

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr JIN You-chuan (金佑銓醫生) (Reg. No.: M20162)

Date of hearing: 24 August 2026 (Monday)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP
(Chairperson of the Inquiry Panel)
Dr LUNG David Christopher, MH
Dr CHUANG Shuk-kwan, JP
Mr WONG Hin-wing, Simon, MH, JP
Dr TAM Wing-sai, Jessica

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Mr Bernard MURPHY of
Messrs. Howse Williams

Legal Officer representing the Secretary: Miss Phoebe YEUNG,
Government Counsel

The Defendant is not present.

The Charges

1. The charges against the Defendant, Dr JIN You-chuan, are:

“That, on or about 3 to 6 April 2023, he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] (“the Patient”) (deceased), in that he:

- (a) failed to identify and/or properly record in the medical records the right upper abdominal pain and/or weight loss of the Patient;*

(b) failed to arrange for proper follow up investigations, including imaging tests of the chest, ultrasound of the liver and/or serum Alpha-Fetoprotein test on the Patient; and/or

(c) failed to diagnose that the Patient was suffering from metastatic hepatocellular carcinoma.

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 since 1 July 2021 to the present.
3. The Defendant admits the factual particulars of the disciplinary charges against him.
4. Briefly stated, the Patient attended the Accident & Emergency Department (“AED”) of the Pamela Youde Nethersole Eastern Hospital (“PYNEH”) on 3 April 2023. According to the A&E Clinical Documentation Form prepared by Dr CHOW, the attending AED doctor, the Patient complained of lower chest wall pain and right upper abdominal pain for one year with recent increase in severity. The Patient also had recent weight loss. Physical examination then revealed mild tenderness over the lower anterolateral chest on both sides and the right upper quadrant of the abdomen. There was however no mass. Chest x-ray was ordered and which showed, amongst others, a lentiform-shaped opacity in the left lower zone. The Patient was admitted to the Medical Ward for further management.
5. For the purpose of conducting this inquiry, the Secretary and the Defendant have signed a Statement of Agreed Facts, the material parts of which read as follows:-
 - “4. In the admission note (“Admission Note”), Dr Jin recorded, *inter alia*, that:-
 - (a) It was an emergency admission for polyarthralgia;
 - (b) The Patient had a medical history of lower chest and back pain for one year which was progressive (interpreted as inflammatory);
 - (c) The Patient had no loss of appetite or loss of weight; and
 - (d) The Patient’s chest x-ray showed possible left lower zone opacity.

5. *Dr Jin ordered a series of blood tests, particularly to look for the underlying causes of polyarthralgia, left lateral chest x-ray and x-rays of the whole spine.*
6. *On 6 April 2023, the Patient's Hepatitis B surface antigen sample was taken and reported positive. On the same day, upon comparing the x-rays taken, Dr Jin noted that the lesion in the lower left chest was a new finding and the decision was to wait for formal reporting of the X-rays before taking further action.*
7. *The Patient was discharged on 6 April 2023 with arrangements for follow up in 8 weeks. In the discharge summary ("Discharge Summary"), Dr Jin stated, inter alia, that:-*
 - (a) The Patient's chest and back pain were mechanical;*
 - (b) X-rays showed no fracture; sent for reporting;*
 - (c) The symptoms improved with paracetamol and tramadol; and*
 - (d) The diagnoses were chest and back pain, type II diabetes mellitus and hyperlipidaemia.*
8. *At all material times:-*
 - (a) Dr Jin did not record the Patient's right upper abdominal pain and/or weight loss and did not comment about the opacity seen in the left lower zone on the Patient's chest x-ray in the medical records (including the Admission Note and the Discharge Summary);*
 - (b) Dr Jin did not arrange for follow up investigations (including further imaging such as a CT scan) to identify the cause of the opacity in the left lower zone of the chest x-ray;*
 - (c) Dr Jin did not arrange for follow up investigations (including imaging tests such as CT or MRI) to identify the cause of the Patient's chest and back pain; and*
 - (d) Dr Jin did not arrange for ultrasound of the liver and/or serum Alpha-Fetoprotein test on the Patient."*
6. The Defendant did not see the Patient again after he was discharged home on 6 April 2023.
7. On 9 May 2023, the Patient attended the AED of PYNEH complaining of unrelieved chest pain. The Patient was prescribed with Ibuprofen and discharged without hospitalization.

8. Owing to weakness of both legs, the Patient underwent a MRI scan of the thoracic spine at a private imaging centre on 20 May 2023, which showed, amongst others, a lesion in the T6 vertebra compressing the spinal cord and other lesions considered bony metastases at C4, C6, C7, T8, T11, T12, L3, S1, bilateral 5th ribs, left 6th and 7th ribs (associated with soft tissue mass), bilateral ilium and two right lobe hepatic masses.
9. Despite medical oncology treatments at PYNEH, the Patient succumbed to hepatocellular carcinoma on 13 November 2023.
10. The Patient's daughter lodged this complaint against the Defendant with the Secretary of the Medical Council (the "Council") on 29 October 2023.

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 allegations against the Defendant here are serious ones. 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 each of the disciplinary charges against the Defendant separately and carefully.

Findings of the Inquiry Panel

13. The Defendant admits the factual particulars of the disciplinary charges against him. It remains for us to consider and determine on all the evidence before us whether the Defendant has by his conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong.
14. We agree with the unchallenged opinion of Professor TOMLINSON in his supplemental expert report dated 31 October 2025 that:-

“5. ... *The medical notes written by Dr Jin did not provide a complete medical history. A number of essential items are missing...*”

15. Given the Patient’s physical complaints, which had lasted for one year and with recent increase in severity, coupled with the chest x-ray finding of an abnormal opacity in the left lower zone, the Defendant ought in our view to be vigilant in taking a complete medical history of the Patient in order to avoid possible error in diagnosis.
16. The Defendant now accepts that he failed to identify and/or properly record in the medical records the right upper abdominal pain and/or weight loss of the Patient.
17. In failing to identify and/or properly record in the medical records the right upper abdominal pain and/or weight loss of the Patient, the Defendant has in our view 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 disciplinary charge (a).
18. It is not sufficient in our view for the Defendant to say, as he claimed in his submission to the Preliminary Investigation Committee, that he had reviewed the Patient’s condition in the light of all available investigation results and x-rays taken since admission before discharging him home. Indeed, the Defendant now accepts that he failed to arrange for proper follow up investigations, including imaging tests of the chest, ultrasound of the liver and/or serum Alpha-Fetoprotein (“AFP”) test on the Patient.
19. The law in this respect is clear. As Professor Michael A. Jones said in *Medical Negligence* (6th ed.):-

“4-037 ...*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 the 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 as 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. The doctor should keep in mind that patients may suffer from concurrent complaints...”

20. The Defendant now accepts that he had failed to identify and/or properly record in the medical records the right upper abdominal pain and/or weight loss of the Patient.
21. In this regard, we agree with the unchallenged opinion of Professor TOMLINSON in his supplemental expert report dated 31 October 2025 that:-

“6. ... If Dr Jin had been aware that the patient had complained of right upper abdominal pain, he might have examined the area over the liver more carefully and found some tenderness...”

22. In failing to arrange for proper follow up investigations, including imaging tests of the chest, ultrasound of the liver and/or serum AFP test on the Patient, the Defendant has in our view by his conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of disciplinary charge (b).
23. We are particularly concerned that the Defendant did not take any step to find out why an opacity was shown in the left lower zone of the Patient’s chest x-ray.
24. We also agree with the unchallenged opinion of Professor TOMLINSON in his first expert report dated 27 December 2024 that:-

“27. It would have been possible to make the diagnosis of metastatic hepatocellular carcinoma during the admission to PYNEH from 3 to 6 April 2023 if appropriate investigations had been performed such as ultrasound of the liver and serum AFP...”

25. In failing to diagnose that the Patient was suffering from metastatic hepatocellular carcinoma, the Defendant has in our view by his conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of disciplinary charge (c).

Sentencing

26. The Defendant has a clear disciplinary record.
27. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and cooperation.
28. 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 the public confidence in the medical profession by upholding its high standards and good reputation.
29. We appreciate that the Defendant was at all material times a junior doctor in the Medical Ward. We also agree with Professor TOMLINSON that the Patient's hepatocellular carcinoma was already in a very advanced stage.
30. We are told in mitigation that the Defendant has since the incident reflected on his medical practice. By engaging in self-study and reviewing medical literature, the Defendant now realizes the importance of effective communication with patients and thorough medical documentation. Moreover, the Defendant has strengthened his knowledge of hepatocellular carcinoma. And as part of his current family medicine residency training in the U.S., the Defendant is undergoing continuous, longitudinal education on the detection, prevention and treatment of various oncologic processes.
31. Taking into consideration the nature and gravity of the disciplinary charges for which we have found the Defendant guilty and what we have read and heard in mitigation, we shall make a global order in respect of disciplinary charges (a), (b) and (c) that the name of the Defendant be removed from the General Register for a period of 1 month. We further order that the operation of our removal order be suspended for a period of 6 months on condition that the Defendant shall complete within the suspension period courses on clinical management of patients, to be pre-approved by the Chairman of the Council, to the equivalent of 5 CME points.

Prof. TANG Wai-king, Grace, SBS, JP

Chairperson of the Inquiry Panel

The Medical Council of Hong Kong