



SINGAPORE MEDICAL COUNCIL

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DOCTORS NOT EXPECTED TO INFORM PATIENTS OF ALL POSSIBLE COMPLICATIONS

1. We refer to the Grounds of Decision in respect of the Disciplinary Tribunal (“DT”) inquiry for Dr Lim Lian Arn (“Dr Lim”), published on 21 January 2019 (“the Decision”). The Singapore Medical Council (“SMC”) appreciates the medical profession’s concerns, and takes this opportunity to clarify further both the disciplinary proceedings, and the implications of the Decision.

Disciplinary Proceedings

2. The inquiry resulted from a complaint made by Dr Lim’s patient (“the Patient”) to the SMC, alleging that Dr Lim had failed to advise her on the possible complications arising from an injection of 10mg of triamcinolone acetonide with 1% lignocaine in a total volume of 2ml (“H&L Injection”) in her left wrist joint, and his recommendation that she undergo physiotherapy.
3. The SMC appointed a Complaints Committee (“CC”), comprising two senior doctors and a layperson, to investigate the complaint, as statutorily required. In the course of its investigations, the CC obtained the Patient’s medical records, an explanation from Dr Lim, and expert opinions from his peers. The investigations disclosed that although Dr Lim’s treatment of the Patient was appropriate, there was no documentation in the Patient’s medical records regarding Dr Lim’s explanation of the possible complications or the Patient’s consent. The experts approached indicated that they would have explained to a patient the possible complications of a H&L Injection, and recorded the explanation and the patient’s consent in the case notes. The CC therefore ordered that an inquiry be held by a DT, which included two senior doctors.
4. Dr Lim was charged with professional misconduct under section 53(1)(d) of the Medical Registration Act for failing to obtain informed consent from the Patient before administering the H&L Injection, in breach of Guideline 4.2.2 of the 2002 edition of the SMC Ethical Code and Ethical Guidelines. The charge was supported by an expert report. Dr Lim did not challenge the expert report, and pleaded guilty to the charge.

5. It should be emphasised that Dr Lim was charged for wholly failing to inform the Patient of any possible complications and not for failing to inform the Patient of all possible complications that could arise from the H&L Injection.
6. Before the DT, Dr Lim admitted that he had not advised the Patient of any possible complications. He accepted that such complications would have to be told to the Patient. In fact, in mitigation, he explained that this case was an isolated incident and wholly uncharacteristic of his usual clinical practice, as he would normally outline all treatment options to his patients, including the possible complications of the treatment. To illustrate the point, Dr Lim even tendered anonymised case notes of other patients both prior to and after the encounter with the Patient, to show that such risks of complications are usually told to the patients he sees.
7. Dr Lim, through his legal counsel, requested that the DT impose the maximum fine of \$100,000 or alternatively, the minimum three-month suspension. The SMC sought a five-month suspension based on previous sentencing precedents involving similar circumstances.
8. In the event, the DT considered that there were sufficient mitigating circumstances in Dr Lim's case and did not see fit to impose any suspension. The DT instead imposed a fine of \$100,000 as Dr Lim's counsel had sought. The SMC accepted the Decision, and did not appeal against the sentence.

Implications of the Decision

9. First, it is imperative that doctors understand that the Decision does not mean that there is now a duty to inform a patient of all possible risks and complications of a treatment or procedure. Under the modified *Montgomery* test laid down by the Court of Appeal in *Hii Chii Kok v Ooi Peng Jin London Lucien and another* [2017] SGCA 38, which requires doctors to disclose relevant and material information to their patients, remote risks with minor consequences will generally be deemed immaterial and need not be disclosed. The Court also clarified that an "information dump" would not be appropriate, and a reasonable patient would not need or want to know and understand every iota of information before deciding on whether to undergo a proposed treatment.
10. In this case, the facts were clear. It was evident from Dr Lim's own admission that he did not inform the Patient of any risks and complications at all. In other cases, what a doctor needs to inform a patient about prior to a treatment or procedure continues to depend on the specific circumstances of the case, including the patient's particular situation.

11. Secondly, the DT appreciated that it was in fact not common to take specific written consent for a H&L Injection, and is not mandating such a practice. However, the DT indicated that it would be good clinical practice to document in the case notes that a patient had been informed and was agreeable to the injection, a proposition which no doctor would reasonably disagree with. In other words, the Decision does not mean that doctors must now take written consent for every minor treatment or procedure; the Decision merely reminds doctors that they should document the fact that they have explained the treatment or procedure and the patient's consent.
12. Finally, we would add that clear sentencing guidelines on the appropriate sanctions to be meted out to doctors found guilty of misconduct would help ensure consistency and fairness in sentencing, and improve transparency and rigour in the disciplinary process. It was with this in mind that the SMC, in consultation with the Ministry of Health and the Ministry of Law, appointed the Sentencing Guidelines Committee on 1 January 2019. This will help guide the sentencing process, and ensure consistency across different cases.
13. The SMC hopes that the above clarifications address the concerns of the medical profession.

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