

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

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**DISCIPLINARY INQUIRY**  
**MEDICAL REGISTRATION ORDINANCE, CAP. 161**

Defendant: Dr HO Shak Lim (formerly registered as LWIN, KYAW)  
(何灼林醫生) (Reg. No.: M01443)

Date of hearing: 9 June 2021 (Wednesday)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP  
(Chairperson of the Inquiry Panel)  
Dr HO Hung-kwong, Duncan  
Dr BEH Swan-lip  
Mr WONG Hin-wing, Simon  
Mr NG Ting-shan

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Dr David KAN of  
Messrs. Howse Williams

Senior Government Counsel representing the Secretary: Miss Sanyi SHUM

1. The amended charges against the Defendant, Dr HO Shak Lim (formerly registered as LWIN, KYAW), are:

“That, in or around March to April 2012, he, being a registered medical practitioner, disregarded his professional responsibility to his patient (“the Patient”) in that:

(a) he, before prescribing carbimazole (NeoMercazole) (“the Medication”) to the Patient, failed to properly and/or sufficiently warn the Patient about the potential complications or the side effects of the Medication;

- (b) [he failed to properly advise the Patient to stop taking the Medication when the Patient developed the signs of agranulocytosis, i.e. fever and/or sore throat;
- (c) alternative to (b) above,] he failed to take proper and/or sufficient measures to look for and/or manage the signs of agranulocytosis of the Patient during the consultation on 20 April 2012; and
- (d) he altered the medical record of the Patient without justifiable reason and/or without clear documentation of the reason.

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 was at all material times and still is included in the General Register. Also, his name was at all material times and still is included in the Specialist Register under the specialty of Internal Medicine.
3. Briefly stated, the Patient consulted the Defendant on 19 March 2012 for her thyroid problem. The Patient also showed the Defendant the results of her abnormal thyroid blood test. There is no dispute that the Defendant prescribed the Patient during this consultation with Neomercazole (carbimazole), a standard anti-thyroid drug for hyperthyroidism, 10 mg (2 tablets of 5 mg each) 3 times a day for 15 days.
4. The Defendant reviewed the medical conditions of the Patient on 26 March 2012; and the Patient was found to have left eye redness and mild epistaxis.
5. The Patient returned to see the Defendant on 10 April 2012 complaining of urticarial and skin itchiness. The Patient also complained of shortness of breath with tachycardia. There is no dispute that the Defendant increased during this consultation the dosage of carbimazole to be given to the Patient to 15 mg (3 tablets of 5 mg each) 3 times a day for 2 weeks.
6. According to the Patient, whose evidence is not challenged by the Defendant, she developed fever on or around 14 April 2012. The Patient consulted several doctors and were given antibiotics. However, her fever persisted.
7. The Patient returned to see the Defendant again on 20 April 2012 complaining that she had been suffering from sore throat, cold and gum infection. The Defendant then prescribed the Patient with antibiotics.
8. There is also no dispute that the Patient attended the Accident and Emergency Department of the Prince of Wales Hospital [“PWH”] on 21 April 2012 and the diagnosis of “*antithyroid drug induced agranulocytosis*” was subsequently confirmed after blood tests.

9. According to the medical records obtained from PWH, the Patient was admitted to the medical ward for further management of “*sepsis, due to drug-induced agranulocytosis, and hyperthyroidism.*” The Patient was hospitalized in PWH until 14 June 2012. Thereafter, the Patient was followed up at outpatient clinics of PWH.

### **Burden and Standard of Proof**

10. 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.
11. There is no doubt that the allegations against the Defendant here are serious ones. 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**

12. The Defendant admits the factual particulars of the disciplinary charges against him and indicates through his solicitor that he is not going to contest the issue of professional misconduct. However, it remains for us to consider and determine on all the evidence whether the Defendant has by his conduct in the subject incident fallen below the standards expected of registered medical practitioners in Hong Kong.
13. We agree with the Secretary’s expert witness, Dr TSANG, that “[a]lthough antithyroid drug-induced agranulocytosis is rare... [e]very patient should be warned about this potentially fatal complication and should be advised to stop carbimazole at once if she/he has fever or sore throat.”
14. In failing to properly and/or sufficiently warn the Patient about the potential complications or the side effects of carbimazole before prescribing this medication to the Patient, the Defendant has in our view by his conduct in the subject incident fallen below the standards expected of registered medical practitioners in Hong Kong.
15. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per disciplinary charge (a).
16. Turning to disciplinary charge (b), through his solicitors, the Defendant had confirmed by letter dated 15 May 2017 to the Preliminary Investigation Committee (“PIC”) of the Medical Council that he “*did not stop the Medication*

