香港牙醫管理委員會
The Dental Council of Hong Kong

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr CHENG Wan-leung 鄭溫良牙科醫生 (Reg. No. D01876)

Dates of hearing: 29 September 2016, 17 November 2016, 7 March 2017, 18 May 2017, 22 January 2018, 1 March 2018, 2 March 2018, 5 March 2018, 18 March 2018, 8 July 2018

Present at the hearing

Council Members: Dr. LEE Kin-man (Chairman)
Dr. LAM Tak-chiu, Wiley, JP
Dr. LAU Kin-kwan, Kenny
Dr. YOUNG Wan-yin, Betty

Legal Adviser: Mr. Stanley NG

Legal representative for the Defendant: Mr. Paul LAM, SC instructed by Messrs. Brown JSM, Solicitors

Legal Officer representing the Secretary: Mr. Mark CHAN, Senior Government Counsel

The Charges

1. The charges against the Defendant, Dr. CHENG Wan-leung, are as follows:-

> "That you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient, Ms. [redacted] ("the Patient") or otherwise neglected your professional duties to the Patient in that, in about November 2013 to March 2014,
>
> (i) you failed to adequately consider the Patient's pre-existing medical conditions in devising and implementing the multiple crown treatment ("Treatment") for her;
>
> (ii) you failed to properly and adequately inform and discuss with the Patient about the potential risks and complications associated with the Treatment;

(iii) you misled the Patient into accepting the Treatment by heaping benefits on the Treatment without disclosing its disadvantages and underlying risks;

(iv) you improperly or inappropriately devised and implemented the Treatment for the Patient; and

(v) you further weakened the Patient's already compromised dental condition by unnecessarily removing her healthy structure for the Treatment;

and that in relation to the facts alleged you have been guilty of unprofessional conduct."

2. In respect of charge (i), the further and better particulars are as follows:

"Please be confirmed that xerostomia, mucositis, the extent of root caries and full/left facial palsy are the pre-existing medical conditions of the Patient referred to in Charge (i)."

3. In respect of charge (iv), the further and better particulars are as follows:

"Of the allegation that the Defendant improperly or inappropriately devised and implemented the Treatment for the Patient, it is the Secretary's case that –

(a) crowning for cosmetic reason in the case of the Patient with her pre-existing medical conditions identified in Charge (i) was improper or inappropriate;

(b) the crowning procedure was performed without proper stabilization phase, proper preventive and/or proper disease elimination phase;

(c) it was improper or inappropriate to rely on crown preparation to expose the cervical or interproximal carious margin and removal of primary caries;

(d) it was improper or inappropriate to start crown treatment on teeth that was least affected by root caries, instead of giving most attention and care for the mid-treated tooth 36, deep caries lesion in tooth 46, and gross lingual root caries lesion in tooth 35;

(e) it was improper or inappropriate to crown teeth without caries; and/or

(f) it was improper or inappropriate that tooth 46 with the deepest cavity was not crowned with priority."

Burden and Standard of Proof

4. The Council bears in mind that the burden of proof is always on the Legal Officer and the Defendant does not have to prove his innocence. The Council also bears in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.

Unprofessional Conduct

5. According to section 18(2) of the Dentists Registration Ordinance, Cap. 156 ("DRO"), "unprofessional conduct" means an act or omission of a registered dentist which would be reasonably regarded as disgraceful or dishonourable by registered dentists of good repute and competency.

Facts

6. Madam [redacted] ("the Patient") was born in 1967. She has a history of nasopharyngeal carcinoma ("NPC"). Her NPC was treated with radiotherapy in the Mainland in 1998. She has developed left facial palsy after the radiotherapy in 1998.

7. On 26 November 2013, the Patient consulted the Defendant for the first time. She complained of pain at tooth 36. She told the Defendant that she had NPC history and radiotherapy done in 1998 had caused bone necrosis in her left ear (which the Defendant mistook as alveolar bone in his record). She told the Defendant that she had left ear canal problem and needed to wash her left ear at the Hong Kong Sanatorium Hospital regularly. At this visit, the Defendant started root canal treatment ("RCT") on tooth 36.

8. On 6 December 2013, the Patient consulted the Defendant for the second time. The Defendant continued RCT on tooth 36. Three fillings were done on the right posterior teeth. There are issues in dispute in relation to this second visit. The Defendant claimed that the Patient asked him for a comprehensive treatment plan as she would wish to have very white teeth and to improve her appearance as her left mouth corner appeared to have turned downwards due to the left facial palsy. The Defendant therefore suggested a longer appointment of 1.5 hours scheduled on 13 December 2013 at 5:30 p.m. The Patient however denied that she had requested the Defendant to make her teeth whiter.

9. On 13 December 2013, the Patient consulted the Defendant for the third time. There are issues in dispute as to what happened. The Defendant said that the Patient had made up her mind to have her teeth treated comprehensively. She was eager to treat her carious teeth and most importantly to improve her dental aesthetics before Chinese New Year. The Defendant said he had explained different treatment options, and their pros and cons, to the Patient. The Defendant said the Patient was very busy and she requested him to take pretreatment record for her immediately. Upper and lower study impression with related bite record, a lateral Ceph X-ray, and 32 pre-operative photographs were taken. It ended up that the entire visit lasted for 3 hours, although originally scheduled for 1.5 hours. In contrast, the Patient disputed what the Defendant said about her requesting for a comprehensive treatment. She said that the Defendant pressed her to do crowning. She said the Defendant told her doing crowning could avoid cavities as she had little saliva, improve the problem of gum shrinkage, and improve facial palsy. She said she did not agree to do crowning in this visit.

10. On 7 January 2014, 19 temporary crowns were installed under local anesthesia. RCT for teeth 41 and 43 was performed. There are issues in dispute as to what happened. The Patient said that she was forced to do the temporary crowning in spite of her objections. In contrast, the Defendant said that the Patient was co-operative. In this visit, the Patient paid $80,000 by cheque.

11. On 8 and 10 January 2014, the Patient attended the Defendant's clinic to review the temporary crowns.

12. On 13 January 2014, the Patient complained of pain and consulted her family physician, Dr. NGAN Ching-po. Diazepam, an anxiolytic, was prescribed.

13. On 21 January 2014, the temporary crowns were replaced by permanent crowns. The Patient paid $75,000 by cheque. RCT on teeth 41 and 43 were completed. Cataflam was prescribed by the Defendant.

14. On 22 January 2014, the Patient's toothache became worse. The Defendant took the view that the pain was due to high spots in the crown and from tooth 36. The Defendant adjusted the crown and referred the Patient to Dr. TSUI Sunny Hing-chung for treatment of tooth 36.

15. On 23 January 2014, Dr. TSUI Sunny Hing-chung advised RCT for tooth 36 instead of surgical treatment.

16. On 24 January 2014, the Patient's toothache became severe. She consulted Dr NGAN Ching-po, and was given anxiolytics and sleeping pills.

17. On 28 January 2014, the Patient's toothache continued. She was depressed and consulted Dr. LEE Dominic T-S. Antidepressant and anxiolytics were prescribed.

18. On 10 February 2014, the Patient consulted Prince Philip Dental Hospital Reception Clinic ("PPDH") for her pain. The advice given to her was to go back to the Defendant for follow-up.

19. On 11 February 2014, the Defendant told the Patient that the toothache was due to tooth 36 and referred her to Dr. LOW Danny. RCT was started on tooth 42 by the Defendant.

20. On 18 February; 1, 10, 28 March 2014, the Patient consulted the Defendant for follow-up and other issues. The Patient did not consult the Defendant again after 28 March 2014.

21. On 1 April 2014, the Patient lodged a complaint against the Defendant.

Findings of Council

Charge (i)

22. Charge (i) is that the Defendant had failed to adequately consider the 4 alleged pre-existing medical conditions, namely xerostomia, mucositis, the extent of root caries and full/left facial nerve palsy.

23. The Patient received radiotherapy for her NPC in 1998, and this resulted in dry mouth and possibly left facial nerve damage.

24. Xerostomia, in a layman's sense, is dry mouth problem. The mucosa will appear dry, wrinkled, with plague and food debris adherence. The saliva will appear frothy with bubbles and streaky.

25. The clinical photographs taken by the Defendant showed that the Patient had signs of xerostomia. Even the Defendant himself recorded that the Patient had dry mouth symptom (i.e. in the Day Sheet (treatment) record dated 6 December 2013, and in the treatment summaries provided by the Defendant to the Patient on 26 July 2014 and 28 July 2014).

26. Further, the clinical record from PPDH dated 10 February 2014 and the referral letter from Dr. LAU George to Dr. MAK Yiu-fai dated 8 July 2014 all mentioned that the Patient had dry mouth problem.

27. There is no question that the Patient was suffering from xerostomia at her early consultations with the Defendant.

28. The etiology of root caries is the biofilm covering the root surface, with xerostomia and poor diet as the aggravating factors. Xerostomia is therefore linked with the extent and activity of root caries.

29. From the pre-operative dental photographs and the Defendant's dental charting, the Patient did have a number of root caries. The caries on the anterior teeth appeared chronic and shallow in nature. Only caries in teeth 35 and 46 seemed extensive. Only teeth 11, 21 and 46 had interproximal caries. There is no question that the Patient had caries problem at her early consultation with the Defendant.

30. The Defendant does not dispute that he knew the Patient had left facial palsy. Dr. TANG Kam-kee ("Dr. TANG"), the Secretary's expert, did not mention in his oral evidence or report left facial palsy as a pre-existing medical condition, and how this was a relevant condition that a reasonable dentist ought to have considered in the circumstances.

31. From the photographs produced from the soft copies in the Defendant's possession, the mucosa appeared to be less reddish and appeared to have no ulcer. The image showing the surface texture of the mucosa was inconclusive that the Patient had mucositis, whether acute or chronic in nature.

32. Given that the Secretary cannot prove left facial palsy and mucositis as pre-existing medical conditions, and at today's hearing the Secretary confirms that he is not pressing on this charge anymore, charge (i) is therefore not proven.

33. The Council therefore acquits the Defendant of charge (i).

Charge (ii)

34. Charge (ii) is that the Defendant had failed to properly or adequately inform and discuss with the Patient of the risks and complications of the multiple crown treatment.

35. The Patient said that the Defendant had not informed her of the risks and complications associated with multiple crown treatment.

36. In contrast, the Defendant said that a full mouth consultation was scheduled on 13 December 2013 for 1.5 hours from 5:30 p.m., but which at the end lasted for 3 hours and finished at 8:30 p.m.

37. The Defendant said that during this consultation he had informed the Patient of various treatment options -- palliative approach (try not to do anything); conservative approach (scaling, preventive measures and fluoride treatment); direct restoration approach (conservative plus fluoride releasing glass ionomer restoration); and indirect restoration or crown treatment approach (conservative plus crown treatment). He had also told her of the pros and cons as well as their potential complications. As to the risks and complications of crown treatment, the Defendant said that he had explained to her that she might experience post-operative teeth sensitivity after crown treatment due to mechanical trauma, dental cement

irritation and high spot; that her teeth needed to be cut smaller and this might endanger the pulps, in which case RCT or even extraction might be required. He said he had explained to her the nature and procedure of RCT in detail with an album, and explained that some of her lower anterior teeth might have a higher risk of receiving RCT in order to shorten and align the lower front teeth for better aesthetic outcome. He said he also had shown her some crown stone models, and explained 2 standard case studies to inform her of the treatment procedure of anterior multiple crown treatment, including local anaesthetic injection, teeth preparation, rubber base impression, temporary crown restoration, and the installation of permanent crown. He said he had also explained that occlusion might be disturbed mildly which required time to fine-tune. He said he had also told her that replacement of crown in the future might be necessary, and the material for crown should be carefully selected. In view that she was an NPC patient, he said he had also explained to her the risk of osteonecrosis.

38. What the Defendant said seems to be corroborated by the evidence of his dental surgery assistant ("DSA"), Ms. CHOI Ching-man ("Ms CHOI").

39. There was also written record made by the Defendant on his envelope which reads:

> *"Three hours consultation given. Options given including not doing anything and conservative treatment. Risk of RCT and osteonecrosis informed. PowerPoint given. Models shown. Quotation letter given."*

40. Although the Patient said for this consultation she arrived at about 3:30 p.m. (by the latest, around 4 p.m.) and it only lasted for about half an hour, there seems to be evidence showing the contrary. The Defendant's appointment book shows that the appointment was scheduled for 1.5 hours from 5:30 p.m. The overtime record of the nurse shows that she worked overtime from 7 – 9 p.m. Upper and lower study impression with related bite record, a lateral Ceph X-ray, and 32 photographs were taken. The X-ray was taken at 7:56 p.m.

41. When assessing the Patient's evidence of what she said happened on 13 December 2013, the Council will also look at what she said happened on 7 January 2014. The Patient said that at the consultation on 7 January 2014, she did not agree to do the crowning. She even declined to sign the consent form as presented by the DSA. She said without her consent the Defendant gave her injections and proceeded to install the temporary crowns. The Council finds the Patient's evidence totally incredible. The fact is that she had signed on the consent form. It is unreasonable she would still have signed on it if she did not consent, even what she said was true (but which the Council does not believe) that it was presented to her at the end. Before crown preparation, there were multiple injections. It is most unreasonable that without her consent or co-operation the Defendant could have successfully performed all those injections. Further, she brought along her cheque book to the clinic on that day. After the consultation, she made a cheque payment of HK$80,000, which is a substantial amount. It is unreasonable that if without consent, she would still have made such a payment.

42. The Council does not accept the Patient's evidence. The Secretary therefore fails to prove that the Defendant had not properly or adequately informed and discussed with the Patient of the risks and complications of the multiple crown treatment.

43. The Council stresses that not accepting the Patient's evidence does not mean that this Council finds the Defendant and his factual witness credible. In fact, the Council has reservations on the Defendant's evidence, particularly in his second statement dated 15 September 2016, he could have suddenly listed out at length 16 points which he had considered when deciding that

anterior teeth could be treated as other normal patients. What he listed out at length there was disproportionate when comparing with the entries in his physical record, which lacked details. The reasonable inference could be that he had extraordinary memory power or what he said about the 16 points was completely made up.

44. Since the burden rests on the Secretary to prove the charge, the Council sees no need to deal with the credibility of the Defendant and his factual witness.

45. Charge (ii) is not proven. The Council therefore acquits the Defendant of charge (ii).

Charge (iii)

46. Charge (iii) is that the Defendant had positively misled the Patient by heaping benefits on multiple crown treatment without disclosing its disadvantages and underlying risks. On this, the Secretary's case is that the Defendant only told the Patient that crowning could halt the caries.

47. For similar reason in charge (ii), namely that this Council does not find the Patient credible, the Secretary has therefore failed to prove charge (iii).

48. The Council therefore acquits the Defendant of charge (iii).

Charge (iv)

49. Charge (iv) is that the Defendant had improperly or inappropriately devised and implemented the treatment for the Patient.

50. The Secretary has listed 6 allegations relating to the charge (iv), as set out in paragraph 3 above. The allegations are related to the what, why, when and how the treatment devised and implemented for the Patient is improper and inappropriate.

51. Firstly, it is important for the Council to establish what treatment had been devised and implemented for the Patient.

52. The Defendant had performed multiple crown treatment for 19 teeth, some elective endodontic treatment in teeth 41 and 43 and other treatments. There is a description of sequence of events in the previous paragraphs above.

53. The Treatment implemented can be categorised collectively as an extensive restorative case according to:

(i) the number of teeth involved;
(ii) the extent of irreversible removal of diseased and healthy tooth tissue as a result of crowning;
(iii) the alteration of the aesthetics which includes, but not limited to, the position, shape and shade of the dentition;
(iv) the alteration of occlusion;
(v) the alteration of oro-facial soft tissue status and profile;
(vi) the existence of past medical history of NPC and its associated treatment consequences and complications; and
(vii) the presence of the Patient's perceived and/or clinically evident pre-existing medical conditions such as xerostomia, hearing impairment, root caries or unilateral facial palsy.

54. Secondly, it is important for the Council to determine why, when and how the treatment of this nature and complexity was improper and inappropriate. This case is considered by the Council as an extensive restorative case. Some elemental aspects should be considered thoroughly and proportionately. These aspects will be elaborated in the subsequent paragraphs.

55. The Council is now to determine the six allegations.

Allegation (a): Crowning for cosmetic reason in the case of the Patient with her pre-existing medical conditions identified in Charge (i) was improper or inappropriate.

56. The Defendant admits that he performed crowning on the Patient for cosmetic reason.

57. The Council agrees that there is no absolute contraindication for crowning for cosmetic reason in medically fit patient or even patient with pre-existing medical conditions provided that a thorough and proportionate diagnostic & treatment planning process has been carried out.

58. In this case that the Patient presents with the pre-existing medical conditions (i.e. xerostomia and extent of root caries), the Defendant should obviously be concerned with how these pre-existing medical conditions may impose potential problems to the Patient, but which he had failed to do so.

59. It was the first case of the Defendant in providing multiple crown treatment to a patient with history of NPC in his 30 years of clinical dental practice history.

60. It is elemental for the Defendant to carry out adequate history taking (including seeking further information from the Patient's attending physician), clinical examination and assessment (including aesthetic assessment), and investigations including appropriate radiographs.

61. The Defendant had examined the Patient and kept some clinical records i.e. treatment cards, a separate envelop, a separate sheet of medical history and dental history, some clinical photographs, study models with wax-up of new teeth positions, some radiographs including pre-operative and post-operative lateral cephalometric radiographs which were said for assessing osteonecrosis, tooth position and lip profile.

62. There were clear entries of xerostomia, caries in the Patient's charting, facial palsy, LHS alveolar bone necrosis in the Patient's record by the Defendant. Ms CHOI informed the Council that the Defendant had requested to follow up the medical history with the Patient's physician but nothing had been actually followed up by anyone before the crowning procedure. The Defendant told the contrary that he did not seek for further information of the Patient's medical history.

63. In the presence of well-known complications resulting from irradiation therapy for NPC, it would be improper and inappropriate to perform any extensive crowning without the act and evidence of seeking further information from the Patient's physician on the prognosis and status of NPC and associated complications.

64. Even in the case that the medical information cannot be readily available, it is imperative for attending dentist to ensure the prognosis of the oral tissue and longevity of the crowns are not affected and compromised by any of the existence or progression of medical conditions by adhering to a logical approach of going through stages of disease elimination, stabilisation and prevention before actual restoration and the subsequent maintenance care in extensive

restorative procedures of this nature. Only by allowing sufficient time for stabilization, one can assess and confirm the caries disease activity level. There is no such phase identified in this case before the crowning procedure was performed.

65. It was confirmed by the Defendant there was no record on assessment of the aesthetic aspect of the Patient dentition and soft tissue. He also agreed that he performed aesthetic assessment by visual inspection and no baseline data had been measured and gathered. The Council considers this was not acceptable.

66. The Defendant also confirmed that he did not make any pre-operative and post-operative measurement of the lateral cephalometric radiographs to assess the aspects he intended to. This was also not acceptable.

67. The Defendant also said he respected the Patient's autonomy to make decision in crowning the teeth for cosmetic reason and had them done before Chinese New Year of 2014.

68. The Council is of the view that in making clinical decision, it is elemental that a dentist has to consider both the patient's objective needs (based on clinical examination and assessment) and the patient's subjective demands (in simple terms, the patient's desire).

69. The Council considers that crowning on the Patient by the Defendant was mainly based on the Patient's demand and there is no evidence of aesthetic assessment on the needs for changing the dentition for cosmetic reason. The Council expects clinical autonomy for dentist to make a shared decision with the patient for the best interest of the patient and not just to conform to the patient's demand.

70. The Council is satisfied that crowning for cosmetic reason in the case of the Patient with her pre-existing medical conditions identified in charge (i) (i.e. xerostomia and extent of root caries) was improper or inappropriate.

71. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.

72. The Defendant is guilty of this allegation.

Allegation (b): The crowning procedure was performed without proper stabilization phase, proper preventive and/or proper disease elimination phase

73. According to the Defendant, the Patient was presented with multiple caries. The Defendant agreed that the DMFT was 21.

74. There were three statements submitted by the Defendant at various stages. In these statements, the Defendant had mentioned management of caries and dental cosmetics were the reasons for providing 19 teeth with full coverage crowns.

75. The Defendant told us that he had exaggerated on the number of carious teeth in his first PIC statement as he wanted to convince the PIC that it was because of the caries that the crowns were provided. He later withdrew this statement at Day 7 (2/3/2018) of hearing and said it was not the whole truth.

76. The Defendant also described teeth 15 to 25 and teeth 35 to 45 as front teeth ("the Front Teeth") and the rest of the dentition are described as back teeth ("the Back Teeth"). This is

different from the common description of canines to canines as anterior (front) teeth and premolars and molars as posterior (back) teeth.

77. The Defendant described the Front Teeth as low caries risk and the Back Teeth as high caries risk. All because it was of lower risk, the Front Teeth were prepared for full coverage crowning reason first.

78. The Council considers the Defendant understood there were caries in the Patient to deal with, but he was uncertain about the risk assessment and management. It is elemental to deal with teeth of high risk to halt the disease first instead of rushing to crown the teeth which were of low risk.

79. Therefore, the Council considers that it is improper and inappropriate that the crowning procedure was performed without proper stabilization phase, proper preventive and/or disease elimination phase.

80. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.

81. The Defendant is guilty of this allegation.

Allegation (c): It was improper and inappropriate to rely on crown preparation to expose the cervical or interproximal carious margin and removal of primary caries

82. In crown preparation of the 19 teeth, it was inevitable to remove tooth tissue irreversibly and produce a tooth-restoration interface in the cervical area, which is susceptible to further decay.

83. As stated in allegation (b), the crowning is not proper and appropriate without the necessary stage of disease elimination of removing diseased tissue to expose the cervical or interproximal carious margin to effect the removal of primary caries for the stabilization. It can be restored by appropriate plastic materials such as fluoride releasing glass ionomer or any other less destructive restorative methods.

84. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.

85. The Defendant is guilty of this allegation.

Allegation (d): It was improper or inappropriate to start crown treatment on teeth which is least affected by root caries, instead of giving most attention and care for the mid-treated tooth 36, deep caries lesion in tooth 46, and gross lingual root caries lesion in tooth 35

86. It is elemental in clinical practice to stop any disease process before any elective cosmetic procedure to follow. In fact, cosmetic procedure should be regarded as secondary to the primary objective, which is to stop the disease and to prevent recurrence. The Council is of the view that reversing this sequence totally derails from fundamental treatment strategy.

87. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.

88. The Defendant is guilty of this allegation.

Allegation (e): It was improper or inappropriate to crown teeth without caries

89. It is generally accepted in clinical practice that the primary objective for dentist is to preserve as much as possible sound and healthy tooth tissue and conserve them as to restore their form and function. Sometime there may be a therapeutic cost to pay to fulfil other purposes such as to provide rooms to allow adequate thickness of crown materials to effect a cosmetic result.

90. There is an impact of progression of complexity and reversibility of various treatment modalities in the restorative ladder and the assessment of the prognosis of the treatment outcome.

91. Putting this case in perspective, the Defendant performed crowning of the 19 teeth for cosmetic reason and technically it involved crowning some of the teeth without caries. The Defendant had put the Patient's dentition high up in the restorative ladder with elective RCT and crowns. It greatly compromises the healthy teeth, increases its susceptibility to further decay and limits further restorative options. It is an extremely high therapeutic cost to pay.

92. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.

93. The Defendant is guilty of this allegation.

Allegation (f): It was improper or inappropriate that tooth 46 with the deepest cavity was not crowned with priority

94. Tooth 46 was unattended at the time of crowning and the Council is of the view that it should be restored timely, but not necessarily by crowning.

95. The Defendant is acquitted of this allegation.

96. Since the Council finds the Defendant guilty of the allegations (a), (b), (c), (d) and (e), he is guilty of charge (iv).

Charge (v)

97. Charge (v) is that the Defendant further weakened the Patient's already compromised dental condition by unnecessarily removing her healthy structure for the multiple crown treatment.

98. In the Patient's case, a number of her teeth were cut down by the Defendant. The tooth substances, including enamel, dentine and the pulp (nerves, blood vessels and connective tissues), were removed. Possible pulpal exposure was noticed on the tips of teeth 41 and 43 after tooth preparation. Tooth 41 was caries free before crowning. Six more teeth without caries were also heavily reduced. No doubt the healthy structures of the Patient's teeth were removed.

99. The Council already finds under charge (iv) that multiple crown treatment of the Patient was in her case improper and inappropriate, particularly she had history of NPC with the sequelae such as xerostomia, extensive root caries and possible facial nerve damage. No doubt, such

massive removal of her healthy tooth structures was unnecessary and would further compromise her pre-existing dental condition.

100. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.

101. The Council therefore finds the Defendant guilty of charge (v).

Sentencing

102. The Defendant has no previous disciplinary record.

103. The Defendant submitted to the Council a number of letters of mitigation, which the Council has considered.

104. The Defendant submitted materials in respect of his CPD fulfillment. Those CPD records show only that the Defendant had been taking CPDs after the date of the complaint by the Patient in this case. The Defendant has produced no CPD record at all prior to this date. The Council does not accept the CPD record as produced as a weighty mitigation factor.

105. The Defendant has shown no remorse throughout the hearing. In the Defendant's own final address of mitigation, he still does not admit any improper or inappropriate clinical management of the Patient. He only admitted that there was room for improvement.

106. The Council bears in mind that the purpose of a disciplinary order is not to punish the Defendant, but to protect the public and maintain public confidence in the dental profession.

107. The Council takes into account the "totality principle" when sentencing charges (iv) and (v). The Council also takes note that although the Defendant was found guilty of 5 allegations under charge (iv), it is in fact one charge.

108. The Defendant submitted two previous decisions of the Council. In the said two decisions, the Council imposed suspended sentence. The Council does not find the facts and gravity of the offences of the two decisions comparable. In the present case, it was an extensive restorative treatment. It involves 19 teeth, which is more than half of the dentition. A suspended sentence in the circumstances is not appropriate.

109. Having regard to the gravity of the case and the mitigation submitted by the Defendant, the Council makes the following orders:-

(a) In respect of charge (iv), that the name of the Defendant be removed from the General Register for a period of three months;
(b) In respect of charge (v), that the name of the Defendant be removed from the General Register for a period of three months;
(c) The orders in paragraphs (a) and (b) above be concurrent;
(d) The orders in paragraphs (a) to (c) above shall be published in the Gazette.

Other Observations

110. The Council has other observations. The Council stresses that no part of the following observations was taken into account when considering the findings and sentencing above.

111. Time and again, the Council stresses that record keeping is very important. In this case, the Defendant's records were fragmentary, disorganized, non-systematic and too brief. As mentioned above, one important record on the treatment options given and the risk and complications associated with crown treatment, surprisingly, was written on an envelope. There was a detached page of the Patient's medical history and Patient's treatment card. Such kind of record keeping is totally unsatisfactory, and gives the impression that they are untrue.

112. The Council strongly advises the Defendant to reflect on this matter.

Dr. LEE kin-man
Chairman
The Dental Council of Hong Kong