香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr WONG Chun-kong (黃振江醫生) (Reg. No.: M11493)

Date of hearing: 20 August 2025 (Wednesday)

Present at the hearing

Council Members/Assessors:	Prof. TANG Wai-king, Grace, SBS, JP (Chairperson of the Inquiry Panel) Dr KWOK Wang-chun Dr POON Chi-ming, Michael Ms LIU Lai-yun, Amanda Ms TANG Hoi-lin, Helen
Legal Adviser:	Mr Edward SHUM
Defence Solicitor representing the Defendant:	Ms Jennifer LEE of Messrs. Johnson Stokes & Master
Legal Officer representing the Secretary:	Ms Carmen SIU, Senior Government Counsel

The Charge

1. The charge against the Defendant, Dr WONG Chun-kong, is:

> *"That in or about December 2011, he, being a registered medical practitioner, disregarded his professional responsibility to his patient* [redacted] *("the Patient") in that he failed to properly and adequately identify and/or treat the cervical spine injuries at C1/2 levels of the Patient arising from the diving accident in swimming pool occurred on 6 December 2011.*

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 23 July 1997 to the present. His name has been included in the Specialist Register under the Specialty of Orthopaedics & Traumatology ("O&T") since 4 April 2006.

3. The Defendant admits the factual particulars of the disciplinary charge against him.

4. According to the Patient, whose evidence is unchallenged by the Defendant, he dived head first on a shallow pool in the Philippines. Initially, he had temporary loss of consciousness. He also had temporary loss of sensation and motor weakness over his body below the level of his head. He was later admitted to a hospital in the Philippines where CT scan of brain, X-rays and MRI of cervical spine were taken. There was however no specific mention of C1/2 level of his spine in any of the medical records obtained from the Philippines.

5. Right after his return to Hong Kong on 8 December 2011, the Patient attended the Accident and Emergency Department ("A&E") of the Queen Elizabeth Hospital ("QEH") and a provisional diagnosis of cervical spine injury was made. And the Patient was admitted to the orthopaedic ward of QEH for further management later in the same day.

6. The Defendant was the Medical Officer in charge of the Patient's case during his stay in the orthopaedic ward of QEH.

7. According to the Patient, whose evidence is unchallenged by the Defendant, after discharge from QEH, he first consulted a private specialist in O&T at St. Teresa's Hospital on 11 December 2011. Pursuant to the order of Dr CHANG, X-rays in flexion and extension views of the Patient's cervical spine were taken from him on 13 December 2011 and they revealed "*C1-C2 interval measures upto 8mm suggesting C1-C2 subluxation*".

8. The Patient subsequently underwent 3 operations for treatment of the subluxation at C1/2 level of the cervical spine by two other specialists in O&T at private hospitals.

Burden and Standard of Proof

9. 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.

10. 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

11. For the purposes of this inquiry, the Defendant has agreed with the Secretary *inter alia*, that:-

> "*On 8 December 2011, [the Patient] attended the [A&E] of [QEH] after returning to Hong Kong from the Philippines on the same day. According to the A&E record, the Patient reported that during a trip in the Philippines, on 6 December 2011, he jumped into a swimming pool with shallow water (about 1 meter deep) from the pool side and he had loss of consciousness.*
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> *X-ray of skull and cervical spine, CT brain scan and MRI of cervical spine were performed in a hospital in the Philippines. According to the CT brain scan done in the Philippines, it did not show any skull fracture, haemorrhage or mass lesion or mid-line shift, but soft-tissue*

swelling over right superior parietal region was revealed. The MRI of cervical spine showed (1) abnormal marrow signals in the C4 and C5 vertebral bodies seen in the Short Tau Inversion Recovery sagittal images suggestive of marrow edema or contusion; (2) multiple posterior disc bulges at C3-C4, C4-C5 and C5-C6 levels causing indentation of the thecal sac and ventral surface of the cord; (3) hyperintense T2 signals in the posterior margin of the disc suggestive of annular tears and (4) thickened posterior longitudinal ligament.

A provisional diagnosis of cervical spine injury was made by the A&E of QEH and the Patient was admitted to the orthopaedic ward of QEH on 8 December 2011 for further management.

Upon the Patient's admission to the orthopaedic ward of QEH on 8 December 2011, according to the notes updated by Dr. Chan Kin Yan Kenneth at 18:25:-

(a) The Patient reported that after the vertex of his head hit the pool floor in the Philippines on 6 December 2011, he had an episode of loss of consciousness and suffered from 4 limb numbness and weakness.

(b) The Patient was able to move all four limbs, with subjective weakness noted over the left upper and lower limbs, numbness over the left anterior chest and abdomen, left upper and right lower limbs and mild neck pain.

(c) Upon examination, the right side muscle power from C5 to S1 level was 5 out of 5 and the left side muscle power from C5 to S1 level was 4/4+/4- out of 5. There was decreased pin-prink sensation over dermatomes of left C5-T1 and right L2-S1.

Dr. Wong first saw the Patient on 9 December 2011 at the orthopaedic ward. Based on the medical records of QEH, the Patient was afebrile and could walk unaided. He claimed no more numbness of limbs and he would receive an MRI examination in the private sector on the same day. Physiotherapy, for neck mobilization exercise, was arranged.

Dr. Wong saw the Patient again on 10 December 2011. He remained afebrile. He could walk unaided. He reported decrease in neck pain and had no more limb weakness or numbness. He did not require any analgesics for his neck pain. The Patient was discharged home on the same day, with a follow-up appointment scheduled 4 weeks later and physiotherapy arranged at the outpatient department of QEH.

Dr. Wong failed to properly and adequately identify and/or treat the cervical spine injuries at the C1/2 levels of the Patient arising from the diving accident in the swimming pool which occurred on 6 December 2011 when he saw the Patient on 9 and 10 December 2011."

12. The relevant legal principles are neatly summarized by Professor Michael A. Jones in Medical Negligence (6th ed.) at para. 4-037:-

*"**Keeping alternative diagnosis in mind** The need to consider alternatives was stressed by Hewak J in Rietze v Bruser (No.2):*

"It is not sufficient in my view for a medical practitioner to say 'of the two or three probable diagnoses I have chosen diagnosis (A) or diagnosis (B) or (C)'. It must be expected that the practitioner would choose diagnosis (A) over (B) or (C) because all of the facts available to that practitioner and all of the methods available to check the accuracy of those facts and that diagnosis had been exercised with the result that diagnosis (A) remains at the most probable of all…"

This point becomes even more important where the consequences of the alternative diagnosis, if it turns out to be the correct diagnosis, are likely to be serious…"

13. The learned professor also referred in footnote 111 to para. 4-037 to the English decision of *Bell v Bedford Hospital NHS Trust* [2019] EWHC 2704(QB) where the Court found:-

"… [a] consultant in breach of duty for failing to keep a possible diagnosis of TIA (transient ischaemic attack) in mind, even if it was not a probable diagnosis, and even though an alternative diagnosis of migraine was also possible; the defendant's case was not helped by the

fact that, even though the patient's symptoms were not typical of a TIA, this occurred at a specialist TIA clinic (where clinicians arguably should be aware of rare occurrences as well as the more common) and more junior doctors at the clinic had raised the possibility of TIA)."

14. We agree with Dr TSE, the Secretary's expert, whose expert evidence is unchallenged by the Defendant, that:-

> *"… Considering the history of hitting the head in shallow water, the duration of neurological deficit and neck pain and reviewing the X[-]rays from the Philippines, … there is adequate clinical evidence to arrange for additional investigations to confirm or exclude C1/2 injury…"*
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> *"… [T]he injury at C1[/]2 level was overlooked at [QEH]. To diagnose C1[/]2 injury, apart from clinical suspicio[n], it is often necessary to have special X[-]ray views including open mouth and lateral flexion / extension views in order to show up the injury. CT scan of the cervical spine is another useful radiological investigation, sometimes more helpful than MRI."*
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> *"… It is fair to say that any surgeon may not have the opportunity to see this particular type of cervical spine injury on a regular basis. The clinical presentation is also variable and there is no typical presentation. However, it is all the more important for the treating surgeon to be on the high alert and to rely on investigation rather than just physical examination to diagnosis or exclude the condition… For all that matters, the degree of instability could be more significant with potential disastrous result… Being a specialist in a major hospital that receives trauma patients on a daily basis, Dr Wong has the responsibility of ensuring an accurate diagnosis before discharging any patient."*

15. As the Medical Officer in charge of the Patient's case during his stay in the orthopaedic ward of QEH, the Defendant had the primary responsibility to provide proper and adequate medical care to the Patient. In our view, the Defendant's conduct in this case had fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find him guilty of misconduct in a professional respect as charged.

Sentencing

16. The Defendant has a clear disciplinary record.

17. In line with our published policy, we shall give the Defendant credit in sentencing for his frank admission and not contesting the issue of professional misconduct.

18. 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.

19. In our view, the gravamen of the Defendant's misconduct lies in his failure to be on the alert to exclude something serious when the Patient presented with history of a type of cervical injury which was uncommonly encountered.

20. We are told in mitigation that the Defendant had initiated changes on the clinical management of cervical injuries at his department in QEH to avoid similar mishap. Apart from strict review of imaging studies, further imaging would be ordered in case of doubt.

21. Taking into consideration the nature and gravity of the disciplinary charge for which we find the Defendant guilty and what have heard and read in mitigation, we order that the Defendant's name be removed from the General Register for a period of 1 month. We further order that the operation of the removal order be suspended for a period of 24 months.

Remark

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

Prof. TANG Wai-king, Grace, SBS, JP
Chairperson of the Inquiry Panel
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