

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: 30 June 2010

Defendant: Dr CHENG William Kin Keung (鄭健強醫生)

1. The charges alleged against the Defendant, Dr CHENG William Kin Keung, are that:-

“On 18 April 2008 he, being a registered medical practitioner, disregarded his professional responsibility to adequately treat and care for his patient, Ms [REDACTED] in that he:

- (i) failed to properly locate the site of the foreign body retained in the left thumb of Ms [REDACTED]; and
- (ii) performed electrocautery which is not the recommended procedure for the removal of the foreign body.

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

2. The Defendant is not present at the inquiry, but is represented by a solicitor. The Defence Solicitor confirms that the Defendant will not be prejudiced and the inquiry can proceed in his absence.

**Facts of the case**

3. On 15 April 2008, the patient’s left thumb was pricked by prawn shell. At the site of the prick the patient noticed a tiny brown spot of about the size of a sesame seed but no swelling. Pain persisted for a few days, so on 18 April 2008 she consulted the Defendant to have the foreign body removed. The Defendant used electrocautery to remove the foreign body, and covered the cauterized wound with a dressing.

4. However, pain persisted and the wound started to bleed on 21 April 2008. Upon removing the dressing to examine the wound, the patient saw that the foreign body was still there, some distance from the cauterized wound. On 22 April 2008, she consulted another doctor. That other doctor prescribed Amplicox for a week, as the wound was inflamed. On 29 April 2008, that doctor removed the foreign body by using a fine needle under local anaesthesia.
5. There was tenderness and pain in the patient's left thumb afterwards. After a year the pain subsided, but the tenderness persisted until this date. There was no visible deformity.

### **Findings of the Council**

6. The Defence admitted all the allegations in both charges (i) and (ii), and agreed that the allegations in charge (ii) constitute professional misconduct. However, the Defence contends that the allegations in charge (i) do not constitute professional misconduct, as even an experienced doctor can miss a small foreign body. The Defence submission to the Preliminary Investigation Committee also alluded to the possibility that the foreign body in the patient's left thumb could have been covered up by some degree of epithelialisation on 18 April 2008.
7. In the circumstances, the only question that we have to consider is whether the allegations in charge (i) constitute professional misconduct.
8. The patient's evidence that before the electrocautery on 18 April 2008 there was no swelling in the thumb is not challenged by the Defence. The Secretary's expert is of the opinion that it is unlikely that the foreign body presenting as a brown spot was completely covered and did not show up on 18 April 2008, given that the brown spot was clearly shown in the photograph taken on 21 April 2008. This is also not challenged by the Defence.
9. We accept that if the Defendant had adopted the proper approach to locate the site of the foreign body but yet missed the foreign body for acceptable reasons, this might not be professional misconduct. However, given that there was no swelling and that it is unlikely that the foreign body was completely covered, we are of the view that the Defendant had not adopted the proper approach to

locate the foreign body. In the circumstances, we are satisfied that the Defendant's conduct in failing to properly locate the site of the foreign body has fallen below the standard expected amongst registered medical practitioners. Such conduct constitutes professional misconduct, and we find him guilty of charge (i).

10. As to charge (ii), we note the admission of the Defence. We also accept the opinion of the Secretary's expert that electrocautery is not a treatment modality for removal of foreign bodies in soft tissues. Electrocautery makes it difficult to ensure that the foreign body has been removed. It will remove the tissues around the foreign body, resulting in a sizable wound with skin and tissue loss. The healing will be prolonged with possible complications including infection, granuloma formation, scarring and residual sensitivity of the residual scar.
11. We are satisfied that the Defendant's conduct in using electrocautery for removal of the foreign body has fallen below the standard expected amongst registered medical practitioners. We find that this constitutes professional misconduct. We find the Defendant guilty of charge (ii).

### **Sentencing**

12. The Defendant has a previous disciplinary conviction in 1987, on a charge of canvassing for patients. The previous charge is not similar to the present charges, and we shall place little weight on it. However, we must have regard to the fact that he is not entitled to the same mitigation of a defendant with a clear record.
13. We give credit to the Defendant for admitting the allegations in both charges, and for accepting the issue of professional misconduct in charge (ii).
14. Defence Solicitor urged us not to consider the case on the basis of the Defendant deliberately tricking the patient into surgery thus making more money. We accept that there is no evidence of deliberate abuse of the Defendant's professional position.
15. Electrocautery is an invasive procedure which should only be resorted to where the patient's condition indicates. It has undesirable consequences which may last for a long time, such as tenderness in this case for over two years.

The Defendant had used a procedure which is not indicated at all for removal of foreign bodies in soft tissues. This reflects a high degree of recklessness.

16. Having regard to the gravity of the case and the mitigation, we order that the Defendant's name be removed from the General Register for a period of three months. We further order that the removal order be suspended for a period of two years, subject to the condition that the Defendant completes within the suspension period continuing medical education ("CME") equivalent to 30 CME points in the proper use of electrocautery and the management of foreign bodies. The CME has to be approved by this Council in advance. The suspension period shall run from today, and evidence of completion of the CME shall be furnished to this Council not later than one month after the suspension period. The removal order will be activated if the Defendant fails to comply with the above condition or commits further professional misconduct.

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