

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

---

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

1<sup>st</sup> Defendant: Dr TSOI Man Kin Kenneth (蔡文健醫生) (Reg. No: M13265)

2<sup>nd</sup> Defendant: Dr HUEN Lok Lam (禰樂琳醫生) (Reg. No.: M15393)

Date of hearing: 1 September 2020 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. LAU Wan-yee, Joseph, SBS  
(Chairperson of the Inquiry Panel)  
Dr LEE Wai-hung, Danny  
Prof. CHU Kent-man  
Mr CHAN Wing-kai  
Mr WOO King-hang

Legal Adviser: Mr Edward SHUM

Defence Counsel representing the 1<sup>st</sup> Defendant: Mr Julian LAM as  
instructed by Messrs. Kennedys

Defence Solicitor representing the 2<sup>nd</sup> Defendant: Ms Alison SCOTT of  
Messrs. Howse Williams

Senior Government Counsel (Ag.) representing the Secretary: Ms Carmen SIU

1. The charges against the 1<sup>st</sup> Defendant, Dr TSOI Man Kin Kenneth, are:

“That in or about December 2013 to November 2014, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, in that he:

- (a) injected Voltaren to the Patient inappropriately or without proper justification;
- (b) prescribed Propanolol to the Patient inappropriately or without proper justification; and
- (c) failed to keep proper and/or adequate medical records in respect of the Patient.

In relation to the facts alleged, either individually or cumulatively, he has been guilty of misconduct in a professional respect.”

2. The charges against the 2<sup>nd</sup> Defendant, Dr HUEN Lok Lam, are:

“That in or about December 2013 to December 2014, she, being a registered medical practitioner, disregarded her professional responsibility to her patient, in that she:

- (a) prescribed Propanolol to the Patient inappropriately or without proper justification;
- (b) failed to keep proper and/or adequate medical records in respect of the Patient;
- (c) prescribed Atenolol to the Patient inappropriately or without proper justification; and
- (d) prescribed Slow-Metoprolol to the Patient inappropriately or without proper justification.

In relation to the facts alleged, either individually or cumulatively, she has been guilty of misconduct in a professional respect.”

### **Facts of the case**

- 3. The name of the 1<sup>st</sup> Defendant Dr TSOI Kin Man Kenneth has been included in the General Register from 3 July 2001 to the present. His name has never been included in the Specialist Register.
- 4. The name of the 2<sup>nd</sup> Defendant Dr HUEN Lok Lam has been included in the General Register from 1 July 2007 to the present. Her name has never been included in the Specialist Register.
- 5. There is no dispute that the Patient was at all material times a clinic assistant at the Tuen Mun Clinic of Cambridge United Medical Centre (“the Clinic”); and the 1<sup>st</sup> and 2<sup>nd</sup> Defendants worked on alternative day at the Clinic.
- 6. There is also no dispute that the Patient had a history of asthma. Owing to her working hours and being employed to work at the Clinic, the Patient often consulted the 1<sup>st</sup> and 2<sup>nd</sup> Defendants for treatment of her health problems including asthma.
- 7. According to the medical records kept on the Patient in the Clinic Solution Computer System of the Clinic (“the Patient’s Medical Records”), the 1<sup>st</sup> Defendant first diagnosed the Patient to be suffering from asthma on 31 December 2013. The 2<sup>nd</sup> Defendant also made the same diagnosis on 21 February 2014.
- 8. Most of the Patient’s Medical Records contained only the names and dosages of medications prescribed by the 1<sup>st</sup> and/or 2<sup>nd</sup> Defendants to the Patient. There was no mention of the Patient’s medical history. Clinical information like the Patient’s complaints and results of physical examination were either missing or extremely brief. In some cases, diagnoses were missing too.

9. According to the Patient's Medical Records, the 1<sup>st</sup> Defendant started to prescribe Propranolol to the Patient on 14 December 2013 and her diagnosis was "URI (allergic)". The 2<sup>nd</sup> Defendant repeated the same prescription when the Patient consulted her on 16 December 2013 without noting down her diagnosis. Thereafter, the 1<sup>st</sup> and 2<sup>nd</sup> Defendants continued to prescribe Propranolol to the Patient from time to time until 17 December 2014.
10. According to the Patient's Medical Records, the 2<sup>nd</sup> Defendant prescribed in addition to Propranolol Atenolol to the Patient from 16 April 2014 to 7 May 2014. The 2<sup>nd</sup> Defendant started to prescribe Slow-Metoprolol to the Patient on 6 June 2014 and her diagnosis was "hypertension". Thereafter, the 2<sup>nd</sup> Defendant continued to prescribe Slow-Metoprolol to the Patient from time to time until 17 December 2014.
11. It is the unchallenged evidence of the Secretary's expert witness, Dr. TSOI, that Propranolol, Atenolol and Slow-Metoprolol all belong to the Beta-blocker group of drugs, which may precipitate asthma; and the dosage of Atenolol prescribed by the 1<sup>st</sup> Defendant was 100 mg daily, which exceeded the normal dosage of 25-50 mg daily by several times. Given the Patient's history of asthma, Dr TSOI opined that the combined use of Propranolol and Atenolol would definitely expose the Patient to a higher chance of experiencing such side effects of Beta-blockers as bronchospasm.
12. According to the Patient, sometime in early November 2014, she consulted the 1<sup>st</sup> Defendant for treatment of asthma. The 1<sup>st</sup> Defendant gave her an intramuscular injection of Voltaren for relief of her asthma. She felt unusual pain when the injection was being administered to her upper arm. However, the pain did not subside. She noticed later in the evening that her upper arm was red and swollen; and there was blister around the injection site.
13. According to the Patient's Medical Records, the only time when the Patient consulted the 1<sup>st</sup> Defendant in early November 2014 was on 8 November 2014. There was no mention of the injection of Voltaren.
14. In response to the Patient's allegation, the 1<sup>st</sup> Defendant admitted through his solicitors in their submission to the Preliminary Investigation Committee ("PIC") dated 28 November 2017 that he administered an intramuscular injection of Voltaren to the Patient on 8 November 2014. However, he denied that the injection of Voltaren was for relieving her asthma symptoms. He further explained that the injection of Voltaren was given to the Patient after she complained to him of "having green sputum and other upper respiratory tract infection symptoms".
15. It is not disputed that the Patient subsequently consulted the 2<sup>nd</sup> Defendant for treatment of her injection wound. According to the unchallenged evidence of the Patient, the 2<sup>nd</sup> Defendant commented after physical examination that it could be bacterial contamination. The 2<sup>nd</sup> Defendant then prescribed her with antibiotics and some other drugs.

16. The Patient consulted the 2<sup>nd</sup> Defendant a few more times for treatment of her injection wound. And yet, the infection continued and could not heal. The subcutaneous lump was not only painful but it also formed a nodule, which later became large and hard.
17. There was however no mention of either the injection wound infection or the subcutaneous lump in the Patient's Medical Records relating to the Patient's consultations with the 2<sup>nd</sup> Defendant from 10 November 2014 to 17 December 2014.
18. The Patient subsequently lodged this complaint against the 1<sup>st</sup> and 2<sup>nd</sup> Defendants with the Medical Council.

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

19. We bear in mind that the burden of proof is always on the Legal Officer and the Defendants do not have to prove their 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.
20. There is no doubt that the allegations against the Defendants 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 them separately and carefully.

### **Findings of the Inquiry Panel**

#### *1<sup>st</sup> Defendant (Dr TSOI Man Kin Kenneth)*

21. The 1<sup>st</sup> Defendant admitted the factual particulars of the disciplinary charges against him and indicated through his counsel that he is not going to contest the issue of professional misconduct. However, it remains for us to consider all the evidence before us and determine whether the 1<sup>st</sup> Defendant has been guilty of misconduct in a professional respect.
22. The 1<sup>st</sup> Defendant accepted that he injected Voltaren to the Patient inappropriately by administering to the deltoid region of the Patient. It is also the unchallenged evidence of Dr TSOI, the Secretary's expert witness, and we accept that Voltaren was contraindicated for the Patient who had a history of asthma. In our view, the 1<sup>st</sup> Defendant ought to have considered whether there were safer alternatives than Voltaren.

23. For these reasons, we are satisfied on the evidence before us that the 1<sup>st</sup> Defendant's injection of Voltaren to the Patient was both inappropriate and without proper justification. In our view, his conduct has fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the 1<sup>st</sup> Defendant guilty of disciplinary charge (a).
24. Turning to disciplinary charge (b), the 1<sup>st</sup> Defendant should know from studying the Patient's Medical Records that the Patient had a history of asthma. Indeed, he was the first one who made a diagnosis of asthma during the consultation with the Patient on 31 December 2013. And yet, he continued to prescribe the Patient with Propranolol on 6 occasions from 31 December 2013 to 29 November 2014.
25. It is the unchallenged evidence of Dr TSOI, the Secretary's expert witness, and we accept that Propranolol, which belongs to the Beta-blocker group of drugs, is contraindicated for patients with a history of asthma. Apparently, the 1<sup>st</sup> Defendant was ignorant of this fact. Or else, he ought to have considered whether there were safer alternatives than Propranolol.
26. For these reasons, we are satisfied on the evidence that the 1<sup>st</sup> Defendant's prescription of Propranolol to the Patient was inappropriate and without proper justification. In our view, his conduct has fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the 1<sup>st</sup> Defendant guilty of disciplinary charge (b).
27. It is the responsibility of every registered medical practitioner in Hong Kong to maintain proper and adequate medical record of consultation and treatment of his or her patients.
28. By failing to note down in the Patient's Medical Records proper and adequate information on the Patient's medical history, physical examination results and/or diagnoses made by him during his consultations with the Patient, the 1<sup>st</sup> Defendant had by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the 1<sup>st</sup> Defendant guilty of disciplinary charge (c).

2<sup>nd</sup> Defendant (Dr HUEN Lok Lam)

29. The 2<sup>nd</sup> Defendant admitted the factual particulars of the disciplinary charges against her and indicated through her solicitor that she is not going to contest the issue of professional misconduct. However, it remains for us to consider all the evidence and to determine whether the 2<sup>nd</sup> Defendant has been guilty of misconduct in a professional respect.
30. The 2<sup>nd</sup> Defendant should know from studying the Patient's Medical Records that the Patient had a history of asthma. Indeed, she diagnosed the Patient to be suffering from asthma on 21 February 2014.

31. We agree with Dr TSOI, the Secretary's expert witness, that Propanolol, Atenolol and Slow-Metoprolol, which belong to the Beta-blockers group of drugs, are contraindicated for patients with a history of asthma. Apparently, the 2<sup>nd</sup> Defendant was ignorant of this fact. Or else, she ought to have considered whether there were safer alternatives than Propanolol, Atenolol and Slow-Metoprolol.
32. For these reasons, we find the 2<sup>nd</sup> Defendant's prescription of Propanolol, Atenolol and Slow-Metoprolol to the Patient to be inappropriate and without justification. We also find her conduct to have fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the 2<sup>nd</sup> Defendant guilty of disciplinary charges (a), (c) and (d).
33. By failing to note down in the Patient's Medical Records proper and adequate information on the Patient's medical history, physical examination results and/or diagnoses made by her during her consultations with the Patient, the 2<sup>nd</sup> Defendant had by her conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the 2<sup>nd</sup> Defendant guilty of disciplinary charge (b).

### **Sentencing**

#### *1<sup>st</sup> Defendant (Dr TSOI Man Kin Kenneth)*

34. The 1<sup>st</sup> Defendant has a clear disciplinary record.
35. In line with our published policy, we shall give the Defendant credit in sentencing for his frank admission and not contesting the issue of professional misconduct.
36. 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 the public confidence in the medical profession by upholding its high standards and good reputation.
37. We accept that the 1<sup>st</sup> Defendant has learnt his lesson.
38. We are told in mitigation that the 1<sup>st</sup> Defendant has reflected on his shortcomings and will take on board the expert advice of Dr TSOI, the Secretary's expert witness. However, we need to ensure that the 1<sup>st</sup> Defendant will not commit the same and similar breach in the future.
39. Taking into consideration the nature and gravity of this case and what we read and heard in mitigation, we order in respect of disciplinary charges (a) and (b) that the name of the 1<sup>st</sup> Defendant be removed from the General Register for a period of 2 months. We further order that the operation of the removal order be suspended for a period of 12 months, subject to the conditions that:

- (1) the 1<sup>st</sup> Defendant shall complete within 12 months CME courses (or such other courses) to be approved by the Chairman of the Council relating to safe prescription of drugs, medical records keeping, and management of asthma patients to the equivalent of 10 CME points;
- (2) the 1<sup>st</sup> Defendant shall complete during the suspension period satisfactory peer audit by a Practice Monitor to be appointed by the Council with the following terms:
  - (a) the Practice Monitor shall conduct random audit of the 1<sup>st</sup> Defendant's practice with particular regard to medical records keeping and management of patients;
  - (b) the peer audit should be conducted without prior notice to the 1<sup>st</sup> Defendant;
  - (c) the peer audit should be conducted at least once every 6 months during the suspension period;
  - (d) during the peer audit, the Practice Monitor should be given unrestricted access to all parts of the 1<sup>st</sup> Defendant's clinic(s) and the relevant records which in the Practice Monitor's opinion is necessary for proper discharge of his duty;
  - (e) the Practice Monitor shall report directly to the Chairman of the Council the finding of his peer audit at 6-monthly intervals. Where any defects are detected, such defects should be reported to the Chairman of the Council as soon as practicable;
  - (f) in the event that the 1<sup>st</sup> Defendant does not engage in active practice at any time in Hong Kong during the suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until the completion of 12-month suspension period; and
  - (g) in case of change of Practice Monitor at any time before the end of the 12-month suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until another Practice Monitor is appointed to complete the remaining period of peer audit.

40. We further order that in respect of disciplinary charge (c) a warning letter be issued to the 1<sup>st</sup> Defendant.

2<sup>nd</sup> Defendant (Dr HUEN Lok Lam)

41. The 2<sup>nd</sup> Defendant has one previous disciplinary record of a similar nature back in 2010 relating to the prescription of drugs to her patient when she knew or should have known that the Patient was allergic to amoxicillin.

42. In accordance with our published policy, we shall give the 2<sup>nd</sup> Defendant credit in sentencing for her frank admission and not contesting the issue of professional misconduct.
43. 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 the public confidence in the medical profession by upholding its high standards and good reputation.
44. We appreciate that the 2<sup>nd</sup> Defendant is a compassionate doctor and has actively participated in community work.
45. We are particularly concerned that the 2<sup>nd</sup> Defendant had a previous disciplinary conviction involving inappropriate prescription contrary to drug allergy warning in the patient's medical records. In our view, this also reflected on her lack of prudence.
46. We are however glad to note that the 2<sup>nd</sup> Defendant now realizes her shortcomings and has since taken a number of courses on management of asthma and hypertension patients in order to improve her professional skills and knowledge. However, we need to ensure that she will not commit the same or similar breach in the future.
47. Taking into consideration the nature and gravity of this case and what we read and heard in mitigation, we order in respect of disciplinary charges (a), (c) and (d) that the name of the 2<sup>nd</sup> Defendant be removed from the General Register for a period of 4 months. We further order that the operation of the removal order be suspended for a period of 24 months, subject to the conditions that:
  - (1) the 2<sup>nd</sup> Defendant shall complete within each year during the suspension period CME courses (or such other courses) to be approved by the Chairman of the Council relating to safe prescription of drugs, medical records keeping, and management of asthma and hypertension patients to the equivalent of 10 CME points per year, making a total of 20 CME points;
  - (2) the 2<sup>nd</sup> Defendant shall complete during the suspension period satisfactory peer audit by a Practice Monitor to be appointed by the Council with the following terms:
    - (a) the Practice Monitor shall conduct random audit of the 2<sup>nd</sup> Defendant's practice with particular regard to medical records keeping and management of patients;
    - (b) the peer audit should be conducted without prior notice to the 2<sup>nd</sup> Defendant;



- (c) the peer audit should be conducted at least once every 6 months during the suspension period;
  - (d) during the peer audit, the Practice Monitor should be given unrestricted access to all parts of the 2<sup>nd</sup> Defendant's clinic and the relevant records which in the Practice Monitor's opinion is necessary for proper discharge of his duty;
  - (e) the Practice Monitor shall report directly to the Chairman of the Council the finding of his peer audit at 6-monthly intervals. Where any defects are detected, such defects should be reported to the Chairman of the Council as soon as practicable;
  - (f) in the event that the 2<sup>nd</sup> Defendant does not engage in active practice at any time in Hong Kong during the suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until the completion of 24-month suspension period; and
  - (g) in case of change of Practice Monitor at any time before the end of the 24-month suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until another Practice Monitor is appointed to complete the remaining period of peer audit.
48. We further order that in respect of disciplinary charge (b) a warning letter be issued to the 2<sup>nd</sup> Defendant.

Prof. LAU Wan-ye, Joseph, SBS  
Chairperson of the Inquiry Panel  
The Medical Council of Hong Kong