

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

---

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

Defendant: Dr TSE Cyrus Tak Yin (謝得言醫生) (Reg. No.: M14486)

Date of hearing: 15 May 2026 (Friday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel  
(Chairperson of the Inquiry Panel)  
Dr LUNG David Christopher, MH  
Dr FUNG Lai-wah, Eva  
Mr LAM Chi-yau  
Mr TONG Piu, Barry

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Dr David KAN  
of Messrs. Howse Williams

Legal Officer representing the Secretary: Miss Isabella WONG,  
Government Counsel

**The Charge**

1. The charge against the Defendant, Dr TSE Cyrus Tak Yin, is:

*“That he, being a registered medical practitioner, was convicted on 13 January 2025 and sentenced on 27 January 2025 at the Shatin Magistrates’ Courts of the offence of unlawful recording or observation of intimate parts, which is an offence punishable with imprisonment, contrary to section 159AAC(1)(a)(i) and (2) of the Crimes Ordinance, Cap. 200, Laws of Hong Kong.”*

## **Facts of the case**

2. The name of the Defendant has been included in the General Register from 2 July 2004 to the present. His name has been included in the Specialist Register under the Specialty of General Surgery since 6 July 2011.
3. Briefly stated, on 13 January 2025, the Defendant was convicted on his own plea at Shatin Magistrates' Court of the offence of unlawful recording or observation of intimate parts, contrary to section 159AAC(1)(a)(i) and (2) of the Crimes Ordinance, Cap. 200. On 27 January 2025, the Defendant was sentenced to a Community Service Order for 120 hours.
4. According to the Amended Brief Facts of the Case upon which the Defendant was convicted, the offence committed by the Defendant took place at room 212, 2/F, Choh-Ming Li Basic Medical Sciences Building, the Chinese University of Hong Kong. Room 212 is a lecture room and is partitioned with the adjacent lecture room 214 by a glass wall. The partition glass wall is dusted in the middle part and is clear to see through at the top and bottom. At the material time, at around 1655 hours on 27 January 2024, a female student ("PW1") was being lectured by the Defendant in room 212, while another female student ("PW2") was having another lecture in room 214, and was sitting and facing the direction of room 212. PW2 then saw the Defendant, sitting on a chair in room 212, holding a mobile phone under the skirt of another person (later known as PW1) to the Defendant's left with the camera facing up toward the skirt, through the clear glass at the bottom part of the glass partition. PW2 then went to room 212 and identified the Defendant as the person suspected to have taken up skirt photos. PW2 then related the incident to PW1. With the Defendant's consent, PW1 and PW2 viewed the Defendant's mobile phone and found one up skirt video in the rubbish bin of the mobile phone's media gallery, capturing PW1's underpants. The case was reported to the police. CCTV of room 212 captured the Defendant walking to the seat beside PW1 and sat on the seat, while PW1 was leaning forward and helping another classmate of hers. The Defendant then held a phone with his left hand and moved his left hand towards behind of PW1's skirt. The Defendant was arrested and he remained silent under caution. The Defendant's mobile phone was seized but could not be examined as it was locked with an unknown passcode, which the Defendant refused to provide.

5. By an email dated 20 February 2025, the Defendant reported the aforesaid criminal conviction to the Medical Council (“the Council”).

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

6. 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.

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

7. There is no dispute that the offence of unlawful recording or observation of intimate parts was and still is an offence punishable with imprisonment. By virtue of section 21(1) of the Medical Registration Ordinance, Cap. 161, Laws of Hong Kong (“MRO”), our disciplinary powers against the Defendant are engaged.

8. Section 21(3) of the MRO expressly provides that:

*“Nothing in this section shall be deemed to require an inquiry panel to inquire into the question whether the registered medical practitioner was properly convicted but the panel may consider any record of the case in which such conviction was recorded and any other evidence which may be available and is relevant as showing the nature and gravity of the offence.”*

9. We are therefore entitled to take the aforesaid conviction as proven against the Defendant.

10. Accordingly, we find the Defendant guilty of the disciplinary offence as charged.

## Sentencing

11. The Defendant has a clear disciplinary record.
12. In line with our published policy, we shall give the Defendant credit in sentencing for his frank admission and not contesting the disciplinary charge. However, given that there is hardly any room for dispute in a disciplinary case involving criminal conviction, the credit to be given to him must necessarily be of a lesser extent than in other cases.
13. 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.
14. We have considered all the commendation letters as submitted and the Defendant's letter of apology.
15. We have considered the charitable work undertaken by the Defendant.
16. It is clearly stated in section 27 of the Code of Professional Conduct (2022 edition) (the "Code"):

*"27.1 A doctor convicted of any offence punishable with imprisonment is liable to disciplinary proceedings of the Council, regardless of whether he is sentenced to imprisonment. A conviction in itself will invoke the Council's disciplinary procedure even if the offence does not involve professional misconduct..."*

*27.2 A particularly serious view will likely be taken in respect of offences involving... indecent behaviour..."*
17. It is essential in our view to maintain amongst members of the public a well-founded confidence that any registered medical practitioner whom they consult will be a person of unquestionable integrity, probity and trustworthiness. Any person who lacks these essential attributes can hardly be a fit and proper person to practise medicine.

18. We need to ask ourselves whether the Defendant can be safely allowed to remain in practice, having regard to our responsibility to safeguard the public from persons who are unfit to practise medicine.
19. We accept that the Defendant had shown remorse and frankly admitted the criminal offence before the Magistrate. We particularly note from reading the court transcripts that the Defendant had no previous criminal record.
20. We also note that following the Defendant's arrest in respect of the criminal offence in January 2024, the Defendant had immediately consulted a Dr MAK ("Dr MAK"), a specialist in Psychiatry.
21. In Dr MAK's Psychiatric Report dated 12 November 2024, he had this to say of the Defendant:

**"15. Psychiatric Diagnoses of Mr. TSE**

15.1) *In my opinion, Mr TSE has been suffering from Adjustment Disorder with mixed anxiety depressive reaction ... In this case the stressors came from various aspects but most noticeably the continuous harassment by the nursing colleague, that eventually reached a boiling point 2 days prior to the incident.*

15.2) *Mr. Tse also suffers from untreated Dysthymia ... since young adulthood ...*

...

**16. Subsequent Consultations and Treatment Progress**

...

16.2) *Supportive psychotherapy was given to Mr. Tse as the main treatment modality ...*

...

16.4) *He appeared to have progressive improvement in his mental state after each session.*

16.5) *Pharmacological agents were also prescribed to the patient as an adjunct therapy ...*

16.6) *Patient has shown good compliance to the prescriptions and as he gradually improved, and was able [to] wean off certain drugs...*

17. **Prognosis on the Patient's Mental State**

17.1) *Prognosis of Mr. TSE is favourable as he continues to receive psychiatric and psychological intervention.*

...

17.3) *Upon the last consultation with Mr. Tse on 17 October 2024, he is currently mentally stable. He did not have any depressive mood or anxiety spells.*

17.4) *He has shown that he is motivated in seeking treatment and help, and came for his first session immediately after the incident has occurred. He has demonstrated strict compliance to my treatment, via supportive psychotherapy and pharmacological agents.*

17.5) *He has shown good progress over the treatment period, with significant improvement in his mood, and successfully titrating down the dosage of his medications.*

17.6) *Through psychotherapy and counselling, he has shown improvement is [sic] his ability to open up to his family and friends about his stressors, instead of internalizing everything himself. From the information I gathered, he has a supportive family and girlfriend that has been crucial [to] his improvement during this treatment period.*

...

17.8) *He needs to have further psychiatric treatment to consolidate his condition and it is of estimation that he would need to attend my clinic session once every 2 months for at least 3 years.*

17.9) *If he is totally recovered from his mental condition, or symptomatologically in remission at least 3 years of treatment, it is of very limited chance that he would experience another relapse.*

...

18.1) *From a psychiatrist's perspective, as long as Mr. Tse continues to comply with his treatment, the risk of recidivism is low... "*

22. Dr MAK has also provided two supplementary psychiatric reports dated 13 October 2025 and 14 May 2026. Dr MAK's prognosis of the mental state of the Defendant remains the same.
23. We need to emphasize that the Defendant's psychiatric illness at the material times would only go to mitigation. In our view, any act involving indecent behaviour like the present one must be condemned. The offence committed by the Defendant in this case was serious, and might have caused trauma to the victim. The offence took place in the medical school, and this was an abuse on the part of the Defendant as a lecturer to his student.
24. We however acknowledge that according to Dr MAK, the Defendant's mental condition is currently in the maintenance phase of treatment, and the chance of re-offending is low.
25. Whilst we believe that the Defendant has learnt a hard lesson and had insights into his wrongdoing, we are nevertheless of the view that there is a need, both for the protection of the public as well as in the best interest of the Defendant, to monitor him for a period of time in terms of his ability to cope with the underlying stresses.
26. Having considered the nature and gravity of this case and what we have heard and read in mitigation, we order that the name of the Defendant be removed from the General Register for a period of 3 months. We further order that the operation of the removal order be suspended for a period of 36 months on the following conditions, namely, that:-
  - (a) the Defendant shall at his own expense submit himself to be examined by a psychiatrist nominated by the Council at least once every 6 months during the suspension period;
  - (b) the examining psychiatrist shall be allowed full access to all treatment records kept on the Defendant by his treating psychiatrist and clinical psychologist; and

- (c) the examining psychiatrist shall report directly to the Chairman of the Council at 6-monthly intervals. Any irregularity or non-compliance with psychiatric and/or psychological treatments should be reported to the Chairman of the Council as soon as practicable.

**Remark**

27. The name of the Defendant is included in the Specialist Register under the Specialty of General Surgery. 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