香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr CHEUNG Wai Shing Dicky (張偉成醫生) (Reg. No.: M10404)

Date of hearing: 8 February 2023 (Wednesday)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP
(Chairperson of the Inquiry Panel)
Dr CHOW Yu-fat
Dr CHAN Pik-kei, Osburga
Ms HUI Mei-sheung, Tennessy, MH, JP
Mr LAI Kwan-ho, Raymond

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Ms Sally WONG of
Messrs. Mayer Brown

Government Counsel representing the Secretary: Miss Cassandra FUNG

1. The amended charges against the Defendant, Dr CHEUNG Wai Shing Dicky, are:

"That, in or about November 2018, he, being a registered medical practitioner, disregarded his professional responsibility to his patient [redacted] *("the Patient"), in that he:*

(a) inappropriately prescribed "Jardiance" and "Trulicity" simultaneously to the Patient;

(b) failed to properly and/or adequately advise the Patient of the possible side effect(s) and/or risk(s) associated with "Trulicity" before prescribing the medication(s) to the Patient;

(c) failed to recognise the implications arising from the Patient's complaint(s) of nausea and/or vomiting properly and/or adequately; and/or

(d) failed to make adequate and/or appropriate change to the management of the Patient when she complained about nausea and/or vomiting

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 24 November 1995 to the present. His name has been included in the Specialist Register under the Specialty of Endocrinology, Diabetes & Metabolism since 2 July 2008.

3. Briefly stated, the Patient first consulted the Defendant on 14 November 2018. According to the Defendant, the Patient told him during the consultation that she had been diagnosed with Type 2 diabetes mellitus for 7 years and hyperlipidaemia.

4. The Patient brought along the oral medications that she had been taking, which included Diamicron 160 mg twice a day, Metformin 1 gm twice a day, Actos 30 mg once a day and Januvia 100 mg once a day for diabetes, Losacor 50mg once a day for hypertension and Atorvastatin 10 mg once a day for hyperlipidaemia. The Patient also brought along her laboratory tests report dated 28 September 2018.

5. The Patient told the Defendant that she had recently experienced weight loss but the Defendant noted from reading the said laboratory tests report that her body weight merely dropped from 45.9 kg on 28 September 2018 to 45.4 kg as measured in his clinic on the day of consultation.

6. The said laboratory tests report also showed that the Patient's body mass index ("BMI") was 19 and her fasting blood sugar ("FBS") level was 8.1 mmol/L, which was higher than the normal range of 5.5 mmol/L.

7. The Defendant then arranged for the Patient to undergo a Haemoglobin A1C ("HbA1c") test at his clinic for comparison with the result stated in the said

laboratory tests report. The results of the HbA1c tests done on 28 September 2018 and 14 November 2018 were 8.5% and 8.0% respectively, which were both higher than the normal range of <6.5%. And the Patient's Haemoglucostix ("H'stix") test result (post-meal) was 12 mmol/L, which was higher than the normal range of 8 mmol/L.

8. The Defendant found the Patient's diabetic control to be unsatisfactory. Considering that there was not much room for further diabetic control by diet alone and that the Patient had nearly maximized the use of oral anti-diabetic medications, the Defendant recommended her to receive Insulin injections. This was however declined by the Patient.

9. The Defendant then prescribed the Patient with Jardiance 10 mg once a day and advised her to stop taking all oral medications that she had been taking except Metformin. The Defendant also prescribed the Patient with weekly injection of Trulicity 1.5 gm for 4 weeks.

10. On 16 November 2018, the Patient called the Defendant's clinic and told the clinic assistant that she had nauseous feelings and asked if the prescribed medications were suitable for her. According to the Defendant, he later returned call and explained to the Patient that nausea was a common side effect of Trulicity. He assured her that this was not a cause for concern if she could still eat; and the side effect would subside gradually after two to three weeks. He also advised her to delay injection of Trulicity until she felt better.

11. On 19 November 2018, the Patient called the Defendant's clinic and asked the clinic assistant about reduction of dosages or change of prescribed medications. According to the Defendant, he later returned call and the Patient told him that she was still having nauseous feelings although there was no vomiting. He advised the Patient to keep the present dosages of the prescribed medications but suggested her to withhold the Trulicity injection for a few days until she felt better.

12. According to the Patient, she had reduced food intake due to nausea. Although she did not eat anything after breakfast on 24 November 2018, she continued to vomit. She was found to be slow in response and her daughter then decided to send her to the Accident & Emergency Department of Princess Margaret Hospital ("PMH") in the early hours of 25 November 2018.

13. According to the medical records obtained from PMH, the Patient was admitted to its Intensive Care Unit at 05:08 hours on 25 November 2018 for management of diabetic ketoacidosis ("DKA"). She was put on actrapid infusion and required dextrose infusion to maintain euglycemia. Her conditions gradually improved and she was transferred out to the medical ward on 27 November 2018 before she was discharged home on 29 November 2018.

14. The Patient's daughter subsequently lodged this complaint against the Defendant with the Medical Council (the "Council").

Burden and Standard of Proof

15. 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.

16. 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

17. At the beginning of this inquiry, the Legal Officer informed us that the Secretary is offering no evidence against the Defendant in respect of the amended disciplinary charge (b). Since the burden of proof is always on the Secretary, we have to find the Defendant not guilty of the amended disciplinary charge (b).

18. The Defendant admits the factual particulars of the amended disciplinary charges (a), (c) and (d) against him. It remains for us to consider and determine on all the evidence whether he has been guilty of misconduct in a professional respect.

19. It is the unchallenged evidence of Dr TSANG, the Secretary's expert and which we accept, that there were at all material times no solid evidence from medical

studies on the efficacy of combined use of Jardiance and Trulicity in treatment of Type 2 diabetes mellitus.

20. HbA1c level was at all material times and still is the commonly adopted parameter to gauge the effectiveness of the treatment regime.

21. Our attention was drawn by Dr TSANG to Guidelines, local and overseas, on treatment of Type 2 diabetes mellitus which recommended that "*treatment should be individualized in selection of appropriate pharmacological therapy"*; and the purpose of which is to maintain an optimal balance between the benefits and risks of an intensive glucose control strategy.

22. In this connection, there is no dispute that the Patient's HbA1c level had fallen from 8.5% on 28 September 2018 to 8% when she consulted the Defendant on 14 November 2018. Although these figures were both above the normal range, we agree with Dr TSANG in the present case that "*[f]or patient with HbA1c 8.0% (especially with a sign of falling), simultaneous add-on of Trulicity and Jardiance are not warranted.*"

23. For these reasons, in prescribing inappropriately Jardiance and Trulicity to the Patient simultaneously, the Defendant has in our view by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (a).

24. It is also the unchallenged evidence of Dr TSANG, which we accept, that "*Trulicity is… associated with common side effects such as nausea…, vomiting and diarrhea*"; and we agree with Dr TSANG in the present case that "*[it] was likely that Trulicity induced nausea, and/or vomiting leading to decreased oral intake and eventually triggered the [Patient's] development of DKA*."

25. Jardiance is a sodium-glucose co-transporter 2 ("SGLT2") inhibitor; and it is again the unchallenged evidence of Dr TSANG, which we accept, that "*[i]n adults with type 2 diabetes, SGLT2 inhibitors were found to increase the risk of DKA in both observational studies and large randomized clinical trials*"; and "*[t]he risk of diabetic ketoacidosis (DKA) must be considered in the event of non-specific symptoms such as nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness. Patient should [be] assessed for ketoacidosis immediately if these symptoms occur, regardless of blood glucose level.*"

26. In failing to recognize the implication arising from the Patient's complaint(s) of nausea and/or vomiting properly and/or adequately, the Defendant has in our view by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (c).

27. It is the unchallenged evidence of Dr TSANG, which we accept, that "*because of GI [gastrointestinal] side effect, nausea and vomiting, the Patient in effect fasted herself and that triggered development of… (DKA).*"

28. We agree with Dr TSANG in the present case that regardless of the blood glucose level, the Patient should be assessed for diabetic ketoacidosis after she had "*presented with potential…(DKA) symptoms, including but not limited to nausea and/or vomiting.*" It is again the unchallenged evidence of Dr TSANG, which we accept, that "*[i]n patients where… (DKA) is suspected or diagnosed, treatment with… Jardiance… should be discontinued immediately.*"

29. Instead of telling the Patient to return to his clinic for assessment after she had presented with potential symptoms of DKA on 16 November 2018, the Defendant merely advised the Patient to avoid eating if she was not hungry; and that "*[s]he could… consume sports drinks such as Pocari Sweat… which would help relieve her nausea*". Worse still, the Defendant advised the Patient to keep the present dosages of the oral medications despite her repeated complaint of nausea on 19 November 2018.

30. For these reasons, in failing to make adequate and/or appropriate change to the management of the Patient when she complained about nausea and/or vomiting, the Defendant has in our view by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (d).

Sentencing

31. The Defendant has a clear disciplinary record.

32. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and not contesting the disciplinary charges before us today.

33. 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.

34. We appreciate that the Defendant has a lot of support from his patients and professional colleagues.

35. We are however particularly concerned about the Defendant's repeated failures to properly manage the Patient after she had presented with potential symptoms of diabetic ketoacidosis.

36. We share the view of Dr TSANG that "*[t]he use of Jardiance on the Patient was a poor choice to start with because clinical assessment might already have suggested the beta-cell exhaustion and adding Trulicity was a double tragedy. Delay in recognizing the symptoms of nausea and vomiting as a harbinger of an underlying DKA revealed that he has a poor knowledge of pros and cons of both medicines…*"

37. We need to make sure that the Defendant will not commit the same or similar misconduct in the future.

38. Taking into consideration the nature and gravity of the disciplinary charges for which we found the Defendant guilty and what we have heard and read in mitigation, we shall make a global order in respect of disciplinary charges (a), (c) and (d) that the Defendant's name be removed from the General Register for a period of 6 months. We further order that the said removal order be suspended for a period of 18 months subject to the conditions that the Defendant shall complete within 12 months courses relating to safe prescription of drugs and therapeutics in endocrinology, diabetes and metabolism to the equivalent of 10 CME points and such courses have to be pre-approved by the Chairman of the Council.

Remark

39. The name of the Defendant is included in the Specialist Register under the Specialty of Endocrinology, Diabetes & Metabolism. 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