

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr LAM Si Wen, Grace (林思允醫生) (Reg. No.: M12540)

Dates of hearing: 20 June 2017 (Day 1); 23 October 2017 (Day 2) and
13 December 2017 (Day 3)

Present at the hearing

Council Members/Assessors: Prof. LAU Wan-yee, Joseph, SBS (Chairman)
Dr HUNG Se-fong, BBS
Dr LAM Tzit-yuen, David
Ms LAU Wai-yee, Monita
Dr TSE Hung-hing, JP
Prof. CHAN Tak-cheung, Anthony
Mr POON Yiu-kin, Samuel

Legal Adviser: Mr Edward SHUM

Defence Counsel representing the Defendant: Mr Billy POON, as instructed by Messrs.
Raymond Chan, Kenneth Yuen & Co.
Solicitors

Senior Government Counsel representing the Secretary: Mr Mark CHAN

1. The charges against the Defendant, Dr LAM Si Wen, Grace, are :

“That in or about 2011, she, being a registered medical practitioner, disregarded her professional responsibility to her patient [REDACTED] (“the Patient”), in that:

- (a) she advised the Patient to undergo Platelet-Rich Plasma (“PRP”) treatment at the time when the effects of such treatment were tending to be misleading and exaggerating; and
- (b) she failed to obtain informed consent from the Patient before proceeding to perform the PRP treatment.

In relation to the facts alleged, either singularly or cumulatively, she has been

guilty of misconduct in a professional respect.”

Facts of the case

2. The Defendant was at all material times a registered medical practitioner. Her name has been included in the General Register from 20 January 2000 to present and her name has never been included in the Specialist Register.
3. The Patient first consulted the Defendant at the latter’s clinic on 1 August 2011 for treatment of her facial acne scars. According to the Patient, she found the Defendant’s clinic information after conducting an online search for acne treatment in Hong Kong.
4. There is conflicting evidence as to what happened during the first consultation.
5. According to her submission, through her then solicitors, to the Preliminary Investigation Committee (“PIC Submission”), the Defendant told the Patient during the first consultation that Xanthelasma was found on both her upper eyelids, which indicated that the Patient might have high cholesterol. The Defendant then suggested a blood test to check the Patient’s cholesterol levels. The Defendant also discussed with the Patient whether she wished to consider having the Xanthelasma removed.
6. With regard to the Patient’s facial acne scars, the Defendant told the Patient during the first consultation that there were different treatment options including laser resurfacing, chemical peeling and microneedle collagen induction therapy with adjuvant manmade growth factor solution or with Platelet-Rich Plasma (“PRP”).
7. The Defendant then explained to the Patient that although fractional laser resurfacing could be an effective treatment for acne scars, there would be a downtime of at least 5 days following each treatment. For skin peel treatment, she explained to the Patient that a medium to deep peel would be required, with a downtime of at least 1 week and there was a risk of post-inflammatory hyperpigmentation with medium to deep chemical peel. In relation to microneedle collagen induction therapy using microneedle technique with dermaroller, she told the Patient that there had been studies showing favourable results for treatment of acne scars with the use adjuvant manmade growth factors solution or PRP. She also explained that the treatment required minimal downtime of 1 to 2 days and patients could return to work the second day following treatment. However, she advised the Patient that there could be some redness and pain caused by the

microneedles and that there was a risk of infection although the risk would be very low given that the microneedle dermaroller was sterile and the patient's facial skin would be disinfected before starting treatment.

