

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE INQUIRY PANEL OF
THE MEDICAL COUNCIL OF HONG KONG

DR CHEUNG WAI SHING DICKY (REGISTRATION NO.: M10404)

It is hereby notified that after due inquiry held on 8 February 2023 in accordance with section 21 of the Medical Registration Ordinance, Chapter 161 of the Laws of Hong Kong, the Inquiry Panel of the Medical Council of Hong Kong found Dr CHEUNG Wai Shing Dicky (Registration No.: M10404) guilty of the following amended disciplinary charges:—

“That in or about November 2018, he, being a registered medical practitioner, disregarded his professional responsibility to his patient (“the Patient”), in that he:—

- (a) inappropriately prescribed “Jardiance” and “Trulicity” simultaneously to the Patient;
- (b) failed to recognise the implications arising from the Patient’s complaint(s) of nausea and/or vomiting properly and/or adequately; and/or
- (c) failed to make adequate and/or appropriate change to the management of the Patient when she complained about nausea and/or vomiting.

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

Dr CHEUNG’s name has been included in the General Register from 24 November 1995 to the present. His name has been included in the Specialist Register under the Specialty of Endocrinology, Diabetes & Metabolism since 2 July 2008.

Briefly stated, the Patient first consulted Dr CHEUNG on 14 November 2018. According to Dr CHEUNG, the Patient told him during the consultation that she had been diagnosed with Type 2 diabetes mellitus for 7 years and hyperlipidaemia.

The Patient brought along the oral medications that she had been taking, which included Diamicon 160 mg twice a day, Metformin 1 gm twice a day, Actos 30 mg once a day and Januvia 100 mg once a day for diabetes, Losacor 50 mg once a day for hypertension and Atorvastatin 10 mg once a day for hyperlipidaemia. The Patient also brought along her laboratory tests report dated 28 September 2018.

The Patient told Dr CHEUNG that she had recently experienced weight loss but Dr CHEUNG noted from reading the said laboratory tests report that her body weight merely dropped from 45.9 kg on 28 September 2018 to 45.4 kg as measured in his clinic on the day of consultation.

The said laboratory tests report also showed that the Patient’s body mass index (“BMI”) was 19 and her fasting blood sugar (“FBS”) level was 8.1 mmol/L, which was higher than the normal range of 5.5 mmol/L.

Dr CHEUNG then arranged for the Patient to undergo a Haemoglobin A1C (“HbA1c”) test at his clinic for comparison with the result stated in the said laboratory tests report. The results of the HbA1c tests done on 28 September 2018 and 14 November 2018 were 8.5% and 8.0% respectively, which were both higher than the normal range of <6.5%. And the Patient’s Haemoglucostix (“H’stix”) test result (post-meal) was 12 mmol/L, which was higher than the normal range of 8 mmol/L.

Dr CHEUNG found the Patient’s diabetic control to be unsatisfactory. Considering that there was not much room for further diabetic control by diet alone and that the Patient had nearly maximised the use of oral anti-diabetic medications, Dr CHEUNG recommended her to receive Insulin injections. This was however declined by the Patient.

Dr CHEUNG then prescribed the Patient with Jardiance 10 mg once a day and advised her to stop taking all oral medications that she had been taking except Metformin. Dr CHEUNG also prescribed the Patient with weekly injection of Trulicity 1.5 gm for 4 weeks.

On 16 November 2018, the Patient called Dr CHEUNG’s clinic and told the clinic assistant that she had nauseous feelings and asked if the prescribed medications were suitable for her. According to Dr CHEUNG, he later returned call and explained to the Patient that nausea was a

common side effect of Trulicity. He assured her that this was not a cause for concern if she could still eat; and the side effect would subside gradually after two to three weeks. He also advised her to delay injection of Trulicity until she felt better.

On 19 November 2018, the Patient called Dr CHEUNG's clinic and asked the clinic assistant about reduction of dosages or change of prescribed medications. According to Dr CHEUNG, he later returned call and the Patient told him that she was still having nauseous feelings although there was no vomiting. He advised the Patient to keep the present dosages of the prescribed medications but suggested her to withhold the Trulicity injection for a few days until she felt better.

According to the Patient, she had reduced food intake due to nausea. Although she did not eat anything after breakfast on 24 November 2018, she continued to vomit. She was found to be slow in response and her daughter then decided to send her to the Accident & Emergency Department of Princess Margaret Hospital ("PMH") in the early hours of 25 November 2018.

According to the medical records obtained from PMH, the Patient was admitted to its Intensive Care Unit at 05:08 hours on 25 November 2018 for management of diabetic ketoacidosis ("DKA"). She was put on actrapid infusion and required dextrose infusion to maintain euglycemia. Her conditions gradually improved and she was transferred out to the medical ward on 27 November 2018 before she was discharged home on 29 November 2018.

The Patient's daughter subsequently lodged this complaint against Dr CHEUNG with the Medical Council (the "Council").

Dr CHEUNG admitted the factual particulars of the amended disciplinary charges against him.

It was the unchallenged evidence of Dr TSANG, the Secretary's expert and which the Inquiry Panel accepted, that there were at all material times no solid evidence from medical studies on the efficacy of combined use of Jardiance and Trulicity in treatment of Type 2 diabetes mellitus.

HbA1c level was at all material times and still is the commonly adopted parameter to gauge the effectiveness of the treatment regime.

The Inquiry Panel's attention was drawn by Dr TSANG to Guidelines, local and overseas, on treatment of Type 2 diabetes mellitus which recommended that "*treatment should be individualized in selection of appropriate pharmacological therapy*"; and the purpose of which was to maintain an optimal balance between the benefits and risks of an intensive glucose control strategy.

In this connection, there was no dispute that the Patient's HbA1c level had fallen from 8.5% on 28 September 2018 to 8% when she consulted Dr CHEUNG on 14 November 2018. Although these figures were both above the normal range, the Inquiry Panel agreed with Dr TSANG in the present case that "*[f]or patient with HbA1c 8.0% (especially with a sign of falling), simultaneous add-on of Trulicity and Jardiance are not warranted.*".

For these reasons, in prescribing inappropriately Jardiance and Trulicity to the Patient simultaneously, Dr CHEUNG had in the Inquiry Panel's view by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found Dr CHEUNG guilty of misconduct in a professional respect as per the amended disciplinary charge (a).

It was also the unchallenged evidence of Dr TSANG, which the Inquiry Panel accepted, that "*Trulicity is... associated with common side effects such as nausea..., vomiting and diarrhea*"; and the Inquiry Panel agreed with Dr TSANG in the present case that "*[i]t was likely that Trulicity induced nausea, and/or vomiting leading to decreased oral intake and eventually triggered the [Patient's] development of DKA.*".

Jardiance is a sodium-glucose co-transporter 2 ("SGLT2") inhibitor; and it was again the unchallenged evidence of Dr TSANG, which the Inquiry Panel accepted, that "*[i]n adults with type 2 diabetes, SGLT2 inhibitors were found to increase the risk of DKA in both observational studies and large randomized clinical trials*"; and "*[t]he risk of diabetic ketoacidosis (DKA) must be considered in the event of non-specific symptoms such as nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness. Patient should [be] assessed for ketoacidosis immediately if these symptoms occur, regardless of blood glucose level.*".

In failing to recognise the implications arising from the Patient's complaint(s) of nausea and/or vomiting properly and/or adequately, Dr CHEUNG had in the Inquiry Panel's view by his

conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found Dr CHEUNG guilty of misconduct in a professional respect as per the amended disciplinary charge (b).

It was the unchallenged evidence of Dr TSANG, which the Inquiry Panel accepted, that “because of GI [gastrointestinal] side effect, nausea and vomiting, the Patient in effect fasted herself and that triggered development of... (DKA).”.

The Inquiry Panel agreed with Dr TSANG in the present case that regardless of the blood glucose level, the Patient should be assessed for diabetic ketoacidosis after she had “presented with potential...(DKA) symptoms, including but not limited to nausea and/or vomiting.” It was again the unchallenged evidence of Dr TSANG, which the Inquiry Panel accepted, that “[i]n patients where... (DKA) is suspected or diagnosed, treatment with... Jardiance... should be discontinued immediately.”.

Instead of telling the Patient to return to his clinic for assessment after she had presented with potential symptoms of DKA on 16 November 2018, Dr CHEUNG merely advised the Patient to avoid eating if she was not hungry; and that “[s]he could... consume sports drinks such as Pocari Sweat... which would help relieve her nausea”. Worse still, Dr CHEUNG advised the Patient to keep the present dosages of the oral medications despite her repeated complaint of nausea on 19 November 2018.

For these reasons, in failing to make adequate and/or appropriate change to the management of the Patient when she complained about nausea and/or vomiting, Dr CHEUNG had in the Inquiry Panel’s view by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found Dr CHEUNG guilty of misconduct in a professional respect as per the amended disciplinary charge (c).

Dr CHEUNG had a clear disciplinary record.

Taking into consideration the nature and gravity of the disciplinary charges for which the Inquiry Panel found Dr CHEUNG guilty and what the Inquiry Panel had heard and read in mitigation, the Inquiry Panel made a global order in respect of disciplinary charges (a), (b) and (c) that Dr CHEUNG’s name be removed from the General Register for a period of 6 months. The Inquiry Panel further ordered that the said removal order be suspended for a period of 18 months subject to the conditions that Dr CHEUNG shall complete within 12 months courses relating to safe prescription of drugs and therapeutics in endocrinology, diabetes and metabolism to the equivalent of 10 CME points and such courses have to be pre-approved by the Chairman of the Council.

The orders are published in the *Gazette* in accordance with section 21(5) of the Medical Registration Ordinance. The full decision of the Inquiry Panel is published in the official website of the Medical Council of Hong Kong (<http://www.mchk.org.hk>).

LAU Wan-ye, Joseph Chairman, *The Medical Council of Hong Kong*