

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr WOO Wing Keung (Reg. No.: M08361)

Date of hearing: 29 June 2020 (Monday)

Present at the hearing

Council Members/Assessors: Prof. Felice LIEH-MAK, GBS, CBE, JP
(Chairperson of the Inquiry Panel)
Dr CHEUNG Chin-pang
Prof. LAU Yu-lung
Mr HUNG Hin-ching, Joseph
Ms CHENG Hoi-yue, Vivian

Legal Adviser: Mr Edward SHUM

The Defendant is present and he is not legally represented.

Senior Government Counsel representing the Secretary: Miss Vienne LUK

1. The charge against the Defendant, Dr WOO Wing Keung, is:

“That he, being a registered medical practitioner, was convicted at the West Kowloon Magistrates’ Courts on 19 April 2018 of five counts of committing an act outraging public decency, which is a common law offence punishable with imprisonment.”

Facts of the case

2. The name of the Defendant has been included in the General Register from 9 September 1991 to present. His name has been included in the Specialist Register under the specialty of Emergency Medicine since 5 June 2003.

3. Briefly stated, the Defendant reported to the Medical Council by letter dated 7 May 2018 that he was convicted on his own plea of 5 counts of the offence of outraging public decency at the West Kowloon Magistrates' Court on 19 April 2018 and was subsequently sentenced by the trial Magistrate to Community Service Order for 180 hours on 3 May 2018.
4. According to the Amended Brief Facts of the Case upon which the Defendant was convicted:

“On 2016-09-17, PW1 (Prosecution Witness 1) was in Festival Walk with her boyfriend, i.e. PW2. While they were going up on an escalator from LG2 to LG1, PW2 saw Deft (Defendant) putting his mobile phone (E1) (Exhibit 1) on his right leg with its rear camera pointing underneath PW1's dress. Feeling suspicious, PW2 revealed his identity as a police officer and demanded Deft to hand over E1 for inspection. Deft comp(li)ed. At the time, E1 was set at recording mode. No photo or video of PW1 was found. Videos depicting other females' underskirt were, however found. Case was reported to police. Deft was arrested...

2. Having obtained the search warrant for E1, SIM card (E2) and memory card (E3) thereof, they were sent to Cyber Security and Technology Crime Bureau (CSTCB) for examination. E3 was found to contain five videos capturing the underskirt / undershort area of a total of 5 females (including PW1 and 4 unknown females)...”

Findings of the Inquiry Panel

5. There is no dispute that the offence of “committing an act outraging public decency” was and still is an offence punishable with imprisonment in Hong Kong. By virtue of section 21(1)(a) of the Medical Registration Ordinance, Cap. 161 (“MRO”), our disciplinary powers against the Defendant are engaged.
6. Section 21(3) of the MRO expressly provides that:

“Nothing in this section shall be deemed to require an inquiry panel to inquire into the question whether the registered medical practitioner was properly convicted but the panel may consider any record of the case in which such conviction was recorded and any other evidence which may be available and is relevant as showing the nature and gravity of the offence.”

7. We are therefore entitled to take the aforesaid conviction as proven against the Defendant.
8. Accordingly, we also find the Defendant guilty of the disciplinary offence as charged.

Sentencing

9. The Defendant has a clear disciplinary record.
10. In line with published policy, we shall give credit to the Defendant for his frank admission and full cooperation throughout these disciplinary proceedings. However, given that there is hardly any room for dispute in a disciplinary case involving criminal conviction, the credit to be given to him must necessarily be of a lesser extent than in other cases.
11. We bear in mind that the primary purpose of a disciplinary order is not to punish the Defendant for the criminal offences for a second time, 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.
12. We acknowledge that the Defendant did not commit the act outraging public decency during the course of his medical practice. However, it is clearly stated in section 27 of the Code of Professional Conduct (2016 edition) (the “Code”) :

“27.1 A doctor convicted of any offence punishable with imprisonment is liable to disciplinary proceedings of the Council, regardless of whether he is sentenced to imprisonment. A conviction in itself will invoke the Council’s disciplinary procedure even if the offence does not involve professional misconduct...”

27.2 A particularly serious view will likely to be taken in respect of offences involving... indecent behavior...”

13. But then again, we accept the Defendant had shown remorse and frankly admitted the offences before the trial Magistrate. We also noted from reading the Report prepared by the Probation Officer upon the direction of the trial Magistrate that :

“5. Defendant had no previous criminal record. He all along behaved well at home and in work and led a regular and law-abiding living. Regarding the present offence, he admitted his fault and attributed the present indecent behaviors to his weak law-abiding concept and chasing of excitement leading (to) the taking of the video under the skirts of the victims by his mobile phone on the material day. During the present enquiry, Defendant expressed remorse for harassing the victims because of his insulting act. He had seek consultation from private psychiatrist and clinical psychologist after the present offence to help him to tackle his emotional problem, stress and the relationship problem with his wife. He agreed to continue the treatment until the clinical psychologist satisfied his condition...”

