

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Date of hearing: 30 March 2010
Defendant: Dr WONG Wai Chung (黃偉忠醫生)

1. The charge alleged against Dr WONG Wai Chung is that:

“On 30 April 2006, he, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam [REDACTED], in that he advised the patient to undergo dilatation and curettage to terminate pregnancy on the ground of miscarriage without ensuring that the foetus was dead.

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

Facts of the case

2. The name of the Defendant is included in the General Register since 25 January 1996. The Defendant is a registered specialist in obstetrics and gynaecology with the Medical Council of Hong Kong since 4 January 2006.
3. Madam [REDACTED] (the “Patient”) attended the Defendant at St. Teresa’s Hospital on 30 April 2006. She was pregnant. There was a little brownish secretion from her vagina on 29 April 2006.
4. It was her first pregnancy. The Patient had no significant past gynaecological or medical history. She reported that her last menstrual period had commenced on 18 March 2006 which gave a gestational age of 6 weeks and 2 days.
5. The Patient had a prior ultrasound examination on 27 April 2006 by another doctor, which revealed a gestational sac of 0.97 x 0.87 x 0.23 cm with a single

intrauterine foetal pole with a crown-to-rump length of 0.32 cm. There was no mention of the viability of the foetus during this examination. A certificate of pregnancy was given to the Patient after this examination which certified that the Patient was pregnant with expected date of confinement on 25 December 2006.

6. The Defendant performed a physical examination and found that the Patient's abdomen was soft. He performed a transvaginal USG. He told the Patient that as her bladder was slightly full, the foetus was not identified. The Defendant therefore attempted a transabdominal USG, then asked the Patient to empty her bladder and tried the transvaginal approach once more.
7. After completion of the second transvaginal USG examination, the Defendant identified a single, apparently collapsed intrauterine sac. He told the Patient that he had located the foetus but no foetal heartbeat could be identified and the foetal sac was collapsed.
8. The Defendant explained to the Patient that the foetal sac shown in the images was collapsed, so the foetus had no life anymore. He told the Patient that he could immediately perform a dilatation and curettage for the Patient in the afternoon on that day (30 April 2006).
9. The Patient consulted her friend who was a medical intern over the phone and then asked the Defendant what if no dilatation and curettage were performed. Then the Patient requested the Defendant to write a referral letter to the Accident & Emergency Department. On the Patient's request, the Defendant wrote a referral letter and gave it to the Patient.
10. The Patient attended two consultations at the Early Pregnancy Assessment Clinic of Queen Elizabeth Hospital on 2 May 2006 and 16 May 2006. According to the Discharge Summary, the diagnosis made at the consultation on 2 May 2006 was foetus with uncertain viability. The pregnancy was confirmed as viable on 16 May 2006 at a gestation of 8 weeks. The Patient subsequently gave birth to a healthy infant.
11. These facts are not disputed.

Evidence of the Expert Witness

12. Dr. Mok Ka Ming Charles was called as an expert witness by the Legal Officer. His opinion included the following:
 - (i) A diagnosis of miscarriage (missed miscarriage) cannot be made from the clinical information provided by the medical notes
 - (ii) The logical management would have been to repeat the USG one to two weeks later unless the patient has become unstable
 - (iii) There was no indication to offer dilatation and curettage with the clinical information provided

13. The opinion of Dr. Mok was accepted by the Defence side.

Findings of Council

14. The Defendant exercised his right not to appear before Council. We do not draw any negative inference from the exercise of his right.

15. The Defendant had legal representation.

16. Neither the evidence of the Complainant, her husband, nor the Expert was challenged. In fact, all the allegations in the charge were admitted by the Defence. We accept the evidence of the Complainant, her husband and the Expert.

17. All registered medical practitioners owe patients a duty of care. That duty of care includes the principal precept of non-maleficence. Arising from this principle, doctors should first of all do no harm.

18. In advising the patient to undergo dilatation and curettage on the ground of miscarriage without ensuring that the foetus was dead would have led to the loss of a precious baby. This loss was prevented by the vigilance of the Complainant and her husband.

19. We are satisfied that this constitutes misconduct in a professional respect. We find the Defendant guilty of the charge.

Sentencing

20. We know that the Defendant has a clear record.
21. We also note that he has taken prompt remedial measures in the form of continuing medical education (CME) on obstetric and gynaecological ultrasound.
22. We give the Defendant credit for his honest admission of the charge at the earliest opportunity. This reflects his remorse and insight into the mistake cited in the charge.
23. Doctors have a duty of care to their patients and in discharging this duty, he must ensure that no harm is done to patients or any other person.
24. In the light of the gravity of the case and the mitigation advanced, we order that the Defendant be removed from the General Register for a period of three months. We further order that the operation of the removal order be suspended for a period of 12 months.
25. The name of the Defendant is included in the Specialist Register under the specialty of Obstetrics and Gynaecology. It is for the Education and Accreditation Committee to consider whether any action should be taken in respect of his specialist registration under section 20N of the Medical Registration Ordinance.

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