

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr NG Yiu Ping (吳耀萍醫生) (Reg. No.: M15120)

Date of hearing: 14 December 2021 (Tuesday)

Present at the hearing

Council Members/Assessors: Prof. LAU Wan-ye, Joseph, SBS
(Chairperson of the Inquiry Panel)
Dr MAK Siu-king
Dr CHOW Wing-sun
Mrs BIRCH LEE Suk-ye, Sandra, GBS, JP
Mr NG Ting-shan

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Dr David KAN of
Messrs. Howse Williams

Legal Officers representing the Secretary: Ms Juliana CHOW of counsel
as instructed by Department of
Justice and
Ms Elisa CHENG,
Government Counsel

1. The charges against the Defendant, Dr NG Yiu Ping, are:

“That in October 2018, she, being a registered medical practitioner, disregarded her professional responsibility to her patient (“the Patient”), in that she,

- (a) *failed to make adequate assessment and/or perform adequate investigations of the Patient’s condition despite knowing that the Patient was pregnant at the material time;*

- (b) *failed to properly explain the potential impact of urinary tract infection on pregnancy to the Patient; and*
- (c) *failed to arrange a follow-up consultation after arranging a urine culture test for the Patient and/or timely inform the test result to the Patient.*

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

Facts of the case

2. The name of the Defendant has been included in the General Register from 2 July 2006 to the present. Her name has been included in the Specialist Register under the specialty of Respiratory Medicine since 2 May 2013.
3. Briefly stated, the Patient consulted the Defendant at the Outpatient Department of St. Paul’s Hospital (“SPH”) in the evening of 24 October 2018. There is no dispute that the Patient was pregnant at the material time.
4. According to the medical records obtained from SPH, the Patient presented with symptoms of increase in frequency of urine or dysuria and mild abdominal pain. The vital signs were normal, the abdomen was soft and there was no fever.
5. The Defendant made a diagnosis of urinary tract infection (“UTI”). However, the Patient was reluctant to take antibiotics because of her pregnancy and requested the Defendant to arrange for urine culture test first. The Defendant then ordered “MSU” (mid-stream urine) culture test for the Patient.
6. However, no arrangement was made by the Defendant for the Patient to be followed-up for review of the MSU culture test result. Nor did the Defendant explain to the Patient the potential impact of UTI on her pregnancy. The Defendant merely told the Patient that the MSU culture test result would be available in about 3 days’ time. The Defendant also put down in the consultation summary under the column of Treatment Plan “*Advise to come back early if symptoms persist*”.
7. The Clinical Microbiology Report on the MSU culture test (the “Report”) was issued on 26 October 2018 at 10:59 hours. The Report indicated that there was significant bacterial growth and the bacterium E coli was isolated.
8. There is however no dispute that the Patient was not informed of the availability of the Report.

9. Meanwhile, on 28 October 2018, the Patient was admitted through the Accident & Emergency Department to the Obstetrics & Gynaecology Department of the Queen Mary Hospital (“QMH”) with the tentative diagnosis of UTI complicating pregnancy.
10. According to the medical records obtained from QMH, the Patient was upon admission at 23 weeks 3 days gestation and had a fever of 39.1°C. Her pulse was 142/ minute and her blood pressure was 140/76 mmHg. The results of obstetric examination on the Patient were normal but there was mild right-sided renal angle tenderness, suggesting that there was possible pyelonephritis. The Patient was rehydrated with intravenous fluid; and empirical antibiotic treatment with Augmentin was started pending bacteriological culture test result. Blood tests later confirmed that the Patient had an infection as shown by the raised total white blood cell and neutrophil counts. Her renal and liver functions were found to be normal.
11. Meanwhile, the Patient made a telephone enquiry with SPH on 28 October 2018 and was told that the Report had already been issued on 26 October 2018. The Patient then asked her husband to collect the Report from SPH later in the same day. The Report was reviewed by the treating doctor at QMH during the morning round on 29 October 2018. In view of the Report’s comment that the bacterium E coli isolated in the MSU culture was resistant to Amoxicillin (Augmentin), microbiologist at QMH was consulted and upon whose advice antibiotic treatment was changed to Ertapenem.
12. The Patient’s UTI was soon brought under control and she was finally discharged from QMH on 7 November 2018.
13. The Patient later lodged this complaint against the Defendant with the Medical Council.

Burden and Standard of Proof

14. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove her innocence. We also bear in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.

15. There is no doubt that each of the allegations made against the Defendant here is a serious one. Indeed, it is always a serious matter to accuse any registered medical practitioner of misconduct in a professional respect. We need to look at all the evidence and to consider and determine each of the disciplinary charges against her separately and carefully.

Findings of the Inquiry Panel

16. The Defendant admitted the factual particulars of the disciplinary charges against her. However, it remains for us to consider and determine on the evidence before us whether the Defendant had by her conduct during the incident fallen below the standards expected of registered medical practitioners in Hong Kong.
17. In the present case, the only investigation ordered by the Defendant was the MSU culture test.
18. It is the unchallenged evidence of the Secretary's expert witness, Professor L, which we accept, that "*[i]nfection during pregnancy is a recognized cause of maternal morbidity and even mortality*"; and "*[u]ntreated or inappropriately treated UTI and cystitis can lead to acute pyelonephritis.*"
19. We also agree with Professor L, that "*a simple urine dipstix test for red [blood] cells, protein and sugar could shed light on any possible underlying cause (e.g. red [blood] cells would point to cystitis and the possibility of kidney stone) and kidney damage (e.g. moderate to severe proteinuria)*". And yet, the Defendant never ordered urine dipstix test for the Patient.
20. Whilst it is good practice to order urine dipstix test, which may provide additional information in support of the diagnosis of UTI, it is not professional misconduct in our view for the Defendant not to order this test for the Patient who presented with apparently mild symptoms.
21. Accordingly, we find the Defendant not guilty of disciplinary charge (a).
22. It is the unchallenged evidence of Professor L, which we accept, that "*[c]ollecting... MSU for culture was only the first part of the management*" and the Defendant "*should have warned [the Patient] about the potential impact of UTI on her pregnancy, so that she should be advised to go to her obstetrician or visit the A&E Department in case symptoms of the adverse effects such as preterm labour occurred.*" We also agree with Professor L that the Defendant could reassure the Patient that antibiotic treatment would likely to be effective and without any harmful effect on the foetus.

23. For these reasons, in failing to properly explain to the Patient the potential impact of UTI on her pregnancy, the Defendant had by her conduct during the incident fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of disciplinary charge (b).
24. It is also the unchallenged evidence of Professor L, which we accept, that “[i]t would be pointless if no action was to be taken on the basis of the [MSU culture test] result”; and the Defendant should “arrange for a follow-up visit for [the Patient] as soon as the result was available for treatment, or to phone up [the Patient] to reassure her if the result was negative. Yet neither arrangement was made...”
25. In failing to arrange for a follow-up consultation after arranging a urine culture for the Patient and/or timely inform the test results to the Patient, the Defendant had by her conduct during the incident fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of disciplinary charge (c).

Sentencing

26. The Defendant has a clear disciplinary record.
27. In line with our published policy, we shall give the Defendant credit in sentencing for her admission and not contesting the disciplinary charges before us today.
28. We are told in mitigation that there were standing arrangements at the Outpatient Department of SPH on notification of investigation reports whereby any investigation report which became available during a doctor’s leave of absence would be passed to the cover doctor, who in turn would follow up with the Patient, if necessary.
29. We wish to emphasize that the best protocol requires the vigilance of those who put it in practice. In the present case, having made the diagnosis of UTI and the decision to defer the prescription of antibiotics until positive MSU culture result was known, the Defendant ought to ensure that antibiotic treatment would start immediately after the Report had become available.
30. We accept that the Defendant has learnt a hard lesson. We appreciate that the Defendant has tremendous support from her colleagues and patients.

31. Taking into consideration the nature and gravity of the disciplinary charges for which we find the Defendant guilty and what we have read and heard in mitigation, we order that:-
- (1) in respect of disciplinary charge (b) that a warning letter be issued to the Defendant;
 - (2) in respect of disciplinary charge (c) that the name of the Defendant be removed from the General Register for a period of 1 month; and
 - (3) the removal order be suspended for a period of 6 months.

Remark

32. The Defendant's name is included in the Specialist Register under the Specialty of Respiratory Medicine. We shall leave it to the Education and Accreditation Committee to decide on whether anything may need to be done to her specialist registration.

Prof. LAU Wan-ye, Joseph, SBS
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong