

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr WONG Yat Wing David (王日榮醫生) (Reg. No.: M03369)

Date of hearing: 27 August 2026 (Thursday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel
(Chairperson of the Inquiry Panel)
Dr Pierre CHAN
Dr CHENG Chun-pong
Miss LAU Queenie Fiona, SC
Ms TONG Tin-fung

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Dr Bernard Murphy of
Messrs. Howse Williams

Legal Officer representing the Secretary: Miss Christy TSO, Government Counsel

The Charge

1. The charge against the Defendant, Dr WONG Yat Wing David, is:

“That he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] (“the Patient”), in that, in or about February 2024, he provided false information to the insurer of the Patient on two occasions that phacoemulsification with lens implant was performed on the Patient on 14 November 2023, which in fact it was not.

In relation to the facts alleged, 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 12 October 1978 and up to the present. His name has been included in the Specialist Register under the Specialty of Ophthalmology since 7 September 1998.
3. Briefly stated, the Secretary of the Medical Council (the “Council”) received a complaint from the Patient accusing the Defendant of providing false information in a claim form to his insurer for reimbursement of doctor fees and hospital charges incurred by him.
4. There is no doubt that the Patient first consulted the Defendant at the outpatient department of the Evangel Hospital (“EH”) on 14 November 2023 complaining of deterioration of vision in his left eye with floaters. The Patient gave a history of bilateral cataract surgery in 2014, with insertion of intraocular lenses followed by bilateral capsulotomy, under the care of another ophthalmologist. After examination, the Defendant then advised the Patient that he had a retinal detachment in his left eye which needed to be reattached by surgery. The Patient agreed and was given a letter for admission to St. Teresa’s Hospital (“STH”) later on the same day for “*left retinal detachment surgery*”.
5. A surgery was performed by the Defendant later in the evening on 14 November 2023 at STH to reattach the retina under general anaesthesia. The surgery was uneventful. On the following day, the Patient was discharged from STH. In the Discharge Summary issued and signed by the Defendant, the procedure performed was also stated as “*(left) retinal detachment surgery*”.
6. The Patient subsequently asked the Defendant to fill out an insurance claim form (the “Claim Form”) for submission to BUPA (Asia) Limited (“BUPA”) for reimbursement of doctors’ fees and hospital charges incurred by the Patient.
7. However, when BUPA sought to clarify with the Defendant nature of the surgery that he performed, he wrongly replied that the surgery was for “*pars plana vitrectomy, phacoemulsification with lens implant, endolaser, gas fluid exchange*”.

8. When BUPA sought to further clarify with the Defendant the nature of the surgery that he performed, he wrongly replied that:-

“Patients undergoing retinal detachment involving pars vitrectomy will develop cataract postoperatively, usually within a few months, therefore it is standard practice to perform phacoemulsification with lens implant simultaneously at the time of retinal detachment surgery”.

9. According to the Defendant, he did not realize the mistakes in his replies to BUPA until he reviewed on 23 September 2024 the medical records kept on the Patient by EH and STH.

10. Upon realizing his mistakes, the Defendant immediately informed BUPA by amending his previous reply to read as:-

~~“...phacoemulsification with intraocular lens implant...~~

Correction: phacoemulsification was not performed, it was performed elsewhere before he suffered retinal detachment”.

Burden and Standard of Proof

11. 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.
12. There is no doubt that the allegation against the Defendant here is serious. 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

13. The Defendant admits the factual particulars of the charge against him but it remains for us to consider and determine on all the evidence before us whether he is guilty of misconduct in a professional respect.
14. It is essential in our view for maintenance of public confidence in the medical profession that every doctor should exercise reasonable care to ensure an insurance claim form filled out in his professional capacity (including reply to request for clarification) would be true and accurate in all material aspects. Our view is reinforced by the following guidance issued by the Council in its Code of Professional Conduct (Revised in October 2022):-
- “26.1 Doctors are required to issue reports and certificates for a variety of purposes (e.g. insurance claim forms...) on the basis that the truth of the contents can be accepted without question. Doctors are expected to exercise care in issuing certificates and similar documents, and should not include in them statements which they have not taken appropriate steps to verify.*
- ...
- 26.3 Any doctor who in his professional capacity gives any certificate or similar document containing statements which are untrue, misleading or otherwise improper renders himself liable to disciplinary proceedings...”*
15. We are particularly concerned that the Defendant repeatedly stated to BUPA that the surgery involved *“phacoemulsification with (intraocular) lens implant”* without taking any step to verify the same.
16. In providing false information to BUPA viz. the insurer of the Patient, on two occasions that phacoemulsification with lens implant was performed on the Patient on 14 November 2023, which in fact it was not, the Defendant had by his conduct in this 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

17. The Defendant has a clear disciplinary record.
18. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and cooperation throughout these disciplinary proceedings.
19. 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.
20. We agree that this case does not involve dishonesty on the part of the Defendant. We also agree that *“there was no indication of foul play or financial gain”*.
21. We are told in mitigation that the Defendant has since the incident reflected on his medical practice. The Defendant now always ensures that when responding to queries from insurers, he reviews both the patients’ hospital records and clinic records to ensure that the information he provides in response to the insurer is always factually correct.
22. We accept that the Defendant has learnt his lesson and we believe that the chance of his committing the same or similar misconduct in the future would be low.
23. Taking into consideration the nature and gravity of the disciplinary charge for which we have found the Defendant guilty and what we have read and heard in mitigation, we order that a warning letter be issued to the Defendant and our order shall be published in the Gazette.

Remark

24. The name of the Defendant is included in the Specialist Register under the Specialty of Ophthalmology. 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