

IN THE REPUBLIC OF SINGAPORE
SINGAPORE MEDICAL COUNCIL INTERIM ORDERS COMMITTEE

Between
Singapore Medical Council

And
Dr Yang Ing Woei

... Respondent

Interim Orders Committee:

A/Prof Alan Ng Wei Keong (Chairman)
A/Prof Agnes Ng Suah Bwee
Dr Subramaniam Suraj Kumar
Ms Engelin Teh SC (Legal Assessor)

Counsel for the SMC:

Mr Chia Voon Jiet
Ms Grace Lim Rui Si
(Drew & Napier LLC)

Counsel for the Respondent:

Mr Edmond Avethas Pereira
Mr James Jovian Gomez
(Edmond Pereira Law Corporation)

DECISION OF THE INTERIM ORDERS COMMITTEE

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

Purpose of the Inquiry

1. This Interim Orders Committee (“**IOC**”) was appointed under section 59A of the Medical Registration Act (Cap. 174) (“**MRA**”) to inquire into and determine whether an interim order under section 59B(1) of the MRA should be made against Dr Yang Ing Woei (“**Dr Yang**”).

The Medical Practitioner in question

2. Dr Yang is a medical practitioner registered under the MRA. At the material time, Dr Yang was practising as a general practitioner at OGL Medical Centre (“**OMC**”) and OGL Medical Queenstown (“**OMQ**”).

Relevant facts giving rise to the Inquiry

3. As of October 2021, Dr Yang was one of four (4) administrators of a WhatsApp chat group named Fireside.Parody.Chat (“**FPC**”), which had an estimated total of 206 participants at the time. Dr Yang’s display name on FPC was “Bestill”. The FPC participants exchanged information, *inter alia*, about the COVID-19 situation in Singapore and discussed their concerns about the way it was being handled in Singapore.
4. On 25 November 2021, the Ministry of Health (“**MOH**”) sent a letter to the President of the SMC, stating that it had been alerted to WhatsApp messages sent by Dr Yang on the FPC where Dr Yang was encouraging the use of Ivermectin to treat and prevent COVID-19 and referred Dr Yang to the SMC for breaching paragraph 3(b)(vi) of the 2016 edition of the SMC’s Ethical Code and Ethical Guidelines (“**2016 ECEG**”), which states “*in general, you must be open, truthful, factual and professionally modest in communications with other members of the profession, with patients and with public at large*” (the “**Complaint**”). In the Complaint, the MOH requested that the SMC expedite its investigations and review the appropriate actions to be taken, if any, against Dr Yang, considering that his actions may impact on the quality and safety of care for COVID-19 infected individuals.
5. On 24 January 2022, the Notice of Inquiry by the IOC (“**NOI**”) was issued to Dr Yang.
6. The NOI states that between May 2021 and October 2021, Dr Yang sent various messages on the FPC, which constituted unverified and misleading information on COVID-19 and vaccines. In particular, Dr Yang promoted the use of Ivermectin to treat and prevent COVID-19 and made misleading and untruthful claims on the efficacy of Ivermectin against COVID-19. These messages include, but are not limited to the following:-
 - (i) On 13 May 2021, at or around 8.32pm to 8.33pm, Dr Yang sent the following messages on the FPC, in response to a question on whether there were any published results on Ivermectin: “*Currently still in clinical Trial settings. Very promising drug, sadly, handicapped by the lack of marketing budget and payment to lobbyist/politicians*”; and “*It is supersafe. I would take it rather than be mRNAed*”;

- (ii) On 6 June 2021, at or around 8.13pm, Dr Yang sent the following message on the FPC: *“Should follow Goa/India and offer, EVERYONE Ivermectin”*;
- (iii) On 19 June 2021, at or around 11.34am to 11.37am, Dr Yang sent the following messages on the FPC: *“Ivermectin slaughtering Delta in Goa”*; *“ivermectin 12 mg for five days as expert panels from the UK, Italy, Spain and Japan have found a statistically significant reduction in mortality”*; and *“Dr Vinayak Buvaji, who heads the Goa chapter of the Indian Medical Association (IMA), told PTI on Tuesday that the treatment should not be given for a short period of five days but should ideally be continued till the pandemic is brought under control”*;
- (iv) On 20 June 2021, at or around 12.25pm to 12.29pm, Dr Yang sent the following messages on the FPC: *“Once India resumes export of ivermectin... we can consider stockpiling some, since Delta v2/v3 may be worst...”*; *“I will stock up Ivermectine for travelling ... (it is 100% legal to consume Ivermectin for Covid-19 in India)”*; and *“I need to import some for patients travelling to India”*;
- (v) On 24 June 2021, at or around 1.27pm, Dr Yang sent the following message on the FPC: *“Ivermectin can drive Delta to Extinction”*;
- (vi) On 9 July 2021, at or around 4.58pm to 5.02pm, Dr Yang sent the following messages on the FPC: *“To prevent the Delta Prime Massacre, we are stocking up on Ivermectinn”*; *“Those overboosted with mRNA and Primed to die of ADE, will be issued 12 Tablets at 12 mg to be taken once a week when Delta Prime arrives”*; *“Ivermectin is likely to work against Delta Prime”*; and *“It will take 12 weeks for Delta Prime to burn itself out. Hence, the 12 tables”*;
- (vii) On 7 August 2021, at or around 6.52pm, Dr Yang sent the following message on the FPC: *“We got Ivermectin. It is super deadly (as a Prophylaxis) against Covid-19. Thousands of lives were saved in Goa. Sadly, the Pfizer Mafia hates Ivermectin to its bones. [Dr A] has finally come to to partially support Ivermectin by reminding us that the NUHS studies have shown a tiny blip of positive signal”*;
- (viii) On 15 August 2021, at or around 10.33am, Dr Yang sent the following message on the FPC: *“With Ivermectine, widely used, in 3 months, the health emergency will end. It took Goa 3 mths to totally CRUSH Delta with Ivermectin”*;

- (ix) On 5 October 2021, at or around 10.23am, Dr Yang sent the following message on the FPC: *“Lol.... Ivermectin, the perfect Covid-19, killer”*;
- (x) On 11 October 2021, at or around 5.40pm to 5.45pm, Dr Yang sent the following messages on the FPC, falsely stating that he had given Ivermectin to his patient who was suffering from COVID-19 and that she exited the hospital’s Intensive Care Unit (“**ICU**”) within three days: *“My undying unvaxxed patient (sats 78%), I gave 6 tablets before the ambulance took her away. She exited ICU in three days. I am sure IVM saved her”*; and *“I only had 6 tablets with me (on standby). I gave her all”*; and
- (xi) On 21 October 2021, at or around 9.02am, Dr Yang sent the following message on the FPC, falsely stating that he had given Ivermectin to his patients who were suffering from COVID-19 and that his patients exited the hospital’s ICU and High Dependency Unit (“**HDU**”) within three (3) days: *“Had used it on a ICU case and a HDU case, both exited in just 72 hours. (Had patient consent)”*.
7. The NOI further states that on 20 October 2021, on an inspection by the MOH conducted at Dr Yang’s places of practice, OMC and OMQ, nine Ivermectin tablets were found in one of the drawers at a consultation room in OMC, and 209 Ivermectin tablets were found in one of the drawers at a consultation room in OMQ; and that Dr Yang claimed that the Ivermectin tablets found were handed to him by a patient’s relative on 27 September 2021, and that he had wanted to hand over the Ivermectin tablets to the Health Sciences Authority (“**HSA**”) after verifying its authenticity but had not found the time to do so. When the patient’s relative was interviewed, he said that he had handed a bag of medications to Dr Yang. These Ivermectin tablets were subsequently seized by HSA.
8. At the time of the hearing by this IOC, the Complaint was before the Complaints Committee (“**CC**”) and had not yet been referred to a Disciplinary Tribunal (“**DT**”). The matter was referred to the IOC for the purpose of considering whether an order should be made under section 59B(1) of the MRA as being necessary for the protection of members of the public or as otherwise in the public interest, or in the interest of Dr Yang.
9. Pending the determination of the CC and/or the DT, the SMC submits that an interim order should be made against Dr Yang. The SMC is seeking an order that with immediate effect, Dr Yang’s registration as a medical practitioner be conditional on his compliance with the following restrictions for a period of 18 months (“**Conditions**”):-

- (a) Dr Yang must not disseminate or forward any information or document pertaining to the following matters:
- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
 - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
 - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
 - (iv) the sale and supply of Ivermectin;
- (b) Dr Yang must not use any websites, social media platforms or closed messaging systems to put forward or share any views on the following matters:
- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
 - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
 - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
 - (iv) the sale and supply of Ivermectin;

