

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

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

DR CHAN SHEK CHI (REGISTRATION NO.: M05838)

It is hereby notified that after due inquiry held on 25 February 2022 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 CHAN Shek Chi (Registration No.: M05838) guilty of the following disciplinary charges:—

‘That on or about 18 March 2017 to 10 April 2017, he, being a registered medical practitioner, disregarded his professional responsibility to his patient (‘the Patient’), in that he:—

- (a) prescribed multiple medications with similar pharmacological effects to the Patient inappropriately in view of the Patient’s clinical condition;
- (b) prescribed night sedative inappropriately to the Patient; and/or
- (c) failed to adjust his medications to the Patient according to the symptoms and signs of the Patient.

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

Dr CHAN’s name has been included in the General Register from 9 August 1985 to the present. His name has been included in the Specialist Register under the Speciality of Paediatrics since 4 March 1998.

On 18 March 2017, the Patient, then aged 65, consulted Dr CHAN. The Patient presented with cough for 3 weeks especially at night-time causing sleep disturbance. The Patient had sputum, some runny nose and blocked nose, sore throat with no fever, no headache, no dizziness, no vomiting, no diarrhea and no abdominal discomfort. Physical examination recorded blood pressure of 140/80, no pallor, no jaundice, no lymph node, normal chest and throat. Diagram was drawn showing location of chest pain associated with cough but no tenderness. Chest x-ray was done with no abnormalities detected. Dr CHAN made the diagnosis of bronchitis and prescribed the Patient the following medications:—

- (i) Cravit (levofloxacin) 250mg, 3 tablets once daily (total 9 tablets)
- (ii) Phensedyl (phensedyn-codeine, ephedrine, promethazine) 10ml four times a day for 3 days
- (iii) Dextrome (dextromethorphan) 1 tab four times a day for 3 days
- (iv) Celestamine (betamethasone, dexchlorpheniramine) 1 tablet four times a day for 3 days
- (v) Salbutamol 2mg four times a day for 3 days
- (vi) Holoapon (Scopolamine) 1 tablet every 4 hours if required for stomach problem x 12 tablets prescribed
- (vii) Valium (diazepam) 5mg 2 tablets at night x 6 tablets prescribed

(respectively ‘Items (i) to (vii)’)

On the follow-up visit on 21 March 2017, the Patient’s symptoms had lessened. Dr CHAN prescribed the Patient Klacid (Clarithromycin) 2 tablets twice a day for 3 days instead of Cravit. Item (vi) was stopped. Items (ii) to (v) and (vii) were repeated for 3 days. Singulair 10mg at night was added for one month.

On the follow-up visit on 24 March 2017, the Patient had no chest pain, no sleep disturbance, no blocking nose, mild runny nose and mild sputum. Dr CHAN repeated the prescription as 21 March 2017 for 3 days except Singulair. Additional Phensedyl 10ml every 4 hours twice a day (total 120ml) was given as reserve.

The Patient attended Dr CHAN’s clinic on 7 April 2017. She had mild cough, runny nose, sputum, blocking nose and sore throat, and no sleep disturbance. Examination of chest and throat was found to be normal. Dr CHAN instructed her to tail off Singulair from four times a day to three times, twice and once daily. Dr CHAN also prescribed the following:—

- (a) Dexin (dextromethorphan, guaifenesin) 10ml four times a day for 3 days
- (b) Dextrome (dextromethorphan) 1 tablet four times a day for 3 days

- (c) Synchloramin (combination of dexchlorpheniramine, methscopolamine and pseudoephedrine) 1 tablet four times a day for 3 days
- (d) Brompheniramine 1 tablet four times a day for 3 days
- (e) Valium 2 tablets at night for 3 nights

(respectively 'Items (a) to (e)')

On the follow-up visit on 10 April 2017, the Patient presented with mild symptoms with normal examination of chest and throat. Blood pressure was recorded at 150/80. The diagnosis was bronchitis. Dr CHAN repeated Items (a) to (e) for 4 days, then Items (a) to (d) were repeated for 6 further days with dose frequency twice daily. Item (e) Valium 5mg 2 tablets was further prescribed for 6 nights.

According to the Complainant, the Patient's son, the Patient suffered from anxiety and depression and underwent regular follow up at Castle Peak Hospital ('CPH'). The Complainant noticed that the Patient's condition worsened with frequent fall and decline of memory, and such condition persisted over 5 to 6 days. On 28 April 2017, the Complainant accompanied the Patient to see Dr C, Associate Consultant, Department of CMT2, CPH. The Complainant showed Dr CHAN's prescription to Dr C. The Complainant stated that Dr C commented the medication prescribed by Dr CHAN was too strong and told the Patient to stop immediately.

On 19 May 2017, the Patient went to see Dr C for follow up. The Complainant stated that Dr C had noted improvement of Patient's condition. The Complainant stated that Dr C did say the Patient's condition was affected by medication prescribed by Dr CHAN.

By way of statutory declaration made on 7 September 2017, the Complainant lodged a complaint against Dr CHAN with the Medical Council.

Dr CHAN admitted the factual particulars of the disciplinary charges against him but it remained for the Inquiry Panel to consider and determine on the evidence whether he has been guilty of misconduct in a professional respect.

According to the Secretary expert's opinion, the Patient was prescribed with dextrome containing dextromethorphan and phensedyl containing codeine on 18 March 2017. Both dextromethorphan and codeine are both cough suppressant (antitussive effect) with similar effect. Side effects of dextromethorphan include drowsiness and dizziness. Addictive central nervous system ('CNS') depressant effects may occur when co-administered with alcohol, antihistamines, psychotropics and other CNS depressant drugs. Codeine's side effects include feeling or being sick (nausea or vomiting), feeling sleepy, confusion, feeling dizzy and vertigo. If dextromethorphan is prescribed, codeine is not needed. In the Patient's case, there was no strong indication why she required double dose of cough suppressant. This would increase the addictive CNS depressant effects.

Further, on 18 March 2017 the Patient was prescribed with celestamine containing dexchlorpheniramine, which is anti-histamine. Dexchlorpheniramine is the dextro-isomer of chlorpheniramine and is approximately two times more active. Phensedyl also contains promethazine which has anti-histamine action. The Patient was prescribed double anti-histamine. Common side effects of chlorpheniramine include dizziness, drowsiness, feeling nervous or restless. Using chlorpheniramine together with dextromethorphan on top of medications containing codeine and dextromethorphan further increases side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, would also experience impairment in thinking, judgment, and motor coordination.

Valium was also prescribed on 18 March 2017. Valium (diazepam) is night sedative, tranquilliser and CNS suppressant. 10mg is considered higher end of dosage particularly for elderly. Side effects of diazepam include feeling sleepy or drowsy, confusion problems with coordination or controlling movements i.e. tremors. Although the Patient had trouble sleeping, prescription of cough suppressant and anti-histamine would suffice. Use of night sedative at high dose might not be necessary.

Medications prescribed on 18 March 2017 (namely, Items (ii) to (v) and (vii)) were repeated on 21 March 2017 for 3 more days. The Patient had therefore been prescribed with both dextromethorphan and codeine, two types of anti-histamines and valium (10mg) from 18 March 2017 for 6 days. This would cause drowsiness, dizziness, difficult concentration and confusion.

It was stated in section 9.1 of the Code of Professional Conduct (Revised in January 2016) ('the Code') that:—

'A doctor may prescribe medicine to a patient ... only if drug treatment is appropriate.'

The clinical condition of the Patient did not warrant prescription of multiple medications with similar pharmacological effects. Such prescription of multiple medications to the Patient was clearly inappropriate and in breach of section 9.1 of the Code.

In the Inquiry Panel's view, Dr CHAN's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. The Inquiry Panel therefore found him guilty of misconduct in a professional respect under charge (a).

According to the Secretary's expert, many of the medications prescribed by Dr CHAN had effect on CNS causing drowsiness and impairment of concentration and coordination. Addition of valium at high dose would further increase the effect on CNS.

In the Inquiry Panel's view, Dr CHAN's prescription of night sedative to the Patient was inappropriate and in breach of section 9.1 of the Code.

Dr CHAN's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. The Inquiry Panel therefore found him guilty of misconduct in a professional respect under charge (b).

According to the medical record, the symptoms of Patient had diminished since 24 March 2017.

On 7 April 2017, the Patient was prescribed dexin and dextrome both containing dextromethorphan. The Patient was prescribed synchloramin containing dexchlorpheniramine and was also prescribed brompheniramine, which is also anti-histamine. The Patient was continued on valium 10mg at night.

The Patient returned on 10 April 2017 and was repeated those medications for another 4 days, then another 6 days with frequency twice daily and valium remaining at same dose at night.

According to the Secretary expert, the blood pressure of the Patient was recorded high (150/80) on 10 April 2017, and this might be the effects of the medications prescribed. Given the improvement of the symptoms of the Patient, the continuation of two types of dextromethorphan and two types of anti-histamine, and valium at 10mg at night could not be justified on clinical grounds. It would not offer benefits to the Patient and out-weighted by the high risks of their side effects.

In the Inquiry Panel's view, Dr CHAN's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. The Inquiry Panel therefore found him guilty of misconduct in a professional respect under charge (c).

Dr CHAN had a clear disciplinary record.

Taking into consideration the nature and gravity of this case and what the Inquiry Panel had heard and read in mitigation, the Inquiry Panel made a global order in respect of charges (a), (b) and (c) that Dr CHAN's name be removed from the General Register for a period of 1 month and the operation of the removal order be suspended for a period of 12 months on condition that Dr CHAN shall complete courses, to be pre-approved by the Council Chairman and to the equivalent of 10 CME points, on therapeutics during the suspension period.

The order is 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*