

**SINGAPORE MEDICAL COUNCIL DISCIPLINARY INQUIRY AGAINST  
DR ABE HELD ON 12 JANUARY 2010**

**Disciplinary Committee:**

Prof Walter Tan - Chairman  
Dr Wilmot Rasanayagam  
Dr Tham Tat Yean  
Ms Wong Hai Hong (Lay Person)

**Legal Assessor:**

Mr Andy Chiok  
(M/s Michael Khoo & Partners)

**Prosecution Counsel:**

Ms Chang Man Phing  
Ms Kylee Kwek  
Ms Eunice Leong  
(M/s WongPartnership LLP)

**Defence Counsel:**

Mr Lek Siang Pheng  
Ms Joanna Seetoh  
(Rodyk & Davidson LLC)

**DECISION OF THE DISCIPLINARY COMMITTEE**

*(Note: Certain information may be redacted or anonymised to protect the identity of the parties.)*

1. These proceedings arose out of a letter of complaint made in respect of you, Dr ABE, on 13 October 2006 by Dr C, for the Director of Medical Services, Ministry of Health to the Singapore Medical Council (the "SMC").
2. Following the complaint, a written response dated 16 May 2007 (PB1-64) was tendered by you to the Complaints Committee, which then referred the matter to this Committee for a formal inquiry.
3. Of the 11 charges set out in the Notice of Inquiry dated 28 May 2009 (PB1-1), the SMC did not proceed with Charges 7 and 11 and you have pleaded guilty to the remaining 9 Charges ("the Charges") against you. These Charges allege that by reason of your conduct as set out therein, you failed to exercise due care in the

management of your patients, in particular (and as the case may be in respect of the relevant Charge), that

- (a) you did not formulate any long term treatment plan for the treatment of the patient's medical condition (all Charges);
- (b) you did not properly record or document in the patients' Patient Medical Records sufficient details of the patients' diagnosis, symptoms, condition throughout the period of treatment save in certain instances, the recording of the initial consultation (all Charges);
- (c) you failed to carry out an adequate assessment of the patient's medical condition over the period of treatment (all Charges);
- (d) on occasions, you prescribed take-home dosages of Buprenorphine exceeding the allowed 1-week dosage stipulated in paragraph 8 of the Ministry of Health's Guidelines dated 26 October 2005 for the treatment of Opiate Dependence (Charge No. 1);
- (e) you prescribed take-home dosages of Buprenorphine on 1 occasion even though the patient's urinary test showed that the patient was using illicit opiates, with reference to paragraph 9 of the Ministry of Health's Guidelines dated 26 October 2005 for the treatment of Opiate Dependence (Charge No. 9);
- (f) you had breached the Ministry of Health's Guidelines dated 26 October 2005 for the treatment of Opiate Dependence (all Charges except for Charge No. 4);
- (g) you had co-prescribed Subutex with benzodiazepines (Charges No. 3 and 6), and/or

- (h) you had breached the Ministry of Health's Guidelines dated 17 August 2002 for the prescription of benzodiazepines, specifically paragraphs 1, 4 and 7 therein (Charge No. 4).

Particulars of the Charges are set out in the Agreed Bundle (at PB1-1 to 24), while the schedules of prescription in connection with the Charges are set out at PB1-26 to 54.

### **Submissions in mitigation and sentencing**

- 4. Your counsel and you had addressed the Disciplinary Committee substantially in respect of the appropriate sentence to be imposed. In the course of mitigation, the following factors were, *inter alia* drawn to our attention:
  - (a) Contemporaneous evidence of your efforts to provide counselling for your patients in your treatment of their opiate dependence.
  - (b) Your practice and treatment methods were not driven by profit, given the fact that you were a salaried employee at the time these acts of misconduct were committed.
  - (c) The misconduct committed by you resulted from a misguided emphasis on the counselling aspect of the treatment of your patients, which led to a departure from the relevant Guidelines imposed by the MOH.
  - (d) Your expert witness Dr. DE had highlighted in his report various mitigating factors in respect of your practice in prescribing the medication.
  - (e) You had at the earliest opportunity pleaded guilty and had co-operated with the authorities at all times.
  - (f) You are active in the community and had been recognised for various contributions as well as voluntary work. There are numerous testimonials

provided by your patients, fellow medical practitioners and person associated with your voluntary work.

- (g) You had ceased employment since August 2007 and have not been practising as a medical practitioner since.
5. Counsel for the SMC contended on the necessity of imposing a punishment of a suspension of your registration as a medical practitioner. In support of its case, the SMC referred the Committee to various precedents applied in previous proceedings where punishments involving suspensions were meted out to cases where the misconduct involved prescriptions of Subutex and/or benzodiazepines. We were urged to impose a sentence including a period of suspension since two of the Charges concerned misconduct involving benzodiazepines.
  6. Conversely, your Counsel made the argument that the precedents cited involved many more charges of misconduct than the present case and urged that the punishment does not warrant any period of suspension.

### **The findings of the Disciplinary Committee**

7. This Committee is of the view that the long term prescription of Subutex, benzodiazepines and hypnotics may lead to drug dependence and tolerance, and cause harm to patients. This is the reason why in such cases, invariably a period of suspension and a fine are imposed on the defaulting practitioner.
8. This Committee had deliberated long and hard over the issue of an appropriate sentence in this matter, particularly on the question whether a period of suspension ought to be imposed. While it had been referred to, and borne in mind the sentences meted in similar offences, this Committee takes the view that a period of suspension is not appropriate in the light of the combination of the following strong mitigating circumstances:

- (a) The relatively low number of charges involving the prescription of Subutex and benzodiazepines;
- (b) the fact that you had voluntarily ceased medical practice since August 2007;
- (c) you had, on the evidence presented to this Committee demonstrated a genuine desire to help your patients. We note the efforts taken by you to consult with the doctors of IMH on the management of your difficult cases, your efforts to attend CAMP counselling sessions and various workshops and conferences in connection with addiction management; and
- (d) the strong show of support provided in the various testimonials tendered during these proceedings.

9. For clarity, this Committee states the following:

- (a) Blatant disregard of the standards of the profession, or of guidelines prescribed to the profession will not be taken lightly.
- (b) This case ought not be cited as precedent for the non-imposition of a period of suspension involving prescription of Subutex and/or benzodiazepines. Our decision to impose a fine without suspension is justified on the unique mitigating factors highlighted above.
- (c) We reiterate that in cases of misconduct involving prescription of Subutex and/or benzodiazepines, invariably a period of suspension and a fine will be imposed.

## **Sentence and Verdict**

10. Having regard to the representations made by both counsel, it is this Committee's decision that the appropriate sentence is as follows:-
  - (a) that you be fined \$5,000;
  - (b) that you be censured;
  - (c) that you give a written undertaking to the SMC that you will not engage in the conduct complained of, or any similar conduct; and
  - (d) that you pay the costs and expenses of and incidental to these proceedings, including the costs of the counsel to the SMC and the Legal Assessor.
11. On a related note, this Committee had observed, and would urge that for future cases, any intention by the medical practitioner to plead guilty ought to be made as early as possible, since this would prevent the escalation of costs of these proceedings and thus be in the interests of the practitioner.
12. The hearing is hereby concluded.

Dated this 12<sup>th</sup> day of January 2010.