

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr WONG Siu Chun (黃兆駿醫生) (Reg. No.: M17339)

Date of hearing: 24 March 2025 (Monday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel
(Chairperson of the Inquiry Panel)
Dr Pierre CHAN
Dr CHUANG Shuk-kwan, JP
Ms FUNG Dun-mi, Amy, MH, JP
Mr LAW Yu-wing

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Ms Jennifer LEE
of Messrs. Johnson Stokes & Master

Senior Government Counsel representing the Secretary: Mr Louie CHAN

1. The charges against the Defendant, Dr WONG Siu Chun, are:

“That on or about 18 August 2017, he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] (“the Patient”), in that he :

(a) failed to conduct a pregnancy test before performing endometrial aspiration (“the Procedure”) on the Patient; and/or

(b) performed the Procedure on the Patient without sufficient indication and/or proper justification.

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 1 July 2014 to the present. His name has been included in the Specialist Register under the Specialty of Radiology since 4 October 2023.
3. Before this inquiry began, the Secretary and the Defendant had signed a Statement of Agreed Facts, the material parts of which read as follows:-

“... On 18 August 2017, [REDACTED] (“the Patient”), attended the Outpatient Clinic of the Department of Obstetrics & Gynaecology of Princess Margaret Hospital (“PMH”) for a routine follow-up as she had been on the waitlist for laparoscopic sterilisation since August 2015...

At the material time, Dr Wong was a Resident Medical Officer of the Department of Obstetrics & Gynaecology of PMH. The subject consultation on 18 August 2017 was the first and only time the Patient consulted Dr Wong...

According to the medical records of PMH, the Patient was previously admitted to PMH in April 2017 for abdominal pain complicating early pregnancy. She was discharged from PMH as she planned to undergo surgical termination of pregnancy (“STOP”) at Hong Kong Sanatorium & Hospital (“HKSH”)...

As documented in Dr Wong’s consultation record on 18 August 2017, the Patient reported that:-

- (a) *She had experienced per vaginal bleeding for more than 1 month since undergoing STOP in April 2017 and the bleeding stopped in June 2017. “PVB [per vaginal bleeding] for 1+month, then off til[l] June 2017” was documented.*

- (b) *Her last menstrual period was in mid-July 2017 lasting more than 1 week with normal flow and mild dysmenorrhea. This was documented as “LMP [last menstrual period] Mid July 2017 / 1+week / flow normal / Mild dysmenorrhea”.*
- (c) *She had suffered from prolonged menstruation with irregular menses for years (“voiced out prolonged mense and irregular mense for years” was documented).*
- (d) *Dr Wong enquired whether the Patient had engaged in any unprotected sexual intercourse since her previous menstruation, and the Patient confirmed that she only had protected sexual intercourse with condom (without any accident or breaks), and therefore “Protected coitus with condom without breakage” was documented...*

Based on the Patient’s history as documented in the medical records, there was no obvious myometrium cause, no gross uterine mass, and no cervical tumour which could account for the longstanding prolonged and irregular menstruation reported by the Patient. Dr Wong informed the Patient that, in light of the longstanding prolonged and irregular menstruation, endometrial pathology should be considered as a differential diagnosis. Dr Wong further explained that endometrial pathology on its own was not conclusive of cancer but might be related to endometrial polyps or hyperplasia which would cause irregular bleeding and thus prolonged menstruation, which may be predisposing risk factors for endometrial cancer as well...

Dr Wong therefore suggested the procedure of endometrial aspiration to investigate endometrial pathology as an underlying cause of the prolonged and irregular menstruation for years. Dr Wong also advised the Patient that she could opt for a conservative approach by continuing to observe her condition for the time being...

The following was, among others, documented by Dr Wong in the consultation record:-

“counsel for EA [endometrial aspiration] by pipelle / she worried about pain / explain procedure and indications / infosheet given / she agreed / Indication: irregular mense / Counselling given: indication and steps of

procedure, possible complications including pain, vaginal bleeding, uterine perforation and infection / verbal consent taken” ...

Dr Wong explained the procedures of endometrial aspiration to the Patient... Dr Wong also explained that there would be some pain and bleeding after the procedure... The possibilities of uterine perforation and infection were also explained...

... An information sheet about endometrial aspiration was also given to the Patient. Dr Wong went through the information sheet with the Patient and she had no question. The Patient gave her verbal consent to undergo the endometrial aspiration...

