

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 WONG Shu Ting Lily (黃淑婷醫生) (Reg. No.: M12501)

Date of hearing: 26 July 2022 (Tuesday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel  
(Chairperson of the Inquiry Panel)  
Prof. CHOW Yat-ngok, York, GBS, MBE  
Dr WAI Yuk-chun, Veronica  
Mrs BIRCH LEE Suk-yea, Sandra, GBS, JP  
Ms WU Ka-lai, Cary

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Mr Chris Howse of  
Messrs. Howse Williams

Government Counsel representing the Secretary: Miss Katrina CHAN

1. The charges against the Defendant, Dr WONG Shu Ting Lily, are:

*“That in or about December 2015, she, being a registered medical practitioner, disregarded her professional responsibility to her patient [REDACTED] (“the Patient”), in that she :*

- (a) *failed to conduct proper examination and/or note down assessment of visual acuity and visual field in response to her complaint of vision impairment after trauma to eye in recreation games; and/or*

(b) *failed to refer the Patient to a specialist in Ophthalmology for further consultation and treatment when the circumstances so warranted.*

*In relation to the facts alleged, either singularly or cumulatively, she 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 1 November 1999 to the present. Her name has never been included in the Specialist Register.
3. Briefly stated, the Secretary of the Medical Council (the “Council”) received an email from the Patient on 14 March 2018 accusing the Defendant of medical negligence in failing to diagnose and treat her right eye injury properly.
4. According to the Patient, she injured her right eye when “[she] was hit with high impact by a flat “arrow” during recreational games”. Immediately after the accident, she consulted the Defendant on 11 December 2015 and told the latter that she “couldn’t see immediately after the injury and after 2 hours [she] only have limited and very blurry vision and was having a very bad headache”.
5. It is the unchallenged evidence of the Patient that during the consultation:-  
  
*“[The Defendant] put some sort of bright yellow drops into my eyes, then looked at my eyes with bright light and said I just had a scratch in my cornea. She told me I would just feel a rough for the next few days – and if my vision is still blurry in 2 days I can come back to see her. So she prescribed me with antibiotic ointment and Voltar[e]n tablets and sent me home. Her diagnosis of me at the time was “conjunctivitis”.”*
6. According to the Patient, since her right eye injury did not get better after 2 days, she began to worry and decided to consult a specialist in Ophthalmology.
7. According to a medical report dated 15 October 2020 prepared by one Dr LAM, a specialist in Ophthalmology:-

*“The ... [P]atient was seen in [their] clinic on 16 Dec 2015. She complained of*

*decreased vision of the right eye after blunt trauma. Her best corrected visual acuities were 0.5 (-5.25/-2.75X3) and 1.2 (-2.00/-1.50X5) for the right and left eyes respectively. Ocular examination showed right relative afferent pupil[[]]ary defect (RAPD), some wrinkling of retina, retinal hemorrhage with raised sub-macular hem[a]toma, swollen optic disc with retinal edema, and choroidal rupture. Optical coherent tomography (OCT) and fundus photo tests were performed to further investigate her vitreous + retina status...*

*She received uneventful right pneumatic retinopexy + intravitreal injection of Avastin + nerve growth factor injection on 18 Dec 2015... She had made good visual recovery with best corrected vision of 1.2 (-1.75/2.75X180) in the right eye (on 23 Dec 2015, her last visit)..."*

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

8. 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.
9. 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 her separately and carefully.

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

10. The Defendant admits the factual particulars of the disciplinary charges against her. It remains for us to consider all the evidence and determine whether the Defendant has been guilty of misconduct in a professional respect.
11. The Defendant admitted that she failed to conduct a proper examination of the Patient's right eye. It is also not disputed that there was no record of visual acuity and visual field.

12. We agree with the Secretary's expert witness, Dr IP, a specialist in Family Medicine, that:-

*“A consultation consists of history taking, formulation of diagnostic hypotheses, physical examination, putting forward a problem list and a treatment plan. Medication is prescribed according to the treatment plan.*

*For patient presenting with eye injury, history should include mechanism of injury, ocular symptoms, such as decrease of vision, foreign body sensation, visual field defect, floaters, diplopia and pain on eye movements. It is also important to ask the patient's past ocular history and past medical history.*

*If a patient presented with any ocular symptoms, it is important to note the visual acuity, eye movements, visual field assessment and pupillary reaction to light...*

*The Patient had an eye injury and blurring of vision immediately afterward. As a doctor attending any patient with blurring of vision, it is essential to note down the visual acuity...”*

13. In failing to conduct proper examination and/or note down assessment of visual acuity and visual field in response to the Patient's complaint of vision impairment after trauma to her right eye in recreational games, the Defendant had in our view by her conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of professional misconduct as per disciplinary charge (a).

14. We also agree with the Secretary's expert witness, Dr IP, that:-

*“Most primary care doctors do not have equipment for a thorough eye examination. If there is any eye injury, it is advisable to have an early referral to a specialist in ophthalmology. One of the Don'ts in assessing an eye injury patient is 'Do not delay referral'.*

*...Any disturbance of vision is an indication for an early referral...”*

15. We disagree with the Defendant's solicitor that the medical report prepared by Dr LAM is of no relevancy to this case. In our view, the medical findings by the treating doctor, which is unchallenged by the Defendant, reinforced Dr IP's point that an early referral of the Patient to a specialist in Ophthalmology for further

consultation and treatment was warranted in the circumstances.

16. In failing to refer the Patient to a specialist in Ophthalmology for further consultation and treatment when the circumstances so warranted, the Defendant had in our view by her conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of professional misconduct as per disciplinary charge (b).

### **Sentencing**

17. The Defendant has a clear disciplinary record.
18. In line with our published policy, we shall give the Defendant credit in sentencing for her admission and cooperation throughout these disciplinary proceedings.
19. 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.
20. We appreciate that the Defendant has a lot of support from her colleagues and patients, who spoke highly of her as a conscientious, caring and responsible doctor.
21. We are also told in mitigation that the Defendant has since the incident taken relevant CME courses on assessment and management of eye trauma. Moreover, the Defendant had reviewed with colleagues and developed an “Eye Template” for use at her clinic to ensure proper and detailed documentation of consultations with patients who presented with eye trauma.
22. Taking into consideration the nature and gravity of the disciplinary charges for which we find the Defendant guilty 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 2 months. We further order that our removal order be suspended for a period of 12 months.

**Remark**

23. Although it does not form the disciplinary charges that the Defendant is facing, we wish to remind the Defendant that apart from making referral to specialist(s), she must always keep in mind the option of referring a patient to emergency department of hospital(s), if and when circumstances so warranted.

Dr CHOI Kin, Gabriel  
Chairperson of the Inquiry Panel  
The Medical Council of Hong Kong