

**SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL INQUIRY FOR
DR SIEW HIN CHIN HELD ON 11 OCTOBER 2017**

Disciplinary Tribunal:

A/Prof Siow Jin Keat (Chairman)

Dr Kwan Yew Seng

Mr Victor Yeo Khee Eng (Legal Service Officer)

Counsel for the Singapore Medical Council:

Mr Chia Voon Jiet

Ms Koh Choon Min

(M/s Drew & Napier LLP)

Counsel for the Respondent:

Mr Lek Siang Pheng

Ms Sharon Liu

Mr Toh Cher Han

(M/s Dentons Rodyk & Davidson LLP)

GROUND OF DECISION OF THE DISCIPLINARY TRIBUNAL

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

Introduction

- 1 The Respondent, Dr Siew Hin Chin pleaded guilty before this Tribunal to three charges of professional misconduct (2nd, 3rd and 5th charges) under section 53(1)(d) of the Medical Registration Act (Cap 174) ("**MRA**"). Two other charges (1st and 4th charges) under the same section were withdrawn against the Respondent.
- 2 The three proceeded charges are: (a) for failing to provide adequate clinical assessment and evaluation of the Patient; (b) failing to prescribe medications on clear medical grounds and in reasonable quantities; and (c) for failing to maintain clear and accurate medical records of the Patient. For ease of reference, the three proceeded charges against the Respondent (excluding the particulars) are set out as follows:

"2ND CHARGE (AMENDED)

*That you, **Dr Siew Hin Chin**, a registered medical practitioner under the Medical Registration Act (Cap. 174) are charged that whilst practising at the Dr Simon Siew Psychological Medicine Clinic, 3 Mount Elizabeth, #08-07, Mount Elizabeth Medical Centre, Singapore 228510, you failed to provide adequate clinical assessment and evaluation, as would be expected from a reasonable and competent doctor in your position, of your patient, one Mr P (the "**Patient**") from 18 January 2010 to 20 September 2014 in breach of section 4.1.1.1 of the Singapore Medical Council Ethical Code and Ethical Guidelines ("**ECEG**"):* ...

Particulars [Refer to charge]

.....

... and that in relation to the facts alleged, your aforesaid conduct amounts to an intentional, deliberate departure from standards observed or approved by members of the profession of good repute and competency, and that you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174, 2014 Rev Ed).”

“3RD CHARGE (AMENDED)

That you, **Dr Siew Hin Chin**, a registered medical practitioner under the Medical Registration Act (Cap. 174) are charged that whilst practising at the Dr Simon Siew Psychological Medicine Clinic, 3 Mount Elizabeth, #08-07, Mount Elizabeth Medical Centre, Singapore 228510, you failed to prescribe medications, in particular benzodiazepines and zolpidem, on clear medical grounds and in reasonable quantities, as would be expected from a reasonable and competent doctor in your position, to your patient, one Mr P (the “**Patient**”) from 18 January 2010 to 20 September 2014 in breach of section 4.1.3 of the Singapore Medical Council Ethical Code and Ethical Guidelines (“ECEG”): ...

Particulars [Refer to charge]

.....

... and that in relation to the facts alleged, your aforesaid conduct amounts to an intentional, deliberate departure from standards observed or approved by members of the profession of good repute and competency, and that you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174, 2014 Rev Ed).”

“5TH CHARGE (AMENDED)

That you, **Dr Siew Hin Chin**, a registered medical practitioner under the Medical Registration Act (Cap. 174) are charged that whilst practising at the Dr Simon Siew Psychological Medicine Clinic, 3 Mount Elizabeth, #08-07, Mount Elizabeth Medical Centre, Singapore 228510, you failed to maintain clear and accurate medical records of your patient, one Mr P (the “**Patient**”), as would be expected from a reasonable and competent doctor in your positions, in that you documented insufficient detail of the Patient’s clinical information in breach of section 4.1.2 of the Singapore Medical Council Ethical Code and Ethical Guidelines (“ECEG”): ...

Particulars [Refer to charge]

.....

... and that in relation to the facts alleged, your aforesaid conduct amounts to an intentional, deliberate departure from standards observed or approved by members of the profession of good repute and competency, and that you are thereby guilty of professional misconduct under section 53(1)(d) of the Medical Registration Act (Cap. 174, 2014 Rev Ed)."

Background and Agreed Statement of Facts

- 3 The statement of facts as agreed between the parties revealed that Dr Siew Hin Chin (the "Respondent") is a consultant psychiatrist and is registered as a specialist in psychiatry with a registration number of M02471F. Dr Siew practices at Dr Simon Siew Psychological Medicine Clinic located at 3 Mount Elizabeth, #08-07, Mount Elizabeth Medical Centre, Singapore 228510 (the "**Clinic**") at the material time.
- 4 The Complainant is Mdm C ("Mdm C") who is the mother of the Patient, Mr P. She filed a complaint against Dr Siew on 19 May 2014 regarding his treatment of her son. In her statutory declaration, Mdm C, stated, amongst others, that she was "*very concerned over the welfare of her son*" and that she was "*concerned with the high number of medications prescribed*".
- 5 Dr Siew provided a written explanation to the complaint on 26 September 2014. At all material times, the Respondent was aware that he was bound by the 2002 edition of the Singapore Medical Council Ethical Code and Ethical Guidelines ("**2002 ECEG**"), in particular, that he was required to:
 - a) Provide adequate clinical assessment through good history taking and appropriate evaluation of his Patient under section 4.1.1.1 of the 2002 ECEG ;
 - b) Prescribe, dispense or supply medications on clear medical grounds and in reasonable quantities as appropriate to the Patient's needs under section 4.1.3 of the 2002 ECEG ; and
 - c) Keep clear, accurate, legible and sufficiently detailed medical records of the Patient under section 4.1.2 of the 2002 ECEG.
- 6 The Respondent was also aware at all material times that he was required to comply with the Ministry of Health's Administrative Guidelines on the Prescribing of Benzodiazepines and Other Hypnotics dated 14 October 2008 (MH 70:41/24 Vol. 3) ("**Administrative Guidelines**") and the Ministry of Health's Clinical Practice Guidelines on the Prescribing of Benzodiazepines (2/2008) ("**Clinical Practice Guidelines**").

The Patients' treatment with Dr Siew

- 7 The Patient consulted and received treatment from the Respondent at the Clinic for Chronic Insomnia, Generalised Anxiety Disorder and Obsessive Compulsive Disorder over the course of the treatment period.

- 8 The Respondent was aware that the Patient had existing conditions of Chronic Insomnia, Generalised Anxiety Disorder and Obsessive Compulsive Disorder and had sought treatment from another doctor when the Patient first consulted the Respondent on 18 January 2010.
- 9 The Respondent was also aware, amongst others, that:
- (a) The Patient was “*on treatment with Zoloft 200mg per day, Ativan 2mg per day, Stilnox CR 12.5mg ON, and Lexotan 1.5mg bd prn*”;
 - (b) The Patient “*used Stilnox for sleep*” most of the time; and
 - (c) If the Patient did not use Stilnox for sleep, the Patient “*would drink alcohol with whisky*”.
- 10 Over the course of the treatment period, the Respondent prescribed the various types of medications to the Patient, including Benzodiazepines with hypnotic and anxiolytic actions, anti-depressants, anti-psychotics, anti-convulsants used as mood stabilisers, sleep hormone, pain reliever, performance enhancement drug, and Z group Hypnotics.

Facts relating to the 2nd Amended Charge

- 11 The Respondent had prescribed multiple psychotropic medications to the Patient at the same time (polypharmacy). Based on the medical records, there were 20 such examples cited between 27 November 2010 and 9 April 2014.
- 12 Over the course of the treatment period, the Respondent:
- a) did not conduct a thorough clinical evaluation of the nature and severity of the Patient’s conditions of anxiety, insomnia and obsession, and the Patient’s interpersonal difficulties with his family members, his marital difficulties with his wife and/or his relationship difficulties with his girlfriend. There was no record that the Respondent contacted the Patient’s previous doctor.
 - b) did not have an adequate clinical rationale for prescribing multiple psychotropic medications (polypharmacy) to the Patient;
 - c) did not assess, regularly or otherwise, the Patient for any withdrawal symptoms and/or side effects arising from the multiple psychotropic medications (polypharmacy) prescribed; risk for developing tolerance and dependency on the benzodiazepines and hypnotics prescribed; and the effectiveness of the prescribed medications;
 - d) did not implement a management plan to wean the Patient off his prescribed medication and/or to prescribe medication in a manner that shows an intention to wean the Patient off his medication;
 - e) did not adequately follow up on the Patient’s potential abuse of his medications, even though the Patient’s family members had raised concerns about the Patient’s use of medications on five occasions; and the Patient frequently visited the Clinic to collect repeat prescriptions of medications ahead of the originally

planned repeat visit; and the information communicated to the Respondent by the Patient during the consultations indicated a possible abuse of medications.

- 13 Accordingly, the Respondent had acted in breach of section 4.1.1.1 of the 2002 ECEG by failing to provide adequate clinical assessment and evaluation of the Patient as would be expected from a reasonable and competent doctor in his position.

Facts relating to the 3rd Amended Charge

- 14 Over the course of the treatment period, the Respondent:
- a) Prescribed multiple psychotropic medications to the Patient in absence of clear medical grounds and even though the Respondent was aware of the Patient's potential abuse of his medications;
 - b) Frequently issued repeat prescriptions of medications to the Patient ahead of the originally planned repeat visit time. The number of such instances and type of medications prescribed is found in Annex B of the Agreed Statement of Facts;
 - c) Did not exercise caution when he prescribed benzodiazepines to the Patient even though caution should be exercised when prescribing benzodiazepines for patients with a history or evidence of alcohol or other substances abuse pursuant to the paragraph (m) of the Administrative Guidelines;
 - d) Did not exercise caution when he prescribed zolpidem, i.e. Stilnox, Apo-Stilnox, Stilnox CR, to the Patient even though the prescription of zolpidem and zopiclone should be treated with the same cautions as benzodiazepines as per section 3.1 of the Clinical Practice Guidelines.
- 15 The Respondent was at all material times aware that a reasonable and competent doctor in his position would have exercised caution in the way he prescribed medications to the Patient pursuant to the Clinical Practice Guidelines.
- 16 Accordingly, the Respondent had acted in breach of section 4.1.3 of the 2002 ECEG by failing to prescribe medications, in particular, benzodiazepines and zolpidem, on clear medical grounds and in reasonable quantities as would be expected from a reasonable and competent doctor in his position.

Facts relating to 5th Amended Charge

- 17 The Patient's case was a complex case as it involved multiple illnesses, chronicity and interpersonal difficulties with his family members and his relationship partners.
- 18 The Respondent failed to document information in his medical records for the Patient over the course of the treatment period, and did not document the Patient's medical records with sufficient legibility, which a reasonable and competent doctor in his position would have documented.

- 19 These included the clinical indications for treating the Patient's conditions with polypharmacy; for prescribing benzodiazepines on 65 occasions; short acting benzodiazepines (i.e. Xanax, Dormicum and/or Lorans) concurrently on 15 occasions; Xanax and other sleeping pills on a long term basis over the course of the Treatment period; Xanax in different preparatory forms (i.e. Xana and Xanax XR) at the same time on 23 occasions; Stilnox in different preparatory forms (i.e. Stilnox, Apo-Stilnox and Stilnox CR) at the same time on nine occasions; for the changes made to the Patient's medications; any management plan to reduce or taper off the Patient's intake of medications; any physical signs or evidence of tolerance, physical and/or psychological dependence or illicit use or misuse of benzodiazepines or to other drugs pursuant to the Administrative Guidelines.
- 20 At all material times, the Respondent was aware that a reasonable and competent doctor in his position would have documented with sufficient legibility the medical information required, especially given the complex nature of the Patient's case.
- 21 Accordingly, the Respondent had breached section 4.1.2 of the 2002 ECEG by failing to keep clear and accurate medical records of the Patient as would be expected from a reasonable and competent doctor in his position.

Findings

- 22 As the Respondent pleaded guilty to all three charges in the Amended Notice of Inquiry dated 5 October 2017 and admitted to the Agreed Statement of Facts without any qualification, the Tribunal accordingly found the Respondent guilty of professional misconduct under section 53(1)(d) of the MRA.

