

# TARGET

## Intelligence Report

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T U E S D A Y

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### **THE PATIENT PROPOSES; THE DENTAL COUNCIL OF HONGKONG DISPOSES**

The following are verbatim extracts of the determinations of The Dental Council of Hongkong versus Dr Harry Liu Kwok Wai (廖國偉), said to be a dentist, practising in The Hongkong Special Administrative Region (HKSAR) of the People's Republic of China (PRC).

#### **THE CASE**

*'The Dental Council of Hong Kong ("the Council"), after due inquiry held on 10 November 2022 in accordance with section 18 of the Dentists Registration Ordinance, Chapter 156 of the Laws of Hong Kong, found Dr LIU Kwok-wai, Harry ("Dr LIU") (Registration No. D02168) guilty of the following charge:—*

*"During the period from about June 2014 to July 2016, he, being a registered dentist, disregarded his professional responsibility to adequately treat and care for his patient, Ms HUI Tsz-ting (許芷婷) ("the Patient") or otherwise neglected his professional duties to the Patient in that, he failed to assess and/or monitor the periodontal status of the Patient's teeth during the orthodontic treatment; and that in relation to the facts alleged he has been guilty of unprofessional conduct."*

*'On 9 June 2014, the Patient consulted Dr LIU complaining that her front teeth were protruding and that there were spaces between her upper central incisors. The Patient requested for orthodontic treatment. Dr LIU took impressions of the upper and lower jaw. An orthopantomogram ("OPG") and a lateral cephalogram were also taken. As shown in the Patient's clinical notes, Dr LIU offered three treatment options, as follows:—*

- "1. Upright upper and lower molars with extraction of 15 25 35 45 + upper anterior bite plane for 6 months (may need occlusion reduction / RCT / Crown) ...*

2. only align 14 to 24 and 34 to 44 with closing of space between 11 and 21 and overjet reduction (molar scissor bite untouch) with extraction of 15 25 35 45 ...

3. only align upper anterior with no extraction of teeth.”

*‘On 16 June 2014, the Patient returned to see Dr LIU and agreed to proceed with the second treatment option. Dr LIU took pre-treatment photographs. Orthodontic treatment then started and lasted for around two years. On 11 July 2016, Dr LIU removed the orthodontic appliance. On 18 July 2016, Dr LIU provided the retainers to the Patient. Dr LIU took a post-treatment OPG, lateral cephalogram and photographs. On 30 July 2016, the Patient returned to see Dr LIU and requested further retraction of the upper anterior teeth. Dr LIU told the Patient that it was not possible unless further extractions were performed and closing the spacing in the lower arch would make the upper front teeth protrude more. The Patient had not returned to see Dr LIU since this consultation.’*

### **HELP ! HELP ! HELP !**

*‘The Patient next consulted a Dr LING on 3 February 2017 for “scaling and polishing”. On 16 May 2018, the Patient consulted a Dr SHEK for orthodontic treatment and scaling and polishing. In Dr SHEK’s referral letter dated 13 June 2018, she recorded that the Patient presented with the following:—*

*“Unsatisfactory oral hygiene  
16, 26 mesially tilted, bone loss, not mobile  
36 mesially tilted, M angular bone loss  
17/47, 27/37 crossbite, bone loss, not mobile*

*Generalised root resorption and gingival recessions*

*Overjet +2.0mm”*

*‘She also recorded that the Patient was advised to see periodontist and orthodontist for follow-up. Photographs of two radiographs were shown in the referral letter.*

*‘On 25 March 2019, the Patient consulted a Dr NG, a specialist in orthodontics. In Dr NG’s letter dated 29 June 2019, she noted “Oral hygiene is fair with significant gingival recession, loss of interdental papilla at lower anterior teeth”. Her diagnosis was “Class 1 skeletal pattern with bimaxillary dentoalveolar protrusion with Class II molar and canine relationship on both sides and scissor bite at 17 and 27.” On 30 April 2019, the Patient consulted a Dr KAM for scaling and polishing.*

*‘On 3 June 2019, the Patient consulted a Dr FUNG, a specialist in periodontology. From Dr FUNG’s referral letter dated 10 July 2019, he noted that the Patient:—*

*“... presented with localized chronic periodontitis with:*

- Fair OH in general, inadequate plaque control at lingual surface of molars and mesial surface of tilted 16, 26*
- Moderate amount of supra- and subgingival calculus, esp. molars area*
- Generalised bleeding upon probing*
- Increased probing pocket depth up to 7mm at:*

*• 16MB, 26MP, 36 mid-L, 37DB, 46ML ”*

*‘Dr FUNG advised the Patient to seek a second opinion and further dental care from the Prince Philip Dental Hospital.*

*‘By ... [CLICK TO ORDER FULL ARTICLE](#)*

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