

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

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

DR LAU IP (REGISTRATION NO.: M13765)

It is hereby notified that after due inquiry held on 28 June 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 LAU Ip (Registration No.: M13765) guilty of the following amended disciplinary charges:—

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

- (a) failed to conduct adequate and/or proper examination for the Patient before making the diagnosis of non-specific gastroenteritis on 24 April 2018;*
- (b) failed to conduct adequate and/or proper examination for the Patient before making the diagnosis of suspected flu or non-specific gastroenteritis on 27 April 2018; and/or*
- (c) inappropriately or without proper justification prescribed “Ofloxacin” to the Patient on 27 April 2018.*

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

2. Briefly stated, the Patient consulted Dr LAU on 24 April 2018 with complaints of epigastric bloating and abdominal pain. She did not have any vomiting or diarrhoea. During that consultation, Dr LAU performed abdominal examination with the Patient sitting upright. Dr LAU then diagnosed the Patient with non-specific gastroenteritis and prescribed medications for her.

3. On 27 April 2018, the Patient returned to see Dr LAU and complained about abdominal bloating, abdominal pain and fever. The Patient did not have any cough, runny nose or sore throat. She also did not have any vomiting or diarrhoea. During that consultation, Dr LAU again performed abdominal examination with the Patient sitting upright. Dr LAU then diagnosed the Patient with suspected flu or non-specific gastroenteritis. Various medications were prescribed for the Patient, including Ofloxacin 200 mg, an antibiotic.

4. On 30 April 2018, the Patient attended the Accident and Emergency Department of Tseung Kwan O Hospital due to recurrent abdominal pain. She was admitted for further investigations. On 1 May 2018, after undergoing an urgent CT scan, the Patient was diagnosed with acute appendicitis (with inflammatory mass/abscess) and appendectomy with drainage of appendiceal abscess was performed on that day. The diagnoses, as documented in the Discharge Summary dated 11 May 2018 of Tseung Kwan O Hospital, were acute appendicitis with appendicular abscess, gangrene and rupture. The Patient was discharged home on 11 May 2018.

5. The Patient subsequently lodged the complaint against Dr LAU with the Medical Council.

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

7. Diagnosis of acute appendicitis is generally made by clinical assessment. The Inquiry Panel appreciated that clinical manifestations of acute appendicitis, especially at the early stage of onset, might be vague and non-specific. It was however the unchallenged evidence of the Secretary’s expert witness, Dr CHAN, which the Inquiry Panel accepted, that guarding and/or tenderness, particularly at the right lower quadrant, of the abdomen were important clinical signs for making the diagnosis of acute appendicitis.

8. In this connection, it was the unchallenged evidence of Dr CHAN, which the Inquiry Panel accepted, that “[f]or proper examination of the abdomen, it is important that the patient be lying flat, not sitting upright, with the head resting on a single pillow. This relaxes the abdominal muscles and facilitates abdominal palpation...When a patient is sitting upright in a chair for the convenience of the examining doctor, it is difficult to perform palpation with the tightened abdominal muscles in order to elicit classical signs of acute appendicitis like guarding or rebound tenderness on the lower quadrants of the abdomen...Even if palpation was done, this fundamental mistake of examining the [P]atient sitting upright would have not elicited important clinical signs for [Dr LAU] to make the diagnosis of acute appendicitis...”

9. It was imperative in the view of the Inquiry Panel for Dr LAU to conduct adequate and/or proper examination for the Patient in order to rule out other possible cause(s) for her complaint of epigastric bloating and abdominal pain before making the diagnosis of “non-specific gastroenteritis” during the consultation on 24 April 2018.

10. By failing to conduct adequate and/or proper examination for the Patient before making the diagnosis of non-specific gastroenteritis on 24 April 2018, Dr LAU had in the view of the Inquiry Panel by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found Dr LAU guilty of misconduct in a professional respect as per the amended disciplinary charge (a).

11. Turning to the amended disciplinary charge (b), there was no dispute that the Patient was febrile (38.3 degree Celsius) and she also complained of abdominal bloating and abdominal pain but without vomiting, diarrhoea, cough, runny nose or sore throat during the consultation on 27 April 2018.

12. Dr LAU committed the same mistake by performing abdominal examination with the Patient sitting upright.

13. It was the unchallenged evidence of Dr CHAN, which the Inquiry Panel accepted, that *“gastroenteritis without other typical symptoms like vomiting or diarrhoea is a dangerous diagnosis to make in patients with acute abdominal pain as there is always a possibility of acute abdomen... Regardless of the flu season that was prevailing, abdominal pain with fever = 38.3C and without any upper respiratory tract symptoms, these were red flags symptoms that acute abdomen must be considered.”*

14. Moreover, despite no upper respiratory tract symptoms were elicited, Dr LAU nevertheless made the diagnosis of “suspected flu” since it was “flu season” and the Patient had a fever.

15. The Inquiry Panel agreed with Dr CHAN that *“[f]or “fever of uncertain origin”, it was paramount important for [the Defendant] to engage further examination and investigation in order to identify the cause. To treat empirically with an antibiotic was inappropriate in this context. There are only two symptoms: fever and abdominal pain. The high index of suspicion must be acute abdomen. For bacterial gastroenteritis, antibiotics are usually reserved for the severe cases. There was no bloody diarrhoea and in fact there was no vomiting or diarrhoea or dehydration at all to justify the diagnosis and its severity that treatment with antibiotic was needed. Indiscriminate use of antibiotics will enhance antibiotic resistance which is harmful to the individual and community as a whole.”*

16. By failing to conduct adequate and/or proper examination for the Patient before making the diagnosis of “suspected flu” or “non-specific gastroenteritis” on 27 April 2018, Dr LAU had in our view by his conduct fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (b).

17. It is clearly stated in paragraph 9.1 of the Code of Professional Conduct (2016 edition) that: *“A doctor may prescribe medicine to a patient only after proper consultation and only if drug treatment is appropriate.”*

18. Given the findings by the Inquiry Panel in relation to the amended disciplinary charge (b) against Dr LAU, the Inquiry Panel also found that his prescription of “Ofloxacin” to the Patient on 27 April 2018 to be inappropriate and without proper justification.

19. The Inquiry Panel was satisfied on the evidence that Dr LAU had by prescribing “Ofloxacin” to the Patient on 27 April 2018 fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel also found Dr LAU guilty of misconduct in a professional respect as per the amended disciplinary charge (c).

20. The Inquiry Panel was particularly concerned that Dr LAU mentioned in his supplemental statement to the Preliminary Investigation Committee that it was his routine practice to perform abdominal examination for patients with them sitting upright. That demonstrated, in the view of the Inquiry Panel, his lack of basic knowledge and skill in performing abdominal examination. The Inquiry Panel also agreed with Dr CHAN’s criticism of Dr LAU’s indiscriminate prescription of antibiotics.

21. Taking into consideration the nature and gravity of the amended disciplinary charges and the mitigation advanced by Dr LAU through his legal representative, the Inquiry Panel made a global order in respect of the amended disciplinary charges (a), (b) and (c) that Dr LAU’s name be removed from the General Register for a period of 2 months and the operation of the removal

order be suspended for a period of 12 months subject to the conditions that Dr LAU should complete within 12 months courses relating to (i) safe use of antibiotics to the equivalent of 5 CME points; and (ii) diagnosis of medical conditions relating to abdominal diseases to the equivalent of 5 CME points; and such courses have to be pre-approved by the Chairman of the Medical Council.

22. 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>).

TANG Wai-king, *Grace Temporary Chairman,*
The Medical Council of Hong Kong