14. We further read in mitigation that the Defendant was diagnosed by his private psychiatrist, Dr CHEUNG, to be suffering at the time of his offence from an “Adjustment Disorder with Mixed Anxiety and Depressed Mood”. The prognosis was said to be good and the Defendant was not suffering from “any specific Sexual Perversion”. Dr CHEUNG also noted in his medical report that the Defendant would benefit from continuing with psychological treatment on an outpatient basis.

15. In this connection, in his Psychological Report on the Defendant dated 18 April 2020, Dr CHAN, the treating private clinical psychologist, had this to say of the Defendant :

“During the first consultation on 29th September 2016, Mr. WOO was extremely stressed and distraught by the alleged offence. He was terribly upset (and) at a loss of knowing why he had conducted such a shameful act. He very much hoped that he could understand the psychological factors and mechanisms underlying his misconduct so that he could properly address his problem.

Mr. WOO continued to attend regular follow-up consultation with me at monthly intervals in 2018 and at quarterly intervals since 2019 up to the

present. When last seen on 25th March 2020, Mr. WOO told me an inquiry meeting will be held by the Medical Council on [2]9th June 2020 to assess his alleged offence in accordance with the Medical Registration Ordinance. Accordingly, I was asked to offer my opinions and recommendations about his psychological conditions, as follows, for considerations by the Medical Council.

...

Mr. WOO has 2 marriages... His second marriage with a nurse in 2006 gave birth to a daughter. He told me the second marriage was initially good but has been deteriorating with increased conflicts and incompatibilities ever since the birth of his daughter some 9 years ago. His wife has been continually making complaints about him spending too much time at his work and voluntary services...

Mr. WOO described himself to be a stressful person all along. He used to have high expectation of himself. He cared a lot about how people see him as a person. Being a Catholic, he harboured high moral standards and strong passion and commitment to serve the community. However, for many years in his medical career, he was significantly frustrated by the lack of further progression with his position at the Hospital Authority. He was particularly upset with the unfair distribution of resources, heavy workloads and duties, as well as escalating accountabilities and responsibilities in the hospital.

Mr. WOO tended to compensate his unfulfilled work experiences by participating in a number of voluntary services... Mr. WOO told me he spent no less than 10 hours of voluntary work per week for each of the services.

... He described himself having persistent low mood and worrisome thoughts on recurrent basis. He tended to cope with his distressing thoughts and feelings by distraction and passive avoidance...

Mr. WOO appeared to be obviously distressed by his alleged offence and the formal charge against him. He frankly admitted to me his wrongdoings... He very much hoped that he could learn a good lesson from this adverse life experience and continued to lead a positive life in the future again. He was very keen to learn more about his problem and

find constructive way to change it. He said he was willing to seek and comply with any further psychological treatment to deal effectively with his problem.

...

Over the course of psychological consultation since March 2018, Mr. WOO has shown steady improvement in his adjustment and emotional difficulties. He has achieved full-recovery in his psychological condition in late 2018 upon completion of the community services order by the court. The further sessions from January 2019 were conducted on voluntary basis primarily for prophylactic purpose. Mr. WOO has been very careful and responsible in making sure he would never commit similar offence again.

In respect of his current psychological condition, Mr. WOO has not shown any significant issues in respect of stress, anxiety, and depression conditions since the end of 2018. He told me he has learned a good lesson from the alleged offence about his personal vulnerabilities which he has shown good insight and improvement through the psychological sessions. He has also shown consistent progress in the relationship with his wife...

From a psychological perspective, his improper behaviour in the alleged incident was likely an outcome of his chronic stress and adjustment difficulties, which has accumulated over time and adversely reduced his ability to monitor and exercise sufficient control over his behaviours. It was transpired in the interviews that the acts would likely be carried out by Mr. WOO in a rather aimless manner to distract himself from the distressing thoughts and feelings he was having at the time.

...

Given Mr. WOO's full-recovery from his psychological condition, the chance of recidivism of his wrongful act is considered to be minimal, especially with his strong motivation and clear evidence for favourable change in the recent two years..."

16. We accept that the Defendant has learned his lesson. We also accept that the Defendant is a conscientious doctor and has a lot of support from his professional colleagues.

17. Whilst we appreciate the Defendant's insight into his wrongdoing and motivation to turn a new leaf, we are nevertheless of the view that there is a need, both for the protection of the public as well as in the best interest of the Defendant, to monitor him for a period of time in terms of his ability to cope with the underlying stresses and negative emotions.
18. Taking into consideration the nature and gravity of this case and what we have read and heard in mitigation, we order that the Defendant's name be removed from the General Register for a period of 4 months. We further order that the removal order be suspended for a period of 12 months upon the following conditions :
- (1) the Defendant shall at his own expense submit himself to examination by a psychiatrist to be appointed by the Medical Council once every 6 months during the suspension period;
 - (2) the examining psychiatrist shall be allowed full access to all treatment records kept on the Defendant by all his treating psychiatrist and clinical psychologists; and
 - (3) the examining psychiatrist shall report directly to the Council Chairman at 6-monthly intervals. Any irregularity or non-compliance with psychiatric and/or psychological treatments should be reported to the Council Chairman as soon as practicable.

Remark

19. 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. Felice LIEH-MAK, GBS, CBE, JP
Chairperson of the Inquiry Panel
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