

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Date of hearing: 26 August 2010 and 1 October 2010

Defendant: Dr YEUNG Sing (楊誠醫生)

1. The charges alleged against the Defendant Dr YEUNG Sing are that:

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

- (1) during the consultation on 27 August 2007:
 - (a) prescribed warfarin to the Patient without a good medical reason;
 - (b) failed to adequately explain to the Patient the reason for prescribing warfarin;
 - (c) failed to adequately explain to the Patient the possible complications of warfarin;
 - (d) failed to adequately explain to the Patient the possible interaction of warfarin with other drugs;
 - (e) failed to monitor the Patient’s clotting profile when warfarin was prescribed to him;
 - (f) failed to label the dosage of warfarin prescribed to the Patient on the medicine bag;
- (2) during the consultation on 9 September 2007:
 - (a) prescribed warfarin to the Patient without a good medical

reason;

- (b) failed to adequately explain to the Patient the reason for prescribing warfarin;
- (c) failed to adequately explain to the Patient the possible complications of warfarin;
- (d) failed to adequately explain to the Patient the possible interaction of warfarin with other drugs;
- (e) failed to monitor the Patient's clotting profile when warfarin was prescribed to him;
- (f) failed to label the dosage of warfarin prescribed to the Patient on the medicine bag.

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

Facts of the case

2. On 27 August 2007, the Defendant explained to the Patient the result of previous blood tests. He made a diagnosis of Leriche's syndrome. The Defendant prescribed and dispensed certain medicines to the Patient, among which was warfarin 1 mg tablets. The other medicines were for oral ulcer and flu.
3. The Patient started taking warfarin on 1 September 2007 as instructed, after he had finished the flu medicines. He instantaneously developed severe pain of the whole body, particularly in the stomach. The pain persisted and the Patient went back to consult the Defendant on 2 September 2007. The Defendant advised him to continue taking the warfarin tablets together with stomach medicine.

4. The Patient continued to suffer from the pain, and consulted the Defendant on 5 September 2007 and 9 September 2007. The Defendant told the Patient to continue with the medicine, and again prescribed and dispensed warfarin.
5. On 19 September 2007, the Patient sought consultation at a hospital. When the doctor there told him that he had been taking a blood thinner (“薄血丸”), he was surprised. He later made a complaint to this Council against the Defendant.

Findings of the Council

6. The Defendant admits that he mentioned neither “warfarin” nor “薄血丸” when he explained to the Patient. However, the medicine bag was labelled with the name of the drug, but not the dosage.
7. The Patient said that the Defendant told him that the drugs were hepatotonics and kidney tonics. He had never explained the possible complications of warfarin and its possible interaction with other drugs.
8. Defence Solicitor strenuously challenged the Patient’s evidence and called the Defendant to give evidence directly contradicting the Patient’s evidence. However, he subsequently emphasized repeatedly that the Defendant did not contest any of the charges. It is clear that the Defence’s stance is that while the allegations in the charges are admitted, the Defence relies on its evidence insofar as it can be consistent with such admissions, but not where it is inconsistent with such admissions.
9. The Defendant’s case is that he prescribed warfarin because the Patient said that he had erectile dysfunction. Upon palpation of the Patient’s penile artery and finding the pulsation weak, and noting that the testes were small and the dorsum of the penis was indurated, he made a diagnosis of Leriche’s syndrome. He suggested further investigations and the drug clopidogrel, but the Patient refused because they were expensive. Therefore he prescribed warfarin. He told the Patient that the drug was for unclogging the blood vessels (“通血管藥”). He advised the Patient to watch out for nose bleed, gum bleed and bruises as the drug had a potential risk of bleeding. He also informed the Patient that there might be interactions between the drug and other drugs, therefore he should stop taking Chinese herbal medicine and take the drug

only after he had finished the drugs for his sore throat. He asked the Patient to return in 3-4 days for him to monitor his condition. When the Patient complained of epigastric pain, he prescribed medicines to deal with his gastric spasm.

10. There are problems with the Defendant's evidence. On the other hand, the Patient could not tell clearly what was said during the consultations. In assessing their evidence, we bear in mind that some matters (such as clogged blood vessels and risks of bleeding) would carry more significant meaning to a patient than other matters. We also bear in mind that the burden of proof lies with the prosecution.
11. Having considered the evidence thoroughly, we make the following factual findings:-
 - (a) The Defendant made a diagnosis of Leriche's syndrome, for which he prescribed warfarin.
 - (b) He might have explained to the Patient that the drug was for improving blood circulation.
 - (c) He did not explain the possible complications of warfarin.
 - (d) He did not explain the possible interaction of warfarin with other drugs, although he might have told the Patient to stop taking Chinese herbal medicine.
 - (e) He did not monitor the Patient's clotting profile.
 - (f) He did not label the dosage of warfarin on the medicine bag.
12. Warfarin is a potentially dangerous drug and should only be prescribed when there is clear indication. It can have serious risks such as proneness to bleeding which must be clearly explained to the patient. The patient must be warned as to the foods, drugs and activities which have to be avoided. The patient should be clearly advised as to the symptoms to watch out for and to seek treatment as soon as such symptoms emerge. Careful confirmatory investigations (in this case for peripheral arterial disease) must be conducted before prescribing the

drug. Once it is prescribed the patient will likely be put on the drug for a long period. A patient put on warfarin must be closely monitored for any adverse reaction, and adjustments to the dosage must be made to ensure the safety of the patient.

13. In the context of our factual findings above, it is clear that:-
 - (a) The Defendant made the diagnosis of Leriche's syndrome based upon a reduced femoral pulse and a weak penile arterial pulse and erectile dysfunction history. However, Leriche's syndrome is made up of impotence, claudication of buttock and thigh and wasting of leg muscles. There was no evidence of such signs in the Patient. The diagnosis was at best flirtatious. It is unreliable to make a diagnosis of peripheral arterial disease without supporting investigations such as ankle-brachial index and duplex ultrasonography or arteriography.
 - (b) Warfarin is not indicated for Leriche's syndrome or peripheral arterial disease. Amongst proper drug treatment include medicines such as the anti-platelet agents like aspirin or clopidogrel.
 - (c) It is unacceptable nowadays to prescribe a potentially dangerous medication on a long term basis for a condition which is not even properly diagnosed and without confirmatory investigations.
 - (d) If Leriche's syndrome was diagnosed and for financial reasons was incapable of being investigated in the private sector, the proper approach was to refer the Patient to a public institution for follow up action.
14. In the circumstances, with the exception of charges 1(b) and 2(b), the Defendant's conduct as charged has fallen below the standard expected amongst registered medical practitioners, and constituted professional misconduct. We find him guilty of all charges with the exception of charges 1(b) and 2(b).
15. Charges 1(b) and 2 (b) are in relation to explanation of the reason for prescribing warfarin. In view of the notes in the medical record, we are of the view that the Defendant could have explained that warfarin was prescribed for

unclogging blood vessels but the explanation was not registered by the Patient. We find him not guilty of charges 1(b) and 2 (b).

Sentencing

16. The Defendant has a clear record.
17. This is an unusual case. On the one hand, the Defendant said that he did not contest the charges. On the other hand, he strenuously challenged the prosecution evidence, and adduced evidence the majority of which we found unreliable. This is relevant to the credit which we usually give to defendants who save time and show remorse by admitting the charges. He should not be entitled to credit to the same extent as other defendants who admit the charges without mounting an unsuccessful challenge on the prosecution evidence. Nevertheless, remorse at the last minute is better than no remorse at all, and we shall give him credit in sentencing. However, in future cases, defendants should not expect the same degree of leniency if they adopt the same contradictory approach.
18. As we have indicated earlier, this case involved patient safety in prescribing drug. This is a crucial concern in medical practice.
19. This is a case of incompetence rather than dishonesty. The diagnosis was not made in the proper manner in accordance with accepted medical practice, and the prescription was not appropriate for the diagnosed condition. There was no proper follow up or monitoring for the prescribed drug. There was no proper advice on the precautions that need to be taken by the patient. In view of the gravity of the case, removal from the General Register is appropriate.
20. The Defendant should have learned a hard lesson from the case, and will likely take particular care in future. Having regard to the mitigating factors, we are of the view that the removal order can be suspended.
21. We make the following orders:-
 - (a) In respect of each charge for which he is found guilty, the Defendant's name shall be removed from the General Register for a period of 1 month. The removal orders shall run concurrently.

- (b) The above orders shall be suspended for a period of 12 months, subject to the condition that he undergoes within the suspension period continuing medical education in (i) communication skills; (ii) erectile dysfunction; and (iii) therapeutics, to the equivalent of 30 CME points. Such continuing medical education must be separate from the specialist CME which he is required to undergo under section 20L of the Medical Registration Ordinance, and must be approved in advance by this Council. While we do not specify the proportion of CME points for each of the 3 areas, the Defendant should apportion them in a balanced manner.

Other remarks

22. The Defendant's name is included in the Specialist Register under the specialty of Paediatrics. While it is for the Education and Accreditation Committee to decide whether action should be taken in respect of his specialist registration under section 20N of the Ordinance, we are of the view that this case does not reflect adversely upon his competence in Paediatrics.

Dr. CHOI Kin, Gabriel
Temporary Chairman, Medical Council