

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

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

DR KONG CHUN TAT (REGISTRATION NO.: M09088)

It is hereby notified that after due inquiry held on 11 May 2022, 12 July 2022 and 14 August 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 KONG Chun Tat (Registration No.: M09088) guilty of the following disciplinary charges:—

“That in or about October to November 2018, he, being a registered medical practitioner, disregarded his professional responsibility to his patient, Patient A, (“the Patient”), an infant, in that he –

- (a)(i) failed to properly collect urine samples from the Patient for the urine culture tests; and/or*
- (a)(ii) failed to recognize the possibility of sample contamination in the urine culture report and order for a proper urine collection to confirm the diagnosis of the Patient; and/or*
- (b) improperly made a diagnosis of urinary tract infection for the Patient; and/or*
- (c) prescribed antibiotics to the Patient without proper justifications and/or clinical presentation.*

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

2. Dr KONG’s name has been included in the General Register from 24 August 1993 to the present and his name has been included in the Specialist Register under the Specialty of Paediatrics since 12 February 2003.

3. On 18 October 2018, the Patient, a 2-month old girl, was brought to see Dr KONG at Out-Patient Department of St. Paul Hospital (“SPH”) for skin rash on face, trunk, limbs and vomiting once on that day. The diagnosis was urticaria. The Patient was admitted to SPH. A urine sample was collected from the Patient for urine routine test that evening.

4. On 19 October 2018, the Patient was discharged from SPH as the urticarial rash subsided overnight.

5. In the evening of 19 October 2018, the Patient was called back and seen by Dr KONG as the urine routine test result revealed elevated white blood cell (“WBC”) (i.e. 61/ μ L) and negative nitrite. The Patient had no fever and was asymptomatic. The parents of the Patient were counselled about the possibility of urinary tract infection (“UTI”) and a urine culture test and Ultrasound of Kidney and Bladder were arranged. Dr KONG suggested a course of antibiotics but the parents of the Patient preferred to wait for the investigation results.

6. On 22 October 2018, Ultrasound of Kidneys and Urinary Bladder revealed normal results. Report of the urine culture test available on 22 October 2018 showed significant count of *Escherichia coli* (“E Coli”) and *Klebsiella pneumonia* (“Klebsiella”) (i.e. $> 10^5$ cfu/ml). Dr KONG suggested antibiotics. 7 days of oral cefuroxime was prescribed.

7. On 3 November 2018, the Patient underwent repeat urine routine and culture tests.

8. On 6 November 2018, the Patient returned to see Dr KONG. Urine routine test revealed elevated WBC (i.e. 40/ μ L) and nitrite negative. Urine culture test results continued to show significant count of *E Coli* and *Klebsiella* (i.e. $> 10^5$ cfu/ml). Dr KONG advised that the Patient needed to be admitted for intravenous antibiotics and an admission to SPH was scheduled for 9 November 2018.

9. On 9 November 2018, the Patient was brought to see a Dr TSAO in Hong Kong Sanatorium and Hospital. The Patient was prescribed with chlorhexidine solution to the vulval area.

10. On 15 November 2018, the Patient was seen by Dr TSAO again and clean voided urine was collected. Urine routine test later revealed WBC 14/ μ L.

11. By way of a statutory declaration dated 10 June 2019, the mother of the Patient, lodged a complaint against Dr KONG with the Medical Council.

Charge (a)(i)

12. In the evening of 19 October 2018, the Patient was called back and seen by Dr KONG as the urine routine test result revealed elevated white blood cell ("WBC") (i.e. 61/ μ L) and negative nitrite. Dr KONG said that he confirmed his diagnosis of UTI on that consultation.

13. Dr KONG simply based his diagnosis of UTI on pyuria and the dipstick. In the view of the Inquiry Panel, pyuria was only suggestive of UTI. Considering that the Patient had no fever, it was clearly wrong to base the diagnosis of UTI on pyuria and dipstick only.

14. In respect of the urine culture test, Dr KONG ordered bag urine sample to be taken on 19 October 2018.

15. According to the HKHA Guidelines, the diagnosis of UTI should be proven by both positive urinalysis results indicating inflammation (i.e. pyuria), and a positive bacterial culture from a properly collected urine sample. The suggested means of collection include suprapubic aspiration ("SPA"), catheterization and clean catch. Culture of bag urine has high contamination rates and should not be used for confirming UTI.

16. The HKHA Guidelines also contained a table entitled "*Table 2: Comparison of recent National Guidelines (and that new local guideline) on management of UTI in young children*". At the row "culture criteria", for both the Clinical Guideline of the National Institute for Health and Care Excellence ("NICE"): Urinary tract infection in under 16s: diagnosis and management and the American Academy of Pediatrics ("AAP") guidelines, a single growth of uropathogen was required; for the Australian guideline and Hong Kong guideline, it was written "*Definite if SPA (any growths); Catheter ($> 10^4$); CVU ($> 10^5$) Probable if Catheter ($> 10^3$ or 2 org); CVU ($> 10^4$ or 2 org)*". There was no mentioning at all in that table under the different guidelines that bag urine sample should be used for confirming UTI.

