



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

Disciplinary Inquiry under s.18 of DRO

Defendants: Dr TSUI Ting-wing 徐定榮牙科醫生 (Reg. No. D00973)

Date of hearing: 1 June 2017

Present at the hearing

Council Members: Dr LEE Kin-man (Chairman)
Prof CHEUNG Shun-pan, Gary
Dr NG Pong-yin, Robert
Dr YOUNG Wan-yin, Betty

Legal Adviser: Mr Stanley NG

Defence: Defendant appearing in person

Legal Officer representing the Secretary: Mr William LIU, Senior Government Counsel

1. The charge against the Defendant, Dr TSUI Ting-wing, is as follows:-

“In about September to October 2014, you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient [REDACTED] (transliteration of [REDACTED]) (‘the Patient’), or otherwise neglected your professional duties to her in that –

- (i) you failed to carry out proper and adequate examination and/or assessment on the Patient’s dental condition prior to implementation of treatment to the Patient; and
- (ii) you failed to offer the Patient any alternative treatment options for managing the Patient’s dental condition before you commenced the treatment;

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

Background of the case

2. The complainant in this case is [REDACTED] (transliteration of [REDACTED]) (“[REDACTED]”). The Defendant was recommended to [REDACTED] by a pastor of a church.
3. On 20 September 2014, [REDACTED] first attended the Defendant’s clinic. [REDACTED] requested for the replacement of her missing tooth 16.
4. [REDACTED] alleged that the Defendant told her that bridge replacement for missing tooth 16 could last for 20 years, whereas implant replacement might cause fracture of the jaw bone. Bridge was therefore selected and the Defendant charged [REDACTED] HK\$4,000.
5. On 23 September 2014, the Defendant attended to mouth preparation for replacement of 16, using 14 and 15 as abutments (“bridge 14-16”).
6. On 13 October 2014, the Defendant performed cementation of the bridge 14-16.
7. On 4 February 2015, the Defendant performed general scaling of [REDACTED]’s teeth, which was four months post cementation of the bridge.
8. In around September 2015, [REDACTED] visited another dentist who told her that the bridgework design done by the Defendant was faulty and outdated, and the bridge might fracture on its own, and the supporting teeth (namely, tooth 14 and tooth 15) would become loose and damaged.
9. On 23 September 2015, [REDACTED] lodged a complaint with this Council against the Defendant.

Burden and Standard of Proof

10. 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

11. 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.

Findings of Council

Charge 1

12. Charge 1 is about the Defendant’s failure to carry out proper and adequate examination and/or assessment on [REDACTED]’s dental condition prior to implementation of the treatment.

13. [REDACTED] told the Council that on the first consultation on 20 September 2014, the Defendant had performed intra-oral examination of her teeth, associated soft tissues and occlusion, for about 10 to 15 minutes. The Defendant when giving evidence confirmed that despite it cannot be shown from his over-simplistic clinical record. The Defendant had also taken impressions on [REDACTED]'s teeth for study casts, which were produced to the Council as a defence exhibit. However, the Defendant confirmed to the Council that he had not taken any x-ray of [REDACTED]'s teeth even though he said that he could have easily asked [REDACTED] to have x-ray taken from nearby facilities.
14. According to Dr LEE Ka-leung, the prosecution's expert, there is no international guideline stipulating that radiographic investigation is a must, however radiographic investigation was crucial for assessment of the following three factors in respect of [REDACTED]'s teeth, namely whether there was good periodontal attachment (covering maximum root surface); whether there was good alveolar support; and whether there were favourable root length, shape, and crown length ("the three factors"), and without which the assessment would be inadequate. The Council agrees with the expert's opinion on this.
15. The Council agrees with the expert that the bridge done by the Defendant to [REDACTED] has not created any adverse outcome to [REDACTED]. However, the Council considers that taking x-ray on [REDACTED]'s teeth prior to implementation of treatment to her was crucial for assessment of the three factors and failure to take x-ray amounted to inadequate examination and/or assessment. The Council is satisfied that the Defendant's conduct or omission 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.
16. The Council therefore finds the Defendant guilty of Charge 1.

Charge 2

17. Charge 2 is about the Defendant's failure to offer [REDACTED] any alternative treatment options for managing [REDACTED]'s dental condition before commencing the treatment.
18. [REDACTED] told the Council that she had discussed the option of dental implant with the Defendant, only that there was dispute as to who raised the discussion of such an option, and whether, as alleged by [REDACTED], the Defendant had mentioned that dental implant would cause alveolar bone fracture. The Council needs not concern with such a dispute.
19. The charge is that the Defendant had failed to offer [REDACTED] any alternative treatment options. The Council has already rejected the prosecution's application for amendment of the charge, so this charge is not about the adequacy of the alternative treatment options given by the Defendant to [REDACTED].
20. The prosecution cannot prove that the Defendant had failed to give [REDACTED] any alternative treatment options, other than cantilever bridge. The prosecution cannot therefore prove charge 2. The Defendant is hereby acquitted of charge 2.

Sentencing of the Defendant

21. The Defendant is of a clear record.
22. The Council notes that the Defendant is not legally represented, and the Council has taken every opportunity to ensure that the Defendant understands the process of today's inquiry so as to give him a fair trial.
23. The Council has explained to the Defendant his right to address the Council in mitigation in respect of Charge 1. However, the Defendant chose not to address the Council in mitigation.
24. 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.
25. Having regard to the gravity of the case, the Council makes the following orders:
 - (a) In respect of Charge 1, a warning letter be given to the Defendant.
 - (b) The order in (a) above shall be published in the Gazette.

Other Comments

26. The Council is aware that the Defendant offered affordable service to [REDACTED] and the Council agrees with the prosecution's expert who stated in his report that if [REDACTED] is able to carry out planned maintenance regime in the future, the prognosis of the cantilever bridge is favourable. The Council also believes that the Defendant performed such service to [REDACTED] out of good intention.
27. The Council is aware that the Defendant has no radiographic facility in his clinic. Radiographic examination is a well-established assessment tool for assessing dental tissue and supporting tissue. The Council expects practitioners to make good use of this assessment tool.



Dr LEE Kin-man
Chairman
The Dental Council of Hong Kong