8. After explaining the treatment options, the Defendant advised the Patient that collagen induction therapy using microneedle technique with dermaroller ("Microneedling Therapy") either with adjuvant manmade growth factors solution or with adjuvant PRP would be a suitable option for her as it would produce minimum downtime. She also told the Patient that she had recently been using PRP as an adjuvant to Microneedling Therapy with positive results on patients.
9. The Patient disagreed. According to the Patient, the Defendant strongly recommended her to undergo PRP treatment and the Defendant told her that the combined use of Microneedling Therapy and PRP would surely be better than Microneedling Therapy alone. There was no mention of other alternative treatment options during the first consultation. Nor did the Defendant mention to her anything about the risk and possible side effects of PRP treatment at all.
10. However that may be, there is no dispute that the Patient booked and paid for a series of 6 sessions of Microneedling Therapy with adjuvant PRP (the "Treatment") after the first consultation and she also underwent the first session of the Treatment later on the same day.
11. According to the Patient, despite undergoing 6 sessions of the Treatment, her acne scars did not improve. When she later learnt from the news report after the "DR Incident" that the efficacy of PRP treatment was criticized by the Practising Pharmacists Association of Hong Kong as being not medically proven, she felt being cheated by the Defendant. On 19 November 2012, she lodged this complaint with the Medical Council.
12. The Defendant denied that there was no improvement of the Patient's acne scars. According to the Defendant's PIC Submission, the Treatment was uneventful and the Patient had no complaint during the course of the Treatment and appeared satisfied with the Treatment. By the 6th session, on 8 October 2011, the Defendant noted there had been some improvement in terms of pore size and skin texture. And by her solicitors' letter to the Medical Council dated 6 June 2017, the Defendant further denied that she had ever told the Patient that the result of PRP treatment of acne scars was significant.

Burden and Standard of Proof

13. We bear in mind that the burden of proof is always on the Legal Officer and the Defendant does not have to prove her 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.
14. There is no doubt that the allegations made against the Defendant here are serious ones. Indeed, it is always a serious matter to accuse any registered medical practitioner of misconduct in a professional respect. We need to look at all the evidence and to consider and determine each of the disciplinary charges against her separately and carefully.

Findings of the Council

15. Dr LEE, the Defendant's expert, sought to convince us that as an adjuvant with Microneedling Therapy, PRP could intensify the natural healing cascade because of the high concentration of patient's own growth factors. Dr LEE also relied on one study in Italy, which was published in Vol.24 No.4 *Cosmetic Dermatology* (April 2011), about the combined use of Microneedling Therapy and PRP for treatment of acne scars to support his proposition (the "Study").
16. Whilst the Study was a case controlled study, the sample size was very small. The 12 patients in the Study underwent two courses of Microneedling Therapy (with PRP on one side of the face only) 8 weeks apart. Preparation of PRP in the Study was done by collecting 70 to 80 ml of autologous whole blood into a test tube containing acid-citrate-dextrose and centrifuged at 1200 g for 15 minutes in order to get PRP at the top of the test tube. Then, the PRP was further centrifuged at 1800 g for 10 minutes in order to obtain a platelet concentrate ("PC") with a platelet count 4.5 times higher than the baseline, and a platelet-poor plasma ("PPP"); the PPP was partly removed and partly used to resuspend the platelets. The PC was preserved in a sterile container and then combined with human thrombin (0.2 ml per ML of PC) and calcium gluconate. The resulting gel was ready to be used after 7 to 10 minutes at room temperature or at 37°C.
17. The Defendant, on the other hand, used a different protocol. The Patient in this

case underwent the Treatment to both sides of her face once every 2 weeks or so. According to the Defendant's PIC Submission, about 10 cc of the Patient's venous blood was drawn and processed using the Tubex® System. The Defendant further told us that the test tube containing the Patient's venous blood was centrifuged for 7 minutes in order to obtain the PRP. Then the Defendant used a syringe to draw the "resulting PRP" from the test tube and applied it directly to the Patient's face.

18. However that may be, "[t]he aim of the... [S]tudy was to compare effectiveness in acne scarring treatment of the combined use of skin needling and PRP versus skin needling alone". Indeed, the authors fairly accepted that the Study "represents an interesting tool for further in-depth research and additional experimentation on the use of PRP in association with other techniques..." In our view, the results of the Study, whilst claimed to be statistically significant, were far from being clinically proven at the material times.
19. In this connection, Dr LEE also agreed that the Study was an initial pilot study of low level evidence which suggested that the combined use of Microneedling and PRP would be more effective in improving acne scars than Microneedling alone. But then again, Dr LEE had to accept that the reported improvement of acne scarring was according to the subjective scores given by the patients in the Study.
20. We agree with Dr YEU, the Secretary's expert, that if a doctor intends to use PRP as adjuvant treatment, the scarcity of medical literature in support of its efficacy should be adequately explained to her patient beforehand.
21. In this case, the Defendant merely told the Patient that she had obtained very good results on her patients by adding PRP to Microneedling Therapy. We also accepted the Patient's evidence that the Defendant had told her that the combined use of Microneedling and PRP would surely be better than Microneedling alone. Whilst we agree that the Patient could opt for Microneedling Therapy alone, the Defendant ought not unreservedly recommend the Patient to receive adjunct treatment of PRP. This is particularly true because treatment of acne scars is, as Dr LEE said, one of the most challenging cosmetic procedures.
22. For these reasons, the Defendant's conduct has fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore find her guilty of charge (a).
23. Turning to charge (b), consent to medical treatment is part of quality care and also

