

香港醫務委員會

**The Medical Council of Hong Kong**

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

Date of hearing: 21 October 2009, 29 October 2009, 22 November 2009  
and 20 December 2009

Defendant: Dr LI Wang Pong Franklin (李宏邦醫生)

1. The charges alleged against Dr LI Wang Pong Franklin are that:

“On or about 28 August 2003, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, the late Madam [REDACTED], also known as [REDACTED] (“the patient”), or otherwise neglected his professional duties to the patient who was under his care, in that:

- (a) he failed to keep proper record of medical history and personal details of the patient;
- (b) he performed a liposuction procedure on the patient (“the procedure”) when he was not conversant with contemporary resuscitation procedures;
- (c) he used a combination of drugs, namely Dormicum, Diprivan, Fentanyl and Rapifen, when he was not conversant with the “Guidelines for Safety in Sedation for Diagnostic and Minor Surgical Procedures” published by the Hong Kong College of Anaesthesiologists (Policy document P2, reviewed in February 2002);
- (d) he failed to maintain an optimal standard of monitoring the patient’s condition when a combination of drugs, namely Dormicum, Diprivan, Fentanyl and Rapifen, were used; and

- (e) he failed to maintain an optimal provision of facilities available for resuscitation, if necessary, when a combination of drugs, namely Dormicum, Diprivan, Fentanyl and Rapifen, were used.

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

2. The Defendant applied for stay of the proceedings on the ground of lapse of six years after the incident in 2003 which prejudiced the Defendant because of degradation of memory about the incident. The Council rejected the application as the Defendant had many opportunities and need to recall and recount on details of the incident in preparation for and during the Coroner’s inquest. The Council does not accept that the Defendant is prejudiced from a fair hearing owing to the lapse of time.

Facts of the case

3. Dr. Li qualified as a registered medical practitioner in 1956 in Hong Kong. At all material times, Dr. Li was a registered medical doctor in Hong Kong.
4. Madam [REDACTED] (“Madam [REDACTED]”) had a Hong Kong Identity Card issued on 4th August 1987 showing her date of birth as 19th December 1932. Madam [REDACTED] had been a patient of Dr. Li’s since 1978. She was recorded in September 1978 as aged “38” under the name “[REDACTED]” (or transliterated as “[REDACTED]”) in her clinical records maintained by Dr. Li throughout the years up to her death in August 2003.
5. On 28 August 2003, Madam [REDACTED] died in the course of a scheduled abdominal liposuction procedure performed by Dr. Li at his clinic located in Room 340, Tung Ying Building, Tsim Sha Tsui. On that occasion, Dr. Li administered a combination of drugs intravenously to Madam [REDACTED], namely fentanyl, midazolam (Dormicum), diprivan (Propofol) and alfentanil (Rapifen) and an abdominal injection of about 200-300 mL of a local anaesthetic solution consisting of 10 mL 1% lignocaine (Xylocaine) diluted in normal saline (500ml), into Madam [REDACTED]’s peri-abdominal fat.
6. Madam [REDACTED] had received around 17 minor plastic surgical procedures from Dr. Li since 1978. Of the drugs administered to Madam [REDACTED], on 28 August, 2003, diprivan (Propofol) had been recorded as being administered for an upper face

lift on 10 January 2002 and for upper and lower eyelid surgery on 28 April 2003, and diprivan (Propofol) and midazolam (Dormicum) were recorded as being administered together for a facelift on 23 August 2002.

7. On 19 August 2003, Madam [REDACTED] consulted Dr. Li about a liposuction procedure on her abdomen. In that consultation, Dr. Li prescribed her with two tablets of ofloxacin (Tarivid) and made an appointment with her to carry out a liposuction procedure on 28 August 2003.
8. At or around 10.00 a.m. on 28 August 2003, Madam [REDACTED] arrived at Dr. Li's clinic. At or around 10.15 a.m., one of two nurses at Dr. Li's clinic, Tang Lai Sheung Kimmy ("Nurse Tang"), reported for duty at the clinic. After taking a few minutes to complete the handling of another patient Dr. Li was attending at the time, Nurse Tang set about preparing the following for the intended liposuction procedure on Madam [REDACTED], viz. one ampoule of fentanyl 2 ml, one ampoule of midazolam (Dormicum) 1 ml, one ampoule of diprivan (Propofol), one ampoule of alfentanil (Rapifen) 2ml, and a mixture of diluted local anaesthetic solution containing 10 ml of 1% lignocaine (Xylocaine) in 500 ml of normal saline.
9. Madam [REDACTED] was received in an adjoining consultation room alone by Dr. Li where Dr. Li took a brief history, pulse and blood pressure. After that, Madam [REDACTED] was led to the operation room and instructed to lie supine on the surgical table. The other nurse at Dr. Li's clinic, Yip Wai Kuen ("Nurse Yip") had also by then reported for duty and proceeded to prepare Madam [REDACTED]'s abdomen for surgery. Then, with the assistance of Nurse Yip, Dr. Li commenced the procedure by, not necessarily in the following order:
  - (a) cannulating a vein in Madam [REDACTED]'s right forearm and injecting fentanyl, midazolam (Dormicum) and diprivan (Propofol);
  - (b) administering alfentanil (Rapifen) intravenously; and
  - (c) injecting by stages into the subcutaneous abdominal fat, a mixture of diluted local anaesthetic solution containing lignocaine (Xylocaine) in saline.

At some stage after the above, Madam [REDACTED] suddenly became unconscious, pulseless and stopped breathing.

10. Dr. Li immediately performed mouth-to-mouth resuscitation on Madam [REDACTED] while Nurse Tang gave external chest compression (basic life support). Dr. Li

asked Nurse Yip to summon Dr. Wong Cho Yiu (“Dr. Wong”), a practising cardiologist in Room 317 of the same building, for assistance. Nurse Yip went to Dr. Wong’s clinic but Dr. Wong was on leave. Nurse Yip found and returned with Dr. Chow Tak Hau Cyrus (“Dr. Chow”), who was also a practising cardiologist in Room 120 of the same building.

11. Upon arrival, Dr. Chow briefly enquired about the situation and then proceeded to ascertain Madam ██████’s condition by feeling her pulse. Dr. Chow saw that Dr. Li was not using a respirator. Dr. Chow rang his clinic and asked his nurse to bring his Ambu bag to Dr. Li’s clinic. When the Ambu bag arrived, Dr. Chow immediately applied the Ambu bag to Madam ██████’s face and ventilated her lungs while Dr. Li took over external chest compression. However, Madam ██████ did not show any response.
12. Dr. Li instructed a nurse to call his wife to arrange an emergency ambulance through the St. John Ambulance Service. After the ambulance officers arrived, they took over the resuscitation and administered oxygen to Madam ██████ and attached a cardiac monitor which they brought along with them. Then, the ambulance took Madam ██████ to Queen Elizabeth Hospital. Madam ██████ was certified dead after arrival.

### Council’s findings

#### Charge (a)

13. Having considered the evidence from both sides, we are satisfied that the Defendant failed to keep proper record of medical history and personal details of the patient.
14. The medical records kept by the Defendant did not contain the patient’s weight, blood pressure, pulse and appropriate medical history. These are important information that should be obtained and recorded by a doctor who performs surgical procedures on a patient under sedation to ensure proper care and safety of the patient.
15. The quality of the medical records is a direct reflection on the quality of medical practice. To achieve and maintain a high standard of medical practice, proper medical documentation is essential. All doctors have a responsibility to maintain clear, accurate, adequate and contemporaneous medical records of their patients.

Systematic record keeping helps in ensuring patients' problems are followed and properly looked after.

16. The Council is satisfied that the conduct of the Defendant has fallen short of the standard expected amongst registered medical practitioners. The Defendant's conduct constitutes misconduct in a professional respect. The Council finds the Defendant guilty of Charge (a).

