



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

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr CHAN Chun-kin 陳俊健牙科醫生 (Reg. No. D04023)

Dates of Hearing: 5 June 2025, 11 June 2025 and 3 September 2025

Present at the Hearing

Council Members: Dr LEE Kin-man, Raymond, MH, JP (Chairperson)
Dr FOO Tai-chuen
Dr WAI Tak-shun, Dustin
Dr ZHANG Chen
Dr LEUNG Shuk-kam, Sharron

Legal Adviser: Mr Stanley NG

Legal Representative for the Defendant: Mr Eddie NG, instructed by Messrs. Kennedys, Solicitors

Legal Officer representing the Secretary: Ms Esther CHAN, Senior Government Counsel

The Charges

1. The Defendant, Dr CHAN Chun-kin, is charged that:-

“You, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient, Mr [REDACTED] (“the Patient”) or otherwise neglected your professional duties to the Patient in that, you –

- (i) on or about 10 November 2021, failed to take necessary precaution(s) to prevent or ensure the lack of postoperative bleeding after extracting multiple teeth from the Patient who had history of taking long-term anticoagulation medication; and/or
- (ii) on or about 11 November 2021, failed to ensure appropriate anaesthesia before pain-provoking procedure;

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

Facts of the Case

2. The name of the Defendant has been included in the General Register since 31 July 2013. His name has never been included in the Specialist Register.
3. At around 4 p.m. on 10 November 2021, the Patient attended the Defendant's clinic and requested to remove the broken teeth at the left lower quadrant. On clinical examination, the Defendant noted teeth 37 and 38 were retained roots and suggested removal.
4. According to the Defendant's dental record, the Patient had a history of heart disease and was on aspirin and Pradaxa (dabigatran). The Patient informed the Defendant that he had already stopped the anticoagulants (i.e. Pradaxa) for three days notwithstanding the advice from his cardiologist was to stop the medication one day prior to dental extraction. The risks of the procedure were discussed with the Patient. The Defendant then proceeded to remove the retained roots of teeth 37 and 38 under local anaesthesia with simple extraction. The extraction was uneventful and smooth. The Defendant placed gauze at the extraction site for hemostasis. The wound of the Patient did not exhibit any bleeding afterwards and hemostasis was achieved. The Patient was given post-operative instructions, including the management if post-operative bleeding occurred. The Defendant prescribed the Patient with antibiotics and analgesics. The Patient was then discharged.
5. At around 7 p.m. on the same day, the Patient noted post-operative bleeding. The Patient went back to the Defendant's clinic but found that it was already closed. The Patient later that night attended the Accident and Emergency Department ("A&E Department") of Tuen Mun Hospital. The Patient was given another gauze to bite. The attending doctor of the A&E Department later confirmed that the Patient's bleeding stopped. The Patient was then discharged from the A&E Department.
6. The Patient encountered re-bleeding upon returning home from the A&E Department. The Patient continuously spat out blood that stained the pillow and his clothes.
7. On 11 November 2021, at around 10:20 a.m., the Patient returned to see the Defendant. The Defendant did not notice any active bleeding on examination. In view of the possibility of re-bleeding, the Defendant performed suturing of the extraction site for better hemostasis. The Defendant then proceeded to inject local anaesthesia with buccal infiltration. The Patient complained of pain from the injection. In light of the situation, the Defendant then proceeded to suturing shortly afterwards without anaesthesia at the lingual side. The Patient complained of pain during the suturing procedure. Two sutures were placed. After the suturing, the Patient was advised to come back if bleeding occurred. A review appointment was scheduled for suture removal in 5 weeks.
8. Later the same day, at around 1:16 p.m., the Patient lodged a complaint against the Defendant with the Dental Council of Hong Kong ("the Council"). A number of photos were enclosed in the statutory declaration.

Burden and Standard of Proof

9. We bear in mind that the burden of proof is always on the Legal Officer and the Defendant does not have to prove his innocence. We also bear 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.

10. There is no doubt that the allegations against the Defendant here are serious. Indeed, it is always a serious matter to accuse a registered dentist of unprofessional conduct. Therefore, we need to look at all the evidence and to consider and determine the disciplinary charges against him separately and carefully.

Unprofessional Conduct

11. According to section 2 of the Dentists Registration Ordinance, Cap. 156, “unprofessional conduct”, in relation to a person, means an act or omission of the person that would reasonably be regarded as disgraceful or dishonourable by registrants of good repute and competency.

Findings of Council

12. At the consultation on 10 November 2021, the Defendant took medical history from the Patient, and noted that the Patient had heart disease and was on Pradaxa and aspirin. The Defendant was well aware of the bleeding risks associated with tooth extraction involving anti-coagulation medications. The Patient told the Defendant that he had stopped taking Pradaxa for three days, despite what his cardiologist told him to stop for only one day. As the Patient had stopped Pradaxa for a few days before consultation and no minor surgery was required for the extraction since the wisdom tooth was not impacted, the Defendant considered that the risk of excessive bleeding with aspirin was low. The Defendant considered that it was safe to proceed with teeth extraction.
13. The Defendant had also examined the panoramic radiograph of the Patient taken on 16 September 2020, and noted that the two teeth were not in close proximity to the ID canal, and considered that the risk of damage to ID nerve should not be high. The Defendant advised the Patient of risks and complications associated with the extraction and obtained verbal consent from the Patient before proceeding with the procedure.
14. Both Dr WONG Yiu-kai (“Dr WONG”), the Secretary’s expert, and Prof. LEUNG Yiu-yan (“Prof. LEUNG”), the Defendant’s expert, took the view that the diagnosis and treatment planning to remove the retained roots of teeth 37 and 38 were correct.
15. In general, which method to choose to stop bleeding depends on the nature of the wound and the extent of bleeding observed in any particular case. In simple extraction cases, if the wound is not large and the bleeding observed is minimal, it will usually suffice to ask the patient to bite on a gauze and to put pressure on the wound to attain hemostasis. If the wound is large and there is excessive bleeding, then the dentist should consider other options, such as applying hemostatic agents and/or suturing. It is all a matter of clinical judgment of the individual dentist.
16. The Defendant told us that when he proceeded with the extraction, he first administered anaesthesia, and after the anaesthesia took effect, he loosened and removed tooth 38 with luxator, followed by tooth 37 which was also loosened and removed by luxator. The extraction of the two teeth was done without flap. The extraction was uneventful and finished in about 10 to 15 minutes. The Defendant said he observed that there was minimal bleeding during extraction and the bleeding had stopped shortly afterwards. The Defendant said he noted that the gauze

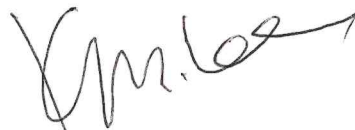
did not soak up much blood when he first placed it at the extraction site, which indicated that the bleeding, if any, was minimal.

17. There is no evidence to suggest what the Defendant observed that there was minimal bleeding during the extraction, and that the bleeding had stopped shortly after the extraction, was false.
18. In our view, it is also not correct that if a patient has stopped anticoagulation medication, but is on aspirin, then it must be in each and every case that hemostatic agents must be applied and/or suturing must be performed. Each case depends on its facts and circumstances, and on what has been observed during and after the extraction.
19. Given that it was the Defendant's observation that there was minimal bleeding during the extraction, and that the bleeding had stopped shortly afterwards, we find it appropriate for the Defendant to ask the Patient to bite on a gauze to stop the bleeding to ensure the necessary blood clots could be formed at the extraction site.
20. The Defendant said that he asked the Patient to bite on the gauze for about 30 minutes to stop the bleeding. The Defendant also confirmed with the Patient that he was not feeling dizzy or ill, and then advised the Patient to sit at the waiting area inside the clinic for around 10 to 15 minutes. The Defendant had also advised the Patient not to gargle, rinse his mouth or spit to ensure the blood clots formed at the extraction site were maintained and to minimize any potential trauma to the wound. The Defendant also told the Patient that if bleeding recurred, he could resume biting on a new gauze. If there was blood in his mouth, the Defendant told him the proper way to deal with the blood was to swallow it or gently wipe away rather than spitting it out as the vigorous movements would easily cause the wound to bleed. In our view, all these measures taken by the Defendant and the instructions given to the Patient were appropriate and necessary to prevent re-bleeding.
21. The Patient had waited in the waiting area of the clinic for around 10 to 15 minutes. The Patient did not exhibit or report any bleeding before he left. This meant that the Patient's wound should have achieved hemostasis by the time he left. We agree that the decision to let the Patient leave the clinic was correct.
22. The Patient was given extra gauze and was advised by the clinic nurse that if there was any subsequent bleeding, he could bite on the gauze again for around 30 minutes. The clinic nurse also advised the Patient that if there was any severe bleeding afterwards, he could return to the clinic, and if after clinic hours, he could seek treatment at the A&E department of public hospitals. In our view, these instructions given by the clinic nurse to the Patient were appropriate and sufficient.
23. By reasons of what we stated above, we do not find that the Defendant had failed to take necessary precaution(s) to prevent or ensure the lack of postoperative bleeding after the extraction of the retained roots of teeth 37 and 38 from the Patient who had a history of taking long-term anticoagulation medication. We therefore acquit the Defendant of charge (i).
24. In respect of charge (ii), for this case, the Defendant admits that to ensure appropriate anaesthesia before suturing, he should have given the Patient two injections of anaesthesia, but in the present case, he had only given one injection.
25. On 11 November 2021, when the Patient went back to see the Defendant, bleeding had already stopped and stability of blood clot maintained. There was no urgency to pay for the therapeutic cost to perform suturing procedure without appropriate anaesthesia, which would cause pain.

26. In any event, given that suturing was a pain-provoking procedure, the Defendant should have ensured appropriate anaesthesia before performing the procedure. However, the Defendant injected local anaesthesia with infiltration only at the buccal soft tissues. There was no anaesthesia at the lingual soft tissues at all. The Defendant then proceeded to suturing. This was definitely insufficient and inappropriate because it would certainly cause pain to the Patient, and which happened, no matter how many or how little sutures were placed.
27. The Defendant suggested that the Patient was agitated, uncooperative and struggled. In reality, difficulty levels vary in handling different types of patients. The well-being of patients cannot be compromised in any case. Just because the Defendant could not manage the Patient by performing a second injection, the Defendant should still not get the job done at his own convenience by suturing, when there was no urgency for suturing at all.
28. In our view, in the present case, the Defendant should have administered a second injection at the lingual soft tissues, and waited for a reasonable period of time for the anaesthesia to take effect, before performing suturing, but he had not done so.
29. We are satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be reasonably regarded as disgraceful and dishonourable by registered dentists of good repute and competency. We therefore find the Defendant guilty of charge (ii).

Sentencing

30. The Defendant has no previous disciplinary record.
31. The Defendant does not contest the facts of charge (ii). We will give him credit for that.
32. We bear 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.
33. We have considered the character reference letters as submitted, the Defendant's CPD record and his involvement in community service work.
34. Having regard to the gravity of the case and the mitigation submitted by the Defendant, the Council orders that in respect of charge (ii), a warning letter be served on the Defendant. Our order shall be published in the Gazette.



Dr LEE Kin-man, MH, JP
Chairperson
The Dental Council of Hong Kong