- (c) To the extent that is reasonably practicable, Dr Yang must seek to remove any posts or messages from any websites, social media platforms or closed messaging systems that he is responsible for or has shared relating to his views on the following matters:
- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
 - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
 - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
 - (iv) the sale and supply of Ivermectin;
- (d) Dr Yang must not:
- (i) recommend, prescribe, supply or administer Ivermectin and/or any other drug that is not approved by the HSA, to anyone for use in the prevention or treatment of COVID-19;
 - (ii) give false or misleading information about having prescribed Ivermectin and/or any other drug that is not approved by the HSA to anyone for use in the prevention or treatment of COVID-19; and
 - (iii) provide information to suggest that he is able to sell or supply drugs not approved by the HSA for use in the prevention or treatment of COVID-19 outside the context of an approved clinical trial;
- (e) Dr Yang must not recommend, prescribe, supply or administer Ivermectin to any patient without the prior approval of a fully registered medical practitioner with a valid practising certificate, whose approval, Medical Council Registration Number and signature must be recorded electronically or in writing;

- (f) If Dr Yang recommends, prescribes, supplies or administers Ivermectin to a patient pursuant to the conditions set out in (e) above, Dr Yang must keep a log of all patients to whom he has recommended, prescribed or administered Ivermectin to, the details of the approving medical practitioner, and he must submit this log to the SMC within five calendar days of such recommendation, prescription, supply or administration; and
 - (g) Dr Yang must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.
10. On 22 February 2022, Counsel for the SMC tendered to the IOC the SMC’s written submissions, Bundle of Authorities and Bundle of Documents.
11. On 4 March 2022, Counsel for Dr Yang tendered to the IOC Dr Yang’s written submissions, Bundle of Authorities and Bundle of Documents.

Framework adopted by the IOC

12. Section 59B(1) of the MRA states as follows:-

“**59B.**—(1) Where, upon due inquiry into any complaint or information referred to it, an Interim Orders Committee is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest, or is in the interests of the registered medical practitioner concerned, that his registration be suspended or be made subject to conditions or restrictions, the Interim Orders Committee may make an order —

(a) that his registration in the appropriate register be suspended for such period not exceeding 18 months as may be specified in the order (called in this Part an interim suspension order); or

(b) that his registration be conditional on his compliance, during such period not exceeding 18 months as may be specified in the order, with such conditions or restrictions so specified as the Interim Orders Committee thinks fit to impose (called in this Part an interim restriction order).”

13. From the aforesaid provision, it follows that the IOC can only arrive at a determination to suspend Dr Yang’s registration or to subject Dr Yang’s registration to conditions, where it is satisfied that it is:-

- (a) necessary for the protection of members of the public; or
- (b) otherwise in the public interest; or

(c) in the interest of Dr Yang.

(See the decision of the IOC for Dr Wee Teong Boo dated 9 May 2017 (“*Wee Teong Boo*”) at [9], the decision of the IOC for Dr Ler Teck Siang dated 7 March 2019 (“*Ler Teck Siang*”) at [11], the decision of the IOC for Dr Chan Heng Nieng dated 18 June 2020 (“*Chan Heng Nieng*”) at [17], the decision of the IOC for Dr Ong Kian Peng Julian dated 18 June 2020 (“*Ong Kian Peng Julian*”) at [18], and the decision of the IOC for Dr Kay Aih Boon Erwin (“*Kay Aih Boon Erwin*”) at [14].)

14. Pursuant to section 59C of the MRA, the IOC (or another IOC appointed in its place) is bound by law to review the order within six months from the date the order was made and subsequently, to further review it at three-monthly intervals for so long as the order is in force. At the review hearings, the IOC may revoke or vary the interim order that was previously made in accordance with section 59D of the MRA.
15. The interim order will remain in force until the end of the specified period or the date on which “relevant proceedings” in relation to the Complaint are concluded, whichever is the earlier – see section 59G(1) of the MRA. For the purposes of the present case, the “relevant proceedings” will conclude with:
 - (a) the CC making an order under section 49(1) of the MRA with (i) no valid appeal to the Minister being made against the CC’s decision; or (ii) if an appeal is made, the Minister making an order affirming the CC’s decision: section 59G(2)(a) of the MRA; or
 - (b) if the CC refers the Complaint to the DT, the DT making an order under section 53(2) of the MRA or dismissing the matter: section 59G(2)(b) of the MRA.
16. It is the SMC’s submission that in arriving at its decision on whether to impose an interim order, the IOC’s task is to consider whether the allegations in any complaint or information referred to it, irrespective of their truth or falsity, justify the suspension or conditional registration of the medical practitioner. To determine this, a two-pronged approach is adopted (see *Wee Teong Boo* at [31]):
 - (a) First, the IOC must assess the extent to which the medical practitioner poses a risk to the members of the public against an assessment of the potential adverse consequences if an interim order is not made against the medical practitioner.

- (b) Second, the IOC has to balance the interests of the medical practitioner with the interests of the public — making a determination proportionate to the perceived risk to members of the public and/or to protect the public interest.

17. As set out in *Wee Teong Boo* (and confirmed in *Ler Teck Siang* at [12], *Chan Heng Nieng* at [20], *Ong Kian Peng Julian* at [21] and *Kay Aih Boon Erwin* at [16]), the following principles are relevant to the IOC's determination of whether an interim order should be made and of the appropriate interim order to be made:-

- (a) The IOC's task is not a fact-finding one, nor is its remit to make any judgment on the merit of the criminal charges where allegations of criminal offences were involved (*Wee Teong Boo* at [32], *Ler Teck Siang* at [12.1]) or to make any judgment of the merits of the allegations in a complaint or the potential outcome of pending DT proceedings (*Chan Heng Nieng* at [20.1], *Ong Kian Peng Julian* at [21.1] and *Kay Aih Boon Erwin* at [16.1]). Applied to the present case, it is similarly not the IOC's remit to make a judgment on the merit of the allegations in the Complaint or the potential outcome of the pending CC proceedings. The IOC need only to be satisfied that there is a *prima facie* case that Dr Yang's messages are false and misleading and give rise to a risk of potential harm to public safety and/or public confidence in the medical profession.
- (b) The purport of section 59B(1) of the MRA is that the IOC must assess the risk of harm to members of the public, as well as what is in the public interest and what is in the medical practitioner's interests. The IOC must assess the gravity of the consequences of the risk (if it materialises) as well as whether the risk is high or low (*Wee Teong Boo* at [33], *Ler Teck Siang* at [12.2], *Chan Heng Nieng* at [20.2], *Ong Kian Peng Julian* at [21.2] and *Kay Aih Boon Erwin* at [16.2]).
- (c) In determining the appropriate order to be made, the IOC will take into consideration the severity of the allegations made against the medical practitioner and the nature of the harm to the public (if true). If the allegations against the medical practitioner are of an extremely serious nature and the nature of the harm to the public (if true) is grave, an appropriately robust order from the IOC may be justified. In assessing the risk of harm, the IOC will also consider whether the Complaint arose from an isolated incident, and whether the doctor has remained free from complaints. The IOC will also give due weight to considerations of proportionality (*Wee Teong Boo* at [39], *Ler Teck Siang* at [12.3], *Chan Heng Nieng* at [20.3], *Ong Kian Peng Julian* at [21.3] and *Kay Aih Boon Erwin* at [16.3]).

(d) With regard to the public interest and the maintenance of public confidence in the medical profession in Singapore, the applicable test is as stated in the UK case of *NH v General Medical Counsel* [2016] EWHC 2348 (Admin) (at [12]): “[W]ould an average member of the public be shocked or troubled to learn, if there is a conviction in this case, that the doctor had continued to practice whilst on bail awaiting trial?” (*Wee Teong Boo* at [43], *Ler Teck Siang* at [12.4], *Chan Herng Nieng* at [20.4], *Ong Kian Peng Julian* at [21.4] and *Kay Aih Boon Erwin* at [16.4]). Applied to the present case, the question is whether an average member of the public would be shocked or troubled to learn that Dr Yang is allowed to continue practising medicine unrestricted pending the conclusion of the relevant proceedings against him for spreading misinformation on COVID-19, making false and misleading claims on the efficacy of Ivermectin, and encouraging others to use Ivermectin.

18. In addition, as the provisions of the MRA on interim orders are modelled after United Kingdom legislation, the IOC can take guidance from the UK General Medical Council (see *Wee Teong Boo* at [37]). It is relevant to refer to *Imposing Interim Orders: Guidance for the Interim Orders Tribunal, Tribunal Chair and Medical Practitioners Tribunal* (“**Guidance on Imposing Interim Orders**”) issued by the UK General Medical Council. Guidelines 24 to 25 from the section on “Test applied” are set out below:-

“Test applied

- 24** In reaching a decision whether to impose an interim order an IOT should consider the following issues:
- a** The **seriousness of risk to members of the public** if the doctor continues to hold unrestricted registration. In assessing this risk **the IOT should consider the seriousness of the allegations, the weight of the information**, including information about **the likelihood of a further incident or incidents occurring** during the relevant period.
 - b** **Whether public confidence in the medical profession is likely to be seriously damaged** if the doctor continues to hold unrestricted registration during the relevant period.
 - c** **Whether it is in the doctor’s interests** to hold unrestricted registration. For example, the doctor may clearly lack insight and need to be protected from him or herself.
- 25** In weighing up these factors, the IOT must carefully consider the **proportionality of their response** in dealing with the risk to the public interest (including patient safety and public confidence) and the adverse consequences of any action on the doctor’s own interests.”

[Emphasis added]

The SMC's case in its Written Submissions

19. It is noted that the SMC is not seeking an interim suspension order against Dr Yang but an order subjecting Dr Yang's registration to the proposed Conditions set out at paragraph 9 above.
20. The SMC submits that the imposition of the Conditions on Dr Yang's registration for a period of 18 months is necessary for the protection of his patients and members of the public, as there is a risk to public health and safety given the dangers and side effects associated with self-medicating with Ivermectin and using it to treat and prevent COVID-19. The imposition of the Conditions is also in the public interest as there is a risk of public confidence in the medical profession being undermined if Dr Yang is allowed to hold unrestricted registration pending the outcome of the relevant proceedings against him.
21. The SMC notes that in Dr Yang's written responses to the IOC dated 4 February 2022 ("**Written Responses**"), Dr Yang alleged that there had been suppression of exculpatory evidence, viz, in that Dr B of Hospital A's "*personal vendetta against [him] has been deliberately obfuscated in this nefarious SMC complaint by him*". Dr Yang also asserted that "*this inquiry is about whether [Dr B] was deceived by a Parody Chatgroup*". It is the SMC's position that these are bare allegations that are neither supported by contemporaneous evidence nor corroborated in any way and have no bearing whatsoever on the issues in these proceedings and are irrelevant. The purpose of these proceedings is simply to determine whether an interim order should be made against Dr Yang, having regard to the risk to public safety and public confidence in the medical profession arising from his actions.
22. In support of the orders sought, the SMC highlighted that the various messages sent by Dr Yang in the FPC constituted unverified and misleading information on COVID-19 and vaccines. The SMC pointed out that Dr Yang had promoted the use of Ivermectin to treat and prevent COVID-19 and made misleading claims on the efficacy of Ivermectin against COVID-19.
23. Citing the case of *Martinez v General Dental Council* [2015] EWHC 1223 (Admin) ("**Martinez v GDC**") at [17], the SMC submitted that the IOC need only satisfy itself that the allegations against Dr Yang are not manifestly incredible. The SMC then referred to the case of *Kumar v General Medical Council* [2013] EWHC 452 (Admin) ("**Kumar v GMC**"), where the English High Court held that the role of the UK Interim Orders Panel was "*not to undertake the definitive examination of the allegations against the doctor or to decide on the fairness of the*

investigation”, but merely to “*satisfy itself that there is a prima facie case that the allegations are well-founded*”.

24. On the facts of the present case, the SMC submits that the allegations against Dr Yang are not manifestly incredible, as:-

- (a) First, Dr Yang does not dispute the authenticity of the messages sent by him in the FPC that were reproduced to him by MOH;
- (b) Secondly, the information referred by MOH was reviewed and considered by the Chairman of the Complaints Panel before it was formally referred to the IOC under section 59A(3) of the MRA. The Chairman of the Complaints Panel would thus have considered that there was sufficient basis for the information to be referred to the IOC;
- (c) Thirdly, Dr Yang has not adduced evidence to show that the complaint against him is the result of Dr B’s alleged motive or vendetta against him.

(1) An interim order is necessary for the protection of members of the public

25. It is the SMC’s case that there is a substantial risk of harm to Dr Yang’s patients and to members of the public if Dr Yang is allowed to continue practising medicine unrestricted pending the conclusion of the relevant proceedings, given that (i) Dr Yang had made misleading claims on the efficacy of Ivermectin, persistently advocated for the use of Ivermectin to treat and prevent COVID-19, and made false claims that he gave Ivermectin to his patients with positive results (when he actually did not do so); and (ii) a total of 218 Ivermectin tablets were found in Dr Yang’s places of practice (which had been supplied to him by a patient’s relative).

26. The SMC further submits as follows:-

- (a) There is a risk that the participants of the FPC will believe that Dr Yang was providing credible medical advice on COVID-19 and the efficacy of Ivermectin, especially given his standing as a doctor and the fact that his categorical claims as to the efficacy of Ivermectin were made over a sustained period.
- (b) This risk is aggravated by the fact that Dr Yang’s messages can be easily reproduced outside of the FPC and circulated to members of the public. If left unchecked, other healthcare professionals in the FPC may likewise be motivated to advocate for the efficacy of Ivermectin in treating COVID-19, or even prescribe Ivermectin to their

patients to treat COVID-19. Members of the public may also be encouraged to self-medicate with Ivermectin instead of getting approved COVID-19 vaccines.

- (c) The above would result in substantial risk of harm to public health and safety, given the dangers and adverse side-effects associated with Ivermectin, which is reinforced by the lack of credible evidence demonstrating the effectiveness of Ivermectin in treating COVID-19. In this regard, the SMC referred to an advisory issued by the HSA dated 5 October 2021, a press release and written statement issued by the MOH dated 24 October 2021 and 1 November 2021 respectively, and the Singapore Government's press release dated 20 October 2021 which state:-
- (a) Ivermectin is a prescription-only medicine registered in Singapore only for the treatment of parasitic worm infections;
 - (b) Ivermectin is not an anti-viral medicine and is not approved by HSA for use in the prevention or treatment of COVID-19;
 - (c) to date, there is no scientific evidence from credible and/or properly conducted clinical trials to prove that Ivermectin is effective against COVID-19;
 - (d) the misinformation on the safety and effectiveness of Ivermectin in treating COVID-19 is based on unverified studies;
 - (e) a local study conducted by the National University Health System in 2020 did not find any evidence suggesting that Ivermectin has any effect on COVID-19;
 - (f) self-medicating with Ivermectin can be dangerous to one's health as the side-effects associated with Ivermectin include vomiting, diarrhoea, stomach pain, neurologic adverse events (dizziness, seizures, confusion), sudden drop in blood pressure, severe skin rash potentially requiring hospitalisation, and liver injury (hepatitis). Ivermectin can also interact with other medications used such as blood-thinners;
 - (g) there have been reports of patients requiring hospitalisation after self-medication with Ivermectin; and
 - (h) COVID-19 vaccines that are approved for use in Singapore are safe and efficacious.

- (d) The SMC submits that these government advisories (i) provide important guidance on how doctors ought to conduct themselves in relation to COVID-19, especially since they were released to correct misinformation on COVID-19; and (ii) address the issues relating to the use of Ivermectin in treating and preventing COVID-19. The SMC's position is that based on the 2016 ECEG, such advisories and press releases constitute "*secondary guidelines or position papers*" that will serve to augment the principles contained in the ECEG and must be regarded as carrying the same quality of guidance which Dr Yang is required to abide by.
- (e) Although Dr Yang had asserted in his Written Responses that "*the chatgroup is for horsing around*" and that his writings were "*fictional*", the SMC submitted that these assertions do not militate against the SMC's position for the Conditions and should not be accepted, as —
- (i) Dr Yang's subjective intention in sending the messages is irrelevant. These were standalone messages that were not accompanied by any disclaimers or language to suggest or indicate that the contents of these messages were "*fictional*" and were not to be taken seriously. Thus, both the FPC participants and members of the public to whom these messages were circulated may reasonably believe that Dr Yang was providing medical advice on COVID-19 and the efficacy of Ivermectin, especially since the FPC was used by other participants to discuss serious issues, such as the COVID-19 situation in Singapore, politics and current affairs;
- (ii) Even if Dr Yang had previously stated in the FPC that he was "*testing out the content of [his] fictional writing for [his] own leisure purposes*", this does not negate the risks of the FPC participants and members of the public believing that Dr Yang was providing credible medical advice, given that Dr Yang's messages could easily be reproduced and circulated without these alleged disclaimers. The SMC submitted that the recipients of these messages would have no reason to even suspect that they were "*fictional*" or that they were not to be taken seriously, since the content of these messages do not contain anything that would suggest otherwise;
- (iii) On the face of the messages, it appears that Dr Yang was in fact providing his own views on COVID-19 and the efficacy of Ivermectin. The SMC highlighted that some of the messages on Ivermectin were accompanied by purported case

studies cited by Dr Yang to substantiate the veracity of his views which may mislead both the FPC participants and members of the public to believe that his messages were substantiated with “scientific” opinion, It is the SMC’s view that Dr Yang’s attempts to substantiate his messages with case studies and examples, reinforces the inference that Dr Yang was advocating his own views on the matter and was not, as he claims, “*horsing around*” or writing “*fiction*”;

- (iv) Even if Dr Yang was indeed “*horsing around*” and had intended for his messages on FPC to be “*fictional writing*”, this would still mean that he had blatantly sent false and misleading information on COVID-19 and the efficacy of Ivermectin and masqueraded fiction as credible information in the FPC chat group. The SMC submitted that in so doing, Dr Yang had also consciously and deliberately disregarded his duty to be factual and truthful in his communications with others; and
- (v) According to the SMC, by insisting that his messages were meant as a joke and for entertainment purposes, Dr Yang has seemingly displayed little insight on the extent of his improper conduct and does not appear to understand the risks posed to the wider public arising from his messages on the FPC. The SMC submitted that this highlights the likelihood that Dr Yang will continue to repeat his conduct if left unchecked.
- (f) Given that Dr Yang has (i) repeatedly emphasised on the apparent efficacy of Ivermectin in treating COVID-19; (ii) suggested importing Ivermectin for his patients; (iii) claimed (albeit falsely) that he had given Ivermectin to his patients; and (iv) been found to be in possession of 218 Ivermectin tablets, there is a clear and palpable risk that he will prescribe, supply or recommend the use of Ivermectin to his patients outside of its intended scope of use (if this has not already occurred). The SMC submitted that the risk of harm to public safety is significant should this happen, given that the government advisories have stated that the consequences can be dire as patients may suffer a range of side-effects and may even be hospitalised after consumption of or self-medicating with Ivermectin.
- (g) The SMC also submitted that the risk of harm to public safety is amplified by the fact that Dr Yang appears to be presently practising as a locum doctor and may not have a fixed place of practice and as such, there would be even less institutional oversight of his activities, since he would be working independently and may not be subject to strict supervision by more senior medical practitioners or internal checks and balances and

that any clinic employing Dr Yang for locum work may not be aware of his propensity to spread misinformation on COVID-19 and the efficacy of Ivermectin, or the risks of him prescribing/ administering/ recommending Ivermectin to patients for treatment of COVID-19.

- (h) Such risk of harm to the public is exacerbated by the fact that COVID-19 remains a worldwide pandemic, and the threat of COVID-19 to the public at large as well as the Singapore healthcare system remains very real and any misconception or distortion of the facts involving the safety or efficacy of approved COVID-19 vaccines and of Ivermectin in treating COVID-19 is undeniably and undoubtedly detrimental to public health and safety.

(2) An interim order is in the interest of the public

- 27. It is the SMC's case that the imposition of the Conditions by way of an interim order is in the public interest as there is a risk of public trust and confidence in the profession being undermined if Dr Yang were to be given full liberty to continue practising uninhibited, pending the determination of the CC or DT. In this regard, the SMC cited paragraphs 3(a)(ix) and 3(b)(vi) of the 2016 ECEG, as well as the UK General Medical Council's guidance on Good Medical Practice (22 April 2013) to support its submission that the principles that doctors must act to prevent harm or risk of harm to patients, and be truthful and factual in their communications with others, are sacrosanct and integral to upholding public trust in the medical profession.
- 28. The SMC points out that given the hallowed status of the medical profession in society and the immeasurable trust reposed in the medical profession, patients and members of the public will look upon doctors for sound medical advice, and that this is especially pertinent during a pandemic where members of the public will necessarily look to doctors for effective care and treatment against COVID-19 and will place significant weight on their medical advice and views. In line with this, it is reasonable to expect that doctors will ensure that the information disseminated is true, accurate, and not misleading and that doctors will not provide misinformation which may lead to risk of harm to their patients and/or the wider public. The SMC submits that Dr Yang's explanation that he was merely joking and "*horsing around*" reflects a "*disturbingly cavalier attitude to the truth*" and further reinforces the SMC's position that an interim order is necessary in the interest of the public. In this regard, the SMC submits that public confidence in the medical profession will likely be shaken if the public becomes aware that doctors have been or may be allowed to continue practising unrestricted, while

allegations of their false and misleading claims pertaining to aspects of COVID-19 and the effectiveness of Ivermectin are being dealt with.

29. The SMC also cites its 2016 Handbook on Medical Ethics (“HME”) to support its submission that doctors should avoid engaging in alternative forms of treatment that lacks an established scientific basis or has not been generally accepted, let alone proactively encourage others to adopt these forms of treatment. However, in this case, Dr Yang falsely claimed that his patients who were suffering from COVID-19 were able to leave the ICU and HDU within three days from being administered with Ivermectin. Accordingly, the SMC submits that members of the public would likely be shocked or troubled to find out that Dr Yang was granted full liberty to continue practising uninhibited pending the conclusion of the relevant proceedings against him.

(3) An interim order is warranted in the present case and the Conditions are proportionate to the risk of harm to the public and the risk of damage to public confidence in the medical profession

30. The SMC further submits that the imposition of the Conditions on Dr Yang is warranted in the present case and that the Conditions are proportionate to the risk of the potential harm to the public and the potential damage to public confidence in the medical profession if Dr Yang is allowed to practise unrestricted pending the conclusion of the relevant proceedings against him. In support of this submission, the SMC cites the following cases:-

(a) The English case of *Dr Samuel White v General Medical Council* [2021] EWHC 3286 (Admin) (“*Dr White v GMC*”), where the UK Interim Orders Tribunal (“IOT”) subjected Dr White’s registration with the UK General Medical Council to the conditions that (i) he must not use social media to put forward or share any views about the COVID-19 pandemic and its associated aspects; and (ii) he must seek to remove any social media posts he has been responsible for or has shared relating to his views of the COVID-19 pandemic and its associated aspects, in view of his actions in (i) spreading misinformation and inaccurate details about the measures taken to address COVID-19 in the UK; (ii) claiming that drugs such as Ivermectin were a safe and proven treatment for COVID-19; and (iii) encouraging people not to wear masks or take the vaccine. In this regard, we note the SMC’s submission that although the English High Court subsequently revoked the orders imposed, this was because the IOT had not considered whether its orders would infringe Dr White’s right to freedom of expression under the UK Human Rights Act 1998 (which was a procedural error that had no bearing on the substantive merits of the case).

- (b) The Singapore case of *Pang Ah San v Singapore Medical Council* [2021] 5 SLR 681 (“*Pang Ah San v SMC*”), where the Court of Three Judges rejected Dr Pang’s argument that his conviction under charges brought against him for making derogatory statements against the SMC infringed his constitutional right to freedom of speech under Article 14 of the Constitution of the Republic of Singapore, on the ground that an individual’s constitutional rights are against the state, whereas his membership in a profession is an arrangement between him and the professional body in question. Relying on this case, the SMC submits that Article 14 of the Constitution does not apply to the relationship between the SMC and Dr Yang, and that Dr Yang’s membership in the medical profession and privileges as a medical practitioner are contingent on him abiding by the norms and standards expected of a medical practitioner. The SMC further submits that Dr Yang’s assertion in his Written Responses that the MRA only covers the practice of medicine and is not intended for regulation of fictional parody writings as an art form is also without basis and should be rejected, given that, as illustrated in *Pang Ah San v SMC*, proceedings under the MRA are not confined to regulating a doctor’s practice of medicine but extends to the regulation of a doctor’s personal conduct insofar as it has or may result in harm to public confidence in the medical profession. The SMC further pointed out that in *Ler Teck Siang* and *Chan Herng Nieng*, interim orders have also been made to address the risks of harm to public safety and maintain public confidence in the medical profession arising from a doctor’s conduct in his personal capacity.
- (c) The Australian case of *Ellis v Medical Board of Australia (Review and Regulation)* [2020] VCAT 862, where the Tribunal upheld the decision of the Medical Board of Australia to impose an interim suspension order against the respondent for, *inter alia*, expressing and encouraging views regarding COVID-19 treatments which were untrue, misleading and had no proper clinical basis.
31. It is also the SMC’s position that the Conditions are proportionate, as they are (i) no more restrictive than necessary to mitigate the risk of harm to public safety or damage to public confidence; and (ii) clear and unambiguous as to how compliance is to be achieved. At paragraphs 69 to 77 of the SMC’s submissions, the SMC went through each of the Conditions and set out its reasons for saying that each condition is proportionate and ought to be imposed by way of an interim order.
32. In seeking to impose the Conditions on Dr Yang’s registration as a medical practitioner for 18 months, the SMC submitted that the maximum period of 18 months is appropriate in this case, as (i) the IOC does not have the power to extend the period for which the interim order has

effect; (ii) any interim order made by the IOC will no longer be in force once the relevant proceedings have concluded; (iii) the IOC will have an opportunity to review its order within six months, and subsequently at three-monthly intervals during which the IOC may vary or revoke any condition or restriction in the interim order; and (iv) in previous IOC decisions where interim conditions or restrictions have been imposed, the IOC had ordered the interim orders to take effect for the maximum period of 18 months.

Dr Yang's case in his Written Submissions

33. It is Dr Yang's case that the Conditions are excessive and unnecessary and, in any event, contrary to the 2016 ECEG. In this regard, Dr Yang highlights the following:-

- (a) He created the FPC as a private group consisting of only medical professionals.
- (b) He clearly provided a disclaimer that the FPC was meant for banter and fiction "*if the name "Fireside.Parody.Chat" [sic.] was not obvious enough*". In this regard, Dr Yang highlighted that FPC had the following description on its page since he started the chat group on 4 February 2020. He also pointed out that it was after the disclaimers had been put up that he sent "*various messages containing fictional stories with regards to COVID-19 and the use of Ivermectin to treat and prevent COVID-19*" on FPC:-

"All comments are TOTAL Bullshit and Completely Fictional. This is a free and easy fireside (((relaxing loose chat SAFE space))), of ANY interest to Doctors and Dental surgeons (Retired also) or Related Health Professionals. If you're not the above → Please exit unless you have been specifically invited for your valuable contribution amongst friends. Please do not repeat your post more than once unless by request. (((Screenshotting here is only permitted for scums))) -> So that we can catch you."

- (c) He shared fictitious content on the FPC wherein he clearly stated that he was acting in his capacity as a writer and person, and not in his professional capacity as a doctor. In this regard, Dr Yang highlighted that on or about 4 October 2020, he had included the following disclaimer notice about his writings —

"Author has lousy sense of nerd humor. All writings are written in my capacity as a Fiction writer. NOT PROFESSIONAL CAPACITY Not to be Takgeriouslyluly (sic) at all. Some may not be funny to all. Any offence/hurt feelings is unintended.

Some names and identifying details have been changed to protect the privacy of individuals.

All my writings here (past and present) is a work of fiction. Names, characters, businesses, places, events, locales, and incidents are

either the product of the authors imagination or used in a fictitious manner. Any resemblance to actual persons, living or dead, or actual events is purely coincidental.

I have tried to recreate events, locales and conversations from my memories of them. In order to maintain their anonymity in some instances I have changed the names of individuals and places, I may have changed some identifying characteristics and details such as physical properties, occupations, and places of residence.

Although the author and publisher has made every effort to ensure that the information in this writings was correct at press time, the author and publisher do not assume and hereby disclaim any liability to any party for loss, damage or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident or any other cause.

This writings is not intended as a substitute for the medical advice of physicians. The reader should regularly consult a physician in matters relating to his/her health and particularly with respect to any symptoms that may require diagnosis or medical attention.”

- (d) He clearly set out an allocution in a group consisting of medical professionals, that the content is not meant as a substitute for medical advice and that the medical professionals in the group should regularly seek medical advice from their physicians.
 - (e) His claims of treating patients with Ivermectin are fanciful, given that he was working at a clinic and could not have had access to an ICU facility.
 - (f) MOH itself had confirmed that it had not found evidence that he had given or prescribed Ivermectin to anyone including his patients, even after four raids on his clinics. In this regard, Dr Yang submitted that the 218 Ivermectin tablets that were seized from him on 20 October 2021 had been handed to him by a relative of a patient on 27 September 2021. He also pointed out that the Complaint from MOH had clearly stated that MOH’s probe “*did not uncover any evidence to support that Dr Yang had given or prescribed Ivermectin to anyone including his patients*”.
 - (g) He was a Medical Director at two HSA approved vaccination centres from September 2021 to November 2021 and no complaints or findings were made that he hesitated or discouraged the public from taking vaccines; and
 - (h) He had not made his fictitious comments on the FPC public to anyone outside the members of the private group, nor has he published such information on any platforms.
34. Dr Yang submits that the very fact that MOH’s probe did not uncover any evidence to support that he had prescribed Ivermectin to anyone including his patients is “*wholly conclusive proof*”

that even when [he] had the means and platform to easily provide access to Ivermectin, he had not done so and exercised professional restraint in not allowing his personal opinions to cloud the professional judgment required from his professional duties". He submitted that the fact that he was able to account honestly for the 218 Ivermectin tablets seized from him shows that he *"had not acted out of professional character even when the opportunity was abundant"*.

35. Citing *Wee Teong Boo* (at [32]), Dr Yang submits that although the IOC is not embarking on a fact-finding exercise, a finding of fact on the SMC's claim is necessary, as *"a complaint that is trivial or misconceived on its face will clearly not be given weight"*. In this regard, Dr Yang highlights that he currently faces no penal action, and the SMC's allegations against him are *"unsupported by corollary criminal or legal action"*, and accordingly, he must have the right to have his side of the story heard, so as to enable the IOC to establish whether, *prima facie*, there is any legitimacy to the SMC's allegations.
36. Dr Yang highlights that the first time the HSA had circulated an advisory on the use of Ivermectin for COVID-19 was on 5 October 2021. In respect of this advisory, Dr Yang submits as follows:-
 - (a) The HSA advisory is neither a secondary guideline nor a position paper for the purposes of paragraph 2(2) of the 2016 ECEG. In fact, it shows clearly that it did not relate to healthcare professionals nor was it meant to be binding on healthcare professionals as it was meant to educate the public on the risks of self-medicating with Ivermectin;
 - (b) Given that the HSA advisory was first released on 5 October 2021, it *"confounds logic"* that Dr Yang's remarks on Ivermectin on the FPC prior to that date can still be said to be false or misleading where no papers and/or guidelines on the matter existed at that time.
 - (c) Dr Yang's *"fictitious writings"* on the FPC *"held some merit"* as at the material time, India, particularly the state of Goa, had not only approved Ivermectin to treat COVID-19 but also urged all persons above the age of 18 to consume it. In this regard, Dr Yang referred to a news article where the Health Minister of Goa, Vishwajit Rane, was quoted as saying that Ivermectin tablets would be given to all patients above 18 years at government health centres, in view of findings by expert panels from the UK, Italy, Spain and Japan. According to Dr Yang, MOH made no attempt to address the said measures taken by the state of Goa.

- (d) According to Dr Yang, “*untruths were propagated by*” the HSA in its advisory on 5 October 2021, as it stated that the local study conducted by the National University Health System (“**NUHS**”) in 2021 “*did not find any evidence suggesting that ivermectin has any effect on COVID-19*”, when in fact, NUHS’ media release on its study dated 25 April 2021 stated that “*men who received ivermectin had fewer symptomatic infections compared with vitamin C*”. In this regard, Dr Yang made two points, *i.e.* (i) the HSA and MOH “*found [the use of Ivermectin to treat COVID-19] meritorious enough to conduct large scale studies*”; and (ii) he could not be said to be spreading misleading claims regarding the use of Ivermectin to treat COVID-19 as at 5 October 2021, as the HSA and MOH, or other regulatory bodies had failed to address such use anyway.
37. As for his messages on the FPC after 5 October 2021 that he had successfully treated patients with Ivermectin (referred to as the “**Treatment Claims**” at paragraph 36 of his submissions), Dr Yang submits that his said messages posed no risk of harm to members of the public, as a simple reading of the disclaimers set out at paragraphs 33.2 and 33.3 above would show that:-
- (a) anything and everything said by him in the private FPC is fictional and a figment of his imagination;
- (b) the FPC was closed to only healthcare professionals who had a good understanding of the science and practice of medicine;
- (c) the writings by Dr Yang on the FPC were made in his personal capacity as an enthusiastic fiction writer and not in his professional capacity as a doctor; and
- (d) the writings by Dr Yang on the FPC were not meant to replace medical advice of doctors and the members were also advised to regularly consult a physician.
38. Dr Yang highlights that the FPC is private not by virtue of it being an invitation only chat group, but because he only allowed a select, identifiable and professional class of persons who are educated in medicine to join the chat group, to the extent that they would be able to discern between fact and fiction. He submits that his “*gatekeeping*” of the FPC meant that the messages in the FPC did not reach the eyes of the general public who may not be medically trained. In that regard, Dr Yang further submits that an argument that his messages may at any time be reproduced in public “*is stretched beyond the limits of Dr. Yang's culpability for such acts. If the comments were reproduced, the scope of culpability of such conduct would befall the party publishing it and not Dr. Yang. Accordingly, Dr. Yang cannot be made to bear the weight of*

sanctions for potential acts in anxiety of such speculative acts occurring". It is Dr Yang's position that (i) his messages mentioned events such as him being on "horse drugs" and taking "10 Ivermectin tablets" at one go, which would "clearly confound the logic of even the common man"; and (ii) being a general practitioner working at a clinic, he could not have had access to an ICU or HDU facility, so it would have been clear that his claims were fictitious. According to him, this is supported by the fact that the sweeping fictitious claims of treatment made by him was not queried on further by the other medical professionals in the FPC.

39. Dr Yang submits that even if the fictitious claims could pose a risk that the members of the FPC could believe that he was providing credible medical advice, there is still no risk of harm to the public, because as health professionals, the members of the FPC would come within the remit of the MRA and the supervision of the SMC. They have standards of probity to maintain and in doing so, need to exercise good judgment in dispensing their duties notwithstanding their personal beliefs. According to Dr Yang, given that the use of Ivermectin for COVID-19 is not approved by the regulatory bodies of Singapore, "*it would be fanciful*" for one to claim that Dr Yang's fictitious claims could lead to health professionals breaching the professional code of conduct.
40. Emphasising that he had not been found by MOH to have used Ivermectin in his treatment regime or promoted it to his patients or the public at large, Dr Yang submits that "*there are no victims and there can be no victims*" (original emphasis). In this regard, Dr Yang also highlights that he "*had every opportunity to supply Ivermectin to patients given that he had access to Ivermectin, and yet he did not do so*".
41. Highlighting that (i) the SMC had failed to show any Position Papers and/or elaborated guidelines by the authorities on how health professionals should conduct themselves in relation to COVID-19 that would qualify as guidelines for the purposes of paragraph 2(2) of the 2016 ECEG; (ii) the positions with regard to the use of Ivermectin as set out in his messages were supported by international studies and news articles; and (iii) the SMC has not shown any evidence that it had made any effort before 5 October 2021 to prevent or discourage the use of Ivermectin for the treatment of COVID-19, Dr Yang submits that the SMC's labelling of his various writings as "*untrue, misleading and false*" is "*broad, weak and unsupported*", and "*grossly insufficient for the SMC to call for serious conditions on Dr Yang's medical registration*".
42. In arguing that the Conditions were unnecessary, Dr Yang submits that the orders sought by the SMC are already provided for under the MRA and 2016 ECEG. Citing paragraph B5 of the HME, Dr Yang submits that the Conditions are in fact contrary to the SMC's own guidelines,

which clearly leave it in the professional judgment of the medical practitioner to determine whether to prescribe treatments that had not been subjected to clinical trials but are well-accepted to be used on a net-benefit analysis, so long as the doctors are able to explain their rationale for doing so. According to Dr Yang, he could have relied on such guidelines of the SMC to give legitimacy to the use of Ivermectin if he wished to do so, but he did not, choosing instead to exercise restraint and professional judgment in ensuring that he conducted himself to the highest standards of the profession.

43. Dr Yang submits that in prior cases where orders to the extent sought by the SMC herein were imposed, the respondents in those cases were all charged with inappropriately prescribing drugs. By way of an example, Dr Yang referred to the IOC's decision regarding *Dr Kay Aih Boon Erwin* where the respondent was found to have inappropriately prescribed Fluconazole and Vancomycin to children below the age of seven. Dr Yang highlighted that even in that case, the IOC "*was extremely cautious in creating a clog on the [r]espondent's medical judgment*" and had only imposed a condition to restrain the respondent from freely prescribing specific drugs to any patient below the age of seven, and not older patients.
44. At paragraphs 65 to 68 of his submissions, Dr Yang states that the Conditions are too broad and ambiguous, in that they use the term "*generally accepted evidence*", without defining what that means. In this regard, Dr Yang submits that COVID-19 is "*not a concluded medical event nor is it one that has passed a stage of study to the extent that there is consistent or conclusive approach to dealing with it*". Referring, by way of example, to the change in MOH's position between February 2020 and April 2020 on the need for the general public to wear masks to prevent the spread of COVID-19, Dr Yang submits that "*the fluid nature of COVID-19... would make it impossible to know what generally accepted evidence could mean*", and whether such evidence is to be based on the reports or medical studies of foreign countries or limited to the Singapore context.
45. At paragraphs 69 to 74 of his submissions, Dr Yang sought to distinguish the case of *Dr White v GMC* on the grounds that the Tribunal in that case had imposed the conditions on Dr Samuel White due to (i) multiple complainants; (ii) the use of social media platforms to spread misinformation to the public at large; (iii) the public nature of the complaint; and (iv) the likelihood of repetition, which, according to Dr Yang, are all absent in the present case.
46. At paragraphs 75 to 86 of his submissions, Dr Yang submitted that the Conditions were manifestly disproportionate on the following grounds:-

- (a) Insofar as condition (a) is concerned, Dr Yang submitted that save for the Treatment Claims, the rest of his claims on the FPC were made before the relevant authorities had taken any position on the matter, which position he could not have foreseen. On the other hand, there was “*a body of strong authority that supported the use of Ivermectin for COVID-19 as many countries had adopted it*”. Given (i) the closed nature of the FPC; (ii) the clear disclaimer that he had posted on the FPC; and (iii) the exaggerated nature of his claims; (iv) the lack of position from the relevant authorities, Dr Yang submits that the SMC’s case for condition (a) “*lacks any credible and/or reasonable support*”.
- (b) As for conditions (b) and (c), Dr Yang submits that they are “*unnecessary and excessive because they are baseless and intrusive*”, as there is no evidence that he had in fact shared anything on social media platforms, or closed messaging systems other than the FPC. As such, Dr Yang submits that he “*will simply not be able to comply with a wide blanket condition*”, and in any event, the messages on the FPC “*cannot be taken down in any event*”. He further submits that the SMC had not shown that he had continued to post or share views on Ivermectin or COVID-19 vaccines after 21 October 2021. Dr Yang again sought to distinguish the case of *Dr White v GMC* on the ground that Dr White had “*conducted himself professionally on social media to spread misinformation*”, whereas Dr Yang had only shared views in a private chat group that contained various disclaimers.
- (c) Dr Yang submits that conditions (d) to (g) are “*wholly excessive and unnecessary*”, because the SMC had failed to show that he had misused his medical practice to front or promote opinions or fictitious works. Dr Yang highlights that the MOH had conducted numerous raids on him and found nothing to support the proposition that he had misused his medical practice. He also points out that he faces no charges for malpractice, and there is nothing to suggest that he had contravened any provisions of the applicable laws and/or regulations. Insofar as his position as a locum doctor is concerned, Dr Yang submits that the duty of care to his patient and that owed by the clinic to their patient will remain the same regardless of whether or not he is a locum practitioner, and that it would be unfair for the SMC to allude to “*such grave conclusions that there are double standards in the medical industry due to locum practitioners being free from oversight for the purposes of imposing hard conditions on [him]*”. Further, Dr Yang submits that if such conditions are imposed, it would be crushing on his ability to secure gainful employment, as “*it would almost mean that [he] would need a chaperone to ensure his compliance*”. At paragraph 109 of his submissions, Dr Yang highlights that the clinics at which he practiced had stopped

giving him working slots since investigations were preferred against him. He then argued that if the Conditions are added, “*it is as good as suspending [him] from practice as that would be the practical effect*”.

47. At paragraphs 87 to 93 of his submissions, Dr Yang submits that the Conditions sought are “*incompatible with the rules of natural justice*”. In that regard, he referred to ***Pang Ah San v SMC*** and submits that although the Court of three Judges had held that Article 14 of the Constitution cannot apply as between an individual and a professional body, the Court also held (at [66]) that the SMC is expected to observe administrative law principles concerning natural justice and the proper exercise of statutory powers. According to Dr Yang, the three principles of natural justice that would be relevant are (i) *audi alteram partem* (i.e. the rule that the respondent also has the right to be heard); (ii) *nemo iudex in causa sua* (i.e. “*no man a judge in his own cause*”) and (iii) the Wednesbury unreasonable test (i.e. a public authority’s decision may be quashed if it is “*so outrageous in its defiance of logic or of accepted moral standards that no sensible person who had applied his mind to the question to be decided could have arrived at it*”). In respect of these principles, Dr Yang submits as follows:-

- (a) Insofar as the principle of *nemo iudex in causa sua* is concerned, the MOH could decide what “*generally accepted evidence*” would mean and thereafter, the SMC could hold Dr Yang in defiance of those standards, thereby allowing the MOH to litigate its own cause.
- (b) Even if the SMC’s case is taken at its highest, the Conditions are so unreasonable that no sensible person would arrive at it, as (i) Dr Yang had shown exemplary restraint and maintained an objective and clean dichotomy between personal opinion and professional conduct; (ii) Dr Yang had taken steps to ensure that his messages were taken on notice of caution as to their authenticity as they were meant to be fictitious; (iii) the evidence shows that Dr Yang’s conduct was only contrary to the position of the HSA and the MOH *after* he had already shared his messages on FPC; and (iv) Dr Yang had not advocated for the use of Ivermectin or against the use of COVID-19 vaccines on public forums.

48. Dr Yang submits that the Conditions are incompatible with the 2016 ECEG, as the same was only intended to be instructive with regard to a doctor’s professional conduct, as well as his private conduct where it concerns the public, and “*was never envisaged nor intended to encroach into such intimate spaces of a doctors’ conduct*”. Dr Yang further submitted that the “*corpus of the ECEG’s rules and rationale have in fact promoted innovative thinking*”. In view

thereof, Dr Yang submitted that the imposition of such intrusive conditions “*would only be adverse to [his] fundamental duties as encapsulated in the SMC’s HME and ECEG*”.

49. In conclusion, Dr Yang submits that an average member of the public will not be shocked to learn that a doctor who is charged or even convicted for posting fictitious opinion on a private chat group consisting of medical professionals had been continuing to practice medicine. Dr Yang further submits that it would be in the public interest to ensure that the Conditions are *not* imposed on him, as “*the public cannot be expected to have confidence and respect in and for the medical profession if doctors are seen to be silenced for their personal vies which even their own guidelines... support*”. In this regard, it is Dr Yang’s position that the matter, as it now stands, is out of the domain of public scrutiny, but if a decision is appealed against and the matter becomes one of public record, then the controversial nature of the subject will make it a point of discussion in society, thereby “*inadvertently publishing the private comments in the [FPC] to the public at large*”.

Parties’ Oral Submissions at the Inquiry Hearing

SMC

50. At the hearing, parties’ Counsel were invited to respond to each other’s written submissions. With regard to Dr Yang’s submission that the FPC was meant for banter and fiction as can be seen by the name of the chat group “Fireside.Parody.Chat”, the SMC’s Counsel pointed out that this was in fact not the original name of the chat group. The text messages referred to in the NOI were sent during the period May to October 2021, and it was only on 3 July 2021 that Dr Yang changed the name to Fireside.Parody.Chat. Prior to that change, the chat group name had been changed several times but the word “parody” was in the name of the chat group only in July 2021.
51. With regard to Dr Yang’s reliance on his disclaimers, the SMC’s Counsel pointed out that the context of how these disclaimers were posted, shows that these disclaimers were put in by Dr Yang as a reaction to some of the participants in the chat group reporting his messages and to “*immunise himself*” from legal or disciplinary action by asserting that his messages were fiction. Counsel highlighted Dr Yang’s message to the chat group, “*Gentle reminder that everything I type in this group is a test run for my upcoming fiction. Thank you for not disturbing SMC or attempt to make police reports anymore. They have better things to do.*”
52. In addressing Dr Yang’s submission that the messages referred to in the NOI were works of fiction or jokes or parody, counsel submits that Dr Yang, in these messages, was in fact sharing,

justifying and advocating his views and position on Ivermectin and COVID-19. In support, counsel referred to the text of several messages referred to in the NOI and that these messages do not come across as parody or fiction and were not treated as such by some of the participants in the chat who took his messages seriously and as matters of fact.

53. As for Dr Yang's arguments that his messages were not false or misleading, Counsel pointed out that Dr Yang's own position that he has never supplied or prescribed Ivermectin to anyone would mean that his messages about supplying Ivermectin to his patients "*on a ICU case and a HCU case*" were therefore false. Counsel further submits that Dr Yang's messages about the effectiveness of Ivermectin to treat and prevent COVID-19 were also false and misleading in the light of the HSA advisory and government statements and that Dr Yang continued to make such statements even after the HSA advisory was released on 5 October 2021.
54. In respect of Dr Yang's arguments that the HSA advisory is inaccurate or untrue, Counsel's submission is that the IOC is not the correct forum for the issue to be ventilated as the IOC's role is not a fact-finding one; the fact that the HSA advisory and government statements have been issued would be *prima facie* evidence that the use of Ivermectin to treat or prevent COVID-19 is unsupported by science and is dangerous.
55. In addressing the risk of harm to members of the public, Counsel submits that the messages sent by Dr Yang are not one-off or isolated incidents; the messages show a broad pattern of misinformation and false claims made over a period of at least six months and that Dr Yang will continue to make similar claims if no conditions are imposed on him. Counsel further submits that given that 218 Ivermectin tablets were found in his clinics, and being a locum doctor with no fixed place of practice and no institutional oversight, there is a risk that Dr Yang may supply Ivermectin to his patients.
56. It is the SMC's submission that public confidence in the profession will be seriously undermined if no interim order is made. Given that Dr Yang has made false and misleading statements about Ivermectin and deliberately lied about successfully treating patients with Ivermectin when he did no such thing, members of the public would be alarmed if Dr Yang was allowed to continue practising unrestricted pending the conclusion of disciplinary proceedings.
57. In response to Dr Yang's submission that the messages were sent to a private chat group comprising doctors and dentists who may not be prone to being deceived by misinformation, counsel pointed out that the group comprised more than 200 participants and there was a clear risk that his messages may be forwarded or shared.

58. In respect of proportionality, Counsel reiterates that the SMC is not seeking a suspension order, and that the restriction orders that are sought have been calibrated to strike a balance between Dr Yang's ability to practise medicine and the need to ensure that the risk to the public is mitigated by the restrictions imposed. The proposed restrictions will ensure that while Dr Yang can continue practising his profession, he does not spread or discuss matters pertaining to the treatment of COVID-19 and Ivermectin that are contrary to generally acceptable evidence and is not allowed to prescribe Ivermectin to his patients except with approval.

Dr Yang

59. The oral submission by Counsel for Dr Yang was essentially a reiteration of the written submissions. Counsel for Dr Yang reiterates Dr Yang's position that the comments in his messages are totally "*bullshit, completely fictional and free and easy fireside*" and referred to Dr Yang's disclaimer posted on 4 October 2021 that his messages are fiction and not written in his professional capacity; and that it is quite clear that none of the information has any truth or merit. Counsel emphasised that "*it is quite clear that none of the information in this chat group has any truth or merit*". Yet he refers to the NUHS study and states that "*there is some evidence to suggest on [sic] the efficacy of Ivermectin*".
60. Dr Yang's Counsel also submits that doctors should be allowed to engage in professional scientific medical discourse and share their views. Such submission was rebutted by the SMC's counsel as being incompatible with Dr Yang's position that what he posted on the chat was fiction and should not be taken seriously.
61. Dr Yang's Counsel then submits that there is nothing to suggest that any one of the 206 medical practitioners in the group have filed any complaints on the comments of Dr Yang. However, counsel did not address SMC's submission in [51] above that Dr Yang's disclaimer was posted as a reaction to some participants of the group reporting his messages i.e. the part of his disclaimer that states, "*Thank you for not disturbing SMC or attempt to make police reports anymore. They have better things to do*".
62. Counsel points out that the comments by Dr Yang were shared among medical professionals in a private chat which has a disclaimer; and that there was nothing to suggest that such information had been leaked out to the public. However, Counsel did not address the SMC's Counsel's submission as set out in [26.1] and [26.2] above, in particular that Dr Yang's messages can be easily reproduced outside of the FPC and circulated to members of the public who may then be encouraged to self-medicate with Ivermectin instead of getting approved COVID-19 vaccines;

63. Dr Yang's Counsel submits that the restrictions or conditions sought to be imposed by the SMC were unreasonable, unnecessary and disproportionate.

Decision of the IOC

64. The IOC has carefully considered (i) all facts and circumstances in relation to the present case; (ii) both parties' written and oral submissions; and (iii) the legal authorities cited by both parties, including such facts, submissions and legal authorities that are not specifically dealt with below.

65. As stated above:-

(a) The IOC's task is *not a fact-finding one*, nor is its remit to make any judgment on the *merit* of the allegations made against Dr Yang. In this regard, we note the SMC's submission that we only need to be satisfied that the allegations made against Dr Yang are "*not manifestly incredible*" ("*Martinez v GDC*"), and that "*there is a prima facie case that the allegations are well-founded*" ("*Kumar v GDC*");

(b) The IOC's task is to assess the risk of harm to members of the public, as well as what is in the public interest and what is in the medical practitioner's interests (*Wee Teong Boo* at [33] and *Ler Teck Siang* at [12]).

66. In that regard, we note that the following are *not* in dispute:-

(a) Dr Yang's messages on FPC that appear to promote the use of Ivermectin as a form of treatment for COVID-19, which are the subject of these proceedings, are **untrue** and **fictitious**;

(b) The HSA and the MOH have issued definitive advisory and guidelines against the use of Ivermectin to treat COVID-19; and

(c) Through raids conducted by MOH, 218 Ivermectin tablets were seized from Dr Yang.

67. In our view, the very fact that the matters set out in paragraphs 66.1, 66.2 and 66.3 above are not in dispute show that the allegations made against Dr Yang in these proceedings are "*not manifestly incredible*", and that "*there is a prima facie case that the allegations are well-founded*".

68. We are unable to accept Dr Yang's submission that the Conditions should not be imposed on his registration as a medical practitioner given that he was only "*horsing around*" and had intended for his message on the FPC to be "*fictional writing*". We accept the SMC's submission that on the face of the messages, it appears that Dr Yang was in fact providing his own views on COVID-19 and the efficacy of Ivermectin. The fact that some of the messages on Ivermectin were accompanied by purported case studies cited by Dr Yang to substantiate the veracity of his views also show that they were not meant to be taken as "*fictional writing*". In this regard, Dr Yang's submission that at the time when the messages were sent, there was "*a body of strong authority that supported the use of Ivermectin for COVID-19 as many countries had adopted it*" militates against his argument that his messages were meant to be fictional writing and was never meant to be taken seriously.
69. While Dr Yang has referred to the disclaimers that he had put up prior to his sending of the messages in question, we note that (i) the disclaimers were put up *on the FPC page* and would not have been apparent on the face of the messages; and (ii) Dr Yang does not dispute the SMC's submission that the FPC was also used by other participants to discuss serious issues, such as the COVID-19 situation in Singapore, politics and current affairs.
70. With regard to Dr Yang's submission that the majority of his messages on the FPC were made before the HSA's first advisory on 5 October 2021 against the use of Ivermectin to treat COVID-19, we note that *even after* such advisory was issued, Dr Yang did *not* cease to send messages on the FPC regarding the use of Ivermectin to treat COVID-19. In fact, he proceeded to send messages on the FPC, falsely claiming that he had successfully treated his patients who had suffered from COVID-19 with Ivermectin. While Dr Yang has submitted that the participants of the FPC could not have taken these messages seriously, given that he was practising in a clinic and would have had no access to the ICU or HDU, this is (i), *not* apparent from the face of the messages; and (ii) premised on the assumption (for which Dr Yang has provided no basis) that all the readers of his messages would have some background knowledge of Dr Yang's practice as a doctor.
71. Insofar as Dr Yang's submission relates to the duty of the other members of the FPC to exercise good judgment in deciding whether to accept his views and/or reproduce his messages sent on the FPC, it is our view that the mere fact that the other members of the FPC *also have a duty* to ensure the accuracy of the information that *they decide* to adopt and disseminate does *not* mean that Dr Yang should bear no responsibility for the information that *he* chooses to disseminate.

72. While we note that MOH's probe "*did not uncover any evidence to support that Dr Yang had given or prescribed Ivermectin to anyone including his patients*", we are unable to accept Dr Yang's submission that this is "*wholly conclusive proof that even when [he] had the means and platform to easily provide access to Ivermectin, he had not done so and exercised professional restraint in not allowing his personal opinions to cloud the professional judgment required from his professional duties*". As Dr Yang himself has pointed out, the 218 Ivermectin tablets that he was found to be in possession with were taken from him a mere 24 days after they were handed to him by a patient's relative, and the purpose for which these tablets were handed to Dr Yang has not been made clear to the IOC. In our view, the most that can be said of the outcome of MOH's probe is that Dr Yang did not prescribe Ivermectin tablets to his patients during those 24 days. It is insufficient to reflect Dr Yang's *intention* at that time. In any event, we note that if it is Dr Yang's position that he has no intention of prescribing Ivermectin to his patients, then he should not have any problem complying with the condition that he should refrain from doing so.
73. Coming to the terms of the Conditions, we are unable to accept Dr Yang's submission that the phrase "*generally accepted evidence*" renders the Conditions so ambiguous that they should not be imposed on his registration as a medical practitioner. Notwithstanding the fluid nature of the COVID-19 situation, we are of the view that the determination of what constitutes "*generally accepted evidence*" of a particular fact concerning the fight against the pandemic must, by definition, be an objective exercise. Should a dispute arise in that regard, that is a matter that can, and should, be dealt with at the appropriate juncture and in the appropriate forum. On the plain reading of the wording of the Conditions, we do not think that the said phrase is so ambiguous as to render the Conditions unworkable.
74. We are unable to accept Dr Yang's suggestion that the imposition of the Conditions would affect his livelihood. We note that Dr Yang has put forth no cogent reasons as to why he would require a chaperone to ensure his compliance with the Conditions. We also note that Dr Yang has not explained why the imposition of the Conditions, which only seek to restrict his conduct insofar as it concerns his expression of views in connection with COVID-19 and his prescription of Ivermectin as a form of treatment should cause him to be unable to find work as a locum doctor.
75. We accept the SMC's submissions that the Conditions are proportionate, as they are (i) no more restrictive than necessary to mitigate the risk of harm to public safety or damage to public confidence; and (ii) clear and unambiguous as to how compliance is to be achieved.
76. For the foregoing reasons, we are of the view that:-

- (a) It is necessary for the protection of members of the public and in the public interest for Dr Yang's registration as a medical practitioner to be made subject to the Conditions for **a period of 18 months**; and
- (b) It is not necessary for the protection of members of the public and in the public interest for Dr Yang's registration as a medical practitioner to be suspended.

The Order of the IOC

77. For the foregoing reasons, we order that with effect from 9 March 2022, the registration of Dr Yang as a medical practitioner is to be made subject to the following conditions or restrictions, for a period of 18 months or until the conclusion of the proceedings against Dr Yang under Part VII of the MRA, whichever is sooner:-

- (a) Dr Yang must not disseminate or forward any information or document pertaining to the following matters:
 - (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
 - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
 - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
 - (iv) the sale and supply of Ivermectin;
- (b) Dr Yang must not use any websites, social media platforms or closed messaging systems to put forward or share any views on the following matters:
 - (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally

accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;

- (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
 - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
 - (iv) the sale and supply of Ivermectin.
- (c) To the extent that is reasonably practicable, Dr Yang must seek to remove any posts or messages from any websites, social media platforms or closed messaging systems that he is responsible for or has shared relating to his views on the following matters:
- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
 - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
 - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
 - (iv) the sale and supply of Ivermectin.
- (d) Dr Yang must not:
- (i) recommend, prescribe, supply or administer Ivermectin and/or any other drug that is not approved by the HSA, to anyone for use in the prevention or treatment of COVID-19;

- (ii) give false or misleading information about having prescribed Ivermectin and/or any other drug that is not approved by the HSA to anyone for use in the prevention or treatment of COVID-19; and
 - (iii) provide information to suggest that he is able to sell or supply drugs not approved by the HSA for use in the prevention or treatment of COVID-19 outside the context of an approved clinical trial.
- (e) Dr Yang must not recommend, prescribe, supply or administer Ivermectin to any patient without the prior approval of a fully registered medical practitioner with a valid practising certificate, whose approval, Medical Council Registration Number and signature must be recorded electronically or in writing;
- (f) If Dr Yang recommends, prescribes, supplies or administers Ivermectin to a patient pursuant to the conditions set out in (e) above, Dr Yang must keep a log of all patients to whom he has recommended, prescribed or administered Ivermectin to, the details of the approving medical practitioner, and he must submit this log to the SMC within five calendar days of such recommendation, prescription, supply or administration; and
- (g) Dr Yang must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

Publication of Decision

78. We order that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

Dated this 9th day of March 2022.