

**SINGAPORE
MEDICAL
COUNCIL**

Annual Report
2004

SINGAPORE MEDICAL COUNCIL

ANNUAL REPORT 2004

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President's Foreword

On 1st April 2004, Prof Tan Chorh Chuan, Director of Medical Services (DMS) and Registrar of the Singapore Medical Council (SMC) returned to the National University of Singapore (NUS) as Provost. During his tenure as Registrar of the SMC, he fulfilled his role most effectively and efficiently. The SMC is indebted to him for his invaluable contributions and wise counsel. During the Severe Acute Respiratory Syndrome (SARS) episode, he played a pivotal role in containing the disease from spreading. For his significant contribution, he was awarded the Public Service Star.

Prof K Satku, Head of the Orthopaedic Department, NUH, took over Prof Tan's positions. The transition was smooth and in no time Prof Satku continued the good work where Prof Tan left. It came as no

surprise since he was once Master of the Academy of Medicine and spent many years at the NUS. The SMC looks forward to his leadership as he brings with him a wealth of experience.

Three SMC Council members completed their terms of office. They were, Prof Lee Hin Peng, on 30 June 2004, after serving the Council for fifteen years. Dr Tan Kok Soo and Dr Tan Hooi Hwa completed their term on 5 November 2004 after serving the Council for 6 years. On behalf of the SMC, I wish to thank them for their dedication and selfless services rendered to the SMC.

We welcome back Dr Ho Nai Kiong who was re-elected and Dr Yap Lip Kee who was re-appointed. Their terms of office commenced on 6 Nov 2004. We also welcome the

following new Council members:

- A/Prof Gilbert Chiang, elected w.e.f. 6 Nov 2004
- Prof Robert Pho, appointed w.e.f. 1 July 2004
- Adj Prof Walter Tan, appointed w.e.f. 6 Nov 2004.

We look forward to their contributions in the SMC.

Continuing Medical Education (CME)

For the first time in history of our medical profession, the SMC launched compulsory CME on 1 January 2003. The SMC amended the Medical Registration Regulations to provide for compulsory CME and the lower CME requirements for retirees/doctors who are not in active practice.

Statistics showed that out of 5,200 fully and conditionally registered doctors in Singapore whose practising certificates will expire in 2005, only 6 doctors in

active practice locally have not met their CME requirements. Fifteen doctors had either informed the SMC that they did not intend to renew their PCs or were uncontactable. As for the 6 doctors, they will have to write officially to the Council and give their reasons for not complying with the regulations. There is an Appeals Committee in the SMC to address such issues. For those whose appeals are rejected, they will have to make up their shortfall of CME points before they can renew their PCs.

Complaints and Disciplinary Hearings

There were 84 complaints received by the Council in the year 2004. Although the number represents the largest so far but on further analysis based on the total number of registered doctors, the ratio of complaints per 1000 doctors was 12.9. This was slightly higher than in 2002 (11.4) and 2003 (10.5) but less than in 2001 (14.2). The

detailed analysis is found in Table 5 or Page 12 in this Report.

The SMC's Disciplinary Committees heard a total of 15 cases, of which 2 were adjourned to 2005. There were 9 disciplinary inquiries on over-prescription and 2 inquiries on unethical practices related to the doctors' research work.

High Standards of Medical Practice

Singapore's reputation for maintaining high medical standards is well established over the years. The number of complaints is small relative to the vast amount of good clinical and research work that goes on every day. Credit goes to the Ministry of Health, the hospitals and medical school, our indigenous culture, the dedication and commitment of the majority of our doctors.

The SMC is a regulatory body to ensure that the public has recourse to

any malpractices and the doctors are assured of a just and fair hearing. The public and the doctors need to be reminded that the SMC does not perform a policing role. It is not mandated to do so. Any complaint must be supported by a Statutory Declaration by the complainant. The only exceptions are complaints submitted by public officers.

