

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr WU Stephen Zee Kee (胡子奇醫生) (Reg. No.: M05558)

Date of hearing: 15 April 2026 (Wednesday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel
(Chairperson of the Inquiry Panel)
Dr Pierre CHAN
Dr CHAN Shing-chee, Symphorosa
Mr WONG Hin-wing, Simon, MH, JP
Ms MA Man-chi

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Mr Bernard Murphy of Messrs. Howse
Williams

Legal Officer representing the Secretary: Miss Katrina CHAN, Government
Counsel

The Charges

1. The charges against the Defendant, Dr WU Stephen Zee Kee, are:

“The particulars of the complaint are that he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] (“the Patient”), deceased, in that he:-

- (a) *on or about 23 January 2022, failed to arrange proper and/or sufficient clinical assessment and/or investigations for the Patient in light of her hyponatraemia and/or abnormal renal function test results;*
- (b) *on or about 23 January 2022, failed to make referral for the Patient to a specialist in internal medicine; and/or*
- (c) *on or about 24 January 2022, failed to make referral for the Patient to a respiratory physician and/or public hospital.*

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 18 January 1985 to the present. His name has never been included in the Specialist Register.
3. The Defendant admits the factual particulars of the disciplinary charges against him.
4. Briefly stated, the Patient, then 90 years of age, attended the Outpatient Clinic of the Hong Kong Adventist Hospital at Tsuen Wan on 21 January 2022 and was seen by the Defendant. The Patient complained of fever for one day and passage of smelly urine. The Defendant learned from the Patient and her family that she was seen by another general practitioner and taking cefuroxime 250mg bd with 3 doses already taken. The Defendant made a diagnosis of “*occult infection / suspected UTP*” and arranged blood and Covid tests for the Patient.
5. Results of blood tests reported at 14:13 hours later in the afternoon of 21 January 2022 revealed, amongst others, a grossly elevated CRP (C Reactive Protein) of 121.8 mg/L (normal is <5.0), suggestive of acute bacterial infection.
6. The Patient returned to see the Defendant on 23 January 2022 and persistent fever was noted. Upon the Defendant’s advice, the Patient was hospitalized for further investigations of the source of infection.

7. Repeated blood tests later in the same day revealed CRP further increased to 169.9 mg/L while sodium dropping to 122 mmol/L with Creatinine 109 umol/L and eGFR at 42 mL/min. It was also noted in the Report on Chest X-ray that *“Mild increased lung markings are seen at bilateral upper zones, [which] could be infection / inflammation. Please correlate.”*
8. According to his clinical notes, the Defendant was informed of the results of the blood tests at 17:09 hours in the afternoon of 23 January 2022. Then at 08:24 hours in the morning of 24 January 2022, the Defendant was *“informed about urine routine microscopy result (no evidence of UTI), and [the Patient had] high fever in the early hours”*; and he made the verbal order to *“[d]iscontinue Invanz, start IV Sulparazone 1 g every 12 hours.”* It was also recorded in his clinical notes at 12:10 hours that *“Fever this morning decreased SaO2 (oxygen saturation)... O2 give result SaO2 97%... Increased crackles and sputum sound mostly in right chest...”*
9. The Defendant made a conclusive diagnosis of chest infection and ordered, amongst others, *“[c]hest physiotherapy”* and *“nasopharyngeal swab for pneumonia for PCR panel, sputum x culture if available.”*
10. Nasopharyngeal swab came back positive for *Pseudomonas aeruginosa* later in the evening of 24 January 2022. And in the ward round clinical notes at 20:45 hours, the Defendant put down *“Discussed with daughter informed of clinical findings and present treatment. Patient will take time and because of old age, prognosis may be compromised.”* The Defendant also made the treatment for blood being taken in the next day for CRP and RFT (renal function test).
11. On 25 January 2022, the Patient was found by the physiotherapist at 10:11 hours *“to be drowsy with response”*. The Defendant was informed and he attended the Patient at 10:30 hours. In his clinical notes, the Defendant put down, amongst others, *“Impression chest infection (pseudomonas aeruginosa), underlying CAD? Plus minus cardiac failure?”* However, the Patient’s clinical conditions continued to deteriorate. With the consent of her family, the Patient was referred to a Specialist in Cardiology for consultation and her care was subsequently transferred from the Defendant to a pulmonologist and intensivist later in the afternoon of 25 January 2022.
12. Despite intensive care, the Patient’s clinical conditions continued to deteriorate and she passed away on 28 January 2022.
13. The Patient’s daughter subsequently lodged this complaint against the Defendant with the Secretary of the Medical Council.

Burden and Standard of Proof

14. 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.
15. 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

16. The Defendant admits the factual particulars of the disciplinary charges against him and indicates through his solicitor that he is not going to contest the issue of misconduct in a professional respect. It remains for us to consider and determine on all the evidence before us whether the Defendant has by his conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong.
17. It is the unchallenged opinion of the Secretary's expert witness, Professor LEE, which we accept, that:-

“...The [Defendant] was informed of hyponatraemia at 17:09 [hours on 23 January 2022] and also CPR level increased to 169, and RFT showed decline with decreased eGFR and raised urea and creatinine... The [Defendant] ordered infusion of N Saline to correct the low sodium. The next step should investigate the cause of hyponatraemia...

...With sodium level of 122 mmol/L, the Patient should be assessed for symptoms of low sodium such as fatigue, headache, and muscle cramps to altered mental status, and also detail history to explore possible causes of hyponatraemia and physical examination should assess volume status and neurological status.

...Plasma and urine osmolarity, urine sodium concentration, and other tests to investigate possible causes should be arranged. General practitioner should consider referral to internal medicine specialist for opinion unless s/he has substantial experience in internal medicine.”

18. Having been informed of the results of blood tests in the evening of 23 January 2022, the Defendant merely made the verbal order for “*Normal saline 1 L Q18H and azithromycin 500 mg daily by mouth*” to be given to the Patient; and “*Informed [the Patient’s] daughter, need to repeat CRP earlier today and 2 days later.*”
19. In failing to arrange on or about 23 January 2022 proper and/or sufficient clinical assessment and/or investigations for the Patient in the light of her hyponatraemia and/or abnormal renal function test results, the Defendant has 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 the disciplinary charge (a).
20. It is also the unchallenged opinion of the Secretary’s expert witness, Dr LAM, which we accept, that:-

“... Madam [REDACTED] was 9[0] years old with multiple chronic conditions, including hypertension, impaired fasting glucose, hyperlipidemia; cardiac failure, moderate AS/mild AR; mild MR/TR compatible with pulmonary hypertension. When she was seen on 21 Jan 2022, she had had fever of at least one-day duration. In addition, she already had had three doses of cefuroxime. If a clinical diagnosis of urinary tract infection was suspected, a urinalysis and a MSU would have been helpful. When the CRP of 121.8 mg/L became available, the possibility of a serious infection of an elderly patient with multiple medical conditions should alert the attending physician of the need of an early review of the patient and consideration of a referral to specialist Internists.

...When the patient was seen again on 23 Jan 2022, the persistent fever, further elevation of CRP and abnormal CXR suggestive of infection, together with hyponatremia of 122 mmol/L were all pointing to the immediate need of intensive treatments by an experienced Internist, beyond the usual capabilities of most primary care doctors unless the attending physician had had extensive training and experience in in-patient care of seriously ill patients.”

21. Through his solicitor, the Defendant told us that whilst he had some 40 years’ experience in primary care for patients with serious illness, he agreed with the benefit of hindsight after studying the two experts’ opinion that he should have referred the Patient to a specialist in internal medicine earlier.

22. And in failing to make on or about 23 January 2022 referral for the Patient to a specialist in internal medicine, the Defendant has 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 the disciplinary charge (b).
23. It is again the unchallenged opinion of Professor LEE, which we accept that:-
- “...Pseudomonas aeruginosa is a rare cause of community acquires sepsis except in immunocompromised patients, or patients with structural lung disease... Initial management is often suboptimal due to the severity of pseudomonal sepsis and increased antimicrobial resistance...*
- ... Referral to respiratory physicians with experience in managing Pseudomonas aeruginosa pneumonia should be desirable or referral to public hospital.”*
24. In this case, nasopharyngeal swab done on 24 January 2022 came back positive for Pseudomonas aeruginosa later in the evening. And we agree with Professor LEE that:-
- “... When the Patient was found to have Pseudomonas aeruginosa pneumonia on 24 January 2022 and the clinical conditions did not improve significantly, the [Defendant] should consider referral to respiratory physician or discussed with the family for referral to public hospital.”*
25. When being asked, the Legal Officer clarified with us that what “referral to...a public hospital” in disciplinary charge (c) means is for “referral to a public hospital for treatment by a specialist in respiratory medicine.”
26. We agree that the Defendant should refer the Patient to a suitable specialist on 24 January 2022. But so long as the specialist possessed the necessary expertise to manage the Patient, it does not matter in our view whether he or she is a specialist in respiratory medicine or internal medicine.
27. For these reasons, we are not satisfied on the evidence that in failing to make a referral on 24 January 2022 for the Patient to a respiratory physician and/or public hospital for treatment by a specialist in respiratory medicine, the Defendant has by conduct in this case fallen below the standards expected of

registered medical practitioners in Hong Kong. Accordingly, we find the Defendant not guilty of misconduct in a professional respect as per the disciplinary charge (c).

Sentencing

28. The Defendant has one disciplinary record for failure back in 2019 “*to conduct proper investigations and/or clinical management in respect of the Patient’s respiratory tract infection symptoms in that he failed to arrange for chest x-ray in a timely manner*”; and he was ordered to be reprimanded by the Inquiry Panel after due inquiry on 22 November 2022.
29. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and cooperation throughout these disciplinary proceedings.
30. We appreciate 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 the public confidence in the medical profession by upholding its high standards and good reputation.
31. We are particularly concerned that realizing the results of blood tests after they were made known to him in the evening of 23 January 2022, the Defendant still failed to conduct proper and/or sufficient clinical assessment and/or investigation for the causes of hyponatraemia and abnormal renal function of the Patient, who was then 90 years old with multiple chronic conditions.
32. We are told in mitigation that the Defendant had reviewed and considered the reports of the Secretary’s experts and the medical literatures attached. He had also engaged in self-study and reviewed additional medical literature on diagnosis and management of sodium disorders and of hyponatraemia. He further attended a number of CME courses relating to respiratory tract disease or infection.
33. It is important in our view for any registered medical practitioner to acknowledge his or her limitation; and to make prompt referral for his or her patient to consult an appropriate expert as and when it becomes necessary.

34. Taking into consideration the nature and gravity of this case, we shall make a global order in respect of disciplinary charges (a) and (b) that the name of the Defendant be removed from the General Register for a period of 1 month. We further order that our removal order be suspended for a period of 12 months.

Dr CHOI Kin, Gabriel
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong