

Nursing Council of Hong Kong
Disciplinary Inquiry
Nurses Registration Ordinance (Cap. 164)
No.: NC 455/7/B

Date of hearing: 3 October 2019

Defendant: Mr. A ([REDACTED])

DECISION

1. Mr. A (“the Defendant“) is a registered nurse in Hong Kong.
2. The charge against the Defendant under section 17(1)(b) of the Nurses Registration Ordinance, Cap. 164 (“the NRO”) as stated in the Notice of Inquiry dated 2nd August 2019 is:

“[t]hat during residence of Patient X (“the Patient”) at the Queen Mary Hospital (“QMH”) on 27 May 2016, you, being a registered nurse of QMH,

i) failed to ensure individual safety in the course of practice by not following the standard practice of removal of Central Venous Catheter (“CVC”) when removing the Hemodialysis Catheter (“the Catheter”) of the Patient, thus increasing the risk of air embolus; and

ii) failed to be responsible and accountable for individual nursing judgements and actions by not being aware of the risk of intravascular air embolism associated with CVC removal when removing the Catheter of the Patient

and that in relation to the facts alleged, either singularly or cumulatively, you have been guilty of unprofessional conduct.”

Burden and Standard of Proof

3. The burden of proof is always on the Legal Officer and the Defendant does not have to prove his innocence.
4. The standard of proof for disciplinary proceedings is the preponderance of probability. 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 17(3) of the NRO, “unprofessional conduct” means an act or omission by a registered nurse or an enrolled nurse which could be reasonably regarded as disgraceful or dishonourable by registered nurses or enrolled nurses of good repute and competency.

Relevant Facts

6. At all material times, the Defendant was a registered nurse of the Intensive Care Unit (“ICU”) of QMH.

7. The Patient had undergone medical treatments which required the insertion of the Catheter into his body. On 27 May 2016, the medical team of the Patient decided to remove the Catheter.
8. On the same day, at about 10:15 hours, the Defendant removed the Catheter when the Patient was sitting upright on an armchair. About 10 minutes later, the Patient developed an intra-cardiac air embolism requiring resuscitation. He succumbed on 30 May 2016.
9. The Defendant admitted not following the standard practice of removal of CVC and not being aware of the risks of intravascular air embolism associated with CVC removal when removing the Catheter of the Patient.
10. The standard practice for removal of CVC includes, inter alia, that the person performing such procedure to position the patient in supine or Trendelenburg position to reduce the risk of intravascular air embolism.
11. Upon the Defendant's own admission of his failure to follow the standard practice of removal of CVC and not being aware of the risks of intravascular air embolism associated with CVC removal when removing the Catheter, the Council is satisfied that the Defendant's conduct was below the standard expected amongst registered nurses. It would be reasonably regarded as disgraceful or dishonourable by registered nurses of good repute and competency.
12. The Council therefore finds the Defendant guilty of unprofessional conduct under the charge.

Sentence

13. The Defendant had started working in the AICU since October 2013; the incident occurred in May 2016.
14. It is the Defendant's submission that he had decided that the Patient was in a calm state whilst sitting down and he considered it the most appropriate time for the procedure to be carried out. The Council considers that the Defendant had committed a serious act or omission without paying due regard to the life threatening risk of the procedure to the Patient.
15. In view of the seriousness of the offence, the Council considers that the name of the Defendant be removed from the register for a period of 6 months in pursuance of section 17(1)(ii) of the NRO appropriate.
16. The suspension period is lowered to 5 months after taking into account of the Defendant's clear disciplinary record, the remorse he displayed, his untiring pursuit of knowledge in the nursing field, his past performance appraisal, as well as all the mitigation letters submitted.

Professor Agnes TIWARI
Chairman, Nursing Council of Hong Kong