香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr TSANG Tat Chi (Reg. No.: M08254)

Date of hearing: 15 January 2026 (Thursday) (Day 1)
22 March 2026 (Friday) (Day 2)
28 June 2026 (Sunday) (Day 3)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP
(Chairperson of the Inquiry Panel)
Dr MAK Siu-king
Dr CHAN Pik-kei, Osburga
Ms LIU Lai-yun, Amanda
Mr LI Pak-ki

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Dr David KAN of Messrs. Howse Williams

Legal Officer representing the Secretary: Mr Tommy CHEUNG, Outside Counsel, as instructed by Department of Justice

The Amended Charges

1. The amended charges against the Defendant, Dr TSANG Tat Chi, are:

> *"The particulars of the complaint are that he, being a registered medical practitioner, disregarded his professional responsibility to his patient* [redacted] *("the Patient"), in that he, on 17 July 2022:*

(a) failed to provide proper explanation of the nature of a subcutaneous lipoma, and/or the nature, effect, implications or risks of the specimen collection procedure (i.e. removal of lipoma for histopathology) (the "Procedure") to the Patient;

(b) failed to obtain valid consent from the Patient for the performance of the Procedure;

(c) failed to provide and/or record justifiable clinical indication(s) for the performance of incision and drainage of the haematoma on the Patient; and/or

(d) performed incision and drainage of the haematoma on the Patient which could be managed conservatively instead.

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 14 August 1991 to the present. His name has been included in the Specialist Register under the specialty of Emergency Medicine since 5 April 2000.

3. On 17 July 2022, the Patient attended the Accident and Emergency Department ("AED") of Queen Mary Hospital ("QMH"). The Patient completed her registration at 12:45 p.m. and she was triaged by the nursing staff at 12:59 p.m. as a Category 4 (semi urgent) case. She informed the nurse that a shoe cabinet fell on her left shin 3 days ago. She had applied some Chinese herbal medication for symptom relief. She had no fever.

4. The Defendant saw the Patient at 1:25 p.m. The Patient told the Defendant that a shoe cabinet fell on her 4 days ago. Her chief complaint was left shin injury. She told the Defendant that she had consulted a bonesetter but *"pain not improved with bone setter"*. The Defendant performed physical examination. The Defendant noted a lesion at the Patient's left shin and bruising at the dorsum of the left foot. It is

shown in the medical record that the Patient had *"L Shin contusion"*, *"L Shin haematoma"*, *"bruising"* and *"2 cm collecting haematoma"*.

5. The Defendant arranged for the Patient to have an x-ray taken of the left shin, which showed no fracture. The Defendant's provisional diagnosis was left shin haematoma. He recommended incision and drainage ("I&D") of the haematoma. The Patient consented to undergoing the Procedure and signed on a consent form ("Consent Form").

6. A nurse escorted the Patient to the dressing room for preparation for the I&D procedure. The Defendant administered local anesthesia of 5ml of 1% Xylocaine. He then commenced the Procedure. After incision, a mass of 2 cm x 2 cm was seen.

7. The Defendant removed the mass, after which he put the specimen in a bottle of Formalin. The base of the wound was clean and there was minimal bleeding. The Defendant sutured the wound with 5-0 stitches.

8. The Defendant scheduled for the Patient to return for a follow-up consultation on 25 July 2022. He prescribed prophylactic antibiotic (Augmentin), Hirudoid (Heparinoid) cream (for the bruising) and Panadol tablets. The Patient also received an anti-tetanus toxoid injection from the nursing staff.

9. According to the Histopathology report of QMH dated 20 July 2022, the specimen mass received was a piece of fatty tissue measuring 4.5 x 3 x 0.2 cm. Microscopic examination showed that it was benign. The mass was confirmed to be a lipoma.

10. On 25 July 2022, the Patient attended a follow-up consultation at the AED of QMH, and was seen by another doctor, a Dr LEUNG ("Dr LEUNG"). According to the progress notes, the Patient was not distressed and she was afebrile. She was noted to be *"walking with weight bearing"*. There were *"still bruising around (her) wound + ankle"*, with no cellulitis nor infective signs found. Based on the medical records, Dr LEUNG removed the sutures and applied dressing. He noted that the Patient had already completed a course of Augmentin. No follow-up consultation was considered to be required.

11. By a statutory declaration made on 2 December 2022, the Patient lodged a complaint with the Medical Council ("Council") against the medical doctor whom she consulted at AED of QMH on 17 July 2022. There is no issue between the parties that the complaint lodged by the Patient was against the Defendant.

Burden and Standard of Proof

12. 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.

13. 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 him separately and carefully.

Findings of the Inquiry Panel

14. We shall deal with the charges in the order that the events took place.

15. We have looked at the A&E clinical notes of the Defendant, which is very brief. There is no record of the color of skin above the mass (the haematoma). There is no record showing that the Defendant had palpated the lesion to confirm if the mass was fluctuant (i.e. fluid inside). According to Dr TUNG Wai Kit ("Dr TUNG"), the Secretary's expert, which we agree, it would take a haematoma at least 7 days to liquefy. I&D procedure involves drainage of the liquid inside. It is therefore important for the Defendant to record if there was fluid upon palpation. There is also

no record of any breach of the skin. All these are justifiable clinical indications for the performance of I&D of the haematoma, but are not recorded.

16. We are satisfied that the Defendant had failed to record justifiable clinical indications for the performance of I&D of the haematoma on the Patient.

17. The Defendant had by his conduct in the present 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 per the amended charge (c).

18. The Secretary's case is that conservative treatment such as observation, letting the haematoma resolve with time, and painkillers can be treatment options. If swelling persisted, then performing needle aspiration to aspirate the liquefied haematoma could be done.

19. The Patient's complaint was that her lesion was "腫脹" ("swollen and tense") and she had pain. Since the Defendant had come to the diagnosis of haematoma, and his intention was to drain the blood to relieve pressure and pain, we are of the view that I&D procedure was a reasonable treatment option.

20. Although conservative treatments as suggested by the Secretary are feasible, we cannot say performing I&D procedure in this case was incorrect. We will therefore acquit the Defendant of the amended charge (d).

21. For the amended charges (a) and (b), the Legal Officer for the Secretary confirmed in his opening that the Secretary's case is that, whilst undergoing the I&D procedure, there was no additional verbal consent whatsoever, before the Defendant removed the specimen for histopathology. The Secretary has not advanced any alternative case that even if a verbal explanation was given, it was inadequate for the purpose of obtaining the informed consent.

22. At the inquiry, the Patient said that the Defendant all along told her that the I&D procedure was to drain the pus, without "開刀" and suturing. The Patient said that during the I&D procedure, there was no conversation. She suddenly felt great pain and then saw the Defendant waving a piece of her tissue (i.e. the mass) in front of her and claiming to take the mass for biopsy. The Patient said that there was no oral consent given prior to or during the removal of the mass. She said she was in fear and dared not speak.

23. The Defendant told us that a vertical incision of 1 to 2 cm was made on the Patient's left shin after administering local anesthesia. He expected to see something like bruised blood upon incision. Instead, he saw some slightly reddish mass out of expectation. He therefore informed the Patient and sought consent by saying "見到係瘤唔係血塊，攞走化驗好唔好？" The Defendant said the Patient replied "好".

24. The Defendant's version and the Patient's version are totally different. We have to decide on their credibility.

25. We gratefully adopt as our guiding principles the following approach for assessing witness credibility as set out by Deputy High Court Judge H. Au-Yeung (as he then was) in High Fashion New Media Corporation Ltd. v Leong Ma Li [2022] HKCFI 2234 at para. 14:-

> *"(1) Generally speaking, contemporaneous written documents and documents which came into existence before the problems in question emerged are of the greatest importance in assessing credibility;*
>
> *(2) Importance should be attached to the inherent likelihood or unlikelihood of an event having happened, or the apparent logic of events;*
>
> *(3) The court will also attach importance to the consistency of the witness' evidence with undisputed or indisputable evidence, and the internal consistency of the witness' evidence. The latter type of consistency is often tested by a comparison between the witness' oral testimony and his or her witness statement;*

(4) *The court should consider a witness' motive for deliberately not giving truthful testimony. For example, telling the truth may prejudice his interest, or a just determination of the litigation may affect his interest;*

