香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr NG Wai Cheong (吳維昌醫生) (Reg. No.: M04730)

Date of hearing: 30 January 2026 (Friday)

Present at the hearing

Council Members/Assessors:	Prof. TANG Wai-king, Grace, SBS, JP (Chairperson of the Inquiry Panel) Prof. LAM Chiu-wa, Linda Dr WONG Mo-lin, Maureen Ms LIU Lai-yun, Amanda Mr LAM Ho-yan, Mike
Legal Adviser:	Mr Edward SHUM
Defence Solicitor representing the Defendant:	Mr Chris HOWSE of Messrs. Howse Wiliams
Legal Officer representing the Secretary:	Ms Mavis LAM as instructed by Department of Justice

The Charges

1. The charges against the Defendant, Dr NG Wai Cheong are:

> *"That on or about 3 December 2004 and 4 December 2004, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, [redacted] ("the Patient"), deceased, in that he:*
>
> *(a) improperly repeated the administration of intravenous injections of Dormicum and Valium to the Patient for treatment of insomnia without proper continuous assessment*

and/or monitoring;

(b) improperly used high dosage of, and/or intravenous injection of, benzodiazepines for treatment of insomnia of the Patient; and/or

(c) failed to properly refer the Patient to other specialist(s) for consultation, psychiatric assessment and/or treatment of insomnia when the circumstances so warranted.

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 from 26 July 1982 to the present. His name had been included in the Specialist Register of Internal Medicine since 8 July 1998.

3. Briefly stated, the Patient first consulted the Defendant on 2 July 1988 for running nose and coughing. Starting from 18 December 1991, the Patient consulted the Defendant on numerous occasions until he passed away at the Hong Kong Sanatorium & Hospital ("HKS&H") on 4 December 2004.

4. According to the findings of Poon J (as he then was), the trial judge of the contentious probate proceedings involving the estate of the Patient which we gratefully adopt:-

"*5. [The Patient]… was not a healthy man. He had a number of chronic medical conditions including anxiety, diabetes and gastrointestinal problems since the late 1980s. He had a stroke in 1998. He was admitted into hospital, usually for a night or two, on numerous occasions between 1998 and 2004. He was on long term medication prescribed by several doctors for many years.*

…

220. …The court is loaded with extensive records of the Patient's hospital's admissions, clinical records from the treating doctors and drug prescriptions over the years, and a variety of CT scans, MRI and MRA films of his brain at different times. A brief survey of these records reveals a general picture of an unhealthy man, who had since 1990s persistently suffered from

> *poorly controlled diabetes mellitus, hypertension, asymptomatic hyperlipidemia, anxiety neuroses and chronic insomnia… Between 2000 and 2004, he was admitted to hospital on 28 occasions, 5 of which were in 2003 and 14 in 2004. He was prescribed a variety of drugs for his various conditions, including psychotropics and hypnotics for anxiety and insomnia.*"

5. We also learned from reading the Judgment of Poon J that the Defendant was the doctor who certified the Patient's testamentary capacity before he executed his last Will on 5 June 2003.

6. The present case relates to what happened after the Patient's admission to HKS&H on 3 December 2004 under the care of the Defendant.

7. The complaint against the Defendant was brought by the solicitors who acted for the plaintiffs in the said probate action; and one of the issues before Poon J was whether the Patient had the testamentary capacity at the time of the execution of his last Will on 5 June 2003.

8. Briefly stated, the Patient was admitted to HKS&H on 3 December 2004 because of insomnia. Pursuant to the instructions of the Defendant, the Patient was given repeated doses of Dormicum and Valium intravenously during his stay at HKS&H. The last injections of Dormicum and Valium were given shortly after 6:30 p.m. on 4 December 2004. At around 10:00 p.m. on 4 December 2004, the Patient developed a cardiac arrest. Despite resuscitation, the Patient succumbed and was certified dead at 10:30 p.m. in the same evening.

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 on the balance of probabilities.

10. There is no doubt that the allegations against the Defendant here are serious ones. 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

11. The Defendant admits that the factual particulars of the disciplinary charges against him and indicates through his solicitor that he is not going to contest the issue of professional misconduct. It remains however for us to consider and determine on the evidence before us whether he has been guilty of misconduct in a professional respect.

12. It was clearly stated in the Guidelines on Proper Prescription and Dispensing of Dangerous Drugs, which were annexed to the Code of Professional Conduct (2000 edition) ("the Code"), that:-

> "***A. Application of Guidelines***
>
> *1. This set of guidelines applies to the use of opioids, such as… benzodiazepines, such as… Valium … Dormicum… and other psychoactive agents… with known potential for abuse.*
>
> …
>
> *2. These guidelines reflect currently accepted professional standards on the use of such agents 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 under Section (E) should be followed. Breach of these directions may be construed as improper use of dangerous drugs.*
>
> ***B. General Principles***
>
> …
>
> *4. Such drugs should only be prescribed after proper clinical assessment and diagnosis.*
>
> …

6. *Simultaneous use of multiple psychoactive agents should be properly assessed and justified. Justification should be clearly documented.*

...

C. Use in Drug Dependence

Doctors who use opioids or other psychoactive agents for the management of patients dependent on such drugs should ensure the following:

1. *They should have relevant training or experience in the management of drug dependence.*

...

4. *Patients dependent on psychoactive agents should be ensured attentive and conscientious care by the attending medical practitioner. Medical practitioners must know their limitations.*

5. *In every case, the attending doctor should assess the patient thoroughly, formulate a suitable management plan, keep an adequate medical record concerning the treatment provided to the patient and monitor the outcome.*

...

E. Practice Directions for Selected Agents

The following Practice Directions for selected agents should be followed.

1. *<u>Practice Directions for use of benzodiazepines</u>*

a. *Initial assessment of the patient should include:*

   i. *proper history and examination*
   ii. *appropriate investigation*
   iii. *proper diagnosis and/or diagnostic formulation*
   iv. *education and counselling*

...

e. For repeated and/or prolonged prescription, there should be a clearly documented management plan.

f. If the duration of initial treatment is likely to be prolonged, the patient should be properly reassessed periodically. Alternative methods of therapy, if any, may be offered. In case of clinical problems which cannot be adequately dealt with, expert advice should be sought, or patients be referred to appropriate specialists or programmes.

...

k. Simultaneous use of multiple benzodiazepines should be prescribed with caution and its justification should be documented…"

13. In response to the complaint against him, the Defendant admitted to the Preliminary Investigation Committee in his medical report dated 4 December 2019 that "*[t]he Patient suffered from long-term insomnia and chronic anxiety.*" According to the Defendant, when he first attended the Patient at HKS&H "*at about 19:35, I discussed with the [P]atient the reason why he could not sleep and the duration of his insomnia. Other than insomnia and headache for a few days, he had no other complaint. The [P]atient confided to me that he had lost a lot of money in an investment and he was "stressed out*"… *He desperately needed to sleep so he admitted himself to the Hospital.*"

14. We agree with Dr CHUNG, the Secretary's expert witness, that "*[t]here is no indication of increasing the dosage of hypnotics for patients who develop tolerance to its effect as the dose escalation can lead to further tolerance and abuse, and definitely no indication for intravenous injection of benzodiazepines.*" We also agree with Dr CHUNG that "*monitoring for 10 minutes after each intravenous injection of benzodiazepines, four-hourly on respiratory rate, blood pressure and pulse, and twice-daily on temperature are inadequate to cover the potential side effects of repeated intravenous injections of high dosage of benzodiazepines.*"

15. We are satisfied on the evidence before us that the Defendant improperly repeated the administration of intravenous injections of Dormicum and Valium, both of which are benzodiazepines, to the Patient for treatment of insomnia without proper continuous assessment and/or monitoring. In

doing so, the Defendant has 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 charge (a).

16. We agree with Dr CHUNG that "*[i]ntravenous injection of benzodiazepines has no place in the treatment of insomnia… The risks outweighed the benefits in the use of intravenous benzodiazepines for insomnia.*" Given our finding in respect of disciplinary charge (a), we are also satisfied on the evidence before us that the Defendant had improperly used high dosage of, and/or intravenous injection of, benzodiazepines for treatment of insomnia of the Patient. In doing so, the Defendant had in our view by his conduct 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 charge (b).

17. In our view, the Defendant ought to know his limitation and refer the Patient to other specialists who could make the appropriate assessment and properly treat the underlying cause(s) of his insomnia.

18. In failing to properly refer the Patient to other specialists for consultation, psychiatric assessment and/or treatment of insomnia when the circumstances so warranted, the Defendant has in our view by his conduct in this case fallen below in the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of misconduct in a professional respect as per disciplinary charge (c).

Sentencing

19. The Defendant has a clear disciplinary record.

20. 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.

21. 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.

22. We are told in mitigation that in order to refresh his knowledge and understanding, the Defendant had since the incident studied various guidelines and medical literature on safe prescription of sleeping medications and common psychiatric drugs.

23. We are particularly concerned that the Defendant improperly used high dosages of intravenous injection of benzodiazepines without proper continuous assessment and monitoring. The Defendant was merely trying to alleviate the Patient's repeated complaints of insomnia.

24. 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 name of the Defendant be removed from the General Register for a period of 18 months. We further order that the operation of our removal order be suspended for a period of 30 months.

Remark

25. The name of Defendant is included in the Specialist Register under the Specialty of Internal Medicine. It is for the Education and Accreditation Committee to consider whether any action should be taken in respect of his specialist registration.

Prof. TANG Wai-king, Grace, SBS, JP
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong