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

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr KONG Tak-king, Frederick 江德勁牙科醫生 (Reg. No. D01333)
(formerly registered as KONG, Frederick)

Date of hearing: 30 June 2014 (Day 1), 25 September 2014 (Day 2), 26 September 2014 (Day 3) and 10 October 2014 (Day 4)

1. The Defendant, Dr KONG Tak-king, Frederick, is charged that :

"He, being a registered dentist, disregarded his professional responsibility to adequately treat and care for his patient Ms [redacted] ("the Patient"), or otherwise neglected his professional duties to her in that, during the period from about March 2011 to November 2011 -

(i) he failed to formulate a proper treatment plan for the Patient; and/or

(ii) he failed to carry out proper radiographic examination and assessment on the Patient before and/or after implant treatment; and/or

(iii) he failed to carry out a proper and effective implant treatment on the Patient's lower jaw; and/or

(iv) he failed to carry out a proper and effective implant treatment on the Patient's upper jaw; and/or

(v) he failed to properly carry out implant treatment in area of tooth 34 which caused damage to salivary gland in the mandible;

and that in relation to the facts alleged he has been guilty of unprofessional conduct."

Facts of the case

2. The Patient was 85 years old at the material time. She had a medical history of multiple cerebral infarcts, vascular dementia, diabetes and hypertension. She was hemiplegic and wheel-chair bound. Arising from her stroke, she was suffering from involuntary movement of her tongue. She was taking multiple medications including aspirin as an anti-coagulant on daily basis, for her hypertension, diabetes, and stroke.

3. The Patient was almost edentulous. On 4 December 2010, her children took her to see the Defendant. The Defendant advised that full dentures supported by implants would be useful. Noting the Patient's medical condition, the Defendant consulted the Patient's cardiologist as to her fitness for dental surgery.

4. During subsequent consultations in March 2011, discussion on 3 options advised by the Defendant resulted in the decision to proceed with implant supported denture on the lower jaw plus upper removable denture. No radiograph was taken. The initial intention was to insert 3 implants in the lower jaw, but the plan was later changed to 4 implants. In order to see whether the Patient could tolerate the treatment, it was planned to insert 1 implant first before deciding whether to proceed with the remaining implants.

5. On 3 May 2011, the retained roots at sites 33 and 34 were extracted, followed by immediate placement of the first implant at site 34. No post-operative radiograph was taken.

6. On 31 May 2011, the retained roots at sites 31, 32, 41, 42, 43, 44 and 45 were extracted, followed by immediate placement of 3 implants at sites 32, 42 and 44 under local anaesthesia. Artificial bone was placed to build up the labial-buccal concavity. No post-operative radiograph was taken.

7. Subsequently, the implant at site 34 started to fail. There was recurrent swelling and pain at the anterior left floor of the mouth. Having spoken over the telephone to an oral surgeon, the Defendant managed the swelling by aspiration. Nevertheless, the swelling persisted, and the Defendant later referred the Patient to the oral surgeon for management. After examination and on suspicion of cancer, the oral surgeon referred the patient to an ENT specialist.

8. Despite repeated attempts by other doctors to manage the swelling, the problem remained. The threads of the implant at site 34 were also exposed through an open wound. It was suspected that the swelling was caused by a submandibular stone, but surgical exploration failed to locate the stone.

9. In various appointments from August to November 2011, the Defendant made many attempts to resolve the problem by replacing the healing abutment at site 34 with a cover screw, then a pontic, and then a cover screw.

10. There was later argument between the Defendant and the Patient's children, ending in the Defendant's refusal to do the upper denture for the reason that it had not been paid for. The patient's children subsequently made a complaint to this Council.

Findings of the Council

11. At the end of the Secretary's case, we dismissed Charges (iv) and (v) for the reason that there was insufficient evidence on which the Council could find the allegations proven. As a result, the Defendant is now facing only Charges (i), (ii) and (iii).

12. Both parties have adduced documentary evidence and called witnesses.

13. Having considered all evidence, we make the following findings as to the lack of pre-operative and post-operative radiographic examination and assessment –

(a) The Defendant claimed that he had attempted to take radiographs for pre-operative assessment of the Patient's dental condition. However, because of involuntary movement of the Patient's head and the Patient's inability to stand, he was unable to take the radiograph. He explained the difficulty to the Patient's son, and advised that it would be safe to insert the implants without radiographic examination. He also advised that the Patient could be referred to a hospital for CT scan, but the son decided that it was unnecessary for reason of cost.

(b) We do not accept the Defendant's claim. Firstly, the claim was denied by the Patient's son, who was adamant that the Defendant never mentioned anything about radiographs. The son also said that had the Defendant asked him to stabilize the Patient's head for taking radiographs, he would have certainly done so. Secondly, panoramic radiographs and Cone-beam CT scan were taken successfully at the dental hospital. Thirdly, it did not take long for radiographs to be taken. If the Patient's head could not be stabilized even for the brief period for taking radiographs, the Defendant could not have anticipated that she could be stabilized for implant placement, which would require much longer time and high precision.

(c) We find that the Defendant had not made proper attempts to take radiographs, either pre-operatively or post-operatively.

(d) In the absence of pre-operative radiographs for proper assessment and evaluation of the Patient's dental condition, including the bone morphology and any underlying pathology, it was entirely improper for the Defendant to proceed with implant surgery. To do so is to go in blindly, which is entirely unacceptable for registered dentists.

(e) Post-operative radiograph is required for evaluating and monitoring the outcome of implant placement, both as to angulation and positioning. Without such evaluation, it is impossible to know whether the implants have been inserted successfully.

14. As to formulation and execution of the treatment plan, we make the following findings -

(a) Before proceeding with the implant treatment, the Defendant had not formulated a proper treatment plan. We shall analyse this in further details later.

(b) The Defendant had not planned the pre-operative and post-operative medication properly. He prescribed medication on a contradictory basis, without proper knowledge of the pharmacological effect of the medicines, and the interaction between them.

(c) He did not properly consider the medical condition of the severely medically compromised Patient and the risks involved in implant surgery for such a patient. As a result, he failed to take the necessary measures to minimize the risks.

(d) By inserting the implants in infected sites immediately after extraction of the carious roots, without proper infection control and adequate antibiotic cover, the Defendant was exposing the patient to risks of infection and enhanced risk of implant failure and other systemic complications.

(e) By indiscriminate use of prescription drugs, the Defendant failed to minimize the risks. To the contrary, he increased the risks and exposed the Patient to danger which could have been serious.

15. Having made the above findings, we shall then consider the individual charges. We bear in mind that the charges should be considered separately and independently.

Charge (i)

16. Charge (i) is about the failure to formulate a proper treatment plan for the Patient.

17. For all dental treatment, it is essential to formulate a treatment plan before proceeding to treatment. A treatment plan must be based on objective information on the patient's dental and medical conditions, obtained from relevant investigation including clinical examination, tests and imaging.

18. A proper treatment plan must include the following elements –

(a) Identification of the treatment objectives, and the available treatment options to achieve those objectives.

(b) Analysis of the patient's dental and medical conditions, and the complications and risks involved.

(c) Consideration of the measures and precautions required for minimizing the risks and complications.

(d) Risk-benefit analysis of the various available treatment options, and determine the appropriate option.

(e) After determining the appropriate treatment option, formulate a step-by-step and definitive plan for achieving the treatment objectives and for minimizing the risks and complications. This must include monitoring and evaluation of the treatment progress and result.

19. The degree of details of a treatment plan must be commensurate with the complexity level of the treatment. While a simple treatment with little risks may not require elaborate planning, much more detailed planning is required for cases involving more complicated treatment or cases with serious risks.

20. The Defendant's treatment plan was set out in a piece of scrap paper, which he inserted in the clinical record. However, the plan was basically a fee charging schedule, rather than a treatment plan per se. It set out only preliminary ideas or objectives. Even if treating it as a treatment plan, it is crude and rudimentary, lacking many elements of a proper treatment plan.

