

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

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

Defendant: Dr TING Kar Wai (丁家衛醫生) (Reg. No.: M03416)

Date of hearing: 28 and 29 April 2025 (Monday and Tuesday)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP  
(Chairperson of the Inquiry Panel)  
Dr LING Siu-chi, Tony  
Prof. LAM Chiu-wa, Linda  
Mr LAM Chi-yau  
Miss LAU Wan-ching

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Mr Chis HOWSE of  
Messrs. Howse Williams

Legal Officer representing the Secretary: Mr Tim YU as instructed by  
Department of Justice

**The Charges**

1. The charges against the Defendant, Dr TING Kar Wai, are:

*“That on or about 6 May 2021, he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] [REDACTED] (“the Patient”), in that:*

- (a) he failed to perform proper and/or adequate examination or investigation before arriving at the diagnosis of “fungal otitis” or “fungal infection”;*
- (b) he inappropriately and/or improperly performed microscopic aural toileting (“the Procedure”) on the Patient and/or perforated the Patient’s ear drum during the Procedure; and/or*
- (c) he failed to properly and/or adequately explain the possible complications (including but not limited to eardrum perforation) prior to and/or after the Procedure.*

*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 was at all material times and still is included in the General Register. His name has never been included in the Specialist Register.
3. On 3 May 2021, the Patient started to experience discomfort in her right ear. On 5 May 2021, she consulted North Kwai Chung General Outpatient Clinic. The attending doctor diagnosed right otitis externa and prescribed antibiotic ear drops to her.
4. On 6 May 2021, the Patient consulted the Defendant and complained of pain and right ear obstruction for 1 day. The Defendant examined her right ear, and found debris in the right external auditory canal (“right EAC”), which obstructed the tympanic membrane (“TM”) completely. The Defendant’s provisional diagnosis was fungal otitis. The Defendant performed microscopic suction/clearance for the right ear, of which part of the debris was removed uneventfully. Upon examination, the Defendant found that the TM was still visually obstructed. The Patient indicated that she was afraid of pain, and the procedure was terminated. The Defendant prescribed Pyricort ear drops, Griseofulvin 125mg and Panadol 500mg to be taken 4 times a day for 4 days as symptomatic relief. The Defendant advised the Patient to return 4 days later to continue the suction clearance after reduction of inflammation

and pain from the medication. The Patient however did not return as advised. The Patient said she felt dizziness/vertigo after the procedure.

5. On the same evening at around 9:35 p.m., the Patient attended the Accident and Emergency Department (“AED”) of Yan Chai Hospital (“YCH”) where she reported sudden hearing loss in the right ear. History of anxiety, hypertension and habitual ear picking was noted. At AED, the Patient was informed that she had right eardrum perforation. The Patient was also seen by other medical officer of YCH on 7 May 2021 at around 2:35 a.m., who told her that she had right eardrum perforation.
6. The Patient was admitted to YCH as an inpatient for management of hypertension and pending assessment by an in-house ENT doctor.
7. On 10 May 2021, Dr LEE (“Dr LEE”), ENT doctor of YCH attended the Patient. Dr LEE found a large amount of debris in the Patient’s right EAC. Suction clearance was performed and the TM was found to be intact. The Patient was discharged on the same day and was prescribed symptomatic relief.
8. On 15 May 2021, the Patient consulted another private ENT specialist, Dr WONG. Dr WONG found Patient’s right EAC inflamed and filled with debris. There was a central perforation on the TM. There was no exudate on the TM. He cleared the debris of the Patient’s right EAC with microscopic suction and micro-forceps under the microscope. He prescribed the Patient with anti-inflammatory medication.
9. The Patient continued to be managed in public and private sectors with conservative treatment. A tympanoplasty was arranged on 8 July 2022.
10. By a statutory declaration made on 13 April 2022, the Patient lodged a complaint against the Defendant with the Medical Council.

#### **Ruling on No Case To Answer**

11. After the Secretary’s case, the Defendant applied for no case to answer in respect of all 3 charges.
12. We ruled that there was no case to answer in respect of charges (a) and (b), and

there was a case to answer for charge (c). These are our reasons.

13. At the consultation on 6 May 2021, the Defendant examined the Patient's right ear with the otoscope. The Defendant saw soft, black cellular debris with spores and filaments in the right EAC, which suggested to him the diagnosis of otomycosis.
14. When cross-examined, Prof. TONG Chi Fai ("Prof TONG"), the Secretary's expert, agreed with the opinion of Dr TANG Man Kai Herman ("Dr TANG"), the Defendant's expert, that a proper examination of the EAC was always to start with the otoscope.
15. As the Defendant found black debris blocking the right EAC and preventing the TM from inspection, Prof TONG agreed with Dr TANG's opinion that it was proper for the Defendant to put the Patient on microscope for further examination of the debris under magnification to confirm the diagnosis of otomycosis.
16. Prof TONG agreed that there was no need to do an ear swab for fungal culture.
17. Prof TONG confirmed that the Defendant had properly and appropriately examined the Patient according to the standard methods and procedures to make the diagnosis.
18. The Secretary's evidence cannot support charge (a). There was therefore no case to answer for charge (a). The Defendant was acquitted of charge (a) accordingly.
19. Prof TONG agreed that it was appropriate for the Defendant to perform microscopic suction/clearance, which would serve to clear the debris to allow complete visualization of the whole right EAC and the TM, without which a total evaluation of the infection of the EAC could not be completed.
20. There is no evidence to suggest that the Defendant had improperly performed the microscopic suction/clearance procedure on the Patient.
21. There is also no evidence to suggest that it was because the Defendant had improperly performed the microscopic suction/clearance procedure, thereby causing the perforation of the Patient's TM.

22. The findings of perforation of right TM (or suspected perforation) by the AED doctor of YCH on 6 May 2021 at 9:35 p.m. and other medical officer of YCH on 7 May 2021 at 2:35 a.m. are questionable. With debris in the right ear canal (which was not removed until 10 May 2021 by Dr LEE), a proper and complete examination and clinical assessment of the status of the TM (including whether there was perforation) would not have been possible. Prof TONG said he could not tell if the findings of perforation made by the said two doctors on 6 and 7 May 2021 were correct.

23. Dr LEE is an ENT doctor. On 10 May 2021 at 10:22 a.m., Dr LEE attended the Patient. In YCH's Progress Note, it was written:

“ ...  
*ENT consultation*  
*consulted for right perforated tympanic membrane*  
...  
*PE*  
...  
*Otoscopy + endoscopy assessment*  
*Right EAC large amount of debris s/c done. TM intact.*  
*Left TM intact EAC clear*  
... ”

24. The purpose of this consultation was very specific. Dr LEE was asked to assess if the right TM was perforated.

25. As the record shows, Dr LEE performed otoscopy and endoscopy assessment and found large amount of debris in the Patient's right EAC. Suction/clearance was done, and Dr LEE found the Patient's right TM intact.

26. During cross-examination, Prof TONG was asked if he would agree with the opinion of Dr TANG, which was supported by literature, of the possibility of otomycosis causing the perforation of the right TM of the Patient. Prof TONG said it was rare in Hong Kong to have invasive fungal infection. Prof TONG could not however provide any literature to support what he said. When asked, Prof TONG agreed that there was still the possibility that the perforation in this case was caused by otomycosis.

