香 港 醫 務 委 員 會
The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr LI Ming (李明醫生) (Reg. No.: M09627)

Date of hearing: 10 July 2017 (Monday)

Present at the hearing

Council Members/Assessors: Prof. LAU Wan-yee, Joseph, SBS (Chairman)
Ms CHOY Hok-man, Constance
Dr HO Hung-kwong, Duncan
Dr WONG Yee-him, John
Dr LAI Sik-to, Thomas
Mr WONG Hin-wing

Legal Adviser: Mr Edward SHUM

Defence Counsel representing the Defendant: Mr Ashok Sakhrani as instructed by Messrs. Kennedys

Senior Government Counsel representing the Secretary: Mr William LIU

1. The amended charges against the Defendant, Dr LI Ming, are :

"That on or about 26 March 2013, he, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam [redacted] ("the Patient") in that:

(a) he failed to conduct adequate examination or test before making the diagnosis of diabetes mellitus regarding the Patient;

(b) he inappropriately prescribed Gliclazide to the Patient in the context of (a) above;

(c) he failed to check and ensure the correctness of the dosage of Gliclazide as labelled on the medicine bag against that in the Patient's medical record; and

(d) he prescribed steroid to the Patient without sufficient caution when the Patient gave a haemoglucostix reading of 16.4 mmol/l and was newly diagnosed for diabetes mellitus.

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 Defendant was at all material times a registered medical practitioner. His name has been included in the General Register from 26 September 1994 to present and has never been included in the Specialist Register.

3. The Defendant admits the factual particulars of the amended disciplinary charges against him.

4. On 2 February 2013, the Patient consulted the Defendant by herself in respect of her complaint for bilateral leg and feet itchy skin. The Patient was then 87 years old and was living alone in a remote village in the New Territories. The Patient had been the Defendant's patient since 2003 and had no history of diabetes mellitus before that day.

5. The Defendant conducted a blood glucose level test on the Patient by using a glucometer and her blood glucose level was measured to be 12.1mmol/l. Although the Defendant found the blood glucose level to be on the high side, no laboratory blood test was ordered. Nor did the Defendant consider immediate commencement of oral diabetes medications to be warranted. Therefore, the Defendant merely prescribed to the Patient medications for treatment and relief of her allergy and itchiness.

6. On 26 March 2013, the Patient consulted the Defendant by herself again complaining of cough, sore throat, dry mouth and continuing itchy legs. The Defendant conducted a blood glucose level test on the Patient by using a glucometer and her blood glucose level was measured to be 16.4 mmol/l. The Defendant then made the diagnosis of diabetes mellitus. But then again, no laboratory blood test was ordered.

7. The Defendant then prescribed the following medications, all for 2 days, to the Patient:-
   (a) Gliclazide 80 mg (2 times a day);
   (b) Cimetidine 200 mg (4 times a day);
   (c) Chlorpheniramine 4 mg (4 times a day);
   (d) Paradrine 1 tablet (4 times a day);
   (e) Gravol/holopon syrup 10 ml (4 times a day); and
   (f) Prednisolone (a steroid) 5 mg (4 times a day).

8. There is no dispute that the dispensed dose of Gliclazide 80 mg as labeled on the medication bag was wrongly stated to be 1 tablet 4 times a day.

9. The Patient returned home and took the dispensed medications including 5 tablets of Gliclazide 80 mg.

10. On 29 March 2013, the Patient was found to be lying unconscious outside her village house. She was subsequently sent by ambulance to the Accident & Emergency Department of the North District Hospital for treatment.

11. As recorded on the Discharge Summary, the impression was (i) iatrogenic hypoglycaemia with no definite history of diabetes mellitus, and (ii) clinical pneumonia and the diagnosis was (a) pneumonia and (b) drug induced hypoglycaemia. It was confirmed that the Patient did not have diabetes mellitus on laboratory testing on HbA1c. The Patient was discharged on 5 April 2013.

Burden and Standard of Proof

12. We bear in mind that the burden of proof is always on the Legal Officer 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 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 him separately and carefully.

Findings of the Council

14. The Defendant admits the factual particulars of the amended disciplinary charges against him but it still remains for us to decide whether the Defendant was guilty of professional misconduct.

15. We agree with Dr TSANG, the Secretary's expert, that whilst glucometer in general provides an acceptable and reliable value but it has not been endorsed as a diagnostic tool for making diagnosis of diabetes mellitus. Despite the high blood glucose level shown in haemoglucostix and the presence of non-specific symptom of dry mouth, the Defendant ought not, in our view, have made the diagnosis of diabetes mellitus without undergoing a confirmation blood test.

16. Accordingly, we find him guilty of amended charge (a).

17. Given the potential risk of hypoglycaemia, the Defendant ought not, in our view, have prescribed Gliclazide to the Patient without arranging at the same time a confirmation blood test. We accept that the Defendant might consider starting

treatment as an interim measure for the hyperglycaemia but we agree with Dr TSANG that the starting dose for the Patient, who was then 87 years old, should be less than the one prescribed by the Defendant.

18. Accordingly, we also find him guilty of amended charge (b).

19. A doctor who dispenses medicine to patients has the personal responsibility to ensure that the drugs are dispensed strictly in accordance with the prescription and are properly labeled before they are handed over to the patients.

20. By failing to check and ensure the correctness of the dosage of Gliclazide as labeled on the medicine bag before dispensing it to the Patient, the Defendant's conduct has fallen below the standards expected of registered medical practitioners in Hong Kong. Therefore, we find him guilty of amended charge (c).

21. As to amended charge (d), elderly patients often have a reduced renal function and more comorbidities. Accordingly, they are a higher risk for adverse events from polypharmacy. One of the known side effects of steroid is the increase of blood glucose. The Defendant ought, in our view, to have exercised caution when prescribing steroid to the Patient. Therefore, we also find him guilty of amended charge (d).

Sentencing

22. The Defendant has a clear record.

23. In accordance with our published policy, we shall give him credit in sentencing for admitting the factual allegations in respect of the amended disciplinary charges and not contesting the amended disciplinary charges before us today.

24. 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 practice medicine and to maintain public confidence in the medical profession by upholding the reputation of the profession.

25. We accept that the Defendant is a compassionate doctor. We are told that the Defendant has since the incident taken steps to ensure the accuracy in dispensation of medications to his patients. Moreover, he has attended CME courses to enrich his knowledge in diagnosis and treatment of diabetes mellitus. In our view, the chance of his committing the same or similar disciplinary offences would be low.

26. Having considered the nature and gravity of the disciplinary offences committed by the Defendant and what we heard and read in mitigation, we shall make a global order in respect of all the 4 amended disciplinary charges that the Defendant's name be removed from the General Register for a period of 1 month. We further order that the operation of the removal order be suspended for 12 months.

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