香 港 醫 務 委 員 會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr MAC Wing Yan Miranda (麥穎茵醫生)
(Reg. no M12085)

Date of hearing: 23 August 2012

1. The charge against the Defendant, Dr MAC Wing Yan Miranda, is that:-

> "On 26 June 2009 she, being a registered medical practitioner, disregarded her professional responsibility to her patient [redacted] ("the Patient") in that she prescribed Voltaren to the Patient when she knew or should have known that the Patient was allergic to aspirin.
>
> In relation to the facts alleged, she has been guilty of misconduct in a professional respect."

Facts of the case

2. When the Patient first consulted the Defendant in 2002, she told the Defendant that she was allergic to aspirin. The Defendant recorded the allergy to Aspirin in red ink on the front page of the medical record, and the history of asthma and allergic rhinitis. Since then the Patient had consulted the Defendant regularly for 36 times.

3. On 26 June 2009, the Patient consulted the Defendant with a complaint of a mass at the back of the left ear. The Defendant prescribed a number of medicines including Diclofenac (Voltaren) 50 mg tablets to be taken 3 times a day. Within 2 hours of taking

the first dose at home, the Patient began to develop allergic reaction of swelling of both eyelids, swelling of the throat, and watering of the eyes. She then rushed to a hospital and was given urgent treatment for the allergic reaction.

Findings of Council

4. In her explanation to the Preliminary Investigation Committee, the Defendant made the following admissions:-

(a) the Patient's allergy to aspirin and history of asthma and allergic rhinitis were recorded in the medical record;

(b) she did not recall and it was not recorded that the Patient had an allergy incident in 1984 after taking Cortal tablets (containing aspirin) which produced an allergic reaction of an angioedema type and led to her admission to hospital;

(c) on 26 June 2009 she overlooked the Patient's history of allergy to aspirin; and

(d) it was her oversight that Diclofenac (Voltaren) was prescribed to the Patient on 26 June 2009.

5. Drug allergy can be serious, in some cases fatal. Allergic reactions are not dose-dependant, and serious reactions can be triggered by small doses. All doctors have a professional duty to ascertain whether the patient has any drug allergy before prescribing medicines. If there is any known allergy, the doctor must carry out a proper risk-benefit analysis of the proposed medicine before deciding on the prescription, in order to avoid the unnecessary risk of triggering potential allergic reactions to the prescribed medicine. To prescribe a medicine without taking such precaution is a failure of the doctor's professional duty in disregard of the risks involved.

6. Aspirin and Voltaren are both non-steroidal anti-inflammatory drugs ("NSAIDs"). In respect of prescription to a patient with a known history of allergy to one NSAID, a differently constituted panel of this Council held in another case in July 2012 as follows:-

> *"6. Allergic reactions to NSAIDs can be either true allergy or pseudo-allergy.*
>
> *7. True allergy is idiosyncratic, i.e. peculiar to the individual person. True allergy to one NSAID only indicates allergy to structurally similar NSAIDs but not other NSAIDs with different molecular structures. Therefore, a patient truly allergic to an NSAID is a single reactor.*
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> *8. Pseudo-allergies are related to inhibition of the action of the enzyme cyclooxygenase-1. Pseudo-allergies may be triggered by aspirin and all cross-reacting NSAIDs,... A patient who is pseudo-allergic to NSAIDs is a cross-reactor, and is more likely to have underlying history of asthma, nasal polyps, chronic rhinosinusitis, or chronic urticaria. Pseudo-allergies are much more common than true allergies.*
>
> *9. When a patient presents with a history of allergic reaction to aspirin, the potential exists that he/she may be a cross-reactor. It is unsafe to prescribe another NSAID unless it has been ascertained that the patient is not cross-reacting to that other NSAID. Where there are safer alternatives, there is no reason to take the risk of prescribing another NSAID, particularly if detailed history has not been taken to establish whether the patient has asthma, urticaria or other allergic reactions.*
>
> *10. Proper prescription involves a risk-benefit analysis process. Given that cross-reaction among different NSAIDs is a known risk, if there is known allergy or pseudo-allergy to one NSAID, care must be taken to*

eliminate the possibility of allergy to another NSAID intended to be prescribed."

7. We entirely endorse that position.

8. In the present case, the Defendant's failure to exercise caution to ascertain whether the Patient had any drug allergy before prescribing by itself is conduct below the standard expected amongst registered medical practitioners. The Patient's allergy was clearly stated in red on the front page of the medical record. There was no reason for the Defendant to have failed to take note of it before prescribing.

9. The Patient's allergy to aspirin, coupled with the history of asthma and allergic rhinitis, should have also called for particular caution.

10. If she had acted properly and had taken note of the allergy, she should have considered whether there were safer alternatives than NSAIDs. In the absence of safer alternatives, she should then carefully analyse the risk-benefit of the proposed NSAID before deciding on whether to prescribe it. If after the risk-benefit analysis it was considered necessary to prescribe the proposed NSAID, she would have to explain to the patient that the prescribed drug might trigger allergic reactions and warn her to watch out for such reactions, and in case of such reactions to immediately stop the drug and seek treatment. The Defendant had not done any of these in the present case.

11. We are satisfied that the Defendant's conduct has fallen below the standard expected and constitutes professional misconduct. We find her guilty as charged.

Sentencing

12. The Defendant has a previous disciplinary conviction in respect of the criminal conviction of 3 offences of failing to keep proper dangerous drugs registers at 3 clinics. The disciplinary conviction was in January 2011, and the relevant criminal offences were committed in August 2007. In that case, the Council ordered removal from the General Register for 3 months, and the order was suspended for 12 months subject to the condition of peer audit and supervision. The suspension period has expired in February 2012.

13. The present case involved misconduct in June 2009, after the criminal conviction in May 2008. As the nature of the disciplinary offence was of a dissimilar nature to the present disciplinary offence, we will disregard it for the purpose of sentencing. Nevertheless, the mitigation of clear record will no longer be available to her.

14. We shall give her credit for honest admission of the facts and the error that she made in prescribing. As we have pointed out earlier, she made full admissions as early as the preliminary investigation stage.

15. We are of the view that this case is a matter of oversight. We accept that she has taken remedial measures to prevent recurrence of the problem. We are of the view that the likelihood of re-offending is low.

16. We have pointed out earlier that drug allergy can be serious, in some cases fatal. An oversight on the part of the prescribing doctor can have serious consequence for the patient. Proper caution must be exercised to prevent avoidable risks of triggering allergic reactions in prescribing medicines.

17. We bear in mind that the purpose of a disciplinary order is not to punish a doctor. The purpose is to protect the public from persons who are unfit to practise medicine for reason of competence or

otherwise, and to maintain public confidence in the medical profession by upholding the reputation of the profession.

18. Having regard to the gravity of the case and the mitigating factors, we order that the Defendant's name be removed from the General Register for a period of 1 month, and that the order be suspended for a period of 12 months, subject to the condition that she does not commit further disciplinary offence during the suspension period.

19. In any case, as this is already the second disciplinary conviction, we see fit to remind her to take particular care in future to ensure that she practises in accordance with the ethical rules of professional conduct.

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