17. At the inquiry, Dr KONG's expert, Dr MO agreed that according to the literature, bag urine was not recommended for urine culture test for confirmation of UTI.

18. The results of the urine culture test ordered by Dr KONG on 19 October 2018 came back on 22 October 2018. The results showed significant count of E Coli and Klebsiella (i.e. $> 10^5$ cfu/ml). The report however did not set out the individual counts of each of the two organisms. The Inquiry Panel agreed with the Secretary's expert, Dr MIU, that the report of growth of 2 organisms was generally interpreted as sample contamination, and the result could not confirm the diagnosis of UTI. If UTI was suspected, a proper urine sample (such as clean catch sample, catheterization and SPA) should be collected and repeated.

19. At the inquiry, Dr MO also agreed that the report which came back on 22 October 2018 and showed 2 organisms should raise alertness to the possibility of contamination, and could not be relied upon to confirm UTI. Dr MO agreed that a proper urine sample (such as clean catch sample, catheterization and SPA) should be used if the intention was to confirm UTI.

20. All the literatures clearly recommend that SPA, catheterization and clean catch should be used for urine collection for culture for confirmation of UTI. Urine bag has high contamination rates and should not be used for confirming UTI. The culture results in that case, which showed significant counts of 2 organisms, pointed that there was the possibility of contamination. The reasons put forward by Dr KONG that there would be risks in the recommended methods of SPA and catheterization, and that clean catch would also be subject to contamination, were still not reasons for his use of urine bag for confirmation of UTI. In any event, the Inquiry Panel considered that the risks as suggested by Dr KONG in SPA and catheterization were exaggerated.

21. On 3 November 2018, Dr KONG ordered another urine culture test, again using urine bag.

22. Similar results showing significant growth of E Coli and Klebsiella (i.e. $> 10^5$ cfu/ml) came back.

23. On 6 November 2018, Dr KONG advised admission to hospital and intravenous antibiotics and the diagnosis was written as "*UTI*".

24. For the same reasons given above, ordering the use of urine bag on 3 November 2018 was not the proper method for culture for confirmation of UTI as there was the possibility of contamination, and the results which came back did show 2 organisms which should have called for alertness of its reliability.

25. For those reasons, the Inquiry Panel was satisfied on the evidence that Dr KONG'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)(i).

Charge (a)(ii)

26. The fact that the urine culture report identified 2 organisms of significant amount pointed to the possibility of contamination and that should have called for alertness on its reliability. It was no excuse to blame it on the laboratory, which prepared the report, for not warning of the possibility of contamination.

27. Dr KONG failed to recognize the possibility of contamination when 2 organisms were found in the urine culture report, particularly when urine bag was used, and he did not order proper urine collection (i.e. SPA, catheterization and clean catch) to confirm the diagnosis of UTI. The use of dipstick and pyuria cannot confirm a diagnosis of UTI.

28. For those reasons, the Inquiry Panel was satisfied on the evidence that Dr KONG'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)(ii).

Charge (b)

29. The Inquiry Panel did not agree that the diagnosis of UTI should be based on pyuria and dipstick. Dr KONG should have ordered a proper urine culture (i.e. SPA, catheterization and clean catch) to confirm UTI, but he had failed to do so.

30. There was therefore no proper basis for Dr KONG to make the diagnosis of UTI.

31. For those reasons, the Inquiry Panel was satisfied on the evidence that Dr KONG'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).

Charge (c)

32. Following what the Inquiry Panel found above that there was no proper basis to make the diagnosis of UTI, there was no reason for Dr KONG to prescribe antibiotics.

33. According to NICE Guidelines, at "*Table 3 Guidance on interpretation of microscopy results*", if pyuria and bacteriuria are both positive, the infant or child should be regarded as having UTI.

34. However, in the case of the Patient, only pyuria was positive. Pending a proper urine culture test to be done, there was yet to be any reliable results on bacteriuria. In the view the Inquiry Panel, antibiotics treatment was not indicated.

35. The said table 3 also provides that if pyuria is positive and bacteriuria negative, "*antibiotic treatment should be started if clinically UTI*". In the case of the Patient, the clinical picture on 22 October 2018 did not suggest UTI. Therefore, antibiotics treatment was not indicated.

36. For those reasons, the Inquiry Panel were satisfied on the evidence that Dr KONG'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).

37. Taking into consideration the nature and gravity of Dr KONG's case and the mitigation advanced by Dr KONG's legal representative, the Inquiry Panel made a global order that Dr KONG's name be removed from the General Register for a period of 1 month. The Inquiry Panel further ordered that the removal order be suspended for a period of 12 months.

38. 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>).