#### Charge (b)

17. Being conversant with contemporary resuscitation procedures entails both the knowledge and the capability to apply that knowledge in relevant situations.
18. The evidence showed that the Defendant had not demonstrated the required capability to perform resuscitation when necessary, as he had not even made appropriate preparation for the necessary resuscitation equipment to be ready for use before the start of the surgical procedure. The only fair and reasonable inference was that he was not conversant with the contemporary resuscitation procedure.
19. A doctor owes a professional duty to patients under his care. In this context, a surgeon performing surgical procedure on a patient under sedation has to ensure that the necessary and appropriate resuscitation procedure can be applied in a timely manner in an emergency. This is especially germane when the sedation used has the potential of depressing the central nervous system.
20. The Council is satisfied that the facts of Charge (b) have been proved. The Defendant's conduct has fallen short of the standard expected and his conduct constitutes misconduct in a professional respect. The Council finds the Defendant guilty of Charge (b).

#### Charge (c)

21. The Council does not take the "Guidelines for Safety in Sedation for Diagnostic and Minor Surgical Procedures" published by the Hong Kong College of Anaesthesiologists (Policy document P2, reviewed in February 2002) literally. The Council is concerned with the substance of the guidelines and not with the specific document.

22. The substance includes the needs (a) to monitor the oxygen content in a patient's blood at all times before and during sedation; and (b) of adequate equipment for cardiopulmonary resuscitation, including oxygen with a suitable delivery system and a means of inflating the lungs.
23. The Council considers the monitoring of oxygen content in the patient's blood important. It is equally important that adequate equipment for cardiopulmonary resuscitation, including oxygen with a suitable delivery system and means of inflating the lungs should be made available in a timely manner in an emergency.
24. The Council is satisfied that the facts of Charge (c) have been proved. The Defendant's conduct has fallen short of the standard expected and his conduct constitutes misconduct in a professional respect. The Council finds the Defendant guilty of Charge (c).

Charge (d)

25. The Council takes the view that an optimal standard is not to be taken as the ideal standard. The Council takes an optimal standard to mean the standard reasonably expected and required of registered medical practitioners.
26. Such standard calls for, among other things, the use of an oximeter. In this respect, the Council is not able to infer conclusively from the evidence as to whether an oximeter was used.
27. The Council gives the Defendant the benefit of the doubt and finds the Defendant not guilty of Charge (d).

Charge (e)

28. The Council takes the view that an optimal standard is not to be taken as the ideal standard. The Council takes an optimal standard to mean the standard reasonably expected and required of registered medical practitioners.

29. The Council finds that the Defendant did not maintain a reasonable provision of facilities available for resuscitation when a combination of drugs, namely Dormicum, Diprivan, Fentanyl and Rapifen, were used.
30. The Council finds that the evidence indicates that such facilities were not made available for use in a timely manner in an emergency.
31. The Council is satisfied that the facts of Charge (e) have been proved. The Defendant's conduct has fallen below the standard expected and his conduct constitutes misconduct in a professional respect. The Council finds the Defendant guilty of Charge (e).

### Sentencing

32. The Defendant has a clear record. Apart from this, there is no other mitigating factor of weight.
33. On Charge (a), we order the Defendant be reprimanded.
34. On Charge (b), the lack of the required capability to perform resuscitation puts patients at risk when they are put under sedation for surgery. Having regard to the gravity of the case, we order the Defendant's name be removed from the General Register for five months.
35. On Charge (c), the lack of familiarity with the safety measures required for procedures performed under sedation resulted in the failure to make adequate equipment for cardiopulmonary resuscitation, including oxygen with a suitable delivery system and means of inflating the lungs, available in a timely manner in an emergency. This puts patients at risk when they are sedated for surgery. Having regard to the gravity of the case, we order the Defendant's name be removed from the General Register for five months.
36. On Charge (e), the failure to make the facilities for resuscitation available in a timely manner in an emergency when a combination of drugs capable of depressing the central nervous system is administered puts patients at risk. Having regard to the gravity of the case, we order the Defendant's name be removed from the General Register for five months.
37. The removal orders for Charges (b), (c) and (e) shall be served concurrently.

38. We have considered whether it is appropriate to suspend the sentences. We do not consider this to be a suitable case for suspension.

Prof. Felice Lieh-Mak, CBE, JP  
Chairman, Medical Council