香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Date of hearing: 9 July 2008
Defendant: Dr SHIAO Kuo Chiang (蕭國強醫生)

1. The charges alleged against Dr SHIAO Kuo Chiang are that:

"He, being a registered medical practitioner, disregarded his professional responsibility to his patient Mr. A ("the Patient") in that:

(i) on 10 March 2006 he failed to separately label the medicines dispensed to the patient, by dispensing two kinds of drugs, labelled as "Flucongal" (sic.) and "Chlorpheniramine tablet", in a single medicine bag to him;

(ii) on 10 March 2006 he failed to separately label the medicines dispensed to the patient, by dispensing two kinds of drugs, labelled as "Loratidin" (sic.) and "Dexahisl" (sic.), in a single medicine bag to him;

(iii) on 10 March 2006 he failed to separately label the medicines dispensed to the patient, by dispensing two kinds of drugs, labelled as "Lampicin Fort Cap" and "Amoxycillin 250mg", in a single medicine bag to him;

(iv) on 10 March 2006 he put on one medicine bag the drug name of "P.S. 5mg" which was not acceptable, contrary to section 10.2(d) of the Professional Code and Conduct for the Guidance of Registered Medical Practitioners as promulgated in Issue No. 11 – August 2005 of the Newsletter of the Medical Council of Hong Kong.

In relation to the facts alleged, he has been guilty of misconduct in a

professional respect."

2. The patient consulted the Defendant for skin problem. The Defendant prescribed and dispensed a number of medicines to him. Contrary to the requirement to properly and separately label the medicines dispensed, some medicines were dispensed together in the same medicine bag. One of the medicines was labelled "P.S. 5 mg" which is neither a trade name nor a pharmacological name of a medicine.

3. The Defendant admitted to the Preliminary Investigation Committee that he had dispensed the medicines in the manner due to his negligence, and that he had failed to observe the requirement of proper drug labelling under section 10 of the Professional Code and Conduct.

4. Proper drug labelling is an important requirement in the practice of medicine. Doctors who provide subsequent treatment to the same patient will need to know what medicines the patient has been taking, in order to determine the proper treatment. Failure to properly label the medicines may have serious results, particularly in emergency situations.

5. The requirement of drug labelling has been in force for over 10 years, and members of the medical profession have been reminded of the requirement on various occasions. If due care is exercised, it is not difficult to comply with the requirement. There is no excuse for not complying with the requirement.

6. We are satisfied that the Defendant's conduct has fallen below the standard expected of registered medical practitioners and constitutes professional misconduct. We find him guilty of all 4 charges.

Sentencing

7. The Defendant has a clear record.

8. We note that he has taken remedial measures in order to prevent recurrence of the mistake, including personal inspection of the medications by the Defendant before dispensing.

9. The present case is not one of complete absence of labelling.

10. We also give him credit for his honest admission of the mistake to the Preliminary Investigation Committee and in this inquiry. This reflects his remorse and insight into the problem. We consider that this is a significant mitigating factor which would justify a more lenient order.

11. Cases of improper drug labelling have been consistently visited by removal from the General Register. However, having regard to the mitigating factors and the gravity of the case, we order that the Defendant's name be removed from the General Register for one month. We further order that the removal order shall be suspended from operation for a period of 12 months, subject to the condition that during the suspension period his practice should be subject to peer audit and supervision in respect of drug prescription and dispensing by a supervising doctor to be appointed by the Medical Council. The peer audit and supervision should be conducted no less than once every six months during the suspension period.

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