

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

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr LOK Yee Ha (駱綺霞醫生) (Reg. No. M07797)

Date of hearing: 11 June 2013

1. The charge against the Defendant, Dr LOK Yee Ha, is that:

“On or about 20 August 2009, she, being a registered medical practitioner, disregarded her professional responsibility to her patient Madam A (“the Patient”) in that she prescribed Amoxycillin 250mg to the Patient when she knew or should have known that the Patient was allergic to penicillin.

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

Facts of the case

2. The Patient first consulted the Defendant on 10 September 2008 for monitoring her gynaecological condition, and told the Defendant that she was allergic to penicillin. The Defendant recorded the allergy in the computer medical record under “Progress Note”.
3. On 20 July 2009, the Patient consulted the Defendant again for painful coitus. Vaginal swab was taken for culture for suspected vaginitis.
4. On 21 July 2009, the medical centre received the laboratory results which indicated the presence of Candida and Group B Streptococcus. The Defendant prescribed medicines including Amoxycillin, and ordered the clinic nurse to dispense the medicines when the Patient returned to collect the laboratory results.

5. On 20 August 2009, the Patient went to the clinic to pick up the laboratory results. The Defendant was on leave, and no consultation took place. The clinic nurse dispensed the medicines to the Patient according to the Defendant's prescription.
6. After taking the first dose of the medicines on 20 August 2009, the Patient developed headache and felt feverish. In the morning of 21 August 2009, she took the second dose. She developed various reactions including dizziness, difficulty in breathing, feeling feverish, skin rash all over the body, erythema, shortness of breath, coughing, and subcutaneous bleeding in the lower limbs. She called the Defendant at the clinic to ask whether she was having allergic reactions to the medicines, but the Defendant was on leave. The clinic nurse then consulted the doctor on duty at the clinic and returned call. The nurse told her to stop taking the medicines because of suspected allergic reactions. However, the nurse reassured the Patient that her reactions were not serious and she did not need to see a doctor.
7. The Patient's allergic reactions intensified, with the subcutaneous bleeding spreading to all parts of the body. The Patient's husband then made enquiries with some friends, and discovered that Amoxycillin was causing the allergic reactions.
8. On 22 August 2009, the Patient was admitted to a private hospital for treatment. She was found to have itchy maculopapular rash all over the body and chest tightness with cough. After treatment with intravenous steroid and oral antihistamine, the skin lesions and chest tightness responded to treatment. She was discharged on 25 August 2009.

Findings of Council

9. The Defendant admitted the factual allegations of the charge. She admitted that she had made a mistake in prescribing Amoxycillin after the Patient had specifically indicated her allergy to penicillin.
10. It is a fundamental principle that a prescribing doctor must ascertain whether the patient is allergic to any medicine before making the prescription, so as to

minimize the possibility of triggering allergic reactions. This is important, as allergic reaction to drugs can be serious, and sometimes fatal. Allergic reaction to drug is not dose-dependent, and can be triggered by even a small dose.

11. The starting point is to check the patient's medical record. If there is any known allergy, the relevant drug should be avoided unless after a proper risk-benefit analysis it is considered that the drug still has to be prescribed, such as in life-saving situations. If there is no such information, the doctor must ask the patient whether he/she has any history of allergic reaction.
12. A patient who has a known history of allergy to penicillin should not be prescribed with any type of penicillin. Amoxicillin is one type of penicillin, and should not be prescribed to a patient who is allergic to penicillin.
13. In the present case, the Patient told the Defendant that she was allergic to penicillin. The allergy was recorded in the medical record. When the Defendant made the prescription, she reviewed the medical record. However she neither remembered that the Patient had indicated her drug allergy, nor did she notice the drug allergy recorded in the medical record. The irresistible inference is that the Defendant did not exercise proper care in prescribing the medicines. This is a fundamental disregard of her professional responsibility, as such neglect can, and in fact it did, lead to serious consequence to the Patient.
14. In her submission to the Preliminary Investigation Committee, the Defendant claimed that 2 factors contributed to her failure to notice the Patient's allergy to penicillin. Firstly, at the time of the consultation the hardcopy of the medical record was at another clinic of the medical centre, and thus the Defendant could not make a cautionary note on the front cover of the medical record. Secondly, due to inadvertence the Defendant failed to record the Patient's allergy in the "allergy alert" function of the computer system, thus she was not alerted when she reviewed the computer medical record.
15. We must point out that those factors cannot be an excuse for not taking proper care before making the prescription. To the contrary, those factors showed that the Defendant did not exercise proper care even at the stage of making the

medical record. Those factors, instead of alleviating the Defendant's disregard of her professional responsibility, actually aggravated the error.

16. We are satisfied that the Defendant's conduct in prescribing Amoxicillin to the Patient after the Patient had told her of the allergy to penicillin is clearly below the standard expected amongst registered medical practitioners. We find her guilty of professional misconduct as charged.

Sentencing

17. The Defendant has a clear record.
18. In accordance with our published policy, we shall give her credit in sentencing for her honest admission of the factual allegations of the charge both during preliminary investigation and in this inquiry.
19. 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 and to maintain public confidence in the medical profession.
20. We accept that the Defendant has taken a number of remedial measures to prevent recurrence of similar mistakes in the future. That reflects her insight into the problem and her remorse. We are of the view that she has learned a hard lesson, and the likelihood of re-offending should be low.
21. Wrongful prescription of drugs which a patient is known to be allergic to can easily be prevented by checking the medical record and checking with the patient. There is no reason for not taking such fundamental preventive measures, particularly where the patient has made known to the doctor his/her allergy.
22. As we have pointed out on a number of previous occasions, allergic reaction to drugs can be triggered even by a small dose and the reaction can be serious and sometimes fatal. A simple error on the part of the prescribing doctor can have very serious consequence to the patient.

23. 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 the removal order be suspended for a period of 12 months, subject to the condition that she does not commit further disciplinary offence within the suspension period. The removal order is liable to be activated in part or in full, if she commits any further disciplinary offence within the suspension period (irrespective of whether she is convicted of the further disciplinary offence within the suspension period).
24. We are particularly concerned that there have been similar cases of doctors prescribing drugs which the patient was known to be allergic to, even though the patient had clearly told the prescribing doctor of the allergy. Our duty to protect the public demands that effective measure be taken to prevent similar problems.
25. It is a fundamental responsibility of every doctor to consider the possibility of allergic reactions before prescribing medicines. No reminder is required for doctors to direct their attention to the responsibility. However, in view of the fact that there are cases in which the responsibility is plainly overlooked, we must send a message to the medical profession that the matter will be dealt with seriously in sentencing in future cases if patient's known allergy is blatantly overlooked.

Other remarks

26. The Defendant's name is included in the Specialist Register under the specialty of "Obstetrics and Gynaecology". We are of the view that to exercise proper care in prescribing medicine is a fundamental responsibility of all doctors. We shall leave it to the Education and Accreditation Committee to consider whether any action should be taken under section 20N of the Medical Registration Ordinance in respect of her specialist registration

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