While prophylaxis is required and appropriate in specific situations, it is entirely improper to prescribe several drugs for prophylactic purpose to cover various possible conditions when there is no clear indication of such. This is especially significant in the case of potent drugs with serious side effects.

14. The Defendant's explanation for prescribing multiple drugs for similar purposes is that all drugs will have a slightly different effect. He argues that the drugs will supplement each other in case one drug is ineffective, and because of the additive effect the therapeutic effect can be achieved by a lower dose of each drug.

15. We must point out that the Defendant's reasoning is not evidence-based, and ignores the overlapping of side effects of these drugs. Prescribing multiple drugs may be justified in some conditions, but certainly not in a mild case of upper respiratory tract infection.

16. The Defendant claims that he can achieve the therapeutic effect by a lower dose of each drug, but he contradicted himself by prescribing the standard dosage for each drug.

17. Some of the drugs prescribed are contraindicated for a patient suspected of asthma, and in the present case there was no acceptable medical reason for using them at all.

18. We must say that the cocktail of 20 drugs for a case of upper respiratory tract infection, even if complicated by asthma, is entirely unacceptable especially for a 71-year old patient.

19. We shall not set out the indications and side effects of each of the drugs. We accept the evidence of the Secretary's expert as to the indications and side effects of each drug, as well as the drug-drug interaction between them. These indications, side effects and interactions are documented in medical literatures and are not subjects of controversy.

20. Having considered each of the charges separately and independently, we are satisfied that, with the exception of Charge (d), the prescription in each charge is inappropriate, and the Defendant's conduct in respect of each of those 5 charges has fallen below the standard expected of registered medical practitioners. We find him guilty of Charges (a), (b), (c), (e) and (f).

21. As to Charge (d) on the prescription of Codolax, there are 3 active components, i.e. Chlorpheniramine, Codeine and Papaverine. It was justified to prescribe Chlorpheniramine, but not Codeine and Papaverine. However, given that Charge (d) only alleges the impropriety of Chlorpheniramine, we have no alternative but to find the Defendant not guilty of the charge.

Sentencing

22. The Defendant has the following previous disciplinary convictions:-

    (a) 4 October 1995: Misconduct of (i) canvassing for patients by associating with a beauty club; and (ii) improper fee sharing with the beauty club. Ordered to be removed from the General Register for 12 months, suspended for 2 years.

(b) 24 April 2008: Misconduct of failing to properly label 17 different drugs dispensed to a patient. Ordered to be removed from the General Register for 3 months, suspended for 2 years.

23. In the inquiry in April 2008, this Council warned the Defendant as follows:-

> "*We must warn him in no uncertain terms that he is on the very margin of immediate removal from the General Register. If he commits further misconduct, he can be assured that he cannot expect such leniency again.*"

24. There is no mitigation of weight at all. In deciding on sentence we must take into consideration the fact that he has twice been sentenced to removal from the General Register, and he has not learned from those lessons.

25. All the more serious, he committed the misconduct in the present case less than 3 months after the conviction on 24 April 2008, within the suspension period of the 3-month removal order, and despite the serious warning of immediate removal in case of further misconduct. In the circumstances, we see no alternative but immediate removal from the General Register.

26. We bear in mind that the purpose of a disciplinary order is not to punish the Defendant, but to protect the public from persons who are unfit to practise medicine for reason of competence, integrity or otherwise, and to maintain public confidence in the medical profession by upholding the reputation of the profession.

27. This is a serious case of polypharmacy at the high end of the scale of gravity. Furthermore, potent drugs with serious side effects were prescribed when the drugs were not indicated at all. According to the medical record of the Patient, this was the consistent practice of the Defendant in each and every consultation from May 2005 to July 2008. This is a matter of serious concern.

28. Judging from the Defendant's reasoning during his evidence, we are very concerned about his medical competence and knowledge. We consider him a danger to the public if he continues to practise in the same manner.

29. Having regard to the gravity of the case and the fact that there is no mitigating factor of weight, we make the following orders:-

(a) The Defendant's name be removed from the General Register for a period of 6 months.

(b) The removal order shall take immediate effect upon its publication in the Gazette.

30. We consider that the suspended removal order made on 24 April 2008 should be activated, for the reasons that (i) that case also involved drug prescription; and (ii) the present misconduct was committed shortly after the removal order was made, within the suspension period.

31. In the circumstances, we further order that the 3-month removal period be activated in full, and the removal to take effect consecutive to the 6-month removal order. In other words, he shall be removed from the General Register for a total of 9 months.

Other remarks

32. While it is for the Council to consider the Defendant's application for restoration to the General Register (if any) when it is made, we recommend that for reason of protecting the public, the application should not be approved unless:-

The Defendant satisfies the Council that he has improved his medical knowledge and competence up to the standard required for registration, by concrete and cogent evidence including at least continuing medical education to the equivalent of 10 CME points in each of the following 4 areas (i.e. a total of 40 CME points):-

(a) proper use of analgesics;

(b) proper use of steroids;

(c) proper use of antibiotics; and

(d) proper treatment of upper respiratory tract infections and asthma.

33. If the application for restoration is approved, the Council should consider imposing a monitoring condition for a period of 2 years immediately following restoration.

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