

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

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

DR WU STEPHEN ZEE KEE (REGISTRATION NO.: M05558)

It is hereby notified that after due inquiry held on 22 November 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 (“Inquiry Panel”) found Dr WU Stephen Zee Kee (Registration No.: M05558) guilty of the following disciplinary charge:—

“That he, being a registered medical practitioner, disregarded his professional responsibility to his patient (‘the Patient’), in that he, from about 19 June 2019 to 30 June 2019, failed to conduct proper investigations and/or clinical management in respect of the Patient’s respiratory tract infection symptoms in that he failed to arrange for chest X-ray in a timely manner.

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

2. The name of Dr WU Stephen Zee Kee has been included in the General Register from 18 January 1985 to the present and his name has never been included in the Specialist Register.
3. On 18 June 2019, the Patient attended the Urgent Care Centre of Hong Kong Adventist Hospital—Tsuen Wan (“HKAH”) with two days history of fever, runny nose, cough, sputum, muscle ache and headache. He had fever of 39.5 degree Celsius with pulse rate of 105/min. He was attended by a Dr CHONG and was noted to be well in general with throat congestion. The chest examination was clear. A diagnosis of Upper Respiratory Tract Infection with fever was made and drugs for symptomatic relief was prescribed. Influenza A and B were tested negative. No chest X-ray was ordered by Dr CHONG.
4. On 19 June 2019, the Patient consulted Dr WU for the first time at the Outpatient Clinic of HKAH. The Patient presented with persistent fever and productive cough. The Patient provided to Dr WU a history that his son was admitted and discharged recently with Mycoplasma pneumoniae. The Patient’s temperature was 39 degree Celsius with throat, ears and chest examination unremarkable. His pulse rate was fast at 112/min. Dr WU made a diagnosis of bacterial bronchitis and he prescribed two oral antibiotics, namely Klacid (clarithromycin) 500 mg twice daily and Zinnat (cefuroxime axetil) 500 mg twice daily with Zantac 150 mg and 5 other symptomatic relief medications.
5. On 20 June 2019, the Patient returned to consult Dr WU. The Patient presented with a persistent fever of 39.8 degree Celsius with abdominal pain and vomiting. His pulse rate was 114/min and he had nose congestion. Dr WU made a diagnosis of bronchitis with gastritis and he recommended that the Patient be admitted for further investigation and treatment.
6. On 20 June 2019, the Patient was admitted to HKAH under Dr WU’s care. During the Patient’s stay at HKAH, various investigations were conducted including blood tests for Mycoplasma pneumoniae IgM, nasopharyngeal swab tests for pneumonia PCR panel including Mycoplasma pneumoniae and influenza B. Medications, including IV antibiotics and oral Azithromycin 500 mg daily were given. The Patient’s lungs remained clear on chest auscultation.
7. The nasopharyngeal swab PCR panel tests performed based on the samples provided by the Patient to the Urgent Care Centre of HKAH on 18 June 2019 initially came back negative to influenza B and Mycoplasma pneumoniae on 21 June 2019. On 22 June 2019, a repeated pneumonia PCR tests and conventional culture was conducted based on sputum sample taken that day, and the Patient tested positive to influenza B and Mycoplasma pneumoniae. Sputum culture turned out negative. Tamiflu was started that day and antibiotics were continued. Ventolin inhaler was also given.
8. On 22 June 2019, the Patient asked Dr WU why a chest X-ray had not been taken. Dr WU said he then realized that he had at the consultation on 19 June 2019 misread the date of a chest X-ray report dated 19 June 2011 as 19 June 2019. Dr WU said that he was under the mistaken impression that it was reporting on a chest X-ray that the Patient had recently taken (when no chest X-ray was in fact taken) at the Urgent Care Centre of HKAH. According to the chest X-ray report, the Patient’s cardiac and mediastinal shadows were normal and there was no radiological

evidence of pulmonary mass or active inflammatory lesion. Dr WU said he immediately apologized to the Patient, but explained that a chest X-ray was not clinically indicated at that moment as the Patient's chest was clinically clear, there was no abnormality with the Patient's SaO2 level, and the Patient's fever was subsiding.

9. On 24 June 2019, the Patient's fever subsided and he was discharged by Dr WU with Zithromax, Zinnat, Tamiflu, Ventolin inhaler, Zantac and three other symptomatic relief medications. The Defendant's primary diagnosis was bronchitis and gastroenteritis, and his secondary diagnosis was influenza B and Mycoplasma pneumonia. The Patient was scheduled to return to the Outpatient Clinic for follow-up on 26 June 2019.

10. On 26 June 2019, the Patient returned to the Outpatient Clinic for follow-up and was seen by Dr WU. On physical examination, the Patient's vital signs were stable. A chest auscultation showed that his lungs were clear. His abdomen was soft and non-tender with active bowel sounds. Dr WU made the diagnosis of "resolving bronchitis/gastroenteritis (antibiotic-induced)". Symptomatic relief medications were prescribed.

11. On 30 June 2019, the Patient returned for follow-up and was seen by Dr WU. On physical examination, the Patient's condition was afebrile. His vital signs were stable. His throat was unremarkable. Chest auscultation showed that his lungs were clear. Dr WU changed the diagnosis to "follow up of resolving mycoplasma pneumonia bronchitis". The Patient was prescribed with symptomatic relief medications, and was asked to return for follow-up if his condition did not improve upon completion of the medication. This was the last time the Patient consulted Dr WU. The Patient did not return to see Dr WU or return to HKAH for follow-up.

12. On 1 July 2019, the Patient said he went to consult his own family physician as he had cough overnight affecting his sleep. Chest X-ray was advised by the Patient's family physician. The use of Ventolin inhaler was also questioned as the Patient had no past history of asthma.

13. On 13 August 2019, the Patient lodged a complaint with the Medical Council against Dr WU.

14. Dr WU admitted the factual particulars of the charge against him. During the entire period from 19 June 2019 to 30 June 2019, Dr WU had seen the Patient for a number of times and had plenty of opportunities to take a chest X-ray of the Patient. However, Dr WU had failed to do so.

15. The Inquiry Panel agreed with the Secretary's expert that a chest X-ray should have been ordered to exclude any community acquired pneumonia and to detect any underlying causes not identified clinically.

16. The Inquiry Panel was satisfied that Dr WU had failed to conduct proper investigations and/or clinical management in respect of the Patient's respiratory tract infection symptoms in that he failed to arrange for chest X-ray in a timely manner. In the view of the Inquiry Panel, Dr WU's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found him guilty of misconduct in a professional respect as charged.

17. Having considered the nature and gravity of the disciplinary charge and what was heard and read in mitigation, the Inquiry Panel ordered that Dr WU be reprimanded.

18. 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 of the Medical Council 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*