



香港牙醫管理委員會
The Dental Council of Hong Kong
Disciplinary Inquiry under s.21 of DRO

Defendant: Dr. HO Chi-keung, Kevin 何自強牙醫 (Reg. No. D02360)

Date of hearing: 16 February 2012

1. The Defendant, Dr. HO Chi-keung, Kevin, is charged that:

“He, being a registered dentist, on or about 23 January 2010, disregarded his professional responsibility to his patient [REDACTED] in that he prescribed “Ponstan” to her when he knew or ought to have known that she was allergic to aspirin; and that in relation to the facts alleged he has been guilty of unprofessional conduct.”

Facts of the case

2. The patient consulted the Defendant in the evening of 23 January 2010. She was allergic to aspirin, tetracycline and metronidazole. During registration, she specifically emphasized to the dental assistant that she had drug allergy and provided the names of the allergic drugs for entering into the record. When she saw the defendant, she again told the Defendant of her allergies and requested him to pay particular attention. The Defendant then extracted two of the patient’s teeth, and prescribed 4 medicines including Ponstan to the patient. When the dental assistant handed the medicines to the patient, the patient again reminded the dental assistant of her drug allergy problem. The dental assistant replied that she was aware of it and told the patient not to worry.

3. At around 11 p.m. the same evening, the patient started to take the painkillers prescribed and dispensed by the Defendant. In about half an hour, the patient started to develop allergic reactions including swelling of the eyes and peripheral skin and nasal congestion. She immediately went to the Accident and Emergency Department of a public hospital. On arrival, she was triaged as an urgent case and was attended by a doctor within 10 minutes. She was diagnosed with angioedema and was admitted into the hospital for treatment and observation. She was discharged on 25 January 2010.

Findings of the Council

4. The Defendant admits all the facts of the case. Nevertheless, it is our duty to determine whether the Defendant's conduct constitutes unprofessional conduct.
5. The patient had repeatedly emphasized her drug allergy to both the Defendant and the dental assistant. On the front page of the dental record, there was conspicuously written (presumably by the dental assistant) and highlighted in yellow the note "*Allergy to aspirin, tetracycline, Flagyl*". The item "*Drug Allergy*" under the heading "*PAST HEALTH DECLARATION*" was encircled and highlighted in yellow. At the beginning of the notes in a different handwriting (presumably written by the Defendant), there was the note "*allergic to tetracycline, Metrodizole & aspirin*". In the circumstances, there can be no excuse for overlooking the fact that the patient was allergic to aspirin.
6. We accept the following expert evidence:-
 - (a) Drug allergy is a hypersensitivity reaction for which a definite immunological mechanism is demonstrated.
 - (b) Ponstan is the brand name for mefenamic acid. Both aspirin and Ponstan are nonsteroidal anti-inflammatory drugs, i.e. NSAIDs. NSAIDs are a group of drugs which antagonize inflammation and relieve pain by interfering with the function of cyclooxygenases which is present in all cells.

- (d) Reactions to NSAIDs are a major cause of hypersensitivity to drugs, only second to reactions to antibiotics. Hypersensitivity reactions induced by NSAIDs are acute reactions which are far more frequent than delayed reactions.
 - (e) Among NSAID hypersensitivity reactions, cross-reactivity is the most frequent hypersensitivity reaction. NSAIDs which are strong cyclooxygenases inhibitors precipitate adverse symptoms in a significant proportion of aspirin-hypersensitivity patients. Therefore, a history of hypersensitivity reactions to one NSAID should prompt a strict avoidance of other NSAIDs with known moderate to strong cyclooxygenases inhibitory activity.
 - (f) NSAIDs with known moderate to strong cyclooxygenases inhibitory activity (including Ponstan) should not be prescribed for a patient with a drug history of hypersensitivity reaction to aspirin.
 - (g) Angioedema is characterized by an acute, transient and edematous swelling that involves deeper layers of skin which usually affects various areas including the tongue and the upper respiratory airways. Angioedema is a potentially life-threatening acute immediate hypersensitivity reaction if the airway is affected. Laryngeal edema is a cause of death if unrecognized or inadequately treated.
 - (g) The presenting symptoms in the present case are the classical symptoms of a patient with acute cutaneous hypersensitivity. The patient's hospitalization was almost certainly caused by the acute NSAID hypersensitivity triggered by the medication prescribed by the Defendant.
7. It is common knowledge which all competent dentists should know that a patient allergic to aspirin is likely to be also allergic to other NSAIDs, thus should not be prescribed with an NSAID. Given the potentially life-threatening hypersensitivity reactions, all dentists must be particularly careful when prescribing medicines to a patient allergic to

aspirin. Prescribing an NSAID to a patient allergic to aspirin is inexcusable irrespective of whether it is due to carelessness or ignorance. The Defendant's conduct in prescribing Ponstan when the patient had warned him of her allergy to aspirin for 3 times is seriously below the standard expected amongst registered dentists. It is clearly stated in the MIMS Annual that Ponstan is contraindicated for patients allergic to aspirin *"because the potential exists for cross-sensitivity to aspirin or other nonsteroidal anti-inflammatory drugs, mefenamic acid (i.e. Ponstan) should not be given to patients in whom these drugs induce symptoms of broncho-spasm, allergic rhinitis or urticaria"*.

8. The Defendant's conduct would certainly be regarded as disgraceful and dishonourable by registered dentists of good repute and competency. We find him guilty of unprofessional conduct as charged.
9. We are of the view that the Defendant prescribed Ponstan to the patient not because of carelessness but because of ignorance of the pharmacological principles in prescription. This is a matter of incompetence. We are driven to this conclusion for the following reasons:-
 - (a) The patient's allergy was clearly written and highlighted in 3 places in the dental record, one of which should be written by the Defendant himself when taking the patient's history. The patient also directly told him about her allergy. In such circumstances, it was impossible for the Defendant to overlook the allergy.
 - (b) In his submission to the Preliminary Investigation Committee, the Defendant set out 4 remedial measures which he had taken and would take to prevent recurrence of the same mistake. One of the measures was never to prescribe Ponstan to any dental patient again and to prescribe paracetamol instead. The problem did not lie in the drug Ponstan itself. The problem lied in prescribing it to patients who are allergic to NSAIDs. The approach taken by the Defendant to tackle the problem is not related to the problem at all. What he did was just barking up the wrong tree. This shows that he had no insight at all into what the problems was. If he persists

in such irrelevant measures instead of learning from his mistake, he will simply be paving the way to even more serious problems when he prescribes paracetamol to patients whom he should not. In this respect, we fully agree with the expert that the Defendant needs to enhance his drug knowledge.

(c) The Defendant prescribed to the patient Ibuprofen in addition to Ponstan. Both are painkillers and are NSAIDs. We fail to see the reason for prescribing both drugs at the same time. Ibuprofen has even stronger cyclooxygenases inhibitory activity than Ponstan, and is therefore more contraindicated than Ponstan in the present case. Although the Defendant has not been charged with inappropriate prescription of Ibuprofen, this shows that the Defendant was simply unaware of the fact that NSAIDs should not be prescribed for a patient allergic to aspirin.

10. We accept that a dentist may not be expected to be fully conversant with the pharmacological effects of all drugs. However, if a dentist is minded to prescribe a drug, it is his professional duty to find out the indications and contraindications before prescribing it. As we have pointed out earlier, the contraindication of Ponstan for patients allergic to aspirin is clearly set out in pharmaceutical references such as the MIMS Annual. All that he had to do was to look up the pharmaceutical references. Obviously he had not.
11. We are particularly surprised that the Defendant had not done this, given that he had been using Ponstan as his main analgesic since 1993 and that he had been prescribing Ponstan for pain control in more than 95% of his cases. It was surprising that there had not been similar problems in the 17 years from 1993 to 2010. It was fortunate that the patient in the present case was alert to the allergic reactions and sought medical treatment immediately.
12. As we have mentioned, prescribing an NSAID to a patient allergic to aspirin is inexcusable irrespective of whether it is due to carelessness or ignorance. If it is due to ignorance rather than carelessness, the matter is even more serious as the problem cannot

ignorance rather than carelessness, the matter is even more serious as the problem cannot be solved unless the dentist improves his knowledge in pharmacology.

Sentencing

13. The Defendant has a clear record.
14. In line with our published policy, we shall give him credit for his honest admission both during preliminary investigation and during this inquiry.
15. 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 because of incompetence or other reasons, and to maintain public confidence in the profession by upholding the reputation of the profession.
16. The patient has suffered serious allergic reaction. Had the patient been less vigilant and delayed in seeking treatment, the Defendant could have suffered much more serious consequences. Given our duty to protect the public, the gravity of the case justifies removal from the General Register.
17. We note that the Defendant has been actively and continuously engaged in continuing professional development activities since 2002. Given our severe criticism about his lack of knowledge in pharmacology and the reassurance of Defence Solicitor that he would seek to improve his knowledge in this respect, we are of the view that he will make active efforts to improve his knowledge in this respect.
18. The Defendant is strongly remorseful, as is manifested by his full admission at the earliest opportunity and the adoption of a package of remedial measures although the remedial measures are somehow misdirected. Upon improvement in his pharmacological knowledge, we consider that he would properly appreciate the problem and the likelihood of recurrence of the same problem should be minimized. In the

circumstances, we are prepared to give him an opportunity to improve his competence and better serve his patients.

19. Having regard to the gravity of the case and the mitigating factors, we order that the Defendant be reprimanded. The order shall be published in the Gazette in accordance with the provisions of the Dentists Registration Ordinance.
20. We advise the Defendant to immediately take the necessary measures to improve his knowledge in pharmacology. This is for the benefit of himself as well as his patients. He should bear in mind that had it not been for the strong mitigating factors he would have been removed from the General Register. He should treasure the opportunity we have given him. If he is found guilty of further disciplinary offences, he should expect that in all likelihood he would face removal from the General Register.



Dr. Homer Tso, SBS, JP
Chairman, Dental Council