21. The Patient in the present case is an old and severely medically compromised lady. There are serious risks involved which must be carefully guarded against. As both the Secretary's expert and the Defence expert agreed, it is a very difficult case which called for the participation of a team of experts.

22. Given the Patient's condition, the so-called treatment plan of the Defendant is grossly inadequate. No radiographic examination was performed. In the absence of information about the Patient's dental conditions including the bone level and underlying pathology, there was simply no basis for a treatment plan. To formulate a treatment plan on such basis is tantamount to building a house on quicksand. It will simply fail, even for much simpler cases, not to mention the difficulty involved in the present case.

23. The Defendant's conduct in this respect is seriously below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by any registered dentist of good repute and competency. We find him guilty of unprofessional conduct as in Charge (i).

Charge (ii)

24. Charge (ii) is about the failure to carry out proper radiographic examination and assessment, whether before or after implant treatment.

25. It is not disputed that the Defendant did not perform any radiographic examination at all, either pre-operatively or post-operatively.

26. The Defendant's excuse is that owing to involuntary movement of the Patient's head and her inability to stand, it was not possible to take any radiograph. As we have found earlier, we reject this excuse, for reason that others were able to perform radiographic examination on the Patient. We also reject the Defendant's claim that he had suggested to the Patient's son but the son refused to refer the Patient to a hospital for CT scan. Having regard to the son's preparedness to incur higher expenses for the mother's treatment even when the Defendant advised to refer the Patient to a Government hospital, we do not accept that the son would have refused CT scan for reason of costs. Furthermore, as the implant treatment was a major treatment involving high expenses, there was no reason that the son would have sought to save on the relatively much smaller cost of CT scan and run the risk of an unsuccessful implant treatment.

27. As the Defendant said in his evidence, he considered it safe for him to place the implants without radiographic examination. This is an entirely groundless judgment, as he would have no information on whether there was any underlying pathology which would render the implant treatment unfeasible. It is all the more significant in the present case, where there is clear evidence of infection in the carious roots. In fact, it is irresponsible for a dentist to attempt implant treatment in such situation without having first established the feasibility of implant treatment by radiographic examination. That alone is sufficient for us to find the Defendant guilty of Charge (ii).

28. The Defendant said that he could follow the path of the extracted roots for placement of the implants. However, when it was pointed out that the roots could be angulated and thus not suitable as a guide for placement of the implants, he had no answer at all.

29. As to post-operative radiograph, it is essential for evaluating the outcome of the inserted implants, both as to angulation and positioning. Without such evaluation, there is no information as to the success of implant insertion, and the implants may fail.

30. If the Defendant was not able to take the radiographs, there were many practical alternatives, such as referral to medical laboratories with the proper equipment for stabilizing the Patient's head, or asking the son to stabilize her head for radiographs to be taken.

31. The Defendant contradicted himself by saying that the Patient could not be stabilized for radiographs to be taken, but he was confident that he could stabilize her for the implant surgery, which required much longer time and high precision.

32. If no radiograph could be taken, the Defendant should not proceed to perform implant surgery at all. He should have advised the Patient's son of other treatment options, including the option of no treatment, given that there was no

urgency or absolute necessity of the implant treatment. He must remember that the starting point for all dentists is: "Do no harm".

33. The Defendant's conduct in this respect is seriously below the standard expected amongst registered dentists, and would be regarded by any registered dentist of good repute and competency as disgraceful and dishonourable. We find him guilty of unprofessional conduct as in Charge (ii).

Charge (iii)

34. Charge (iii) is about the failure to carry out proper and effective implant treatment.

35. Proper and effective treatment can only come from execution of a proper treatment plan. Without a proper treatment plan, the treatment will likely fail, particularly in a complicated case involving a severely medically compromised patient.

36. Furthermore, the Defendant's treatment in the present case involved a number of problems, in addition to those that we have already enumerated above –

(a) Given the evidence of infection in the carious roots, the Defendant's first priority before inserting the implants should aim at clearing the insertion sites of infection before inserting the implants. However, the Defendant had done nothing in this respect. Instead, the implants were inserted immediately after extraction of the carious roots. Neither did he prescribe pre-operative antibiotic cover. In the circumstances, there was a high risk of infection and failure of the implants.

(b) The introduction of foreign bodies including artificial bone and membranes into an infected site would increase the risk of infection, and lower the prospect of successful osseo-integration.

(c) The Defendant prescribed drugs which counteracted the effect of other drugs. He did not follow the advice of the cardiologist, which exposed the Patient to high risks of stroke. We cannot accept his claim that stopping aspirin for just 1 day was appropriate according to his clinical judgment. It is not a matter of clinical judgment, as there is scientific evidence that aspirin has to be stopped for 4 days in order for it to be effective.

(d) The Defendant's indiscriminate use of drugs without knowing or finding out their pharmacological effects is a dangerous practice, as demonstrated in this case. This reflects the Defendant's ignorance of basic medical issues. His prescription of high dose steroid was completely not indicated, particularly for a severely medically compromised patient. This is particularly worrying, given the Defendant's evidence that he routinely prescribed drug in similar manner. It was only a matter of luck that no serious harm was caused to the Patient in the present case.

37. We shall not go on to list the various problems of the Defendant's treatment. Suffice it to say that the Defendant has demonstrated serious lack of understanding of many fundamental issues in dentistry and medicine.

38. The Defendant's conduct in this respect is seriously below the standard expected amongst registered dentists, and would be regarded as disgraceful and dishonourable by any registered dentist of good repute and competency. We find him guilty of unprofessional conduct as in Charge (iii).

Sentencing

39. The Defendant has a clear record.

40. We bear in mind that the purpose of a disciplinary order is not to punish the Defendant, but to protect the public from persons who are unfit to practise dentistry and to maintain public confidence in the dental profession.

41. The Defendant personally pleaded remorse and insight into his mistake. However, his approach to the inquiry in disputing all allegations, although he eventually conceded wrongdoing upon being cross-examined, militates against such claim of remorse and insight.

42. Given the Defendant's ignorance of fundamental dental and medical issues and his treatment philosophy, we are of the view that he poses a danger to the public if he continues to practise. As we have said, it was only a matter of luck that the Patient had not suffered more serious harm. Nevertheless, during the inquiry the Defendant was rejoicing in the fact that the Patient had not suffered serious injury and was living happily when he recently saw her in the street. That is not insight.

43. We see no mitigation of weight, other than that this is his first disciplinary conviction.

44. Having regard to the gravity of the case, and bearing in mind our duty of protecting the public, we order that the Defendant's name be removed from the General Register for a period of 12 months.

45. We have considered whether the removal order can be suspended. Given our observation about the danger he poses to the public, the order cannot be suspended.

Other remarks

46. While it is for the Council in future to consider the Defendant's application for restoration to the General Registration when it is made, we recommend that the Council should ensure that the following conditions be satisfied –

(a) The Defendant be required to produce evidence of having completed satisfactorily 60 hours of continuing dental education in courses organized by established dental institutions, which must include a minimum of 10 hours in pharmacology and a minimum of 10 hours in geriatric dentistry, before the application is approved.

(b) Upon restoration to the General Register, the Defendant's practice be subject to inspection by a Practice Inspector appointed by the Council, in accordance with terms to be specified by the Council. The Council should review the Defendant's performance after 12 months having regard to the reports of the Practice Inspector, and decide whether the condition can be lifted.

47. In view of the ageing population in Hong Kong, we urge all registered dentists to exercise particular care when considering and providing dental treatment to elderly patients, many of whom are medically compromised and are on multiple medications.

48. We are also concerned that some dentists who come before the Council to give expert opinion may not be fully aware of their duty to the Council as an adjudicating tribunal rather than to their clients. We recommend that the Council incorporate in the Practice Directions on Disciplinary Inquiries provisions on the proper approach of expert witnesses, in order to ensure that future experts are fully aware of their duty to give independent opinion based on objective scientific evidence.

Dr Homer Tso, SBS, JP
Chairman
Dental Council of Hong Kong