

香港醫務委員會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY

MEDICAL REGISTRATION ORDINANCE, CAP. 161

Date of hearing: 14 April 2010

Defendant: Dr CHAN Wai Kie Ricky (陳偉奇醫生)

1. The charge alleged against Dr CHAN Wai Kie Ricky is that:

“On or about 7 September 2007, he, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam [REDACTED] [REDACTED] in that he prescribed panadol to the patient when he knew or should have known that the patient was allergic to panadol.

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

Agreed facts of the case

2. The Defendant has been a registered medical practitioner with the Medical Council of Hong Kong from 2 July 2002 to the present time.
3. Madam [REDACTED] ("the Patient"), accompanied by her husband, attended the Defendant at the clinic of Dr Chan Siu Yu ("Dr SY Chan") at Ground Floor, No.16 Gold Mine Building, 345 Chai Wan Road, Chai Wan, Hong Kong ("the Clinic") on 7 September 2007, complaining of urinary tract infection and bleeding from her piles. The Patient was aged 82 years at that time.
4. The Defendant carried out a routine examination of the Patient and prescribed Lysozyme 6.0 mg to be taken three times a day; Pipeto 10mg to be taken one tablet three times a day; Panadol 500mg one tablet three times a day; and Ciproxin 250mg two tablets twice a day. He also arranged a follow up appointment for the Patient on 9 September 2007.

5. At the consultation on 7 September 2007, the Patient showed the Defendant a drug card listing her allergies. The Patient's notes which are kept on the computer in the Clinic and which were before him stated that the Patient was allergic to Panadol.
6. At the follow up consultation on 9 September 2007, the Patient's presenting symptoms from the consultation on 7 September were improving. However, the Defendant observed a rash on both forearms of the Patient. In the Patient's husband's presence, the Defendant carried out an examination and found that she also had a rash on the lower abdomen and legs, particularly the lower part of the legs.
7. The Defendant immediately referred the Patient to the Accident and Emergency Department ("A&E") of the Pamela Youde Nethersole Eastern Hospital ("PYNEH") for further treatment.
8. The Patient attended the A&E of PYNEH at about 3:00 pm on 9 September 2007. The Patient's case was classified by A&E as Category III. The findings described by the attending doctor at A&E were an oval, macular, blanchable rash over the limbs and buttocks. The provisional diagnosis was a drug induced rash as a result of having taken Panadol. Piriton was prescribed.
9. The patient attended the clinic on 11 September 2007 accompanied by her two daughters. The daughters complained that they believed that their mother had been prescribed a drug to which she was allergic. The Defendant was not present at that time but his colleague, Dr SY Chan, met the patient. Upon examination of the patient, Dr SY Chan made a diagnosis of "Allergic rash - drug rash all over the body". Upon checking the records at the clinic, Dr SY Chan confirmed that the patient was allergic to Panadol. Dr SY Chan followed up with the patient on this date, and prescribed betamethasone one tablet 3 times a day, betamine one tablet 3 times a day, calcium lactate 30 mg 3 times a day, Amaryl 1 mg daily and Piriton SA 6 mg daily.
10. Further follow up consultations with Dr SY Chan took place on 14 and 18 September 2007. No charge was made for the consultations on 11, 14 and 18 September 2007 or for the drugs prescribed at each consultation, as compensation on behalf of the Defendant.

Evidence of the Expert

11. The expert report of Professor Brian Tomlinson, Professor of Medicine and Therapeutics of Department of Medicine and Therapeutics of the Chinese University of Hong Kong was produced by the legal officer. His opinion included the following –

- (i) There was a record in the medical files of Madam [REDACTED] [REDACTED] that she was allergic to Panadol and other drugs so the Defendant should not have prescribed Panadol for her on 7 September 2007.
- (ii) Allergic drug reactions often occur when a patient has been given several drugs simultaneously and it is not possible to be certain which one of the drugs has caused the allergy. In such cases it is usual to implicate all the drugs that were given at that time. If that had been the case for Madam [REDACTED] it is possible that she is not really allergic to Panadol. The details of the admission to PYNEH from 7 October 2004 to 13 October 2004 with drug-induced skin rash do not help to clarify this uncertainty.
- (iii) However, if there is a note in the medical records that the patient is allergic to Panadol, it should not be prescribed.

12. The opinion of Professor Tomlinson was accepted by the Defendant.

Findings of Council

13. The Defendant exercised his right not to give evidence. We do not draw any negative inference from the exercise of his right.

14. The evidence of neither the complainants nor the Expert was challenged. In fact, the allegation in the charge was admitted by the Defendant. We accept the evidence of the complainants and the Expert.

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

16. The Patient was known to be allergic to a number of drugs including Panadol. This information was provided to the Defendant on the consultation on 7 September 2007. The clinic's computerised record also showed that the Patient was allergic to Panadol.
17. Drug allergy is a serious condition which may lead to death. Any known allergy cannot be disregarded by any registered medical practitioner. Great caution must be taken before deciding to prescribe a drug to which the patient has a known allergy.
18. The Defendant prescribed Panadol to the patient when he knew or should have known that the Patient was allergic to Panadol. We are satisfied that this constitutes misconduct in a professional respect. We find the Defendant guilty of the charge.

Sentencing

19. Drug allergy is a serious condition and any known allergy cannot be disregarded by any registered medical practitioner.
20. The Council is concerned that the Defendant did not pay attention to the information contained in the Allergy Card and in the Patient's record. If such practice prevails, serious harm to patients can occur.
21. We note that the Defendant has a clear record.
22. We have considered the mitigating factors including his honest admission to the allegation set out in the charge and the remedial measures taken after the incident such as prompt referral of the Patient to the A&E Department of PYNEH and improvements to the clinic's computerised patient records.
23. In the light of the gravity of the case and the mitigations advanced, we order that the Defendant be removed from the General Register for one month. The Council further orders that the removal order be suspended for a period of 12 months, subject to the condition that the Defendant should complete course(s) in medical therapeutics equivalent to 30 continuing medical education (CME) points within the suspension period. The course(s) must be

approved in advance by the Council, and evidence of satisfactory completion of the course(s) must be submitted before the expiry date of the suspension period. The Removal Order will be activated upon either breach of this condition or commission of a further disciplinary offence.

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