香港醫務委員會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr LEUNG Kam Fai Thomas (梁鑫暉醫生) (Reg. No.: M13230)

Date of hearing: 11 December 2025 (Thursday)

Present at the hearing

Council Members/Assessors: Prof. FOK Tai-fai, SBS, JP
(Chairperson of the Inquiry Panel)
Prof. WONG Chi-sang, Martin
Dr CHUANG Shuk-kwan, JP
Mrs BIRCH LEE Suk-yee, Sandra, GBS, JP
Miss LAU Wan-ching

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Mr Warren SE-TO of
Messrs. Johnson Stokes & Master

Legal Officer representing the Secretary: Miss Molly WONG, Senior Government Counsel (Acting)

The Defendant is absent.

The Charges

1. The charges against the Defendant, Dr LEUNG Kam Fai Thomas, are:

"The particulars of the complaint are that in or about June 2018, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, [redacted] ("the Patient"), in that he:

(a) *failed to provide appropriate diagnosis on the conditions of the patient during the three consultations on 11, 14 and 17 June 2018; and*

(b) *failed to take into consideration the anti-thyroid drugs the patient was taking and failed to recognize that the condition of the patient could be anti-thyroid drug induced agranulocytosis.*

In relation to the facts alleged, either singularly or cumulatively, he has been guilty of misconduct in a professional respect."

Facts of the case

2. The name of the Defendant has been included in the General Register from 3 July 2001 to the present. His name has never been included in the Specialist Register.

3. For the purpose of the conduct of this inquiry, the Secretary and the Defendant have agreed on the following facts of the case:-

'[redacted] *("**the Patient**"), deceased, aged 48 at the time, consulted Dr. Leung on 11 June 2018 complaining of some flu symptoms, including fever and sore throat. The Patient mentioned she had thyroid problem for which she was on medication. Upon physical examination, the Patient was diagnosed by Dr. Leung with acute tonsillitis, and was prescribed with a 3-day course of medications (including an antibiotic) for symptomatic relief.*

In the evening of 11 June 2018, the Patient consulted Dr. Leung again and complained of persistent sore throat. Dr. Leung gave the Patient an intramuscular injection of Voltaren for pain relief.

On 13 June 2018, Dr. Leung instructed his clinic assistant to call the Patient and follow up on her condition. According to the Patient, her fever had subsided and sore throat had improved but her stomach was distended. She was asked to return to Dr. Leung's clinic for follow-up.

On 14 June 2018, the Patient returned to see Dr. Leung. The Patient's fever subsided, and reported that her sore throat was improving. Physical examination revealed that the Patient had mouth sores and general gingivitis, while her tonsils were still mildly enlarged. Dr. Leung's clinical diagnosis was

gingivostomatitis and he prescribed her with medications for symptomatic relief, including (among others) Prednisolone 5 mg.

On 17 June 2018, the Patient consulted Dr. Leung again and reported improved symptoms. As the Patient appeared to be responding to treatment, Dr. Leung prescribed her with another course of medications for symptomatic relief. This was the last time Dr. Leung saw or heard from the Patient.

Dr Leung accepts that, during the abovementioned consultations, he failed to appropriately diagnose the Patient's condition. He also accepts that, when providing treatment to the Patient, he failed to take into consideration the anti-thyroid drug(s) the Patient was taking and failed to recognise that the Patient's underlying condition could be ant-thyroid drug induced agranulocytosis."

4. According to the Patient's sister, whose evidence is unchallenged by the Defendant, the Patient coughed up blood stain sputum with difficult breathing at around 17:00 hours in the afternoon of 17 June 2018. The Patient was taken by ambulance to the Accident & Emergency Department ("AED") of the North District Hospital ("NDH") later at around 19:30 hours.

5. According to medical records obtained from NDH, the Patient was diagnosed with pneumonia. She was initially admitted to the medical ward at around 20:29 hours in the evening. The Patient was admitted to the Intensive Care Unit later in the same evening after her condition had deteriorated with severe respiratory failure.

6. On 18 June 2018, the Patient was transferred from NDH to the Prince of Wales Hospital for further management. However, her condition continued to deteriorate and developed severe and cardiogenic shock. On 19 June 2018, the Patient succumbed with multi-organ failure. According to her Death Certificate, the cause(s) of death were said to be "*Disseminated Intravascular Coagulopathy; Pneumonia; Sepsis; [and] Agranulocytosis*".

7. The Patient's sister subsequently lodged this complaint against the Defendant with the Medical Council ("the Council").

Burden and Standard of Proof

8. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove his innocence. We also bear in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.

9. There is no doubt that each of the allegations made against the Defendant here is a serious one. Indeed, it is always a serious matter to accuse a registered medical practitioner of misconduct in a professional respect. Therefore, we need to look at all the evidence and to consider and determine the disciplinary charges against him separately and carefully.

Findings of the Inquiry Panel

10. The Defendant admits the factual particulars of the disciplinary charges against him. It remains however for us to consider and determine on all the evidence whether he has by his conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong.

11. We agree with the unchallenged opinion of the Secretary's expert, Dr CHAN, that in this case:-

"... *taking the unresolved infections over a week's duration, high index of suspicion for sinister diagnosis could have been considered. Appropriate action may include urgent complete blood picture or refer to the AED...*"

12. In our view, since the initial diagnosis was acute tonsilitis and antibiotics were prescribed, it ought to come to the Defendant's mind that the Patient, who had no complications yet further developed gingivitis with erosions on gum, should be the cause of special concern. In failing to spot something serious might be happening to the Patient, the Defendant has by his conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per the disciplinary charge (a).

13. And we agree with Dr CHAN that:-

"... *[t]he underlying condition was not documented and the possibility of the [P]atient might be suffering from agranulocytosis was not taken into consideration. Albeit agranulocytosis a rare condition, it is treatable and preventable; doctors are recommended to have a high index of suspicion of the condition when encountering patients taking anti-thyroid medication and present with fever, sore throat or gum ulcers.*"

14. In his submission to the Preliminary Investigation Committee by letter from his solicitors dated 2 December 2022, the Defendant frankly admitted that:-

"*At the material times in 2018, [he] had almost no experience in treating patients with hyperthyroidism, and he did not know Carbimazole could lead to agranulocytosis which... is a rare complication of Carbimazole. It was [his] usual practice to refer patients with hyperthyroidism to the relevant specialists for further management. In his clinical practice, [he] never prescribed Carbimazole to his patients...*"

15. We wish to emphasize that a registered medical practitioner who prescribes medicine to his patient bears the responsibility to ensure that such drug treatment is appropriate. The Defendant's ignorance of the complication of Carbimazole was no excuse for his failure to recognize that the condition of the Patient could be anti-thyroid drug induced agranulocytosis. The real point in our view is that the Defendant ought to ensure that the medicines that he was going to prescribe would be appropriate for the Patient, who was known to him to be taking anti-thyroid drug(s). Had the Defendant bothered to find the name and nature of the anti-thyroid drug(s) that the Patient was taking, he ought in our view to have checked the white blood cell count and advised her on discontinuation of anti-thyroid drug before prescribing drug treatment to her.

16. In failing to take into consideration the anti-thyroid drugs the Patient was taking and in failing to recognize that the condition of the Patient could be anti-thyroid drug induced agranulocytosis, the Defendant has by his conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of misconduct in a professional respect as per disciplinary charge (b).

Sentencing

17. The Defendant has one previous disciplinary record relating to several incidents back in or about 2016 when he signed consent forms for the use of physical restrainer without proper assessment records made and failing to take adequate steps to ensure information in such consent forms were properly filled in before signing thereat. After due inquiry, the Defendant was issued with a warning letter and the disciplinary order was published in the Gazette in 2021.

18. We bear in mind that the primary 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 by upholding its high standards and good reputation.

19. In line with our published policy, we shall give the Defendant credit in sentencing for his admission and cooperation throughout these disciplinary proceedings.

20. We appreciate that the nature of the misconduct underlying the Defendant's previous disciplinary record is different from that of the present case. But then again, this reinforces in our view his lack of diligence in discharge of his professional duties.

21. We are however particularly concerned that the Defendant did not bother to find out the name(s) of the anti-thyroid drug(s) that the Patient was taking. This was aggravated by his prescription of steroid to the Patient whilst suspecting infection. In this connection, we agree with Dr CHAN that "*this is particularly the case when two NSAIDs had been prescribed already... prednisone would weaken a patient's self-defense and masked the signs of inflammation even in short term use is common knowledge to doctors.*"

22. Taking into consideration the nature and gravity of the disciplinary charges for which we have found the Defendant guilty and what we have read and heard in mitigation, we order that the name of the Defendant be removed from the General Register for a period of 6 months.

23. We have seriously considered whether our removal order should be suspended but decide that this is not an appropriate case to do so. Given that the Patient was a new patient to the Defendant, it is unacceptable in our view not to make

proper enquiry about the anti-thyroid drugs that she was taking before prescribing her with drug treatment.

24. We are told in mitigation that the Defendant had since the death of the Patient taken a number of remedial measures to improve his medical practice. We wish to point out that the best remedial measures still require the diligence of the doctor who put them in practice. Regrettably, the Defendant fails to appreciate that his shortcomings lie not only in his lack of medical knowledge but also his irresponsible attitude in his medical practice.

25. The Defendant ought to understand that his improper prescription of steroid had exposed the Patient to the serious side effect of Carbimazole which ultimately led to her demise. And yet, the Defendant still claims in his second submission to the Preliminary Investigation Committee by his solicitors' letter dated 27 November 2024 that "*... the problem with [his] management in this case only lies in his failure to diagnose and recognise the Patient's underlying condition of thyrotoxicosis and/or anti-thyroid drug induced agranulocytosis.*"

26. In our view, the Defendant has failed to demonstrate to us sufficient insight into the shortcomings that underlay his misconduct in this case. For the protection of the public, we cannot allow the Defendant to practise medicine before he has truly reformed.

Prof. FOK Tai-fai, SBS, JP
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong