

MEDICAL REGISTRATION ORDINANCE (Chapter 161)  
ORDER MADE BY THE INQUIRY PANEL OF  
THE MEDICAL COUNCIL OF HONG KONG  
DR KO WING HONG (REG. NO.: M13618)

It is hereby notified that after due inquiry held on 15 May 2023, 19 August 2023, 14 October 2023, 23 October 2023 and 5 November 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 (“Inquiry Panel”) found Dr KO Wing Hong (Registration No.: M13618) guilty of the following charges:

*“That, he, being a registered medical practitioner, disregarded his professional responsibility to his patient (“the Patient”), in that in 2018, he:*

- (a) failed to keep proper and adequate medical records in respect of the Patient;*
- (b) failed to properly and adequately advise the Patient of the possible risks and complications of Dermaveil injection(s) before performing the injection(s) on the Patient; and/or*
- (c) failed to provide proper remedial care to the Patient about persistent prominent glabella swelling after the Dermaveil injection(s).*

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

2. By a letter dated 6 May 2020, the Patient lodged this complaint with the Secretary of the Medical Council (the “Secretary”) against Dr KO. In support of her complaint, the Patient later provided the Secretary with photographs depicting her glabella region before and after receiving Dermaveil injections from Dr KO as well as WhatsApp messages between her and Dr KO after receiving the Dermaveil injections. Copies of the same were tabled by the Legal Officer for the Inquiry Panel’s consideration.

3. Dermaveil is an “injectable filler” which “involves injecting poly-L-lactic acid into the skin and underlying tissues and stimulates the body’s own collagen”; Dermaveil “is applied by subdermal injection” and “[t]he number of treatment sessions depends on the assessment of the diagnosed state of the patient” but “all sessions must be separated by a minimum of 3 weeks (20 days)”.

4. According to the Patient, Dr KO had never explained to her the possible risks and complications of Dermaveil treatment before he gave her the first injection. Dr KO disagreed.

5. There was no dispute that the Patient received 2 Dermaveil injections for aesthetic purpose from Dr KO. According to the medical records kept by Dr KO, the first Dermaveil injection was given to the Patient on 14 April 2018. After the second Dermaveil injection on 12 May 2018, the Patient consulted Dr KO multiple times throughout 2018 and again in the first half of 2019 to seek remedial care.

6. Dr KO’s records also showed that the Patient returned to see Dr KO at his clinic on 20 odd occasions between 26 May 2018 and 18 June 2019 with the same complaint of glabella swelling. Despite all his physical examinations of the Patient after 23 May 2018 revealed no mass or tenderness in her glabella region, Dr KO continued to treat the Patient with

NSAID and/or antibiotics on 14 occasions. In addition, intramuscular injections of antibiotics were given to the Patient on 7 occasions. Apart from giving the Patient normal saline injection “at her perceived site of swelling” on one occasion, Dr KO also gave the Patient steroid injection of Kenacort to her glabella region on two subsequent occasions.

7. It is clearly stated in section 1.1.3 of the Code of Professional Conduct (2016 edition) (the “Code”) that:-

*“All doctors have the responsibility to maintain systematic, true, adequate, clear, and contemporaneous medical records...”*

8. The Inquiry Panel agreed with Dr MOK, the Secretary’s expert witness, that the handwritten clinical notes kept by Dr KO on his consultations with the Patient were very brief and largely illegible.

9. Indeed, Dr KO also accepted that he did not record in the medical records kept by him on the Patient the following essential information regarding the two Dermaveil injections:-

- (a) the amount of Dermaveil injections given to the Patient at various facial parts;
- (b) the use of needle / cannula for injection and the injection method; and
- (c) the injection sites and the volume of Dermaveil injected.

10. The Inquiry Panel wished to supplement that there was nothing in the medical records by Dr KO on the Patient about her medical history and known side effects of drug taking.

11. The Inquiry Panel needed to emphasize that the medical records kept by Dr KO on the Patient were not solely for his own reference. In the view of the Inquiry Panel, proper and adequate medical record keeping is essential for the management and continuity of care of the Patient, be it by Dr KO or other professional colleagues.

12. In failing to keep proper and adequate medical records in respect of the Patient, Dr KO had in the view of the Inquiry Panel by his conduct in the present case fallen below the standard expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found Dr KO guilty of misconduct in a professional respect as per disciplinary charge (a).

13. There was conflicting evidence on whether Dr KO had ever advised the Patient of the possible risks and complications of Dermaveil injection(s) before performing the injection(s) on her.

14. The Patient was adamant that Dr KO never advised her of the possible risks and complications of Dermaveil injection(s) before performing the injection(s) on her. Dr KO disagreed.

15. The Inquiry Panel did not accept the Patient’s evidence that Dr KO never advised her of the possible risks and complications of Dermaveil injection(s) before performing the injection(s) on the Patient. It was however evident to the Inquiry Panel from reading the chain of WhatsApp messages exchanged between the Patient and Dr KO after the second Dermaveil injection that the Patient had no clue as to why she developed prominent persistent glabella swelling. The Inquiry Panel did not accept Dr KO’s evidence that he had advised the Patient of the possible risk and complication of prominent persistent glabella swelling before performing the Dermaveil injection(s).

16. But then again, the real point was that the Patient was most concerned about her appearance. Surely, any risk and complication associated with injection of Dermaveil to the glabella region would be a matter of great concern for the Patient. As Dr KO said, the Patient “insisted on receiving Dermaveil injection” despite her “facial skin was just a little bit loose and she had normal facial contour which was quite satisfactory.” Since “the need for cosmetic treatment would largely depend on the Patient’s subjective perception of her facial contour and appearance”, it followed that the increased risk(s) and complication(s) associated with injection of Dermaveil to the glabella region would be a material consideration for the Patient.

17. In this connection, it was the unchallenged evidence of the Secretary’s expert witness, Dr MOK, which the Inquiry Panel accepted, that “[t]echnical errors in the delivery of Dermaveil in a layer too superficial can lead to visible or palpable lumps in the skin”. Since Dermaveil was given by subdermal injection, Dr MOK opined and the Inquiry Panel agreed that “the Defendant should advise the Patient of the increased risk and complication of unevenness or lump formation after injection of Dermaveil to specific part(s) of the body with thin subdermal layer like the glabella region.”

18. The Legal Officer reminded the Inquiry Panel that there was no mention of advice being given to the Patient of the increased risk and complication of subdermal injection of Dermaveil to the glabella region in either Dr KO’s Preliminary Investigation Committee submission or Supplemental Statement. The Inquiry Panel disagreed with Counsel for Dr KO that this part of Dr MOK’s evidence was new. Indeed, Dr KO also mentioned in one of the WhatsApp messages exchanged with the Patient on 31 March 2018 that there was higher risk of injection to the forehead region.

19. The Inquiry Panel found it implausible that having listened to the oral evidence of Dr MOK, Dr KO would still omit to supplement in his evidence in chief that advice had given to the Patient of the increased risk and complication of subdermal injection of Dermaveil to the glabella region. The Inquiry Panel agreed with the Legal Officer that Dr KO was making up his evidence as he went along.

20. It is however trite law that a doctor is under a duty to take reasonable care to ensure that his or her patient is aware of any material risks involved in any recommended treatment.

21. For these reasons, the Inquiry Panel was satisfied on the evidence that Dr KO had failed to properly and adequately advise the Patient of the possible risks and complications of Dermaveil injection(s) before performing the injection(s) on the Patient’s glabella region. In the view of the Inquiry Panel, Dr KO had by his conduct in the present case fallen below the standard expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found Dr KO guilty of misconduct in a professional respect as per disciplinary charge (b).

22. According to the Patient, her glabella region was slightly swollen with the size of a small acne after receiving the first Dermaveil injection.

23. The Patient returned to Dr KO’s clinic on 12 May 2018 to receive the second Dermaveil injection to her glabella and both nasolabial folds. According to Dr KO, the Patient indicated to him during this visit that she was satisfied with the effect of the first Dermaveil injection; and his physical examination of the Patient “showed a small increase of soft tissue volume but no abnormality or lump or nodule could be found” on the previous injection sites.

24. According to the Patient, she developed marked swelling and noted a firm lump of the size of a 50 cents coin over her glabella region after receiving the second Dermaveil

injection. The Inquiry Panel appreciated that the Patient's description of glabella swelling as "half of the size of an egg" and the size of a "50 cents coin" was exaggerated. It was however evident from a comparison of the photographs taken of the Patient in March 2018 that prominent glabella swelling was noted in the photographs taken of her on 23 May 2018. And in the selfie photographs taken by the Patient on 13 October 2018, the swelling in her glabella region was even more prominent.

25. There was no dispute that the Patient returned to see Dr KO at his clinic on 23 May 2018. According to Dr KO, despite the Patient's complaint of glabella swelling, his physical examination of the Patient revealed no abnormality and there was no palpable mass or tenderness.

26. The Inquiry Panel did not accept Dr KO's evidence that no abnormality was detected when he conducted physical examination of the Patient's glabella region during the consultation on 23 May 2018. This was flatly contradicted by what the Inquiry Panel could see from the photographs taken of the Patient on the same day.

27. Regardless of the underlying cause(s) of the Patient's persistent prominent glabella swelling, the real issue in the view of the Inquiry Panel was whether Dr KO had failed to provide proper remedial care to the Patient.

28. Despite his claim that there was no palpable lump or mass in her glabella region, Dr KO continued to treat the Patient with antibiotics and/or anti-inflammation drugs on 21 occasions in 2018. Apart from giving the Patient normal saline injection "at her perceived site of swelling" on 2 January 2019, he also gave the Patient steroid injection to her glabella region on two subsequent occasions in 2019.

29. When being cross-examined, Dr KO initially told the Inquiry Panel that he thought the Patient's persistent complaint was due to her subjective perception of swelling over the glabella region. However, when being further cross-examined as to why he put down in his clinical record for the consultation with the Patient on 23 May 2018 "Vague ? NAD" right after the words "c/o glabella swelling", Dr KO initially told the Inquiry Panel that he could not rule out the possibility that there was swelling. Dr KO later told the Inquiry Panel that the swelling might be due to the foreign body reaction soon after the second Dermaveil injection.

30. When being asked why he prescribed antibiotics to the Patient, Dr KO then told the Inquiry Panel that he was unsure if she was suffering from inflammation. This was however inconsistent with Dr KO's clinical record of no tenderness being detected upon physical examination of the Patient's glabella region on 23 May 2018.

31. In his Supplemental Statement, Dr KO emphasized that "the swelling perceived by the Patient was not a pathological swelling which necessitated any treatment" but "since the Patient was very concerned about the "swelling", [he] tried [his] best to do everything (which was not harmful to her) she requested which might improve her perceived glabella swelling".

32. It was however evident to the Inquiry Panel from reading the WhatsApp messages exchanged between Dr KO and the Patient on 15 June 2018 that it was Dr KO who advised the Patient to continue to take the anti-inflammation drugs that he had prescribed to her.

33. Dr KO's claim that the injection of normal saline injection to the Patient's glabella region was to "improve her perceived glabella swelling" was again inconsistent with the advice that he gave to the Patient in the WhatsApp messages exchanged between them on 12 November

2018. It was indeed Dr KO who advised the Patient to make use of the volume of normal saline injection to push down the lump so that it would disintegrate and be absorbed by the body.

34. It was clearly stated in section 9.1 of the Code that “[a] doctor may prescribe medicine to a patient only after proper consultation and only if drug treatment is appropriate.”

35. In the view of the Inquiry Panel, Dr KO ought not continue to prescribe antibiotics and/or anti-inflammation drugs without ascertaining the underlying cause(s) of the Patient’s glabella swelling and let alone if he was truly of the opinion that this was due to her subjective perception of swelling.

36. For these reasons, the Inquiry Panel was satisfied on the evidence that Dr KO had failed to provide proper remedial care to the Patient about her prominent persistent glabella swelling after the Dermaveil injection(s).

37. In the view of the Inquiry Panel, Dr KO had by his conduct in the present case fallen below the standard expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel also found Dr KO guilty of misconduct in a professional respect as per disciplinary charge (c).

38. The Inquiry Panel was particularly concerned about Dr KO’s indiscriminate prescriptions of antibiotics and steroid injections to the Patient. The Inquiry Panel did not agree with Counsel for Dr KO that Dr KO was trying his best to help the Patient. As a registered medical practitioner, Dr KO ought to know that diagnosis could not be made or revised by trial and error from the Patient’s response to treatment provided by him.

39. Taking into consideration the nature and gravity of the disciplinary charges for which the Inquiry Panel found Dr KO guilty and what the Inquiry Panel had read and heard in mitigation, the Inquiry Panel ordered that:-

- (1) in respect of disciplinary charge (a), the name of Dr KO be removed from the General Register for a period of 2 months;
- (2) in respect of disciplinary charge (b), the name of Dr KO be removed from the General Register for a period of 2 months;
- (3) in respect of disciplinary charge (c), the name of Dr KO be removed from the General Register for a period of 6 months;
- (4) the said removal orders to run concurrently making a total of 6 months;
- (5) operation of the said removal orders be suspended for a period of 24 months, subject to the condition that Dr KO shall complete during the suspension period CME courses relating to safe prescription and clinical management of patients to the equivalent of 20 CME points and such courses have to be pre-approved by the Chairman of the Council.

40. 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 of the Medical Council is published in the official website of the Medical Council of Hong Kong (<http://www.mchk.org.hk>).