香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr YEUNG Sze Wing (Reg. No.: M14834)

Date of hearing: 6 February 2020 (Thursday)

Present at the hearing

Council Members/Assessors: Prof. LAU Wan-yee, Joseph, SBS
(Chairperson of the Inquiry Panel)
Dr HO Pak-leung, JP
Dr FUNG Tak-kwan, James
Mr HUNG Hin-ching, Joseph
Mr POON Yiu-kin, Samuel

Legal Adviser: Mr Edward SHUM

Defence Counsel representing the Defendant: Ms Ann LUI instructed by
Messrs. Kennedys

Senior Government Counsel representing the Secretary: Miss Carmen POON

1. The amended charges against the Defendant, Dr YEUNG Sze Wing, are:

> *"That she, being a registered medical practitioner, disregarded her professional responsibility to her patient ("the Patient"), deceased, in that she:*
>
> *(a) from about January 2014 to March 2014, failed to properly manage and/or monitor the side effect(s) of the prescription of Clozapine;*

(b) failed to check for the availability of the laboratory result of the Patient's fasting blood glucose level in time when the test was performed on 5 March 2014;

(c) on or about 5 March 2014, failed to arrange for or provide proper treatment for the Patient's elevated cholesterol, triglycerides, and/or fasting blood glucose.

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 2 July 2005 to present. Her name has been included in the Specialist Register under the specialty of Psychiatry since 13 May 2014.

3. Briefly stated, the Patient had a long history of poly-substances dependence syndrome and paranoid schizophrenia.

4. The Patient came under the medical care of the Defendant, who was then a resident medical officer at Castle Peak Hospital ("CPH"), in January 2010.

5. There is no dispute that the Defendant was at all material times the case medical officer ("CMO") of the Patient.

6. According to the medical records obtained from CPH, the Patient was admitted to CPH voluntarily on 26 August 2013 for persistent disorganized behaviour at home secondary to uncontrolled methamphetamine, cough mixture and zopiclone use.

7. In view of his paranoid schizophrenia, which was uncontrolled by first line medications, the Defendant offered to prescribe the Patient with Clozapine during the consultation on 27 September 2013. According to her medical report dated 10 March 2015 and addressed to the Hospital Chief Executive of CPH, the Defendant had also explained to the Patient during this consultation the possible side-effects of Clozapine and the need for weekly blood tests.

8. There is no dispute that the Patient eventually consented to the treatment and Clozapine was first prescribed to him on 2 October 2013. Prior to starting Clozapine treatment, baseline blood tests including complete blood count ("CBC"), renal liver function test and fasting glucose and lipid profile were done. The blood test results were found to be within normal ranges.

9. The dosage of Clozapine was gradually increased and finally settled at 450mg/day after the consultation on 29 November 2013. Meanwhile, weekly tests for CBC were done for 18 consecutive weeks and no abnormality was noted. Thereafter, the frequency of tests for CBC was reduced from weekly to monthly interval.

10. However, the Patient's body weight was noted to have increased significantly after Clozapine treatment began. According to the medical records obtained from CPH, the Patient's body weight increased from 95.4 kg on 29 September 2013 to 106 kg on 2 February 2014 before reducing to 98 kg on 2 March 2014.

11. It is not disputed that Clozapine is strongly linked to hyperglycaemia and impaired glucose tolerance. Indeed, as many as a third of patients might develop diabetes after 5 years of Clozapine treatment. Many cases of diabetes are noted in the first 6 months of Clozapine treatment. Diabetes associated with Clozapine is not necessarily linked to obesity. However, obesity will greatly increase the risk of developing diabetes on Clozapine. Severe uncontrolled diabetes mellitus may result in metabolic decompensation. The commonest form of decompensation is diabetic ketoacidosis characterized by hyperglycaemia and ketoacidosis. Death from ketoacidosis has been reported.

12. According to the medical records obtained from CPH, the Defendant put down in the notes for the consultation with the Patient on 25 October 2013 that "*No significant side effect from clozapine except weight gain*". However, the Defendant did not carry out any investigation to rule out the possibility of hyperglycaemia and hyperlipidaemia by checking blood tests for fasting glucose and lipid profile.

13. Despite a trend of increasing body weight and the Patient had upon the Defendant's advice regularly attended a training program for dietary change since 13 November 2013, the Defendant did not arrange for the Patient to undergo blood tests for fasting glucose and lipid profile when she saw him again on 10 January 2014, 24 January 2014 and 7 February 2014. It was not until her

consultation with the Patient on 24 February 2014 that blood tests were arranged on 5 March 2014 to check on the Patient's fasting glucose and lipid profile.

14. It is not disputed that the results of the blood tests on 5 March 2014 for fasting glucose and lipid profile revealed that the Patient's fasting blood glucose (19.1 mmol/L), Cholesterol (7.7 mmol/L) and Triglycerides (12.53 mmol/L) were elevated.

