

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

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

Defendant: Dr MA Stanley Ching Hing (馬正興醫生) (Reg. No.: M02644)

Date of hearing: 3 April 2025 (Thursday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel  
(Chairperson of the Inquiry Panel)  
Prof. LIANG Hin-suen Raymond, SBS, JP  
Dr CHAN Pik-kei, Osburga  
Ms LEE Yin-han, Yvonne  
Mr LI Chun-tak

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Ms Maureen LIU of Messrs. Howse Williams

Legal Officer representing the Secretary: Mr David YIM, Senior Government Counsel

1. The charge against the Defendant, Dr MA Stanley Ching Hing, is:

*“That on or about 29 September 2022, he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] (“Patient”), in that he, inappropriately and/or without proper justification and/or without consent of the Patient, administered the 4<sup>th</sup> dose of CoronaVac COVID-19 Vaccine to the Patient.*

*In relation to the facts alleged, either singularly or cumulatively, he has been guilty of misconduct in a professional respect.”*

### **Facts of the case**

2. The name of the Defendant has been included in the General Register from 11 February 1976 to the present. His name has been included in the Specialist Register under the specialty of Family Medicine since 4 March 1998.
3. On 19 September 2022, the Patient, then aged 78, was tested positive for COVID-19. Subsequently, the Patient recovered and was tested negative on 22 and 23 September 2022. At that time, the Patient already had a history of having received 3 doses of CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated (“COVID-19 Vaccine”), the date of the 3<sup>rd</sup> dose being 12 March 2022.
4. On 29 September 2022, the Patient consulted the Defendant, complaining mainly of low back pain. After examination, the Defendant suggested analgesic injection. The Defendant asked the Patient if she had received COVID-19 vaccination. The Patient replied that she had already received 3 doses of COVID-19 Vaccine. The Defendant told her that anyone over 60 years old must receive a 4<sup>th</sup> dose. The Defendant then arranged the Patient to receive the analgesic injection and the 4<sup>th</sup> dose of COVID-19 Vaccine, which were both administered on the same day.
5. Later that day, when the clinic nurse issued to the Patient record of her 4<sup>th</sup> dose, the clinic nurse discovered that the Patient had just caught COVID-19 shortly before the consultation and recovered. The clinic nurse told the Patient that the 4<sup>th</sup> dose was not necessary.
6. By a statutory declaration made on 18 January 2023, the Patient’s daughter lodged a complaint against the Defendant with the Medical Council.

### **Burden and Standard of Proof**

7. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove his innocence. We also bear in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.
8. There is no doubt that the allegation against the Defendant here is a serious one.

Indeed, it is always a serious matter to accuse a registered medical practitioner of misconduct in a professional respect. Therefore, we need to look at all the evidence and to consider and determine the disciplinary charge against him carefully.

### **Findings of the Inquiry Panel**

9. The Defendant admits the factual particulars of the disciplinary charge against him. It however remains for us to consider and determine on the evidence whether he has been guilty of misconduct in a professional respect.
10. A doctor may prescribe vaccine to a patient only after proper consultation. The Defendant ought to have found out, as simple as by asking the Patient, if and when she was last tested positive for COVID-19 and explained to her the nature, risks and complications of the vaccine before administering the injection. If the Defendant had asked for the Patient's infection history, he would have known that a 4<sup>th</sup> dose of COVID-19 Vaccine was not indicated. The Defendant had not done anything at all to find that out.
11. Pursuant to the Consensus Interim Recommendations on the Use of COVID-19 Vaccines in Hong Kong as of 1 August 2022 and the Factsheet on COVID-19 Vaccination For Persons with Prior COVID-19 Infection as of 4 August 2022, a 4<sup>th</sup> dose of COVID-19 Vaccine was not required for a recovered person who had already received 3 doses of COVID-19 vaccine before the recovered person's COVID-19 infection.
12. We are satisfied on the evidence before us that the Defendant had inappropriately and/or without proper justification administered the 4<sup>th</sup> dose of COVID-19 Vaccine to the Patient. The Defendant had by his conduct in the present case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as charged.

## **Sentencing**

13. The Defendant has a clear disciplinary record.
14. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and cooperation throughout these disciplinary proceedings.
15. We bear in mind that the primary purpose of a disciplinary order is not to punish the Defendant but to protect the public from persons who are unfit to practise medicine and to maintain public confidence in the medical profession by upholding its high standards and good reputation.
16. We have considered the Defendant's contribution to charitable service and the character reference letters as submitted.
17. The Defendant told us that his routine practice at the material times was to make enquiries with each of his patients of their vaccination status. A nurse who completed the registration with a patient at the clinic would ask the patient whether he or she had ever been COVID-19 positive, and if so, when. Such information would have been entered on the consultation card, and the Defendant would have double-checked with his patients their COVID-19 infection history. It was a mistake due to oversight that he had not done so with the Patient on this one occasion.
18. The Defendant told us that he has implemented remedial measures to rectify the mistake and to prevent recurrence of the same mistake. He said a form designed for patients who wish to undergo their first dose of COVID-19 vaccination has been in use in his clinic since 2021, which will be completed by the attending nurse. He said the form will now be completed by all patients who intend to receive COVID-19 vaccination (regardless of first dose or subsequent dose) to place extra safeguard against the missing of any important medical history relevant to COVID-19 vaccination.
19. The Defendant also told us that in respect of other vaccines such as influenza vaccines and pneumococcal vaccine which he administers to patients in the present days, he would instruct his clinic nurses to insert the HKID card of the patient into the HKID card reader to retrieve the patient's record, including recovery record, if any. The Defendant said he would make sure he has

checked the patient's infection history and vaccination history before administering the vaccine.

20. We believe the Defendant has learnt his lesson and is remorseful. Given the remedial measures taken, we accept that the risk of his committing the same or similar breach would be low.
21. Taking into consideration the nature and gravity of this case and what we have heard and read in mitigation, we order that a warning letter be issued to the Defendant. We further order that our order shall be published in the Gazette.

**Remark**

22. The name of Defendant is included in the Specialist Register under the Specialty of Family Medicine. It is for the Education and Accreditation Committee to consider whether any action should be taken in respect of his specialist registration.

Dr CHOI Kin, Gabriel  
Chairperson of the Inquiry Panel  
The Medical Council of Hong Kong