27. There is no evidence before us of any likelihood of barotrauma or direct trauma to the TM caused by the microscopic suction/clearance procedure performed by the Defendant on 6 May 2021.
28. The Secretary's evidence cannot support charge (b). There was therefore no case to answer for charge (b). The Defendant was acquitted of charge (b) accordingly.
29. For charge (c), Prof TONG agreed that there was no need for the Defendant to explain to the Patient about the possible complication of eardrum perforation prior to the microscopic suction/clearance procedure.
30. However, the Defendant's solicitor concedes that the evidence is not conclusive either way to show if or if not the Defendant had advised the Patient of dizziness and abrasion causing bleeding due to the microscopic suction/clearance procedure. On this basis, we took the view that there was a case to answer in respect of charge (c).

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

31. 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.
32. 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**

33. As stated above in paragraph 29, Prof TONG agreed that there was no need for

the Defendant to explain to the Patient about the possible complication of eardrum perforation prior to the microscopic suction/clearance procedure.

34. We are satisfied that there was nothing further for the Defendant to advise the Patient after the consultation. What remains however was what should be explained, and whether the Defendant had explained, to the Patient prior to the microscopic suction/clearance procedure.
35. According to the Defendant, he had explained to the Patient the possible common effects associated with the microscopic suction/clearance procedure, namely pain, noise, pressure discomfort, dizziness and abrasion causing bleeding (“the Explanations”). However, we do not see there is any contemporaneous medical record showing that the Defendant had advised the Patient as such.
36. Dr TANG takes the view that pain, noise, pressure discomfort and dizziness are not complications, but are effects, as they are transient in nature, and only trauma to the EAC (i.e. abrasion causing bleeding) and injury to the TM can be considered as complications. This we disagree. What is to be considered as complication should not be defined so narrowly. Instead, a broad view should be taken. We are of the view that pain, noise, pressure discomfort, and dizziness are also to be regarded as complications.
37. The Defendant told us that he attended to the Patient for around 5 minutes. He said he provided her with some of the Explanations while the Patient was sitting down at his desk when he was explaining the diagram of the right ear he drew on his clinical notes. The Defendant also said he had provided the rest of the Explanations when the Patient was moving from the chair to the bed, and when he was preparing his microscope for the suction/clearance. We could not see the Defendant had made effort to ensure that the Patient understood what he explained to her before the procedure. In fact, the Defendant told us at the hearing that the Patient might not be able to understand what he had explained to her.
38. It is stated in the Code of Professional Conduct (“the Code”) (2016 edition) that:

*“2.10.1 ... It is the doctor’s duty to ensure that the patient truly understands the explanation by being careful and patient.”*

39. By not ensuring that the Patient truly understood his Explanations, the Defendant had failed to properly and/or adequately explain the possible complications prior to the microscopic suction/clearance procedure. In our view, the Defendant had by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of professional misconduct under charge (c).

### **Sentencing**

40. 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.
41. We take note of the character reference letters as submitted, and the charitable activities participated by the Defendant.
42. The Defendant has two disciplinary records.
43. The first disciplinary record related to drug labeling back in November 2003, with more than one drug contained in the same medicine bag.
44. The second disciplinary record related to the prescription of cephalexin (Keflex) to the Patient, whom the Defendant had neglected the Patient's history of allergy. The Defendant's name was ordered in 2014 to be removed from the General Register for a period of 3 months and suspended for a period of 18 months on conditions that the Defendant would complete within the suspension period course(s) on update and/or safe use of antibiotics equivalent to 15 CME points; and satisfactory peer audit by a doctor to be appointed by the Medical Council.
45. These disciplinary records reflect that the Defendant had not learnt his lessons.
46. Having regard to the gravity of the case and the mitigation advanced on the Defendant's behalf, we order that in respect of charge (c), the name of the Defendant be removed from the General Register for a period of three months. We further order that the removal order be suspended for a period of 24 months,

subject to the condition that the Defendant shall complete during the suspension period CME courses relating to clinical management of patients to be approved by the Chairman of the Council to the equivalent of 30 CME points.

Prof. TANG Wai-king, Grace, SBS, JP  
Chairperson of the Inquiry Panel  
The Medical Council of Hong Kong