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27 June 2017

PRESS RELEASE
DISCIPLINARY TRIBUNAL INQUIRY FOR DR CHIA FOONG LIN
AND COURT OF THREE JUDGES' DECISION

Disciplinary Tribunal Inquiry

1. A Disciplinary Tribunal ("**DT**") Inquiry (the "**Inquiry**") was held for Dr Chia Foong Lin ("**Dr Chia**") from 28 to 31 March 2016 and on 30 June 2016. The brief background of the Inquiry is as follows.

2. Dr Chia, aged 56 years, is a paediatrician. At the material time, she was practising at Chia Baby And Child Clinic located at 431 Clementi Avenue 3, #01-308, Singapore 120431.

3. The Inquiry arose from a complaint lodged by the mother of a one-year-old child ("**the Patient**") to the Singapore Medical Council ("**SMC**") against Dr Chia for failing to diagnose and treat the Patient for Kawasaki Disease ("**KD**"). As a result of the late diagnosis of KD, the Patient was exposed to the possibility of developing severe cardiac complications.

4. On 25 February 2013, the Patient was admitted to the hospital with high fever for three days with mild bilateral conjunctivitis, mild cough, a single episode of diarrhoea, poor appetite and vomiting. Dr Chia diagnosed the Patient to be having a viral infection. On 27 February 2013, the Patient had a spike of fever overnight with slight cough and vomiting. He was observed to be fretful and his lips were red. Dr Chia's diagnosis remained the same and she continued with monitoring.

On 28 February 2013, Dr Chia considered a differential diagnosis of KD and looked out for features of KD. Her diagnosis remained as viral infection as she noted that there were no full features of KD.

5. On 1 March 2013, Dr Chia noted that the Patient's fever settled. His eyes appeared better and no rashes were seen. His lips were however still slightly red and cracked. Dr Chia's diagnosis was again viral infection, with no evidence of KD. She discharged the Patient with an appointment two days later at her clinic. During the review on 3 March 2013, the Patient's parents told Dr Chia that the Patient had a fever during the two nights after being discharged from the hospital. According to Dr Chia, the Patient's red eyes and rashes had resolved and his lips had improved. Her diagnosis remained that of viral fever as to her mind, all the criteria for the diagnosis of KD were not present. The Patient was sent home with a review date scheduled on 5 March 2013.

6. On 4 March 2013, the Patient still had high fever and his parents sent him to another hospital for a second opinion. Upon admission, a clinical diagnosis of KD was suspected and the Patient's parents were advised of the treatment options. With their consent, the Patient was started on the treatment for KD. The Patient was admitted from 4 to 6 March 2013 and treated with intravenous immunoglobulin and high dose aspirin for five days. The Patient responded well to the treatment and the fever settled.

7. Dr Chia faced one charge of professional misconduct under section 53(1)(*d*) of the Medical Registration Act for failing to adequately evaluate and provide due care to the Patient ("**the Charge**"). The Patient had presented with signs of KD but Dr Chia had failed to diagnose and treat the Patient in a timely and competent manner.

8. The DT noted from both the SMC's and Dr Chia's experts that the diagnosis of KD was not straightforward. Although there was no definitive diagnostic test that could be used to diagnose KD and the disease evolves over time, there were useful specific supportive tests (e.g. C-Reactive Protein ("**CRP**") test and 2D Echocardiogram) to either confirm or rule out KD. The DT noted that the general guidelines on the management of KD were internationally well-known and considering that KD was the most commonly acquired cardiac condition in children

under five years of age, with serious implications of significant cardiac morbidity, the DT opined that it should be reasonable to expect a paediatrician to be able to diagnose KD competently and to provide the treatment effectively.

9. The DT found that Dr Chia had not truly appreciated or indeed considered a diagnosis of incomplete KD. Despite having considered KD as a differential diagnosis, Dr Chia did not discuss the matter with the Patient's parents so that they could make an informed treatment choice. Dr Chia also did not suggest a plan of management, including performing further tests or investigations to rule out KD. Instead, she was content to continue managing the Patient for viral fever when the clinical features clearly did not point to a simple case of viral infection.

10. While the DT noted that acute inflammatory markers such as CRP and 2D Echocardiogram were supportive tests and not diagnostic tests, the DT took the view that these tests were nevertheless important investigations for KD and undoubtedly would have been important supportive evidence of KD, while making the diagnosis of viral infection very unlikely. In view of the Patient's symptoms and the significant risks of adverse and severe consequences resulting from a delayed or missed diagnosis of KD, it would be reasonably expected of Dr Chia to order such tests during the course of the Patient's hospitalisation. The DT was of the view that such a failure amounted to a serious negligence on the part of Dr Chia. The DT also did not accept Dr Chia's unconvincing excuses for not conducting such important tests. In the DT's view, Dr Chia was in clear breach of her duty to provide competent and appropriate medical care in the management of the Patient.

11. Considering that the diagnosis of viral fever and KD were two very different diagnoses and were totally different disease entities, and given the very significant coronary artery complications associated with KD as opposed to a self-limiting viral fever, the DT was of the view that it would be reasonable to expect a competent physician to either exclude the differential diagnosis or to confirm it. Instead of differentiating between the two diagnoses by ordering supportive tests for the Patient, the DT felt that Dr Chia merely entertained the possibility of KD and continued to look out for the "full features" of KD.

12. The DT agreed with the Counsel for SMC's submission that given that KD was a relatively common and potentially life-threatening childhood disease of inflammation of the blood vessels, Dr Chia had failed to maintain a high index of suspicion for KD when the Patient presented with features of KD during the period of hospitalisation.

13. In this regard, the DT was of the view that by discharging the Patient on 1 March 2013 when she had not adequately addressed the possibility of KD and without any advice or discussion about KD, bearing in mind the potentially serious consequences of KD, Dr Chia clearly fell short of the reasonable standard of due care expected of her and this clearly amounted to serious negligence on her part.

14. Even after the Patient was discharged from the hospital and was seen by Dr Chia on 3 March 2013, Dr Chia again did not see it fit to conduct any tests or investigations to rule out KD and persisted with her diagnosis of viral fever. Dr Chia maintained that all the criteria for the diagnosis of KD were not present. Quite clearly, as observed by the SMC's expert, the follow-up plan by Dr Chia was a generic one with no focus on the possibility of KD. The DT agreed with the view of the SMC's expert that it was wholly unacceptable for Dr Chia to allow a one-year-old infant to have prolonged fever without ordering further investigations.

15. Having considered all the evidence adduced in the Inquiry, the DT was satisfied that Dr Chia's management of the Patient amounted to such serious negligence that it objectively portrayed an abuse of privileges which accompany registration as medical practitioner. Accordingly, the DT convicted Dr Chia of the Charge.

16. In deciding on the appropriate sentence to impose, the DT took into account several mitigating factors highlighted by the Counsel for Dr Chia. In this regard, the DT gave full weight to the fact that Dr Chia had an unblemished record of medical practice and was a first offender. The DT also considered the many testimonials and character references of Dr Chia's good character and her contributions to the community. In addition, the DT took cognisance that the diagnosis of KD can be challenging and noted that this was not a case where there was an intentional and deliberate departure from the standards observed or approved by members of the profession of good repute and competency.

17. However, the DT noted that there were several aggravating factors that could not be ignored:

    a) The Patient, who was barely a year old, had suffered prolonged fever and presented clinical features of KD during the early period of his hospitalisation, and under the care and management of Dr Chia. Despite Dr Chia's claims that she had considered a differential diagnosis of two very different disease entities, namely viral fever which is self-limiting contrasted with KD which is potentially life-threatening, she did not see it fit to conduct any tests and investigations to either exclude or confirm the diagnosis.

    b) There were at least three occasions of serious lapses on the part of Dr Chia namely, (1) once on either 27 or 28 February 2013, (2) when she discharged the Patient on 1 March 2013 and (3) on 3 March 2013 when she reviewed the Patient at her clinic.

18. The DT also considered other important factors of sentencing, such as the nature of the disease entity in question, the potential harm and the potentially life-threatening illness afflicting the Patient, and all the facts and circumstances of the case.

19. The DT concluded that an order of suspension would be warranted in Dr Chia's case in order to maintain the highest professional standards expected of medical professionals and to uphold the trust of the public in the medical profession.

20. Accordingly, DT ordered that Dr Chia:-

    a) be suspended from medical practice for a period of **three (3) months**;
    b) be censured;
    c) give a written undertaking to the SMC that she will not engage in the conduct complained of and any similar conduct; and
    d) pay the cost and expenses of and incidental to the Inquiry, including the costs of the solicitors to the SMC.

21. The DT also ordered the Grounds of Decision to be published.

Appeal before the Court of Three Judges

22. Dr Chia appealed against the DT's decision in respect of both her conviction and sentence on the Charge.

23. On 27 June 2017, the Court of Three Judges ("**the Court**") dismissed Dr Chia's appeal. The Court held that the DT's finding in relation to the applicable standard of care and Dr Chia's breach thereof was not unsafe, unreasonable, or contrary to the evidence, and saw no basis to disagree with the DT's finding that Dr Chia's conduct amounted to professional misconduct on the basis of gross negligence. The Court was also of the view that the penalty imposed by the DT was within the acceptable range as established by precedents relied upon by both parties. In particular, the Court disagreed with Dr Chia that a suspension would be more suitable only where there is a conviction on more than one charge of misconduct.

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