

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: 23 July 2010  
Defendant: Dr KWAN Sai Wing (關細榮醫生)

1. The charge alleged against the Defendant, Dr KWAN Sai Wing is that:

“In or around 7 July 2008 he, being a registered medical practitioner, disregarded his professional responsibility to his patient [REDACTED] ([REDACTED]) (“the Patient”) in that he prescribed to the Patient systemic corticosteroids without informing the Patient of the nature, anticipated actions, and possible side effects of such medication.

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

**Facts of the case**

2. The Defendant has been included in the General Register from 24 August 1988 to present.
3. The Patient consulted the Defendant at his clinic only once, on 7 July 2008. The Patient complained of minor headache, runny nose and nasal blockage. On enquiry by the Defendant, the Patient said she suffered from some cough and some pain in the bones. According to the Patient, the Defendant told her that she suffered from “流感”. According to the Defendant, the Defendant’s working diagnosis was viral Upper Respiratory Tract Infection (URTI) with secondary bronchial involvement and hypersensitive airway.
4. The Defendant prescribed two days of the following medications to the Patient:-

- (a) Paracetamol capsule 500 mg QID
  - (b) Difenac 25 mg QID
  - (c) Dexamethasone 0.5 mg QID
  - (d) Pecodine 40 mg QID
  - (e) Eurozyme 90 mg QID
  - (f) Fluzep QID
  - (g) Unirem Syrup 10 ml QID
5. Dexamethasone is a steroid. The Defendant did not tell the Patient that the above medications contained steroid or “類固醇”. He told the Patient that an anti-inflammatory drug (消炎、消腫藥) was prescribed and it had the potential side effect of gastro-intestinal upset. Other than that, the Defendant did not explain the nature, anticipated actions and possible side effects of the steroid.
  6. The Patient took the above medications on the night of 7 July 2008. On 8 July 2008, after having taken the above medications after lunch, the Patient experienced dizziness, difficulty in breathing, and chest discomfort. The Patient stopped taking the above medications since the night of 8 July 2008.
  7. On 9 July 2008, the Patient consulted another doctor who told her that one of the above medications contained steroid.
  8. By letter of 9 July 2008, the Patient complained to the Medical Council.

### **Findings of Council**

9. The above facts are agreed by the Defence. The only question for us to decide is whether by telling the patient that the medicine is an anti-inflammatory drug instead of steroids and only explaining the potential side effect of gastro-intestinal upset, the Defendant’s conduct has fallen below the standard expected amongst registered medical practitioners.
10. The Defendant claimed that he did not use the term “類固醇” as it is a technical term and a doctor’s duty is to explain in layman terms the nature of drugs. While a doctor should give explanation in layman terms so that the patient understands, we must point out that the term “類固醇” has become a household term readily understood by layman, particularly after the adverse side effects of steroids were widely publicized during the SARS outbreak in

2003. There is no reason why a doctor in his explanation to patients to identify steroids in other terms than the widely understood term of “類固醇”. The term “消炎、消腫藥” is too ambiguous as it can refer to many other drugs, and is not an acceptable substitute for “類固醇”.

11. This Council has on many occasions emphasized that for any medication which is known to have serious potential side effects, patients should be advised of its nature, risks and benefits, so that they can make an informed choice whether to take the medication or not. This is the principle of patient autonomy, and the patient’s decision must be respected.
12. There is general public concern about the use of steroids. Patients should be given advice before steroid is prescribed, so that the patients can make an informed decision. This Council has repeatedly emphasized that it is a duty upon all registered medical practitioners who prescribe steroids to inform patients of the nature and the side effects of the medication. By failing to inform the Patient that Dexamethsone is a steroid, the Defendant’s conduct has fallen below the standard expected amongst registered medical practitioners.
13. The Defendant only advised the Patient of the potential side effect of gastro-intestinal upset. No mention was made of other significant side effects of steroids, such as susceptibility to infection and mental disorder. In this respect, the Defendant’s conduct has fallen below the standard expected amongst registered medical practitioners.
14. We find the Defendant guilty of professional misconduct as charged.

### **Sentencing**

15. The Defendant has a clear record.
16. The Defendant has been cooperative during preliminary investigation of the complaint and in this inquiry. He honestly admitted all the facts, which is a reflection of his remorse. We shall give him credit, in accordance with our published policy in the Practice Direction on Preliminary Investigation of Complaints and the Practice Direction on Disciplinary Inquiries.

17. The steroid in question, namely Dexamethasone, is a potent drug. The dosage prescribed is relatively high. There is all the more reason for the need to properly advise the patient of the nature and the side effects of the drug.
18. We note that the Defendant has taken the remedial measure of writing down in the medicine bag the warning “口服類固醇”. This will make it clear to the patient that the drug is a steroid.
19. Having regard to the gravity of the case and the mitigating factors, we consider that a more lenient order of warning letter is appropriate. We so order. The order shall be published in the Gazette.

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