In order that Singapore maintains a high standard of medical care, every doctor must play his/her role to the best of his/her ability. With the rapid advancement in medicine, there must not be any compromise in the high quality of medical care and ethical standards expected of the medical profession.

Mentorship

This leads to mentorship. Like most professions, one should always plan for succession and good leadership. The medical profession is no exception. Senior doctors in the

public or private sector must maintain a high professional standard so that the younger doctors can identify themselves with and aspire to follow their examples. In the public sector, every effort should be made to retain the best and brightest consultants who are role models for future generations of our doctors. In the private sector, excellent clinicians should be invited to teach postgraduate doctors in private accredited clinics. By so doing, we can generate a continuity of mentors who are essential in any medical milieu. These mentors will inspire our younger doctors to achieve greater heights and values.

Conclusion

When a nation's economy is buoyant, there is no problem whatsoever in purchasing and installing state-of-the-art equipment. The litmus test is the fostering of medical "software". When doctors manage their patients with their expertise, diligence, kindness and

respect and with a genuine human touch irrespective of the patients' economic status, then only can we say that we are attaining some semblance of a civilised medical practice.

Doctors are not expected to be saints but patients expect doctors to aspire a "saintly" attitude. The doctors, nurses and care-givers who went to the countries devastated by the Tsunami on 26 December 2004 and gave their precious time, expertise and humanitarian gifts showed us that "saintly" attitude which made us all proud of them.

Dr Lee Suan Yew
President
2004

Members Of Singapore Medical Council 2004

President

Dr Lee Suan Yew

Registrar

Prof K Satku

NUS Nominees

Prof John Wong Eu Li

Prof Lee Hin Peng

(until 30 Jun 2004)

Prof Robert Pho

(from 1 Jun 2004)

Elected Members

Clinical Assoc Prof Chan Yew Weng

Clinical Assoc Prof Gilbert Chiang Shih Chuin

(from 6 Nov 2004)

Dr Richard Guan

Dr Ho Nai Kiong

Assoc Prof Adrian Leong Peng Kheong

Adjunct Assoc Prof Lim Lean Huat

Dr Tan Chi Chiu

Dr Tan Kok Soo

(until 5 Nov 2004)

Dr Clarence Tan Tiong Tee

Clinical Assoc Prof Tay Boon Keng

Appointed Members

Prof Lee Eng Hin

Clinical Prof Low Cheng Hock

Prof Low Poh Sim

Clinical Prof R Nambiar

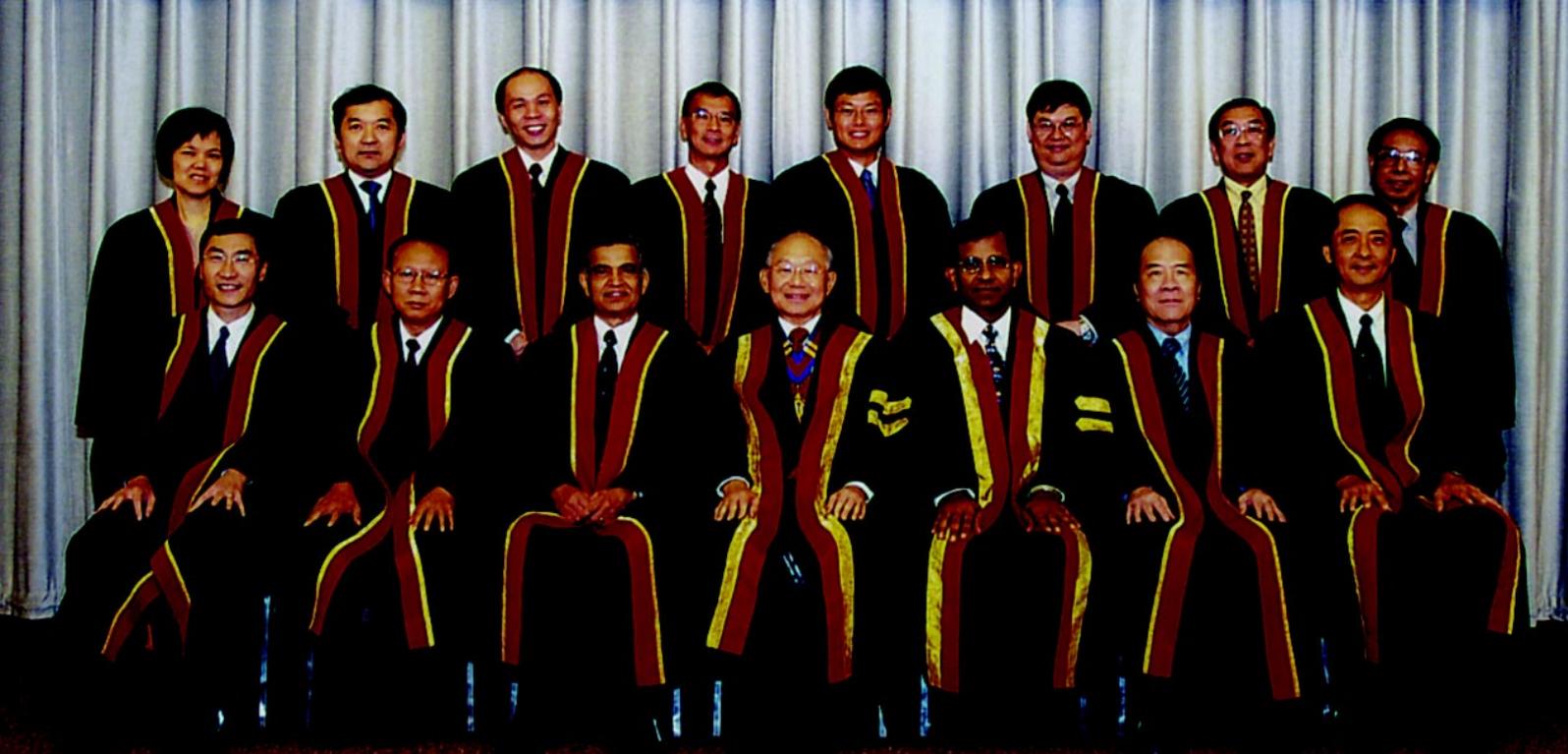
Dr Tan Hooi Hwa

(until 5 Nov 2004)

Adjunct Prof Walter Tan Tiang Lee

(from 6 Nov 2004)

Dr Yap Lip Kee



Names of Council members (photo taken in May 2004)

Seated from left to right : Prof John Wong, Clinical Prof Low Cheng Hock, Clinical Prof Rajmohan Nambiar, Dr Lee Suan Yew (President), Prof K Satku (Registrar), Adjunct Associate Prof Lim Lean Huat, Prof Lee Eng Hin

Standing from left to right : Prof Low Poh Sim, Dr Yap Lip Kee, Associate Prof Adrian Leong, Dr Tan Hooi Hwa, Dr Tan Chi Chiu, Clinical Associate Prof Chan Yew Weng, Dr Tan Kok Soo, Dr Ho Nai Kiong

Absent : Dr Richard Guan, Prof Lee Hin Peng, Dr Clarence Tan, Clinical Associate Prof Tay Boon Keng

Medical Registration / Specialist Registration

Medical Registration

As at 31 Dec 2004, a total of 6492 medical practitioners were fully or conditionally registered in Singapore and holding valid practising certificates.

In 2004, the Credentials Committee considered 1114 applications for registration and 899 were registered. Of those registered, 390 were medical graduates of the National University of Singapore and 509 were medical graduates of overseas universities. Table 1 shows the breakdown of the numbers of newly registered medical practitioners granted full and conditional registration, while Table 1a shows the numbers granted provisional and temporary registration. Table 2 shows the total number of medical practitioners who were granted full and conditional registration in 2004.

In 2004, of the 245 medical practitioners granted full registration, 201 were previously on provisional registration and 44 were conditionally registered. Of the 137 medical practitioners granted conditional registration, 11 were previously on provisional registration and 23 were previously temporarily registered.

Among the 345 medical practitioners granted temporary registration in 2004, 115 were employed by hospitals or clinics on short-term basis and 124 were foreign practitioners who were accepted for postgraduate training in Singapore. In addition, 106* visiting experts were invited by the hospitals and medical organisations to provide short-term training and consultancy.

There were 126 medical practitioners not in active practice due to various reasons such as retirement, working or studying overseas; 13 had passed away. 10 medical practitioners were restored to the Medical Register when they returned to resume practice in Singapore.

Specialist Registration

As at 31 Dec 2004, there were 2367 doctors registered as specialists on the Register of Specialists. The number of specialists had increased by 143 (6.4%) as compared to 2003. Specialists formed 36.5% of the total of 6492 medical practitioners in Singapore. The numbers of registered specialists in the various specialties are in Table 3.

** Includes 52 doctors who were registered previously.*

Table 1: Number of Medical Practitioners Registered in 2004

Type of Registration	Local Trained			Foreign Trained			Sub-Total		Total
	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	
Full Registration	172	21	193	8	0	8	180	21	201
Conditional Registration	0	0	0	20	94	114	20	94	114
Total	172	21	193	28	94	122	200	115	315

Table 1a : Number of Medical Practitioners Registered in 2004

Type of Registration	Local Trained			Foreign Trained			Sub-Total		Total
	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	Sub-Total	Singaporean	Non-Singaporean	
Provisional Registration	179	18	197	8	34	42	187	52	239
Temporary Registration	0	0	0	1	344	345	1	344	345*

* 106 are visiting experts.

Table 2 : Total Number of Medical Practitioners granted Full and Conditional Registration in 2004**

Type of Registration	Numbers
Full Registration	245
Conditional Registration	137
Total	382

** Includes conversion cases.

Table 3: Number of Registered Specialists as at 31 Dec 2004

No.	Specialties	Public Sector	Private Sector	No. of Registered Specialists as at 31 Dec 2004
1	Anaesthesiology	118	93	211
2	Cardiology	48	41	89
3	Cardiothoracic Surgery	14	12	26
4	Dermatology	29	26	55
5	Diagnostic Radiology	84 (1)	44	128 (1)
6	Emergency Medicine	39	2	41
7	Endocrinology	31 (1)	15	46 (1)
8	Gastroenterology	36	22	58
9	General Surgery	73	83	156
10	Geriatric Medicine	30	5	35
11	Haematology	22	8	30
12	Hand Surgery	9	1	10
13	Infectious Disease	15	3	18
14	Internal Medicine	25 (1)	33	58 (1)
15	Medical Oncology	31	12	43
16	Neurology	35	12	47
17	Neurosurgery	15	10	25
18	Nuclear Medicine	6	4	10
19	Obstetrics & Gynaecology	78	184	262
20	Occupational Medicine	13	19	32
21	Ophthalmology	73	44	117
22	Orthopaedic Surgery	71	40	111
23	Otorhinolaryngology/ ENT Surgery	35	31	66
24	Paediatric Medicine	82	111	193
25	Paediatric Surgery	10	3	13
26	Pathology	72	16	88
27	Plastic Surgery	12	19	31
28	Psychiatry	61	44	105
29	Public Health Medicine	52	19	71
30	Rehabilitation Medicine	13	2	15
31	Renal Medicine	21	13	34
32	Respiratory Medicine	42	16	58
33	Rheumatology	16	6 (1)	22 (1)
34	Therapeutic Radiology	16	4	20
35	Urology	26	17	43
	Total	1353	1014	2367

() denotes number of doctors with dual specialties.

Complaints Lodged With The Council

Complaints Received

The Council received a total of 84 complaints against 96 doctors during the year compared to 66 complaints in 2003 and 69 complaints in 2002 (see Table 4). The nature of the complaints received is listed in Table 5.

Out of the 114 cases considered during the year, including the 30 complaints carried forward from 2003, 36 were dismissed. Fourteen medical practitioners were issued letters of advice and 3 were issued letters of warning. Twelve cases were referred for

disciplinary inquiries. Forty-nine cases were carried over to 2005.

The pattern of complaints received remained much the same this year. Complaints of professional negligence/incompetence formed 32%, inappropriate treatment 11%, and excessive/ inappropriate prescription of drugs formed 8% of the total. Most of these allegations required inputs from independent experts and where in their opinion the medical practitioner had not performed at the standards expected of his peers, the case was referred for a disciplinary inquiry.

**Table 4 : Complaints Received by the Singapore Medical Council
1994 - 2004**

Year	Total No. of Complaints Received	Total No. of Doctors on Register	Complaints Per 1000 Doctors
1994	54	4201	12.9
1995	36	4495	8.0
1996	66	4661	14.2
1997	57	4912	11.6
1998	55	5148	10.7
1999	45	5325	8.5
2000	60	5577	10.7
2001	84	5922	14.2
2002	69	6029	11.4
2003	66	6292	10.5
2004	84	6492	12.9

Table 5: Complaints Considered by Complaints Committees in 2004

Nature of Complaint	Complaints carried over from 2003	Complaints received in 2004	OUTCOME				
			No Formal Inquiry			Referred for disciplinary inquiry	Adjourned to 2005
			No further action	Letter of advice	Letter of warning		
Professional Negligence/ Incompetence	10	27	10	4	1	2	20
Misdiagnosis	1	4	4	1			
Inappropriate treatment	5	9	5	1	1	1	6
Excessive/ Inappropriate prescription of drugs	3	7				5	5
Improper delegation of duties	1	1				1	1
Failure to perform appropriate tests		3	1	1			1
Failure to Detect Pregnancy/Improper certification		1	1				
False / Misleading certification		3					3
False claims to qualification / treatment		2				2	
Refusal to provide emergency attention	1	5	2	2			2
Providing false information	1	1	1				1
Delay in treatment	1	1	1				1
Fitness to practice		1					1
Breach of SMC Code of Ethics		2					2
Abusive behaviour		3	2				1
Conviction in court		1				1	
Outrage of Modesty		1	1				
Other Complaints	7	12	8	5	1		5
Total	30	84	36	14	3	12	49

Disciplinary Inquiries Held In 2004

There were 13 disciplinary inquiries completed in 2004 under the Medical Registration Act (Cap 174). A brief account of each case is given below:

Excessive prescription of drugs

Case 1:

A medical practitioner pleaded guilty to 80 charges of inappropriate prescription of Erimin and/or Dormicum and/or Stilnox and/or Valium to 80 patients over a period of time.

The Disciplinary Committee (DC) found that the practitioner had freely dispensed the hypnotic drugs, which were addictive, to his patients without any regard to their health, interest, or harm that might come to them. It was clear that the prescriptions were given without regard to the medical conditions of the patients. There was little evidence that he had thoroughly examined the patients before prescribing the drugs.

The practitioner's clinical notes did not record or document sufficient

details of the patients' diagnoses, symptoms and/or conditions, such as to enable him or other doctors at the various clinics that these patients had attended to properly assess the medical conditions of the patients over their period of treatment. It was essentially a systematic prescription of hypnotic drugs to the patients.

The practitioner was the sole licensee of 7 clinics and had several locum doctors working for him. The DC took a serious view of the lack of control exercised in the treatment of the patients at these clinics.

The DC censured the practitioner and his name was removed from the Register of Medical Practitioners. He was also fined \$1000 per charge on 65 of the more serious charges, i.e. \$65,000, and ordered to pay the costs of the proceedings. However, the fine was later revised to \$10,000, which was the maximum allowed under the Medical Registration Act, after he appealed to the High Court.

Case 2:

A medical practitioner pleaded guilty to 12 charges of inappropriate

prescription of Erimin to her patients over a period of time.

The Disciplinary Committee found that the practitioner had freely dispensed Erimin, which was addictive, to her patients without any regard to their medical conditions, health, interest, or harm that might come to them. There was little evidence that she had thoroughly examined the patients before prescribing the drugs. Her clinic notes did not document sufficient details of the patients' diagnoses, symptoms and/or conditions such as to enable her to properly assess their medical conditions over the treatment period.

The practitioner was censured and suspended from practice for a period of 16 months. She was also fined \$1,000 per charge on 6 of the more serious charges, ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 3:

A medical practitioner was convicted of 9 out of the 12 charges of inappropriate prescription of mainly Erimin and in some cases Dormicum and Alprazolam to his patients over a period of time.

The Disciplinary Committee (DC) held that the practitioner failed to properly exercise the due care and standard expected of him as a professional doctor in the management of his patients. He had prescribed hypnotic drugs that were addictive and had harmful side effects, such as causing cognitive impairment, without sufficient regard to the medical conditions of the patients involved.

The DC held that for each consultation, the practitioner had the full obligation of assessing and justifying the need for these drugs before they were prescribed. The DC highlighted the importance of contemporaneous notes in the consultation process. The clinical notes served not only to help the practitioner but other doctors in the management of patients. This was particularly so in a group practice where the transmission of clear information to all doctors managing the patient was vital, especially when it involved highly addictive drugs.

The practitioner was censured and suspended from practice for a period of 6 months. He was also fined \$5,000 and ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 4:

A medical practitioner was convicted of 33 out of the 45 charges of inappropriate prescription of sleeping pills, mainly Erimin and to a lesser extent Dormicum, to his patients over a period of time.

The Disciplinary Committee (DC) found no proper documentation or comprehensive assessment for co-existing physical and psychiatric problems of many of those patients who saw the practitioner for the first time. His subsequent follow-up notes did not indicate that he had taken steps to reduce the dosages of the sleeping pills prescribed except in a few patients.

The DC held that a judicious family physician should not solely prescribe hypnotics for insomnia for more than a few months. They further highlighted the importance of contemporaneous notes in the consultation process. The practitioner's clinical notes were stereotyped in almost every case and did not indicate that he had examined his patients sufficiently.

The DC censured the practitioner and suspended him from practice for a period of 16 months. He was fined \$10,000, ordered to give an undertaking to abstain in future from

the conduct complained of and to pay the costs of the proceedings.

Case 5:

A medical practitioner pleaded guilty to 20 charges of inappropriate prescription of Dormicum and/or Erimin and/or Stilnox to her patients over a period of time.

The Disciplinary Committee found her prescriptions of hypnotic medications to these patients inappropriate. Her case notes were also entirely inadequate for the purpose of assessing the medical conditions of the patients.

The practitioner was censured and suspended from practice for a period of 18 months. She was also fined \$10,000, ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 6:

A medical practitioner was convicted of 24 out of the 27 charges of inappropriate prescription of Erimin and/or Dormicum and/or Stilnox to her patients over the period of treatment.

The Disciplinary Committee (DC) was of the view that the practitioner's case notes were scanty. She tried to justify

this on the ground that her patients were uncomfortable about having their detailed information recorded.

From the case notes, the DC also noted that the practitioner's stereotyped examination of each patient was directed mainly to exclude opiate dependency. The physical and urine examinations carried out were irrelevant to the management of the patients' complaints of insomnia.

The practitioner was censured and suspended from practice for a period of 20 months. She was also fined \$10,000, ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 7:

A medical practitioner pleaded guilty to 15 charges of inappropriate prescription of Erimin and/or Dormicum and/or Valium to her patients over a period of time.

The Disciplinary Committee (DC) found that the practitioner's prescriptions of the hypnotic medications, which were addictive, were done without regard to the medical conditions of the patients, interest or harm that might come to them. There was also little evidence

that she had thoroughly examined her patients before prescribing the drugs.

The DC stated that for a practitioner of her experience and higher qualifications, her clinical notes did not record sufficient details of the patient's medical condition over the period of treatment. She had not exercised responsibility in the discharge of her professional duties as a doctor.

The DC censured and suspended the practitioner from practice for a period of 16 months. She was also fined \$8,000, ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 8:

A medical practitioner was convicted of 8 out of 17 charges of inappropriate prescription of Erimin and/or Dormicum to his patients over the period of treatment. He pleaded guilty to 3 of the charges.

The Disciplinary Committee (DC) commented that benzodiazepines were hypnotic drugs with psychotropic effect and their prolonged use was addictive. These drugs were known to be abused by users for non-therapeutic reasons. There were instances when the

practitioner prescribed Erimin to patients who had obviously developed a dependency on it.

The particulars recorded by the practitioner in the medical records of some patients were scanty and did not provide justification for the continued prescriptions of large amounts of hypnotics to his patients.

The DC held that a practitioner had a professional obligation to conduct himself appropriately and the DC iterated that in such cases, the proper thing for him to do was to refer the patients to a psychiatrist to wean them off the drug and not to feed their habit.

The practitioner was censured and suspended from practice for a period of 6 months. He was also fined \$3,000, ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Case 9:

A medical practitioner pleaded guilty to 17 charges of inappropriate prescription of cough mixtures containing codeine and sleeping tablets containing benzodiazepines to his patients over a period of time and 11 charges of failure to maintain proper medical records.

The Disciplinary Committee (DC) found that the practitioner had freely dispensed these drugs, which were addictive, to his patients without due regard to their medical condition, health, interest, or harm that might come to them. There was little evidence that he had thoroughly examined the patients before prescribing the drugs.

The practitioner's clinical notes did not document sufficient details of the patient's symptoms and physical examination findings that were necessary to enable him to properly assess the medical condition of the patient over the period of treatment.

The DC took a serious view of the practitioner's poor management of the patients. They censured him and suspended him from practice for a period of 18 months. They also fined him \$10,000, ordered that he give an undertaking to abstain in future from the conduct complained of and to pay the costs of the proceedings.

Failure to safeguard patients' interest

Case 10:

A medical practitioner faced a total of 30 charges of professional

misconduct which arose from a study of haplotype structure and SNP frequencies in candidate genes in neurological disease and drug response. The practitioner was the lead Principal Investigator (PI) of the Research Project. The study included research on patients with Parkinson's Disease (PD). The charges comprised:

- a) 13 charges of failure to safeguard PD patients' best interests and health and thereby exposed them to unnecessary risks;
- b) 13 charges of failure to obtain informed consent from the PD patients to conduct "on-off" L-Dopa testing on them ;
- c) 2 charges of failure to obtain ethics approval from 2 Hospital Ethics Committees for the "on-off" L-Dopa testing carried out on PD patients as part of the Research; and
- d) 2 charges of breach of PD patients' rights to medical confidentiality.

Some of the main findings of the Disciplinary Committee (DC) are set out below in brief:

In (a), the DC found that the practitioner had a duty to ensure that the methodology in the conduct of the

Research included safeguards to protect the best interests and health of the PD patients.

In (b), the DC found that as the lead PI, the practitioner was under an obligation to take reasonable steps to ensure that all the 13 PD patients gave informed consent for the Research.

In (c), DC held that any application for ethics approval of "on-off" L-Dopa testing must state clearly that such tests were going to be carried out on the PD patients.

