香港醫務委員會

The Medical Council of Hong Kong

DISCIPLINARY INQUIRY
MEDICAL REGISTRATION ORDINANCE, CAP. 161

Defendant: Dr TAN Jin Min Jeremiah (陳治文醫生) (Reg. No.: M09131)
(formerly registered as Dr TAN Jin Min 先前註冊為陳振明醫生)

Date of hearing: 12 August 2025 (Tuesday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel
(Chairperson of the Inquiry Panel)
Dr Marcus Mitchell MARCET
Prof. NG Kwok-wai, Enders
Mrs BIRCH LEE Suk-yee, Sandra, GBS, JP
Ms WU Ka-lai, Cary

Legal Adviser: Mr Stanley NG

Defence Solicitor representing the Defendant: Ms Maureen LIU of Messrs. Howse Williams

Legal Officer representing the Secretary: Ms Esther CHAN,
Senior Government Counsel

The Defendant is not present.

The Charge

1. The charge against the Defendant, Dr TAN Jin Min Jeremiah, is:

"That on or about 12 December 2021, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, Madam [redacted] ("the Patient"), in that he prescribed Diclofenac, a non-steroidal anti-

inflammatory drug (NSAID) to the Patient, when the Patient had already informed him that she was allergic to NSAID.

In relation to the facts alleged, 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 8 September 1993 to the present. His name has never been included in the Specialist Register.

3. On 12 December 2021, the Patient consulted the Defendant for the first time at his clinic at Chun Hong Medical Center ("the Center") for her eye sickness and coughing. The Patient informed the Defendant of her history of drug allergy to non-steroidal anti-inflammatory drug ("NSAID") and asked the Defendant to check her medical history at the Center. The Patient emphasized to the Defendant the seriousness of her allergy as she had asthma.

4. The Defendant then prescribed medications, including 9 tablets of Diclofenac 50 MG for 3 days, to the Patient. When the clinic nurse asked the Patient to collect the medications at the counter, the Patient discovered that the medicine bag containing Diclofenac has the words "消炎止痛" printed on it. The Patient then requested the nurse to ask the Defendant again if the medicine was NSAID and stressed that she could not take NSAID. After consulting the Defendant, the nurse replied to the Patient that the Defendant said it would be safe for the Patient to take Diclofenac. 9 tablets of Diclofenac 50 MG for 3 days were dispensed to the Patient.

5. By a statutory declaration made on 12 April 2023, the Patient lodged a complaint against the Defendant with the Medical Council.

Burden and Standard of Proof

6. 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.

7. There is no doubt that the allegation 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 charge against him carefully.

Findings of the Inquiry Panel

8. The Defendant admits the factual particulars of the disciplinary charge against him. It however remains for us to consider and determine on the evidence whether he has been guilty of misconduct in a professional respect.

9. Patients are entitled to, and they often do, rely on the vigilance of doctors who should exercise reasonable care and competence in avoiding prescription of drug to which they have a known allergy. Allergic reaction to drug can also be very serious and potentially life-threatening. In a patient with a reported allergy to a particular drug or a class of drugs, the risk of having an allergic reaction after taking the same drug or class of drugs would be high.

10. Diclofenac is a type of NSAID. Prescription of Diclofenac to the Patient, whom the Defendant knew was allergic to NSAID, was clearly inappropriate and unsafe.

11. In our view, the Defendant had by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. We therefore find the Defendant guilty of misconduct in a professional respect as charged.

Sentencing

12. In line with our published policy, we shall give the Defendant credit for his frank admission and full cooperation throughout the inquiry today.

13. 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.

14. The Defendant has one previous disciplinary record for failing to ensure (i) that the name of the patient was correctly labeled in three medicines dispensed to the patient; and (ii) that the particulars of the three medicines dispensed to the patient were properly recorded in the patient's digital file in the computer system. The Defendant was ordered to be reprimanded.

15. The previous disciplinary offence committed by the Defendant could arguably be viewed as an administrative issue, rather than an issue on prescription of drug. However, in the previous disciplinary case, we note that the Defendant refused to listen to the patient, which is also the issue in the present case. The Defendant did not listen, and in fact ignored the Patient of her allergy problem.

16. We have considered the character reference letters as submitted by the Defendant.

17. We also take note that the Defendant has taken remedial measures by putting in place in his clinic a system, alerting the attending doctor of patient's allergy, if any.

18. The offence committed by the Defendant in the present case was serious. The Defendant had knowledge of the Patient's allergy to NSAID. The Defendant was informed of the allergy by the Patient during the consultation, and subsequently by his clinic nurse. There was no reason why the Defendant still insisted to prescribe Diclofenac, compromising the safety of the Patient.

19. Taking into consideration the nature and gravity of the case and what we have heard and read in mitigation, we order that the name of the Defendant be removed from the General Register for a period of 2 months. We further order that the removal order be suspended for a period of 12 months, subject to the following conditions:

    (a) the Defendant shall complete continuing medical education courses to be pre-approved by the Council Chairman and to the equivalent of 20 CME points on safe prescription of drugs and prescribing behavior during the suspension period; and

(b) the Defendant shall complete during the 12-month suspension period satisfactory peer audit by a Practice Monitor to be appointed by the Council with the following terms:

(i) the Practice Monitor shall conduct random audit of the Defendant's practice with particular regard to safe prescription of drugs and the Defendant's prescribing behaviour;

(ii) the peer audit should be conducted without prior notice to the Defendant;

(iii) the peer audit should be conducted at least twice during the 12-month suspension period;

(iv) during the peer audit, the Practice Monitor should be given unrestricted access to all parts of the Defendant's clinic and the relevant records which in the Practice Monitor's opinion is necessary for proper discharge of his duty;

(v) the Practice Monitor shall report directly to the Chairman of the Council the finding of his peer audit. Where any defects are detected, such defects should be reported to the Chairman of the Council as soon as practicable;

(vi) in the event that the Defendant does not engage in active practice at any time during the 12-month suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until the completion of 12-month suspension period; and

(vii) in case of change of Practice Monitor at any time before the end of the 12-month suspension period, unless otherwise ordered by the Council, the peer audit shall automatically extend until another Practice Monitor is appointed to complete the remaining period of peer audit.

Remarks

20. We wish to stress to the Defendant that even if he delegates the duty of checking if the drugs prescribed to patients are correct, as a registered medical practitioner, he always bears the ultimate responsibility.

Dr CHOI Kin, Gabriel
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong