

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 MO Ho Yuen (巫浩源醫生) (Reg. No.: M09633)

Date of hearing: 30 April 2021 (Friday)

Present at the hearing

Council Members/Assessors: Prof. TANG Wai-king, Grace, SBS, JP  
(Chairperson of the Inquiry Panel)  
Dr LEE Wai-hung, Danny  
Dr WONG Yee-him  
Mr WONG Hin-wing, Simon  
Mr LAW Yu-wing

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Mr Woody CHANG of  
Messrs. Mayer Brown

Government Counsel representing the Secretary: Ms Shirley LUI

1. The charges against the Defendant, Dr MO Ho Yuen, are:

“That he, being a registered medical practitioner, disregarded his professional responsibility to his patient, [REDACTED], deceased (“the Patient”), in that when he knew or ought to have known the Patient had renal failure:

- (a) he inappropriately prescribed Colchicine to the Patient on or about 31 October 2016 and/or 3 November 2016; and
- (b) he inappropriately prescribed Methotrexate to the Patient on or about 7 November 2016 and/or 11 November 2016.

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 26 September 1994 to the present. His name has never been included in the Specialist Register.
3. The Defendant admits the factual particulars of the disciplinary charges against him.
4. Briefly stated, the Patient consulted the Defendant at his clinic on five occasions during the period from 31 October 2016 to 11 November 2016 and was diagnosed with, among others, acute gouty attacks.
5. The Defendant then prescribed to the Patient Colchicine on 31 October 2016 and 3 November 2016; and Methotrexate on 7 November 2016 and 11 November 2016.
6. There is no dispute that the Patient had consulted the Defendant on and off for some 10 years. The Defendant knew at the time of the subject consultations that the Patient had a history of end-stage renal failure. The Defendant also knew that the Patient was receiving peritoneal dialysis.
7. There is also no dispute that the Patient returned to see the Defendant at his clinic on 14 November 2016 complaining of deterioration in physical conditions. Upon the referral of the Defendant, the Patient attended the Accident & Emergency Department of Pamela Youde Nethersole Eastern Hospital (“PYNEH”) later in the afternoon on the same day.
8. According to the medical records obtained from PYNEH, the Patient was found to have pancytopenia upon admission. The Patient was later found to have deranged liver function and coagulopathy. The Patient had a sudden deterioration on 17 November 2016 with cardiac arrest with pulseless electrical activity. The Patient was resuscitated with intubation and high dose inotropic support. The Patient’s clinical presentation was compatible with multiple organ toxicity of severe Colchicine and/or Methotrexate poisoning. The Patient remained in critical condition and was certified dead at 19:57 hours on 18 November 2016.

9. Through the assistance of a district councillor, the Patient's wife and sister subsequently lodged this complaint against the Defendant with the Medical Council.

### **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 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**

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.
13. It is the unchallenged evidence of the Secretary's expert witness, Dr SHUM, and we accept that Colchicine is non-dialyzable and "*[f]or patients undergoing dialysis, the total recommended dose for the treatment of gout flares should be reduced to a single dose of 0.6 mg (1 tablet), and not to be repeated more than once every 2 weeks.*" We agree with Dr SHUM that "*[p]rescription of repeated doses of [C]olchicine to a patient on peritoneal dialysis is grossly improper and inappropriate.*"
14. By prescribing to the Patient of Colchicine (1 tablet, 4 times a day for 4 days) on 31 October 2016 and repeating the same prescription on 3 November 2016, when he knew that the Patient was receiving peritoneal dialysis, 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 disciplinary charge (a).

15. It is again the unchallenged evidence of Dr SHUM and we accept that Methotrexate is non-dialyzable; and the Patient “*could never excrete [M]ethotrexate in his system.*”
16. In his submission to the Preliminary Investigation Committee, the Defendant sought to explain that Methotrexate was prescribed to the Patient on 7 November 2016 and 11 November 2016 for treatment of “psoriatic arthropathy”. However that may be, regardless of whether the Patient was suffering from “psoriatic arthropathy”, we agree with the Secretary’s expert that “*[p]rescription of [M]ethotrexate to a patient on peritoneal dialysis is grossly improper and inappropriate.*”
17. By prescribing to the Patient of Methotrexate (5 mg once) on 7 November 2016 and Methotrexate (7.5 mg once) on 11 November 2016, when he knew that the Patient was receiving peritoneal dialysis, the Defendant has in our view by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of misconduct in a professional respect as per disciplinary charge (b).

### **Sentencing**

18. The Defendant has a clear disciplinary record.
19. In line with our published policy, we shall give the Defendant credit in sentencing for his frank admission and full cooperation throughout these disciplinary proceedings.
20. 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.
21. We appreciate that the Defendant is a caring doctor and he has a lot of support from professional colleagues, patients and friends.
22. We are told in mitigation that the Defendant has since the incident taken steps to improve his medical practice. Before making prescriptions, the Defendant would double check with his patients regarding their past medical history, including any significant health condition or history of drug allergy. In addition, the Defendant has adjusted his clinic software and included a red

box of warning on the front page of every patient's consultation records. Any reported special health condition would be included in the red warning box. The red warning box would pop up and the Defendant has to click on the red box in order to make it disappear and access the rest of the patient's consultation records. Through adjusting his clinic software, the Defendant wishes to make sure that he is alert of special health conditions and drug allergy history of his patients before making prescriptions.

23. We accept that the Defendant has learnt his lesson but we need to ensure that he will not commit the same or similar prescription errors in the future.

24. Taking into consideration the nature and gravity of this case and what we have read and heard in mitigation, we shall make a global order in respect of disciplinary charges (a) and (b) that the name of the Defendant be removed from the General Register for a period of 3 months. We further order that the operation of the removal order be suspended for a period of 18 months, subject to the conditions that:-

(1) the Defendant shall complete within 12 months CME courses relating to safe prescription of drugs to the equivalent of 10 CME points and such courses have to be pre-approved by the Chairman of the Council;

(2) the 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 Defendant's practice with particular regard to safe prescription of drugs;

(b) the peer audit should be conducted without prior notice to the 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 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 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 18-month suspension period; and
- (g) in case of change of Practice Monitor at any time before the end of the 18-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.

Prof. TANG Wai-king, Grace, SBS, JP  
Chairperson of the Inquiry Panel  
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