

香港醫務委員會

The Medical Council of Hong Kong

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

Defendant: Dr WONG Kar Mau (黃嘉謀醫生) (Reg. no. M02124)

Date of hearing: 11 December 2013 (Day 1) and 8 March 2014 (Day 2)

1. The amended charge against the Defendant, Dr WONG Kar Mau, is that:

“On or about 25 January 2008, he, being a registered medical practitioner, disregarded his professional responsibility to his patient Madam A (“the Patient”), in that he performed dilatation and curettage on the Patient without proper justification.

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

Facts of the case

2. There is no dispute that the Patient first consulted the Defendant on 15 January 2008 with a history of abnormal prolonged vaginal bleeding. The Patient also complained of lower abdominal pain, pain during intercourse and yellowish discharge.
3. According to the Defendant, he performed a speculum examination, a pap smear and a vaginal ultrasound examination of the Patient during the first consultation. The ultrasound picture of the Patient showed that there was a polyp inside the uterus. Antibiotics were prescribed to the Patient for pelvic infection.
4. On 24 January 2008, the Patient was admitted to the Hong Kong Baptist Hospital under the care of the Defendant for dilatation and curettage (“D&C”) with the diagnosis of “dysfunctional uterine bleeding (DUB), endometrial polyp”.

5. On 25 January 2008, D&C was performed on the Patient under general anaesthesia and she was discharged home on the same day. In the Operation Record, DUB was put down as the pre-operative diagnosis. And in the Discharge Summary, the principal diagnosis was said to be endometrial polyp.
6. Histopathology report on the uterine curettings dated 26 January 2008 showed mid-secretory endometrium with foci of stromal breakdown. There was no evidence of endometritis, endometrial hyperplasia or malignancy.
7. Thereafter, the Patient continued to consult the Defendant for her medical problems on a number of occasions until 14 November 2008.
8. Meanwhile, on 1 May 2008, the Patient was admitted to the Canossa Hospital because of anemia and vaginal discharge. The Patient was seen by Dr Wilfred Wong, a gynaecologist on the same day. There is no dispute that the Patient told Dr Wilfred Wong during the consultation that D&C was performed on her in January 2008.
9. The Plaintiff has since lodged a complaint with the Medical Council alleging, amongst other things, that the Defendant performed D&C on her without proper justification.

Findings of Council

10. We recognize that there are variations in clinical practice on the use of diagnostic hysteroscopy procedures instead of D&C in the investigation and treatment of abnormal uterine bleeding.
11. We fully agree with the Legal Officer's expert ("Dr Cheung") that if D&C was performed on the Patient for suspected retained product of gestation (RPOG), then a conventional D&C without a hysteroscopy was justifiable. Indeed, the Defendant's expert ("Dr Law") also agreed on this point. But short of this diagnosis, there would be no proper justification for performing D&C on the Patient at the material time.
12. The Patient was adamant that she had never been pregnant. She denied having told the Defendant at the first consultation that she had an abortion before.

13. According to the Defendant's statement to the Preliminary Investigation Committee (PIC), he assessed the thickened endometrium with a suspicious shadow to be "a polyp or other tissue pathology e.g. a decidual cast from the remains of the previous T.O.P. (termination of pregnancy) procedure". However, there was no mention of decidual cast as a differential diagnosis in the Defendant's consultation notes. The Defendant merely recorded in the consultation notes the term "d? mass". We agree with the Legal Officer's expert that "a mass itself is not a differential diagnosis".
14. The Defendant further alleged that the Patient had provided him during the first consultation with a history of undergoing a TOP. Again, there was no mention of this important part of the Patient's medical history in the Defendant's consultation notes. The Defendant also admitted that he did not ask the Patient when and where the TOP was performed.
15. The Defendant merely put down in the Doctor's Order for admission to Baptist Hospital the diagnosis of "DUB, endometrial polyp". The Defendant tried to explain this away by saying that this was a presumptive diagnosis. However, this flatly contradicted his testimony before the Inquiry that he had already come to the view at the time of the consultation that the suspicious shadow inside the uterus was retained product of gestation (RPOG).
16. The Patient was told that the primary objective of D&C was to remove "dirty thing(s)" in her uterus. Counsel for the Defendant asked us to equate the reference to "dirty thing(s)" in the Patient's uterus as RPOG. However, this was never put to the Patient in cross-examination so that she had an opportunity to clarify what she understood by "dirty thing(s)".
17. Initially, we were given to know that Dr Wilfred Wong wrote in his medical notes that the Patient had two unsuccessful pregnancies. However, having the benefit of reviewing the original medical notes kept by Canossa Hospital, Dr Wilfred Wong told us that honestly he could not tell from reading his handwritten notes whether the Patient had "2" (two) or "0" (nil) unsuccessful pregnancies. He also told us that if there were two unsuccessful pregnancies, his usual habit was to note down the details of the unsuccessful pregnancies. He further clarified that reference to "decidual cast" in his medical notes was a misnomer. In fact, what he understood from the Patient was an "endometrial

cast” which meant that “when the bleeding was so heavy during the menstruation that came out as a whole piece of tissue including the lining”.

18. We bear in mind that the burden of proof is always on the Legal Officer and the Defendant has nothing to prove.
19. We do not believe that Dr Wilfred Wong would have departed from his usual habit by not recording in the medical notes the details of the two unsuccessful pregnancies. We fully accept the Patient’s testimony that she had never been pregnant.
20. We fully agree with Dr Cheung that given the time frame of the Patient’s LMP and unchallenged medical history of bleeding from 27 December 2007 to the date of first consultation, there was unlikely to have been a recent TOP. This reinforces our view that the Defendant ought to have asked the Patient when the “previous TOP” was performed if he had really come to the view that it was a case of RPOG.
21. We do not accept the Defendant’s explanation that the said important omissions in the consultation notes were an oversight. The Defendant frankly admitted that he did not ask the Patient when was the “previous TOP” and at what gestation this was done. In our view, this information was important for making the differential diagnosis of RPOG. Moreover, there was no indication in the consultation notes and hospital records that the Defendant had actually considered RPOG after TOP.
22. For these reasons, we find the Defendant guilty of the amended charge.

Sentencing

23. The Defendant has a clear record.
24. It is the responsibility of every doctor to ensure that no surgical procedure would be performed on his patient unless such treatment is appropriate and necessary. As a matter of first principle, doctor should first of all do no harm.

25. 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.
26. The Defendant merely relied on the ultrasound picture and advised the Patient to undergo D&C. When being complained, the Defendant sought to justify his treatment by attributing it to RPOG which we find to be totally groundless. Indeed, he went so far as to accuse the Patient of having previous TOP.
27. Taking into account the gravity of the case and what we have heard and read in mitigation, we order that the Defendant's name be removed from the General Register for a period of 4 months. We further order that the operation of the removal order be suspended for a period of 24 months upon the conditions that:-
 - (1) the Defendant should obtain 60 CME points per year on O&G practice (excluding CME points obtained by self study); and
 - (2) the Defendant should submit to the Council full clinical notes of one patient requiring inpatient surgical treatment per month for inspection.

Other remarks

28. The name of the Defendant is included in the Specialist Register under the speciality of Obstetrics and Gynaecology. It is for the Education and Accreditation Committee to consider whether any action should be taken in respect of his specialist registration.

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