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

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr SHUM Wai-shing 沈偉成牙科醫生 (Reg. No. D02036)

Date of hearing: 5 February 2026

Present at the hearing

Council Members: Dr LEE Kin-man, MH, JP (Chairperson)
Dr HSE Mei-yin, Kitty, JP
Dr YU Jerome
Dr ZHANG Chen
Ms CHOY Hok-man, Constance

Legal Adviser: Mr Stanley NG

Defendant: Represented by Mr Michael CHAO of Messrs. Johnson Stokes & Master, Solicitors

Legal Officer representing the Secretary: Miss Isabella WONG, Government Counsel

The Charges

1. The charges against the Defendant, Dr SHUM Wai-shing, are as follows:-

> "In and about March 2017 to February 2020, you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient, [redacted] ("the Patient") or otherwise neglected your professional duties to him in that, you –
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> (i) failed to carry out an adequate pre-operative assessment before providing the root canal treatment;
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> (ii) failed to properly inform the Patient of the risks and complications of the root canal treatment before providing the root canal treatment;

(iii) failed to provide proper remedial care to the Patient for the management of pain and/or swelling after the root canal treatment; and/or

(iv) failed to timely refer the Patient to a specialist for further advice or treatment as and when the circumstances so warranted;

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 ("GR") since 29 January 1986. The name of the Defendant has never been included in the Specialist Register.

3. On 9 April 2016, the Patient consulted the Defendant for the first time for pain at tooth 26 on biting. The Defendant performed an intraoral examination and found that tooth 26 was tender to percussion with a fracture line at the distal area. A periapical x-ray was taken which showed that a fracture line was vaguely visible. The Defendant advised the Patient to undergo scaling and monitoring to see if the pain at tooth 26 would spontaneously resolve. Scaling was performed.

4. On 10 June 2016, the Patient consulted the Defendant. Composite resin filling at tooth 26 distal area was done. Scaling was performed.

5. On 6 March 2017, the Patient returned to the Defendant complaining of pain from tooth 26 at night. The Defendant made a diagnosis of "acute pulpitis of 26 due to fracture line". The Defendant suggested root canal therapy ("RCT") and a ceramometal crown ("CMC") for the tooth 26. RCT was started on the same day.

6. On 14 March 2017, the Patient complained of tenderness on biting in tooth 26. The Defendant continued and completed the RCT.

7. The Patient visited the Defendant on 21 March 2017 and did not complain of any pain. Tooth 26 was prepared for a CMC and an impression was taken. A temporary crown was made on tooth 26.

8. The Patient visited the Defendant on 31 March 2017 and the CMC was cemented with Panavia.

9. The Patient visited the Defendant on various occasions between 19 May 2017 and 30 September 2019 relating to his other teeth. There was no complaint in all of these appointments regarding tooth 26.

10. On 1 February 2020, the Patient visited the Defendant and complained of pain and a buccal abscess at the tooth 26. Periapical x-ray showed radiolucency about 0.5 mm at the apex of the MB root. The abscess was incised and drained under local anaesthesia. Extraction was advised but the Patient refused. Antibiotic and analgesic were prescribed.

11. On 7 February 2020, the Patient visited another dentist, a Dr CHEUNG. Periapical x-ray was taken for tooth 26 and a diagnosis of "recurrent abscess" was made. Dr CHEUNG referred the Patient to an endodontist.

12. The Patient visited the Defendant on the next day, i.e. 8 February 2020. Tooth 26 was still tender to percussion. The Defendant advised the Patient to consider extraction but again he refused. Scaling was done. Since then, the Patient had not visited the Defendant again.

13. The Patient had persistent pain and swelling in tooth 26 such that it was extracted in 2020.

14. On 22 December 2020, the Patient lodged a complaint with the Dental Council of Hong Kong ("the Council") against the Defendant.

Burden and Standard of Proof

15. 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.

16. 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 each of the disciplinary charges against him separately and carefully.

Unprofessional Conduct

17. 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

18. The Defendant admits the factual particulars of the disciplinary charges against him but it remains for us to consider and determine on the evidence whether he has been guilty of unprofessional conduct.

Charge (i)

19. A complete endodontic diagnosis generally requires clinical and radiographic examinations, taking pain history, and performing special tests.

20. In the first visit on 9 April 2016, the Defendant had performed clinical examination, taken pain history (i.e. "pain on biting"); and taken a periapical x-ray. The Defendant's clinical

findings were "pain on biting" and "fracture line at 26 distal area". The Defendant's treatment plan was to monitor tooth 26, and scaling was performed.

21. It was not until a year later on 6 March 2017 that the Patient complained of pain of tooth 26 at night. The Defendant had continuously assessed tooth 26, and the clinical diagnosis of tooth 26 to him was "acute pulpitis due to fracture line". The Defendant then performed RCT on tooth 26 on that day and completed the RCT on 14 March 2017. There was no complaint on tooth 26 since then for the subsequent 3 years.

22. Although the Defendant had omitted to take another periapical x-ray at the visit on 6 March 2017, such an omission in our view was not a grievous failure which would amount to unprofessional conduct. We therefore find the Defendant not guilty of charge (i).

Charge (ii)

23. The Council gratefully adopts as its guiding principles the following statements of the law on informed consent as expounded in *Montgomery v Lanarkshire Health Board* [2015] UKSC 11:

> *"87. ... An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.*
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> *90. ... the doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that she is then in a position to make an informed decision. This role will only be performed effectively if the information provided is comprehensible ..."*

24. In the clinical notes, nothing was written regarding the informed consent on the risks and complications of the RCT of tooth 26. In fact, the Defendant admitted that he had not obtained informed consent before performing RCT of tooth 26.

25. 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 under charge (ii).

Charge (iii)

26. On 1 February 2020, the Patient complained of buccal abscess and pain in tooth 26. A periapical x-ray was taken and revealed a periapical radiolucency of about 0.5 mm (probably meaning in diameter) at MB apex. Root filling in the palatal root was overextended for about 1mm. The signs and symptoms clearly showed that the RCT was unsuccessful. The Defendant incised and drained the abscess and prescribed a course of antibiotic and analgesic. There was subsequent review of tooth 26 a week later on 8 February 2020.

27. In our view, the Defendant had indeed managed the pain and/or swelling of tooth 26, which was reasonable in the circumstances. We are not satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. We find the Defendant not guilty of charge (iii).

Charge (iv)

28. In general, we expect referral to specialist only when circumstances are warranted. The Defendant's decision and his advice to the Patient was extraction of tooth 26. Extraction was his clinical judgment, and he did not see fit to refer the case to an endodontist. If this was his clinical decision, a referral to an endodontist would not be necessary. Further, there was nothing to stop the Patient to seek for a second opinion from a specialist.

29. We are not satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. We find the Defendant not guilty of charge (iv).

Sentencing

30. The Defendant has no previous disciplinary record.

31. The Council gives credit to the Defendant's cooperation and admission to the facts of the charges.

32. 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.

33. We have considered the CPD record, letters of appreciation as submitted and the charity work as undertaken by the Defendant.

34. The Defendant has since the incident taken remedial measures. He told us that he will now always provide a comprehensive explanation on the nature, procedure and potential risks of RCT with the assistance of an information sheet and to ensure that the explanation and consent given is properly documented in his clinical records as well as on a signed consent form. We are satisfied that the risk of re-offending is low.

35. Having regard to the gravity of the case and the mitigation submitted by the Defendant, in respect of charge (ii), we order that a warning letter be issued to the Defendant. Our order shall not be published in the Gazette.

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