

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr CHOW Kwan Lung (鄒昆龍醫生) (Reg. no M12720)

Date of hearing: 11 January 2013

1. The charge alleged against the Defendant, Dr CHOW Kwan Lung, is that:

“He, being a registered medical practitioner, had disregarded his professional responsibility to his patient Madam A (“the Patient”) in that after a blood test which showed a beta-HCG level of 3.092 IU/mL on or about 29 November 2009, he wrongly informed the Patient that she was not pregnant when in fact she was pregnant.”

Facts of the case

2. The Patient was a 46-year old woman. She was admitted to a private hospital on 28 November 2009 under the care of the Defendant, having been diagnosed of pyelonephritis by another doctor on the day before.
3. As the Patient had not had menstruation since her last menstrual period on 23 October 2009 and had vaginal spotting, she told the Defendant that she suspected that she was pregnant. Therefore, the Defendant ordered blood test in order to confirm whether she was pregnant.
4. The blood test report dated 29 November 2009 showed that the Patient’s beta-HCG level was 3.092 IU/mL. According to the reference range set out immediately below the test result, the non-pregnant level is less than 0.005 IU/mL, and the beta-HCG level for a pregnancy of 1 to 10 weeks is 0.202 to

over 225 IU/mL. Therefore, the Patient was pregnant within the 1 to 10 weeks range.

5. However, the Defendant told the Patient that she was not pregnant. The Patient was discharged on 1 December 2009.
6. On 4 December 2009, the Patient had an X-ray examination. Although the laboratory warned that no X-ray should be taken if she was pregnant, the Patient took the X-ray as the Defendant had confirmed that she was not pregnant just a few days earlier.
7. Later on, she took a number of medicines because of influenza.
8. On 13 January 2010, the Patient consulted a gynaecologist because of the long absence of menstruation. Upon ultrasound examination, it was confirmed that the Patient was pregnant for 12 weeks. Having considered the possible adverse effect on the foetus caused by the X-ray examination and the medicines she had taken, the Patient eventually decided to terminate the pregnancy. The pregnancy was terminated on 14 January 2010.

Findings of the Council

9. The Defendant admits the facts of the case. Nevertheless, it remains our responsibility to determine whether the Defendant's conduct constitutes professional misconduct.
10. The Defendant's explanation to the Preliminary Investigation Committee was that he misinterpreted the test result as negative because, although the result was reported as IU/mL, he thought that the unit was IU/L which was used in public hospitals. We find that this explanation is unacceptable.
11. The test report was clear, with the unit of measurement IU/mL clearly set out. Furthermore, the reference range for non-pregnant level and pregnancies of various durations was set out immediately below the test result. It is obvious to any person, even a layman, reading the test report that the Patient was pregnant within the 1 to 10 weeks range.

12. Every doctor has a duty to exercise reasonable care in practising medicine. There was no reason for the Defendant to overlook both the unit of measurement and the reference range in the report, nor was there any basis for him to suppose that the test result was reported in a different unit. Furthermore, the blood test was performed specifically for the purpose of verifying whether the Patient was pregnant, and there was all the more reason that he should read the report more carefully before informing the Patient of the test result. It was a case of reckless disregard of his professional responsibility to the Patient for the Defendant to tell the Patient that the test result was negative when in fact the result was clearly positive.
13. We are satisfied that the Defendant's conduct clearly fell below the standard expected amongst registered medical practitioners. It clearly constitutes professional misconduct. We find him guilty as charged.

Sentencing

14. The Defendant has a clear record.
15. In accordance with our policy published in the "Practice directions for Disciplinary Inquiries", we shall give him full credit in sentencing for his honest admission to the Preliminary Investigation Committee and in this inquiry.
16. 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 because of competence or other reasons, and to maintain public confidence in the medical profession by upholding the reputation of the profession.
17. Although the problem in this case was only a slip of attention by the Defendant, it led to very significant consequences resulting in the termination of the Patient's pregnancy. Although it is debatable whether termination of the Patient's pregnancy was absolutely necessary, it cannot be denied that without the Defendant's mistake the Patient would not have taken the X-ray and the various medicines.

18. After the incident the Defendant has made efforts to improve his knowledge in drugs and pregnancy. He has also made suggestions to the private hospital in question for improving the presentation of the test reports so as to minimize misunderstanding.
19. From the outset, we must emphasize that a doctor must read and interpret test reports with proper care irrespective of how the reports are presented, and cannot simply rely on others such as the laboratory to remind him of the implication of the test results.
20. The blood test was performed specifically for the purpose of verifying whether the Patient was pregnant. While it is not for this Council to dictate how test reports should be presented, we urge all relevant authorities to ensure that test reports are presented in a clear and logical manner, so that the reports are readily comprehensible and without confusion to doctors. Needless to say, the reports must not contain misleading features.
21. 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 2 months, and the operation of the order be suspended for a period of 1 year. The order will be published in the Gazette in accordance with the provisions of the Medical Registration Ordinance.
22. We advise the Defendant to treasure the opportunity that we have given him and exercise particular care in order to ensure that he will not commit further disciplinary offences. In any case, proper care must be exercised in the practice of medicine, failure of which can have very serious consequences for the patients.

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