

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

---

**DISCIPLINARY INQUIRY**  
**MEDICAL REGISTRATION ORDINANCE, CAP. 161**

Defendant: Dr TING Kar Wai (丁家衛醫生) (Reg. No. M03416)

Date of hearing: 26 June 2014

1. The amended charge against the Defendant, Dr TING Kar Wai, is that:

“On or around 8 December 2011, he, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam [REDACTED] (“the Patient”) in that he prescribed cephalexin capsules to the Patient when he knew or ought to have known that the Patient was allergic to cephalexin.

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

**Facts of the case**

2. The Defendant was and still is a registered medical practitioner and his name has been included in the General Register from 10 January 1979 to present.

3. There is no dispute that the Patient consulted the Defendant in the afternoon of 8 December 2011 for a problem with her left eyelid. During the consultation, the Patient showed the Defendant her allergy card which stated that she was allergic to (1) vanmycetin ointment 1%; (2) chloramphenicol; and (3) cephalexin.

4. After the consultation, the Defendant prescribed to the Patient, amongst other drugs, cephalexin (Keflex) capsules 500 mg to be taken one capsule four times a day for 4 days.

5. The Patient went home and took the prescribed drugs, including cephalexin, after dinner. She later developed acute allergic reaction, which was most likely due to cephalexin, and had to be admitted to hospital for inpatient treatment. She was discharged home after three days and her recovery was uneventful.

### **Burden and Standard of Proof**

6. We bear in mind that the burden of proof is always on the Legal Officer and the Defendant does not have to prove his 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.
7. There is no doubt that the allegation made against the Defendant here is a serious one. It is always a serious matter to accuse a registered medical practitioner of misconduct in a professional respect. We need to look at all the evidence and to consider and determine the charge against him carefully.

### **Findings of Council**

8. The Defendant frankly admitted that the Patient had told him that she was allergic to cephalexin. In fact, the Defendant wrote this down under the column of "Sensitivity" on the front page of the Patient's medical record card.
9. According to the Patient's medical record for the consultation on 8 December 2011, the Defendant prescribed her, amongst other drugs, Keflex, which is one of the brand names for cephalexin. This drug is contraindicated for patients who are hypersensitive to cephalexin. Despite her history of allergic reaction, the Defendant still prescribed the Patient with cephalexin (Keflex). In fact, the plastic bag containing the drug was

labelled “Cephalexin Capsules 500 mg”.

10. Medical practitioners in Hong Kong are in a unique position that they can both prescribe and dispense medicine to their patients. Consequently, the Defendant might prescribe medicine to the Patient only if drug treatment was necessary and appropriate. As a doctor who dispenses medicine to patients, the Defendant also had the personal responsibility to ensure medication safety.
11. Patients are entitled to, and they often do, rely on doctors to exercise reasonable care and competence in avoiding prescription of medicine to which they have a known allergy. Allergic reaction to drug is not dose-dependent, and can be triggered by even a small dose.
12. We fully agree with the Legal Officer’s expert witness, Professor Tomlinson, that in a patient with a reported allergy to cephalexin, the risk of having an allergic reaction after taking the drug again would be high. Allergic reaction to drug can be very serious and potentially life-threatening.
13. In our view, prescription of cephalexin (Keflex) to the Patient, whom the Defendant well knew was allergic to cephalexin, was clearly inappropriate and unsafe. If the Defendant had taken adequate note of the Patient’s history of allergy, he ought to have considered whether there were safer alternatives than cephalexin.
14. The Defendant’s conduct had clearly fallen short of the standard expected amongst registered medical practitioners in Hong Kong. We therefore find the Defendant guilty of the amended charge.

## **Sentencing**

15. In accordance with our policy, we shall give the Defendant credit in sentencing for admitting the factual allegations in respect of the amended charge and for his full cooperation in the preliminary investigation stage and before us today.
16. We bear in mind that the purpose of a disciplinary order is not to punish the Defendant, but to protect the public from persons who are unfit to practise medicine and to maintain public confidence in the medical profession by upholding the reputation of the profession.
17. The Defendant has a previous disciplinary record in relation to drug labeling back in November 2003. We appreciate that the facts of the previous case were quite different from the facts of the present case. However, the facts of the previous case also showed in our view the Defendant's inattention to dispensation of drugs.
18. This was a classic case of lack of prudence. The Defendant had totally neglected the Patient's history of allergy. We accept that the Defendant had learnt his lesson but we need to ensure that he would not commit the same or similar misconduct in the future.
19. Taking into account the whole circumstances of this case and what we have heard in 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 18 months on condition that:-
  - (1) the Defendant completes within the suspension period course(s) on update and/or safe use of antibiotics equivalent to 15 CME points; and
  - (2) the Defendant shall complete during the suspension period satisfactory peer audit by a doctor to be appointed by the Medical Council with the following terms:-

- (a) the appointed doctor shall conduct random audit of the Defendant's practice with particular regard to the safe system of prescription and dispensation of drugs;
- (b) the peer audit should be conducted without prior notice to the Defendant;
- (c) the peer audit should be conducted at least once every 6 months during the suspension period;
- (d) during the peer audit, the appointed doctor should be given unrestricted access to all parts of the Defendant's practice and the relevant records which in the appointed doctor's opinion is necessary for proper discharge of his duty; and
- (e) the appointed doctor shall report directly to the Medical Council the finding of his peer audit at 6-monthly intervals. Where any defects are detected, such defects should be reported to the Medical Council as soon as practicable.

Prof. Felice LIEH-MAK, GBS, CBE, JP  
Temporary Chairman, Medical Council