



SINGAPORE MEDICAL COUNCIL

16 College Road, #01-01 College of Medicine Building, Singapore 169854

E-mail Address: enquiries@smc.gov.sg

Website: <http://www.smc.gov.sg>

Fax Number: (65) 6258-2134

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PRESS RELEASE

DISCIPLINARY TRIBUNAL INQUIRY FOR DR ANG PENG TIAM AND COURT OF THREE JUDGES' DECISION

DT Inquiry

1. A Disciplinary Tribunal ("**DT**") inquiry (the "**Inquiry**") was held for Dr Ang Peng Tiam ("**Dr Ang**") on 30 November 2015 to 4 December 2015, 15 February 2016 to 19 February 2016, 23 February 2016 and 12 July 2016. The brief background of the Inquiry is as follows.
2. The Inquiry arose out of a joint complaint (the "**Complaint**") to the Singapore Medical Council ("**SMC**"), made by the two daughters of Dr Ang's patient (the "**Patient**") on 15 December 2010. The Complaint pertained to representations that Dr Ang had made to the Patient at a consultation on 1 April 2010 (the "**Consultation**"), as well as his treatment of the Patient. The Patient passed away on 2 October 2010.
3. Dr Ang, aged 59, is a medical oncologist. At the material time, he was the Medical Director and Senior Consultant at the Parkway Cancer Centre.
4. Four charges of professional misconduct under section 53(1)(d) of the Medical Registration Act ("**MRA**") were preferred against Dr Ang. All four charges were in relation to his treatment of the Patient in the period between April 2010 to October 2010 as follows:

- a) Dr Ang made a false representation to the Patient, who was suffering from lung cancer, that there was a “70% chance” of the disease responding to treatment and achieving control with chemotherapy and/or targeted therapy (the “**Statement**”) (the “**First Charge**”);
 - b) Dr Ang failed to offer to the Patient, who was suffering from cT3 N0 M0 (stage IIB) lung cancer, the treatment option of surgery (the “**Second Charge**”);
 - c) Dr Ang recommended to and carried out on the Patient an inappropriate treatment, namely, alternate-day dosing of Iressa (250mg) in combination with chemotherapy using gemcitabine and cisplatin (the “**Third Charge**”);
and
 - d) Dr Ang recommended to and carried out on the Patient treatment with Tarceva after treatment with Iressa had failed, when Dr Ang knew or ought to have known that it was not, given the circumstances, a generally accepted method of treatment by the medical profession (the “**Fourth Charge**”).
5. Dr Ang contested all four charges. The Inquiry spanned 12 days, involving 13 witnesses. The DT found Dr Ang to be guilty of the First Charge and Second Charge. The Third Charge and Fourth Charge against Dr Ang were dismissed.
 6. On the First Charge, the DT found that the Statement made by Dr Ang to the Patient was false and that he had no reasonable basis for making the Statement. This “70% chance” was only achievable where an Epidermal Growth Factor Receptor (“**EGFR**”) mutation test had been carried out on the Patient and the Patient’s EGFR mutation status was determined to be positive. However, Dr Ang had not conducted the EGFR mutation test and the Patient’s EGFR mutation status was unknown.
 7. In his Consultation with the Patient and the Patient’s family, Dr Ang used the analogy of a “70% chance” of beating the odds at the casino. The DT found that

in making the Statement, and taking into account the manner in which he had made it, Dr Ang had wrongly held out false hope to the Patient and the Patient's family.

8. On the Second Charge, the DT found that Dr Ang had failed to offer or present the treatment option of surgery to the Patient, at the Consultation or at any stage of his treatment of the Patient. This was despite the fact that surgery was a viable treatment option for the Patient – the applicable medical guidelines at the material time provide that the preferred initial treatment option for this Patient is surgery.
9. The DT therefore found that Dr Ang ought to have offered or presented the option of surgery to the Patient, whether as an upfront option or an alternative option. This would have allowed the Patient to seek a consultation with a thoracic surgeon if the Patient so wished. It was the Patient's right to be apprised of all relevant information and viable options, including the option of surgery.
10. For both the First Charge and Second Charge, the DT found that there was an intentional, deliberate departure from standards observed or approved by members of the profession of good repute and competency.
11. As part of the sentencing considerations, the DT was of the view that Dr Ang's breaches of the Ethical Code and Ethical Guidelines ("**ECEG**") are serious offences which merit severe penalty, and a clear message should be sent to the medical profession that strict and due observance of the ECEG is required of all medical practitioners. An adequate sanction is intended to deter similar misconduct and to uphold the trust and respect of the society for the medical profession.
12. However, the DT also took into account the long delay in these proceedings – from the Complaint made on 15 December 2010 to the Notice of Inquiry issued on 22 April 2015. The DT was of the view that this delay had caused

tremendous suffering to Dr Ang. As such, the DT was not minded to impose any period of suspension on him.

13. In the circumstances, taking into account the relevant factors as well as the testimonials put up in favour of Dr Ang and the community work that Dr Ang has done, the DT ordered that Dr Ang:
 - a) be fined a sum of \$25,000;
 - b) be censured;
 - c) give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct in the future; and
 - d) pay 60% of the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC

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

APPEAL BEFORE THE COURT OF THREE JUDGES

15. Dr Ang appealed against the DT's decision in respect of his conviction on the First Charge and Second Charge. The SMC appealed only in respect of the sentence.

16. On 27 June 2017, the Court of Three Judges (the "**Court**") upheld Dr Ang's convictions on the First Charge and Second Charge. The Court allowed the SMC's appeal and substituted the DT's sentence of a global fine of \$25,000 with a total term of suspension of eight months in respect of the two charges. The Court upheld the following orders made by the DT, namely, that Dr Ang be censured, and that he give a written undertaking to the SMC that he will not engage in the conduct complained of or similar conduct in the future.

17. The Court enhanced Dr Ang's sentence due to the multiple aggravating factors in this case. The Court was of the view that a doctor's eminence and seniority will generally count as an aggravating factor for the purpose of sentencing. In Dr Ang's case, his seniority and eminence meant the negative impact on public

confidence in the integrity of the medical profession upon his conviction was correspondingly amplified.

18. In contrast, an offender's long and unblemished record may only be regarded as a mitigating factor of modest weight showing that he does not have the propensity to re-offend. In this case, the Court considered that Dr Ang's unblemished record through more than 30 years of practice had limited relevance in mitigation.
19. The Court also considered the totality of the circumstances relating to the two charges in question. The Court found that the two charges were serious. Taken together, Dr Ang offered the Patient and her family a false hope, by presenting an optimistic picture that she was likely to have her disease under control with his prescribed therapy, when he did not in fact have any reasonable basis for such optimism. At the same time, having misrepresented the position, Dr Ang then denied the Patient of the opportunity to consider and perhaps to choose the alternative course of surgery, which was not only viable but was in fact her only, albeit slim, chance of cure.
20. In light of all the factors above, the Court was of the view that it was appropriate to substitute the fine imposed by the DT with a suspension of eight months.

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