a legal requirement. Consent has to be given voluntarily by the patient after having been informed of the relevant aspects of the medical procedure including the general nature, effect and risks involved. It is therefore the duty of any treating doctor to provide proper explanation of the nature, effect and risks of the proposed treatment and other treatment options (including the option of no treatment). Moreover, the explanation should be balanced and sufficient to enable the patient to make an informed decision.

24. As mentioned above, the scarcity of medical literature in support of the alleged efficacy of the combined use of Microneedling Therapy and PRP for treatment of acne scars should be adequately explained to the Patient beforehand. And yet, the Defendant never advised the Patient in this respect. The Defendant also failed to advise the Patient that the combined use of Microneedling Therapy and PRP for treatment of acne scars was not the prevailing conventional treatment modality at the material times. This proved in our view that the Defendant had failed to obtain informed consent from the Patient before proceeding to perform the Treatment.
25. For these reasons, we are also of the view that the Defendant's conduct has fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore find her guilty of charge (b).

Sentencing

26. The Defendant was found guilty by the Medical Council after due inquiry on 21 October 2013 of professional misconduct. That was a consolidated inquiry in respect of 3 separate cases against the Defendant. All 3 cases were related to impermissible promotion of the Defendant's practice of cosmetic medicine. Having regard to the gravity of the 3 cases and the mitigating factors, the Medical Council ordered that:-

- “(a) in respect of the single charge in the first case, the Defendant's name be removed from the General Register for a period of 1 month, with the removal order suspended for a period of 1 year;
- (b) in respect of the single charge in the third case, the Defendant's name be removed from the General Register for a period of 1 month, with the removal order suspended for a period of 1 year;
- (c) in respect of all charges in the second case, the Defendant's name be

removed from the General Register for a period of 3 months, with the removal order suspended for a period of 2 years;

(d) all the above orders shall run concurrently; and

(e) all orders are suspended subject to the condition that the Defendant shall not commit any further disciplinary offence during the suspension period. If the Defendant commits any further disciplinary offence during the suspension period (irrespective of the time of conviction for such further offence), the removal orders are liable to be activated in part or in full.”

27. We accept that the Defendant had committed the present disciplinary offences before the Medical Council made the said orders on 21 October 2013. Accordingly, it would be wrong in principle for us to activate any of the suspended removal orders.

28. We are particularly concerned about the Defendant’s unreserved recommendation for the Patient to undergo the adjunct treatment of PRP when she ought to know that the effects of such treatment were tending to be misleading and exaggerating.

29. But then again, we bear in mind that there was no evidence in this case that the Defendant deliberately or dishonestly misled the Patient. We also accept that there was nothing in the evidence which indicated that the adjunct treatment of PRP had caused the Patient any harm.

30. However, the Defendant pleaded not guilty and contested the disciplinary charges against her to the end. This indicated that she showed no remorse for her wrongdoings. We have grave concerns about her lack of insight into her failure to give the Patient proper and balanced advice before obtaining consent to medical treatment. This is particularly true when, according to the Defendant, the same treatment modality had been used for some 30 to 40 other patients.

31. Having considered the nature and gravity of the charges for which the Defendant was convicted and that both convictions arose from the same set of facts and findings; and what we have heard and read in mitigation, we order that:-

(1) in respect of charge (a), the Defendant’s name be removed from the General Register for a period of 3 months;

- (2) in respect of charge (b), the Defendant's name be removed from the General Register for a period of 3 months; and
- (3) the said removal orders to run concurrently.

32. We have considered whether to suspend the operation of the said removal orders. For the protection of the public, we need to be satisfied that the Defendant will fully address our concerns. And yet, we do not find anything throughout the trial and in the mitigation plea that warrants a suspension. We therefore consider it inappropriate to suspend the said removal orders.

Prof. LAU Wan-ye, Joseph, SBS
Chairman,
The Medical Council of Hong Kong