

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

---

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

Defendant: Dr YIP Yuk Pang (葉玉鵬醫生) (Reg. No.: M03713)

Date of hearing: 9 June 2020 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. Felice LIEH-MAK, GBS, CBE, JP  
(Chairperson of the Inquiry Panel)  
Dr CHEUNG Hon-ming  
Dr CHAN Siu-kim  
Mr HUNG Hin-ching, Joseph  
Mr TSANG Kin-ping

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Dr Bernard MURPHY of  
Messrs. Howse Williams

Government Counsel representing the Secretary: Mr David YIM

1. The charge against the Defendant, Dr YIP Yuk Pang, is:

“That, on 8 March 2018, he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] (“the Patient”) in that he inappropriately prescribed “Amoksiklav” to the Patient when he knew or ought to have known that the Patient was allergic to penicillin.

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

### **Facts of the case**

2. The Defendant's name has been included in the General Register from 24 August 1979 to the present. His name has been included in the Specialist Register under the Specialty of Paediatrics since 4 March 1998.
3. The Defendant has been the Patient's treating doctor since 1996. In February 2013, the Defendant came to know that the Patient was allergic to Penicillin after the Patient developed an itchy rash following prescription by the Defendant of Amoxicillin and Augmentin for treatment of chest infection with sore throat.
4. Between February 2013 and March 2018, the Patient attended the Defendant on numerous occasions, and the Defendant prescribed the Patient with non-penicillin based antibiotics.
5. On 4 March 2018, the Patient consulted the Defendant at his clinic complaining of flu and cough. On this occasion, the Defendant still prescribed the Patient with non-penicillin based antibiotics.
6. On 8 March 2018, the Patient returned to see the Defendant at his clinic. On this occasion however, the Defendant prescribed the Patient with Amoksiklav 1000mg.
7. Amoksiklav is an antibiotic belonging to the Penicillin group and it should not be given to any patient who is allergic to Penicillin.
8. According to the medical record obtained from Pamela Youde Nethersole Eastern Hospital, the Patient developed severe bilateral hand swelling and rashes over bilateral forearm after taking Amoksiklav on 8 March 2018. He was admitted through the A&E Department for inpatient treatment of allergy with medication. Eventually, he was discharged home on 15 March 2018.
9. Thereafter, the Patient lodged the complaint via his wife 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 the allegation 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 the disciplinary charge against him carefully.

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

12. The Defendant admits the factual particulars of the disciplinary charge against him but it remains for us to consider and determine on the evidence whether he is guilty of misconduct in a professional respect.
13. The Defendant was fully aware that the Patient was allergic to penicillin. All along before the incident, the Defendant had been prescribing the Patient on a number of occasions with non-penicillin based antibiotics.
14. The Defendant told us that he had affixed a Drug Allergy Label on the Cover Page of the Patient's clinic record, but on 8 March 2018 he could not locate such record.
15. Without the clinic record, what the Defendant should have done was to at least confirm with the Patient about his history of drug allergy, but he had simply failed to do so.
16. Patients are entitled to, and they often do, rely on doctors to exercise reasonable care and competence in avoiding prescription of drug to which they have a known allergy.

17. Allergic reaction to drug is not dose-dependent, and can be triggered by even a small dose. Moreover, allergic reaction to drug can be very serious and potentially life-threatening. In a patient with a reported allergy to a particular drug, the risk of having an allergic reaction after taking the same drug again would be high.
18. Prescription of Amoksiklav to the Patient, whom the Defendant well knew was allergic to penicillin, was inappropriate and unsafe. In our view, if the Defendant had been more prudent in taking the extra step to retrieve the Patient's clinic record or to confirm with the Patient of his history of drug allergy, he ought to have considered whether there were safer alternatives than Amoksiklav.
19. In our view, the Defendant's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore find him guilty of misconduct in a professional respect as charged.

### **Sentencing**

20. The Defendant has a clear disciplinary record.
21. In line with the published policy, we shall give him credit for his frank admission and full cooperation throughout the inquiry.
22. We bear in mind that the 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.
23. The Defendant has self-reflected on the incident and he deeply feels sorry for the Patient and his family for causing suffering and stress because of his mistake. We accept that the Defendant has learnt a lesson.
24. In this connection, we are told that the Defendant has since the incident taken additional precautionary measures to avoid similar mishap from happening again. The Defendant has put in place a new drug dispensing protocol, which includes placing a drug allergy label at the cover page of the medical records of patients with known drug allergy; writing the names of the allergic drugs in red

ink in block letter; verbally confirming with patients by the Defendant himself at each consultation of their drug allergy history; double-checking by the Defendant of all medications before dispensing to patients; re-confirming with patients by clinic assistants of drug allergy history after consultation and before dispensing; and inputting patient's drug allergy history into a computerized clinic record system which will in turn generate a Drug Allergy List for the patients. According to the Defendant, by relying on the computerized clinic record system, he would still have the patient's drug allergy history and Drug Allergy List in the event that hard copy medical records are unavailable during consultation.

25. Taking into consideration the nature and gravity of the case and what we have heard and read in mitigation, we order that the name of the Defendant be removed from the General Register for a period of one month. We further order the removal order be suspended for a period of six months.

**Remark**

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

Prof. Felice LIEH-MAK, GBS, CBE, JP  
Chairperson of the Inquiry Panel  
The Medical Council of Hong Kong