In (d), the DC found that the practitioner was aware and approved of the methodology used by his research team in obtaining confidential information on PD Patients without their consent, which was in breach of these PD patients' rights to medical confidentiality.

The DC convicted the practitioner of all 30 charges and ordered that he be censured, fined \$5,000 on each of the 30 charges, give an undertaking to abstain in future from the conduct complained of and pay the costs of the proceedings. In respect of the charges relating to his failure to safeguard the best interests and health of PD patients and failure to obtain the PD patients' informed consent, they ordered that the

practitioner's name be removed from the SMC's Register of Medical Practitioners.

The practitioner's fine was subsequently reduced to \$10,000 by the High Court after the SMC, on its own motion, applied to the High Court to review the fine imposed following a recent court judgement on an appeal case that the maximum fine that could be imposed under the Medical Registration Act was \$10,000.

Case 11:

A temporary registered medical practitioner faced a total of 26 charges of professional misconduct which arose from a study of haplotype structure and SNP frequencies in candidate genes in neurological disease and drug response. The study included research on patients with Parkinson's Disease (PD). The practitioner was the Project Manager of the Research Project. The charges comprised:

- a) 11 charges of failure to safeguard PD patients' best interests and health;
- b) 11 charges of failure to obtain informed consent for "on-off" L-Dopa testing on the PD patients;
- c) 2 charges of failure to obtain ethics approval from 2 Hospital Ethics

Committees for the "on-off" L-Dopa testing that was carried out on PD patients as part of the Research; and

- d) 2 charges of breach of PD patients' rights to medical confidentiality.

The DC convicted the practitioner of all the 26 charges and ordered that the practitioner be censured and fined \$10,000, give an undertaking to abstain in future from the conduct complained of and pay the costs of the proceedings.

They noted that the practitioner was no longer registered on the SMC's Register of Medical Practitioners. However, had his name still been on the Register, the DC would have ordered that his name be removed from the Register on one or more of the "Failure to safeguard PD patients' best interests and health" charges and "Failure to obtain informed consent" charges.

Lack of Informed Consent

Case 12:

The medical practitioner was convicted of 1 charge of failing to obtain his patient's informed consent for radiosurgery to treat a brain tumour.

The Disciplinary Committee (DC) held that whilst the practitioner explained the risks of open surgery, in particular the risk of death, he did not explain to the patient sufficiently the risks involved in radiosurgery. These were, namely, that it might kill the surrounding cells, that it might not kill all the tumour cells, that the tumour might grow again, and the likelihood that radiosurgery might not succeed. He also did not explain to the patient that radiosurgery was not a conventional or standard procedure at that time for the treatment of the patient's tumour.

The practitioner was acquitted of 1 charge of recommending radiosurgery to treat the patient's tumour when he knew, or ought to have known, that open surgery was the treatment of choice.

The practitioner was censured, fined a sum of \$2,000, ordered to give an undertaking to abstain in future from the conduct complained of and to pay the costs of proceedings.

Conduct unbecoming of a medical practitioner

Case 13:

A medical practitioner was convicted of 2 charges of distributing

and/or causing to be distributed advertising flyers containing material intended to discredit a neighbouring clinic and its medical practitioners on 2 separate occasions.

The Disciplinary Committee (DC) accepted the evidence of the handwriting expert, a Consultant Forensic Scientist, that the practitioner had written the advertising flyers. They held that the practitioner's behaviour was unprofessional, and amounted to conduct which was improper, and brought disrepute to the medical profession. The DC opined that any reasonable person reading the flyers would have concluded that they were circulated by the neighbouring clinic and that the conduct of the doctors of this clinic was disreputable and improper.

The practitioner was acquitted on 1 charge of tampering with the signage of the neighbouring clinic.

The DC censured and fined the practitioner a sum of \$10,000. They also ordered that he give an undertaking to abstain in future from the conduct complained of and to pay the costs of proceedings.

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