

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr CHAN Shek Chi (陳碩志醫生) (Reg. No.: M05838)

Date of hearing: 25 February 2022 (Friday)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP
(Chairperson of the Inquiry Panel)
Prof. CHOW Yat-ngok, York, GBS, MBE
Dr CHOY Chung-ming, Eric
Prof. WONG Yung-hou, MH
Ms CHUI Hoi-ye, Heidi

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Ms Jennifer LEE of
Messrs. Mayer Brown

Senior Government Counsel (Acting) representing the Secretary: Mr Edward CHIK

The Defendant is not present.

1. The charges against the Defendant, Dr CHAN Shek Chi, are:

“That on or about 18 March 2017 to 10 April 2017, he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] (“the Patient”), in that he:

(a) prescribed multiple medications with similar pharmacological effects to the Patient inappropriately in view of the Patient’s clinical condition;

- (b) *prescribed night sedative inappropriately to the Patient; and/or*
- (c) *failed to adjust his medications to the Patient according to the symptoms and signs of the Patient.*

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 9 August 1985 to the present. His name has been included in the Specialist Register under the Specialty of Paediatrics since 4 March 1998.
3. On 18 March 2017, the Patient, then aged 65, consulted the Defendant. The Patient presented with cough for 3 weeks especially at night-time causing sleep disturbance. The Patient had sputum, some runny nose and blocked nose, sore throat with no fever, no headache, no dizziness, no vomiting, no diarrhea and no abdominal discomfort. Physical examination recorded blood pressure of 140/80, no pallor, no jaundice, no lymph node, normal chest and throat. Diagram was drawn showing location of chest pain associated with cough but no tenderness. Chest x-ray was done with no abnormalities detected. The Defendant made the diagnosis of bronchitis. The Defendant prescribed the Patient the following medications:
- (i) Cravit (levofloxacin) 250mg, 3 tablets once daily (total 9 tablets)
 - (ii) Phensedyl (phensedyn-codeine, ephedrine, promethazine) 10ml four times a day for 3 days
 - (iii) Dextrome (dextromethorphan) 1 tab four times a day for 3 days
 - (iv) Celestamine (betamethasone, dexchlorpheniramine) 1 tablet four times a day for 3 days
 - (v) Salbutamol 2mg four times a day for 3 days
 - (vi) Holopon (Scopolamine) 1 tablet every 4 hours if required for stomach problem x 12 tablets prescribed
 - (vii) Valium (diazepam) 5mg 2 tablets at night x 6 tablets prescribed
- (respectively “Items (i) to (vii)”)

4. On the follow-up visit on 21 March 2017, the Patient's symptoms had lessened. The Defendant prescribed the Patient Klacid (Clarithromycin) 2 tablets twice a day for 3 days instead of Cravit. Item (vi) was stopped. Items (ii) to (v) and (vii) were repeated for 3 days. Singulair 10mg at night was added for one month.
5. On the follow-up visit on 24 March 2017, the Patient had no chest pain, no sleep disturbance, no blocking nose, mild runny nose and mild sputum. The Defendant repeated the prescription as 21 March 2017 for 3 days except Singulair. Additional Phensedyl 10ml every 4 hours twice a day (total 120ml) was given as reserve.
6. The Patient attended the Defendant's clinic on 7 April 2017. She had mild cough, runny nose, sputum, blocking nose and sore throat, and no sleep disturbance. Examination of chest and throat was found to be normal. The Defendant instructed her to tail off Singulair from four times a day to three times, twice and once daily. The Defendant also prescribed the following:
 - (a) Dexin (dextromethorphan, guaifenesin) 10ml four times a day for 3 days
 - (b) Dextrome (dextromethorphan) 1 tablet four times a day for 3 days
 - (c) Synchloramin (combination of dexchlorpheniramine, methscopolamine and pseudoephedrine) 1 tablet four times a day for 3 days
 - (d) Brompheniramine 1 tablet four times a day for 3 days
 - (e) Valium 2 tablets at night for 3 nights(respectively "Items (a) to (e)")
7. On the follow-up visit on 10 April 2017, the Patient presented with mild symptoms with normal examination of chest and throat. Blood pressure was recorded at 150/80. The diagnosis was bronchitis. The Defendant repeated Items (a) to (e) for 4 days, then Items (a) to (d) were repeated for 6 further days with dose frequency twice daily. Item (e) Valium 5mg 2 tablets was further prescribed for 6 nights.
8. According to the Complainant, the Patient's son, the Patient suffered from anxiety and depression and underwent regular follow up at Castle Peak Hospital ("CPH"). The Complainant noticed that the Patient's condition worsened with

frequent fall and decline of memory, and such condition persisted over 5 to 6 days. On 28 April 2017, the Complainant accompanied the Patient to see Dr C [REDACTED] (“Dr C [REDACTED]”), Associate Consultant, Department of CMT2, CPH. The Complainant showed Dr C [REDACTED] the Defendant’s prescription. The Complainant stated that Dr C [REDACTED] commented the medication prescribed by the Defendant was too strong and told the Patient to stop immediately.

9. On 19 May 2017, the Patient went to see Dr C [REDACTED] for follow up. The Complainant stated that Dr C [REDACTED] had noted improvement of Patient’s condition. The Complainant stated that Dr C [REDACTED] did say the Patient’s condition was affected by medication prescribed by the Defendant.
10. By way of statutory declaration made on 7 September 2017, the Complainant lodged a complaint against the Defendant with the Medical Council.

Burden and Standard of Proof

11. 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.
12. 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

13. The Defendant admits the factual particulars of the disciplinary charges against him but it remains for us to consider and determine on the evidence whether he has been guilty of misconduct in a professional respect.