*but he continued the Patient's anti-thyroid treatment at the consultation on 20 April 2012."*

17. We also agree with Dr TSANG that "[a]granulocytosis is a condition of severe neutropenia (low white blood cell...)" And after learning on 20 April 2012 that the Patient had developed the signs of agranulocytosis i.e. fever and/or sore throat, the Defendant "...should promptly have the blood test to confirm low white blood cell... and warning the [P]atient to [go to] A+E if the symptom deteriorates".
18. In failing to properly advise the Patient to stop taking the Medication when the Patient developed the signs of agranulocytosis, the Defendant has in our view by his conduct in the subject incident fallen below the standards expected of registered medical practitioners in Hong Kong.
19. Accordingly, we also find the Defendant guilty of disciplinary charge (b).
20. Since disciplinary charges (b) and (c) are brought against the Defendant in the alternative, we need not deal with disciplinary charge (c) since we have already found the Defendant guilty of disciplinary charge (b).
21. The Defendant admits the factual particulars of disciplinary charge (d).
22. It is clearly stated in section 1.1.3 of the Code of Professional Conduct ("the Code") (2009 edition) that:

*"All doctors have the responsibility to maintain systematic, true, adequate, clear, and contemporaneous medical records. Material alterations to a medical record can only be made with justifiable reason which must be clearly documented."*
23. In response to the allegations of the Patient, the Defendant initially submitted through his solicitors by letter dated 2 December 2016 to the PIC with reference to the medical records kept by him on the Patient during the consultation on 19 March 2012 that he had already advised the Patient of the risks and complications of taking the Medication.
24. However, the Defendant subsequently admitted through his solicitors by letter dated 15 May 2017 to the PIC that he had made, amongst others, the following alterations to the medical records kept by him on the Patient:
  - 1) by adding to the medical record for the consultation on 19 March 2012 "*Disease explained & Side effect Possible*";
  - 2) by crossing out from the medical record for the consultation on 20 April 2012 "*Repeat 2 wks (weeks) as 10/April*"; and
  - 3) by adding to the medical record for the consultation on 20 April 2012 "*Stop Rx (prescription)*" and "*observe*".

25. In our view, these alterations to the medical records kept by the Defendant on the Patient were not only unjustified but also a deliberate attempt to mislead the PIC.
26. In altering the medical record of the Patient without justifiable reason and/or without clear documentation of the reason, the Defendant has in our view by his conduct in the subject incident fallen below the standards expected of registered medical practitioners in Hong Kong.
27. Accordingly, we also find the Defendant guilty of misconduct in a professional respect as per disciplinary charge (d).

### **Sentencing**

28. The Defendant has a clear disciplinary record.
29. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and not contesting the disciplinary proceedings before us today.
30. 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 medicine and to maintain the public confidence in the medical profession by upholding its high standards and good reputation.
31. We acknowledge that the propriety of the Defendant's prescription of carbimazole to the Patient during the first consultation on 19 March 2012 is not in issue. However that may be, when the Patient developed signs of agranulocytosis, the Defendant ought to be on the alert and advised the Patient during the consultation on 20 April 2012 to stop taking the Medication immediately.
32. We are particularly concerned with the Defendant's alteration of the medical records kept on the Patient. This was clearly in our view a dishonest attempt to cover up his failure to advise and to monitor the Patient's medical condition properly.
33. Taking into consideration the nature and gravity of this case and what we have heard and read in mitigation, we shall order that:
  - 1) the name of the Defendant be removed from the General Register for a period of 1 month in respect of disciplinary charge (a);
  - 2) the name of the Defendant be removed from the General Register for a period of 1 month in respect of disciplinary charge (b);
  - 3) the name of the Defendant be removed from the General Register for a period of 6 months in respect of disciplinary charge (d); and

4) the aforesaid removal orders shall run concurrently making a total of 6 months.

34. We have seriously considered whether to suspend the operation. However, we do not consider it appropriate to do so. It is essential in our view for the maintenance of the public confidence in the medical profession that all doctors they consult are persons with integrity and probity. Any doctor who lacks these essential attributes is hardly a fit and proper person to practise medicine.

Prof. TANG Wai-king, Grace, SBS, JP  
Chairperson of the Inquiry Panel  
The Medical Council of Hong Kong