15. Through her solicitors, the Defendant explained in her submission to the Preliminary Investigation Committee ("PIC") dated 7 September 2017 that:-

"*On 5 March 2014, blood tests including fasting blood glucose were done as ordered by Dr Yeung. The blood tests results report, including fasting blood glucose (19.1 mmol/L), was passed to a ward A103 nurse as per CPH's internal practice system to notify the CMO.*

On 6 March 2014, the ward nurse called Dr Yeung and notified her of the abnormal fasting lipid results (cholesterol 7.7mmol/L and triglyceride 12.53mmol/L). Unfortunately, the ward nurse did not mention the abnormal fasting blood glucose results (19.1mmol/L).

On 7 March 2014, Dr Yeung assessed the Patient to be in a stable condition and his regular occupational therapy attendance was noted. The Patient's elevated cholesterol and triglycerides readings were discussed. Dietician (sic) referral was advised, but refused by the Patient and Dr Yeung respected this and planned to continue to monitor his lipid profile and diet in light of his recent weight loss and participation on the weight loss program…

At around 1200 hours on 12 March 2014, Dr Yeung reviewed the laboratory report which she found in her pigeon hole. Unfortunately, she did not see the abnormal fasting blood glucose result…"

16. Meanwhile, the Patient developed fever in the morning of 12 March 2014 and his condition continued to deteriorate in the later part of the day. The Patient was sent to the Accident & Emergency Department of Tuen Mun Hospital ("TMH") in the early hours of 13 March 2014. Unfortunately, his condition worsened after his admission to the Medical Ward of TMH and he suffered a sudden cardiac arrest at 10:50 hours on 15 March 2014. The Patient was certified dead at 11:11 hours on the same day.

17. According to the Death Inquest on the Patient, his cause of death was diabetic ketoacidosis.

18. Through the assistance of a Legislative Councillor, the Patient's mother later lodged this complaint against the Defendant with the Medical Council.

Burden and Standard of Proof

19. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove her 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 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

21. The Defendant admits the factual particulars of the amended disciplinary charges against her but it remains for us to consider and determine on the evidence before us whether she has been guilty of misconduct in a professional respect.

22. We agree with the Secretary's expert, Dr CHOW, that although diabetic ketoacidosis is very rare side effect of Clozapine, "*[w]eight gain, elevated fasting blood glucose / diabetes (hyperglycaemia), elevated blood cholesterol (hypercholesterolemia) and elevated blood triglyceride (hypertriglyceridemia) are commonly known side effects of Clozapine.*"

23. We also agree with Dr CHOW that weight gain is a risk factor and early screening of diabetes as a side effect of Clozapine is recommended.

24. Through her solicitors, the Defendant emphasized in her PIC submission that her "*management and monitoring of the side effects of Clozapine were in full compliance with the Guidelines [on Prescribing and Monitoring of Clozapine Therapy issued by CPH]*".

25. We appreciate that there were different recommendations in different guidelines for frequency of monitoring of development of diabetes by checking fasting blood glucose and lipid profile. However, the real point is that the Defendant should not blindly follow the Guidelines issued by CPH without considering the actual condition of the Patient. Indeed, when being cross-examined at the Death Inquest on the Patient, the Defendant admitted that she was aware of the warning in The Maudsley Prescribing Guidelines in Psychiatry about elevated fasting glucose level in patients undergoing Clozapine treatment.

26. Given a trend of increasing body weight despite the Patient had upon the Defendant's advice regularly attended a training program for dietary change since 13 November 2013, we agree with Dr CHOW that the Defendant ought to have arranged for the Patient to undergo blood tests for fasting glucose and lipid profile when she saw him on 10 January 2014. This is because, as Dr CHOW said, "*the increase in body weight of… about 10 kg since initiation of clozapine indicated increasing risks of development of… (1) diabetes (elevated fasting blood glucose), (2) [h]ypercholestrolemia (elevated blood cholesterol) and (3) hypertriglyceridemia (elevated blood triglyceride).*"

27. In our view, the Defendant's repeated failures to arrange for the Patient to undergo the blood tests for fasting glucose and lipid profile when she saw him on 3 different occasions over a span of nearly 1 month from 10 January 2014 to 7 February 2014 were below the standard expected of registered medical practitioners in Hong Kong.

28. For these reasons, we find the Defendant guilty of the amended disciplinary charge (a).

29. We agree with Dr CHOW that "*[w]eight gain is an important sign of ongoing metabolic syndrome which is associated with hyperglycaemia and hyperlipidaemia*." Therefore, in our view, continuous uncontrolled weight gain during Clozapine treatment should be closely monitored to rule out the possibility of diabetes and/or hyperglycaemia.

30. According to the Defendant, she was merely informed by the ward nurse over the phone about the Patient's elevated blood cholesterol and triglyceride.

