

香港醫務委員會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr WONG Yoke Meng (Reg. No.: M10116)

Date of hearing: 21 January 2020 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. Felice LIEH-MAK, GBS, CBE, JP
(Chairperson of the Inquiry Panel)
Dr LEE Wai-hung, Danny
Dr YAM Kwong-yui
Mrs BIRCH LEE Suk-ye, Sandra, GBS, JP
Mr NG Ting-shan

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Ms Allison SCOTT of
Messrs. Howse Williams

Government Counsel representing the Secretary: Miss Ally SHUM

1. The amended charges against the Defendant, Dr WONG Yoke Meng, are:

“That in or about 2010 to 2015, he, being a registered medical practitioner:

(a) he was convicted on 7 May 2010 of 3 charges of the offence, which is punishable with imprisonment, under section 5(1) of the Private Hospitals and Medical Clinics Act (Cap. 248) (“the Act”) punishable under section 5(2) of the Act by the Subordinate Courts of Singapore for operating a medical clinic in breach of a condition of the licence issued by the Ministry of Health, in respect of his

actions of collecting specimens and/or samples from patients at the Clinic and sending them to foreign clinical laboratories that had not been accredited by an accreditation body approved by the Director of Medical Services for various tests and/or examinations;

(b) he was found guilty by the Disciplinary Committee (“DC”) of the Singapore Medical Council (“SMC”) of the following charges:

(i) making laudatory and/or misleading statements in an advertisement published in “The Guide to Singapore’s Private Medical & Dental Specialist Care” in 2007, in breach of the SMC Ethical Code and Ethical Guidelines (“ECEG”);

(ii) offering, by way of an advertisement titled “Anti-Aging & Aesthetic Medicine” found on a poster panel displayed in Clinique Suisse (the “Advertisement”), stem cell for skin therapy and/or facial and body rejuvenation, a treatment that was not medically proven;

(iii) offering various procedures which were not medically proven as treatments:

- stem cell treatment;*
- chelation as “Detox Medicine”;*
- detoxification for heavy metals as “Detox Medicine”; and/or*
- face treatment using Oxygen*

(iv) 13 charges of professional misconduct under the Medical Registration Act, in respect of his treatment of 4 patients:

Patient 1

- 1 charge of carrying out intra-muscle and intra-theccal stem cell injections (“stem cell injections”) on the patient, which was not medically proven as a treatment for*

amyotrophic lateral sclerosis (“ALS”), a condition which the patient was suffering from, outside the context of a formal and approved clinical trial;

- *1 charge of failing to obtain the patient’s informed consent prior to carrying out the stem cell injections; and*
- *1 charge of carrying out a procedure, i.e. the stem cell injections, outside his registered specialty of obstetrics and gynaecology.*

Patient 2

- *1 charge of carrying out Colonic Irrigation, which was not medically proven as a treatment for any condition documented in the patient’s medical records;*
- *2 charges of carrying out procedures, namely, Coffee Enema and Chlorophyll Enema, which were not medically proven as a treatment for any medical condition; and*
- *3 charges of failing to obtain the patient’s informed consent prior to carrying out the said procedures, i.e. Colonic irrigation, Coffee Enema and Chlorophyll Enema.*

Patient 3

- *1 charge of carrying out a procedure, i.e. Coffee Enema, which was not medically proven as a treatment for any medical condition; and*
- *1 charge of failing to obtain the patient’s informed consent prior to carrying out the Coffee Enema.*

Patient 4

- *1 charge of carrying out a procedure, i.e. Coffee Enema, which was not medically proven as a treatment for any medical condition; and*
- *1 charge of failing to obtain the patient’s informed consent prior to carrying out the Coffee Enema.*

(c) *he failed to report to the Medical Council that he had been convicted by the Subordinate Courts of Singapore of offences punishable with imprisonment and that he had been the subject of adverse findings in disciplinary proceedings by other professional regulatory bodies, stated in paragraphs (a) and (b) above respectively, within 28 days from the convictions and the adverse disciplinary findings.*

In relation to the facts alleged in paragraphs (b) and (c), 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. His name has never been included in the Specialist Register.
3. The Defendant admits the factual particulars of the amended disciplinary charges against him.
4. Briefly stated, the Medical Council received on 25 January 2016 a complaint letter issued in the name of one “Action Group for Ethical Practice”. Attached to the complaint letter were copies articles from internet and newspapers detailing the adverse findings made against the Defendant in the said disciplinary proceedings before the Singapore Medical Council (“SMC”) and his criminal conviction in Singapore.
5. Upon receipt of the said complaint letter, the Secretary of the Medical Council (the “Secretary”) then wrote to the SMC requesting for further information on the said disciplinary proceedings against the Defendant. In its reply, the SMC referred the Secretary to 5 Press Releases issued during 2010 to 2015, which set out in detail the adverse findings against the Defendant in the said disciplinary proceedings before the SMC and his criminal conviction in Singapore. Copies of the 5 Press Releases, the contents of which are unchallenged by the Defendant, were placed before us in this inquiry.

Burden and Standard of Proof

6. 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.
7. 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

8. It is not disputed that the Defendant was convicted on his own plea in the Subordinate Courts of Singapore on 7 May 2010 of the said 3 charges under section 5(1) of the Private Hospitals and Medical Clinic Act, which are offences punishable with imprisonment in Singapore. Accordingly, our disciplinary powers under section 21(1)(a) of the Medical Registration Ordinance (“MRO”) are engaged.
9. Section 21(3) of the MRO stipulates that:-

“Nothing in this section shall be deemed to require an inquiry panel to inquire into the question whether the registered medical practitioner was properly convicted but the panel may consider any record of the case in which such conviction was recorded and any other evidence which may be available and is relevant as showing the nature and gravity of the offence.”
10. In this connection, according to the Press Release issued by the SMC on 11 June 2015, the Defendant was fined a total sum of 24,000 Singaporean Dollars in lieu of imprisonment by the Subordinate Courts of Singapore. The SMC in ordering that the Defendant be fined a total sum of 13,000 Singaporean Dollars

also noted that the gravamen of his wrongdoings lay in that he had by sending samples of matter derived from the human body to non-accredited laboratories disregarded the health and safety of his patients. Moreover, the Defendant had repeatedly violated the licensing conditions of his clinic by allowing it to be used for cosmetic treatment and programme.

11. The Defendant admits the factual particulars of the amended charges (b) and (c). It remains for us to consider and determine on the evidence whether the Defendant is guilty of professional misconduct.
12. Whilst section 21(1)(b) of the Medical Registration Ordinance, Cap. 161, is silent on the matter, the Medical Council has always adopted the view that the legal provision can relate to professional misconduct committed outside Hong Kong. It is essential for protection of the public to ensure that only fit and proper persons should be allowed to practise medicine in Hong Kong. In our view, professional misconduct whether committed in or outside Hong Kong may reflect on the suitability of a doctor to remain on the General Register.
13. According to the Press Release issued by the SMC on 3 November 2010, the laudatory and/or misleading advertisement to which amended charge (b)(i) relates gave the readers the false impression that (1) the Defendant “is one of the pioneers of stem cell treatment”; and/or (2) his clinic “is a part of an internationally established medical group which practises innovative and advanced techniques”; and/or (3) “stem cell treatment is a medically accepted and effective therapy both for the treatment and prevention of degenerative diseases of ageing such as *“Arthritis, hypertension, diabetes, Parkinson’s degeneration and cancer”*”.
14. In our view, the advertisement to which the amended charge (b)(i) relates is not only practice promotion for the Defendant but also potentially harmful for his patients.
15. Turning to amended charge (b)(ii), we noted from reading the Press Release issued by the SMC on 9 November 2010 that the treatments offered in his advertisement were not medically accepted and not evidence based. Indeed, the Defendant “was merely selling cosmetics to his patients”.

16. Turning to charges (b)(iii) and (iv), we noted from reading the Press Release issued by the SMC on 15 April 2011 and 26 September 2011 that the gravamen of the Defendant's wrongdoings lay in offering and/or carrying out various procedures and/or treatments on his patients, which were not medically proven. Moreover, the Defendant did not possess the necessary skill and experience in administering the stem cell injections intrathecally on Patient 1.
17. It is therefore clear to us from reading the 5 Press Releases issued by the SMC that the Defendant's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of professional misconduct as per amended charges (b)(i) to (iv).
18. There is no dispute that the Defendant failed to report to the Medical Council either that he had been the subject of adverse findings in the said disciplinary proceedings before the SMC or his criminal conviction within 28 days, contrary to section 29.1 of the Code of Professional Conduct (the "Code") published in January 2009. Failure to report within the specified time by itself is a ground for disciplinary action.
19. Given the nature and gravity of adverse findings made by the SMC in the said disciplinary proceedings and his criminal conviction in Singapore, we find it inexcusable for him not to report them to the Medical Council within the prescribed time limit. In our view, the Defendant's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore also find the Defendant guilty of professional misconduct as per amended charge (c).

Sentencing

20. The Defendant has a previous disciplinary record relating to his criminal conviction in Singapore of an offence punishable with imprisonment in March 2000 for allowing his clinic to be used for cosmetic skin treatment and programmes in breach of its licensing conditions. The Defendant also has another disciplinary record relating to his criminal conviction in Hong Kong for 5 counts of the offence of failing to keep a Register of Dangerous Drugs in the specified form, contrary to Regulations 5(1)(a) and 5(7) of the Dangerous Drugs Regulations made under the Dangerous Drugs Ordinance, Cap. 134.

21. In line with published policy, we shall give credit to the Defendant for his frank admission and full cooperation throughout these disciplinary proceedings. However, given that there is hardly any room for dispute in a disciplinary case involving adverse findings in disciplinary proceedings by other professional regulatory bodies and/or criminal conviction, the credit to be given to him must necessarily be of a lesser extent than in other cases.
22. We bear in mind that the primary purpose of a disciplinary order is not to punish the Defendant for a second time for what he did in Singapore, 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.
23. We are also told in mitigation that the Defendant had fully complied with the conditions imposed by the DC, particulars of which were set out in the 5 Press Releases issued by the SMC, and refrained from engaging in the conduct complained of or any similar conduct.
24. However, we are particularly concerned that the Defendant's management of Patient 1. Whilst we are not bound by the decisions of the SMC, we noted from reading the Press Release issued by SMC on 26 September 2011 that the Defendant was ordered to be suspended from practice for 12 months.
25. Having considered 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)(i) to (iv) that the Defendant's name be removed from the General Register for a period of 12 months. We also order that the said removal order be suspended for a period of 36 months. We further order in respect of disciplinary charge (c) that a warning letter be issued to the Defendant.

Prof. Felice LIEH-MAK, GBS, CBE, JP
Chairperson of the Inquiry Panel
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