Mitigation

- 23 Counsel for the Respondent tendered a written mitigation plea. In the mitigation plea, his Counsel highlighted that the Respondent is a specialist in psychiatry and has been in private practice, running his own clinic at the Mount Elizabeth Medical Centre since 1996 after leaving the Singapore Armed Forces.
- 24 The Respondent suffered a major stroke due to subarachnoid haemorrhage in March 2001, resulting in a loss of permanent function in his legs. However, the Respondent made significant recovery and subsequently, he was able to resume medical practice, and eventually returned to continue his private medical practice.
- 25 Counsel for the Respondent urged the Tribunal to consider and take into account the following mitigating factors:
- a) The Respondent is extremely remorseful for his actions;
 - b) His timely plea of guilt and cooperation with the Prosecution;

- c) At all material times, he acted according to what he believed to be in the best interests of the Patient;
 - d) His long and unblemished record;
 - e) His low likelihood of re-offending; and
 - f) Testimonial attesting to his professionalism.
- 26 His learned Counsel stated that the Respondent deeply regretted that he had failed to provide adequate clinical assessment and evaluation to the Patient, failed to prescribe medications on clear medical grounds and in reasonable quantities, and failed to maintain clear and accurate medical records of the Patient.
- 27 However, he has already taken steps to improve his practice. He now exercises greater caution when dispensing medication to patients, and avoids prescribing sleeping pills to new patients.
- 28 His learned Counsel submitted that the Respondent did not deliberately prolong the proceedings and pleaded guilty in a timely manner, and very soon after he had the opportunity to consider the views of his senior colleagues, Dr PE and Dr RE. The Respondent had also been cooperative with the Prosecution and agreed to a Statement of Facts prepared by the Prosecution.
- 29 He further submitted that the Respondent's conduct was borne out of a genuine concern for the Patient and that at all material times, the Respondent believed he was acting in the Patient's best interest.
- 30 The Respondent also went out of his way for the Patient, allowing the Patient to book appointments tailored to the Patient's work schedule and convenience, and after normal consultation hours, with each consultation significantly lasting longer on average than most of the Respondent's patients.
- 31 The learned Counsel for the Respondent submitted that there was no dishonesty on the part of the Respondent or that he had acted for financial gain, and that the offences were committed out of a genuine care for the Patient's best interests and not for financial gain.
- 32 His Counsel further submitted that the Respondent is a first-time offender and has no previous antecedents. Apart from these charges, the Respondent has an unblemished track record throughout his almost 40 years of medical practice. Hence, the present charges should be seen as an aberration and there is no pattern of conduct to give rise to a harsher sentence.
- 33 The Respondent's Counsel submitted that the Respondent is unlikely to re-offend in the future given the positive changes made to his medical practice and that the Respondent is already semi-retired and has also made plans for retirement in the near future.

- 34 Finally, the Respondent's Counsel also tendered many testimonials from his medical colleagues and several of his patients to show that the Respondent is a good, compassionate and caring doctor.
- 35 In light of the mitigating factors and the sentencing precedents cited, his learned Counsel submitted that the appropriate sentence to be imposed on the Respondent should be a suspension of three to six months, a fine of not more than \$5,000 and the usual orders.

Submission on Sentencing

- 36 In its written submission on sentencing, Counsel for the Singapore Medical Council ("**SMC**") highlighted the sentencing principles, the relevant facts and sentencing benchmarks, several aggravating factors, and submitted that the appropriate and proportionate sentence in this case should be:
- a) a suspension period of six (6) months;
 - b) a fine of \$15,000; and
 - c) the usual orders of censure, provision of written undertaking to abstain in future from similar conduct, and payment of costs of and incidental to the inquiry ("**Usual Orders**").
- 37 Counsel for the SMC highlighted that the Tribunal should have regard to the applicability of general and specific deterrence to the facts of the case and submitted that the nature of the Respondent's misconduct warranted both a suspension and a fine. Counsel for the SMC pointed out that the Respondent was aware at all material times of his obligations under the 2002 ECEG and that he was required to comply with the Administrative Guidelines in prescribing benzodiazepines and other hypnotics. Notwithstanding, he intentionally and deliberately breached his duties.
- 38 The improper lack of due care in the management of the Patient was patent and constituted a serious misconduct that brings disrepute to the medical profession. The gravity of the misconduct was compounded by his failure to legibly document sufficient detail in the Patient's medical records as this would materially impact the ability of another doctor to safely take over the case should the need arise.
- 39 The learned Counsel for the SMC also highlighted the aggravating factors, in particular, the number of charges and type of offences. Counsel urged the Tribunal to consider that a stiffer sentence should be imposed on the Respondent given that the three charges of misconduct involved distinct facets of medical practice, and were intentionally and deliberately committed. Furthermore, the Respondent's seniority and standing as a registered specialist in psychiatry and as a senior doctor in practice since 1979 should be taken into account as the misconduct would be more egregious as compared to a general practitioner.
- 40 The learned Counsel for the SMC further cited the wide range, large dosages and high frequency of benzodiazepines and other hypnotics to the Patient over the treatment period of approximately four years and eight months. As opined by both the SMC's

expert and the Respondent's expert, the Respondent's prescription of benzodiazepines and Z-group hypnotics (Zolpidem) was in breach of section 4.1.3 of the 2002 ECEG and had failed to pick up on the Patient's potential abuse of medication. There was no management plan implemented to wean the Patient off his medications and the Respondent also did not prescribe the medications in a manner that showed an intention to wean the Patient off his medication. Counsel for the SMC also highlighted the Respondent's indifference to the interests and well-being of the Patient.

- 41 With regard to the mitigation factors, the SMC Counsel submitted that given the Respondent's lack of remorse and belated guilty plea, minimal consideration should be given by the Tribunal to these factors. Furthermore, the absence of harm to the Patient is generally a neutral consideration without any mitigating value and there is no evidence to prove that no harm was caused.
- 42 Finally, the learned Counsel for the SMC also submitted that any potential hardship to the Respondent should not justify a lowering of the appropriate sentence to be imposed and that no weight should be placed to the testimonials, references and acts of community service in cases involving inappropriate prescription of addictive substances.

Reasons for the DT's Orders

- 43 In deciding on the appropriate sentence to impose on the Respondent, the Tribunal noted the respective sentencing submissions of the parties and the common conclusion reached by both parties that a suspension and fine and the usual orders would be an appropriate sentence to impose.
- 44 It is pertinent to note that based on the relevant sentencing precedents for cases involving the inappropriate prescription of benzodiazepines and other hypnotics, both parties submitted and agreed that the sentencing benchmarks for such cases should be followed and the sentence benchmarks ought to be a period of suspension in the range of three to six months and a fine in the range of \$3,000 to \$15,000 and the Usual Orders.
- 45 The main difference in their positions related to the period of suspension and the quantum of fine to be imposed. In the case of the SMC, the learned Counsel sought for a sentence at the upper end of the sentencing range (i.e. six months suspension and a fine of \$15,000); whereas Counsel for the Respondent submitted a range of three to six months suspension and a fine of \$5,000, citing the cases of **Dr ABI, Dr Chew Yew Meng Victor, Dr Ng Teck Keng and Dr Lim Chong Hee**.
- 46 The Tribunal began by examining the relevant sentencing precedents cited by the parties and considered the applicability of these cases to the present case at hand. The Tribunal noted that the sentencing norm for misconduct in relation to the inappropriate prescription of benzodiazepines is a minimum suspension of three months, and with financial penalty and the Usual Orders.

- 47 In the case against Dr ABI cited by the Respondent's Counsel, where a fine of \$4,000 was imposed and did not include a term of suspension, the Tribunal formed the view that the case was of limited assistance to the Respondent. The reason the said Disciplinary Tribunal ("DT") did not impose a term of suspension in that case appeared to be that Dr ABI had voluntarily ceased his practice since February 2008 after the complaint was made against him in July 2007. In its Grounds of Decision, the said DT (inquiry was held in June 2010) made clear that the case ought not to be relied upon as one stating that misconduct involving inappropriate prescription of hypnotics would merely attract a fine.
- 48 Instead, the Tribunal found the recent 2017 case of Dr Chew Yew Meng Victor ("Dr Chew") to be more persuasive. In that case, Dr Chew pleaded guilty to three charges of professional misconduct under section 53(1)(d) of the MRA. The three charges were for failing to provide appropriate care, management of his patient by inappropriately prescribing Benzodiazepines; failing to maintain sufficient details in the patient's medical records; and failing to refer the patient to a psychiatrist and/or appropriate specialist for management of the patient's medical issues in a timely manner.
- 49 In a well-reasoned judgment, the DT examined the general principles that guide sanctions in medical disciplinary proceedings as articulated by the Court of Three Judges in **Singapore Medical Council v Kwan Kah Yee** [2015] 5 SLR 201 ("Dr Kwan's case") and the various considerations of public interest, general and specific deterrence. Having examined the sentencing precedents, the DT ordered Dr Chew to be suspended for a period of four months, fined \$12,000 and the usual orders. The DT made clear that the factual matrix did not warrant an upward recalibration of the sentence in accordance with the observations made by the Honorable Chief Justice in **Yong Thiam Look Peter v Singapore Medical Council** [2017] SGHC 10 at para. 17 ("Dr Peter Yong's case").
- 50 Turning to the present case, one factor that weighed heavily on the minds of the Tribunal was the fact that unlike the doctors in those precedent cases who were general practitioners, the Respondent in this case is a consultant psychiatrist and is registered as a specialist in psychiatry. In our view, the Respondent ought to be held to a higher standard expected of him as compared to the other respondent doctors who were practising as a general practitioner. As such, the Tribunal agreed with the submission of the SMC that the sentence to be imposed on the Respondent should be calibrated higher than that imposed by the DT in Dr Chew's case.
- 51 The Tribunal also could not ignore the several aggravating factors highlighted by the learned Counsel from SMC. First, the charges of misconduct were intentionally and deliberately committed and involved multiple breaches of his obligations under the 2002 ECEG, the Administrative Guidelines and Clinical Practice Guidelines. The Respondent was fully aware of these guidelines issued by SMC and the Ministry of Health, and had chosen to intentionally and deliberately breached the applicable guidelines.
- 52 Secondly, the Tribunal found it deeply troubling that the Respondent had prescribed the wide range and the large dosages, and high frequency of benzodiazepines and other hypnotics to his Patient over the treatment period of approximately four years and

eight months. In this regard, the inappropriate prescription of benzodiazepine average of about 15 tablets of benzodiazepines a week over 243 weeks far exceeded the limit of four weeks imposed by the relevant Clinical Practice Guidelines to treat insomnia and anxiety. Further, the Respondent also breached guideline 5.1.1 of the Clinical Practice Guidelines which states the extended use of benzodiazepines beyond four weeks is not recommended “*even when prescribed at the therapeutic dosages*”.

- 53 The Tribunal also found it inexplicable that the Respondent should prescribe multiple psychotropic medications at the same time without having an adequate clinical rationale for doing so; frequently issuing repeat prescriptions of medications ahead of the Patient’s originally planned repeat visit; concurrently prescribing two or more benzodiazepines and highly addictive benzodiazepines in absence of clear medical grounds. Given the Respondent’s seniority and standing as a registered specialist in psychiatry and as a senior doctor in medical practice since 1979, the Respondent must surely know that improper or long-term use of benzodiazepines can lead to tolerance as well as psychological and physical dependency. Withdrawal symptoms such as insomnia, agitation, hallucinations, rebound anxiety, may also develop with the cessation of use of benzodiazepines.
- 54 In this regard, given the seriousness of these breaches, the Tribunal was not convinced by the Respondent’s assertion that he had at all material times, genuinely cared for the Patient and had acted according to what he believed to be in the Patient’s best interest. Neither could the Tribunal accord any weight to the Respondent’s submission that he had not acted for financial gain. The Tribunal simply could not disregard the aggravating facts that the Respondent did not assess his Patient for any withdrawal symptoms, side effects, risk and effectiveness of the prescribed benzodiazepines and Z-group hypnotics; did not warn the patient of the risks of rebound insomnia arising from the use of benzodiazepines and risks of drug dependency and/or other side effects arising from such use; and did not taper off the use of benzodiazepines with the use of Diazepam as recommended in guideline 5.2.1 of the Clinical Practice Guidelines.
- 55 Quite clearly, as observed by the SMC’s expert Dr PE, the Respondent was very liberal in his prescriptions of benzodiazepines and Z-group hypnotics and did not comply with the relevant guidelines. In short, having regard to the nature and character of these charges, and considering the facts and circumstance of this case, the Tribunal agreed with the submission of the SMC that the Respondent’s misconduct warranted a stiffer sentence to deter like-minded doctors from blatantly disregarding their patient’s interest and well-being.
- 56 The Tribunal also observed that as in the cases of Dr Chew, Dr Heng Boon Wah Joseph and Dr Ng Teck Keng, all the complaints were made by the concerned family members of the patients. In the present case, the Patient’s mother filed the complaint out of concerned over the welfare of her son and the high number of medications prescribed to him by the Respondent. As rightly pointed out by the learned Counsel of the SMC, patients with psychiatric conditions, especially those on treatment with benzodiazepines and other hypnotics, are vulnerable patients and are often not in a position to determine what is suitable or appropriate for their health and well-being.

- 57 Furthermore, the Tribunal noted that the Respondent had continued prescribing benzodiazepines and Z-group hypnotics to his Patient in circumstances that gave rise to a plausible suspicion of drug dependence and/or abuse. In summary, the Tribunal was of the view that the misconduct in this case was serious and a sufficiently deterrent sentence ought to be imposed in the interest of patient's safety.
- 58 The Tribunal agreed that the gravity of the Respondent's misconduct was further compounded by his failure to document information in his medical records for the Patient over the course of the Treatment Period, and did not document the Patient's medical records with sufficient legibility, which a reasonable and competent doctor in his position would have documented. This is important so that any other doctor reading the medical records would be able to take over the management of the case.
- 59 As stated by the Court of Three Judges in Dr Peter Yong Thiam Look's case, the failure to keep clear and accurate medical records should not be seen as a minor or technical breach. Not only does it form the basis of good management of the patient and sound communications pertaining to the care of the patient, more importantly, it ensures that the care of the patient can be safely taken over by another doctor should the need arise.
- 60 In fact, the Tribunal deliberated whether the sentencing submission by the learned Counsel for the SMC for a six months' suspension and a fine of \$15,000 might have been on the lenient side when compared to the other precedent cases. Having regard to the seriousness of the Respondent's misconduct, his seniority and standing as a registered specialist in psychiatry, the aggravating factors present in this case, the Tribunal considered whether the sentence sought for by SMC would adequately serve the dominant consideration of deterrence. The Tribunal was mindful that it would be in the public interest to uphold and maintain the trust and confidence in the medical profession, and ensuring that the highest professional standards expected of the medical professionals are preserved.
- 61 In the final analysis, the Tribunal accorded some weight to the mitigation plea of the Respondent, in particular, that the Respondent had pleaded guilty to his charges, albeit not at an early stage of the proceedings, that the Respondent had a long and unblemished record, and his low likelihood of re-offending given that he is 63 years of age and is already semi-retired. However, it should be made clear that this case ought not to be seen as setting a sentencing benchmark for professional misconduct involving the inappropriate prescription of benzodiazepines and other hypnotics by a specialist in psychiatry. In suitable and appropriate cases, the SMC should have the latitude to submit for a higher sentence.

Orders by this Disciplinary Tribunal

- 62 Having fully considered all the facts and circumstances, the respective submissions of the parties, and the sentencing precedents cited, the Tribunal ordered that the Respondent:
- a) be suspended for a period of **six (6) months**;
 - b) fine of \$15,000;

- c) be censured;
- d) give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct; and
- e) pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC.

63 There remain one issue that the Tribunal wish to deal with. During the course of the proceedings, the Respondent's Counsel brought to the Tribunal's attention that the Respondent was hospitalised for an infection and fever, was scheduled to undergo a gallstone removal procedure, and has also been seen by a psychiatrist. In its letter of 8 June 2017, Counsel cited the Respondent's medical condition and hospitalisation and requested for the proceedings to be held in abeyance until the next Pre-Inquiry conference in July 2017.

64 The Tribunal was initially concerned with the Respondent's fitness to participate in the disciplinary proceedings in the first instance, and whether he was fit to continue with his medical practice since there was nothing to indicate that the Respondent had voluntarily ceased his medical practice by reason of his physical or mental condition.

65 However, it did not appear to the Tribunal that the Respondent was unable to understand or follow the disciplinary proceedings by reason of his physical or mental condition, or that his fitness to practise may be impaired by reason of his physical or mental condition. Moreover, other than the submissions for an appropriate period of suspension, the parties also did not raise any issues of the Respondent's physical or mental condition that would require the Tribunal to refer the matter to a Health Committee for determination. Accordingly, the Tribunal proceeded with these proceedings on 11 October 2017 as originally scheduled.

Publication of Grounds of Decision

66 We also order that the Grounds of Decision be published.

67 The hearing is hereby concluded.

Dated this 10th day of January 2018.