Charge (a)

14. According to the Secretary expert's opinion, the Patient was prescribed with dextrome containing dextromethorphan and phensedyl containing codeine on 18 March 2017. Both dextromethorphan and codeine are both cough suppressant (antitussive effect) with similar effect. Side effects of dextromethorphan include drowsiness and dizziness. Addictive central nervous system ("CNS") depressant effects may occur when co-administered with alcohol, antihistamines, psychotropics and other CNS depressant drugs. Codeine's side effects include feeling or being sick (nausea or vomiting), feeling sleepy, confusion, feeling dizzy and vertigo. If dextromethorphan is prescribed, codeine is not needed. In the Patient's case, there was no strong indication why she required double dose of cough suppressant. This would increase the addictive CNS depressant effects.
15. Further, on 18 March 2017 the Patient was prescribed with celestamine containing dexchlorpheniramine, which is anti-histamine. Dexchlorpheniramine is the dextro-isomer of chlorpheniramine and is approximately two times more active. Phensedyl also contains promethazine which has anti-histamine action. The Patient was prescribed double anti-histamine. Common side effects of chlorpheniramine include dizziness, drowsiness, feeling nervous or restless. Using chlorpheniramine together with dextromethorphan on top of medications containing codeine and dextromethorphan further increases side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, would also experience impairment in thinking, judgment, and motor coordination.
16. Valium was also prescribed on 18 March 2017. Valium (diazepam) is night sedative, tranquilliser and CNS suppressant. 10mg is considered higher end of dosage particularly for elderly. Side effects of diazepam include feeling sleepy or drowsy, confusion problems with coordination or controlling movements i.e. tremors. Although the Patient had trouble sleeping, prescription of cough suppressant and anti-histamine would suffice. Use of night sedative at high dose might not be necessary.
17. Medications prescribed on 18 March 2017 (namely, Items (ii) to (v) and (vii)) were repeated on 21 March 2017 for 3 more days. The Patient had therefore been prescribed with both dextromethorphan and codeine, two types of anti-

histamines and valium (10mg) from 18 March 2017 for 6 days. This would cause drowsiness, dizziness, difficult concentration and confusion.

18. It is stated in section 9.1 of the Code of Professional Conduct (Revised in January 2016) (“the Code”) that:

“A doctor may prescribe medicine to a patient ... only if drug treatment is appropriate.”

19. The clinical condition of the Patient did not warrant prescription of multiple medications with similar pharmacological effects. Such prescription of multiple medications to the Patient was clearly inappropriate and in breach of section 9.1 of the Code.
20. In our view, the Defendant’s conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore find him guilty of misconduct in a professional respect under charge (a).

Charge (b)

21. We repeat our reasons stated in paragraph 16 above.
22. According to the Secretary’s expert, many of the medications prescribed by the Defendant have effect on CNS causing drowsiness and impairment of concentration and coordination. Addition of valium at high dose would further increase the effect on CNS.
23. In our view, the Defendant’s prescription of night sedative to the Patient was inappropriate and in breach of section 9.1 of the Code.
24. The Defendant’s conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore find him guilty of misconduct in a professional respect under charge (b).

Charge (c)

25. According to the medical record, the symptoms of Patient had diminished since 24 March 2017.

26. On 7 April 2017, the Patient was prescribed dexin and dextrome both containing dextromethorphan. The Patient was prescribed synchloramin containing dexchlorpheniramine and was also prescribed brompheniramine, which is also anti-histamine. The Patient was continued on valium 10mg at night.
27. The Patient returned on 10 April 2017 and was repeated those medications for another 4 days, then another 6 days with frequency twice daily and valium remaining at same dose at night.
28. According to the Secretary expert, the blood pressure of the Patient was recorded high (150/80) on 10 April 2017, and this might be the effects of the medications prescribed. Given the improvement of the symptoms of the Patient, the continuation of two types of dextromethorphan and two types of anti-histamine, and valium at 10mg at night could not be justified on clinical grounds. It would not offer benefits to the Patient and out-weighted by the high risks of their side effects.
29. In our view, the Defendant's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore find him guilty of misconduct in a professional respect under charge (c).

Sentencing

30. The Defendant has a clear disciplinary record.
31. In line with published policy, we shall give credit to the Defendant for his frank admission and full cooperation throughout these disciplinary proceedings.
32. 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.
33. The Defendant accepts that he should have been more cautious with his prescriptions, especially in relation to his prescription of medications with similar pharmacological effects (the cough suppressants and anti-histamines) and night sedative (valium). He has taken a number of steps to improve his practice, which includes (i) reviewing and revising the drug inventory of his

clinic so that there is only one choice in each drug category, if possible; (ii) avoiding prescribing drugs with sedative effects, if possible; (iii) taking caution when prescribing valium to treat insomnia in future; and (iv) attending courses.

34. However, this case is serious in that many of the medications prescribed to the Patient has the effect on CNS causing drowsiness and impairment of concentration and co-ordination. Addition of valium at high dose would only further increase the effect on CNS. There was no indication at all for the Patient to be prescribed with multiple medications with similar pharmacological effects. Such prescriptions were very likely the reason causing the worsening of the Patient's condition such as frequent fall and decline of memory. What also caused concern was that despite improvement of symptoms and signs, there was no adjustment of medications. We must stress that polypharmacy in cases when there is no strong indication to suggest so can be dangerous in some cases and should be avoided.
35. Having considered the serious nature and gravity of the disciplinary charges for which the Defendant was found guilty and what we have heard and read in mitigation, in respect of charges (a), (b) and (c), we make a global order 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 a period of 12 months on condition that the Defendant shall complete courses, to be pre-approved by the Council Chairman and to the equivalent of 10 CME points, on therapeutics during the suspension period.

Remark

36. The name of the Defendant is included in the Specialist Register under the Specialty of Paediatrics. 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