

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr IRWIN Michael Garnet (艾明高醫生) (Reg. No.: M08532)

Date of hearing: 19 January 2026 (Monday)

Present at the hearing

Council Members/Assessors: Dr YEUNG Hip-wo, Victor
(Chairperson of the Inquiry Panel)
Dr Pierre CHAN
Dr CHAN Tat-ming, Danny
Ms FUNG Dun-mi, Amy, MH, JP
Mr Calvin K CHENG

Legal Adviser: Mr Edward SHUM

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

Legal Officer representing the Secretary: Ms Carmen SIU,
Senior Government Counsel

The Charges

1. The charges against the Defendant, Dr IRWIN Michael Garnet, are:

“The particulars of the information are that between April 2022 and July 2022, he, being a registered medical practitioner, disregarded his professional responsibility, in that he:

- (a) *obtained oxycodone hcl (oxycodone), which is a dangerous drug, inappropriately and/or without undergoing proper clinical assessment; and/or*
- (b) *obtained buprenorphine (hcl) (temgesic), which is a Part 1 poison, inappropriately and/or without undergoing proper clinical assessment.*

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 since 7 April 1992 to the present. His name has been included in the Specialist Register under the Specialty of Anaesthesiology since 6 May 1998.
3. Briefly stated, the Secretary of the Medical Council (the “Council”) received on 21 November 2022 a letter from Professor LAU, the Dean of the Faculty of Medicine of the University of Hong Kong (“HKU Medical Faculty”), informing her that an anonymous complaint was received by the Hospital Authority (“HA”), alleging that the Defendant had obtained opioid analgesic without going through proper assessment and following the relevant guidelines of HA.
4. By a letter dated 12 May 2023 from HA, the Council Secretary was informed, *inter alia*, that “*the hospital management had referred the case [of Prof IRWIN] to the Police in order to clarify if criminal element is involved in relation to his possession of the dangerous drugs.*”
5. By a letter dated 15 February 2024 from the HKU Medical Faculty Secretary, the Council Secretary was informed that “*the police investigation concerning a suspected violation of the Dangerous Drugs Ordinance by Professor Michael Irwin has completed and no charge is recommended against [him].*”
6. By a letter dated 11 April 2024, the HKU Medical Faculty Secretary further provided the Council Secretary with a copy of the “*Investigation Panel Report on An Anonymous Complaint Against an Honorary Consultant (Anaesthesia), QMHP*” prepared by a Joint Investigation Panel set up by HA

and the HKU Medical Faculty.

7. According to the Investigation Panel Report, “[t]here were 9 dispensing records found in relation to DD [dangerous drug] prescribed for Prof IRWIN by... doctors with prescription date covering the period from 23.2.2022 to 27.7.2022 but with no corresponding out-patient attendance records.”. Save for two prescriptions for which the doctor involved “confirmed that there is a doctor-patient relationship... [and the] 2 prescriptions... were prescribed after he had assessed the condition of Prof IRWIN”, “Prof IRWIN confirmed that he had asked the [other doctors involved] to prescribe drugs for him. He admitted that he had prescribed the DDs by himself after they logged into their CMS account, without informing them that DDs were prescribed. Prof IRWIN claimed that the drugs were for his own use as clinically indicated and had not provided the drugs to anybody else, though he admitted that he has bypassed the normal process out of convenience.”
8. The Investigation Panel Report concluded, *inter alia*, that:-

“... ”

10. *Based on the information provided..., Prof IRWIN has flare up of back pain despite the previous spine surgery. The DDs were prescribed by the orthopaedic team taking care of him. Prof IRWIN found the DDs helpful to relieve his pain and wanted to continue taking them. From the perspective of pain specialist, the dosage prescribed were considered appropriate and not “excessive” ... As Prof IRWIN said that he did not give the DDs to anybody else, and if he took the DDs all by himself, based on the dosages prescribed, there is nil element of drug abuse.*

“... ”

12. *The panel considered Prof IRWIN had not used the appropriate channel to obtain drug treatment for his medical illness through a proper medical consultation process. The drugs he obtained include oxycodone (DD) and Buprenorphine (Part 1 poison).”*

Burden and Standard of Proof

9. We bear in mind that the burden of proof is always on the Secretary 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 in the balance of probabilities.
10. There is no doubt that each of the allegations made 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 charges against the Defendant separately and carefully.

Findings of the Inquiry Panel

11. The Defendant accepts that “*between April 2022 and July 2022: (a) he obtained oxycodone hcl (oxycodone) which is a dangerous drug without undergoing proper clinical assessment; and (b) he obtained buprenorphine (hcl) (temgesic) which is a Part 1 poison without undergoing proper clinical assessment.*”
12. The Defendant also accepts that he obtained oxycodone and buprenorphine inappropriately in that they were obtained (i) “*without undergoing proper clinical assessment*”; and (ii) in breach of the relevant HA Guidelines.
13. In our view, the manner in which the Defendant obtained oxycodone and buprenorphine was inappropriate. Indeed, when being investigated by HA and HKU Medical Faculty, the Defendant acknowledged that he had bypassed the normal process out of convenience.

14. It was clearly stated in the Guidelines on Proper Prescription and Dispensing of Dangerous Drugs, which were annexed to the Code of Professional Conduct (2016 edition)(“the Code”), that:-

“A. Application of Guidelines

...

2. *These guidelines reflect currently accepted professional standards on the use of Dangerous Drugs in the local context, and are intended to provide general guidance to medical practitioners for the promotion of good clinical practice.*
3. *The Practice Directions at the Annex below should be followed. Breach of these directions may be construed as improper use of Dangerous Drugs.*

B. General Principles

...

4. *Dangerous Drugs should only be prescribed after proper clinical assessment and diagnosis.*

...”

15. In obtaining oxycodone and buprenorphine inappropriately and without undergoing proper clinical assessment, the Defendant had in our view by his conduct in this case 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 charges (a) and (b).

Sentencing

16. The Defendant has a clear disciplinary record.
17. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and not contesting the issue of misconduct in a professional respect.

18. 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.
19. We appreciate that the Defendant receives tremendous support from his peers in Hong Kong and abroad; and he has contributed a lot to the field of anaesthesiology over three decades.
20. The Defendant told us in his letter of apology that he had reviewed the relevant Guidelines in the Code and Guidelines of HA to “*ensure my understanding and compliance with [them] at all times*”; and he “*now always ensure that I undergo a proper clinical assessment before obtaining medicines from any doctor.*”. We believe that the Defendant has learned his lesson and the chance of his committing the same or similar breach in the future would be low.
21. 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 that the Defendant be reprimanded.

Remark

22. The name of the Defendant is included in the Specialist Register under the Specialty of Anaesthesiology. It is for the Education and Accreditation Committee to consider whether any action should be taken in respect of his specialist registration.
23. We wish to emphasize that prescription of dangerous drug(s) and Part 1 poison to oneself without undergoing proper clinical assessment is a serious matter. But for the peculiar circumstances of this case, including the Investigation Panel’s finding that “*there is nil element of drug abuse*”, the Defendant is going to face a heavier sanction.

Dr YEUNG Hip-wo, Victor
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong