

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr MA Leung Sang (馬亮生醫生) (Reg. No.: M04338)

Date of hearing: 25 August 2026 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. FOK Tai-fai, SBS, JP
(Chairperson of the Inquiry Panel)
Dr LING Siu-chi, Tony
Prof. HUI Shu-cheong, David
Mrs BIRCH LEE Suk-yee, Sandra, GBS, JP
Ms MA Man-chi

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Ms Maureen LIU of Messrs. Howse
Williams

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

The Defendant is not present.

The Charge

1. The amended charge against the Defendant, Dr MA Leung Sang, is:

“That on or about 11 April 2023, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, Madam [REDACTED] (“the Patient”), in that he failed to prescribe COVID-19 oral drugs to the Patient, who was suffering from chronic diseases, without reasonable and/or

proper assessment and/or justifications.

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 26 June 1981 to the present. His name has never been included in the Specialist Register.
3. On 11 April 2023, the Patient (aged 42) consulted the Defendant for fever, cough, sore throat and mild chills. The Patient told the Defendant that her Rapid Antigen Test for COVID-19 was positive on that day. The Defendant examined the Patient. The Defendant diagnosed the Patient of COVID-19 infection and prescribed the following medications: (i) Dextromethorphan 15mg tablet 3 times a day for 4 days for cough; (ii) Zyrtec 10mg once a day for 4 days for potential runny nose; (iii) Ponstan 250mg 3 times a day for 4 days for the sore throat; and (iv) Paracetamol 500mg 3 times a day for 4 days for the mild fever.
4. At all material times, the Defendant was registered with the Electronic Health Record Sharing System and had access to COVID-19 oral drugs for managing COVID-19 cases.
5. By a statutory declaration dated 4 August 2023, the Patient’s brother lodged a complaint against the Defendant with the Medical Council (“Council”) for, *inter alia*, the Defendant’s failure to prescribe COVID-19 oral drugs to the Patient.

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.
7. 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

8. The Defendant admits the factual particulars of the amended charge against him but it remains for us to consider and determine on the evidence whether he is guilty of misconduct in a professional respect.
9. It is not in dispute that the Patient suffered from hypertension and diabetes mellitus at the material times.
10. In her witness statement dated 10 June 2026, the Patient told us that at the consultation on 11 April 2023, she had reported to the Defendant that she was tested positive for COVID-19 and she suffered from chronic diseases. However, the Defendant never asked her anything about her chronic diseases, but only asked if she had symptoms such as sore throat. From the Defendant's medical record, we also cannot see that the Defendant had asked the Patient about her past health and vaccination history.
11. According to the expert report of Dr IP Kit Kuen Andrew ("Dr IP"), the Secretary's expert, dated 28 May 2025, "*... most patients with COVID-19 infection do not require specific antiviral treatment, beyond supportive care. For selected patients who are at high risk of disease progression, oral antivirals were recommended.*"
12. According to Dr IP's supplemental expert report dated 12 July 2025, "*Whether a patient with hypertension and diabetes mellitus should be regarded as 'selected patients who are at risk of disease progression' depends on whether hypertension and diabetes mellitus are under control or not.*"
13. According to Dr IP's 2nd supplemental expert report dated 25 September 2025, Dr IP took the view that there is no evidence showing that the Defendant had properly assessed whether the Patient's chronic diseases were under control or not.
14. We accept the expert opinion of Dr IP. We also notice that there is no evidence that the Defendant had asked for vaccination history of the Patient. The Patient had reported to the Defendant on the day of consultation that she suffered from chronic diseases. The Defendant should have looked into what chronic

diseases she had, and assessed whether they were under control or not so as to decide whether to prescribe COVID-19 oral drugs. However, the Defendant had failed to do so.

15. In fact, the Patient had on the next day (i.e. 12 April 2023) visited Fanling Family Medicine Clinic of the Hospital Authority (“FMC”) and she was prescribed by the attending doctor there with Paxlovid tablets, an anti-viral medication for treating COVID-19. There is nothing to suggest that the prescription of Paxlovid tablets by the attending doctor at FMC was improper or incorrect.
16. In our view, the Defendant failed to prescribe COVID-19 oral drugs to the Patient, who was suffering from chronic diseases, without reasonable and/or proper assessment and/or justifications. We are satisfied on the evidence before us that the Defendant has by his conduct in the present case fallen below the standards expected amongst registered medical practitioners in Hong Kong and we find him guilty of professional misconduct as charged.

Sentencing

17. The Defendant has a previous disciplinary record related to offence of failing to properly label the drug dispensed to patients. A warning letter was ordered to be served on the Defendant in 1999. We note that the previous disciplinary offence was committed a long time ago, but we do not totally agree that the previous disciplinary offence was of no relevance.
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 have considered the Defendant’s CME records, and a reference letter written by his friend. His self-professed social contribution as submitted is in our view irrelevant.
20. The Defendant’s solicitor told us in mitigation that the Defendant has since the incident taken remedial actions. To ensure not missing a patient’s important history, the Defendant has now designed a form for use in his clinic for new patients. He will not just write down the information at registration but he will also go through the form with the patient at the consultation and get more details about the chronic illnesses and drug allergies.

21. The Defendant's solicitor said that the Defendant also now has guidelines for his nurses that if a patient requests to view eHealth record, all queries must be reported to the doctor and handled by the doctor. We do not accept that such a mitigation factor has any force. We must emphasize that the Defendant should not simply rely on his nurses to inform him that the patient has requested to view his/her eHealth records before he views the patient's record. The Defendant has access to eHealth and he should have taken the initiative to view eHealth records.
22. On the whole, we do not consider the Defendant's mitigation satisfactory. If not because of the Defendant's admission, we would have imposed a heavier sentence. Taking into consideration the nature and gravity of the disciplinary charge for which the Defendant is convicted and what we have heard and read in mitigation, we shall order that the Defendant be reprimanded.

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