G.N. 7241

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

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

DR LAM CHI KWAN (REGISTRATION NO.: M12539) AND DR CHAN SIU KIM (REGISTRATION NO.: M13432)

It is hereby notified that after due inquiry held on 23 September 2021 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 LAM Chi Kwan (Registration No.: M12539) and Dr CHAN Siu Kim (Registration No.: M13432) guilty of the following disciplinary charges:—

Dr LAM Chi Kwan (Registration No.: M12539)

'That, in or about January 2017, he, being a registered medical practitioner, disregarded his professional responsibility to his patient ('the Patient'), deceased, in that he failed to prescribe anti-hepatitis B prophylaxis to the Patient when the Patient was treated with high dose steroid for IgA nephropathy and he knew or ought to have known that the Patient was a hepatitis B carrier.

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

Dr CHAN Siu Kim (Registration No.: M13432)

'That, in or about February 2017, he, being a registered medical practitioner, disregarded his professional responsibility to his patient ('the Patient'), deceased, in that he failed to prescribe anti-hepatitis B prophylaxis to the Patient when the Patient was treated with high dose steroid for IgA nephropathy and he knew or ought to have known that the Patient was a hepatitis B carrier.

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

The respective names of Dr LAM and Dr CHAN have been included in the General Register from 20 January 2000 and from 2 July 2002 to the present. Dr LAM has been included in the Specialist Register under the specialty of Internal Medicine since 2 July 2008 while Dr CHAN has been included in the Specialist Register under the specialty of Nephrology since 3 March 2010.

Dr LAM and Dr CHAN admitted the factual particulars of the respective disciplinary charges against them.

Briefly stated, on 4 July 2016, the Patient attended the Accident and Emergency Department of United Christian Hospital (UCH) to seek medical attention for, amongst others, her headache and high blood pressure.

There was no dispute that the Patient was a known hepatitis B carrier since 3 June 2008. According to the medical records obtained from UCH, her medical history of being Hepatitis B surface antigen positive ('HBsAg+ve') was clearly documented in the Allergy/Alert Information of the Patient under the column of 'Alert'.

After her admission to the Medical Ward, the Patient was seen by doctor(s) of the Renal Team of UCH. She was found to have impaired kidney function and heavy proteinuria. In order to establish the cause of her kidney problems, arrangement was made for her to undergo a kidney biopsy at UCH on 1 August 2016.

The kidney biopsy performed on the Patient on 1 August 2016 then showed that she had IgA nephropathy.

After she was discharged home on 2 August 2016, the Patient continued to attend at the Outpatient Renal Clinic of UCH ('Renal Clinic') for follow up.

On 29 August 2016, the Patient attended the Renal Clinic for follow up and was first seen by Dr LAM. According to the medical records obtained from UCH, Dr LAM put down, amongst others, in the consultation notes that the Patient had '*GPH* (good past health) *except HBsAg+ve*'.

According to Dr LAM, he explained to the Patient that she was suffering from hypertension and IgA nephropathy, in addition to her renal impairment and significant proteinuria. His management plan was to treat the Patient's IgA nephropathy with angiotensin converting enzyme

inhibitor ('ACEI') first; and to consider a course of steroid if the response to ACEI treatment was poor.

Apart from prescribing the Patient with Lisinopril (2.5 mg daily for 8 weeks) and Prazosin HCL tablets (1 mg twice a day for 8 weeks for her hypertension), Dr LAM also arranged for an early follow up appointment for the Patient at the Renal Clinic in 4 weeks' time. In addition, arrangement was made for the Patient to undergo renal function tests to be done 2 weeks before the next follow up appointment.

On 22 October 2016, the Patient returned to the Renal Clinic for follow up and was seen by one Dr TAM, a colleague of Dr LAM and Dr CHAN, who prescribed her with the same medications until the next follow up appointment.

On 11 November 2016, the Patient returned to the Renal Clinic for follow up and was seen by one Dr TANG, also a colleague of Dr LAM and Dr CHAN, who increased the prescription of Lisinopril to 20 mg daily, and took her off the Prazosin HCL tablets.

The Patient had blood and urine tests on 3 January 2017. The creatinine clearance reading of 56 confirmed that her renal function was impaired. The proteinuria had increased to 5.18 g/day.

On 20 January 2017, the Patient attended the Renal Clinic and was seen by Dr LAM. There was no dispute that Dr LAM put down, amongst others, in the consultation notes that the Patient was of '*GPH except HBsAg+ve*'.

According to Dr LAM, given her poor response to ACEI treatment, he advised the Patient to commence a 6-month course of steroid. After explaining to her the '*Pros and cons of 6 month steroid*', the Patient '*Agreed for Prednisolone*' treatment. He then prescribed the Patient with Lisinopril (20 mg/day for 4 weeks) and Prednisolone (40 mg/day for 4 weeks). Famotidine (20 mg twice a day for 4 weeks) and Calcichew D3 (1 tablet daily for 4 weeks) were prescribed to the Patient in anticipation of gastric ulcers and osteoporosis, which might arise from the long-term steroid treatment. He also arranged for an early follow up appointment for the Patient at the Renal Clinic in 4 weeks' time. In addition, arrangement was made for her to undergo renal function tests before the next follow up appointment.

On 17 February 2017, the Patient returned to the Renal Clinic for follow up and was seen by Dr CHAN. This was the only occasion in which Dr CHAN saw the Patient. There was also no dispute that Dr CHAN put down, amongst others, in the consultation notes that the Patient was of '*GPH except HBsAg+ve*'.

According to Dr CHAN, he noted from reading the results of laboratory tests that the Patient's proteinuria had improved slightly to 4.0 g/day. He therefore decided to tail down the Patient's Prednisolone dosage by 5 mg every 2 weeks, but he did not advise the Patient on the use of prophylactic antivirals. He also started Zocor treatment (20 mg nocte for 9 weeks) for her dyslipidaemia; and repeated the prescriptions of Lisinporil, Famotidine and Calcichew. In addition, arrangement was made for her to undergo laboratory tests for monitoring, amongst others, her liver and renal functions before the next follow up appointment scheduled for 21 April 2017.

The Patient never saw Dr LAM and Dr CHAN at the Renal Clinic again.

Meanwhile, the Patient was admitted to the UCH on 1 April 2017 because of jaundice and generalized unwellness. After admission, the Patient was found to have markedly deranged liver function and was diagnosed as having acute hepatitis B flare with severe hepatic decompensation. Her liver function continued to deteriorate and she was transferred to Queen Mary Hospital for consideration of liver transplantation on 5 April 2017. Subsequently, the Patient passed away on 26 August 2017.

The Patient's daughter later lodged that complaint with the Medical Council.

1st Defendant (Dr LAM Chi Kwan) (林治崑醫生)

Dr LAM accepted that he failed to prescribe anti-hepatitis B prophylaxis to the Patient when the Patient was treated with high dose steroid for IgA nephropathy; and he knew that the Patient was a hepatitis B carrier.

The Inquiry Panel agreed with the unchallenged opinion of the Secretary's expert witness, Dr LUI, that:—

> *'… Reactivation of hepatitis B is a well-recognized complication of immunosuppressive treatment (including steroids) in patients who are HBsAg positive…*

… Manifestations of reactivation of hepatitis B can range from asymptomatic increase in the HBV DNA levels, increased aminotransferase levels, with or without clinical signs and symptoms of hepatitis to fulminant liver failure and even mortality. HBsAg positive patients treated with high dose Prednisolone (>20 mg day) for 4 weeks or more are considered to have high risk of hepatitis B reactivation…

… Pre-emptive use of anti-hepatitis B medications such as entecavir and tenofovir can significantly reduce the risk of hepatitis B reactivation and its related hepatitis flare.

…

… The Patient had IgA nephropathy with impaired kidney function and heavy proteinuria at presentation. Dr Lam's decision to give the Patient a trial of steroid treatment on 20 January 2017 was reasonable…

… However, as the Patient was a known hepatitis B carrier, when she was given high dose prednisone of 40 mg daily to treat her IgA nephropathy, she should also have been given anti-hepatitis B prophylaxis.

… The fact that Dr Lam had omitted the prescription of anti-hepatitis B prophylaxis for the Patient when she was being treated with high dose prednisolone had probably led to the development of hepatitis B flare two and a half months after the initiation of steroid treatment.'.

Indeed, Dr LAM acknowledged in his submission to the Preliminary Investigation Committee of the Council dated 17 September 2020 that:—

'… Dr Lam… accepts he did not prescribe antivirals to the Patient. Had the Patient refused antivirals, Dr Lam would have documented this in the Patient's records. Dr Lam therefore believes the fact he did not prescribe antivirals to the Patient was due to an error on his part...'

In failing to prescribe anti-hepatitis B prophylaxis to the Patient when she was treated with high dose steroid for IgA nephropathy, Dr LAM 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 LAM guilty as charged.

The Inquiry Panel was particularly concerned that Dr LAM put the Patient, who he knew was a hepatitis B carrier, on high dose steroid treatment for a period of 6 months without prescribing anti-hepatitis B prophylaxis so as to reduce the known risk of hepatitis reactivation and potential development of hepatic failure.

Taking into consideration the nature and gravity of the disciplinary charge and what was heard and read in the mitigation, in order to ensure that Dr LAM would not commit the same or similar breach in the future, the Inquiry Panel ordered that Dr LAM's name be removed from the General Register for a period of 5 months. The Inquiry Panel further ordered that the operation of the removal order be suspended for a period of 36 months.

2nd Defendant (Dr CHAN Siu Kim) (陳小劍醫生)

Dr CHAN accepted that he failed to prescribe anti-hepatitis B prophylaxis to the Patient when she was treated with high dose steroid for IgA nephropathy; and he knew that the Patient was a hepatitis B carrier. Dr CHAN also accepted that during the consultation on 17 February 2017, he should have revisited the issue on the use of prophylactic antivirals, when tailing down the Prednisolone dosage.

The Inquiry Panel agreed with the unchallenged opinion of Dr LUI that:

'…When the Patient attended follow up in UCH on 17 February 2017, Dr Chan's decision to tail down the dosage of the prednisolone was appropriate…

… Although Dr Chan noted that the Patient was a hepatitis B carrier, he did not clarify the reason why the Patient had not been prescribed anti-hepatitis B prophylaxis while receiving high dose steroid treatment…

… If Dr Chan had prescribed anti-hepatitis B prophylaxis for the Patient during the Clinic follow up on 17 February 2017, the Patient's risk of developing hepatitis B reactivation could have been reduced.'

In failing to prescribe anti-hepatitis B prophylaxis to the Patient when she was treated with high dose steroid for IgA nephropathy, Dr CHAN 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 CHAN guilty as charged.

Taking into consideration the nature and gravity of the disciplinary charge and what was heard and read in the mitigation, in order to ensure that Dr CHAN would not commit the same or similar breach in the future, the Inquiry Panel ordered that Dr CHAN's name be removed from the General Register for a period of 3 months. The Inquiry Panel further ordered that the operation of the removal order be suspended for a period of 18 months.

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