31. However that may be, the real point is when being informed of the elevated cholesterol and triglyceride levels on 6 March 2014, the Defendant ought in our view to review the Chemical Pathology Laboratory Report and make sure that the Patient's fasting blood glucose was not elevated when or before she saw the Patient again on 7 March 2014. This was particularly true because Clozapine is strongly linked to impaired glucose tolerance. And we agree with Dr KWOK, medical expert at the Death Inquest on the Patient, rapid weight gain coupled with elevated blood triglyceride indicated abnormal metabolism and possibly diabetes in patients undergoing Clozapine treatment, particularly in the first 6 months.

32. It is therefore imperative for the Defendant to make enquiry of the test result on fasting blood glucose even if she had not been informed of the same in the morning of 6 March 2014. And yet, the Defendant only reviewed the Chemical Pathology Laboratory Report on 12 March 2014.

33. In our view, the Defendant's failure to check for the availability of the laboratory result of the Patient's fasting blood glucose level in time when the test was performed on 5 March 2014 was inexcusable.

34. We need to point out that the Defendant, as the CMO, had the primary responsibility to provide proper medical care to the Patient. There is no room for contending that a shared responsibility existed between the Defendant and the nursing staff at CPH over the duty to check for the availability of the laboratory result of the Patient's fasting blood glucose level in time when the test was performed on 5 March 2014. The Defendant and the nursing staff at CPH had separate responsibilities towards the Patient. Had the Defendant been vigilant in checking for the availability of the laboratory result of the Patient's fasting blood glucose level, it matters not in our view whether the ward nurse had merely notified her of the abnormal results on lipid profile.

35. For these reasons, we find the Defendant's conduct to have fallen below the standard expected of registered medical practitioners in Hong Kong. Accordingly, we also find her guilty of disciplinary charge (b).

36. According to the Defendant's PIC submission, "*[u]pon noting the deranged fasting lipid profile, [she] promptly discussed these results with the Patient on 7 March 2014… [and] advised him of the need for a referral to a dietician (sic) for proper dietary advice, but the Patient refused.*" There was nothing in the notes of the consultation on 7 March 2014 to this effect. Nor had the Defendant mentioned about such advice being given to the Patient in any of her subsequent medical reports to the Hospital Chief Executive of CPH.

37. However that may be, the real point is that even if the Patient refused to see a dietician, the Defendant still needed to consider other treatment options and advised the Patient accordingly. It is idle to contend that the Defendant "respected" the decision of the Patient not to see a dietician.

38. It is not disputed that the results of the blood tests on 5 March 2014 revealed elevated levels in fasting glucose and lipid profile. Clozapine is strongly linked to impaired glucose tolerance and clinicians should be highly vigilant about their occurrence. And yet, the Defendant did not arrange for or provide any treatment to the Patient after the laboratory test results had become available.

39. In our view, the Defendant's conduct had fallen below the standard expected of registered medical practitioners in Hong Kong. Accordingly, we also find her guilty of disciplinary charge (c).

Sentencing

40. The Defendant has a clear disciplinary record.

41. In line with published policy, we shall give her credit for her frank admission and cooperation throughout this inquiry.

42. We bear in mind that the primary purpose of a disciplinary order is not to punish the Defendant. Rather, it is 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.

43. We are particularly concerned about the Defendant's repeated failures to properly manage and/or monitor the side effects of her prescription of Clozapine to the Patient. The gravity was compounded by the Defendant's failure to check for the availability of the Chemical Pathology Laboratory Report in time after the blood tests were done on 5 March 2014.

44. We accept the Defendant is a caring and conscientious medical doctor. She also has full support from her professional colleagues and patients.

45. We are told in mitigation that the Defendant had conducted a thorough review of her own clinical practice. Moreover, she took an active part in the internal investigation of CPH and worked closely with her seniors with a view to improving the system on communication of laboratory test results.

46. We need to point out that the best system still requires vigilance on the part of its users. In this connection, we accept that the Defendant had shown sufficient insight into her failings. Indeed, she admitted her mistake to the Patient's mother at the first available opportunity. Given her genuine remorsefulness, we believe the chance of her committing the same or similar breaches would be low.

47. Having considered the nature and gravity of this case and what we have heard and read in mitigation, we order that:

(1) in respect of disciplinary charge (a), the Defendant's name be removed from the General Register for a period of 1 month and that the operation of the removal order be suspended for a period of 12 months;

(2) in respect of disciplinary charge (b), the Defendant's name be removed from the General Register for a period of 1 month and that the operation of the removal order be suspended for a period of 12 months;

(3) in respect of disciplinary charge (c), the Defendant's name be removed from the General Register for a period of 1 month and that the operation of the removal order be suspended for a period of 6 months; and

(4) the above orders to run concurrently.

Remark

48. The Defendant's name is included in the Specialist Register under the Specialty of Psychiatry. We shall leave it to the Education and Accreditation Committee to decide on whether anything may need to be done to her specialist registration.

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