

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: 8 July 2009

Defendant: Dr LAM Chuen (林全醫生)

1. The charges alleged against the Defendant Dr LAM Chuen are that:

“That he, being a registered medical practitioner :-

- (a) on divers dates from 1999 to 2002, prescribed to 23 patients in New South Wales, Australia anabolic/androgenic steroids in quantities and for purposes not in accordance with therapeutic standards, contrary to Clause 36 of the Poisons and Therapeutic Goods Regulation 1994 of New South Wales, Australia;
- (b) on divers dates from 2001 to 2002, prescribed human growth hormones to 5 patients in New South Wales, Australia in quantities and for purposes not in accordance with therapeutic standards, contrary to Clause 36 of the Poisons and Therapeutic Goods Regulation 1994 of New South Wales, Australia;
- (c) on 23 August 2001 and 11 October 2001, prescribed Thyroxine to one patient in New South Wales, Australia without proper and sufficient clinical indications;
- (d) on divers dates from 1999 to 2002, failed to make proper records of his treatment of 24 patients in New South Wales, Australia in accordance with the requirements of the Medical Practice Regulation 1998 of New South Wales, Australia;
- (e) on divers dates from 1999 to 2002, failed to include adequate directions for use on prescriptions for restricted substances issued to

23 patients in New South Wales, Australia contrary to Clause 37(1)(d) of the Poisons and Therapeutic Goods Regulation 1994 of New South Wales, Australia;

- (f) between 4 October 2001 and 4 May 2002, prescribed injectable morphine in 30mg ampoules to one patient in New South Wales, Australia contrary to Section 28 of the Poisons and Therapeutic Goods Act 1966 of New South Wales, Australia.

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

*Facts of the case*

2. At the material times the Defendant was practising in Australia, but he was also registered as a medical practitioner in Hong Kong. An inquiry was held by the New South Wales Medical Tribunal into complaints in relation to the Defendant’s prescription of anabolic/androgenic steroids to 23 patients not in accordance with recognized therapeutic standards, prescription of human growth hormone to 5 patients not in accordance with the recognized therapeutic standards, prescription of thyroxine to one patient without proper and sufficient clinical indications, failure to keep proper records of his treatment of 24 patients in accordance with the requirement of the Medical Practice Regulation, prescribed injectable morphine in 30 mg ampoules to one patient contrary to Section 28 of the Poisons and Therapeutic Goods Act 1966. The Tribunal found him guilty of professional misconduct and notified this Council of its findings. We conduct the present inquiry in accordance with the Medical Registration Ordinance.
3. The evidence which were produced today consists of the evidence produced at the Australian inquiry and records of its proceedings. The Defendant chose not to attend the present Inquiry and chose not to be represented by Counsel. However, he accepted all the findings of the New South Wales Medical Tribunal and he did not challenge the evidence produced today.

Charges (a) to (e)

4. Charges (a) to (e) before us are similar in nature to the charges before the New South Wales Medical Tribunal. Having reviewed all the evidence produced at the Australian inquiry we are satisfied that we can adopt the factual findings of the Tribunal.
5. We are satisfied that all the allegations in the charges are proved to the required standard. Nevertheless, we still have to determine whether those facts constitute professional misconduct according to the definition and standard in Hong Kong.
6. A doctor owes a duty of care to patients and in the exercise of that duty the doctor should provide appropriate treatment to patients. Medicines should be prescribed only if clinically indicated. The quantity and dosage must be consistent with the therapeutic standards. We find that the prescription of anabolic/androgenic steroids in repeated and large dosages for the purposes of body building is not in accordance with the practice of medicine and therefore, cannot be condoned. In addition such medications have long term effects which can be detrimental to the patients' health and indeed endanger their lives.
7. There was no proper or sufficient indication for the use of thyroxine in one patient. The use of thyroxine has to be carried out with care because of its serious side effects including but not limited to irregularities in heart rhythm and adverse effects on the endocrine system.
8. All doctors have a responsibility to maintain clear, accurate, adequate and contemporaneous medical records of their patients. These records help ensure that patients' problems are followed up and properly looked after.
9. We are satisfied that the Defendant Doctor's conduct has fallen short of the standard expected of registered medical practitioners, and constitutes professional misconduct. We find him guilty of charges (a) to (e).

### Charge (f)

10. In respect of charge (f), Hong Kong does not have an equivalent to Section 28 of the Poisons and Therapeutic Goods Act 1966 of New South Wales.
11. Nevertheless it is incumbent upon every medical practitioner to abide by the law relating to dangerous drugs in the land where he practices.
12. We also take into consideration the amount and the frequency of the morphine prescribed. The Defendant Doctor prescribed morphine to the patient in the knowledge that the patient was addicted to morphine and that she would self-administer the injections.
13. We are satisfied that the Defendant Doctor's conduct has fallen short of the standard expected of registered medical practitioners and constitutes professional misconduct. We find him guilty of charge (f).

### Sentencing

14. The Defendant Doctor has a clear record in Hong Kong. Other than the disciplinary order in relation to the same complaint, he has no other disciplinary record in New South Wales. The Defendant has shown remorse. We also give him credit for admitting the charges. Apart from these we do not think that there is any significant mitigation of weight.
15. We note that the Defendant Doctor has been removed from the Register of Medical Practitioners in New South Wales. The Tribunal also ordered that no review of the removal order is to be made until two years have elapsed from the date upon which the order is made.
16. Our function is to protect the public in Hong Kong from unsafe medical practice. In the case of the Defendant Doctor we are not convinced that it was a matter of lack of knowledge. Rather it was a consistent pattern of deliberate and reckless practice.
17. Having regard to the gravity of the case and the mitigating factors advanced, we make the following orders:

- (a) In respect of charge (a), the Defendant's name be removed from the General Register for 42 months;
- (b) In respect of charge (b), the Defendant's name be removed from the General Register for 42 months;
- (c) In respect of charge (c), the Defendant's name be removed from the General Register for 6 months;
- (d) In respect of charge (d), the Defendant's name be removed from the General Register for 6 months;
- (e) In respect of charge (e), the Defendant's name be removed from the General Register for 6 months; and
- (f) In regards to charge (f), the Defendant's name be removed for 12 months.
- (g) The above orders be served concurrently as the matters involved a similar set of behaviour at around the same time. In other words, the Defendant will be removed from the General Register for a total of 42 months.

18. We have considered whether to suspend the operation of the removal orders. Given the gravity of the case, suspension is inappropriate.
19. We are of the view that a sentence of 60 months would have been appropriate for the case, if the Defendant Doctor had not admitted the facts and therefore not entitled to the discount we usually give for honest admission of the charges.
20. Any application for restoration is a matter for the Council to decide as and when it arises. However we recommend that in considering such application the Council should require that cogent evidence of safe medical practice under supervision be provided.

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