Prior to the endometrial aspiration, Dr Wong did not conduct a pregnancy test on the Patient. The endometrial aspiration was performed by Dr Wong on the same day... was uneventful...

The pathology report for the endometrial aspiration came back on 22 August 2017. The following was stated in the pathology report:-

“Sections show fragments of endometrium. Trophoblastic cells are readily seen in a decidualized stroma. Chorionic villi are not seen. Secretory type endometrial glands displaying Arias stella reaction are observed. Mitotic figures are inconspicuous. There is no evidence of hyperplasia or malignancy.” ...

The Patient was admitted to Precious Blood Hospital from 29 to 31 August 2017. According to the ultrasound scan report dated 30 August 2017, a single living intrauterine fetus was noted, with crown rump length corresponding to 6 weeks and 3 days of gestation...

The Patient underwent termination of pregnancy at HKSH on 31 August 2017.”

4. The Patient later lodged this complaint against the Defendant with the Secretary of the Medical Council (the “Council”).

Burden and Standard of Proof

5. 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.
6. There is no doubt that each of the allegations 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 each of the disciplinary charges against him separately and carefully.

Findings of the Inquiry Panel

7. At the beginning of this inquiry, we were informed by the Legal Officer that the Secretary would offer no evidence against the Defendant in respect of disciplinary charge (b). Since the burden of proof is always on the Secretary, we therefore find the Defendant not guilty of that charge.
8. Although the Defendant admitted the factual particulars of disciplinary charge (a) and indicated through his solicitor to us that he will not be challenging the opinion of the Secretary's expert witness, Dr LAM, it remains for us to consider and determine on all the evidence whether the Defendant has been guilty of misconduct in a professional respect.
9. In our view, the central issue in this case is whether the Defendant's failure to conduct a pregnancy test before performing endometrial aspiration on the Patient had fallen below the standard expected of registered medical practitioners in Hong Kong.
10. We need to emphasize that we are not laying down a general rule that a pregnancy test must always be conducted before performing endometrial aspiration.

11. We agree with the unchallenged opinion of the Secretary's expert witness, Dr LAM, that given the Patient's "*long history of irregular cycle*" of menstruation and her "*history of ectopic pregnancy*" as documented in the medical records kept by Princess Margaret Hospital ("PMH"), a "*bedside pregnancy test should be performed before any invasive tests of the uterus including endometrial biopsy*". This was particularly true because a missed diagnosis of ectopic pregnancy would be dangerous to the Patient, who had experienced a ruptured ectopic pregnancy in 2015 requiring massive blood transfusion of 4 units of blood. Contraception by use of condoms would never be foolproof. The Defendant could not therefore safely assume that the Patient in this particular case, who had a last menstrual period one month before the Procedure, was not pregnant.
12. In our view, the Defendant has by his failure to conduct a pregnancy test for the Patient in this case fallen below the standard expected of registered medical practitioner in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per disciplinary charge (a).

Sentencing

13. The Defendant has a clear disciplinary record.
14. In line with our published policy, we shall give the Defendant credit in sentencing for his frank admission and not contesting the issue of professional misconduct.
15. 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.
16. The Defendant was at the material time a junior trainee in the specialty of Obstetrics and Gynaecology. Since the incident, the Defendant had completed his specialist training in Radiology and is now working as an Associate Consultant in the Department of Radiology at PMH.

17. We are told in mitigation that the Defendant had reflected on his management of the Patient and understood that the shortcomings lay in his inexperience and placing too much reliance on contraception by use of condoms. We are pleased to note from the reference letter from the Deputy Chief of Service of the Department of Radiology at PMH that the Defendant had “*actively sought guidance from his supervisor..., and recognized the importance of individualized patient risk assessment... [and] demonstrated vigilance in his practice, ensuring such an oversight does not recur.*”
18. In our view, given the Defendant’s insight into his shortcomings and the steps he took in rectifying his shortcomings, the chance of his committing the same or similar misconduct in the future should be low.
19. Taking into consideration the nature and gravity of the disciplinary charge for which we find the Defendant guilty and what we have heard and read in mitigation, we order that a warning letter be issued to the Defendant; and our order shall be published in the Gazette.

Remark

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

Dr CHOI Kin, Gabriel
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong