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PRESS RELEASE

DISCIPLINARY COMMITTEE INQUIRY FOR DR LEE KIM KWONG DANIEL AND COURT OF 3 JUDGES' DECISION

DISCIPLINARY INQUIRY

1. A Disciplinary Committee ("DC") Inquiry ("Inquiry") was held for Dr Lee Kim Kwong Daniel ("Dr Lee"), age 68 years, on 11 to 13 September 2013, 27 September 2013 and 25 October 2013.
2. Dr Lee is an Obstetrician and Gynaecologist practising at Lee Women's Clinic and Surgery Pte Ltd.
3. Dr Lee faced one charge of professional misconduct under Section 45(1)(d) of the Medical Registration Act for performing a lower segment caesarean section ("**the Procedure**") on his patient without ensuring that the anaesthesia had taken full effect, thereby causing pain and distress to the patient. At the end of the Inquiry, the DC found Dr Lee guilty of professional misconduct.
4. The patient had been scheduled to undergo the Procedure on 17 August 2010 at 0800 hours at Mount Alvernia Hospital for her second pregnancy.
5. Prior to the Procedure, the anaesthetist in charge administered epidural anaesthesia to the patient, which requires at least 15 to 20 minutes to take effect.
6. After Dr Lee entered the operating theatre, the patient informed him that she still had some feeling in her leg. Dr Lee acknowledged this. Shortly after, at or around 0820 hours, Dr Lee made a cut on the patient's abdomen, without testing as to whether the epidural anaesthesia had taken effect, causing the patient to scream in pain. However,

Dr Lee proceeded with the Procedure. This necessitated the anaesthetist to administer a gas mixture of oxygen and nitrous oxide for about a minute to sedate the patient.

7. Dr Lee contended that he had started the Procedure at least 20 minutes after the epidural anaesthesia had been administered. The timing of when the epidural anaesthesia was administered was in dispute.
8. The DC carefully considered Dr Lee's explanation and the witnesses' evidence and concluded that the exact time that the epidural anaesthesia had been administered was not relevant. The DC was of the view that regardless of when the epidural anaesthesia was administered and whether the anaesthetist had given the go-ahead, it was the surgeon who ultimately had to test that the epidural anaesthesia was effective before commencing the Procedure.
9. Dr Lee also argued that he had made a scratch or a short superficial slit to test whether the epidural anaesthesia had taken effect, instead of a full surgical incision on the patient's abdomen. Dr Lee also contended that he had stopped the Procedure after the patient's scream, and had only continued with the Procedure when the patient was sedated.
10. The DC noted that the nurses and doctors present, including Dr Lee himself, agreed that the patient did, in fact, scream upon the cut - a scream which stayed in the minds of several of the medical professionals in that operating theatre even when they gave their testimony. This was, in its view, an extraordinary occurrence in an operating theatre. The patient was certainly in a lot of pain as evidenced in the sudden increase in her vital parameters at that particular time. The DC also found that it could not be disputed that the cut made by Dr Lee had penetrated the skin and fat layer, causing pain and bleeding. The DC therefore found that Dr Lee failed to do the test, and had instead made a caesarean-section incision instead of a scratch or short superficial slit on the patient's abdomen. Such an incision, it concluded, could not amount to an appropriate test, as it would defy all tenets of acceptable medical practice for a surgeon to conduct the test in this manner.
11. The DC further found that Dr Lee did not stop after the patient's scream, but had proceeded with the Procedure after the incision and delivered the baby within 3 minutes after the patient's scream. Acceptable medical practice and standards would dictate that Dr Lee immediately stop the Procedure and carefully consider all circumstances, i.e. the patient's physical and mental well-being; and whether the anaesthetist recommended

continuing under general anaesthesia. It was unacceptable for Dr Lee to have continued with the Procedure in such a rapid manner, considering it was not an emergency procedure, and that the patient was only sedated by the nitrous oxide gas mixture and may still experience pain although she may not be in a position to open her eyes and to vocalize her pain.

12. The DC found that Dr Lee's misconduct in this case was serious. The pain inflicted on the Patient was significant. In the DC's view, when a practitioner, particularly one of the Dr Lee's experience and seniority, breaches so egregiously his duty of care to his patient, it inevitably had a deeply corrosive effect on the relationship of trust and confidence that subsists between the medical profession and the public.
13. Having regard to those considerations, the DC ordered that Dr Lee be suspended from practice for a period of 9 months, that he pay the maximum penalty of S\$10,000, give a written undertaking to abstain in future from such conduct, and to pay the costs and expenses of the disciplinary proceedings. The DC also ordered that the Grounds of Decision be published.

APPEAL BEFORE THE COURT OF 3 JUDGES

14. Dr Lee filed an appeal to the High Court in respect of the conviction and sentence. The appeal was heard on 9 May 2014.
15. On appeal, the Court of 3 Judges was satisfied that the DC's conclusion was correct on the evidence that Dr Lee was guilty of the charge preferred against him. Accordingly, the Court of 3 Judges dismissed the appeal against conviction.
16. The Court of 3 Judges, however, allowed the appeal against sentence in part, by reducing Dr Lee's suspension from a period of 9 months to 5 months.
17. The Court of 3 Judges also ordered that Dr Lee pay 80% of costs of the appeal on a standard basis.

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