(5) *It is essential to have regard to the entirety of a witness' evidence. A witness can make mistakes, but the mistakes do not necessarily affect other parts of his evidence. Likewise, a witness may lie. However, lies themselves do not mean necessarily that the entirety of that witness' evidence is to be rejected. A witness may lie in a stupid attempt to bolster his case, but the actual case nevertheless remains good irrespective of the lie;*

(6) *On the other hand, where it is shown that a witness has been discredited over one or more matters to which he has testified, this fact is relevant to the assessment of his overall credibility;*

(7) *While the court is entitled to take demeanour into account when assessing testimony, it should be borne in mind that demeanour can be deceptive and is therefore to be approached with care."*

26. The Patient alleged that she had agreed with the Defendant that no surgery would be performed ("不開刀"). What the Patient alleged is inconsistent with the I&D Consent Form, which she signed on and accepted, which stated that "incision and drainage 切開及引流" would be performed.

27. The Patient told us that towards the end of the attendance, she was asked to sign on a second consent form which she understood was for the procedure of excisional biopsy, and she complied by signing on it. The Defendant confirmed that the Patient did sign on a second consent form for the procedure of excisional biopsy but this consent form could no longer be located. Although this consent form cannot now be located, it remains a fact that the Patient had signed on a consent form for the procedure of excisional biopsy. If the Patient had never verbally consented to the procedure of excisional biopsy, it is unbelievable why she would have agreed to sign on the second consent form. She could simply refuse to sign.

28. The Patient had also never made any complaint to the Defendant, any nurse, or anyone at the hospital on the day when the mass was removed. She also had never made any complaint at the follow-up consultation on 25 July 2022, 8 days later with another doctor. The Patient's explanation that she was waiting for her wound to heal before making a complaint is in our view illogical and unconvincing.

29. The Patient's complaint only came about a month later, on or about 18 August 2022, after she found out that the lesion was benign and she had suffered wound complications and scarring. The Patient intimated a claim for compensation from the Hospital Authority. In our view, the subsequent grievances of wound complications and scarring, and the compensation claim are very likely the motive of the Patient for not giving a truthful testimony by saying that she had given no verbal consent for the removal procedure.

30. It is unreasonable why the Defendant, on suddenly seeing a mass out of his expectation upon incision, would not have sought verbal consent from the Patient. The Defendant's evidence of having obtained verbal consent from the Patient is corroborated by the evidence of Ms CHIANG Sau Man, the nurse, who believed that verbal consent had been obtained.

31. Both experts accepted that in this case verbal consent for excisional biopsy would suffice.

32. The Defendant said this to the Patient "見到係瘤唔係血塊，攞走化驗好唔好？", and the Patient replied "好".

33. Dr TUNG confirmed in cross-examination in respect of each of the headings below what he considered to be necessary information in obtaining consent for the removal procedure:

    (a) Nature/indication: in simple terms, to remove the lesion *("瘤")* for laboratory examination.

    (b) Effect, benefits and implications: so that diagnosis could be ascertained.

(c) Risks: the risks are even lower than that for I&D of haematoma. The information leaflet entitled "*皮膚膿腫切開引流術*" provided to the Patient, which contained information on risks, is relevant.

(d) Pros and cons: pros is that the diagnosis could be obtained, whereas cons would be the risks of the procedure.

(e) Alternative procedure: Patient's choice was between undergoing the excisional biopsy, or not, there being no alternative procedure as such.

34. We are satisfied that the Defendant had provided proper explanation of the nature of the subcutaneous mass, and the nature, effect, implications or risks of the removal procedure to the Patient, and valid informed consent was obtained.

35. We will therefore acquit the Defendant of the amended charges (a) and (b).

Sentencing

36. The Defendant has a clear disciplinary record.

37. We bear in mind that the 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.

38. We have considered the commendation letters as submitted and the Defendant's professional and social contributions.

39. The Defendant told us that he has taken remedial action to improve documentation by including more details of his clinical assessment, patient histories, indications, unexpected findings, verbal communications, consents (especially those obtained during procedures) and reasonable alternative(s). We accept that the chance of re- offending is low.

40. Having considered the nature and gravity of the offence in this case and what we have heard and read in mitigation, we order that in respect of the amended charge (c) the Defendant be reprimanded.

Remarks

41. The Defendant's name 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. TANG Wai-king, Grace, SBS, JP
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong