

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr MA Hing Man (馬慶文醫生) (Reg. No.: M08784)

Date of hearing: 15 September 2025 (Monday)

Present at the hearing

Council Members/Assessors: Prof. FOK Tai-fai, SBS, JP
(Chairperson of the Inquiry Panel)
Dr HO Hung-kwong, Duncan
Prof. TAN Choon-beng, Kathryn
Ms LIU Lai-yun, Amanda
Mr Calvin K CHENG

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Ms Sally WONG of
Messrs. Johnson Stokes & Master

Legal Officer representing the Secretary: Miss Esther CHAN, Senior Government
Counsel

The Defendant is not present.

The Charges

1. The amended disciplinary charges against the Defendant, Dr MA Hing Man, are:

“That, on or about 9 July 2020 in the Accident and Emergency Department of North Lantau Hospital, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, [REDACTED] (“the Patient”), in that he,

- (a) *failed to conduct adequate or proper examination on the wound at the right wrist of the Patient;*
- (b) *failed to conduct adequate or proper examination of the finger movements of the right hand of the Patient;*
- (c) *failed to make a diagnosis of tendon injury at the right hand of the Patient and inform the Patient of the possibility of tendon injury of his right hand; and*
- (d) *failed to offer proper and appropriate treatment to the Patient in a timely manner.*

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 22 September 1992 to the present. His name has been included in the Specialist Register under the specialty of Emergency Medicine since 21 February 2011.
- 3. Briefly stated, the Patient had an accident in his kitchen at home in the evening of 9 July 2020. During the accident, his right hand was cut by a knife and resulting in a puncture wound over the dorsum. The Patient was later taken by ambulance to the Accident & Emergency Department (“AED”) of the North Lantau Hospital (NLH) for treatment.
- 4. According to the medical records obtained from NLH, there was decreased range of movement of his right index finger and right little finger when the Patient was assessed by the triage nurse at around 22:22 hours. The Defendant, who was then a Consultant in the AED of NLH, attended the Patient at around 22:30 hours.
- 5. For the purpose of the conduct of this inquiry, the Secretary and the Defendant had further agreed *inter alia* that:-

“... During physical examination, Dr. Ma examined the wound at the Patient’s right wrist and examined the finger movements of the right hand of the Patient.

He then performed a wound exploration under local anaesthesia at the AED operating room.

... Dr. Ma's clinical impression at the time was that there was no tendon involvement. The Patient's right wrist wound was closed with sutures. The Patient was discharged at around 11:28 pm on 9 July 2020.

... Dr. Ma failed to make a diagnosis of tendon injury at the right hand of the Patient and inform the Patient of the possibility of tendon injury at his right hand.

... Dr. Ma also failed to offer proper and appropriate treatment to the Patient in timely manner..."

6. According to the Patient, whose evidence is not challenged by the Defendant, he subsequently developed a lump in his right hand and he had no range of movement of his right little finger when he opened his hand. The Patient consulted one Dr MOK, a private specialist in Orthopaedics & Traumatology, and upon whose advice a MRI scan of his right hand and right little finger was done. The material parts of the MRI report read as follows:-

"There is a full-thickness tear of the extensor tendon to the little finger. The tear is seen with the distal part of tear situated about 1.3 cm distal to the base of the fifth metacarpal bone and the proximal end of the tear at about 2.4 cm proximal to the distal tip of the ulna. The total separation of the torn fibres of the extensor tendon are 7.2 cm."

7. On 10 September 2020, Dr MOK performed an operation for reconstruction of the extensor digitorum minimus of the Patient's right little finger with extensor indicis proprius tendon transfer at the Hong Kong Adventist Hospital. The Patient's recovery was satisfactory and mobility of his right little finger had improved.
8. The Patient subsequently lodged this complaint against the Defendant with the Secretary of the Medical Council.

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 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 amended disciplinary charges against him separately and carefully.

Findings of the Inquiry Panel

11. At the beginning of this inquiry, the Legal Officer told us that the Secretary is offering no evidence in respect of the amended disciplinary charges (a) and (b) against the Defendant. Since the burden of proof is always on the Secretary, we have to find the Defendant not guilty of these two disciplinary charges.
12. The Defendant admits the factual particulars of the amended disciplinary charges (c) and (d) against him. It remains however for us to consider and determine on the evidence before us whether the Defendant has been guilty of misconduct in a professional respect.
13. We agree with the unchallenged opinion of the Secretary's expert witness, Dr YEUNG, a specialist in Orthopaedics & Traumatology, that in this case *"unfortunately the cut tendons retracted far away from the wound, which is quite unusual, and leading to the misdiagnosis"*. But then again, the real point in our view is that when the Defendant tried hard to look for the tendon during the wound exploration, first without local anaesthesia and then at the AED Operating Room under local anesthesia, but in vain, the suspicion of a cut tendon should be raised.
14. In failing to make a diagnosis of tendon injury at the right hand of the Patient and hence inform the Patient of the possibility of tendon injury at his right hand, the Defendant had in our view by his conduct in this case fallen below the standard expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (c).

15. In our view, a cut extensor tendon in the hand should be timely repaired. We appreciate that wound exploration in an AED setting might have its limitations. But as Dr YEUNG aptly pointed out, “[i]f this is the case, help should be sought from an orthopaedic surgeon to establish the diagnosis through wound exploration in the proper settings and managed accordingly.” And yet, the Defendant decided to discharge the Patient home instead of transferring him to another hospital with orthopaedic specialist service.
16. In failing to offer proper and appropriate treatment to the Patient in a timely manner, the Defendant had in our view by his conduct in this case fallen below the standard expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (d).

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 note that the Defendant has tremendous support from his colleagues and we appreciate his contributions to the enhancement of Accident & Emergency service in Hong Kong.
21. We are told in mitigation that the Defendant has since the incident reflected on his practice. If he comes across patients with a similar injury, he will now take the following steps:-
 - (a) He would closely examine the wound and check the power and the range of movements of the fingers (both collectively and individually);

- (b) He would then perform a wound exploration under local anaesthesia, by stretching the wound as much as possible and manipulating the tissue to get a better view. Beforehand, he would explain the purpose of the wound exploration and its risks, including the risks of local anaesthesia. He would also explain to the patient that wound exploration in the AED setting has its limitation and offer the option of a more thorough wound exploration by an orthopaedic surgeon; and
 - (c) If there is any clinical suspicion of tendon injury or retained foreign body, he would arrange for a further wound exploration by an orthopaedic surgeon.
22. We accept that the Defendant has shown sufficient insight into his failings. Given his genuine remorsefulness, we believe that the chance of his committing the same or similar breaches in the future would be low.
23. Taking into consideration the nature and gravity of the amended disciplinary charges for which we find him guilty 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 be published in the Gazette.

Remark

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

Prof. FOK Tai-fai, SBS, JP
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong