

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

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

DR KU CHI SING HILARY (REGISTRATION NO.: M06303)

It is hereby notified that after due inquiry held on 27 July 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 KU Chi Sing Hilary (Registration No.: M06303) guilty of the following disciplinary charge:—

“That in February 2014, he, being a registered medical practitioner, disregarded his professional responsibility to his patient (“the Patient”) in that by prescribing Carbimazole to the Patient on 25 February 2014, he failed to offer proper and appropriate treatment to the Patient.

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

Briefly stated, the Patient consulted Dr KU on 21 February 2014 for influenza and allergic symptoms. During the consultation, the Patient sought advice from Dr KU about her recurrent thyroid problem for which she had received treatment from other doctor(s). Dr KU then advised the Patient to have an ultrasound scan of her thyroid and a blood test to check her thyroid functions.

On 25 February 2014, the Patient returned to see Dr KU. By that time, both the ultrasound scan report and blood test report were available.

The material parts of the ultrasound scan report dated 21 February 2014 read as follows:—

“Report:—

The thyroid is diffusely enlarged with some heterogeneous echoic areas seen inside the thyroid.

Flame’s sea sign noted on Doppler USG.

The isthmus is thickened.

The lymph nodes over the adjacent carotid sheath are not enlarged.

COMMENT: Suspicious hyperthyroidism.”

The blood test report dated 24 February 2014 was on a printed form. Under the heading of “Thyroid Function Test”, only 2 columns, namely, “T4” and “T.S.H.” (i.e. thyroid-stimulating hormone) were filled out and the material parts of the blood test report read as follows:—

“... ... Thyroid Functions Test... ... T4... ... T.S.H.	S.I. Units		Conventional Units	
	Result	Normal	Result	Normal
	39.04 nmol/L	66-181	3.05 ug/dl	5.1-14.1
	103 uIU/ml	0.27-4.2	103 uIU/ml	0.27-4.2”

It was not disputed that when Dr KU looked at the blood test report during the consultation with the Patient on 25 February 2014, he misread the T4 level as the Free T4 level. Hence, he mistakenly thought the blood test result had shown a high level of Free T4, which was suggestive of hyperthyroidism. Although he also noted the Patient’s T.S.H. level was high, which would normally suggest hypothyroidism, he thought the result was wrong because this was inconsistent with both the clinical picture of the Patient and the said comment in the ultrasound scan report.

In this connection, Dr KU told the Preliminary Investigation Committee (“PIC”) of the Council in his statement dated 15 February 2017 that although he was not “able to locate the Patient’s original handwritten clinical records... based on [his] recollection...the Patient was noted to be slightly anxious and irritated” during the consultation on 25 February 2014. He noted that “[the Patient’s] thyroid was slightly enlarged on both sides and mildly uncomfortable on palpation. Upon physical examination, regional lymph node enlargement, overt signs of hyperthyroidism... or

overt signs of hypothyroidism... were not noted." There was however no record of these signs and symptoms in the contemporaneous medical record kept by Dr KU on his consultation with the Patient on 25 February 2014.

However that might be, there was no dispute that Dr KU prescribed to the Patient Carbimazole 5mg on 25 February 2014 to be taken two times a day for two weeks, as an initial treatment to suppress her thyroid gland activity. He also asked her to return for follow-up in two weeks' time.

Dr KU also told the PIC in his statement that he subsequently asked the laboratory to repeat the Patient's blood test. On 26 February 2014, his clinic nurse was informed by the laboratory that *"the blood test had been repeated and the results remained the same"*. However, *"[n]o separate report in respect of the repeated blood test results was provided... and [he] was informed by his nurse of the repeated blood test results a few days later."*

Meanwhile, the Patient returned to see Dr KU on 13 March 2014, and she also brought along with her the blood test report dated 24 February 2014.

Upon reviewing the thyroid functions test results in the blood test report, Dr KU then realized that he had mistaken the T4 level to be the Free T4 level. This suggested that the Patient was likely to be suffering from hypothyroidism instead of hyperthyroidism. Dr KU admitted to the Patient that he had misinterpreted the blood test report and apologized to the Patient and asked her to stop Carbimazole immediately.

Dr KU then prescribed to the Patient Levothyroxine, a thyroxine, 50mcg, to be taken 3 times a week for 2 weeks, for treatment of her hypothyroidism. Dr KU also advised her to have a repeated blood test 2 weeks later to review her thyroid function.

The Patient had another blood test on 27 March 2014 as arranged by Dr KU. The blood test report dated 28 March 2014 then showed that her T4 level had returned to normal; and her T.S.H. level had also come down to 9.74 uIU/ml.

On 7 April 2014, the Patient lodged this complaint against Dr KU with the Medical Council.

Dr KU admitted the factual particulars of the disciplinary charge against him.

It was the unchallenged evidence of the Secretary's expert, Dr TANG, that the Patient was suffering from subacute thyroiditis. It was also the unchallenged evidence of Dr TANG, which the Inquiry Panel accepted, that *"subacute thyroiditis is usually a benign condition... and needs only careful monitoring plus simple measures for symptomatic relief."*

But then again, the real point in the Inquiry Panel's view was that Dr KU ought not have jumped to the working diagnosis of hyperthyroidism and prescribed Carbimazole to the Patient on 25 February 2014 when the blood test report dated 24 February 2014 revealed a high level of T.S.H., which would normally suggest hypothyroidism.

Dr KU was fully aware that the high level of T.S.H. revealed in the blood test report was inconsistent with his working diagnosis of hyperthyroidism. Indeed, the T.S.H. level recorded in the blood test report was well above the normal range.

According to Dr KU's statement to the PIC, apart from *"regional lymph node enlargement, overt signs of hyperthyroidism (including bulging eyes, sweaty palms or rapid pulse) or overt signs of hypothyroidism (including cold hands, pallor, dry skin or slow pulse) were not noted"* during the consultation on 25 February 2014.

The presence of non-specific symptoms of anxiety and irritability might or might not be thyroid-related. Even if the Patient was noted to be *"slightly anxious and irritated"* when Dr KU saw her on 25 February 2014, there was no urgency in the Inquiry Panel's view for him to prescribe Carbimazole to the Patient before finding out why the Patient's T.S.H. level was well above the normal range.

Dr KU sought to argue in his statement to the PIC that he *"prescribed to the Patient a very low dose Carbimazole"*, which had unlikely resulted in any significant impact or deleterious effect upon the Patient's thyroid function.

It was however clearly stated in section 9.1 of the Code of Professional Conduct (2009 edition) that:—

"A doctor may prescribe medicine to a patient only after proper consultation and only if drug treatment is appropriate."

For these reasons, by prescribing Carbimazole to the Patient on 25 February 2014, Dr KU had failed to offer proper and appropriate treatment to the Patient. And Dr KU had in the Inquiry Panel's view by his conduct in the present case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found Dr KU guilty of misconduct in a professional respect as charged.

Dr KU had a clear disciplinary record.

Due to the ill health of Dr KU, the inquiry was rescheduled several times. And the Inquiry Panel was told in mitigation that Dr KU had already retired from medical practice.

Taking into consideration the nature and gravity of the disciplinary charge for which Dr KU was found guilty and what the Inquiry Panel had read and heard in mitigation, the Inquiry Panel ordered that a warning letter be issued to Dr KU and the order should be published in the *Gazette*.

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-yee, Joseph *Chairman, The Medical Council of Hong Kong*