IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2022] SMCDT 1

Between

Singapore Medical Council

And

Dr Wee Teong Boo

... Respondent

GROUNDS OF DECISION

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension from Register of Medical Practitioners

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Singapore Medical Council
v
Dr Wee Teong Boo

[2022] SMCDT 1

Disciplinary Tribunal – DT Inquiry No. 1 of 2022
Prof Walter Tan (Chairman), Dr Michael Wong Tack Keong, Mr Siva Shanmugam (Legal Service Officer)
10 December 2021 and 21 January 2022

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension

18 May 2022

GROUNDS OF DECISION

(Note: Certain information may be redacted or anonymised to protect the identity of the parties.)

INTRODUCTION

1. The Respondent, Dr Wee Teong Boo ("**Dr Wee**") is a medical practitioner registered with the Singapore Medical Council ("**SMC**"), under the Medical Registration Act (Cap. 174) ("**MRA**"). Dr Wee has been a registered medical practitioner since 26 April 1977.

2. At all material times, Dr Wee practiced as a General Practitioner at Wee's Clinic & Surgery located at Blk 418 Bedok North Avenue 2 #01-79, Singapore 460418 (the "**Clinic**").

BRIEF BACKGROUND

3. On or about 28 October 2016, the SMC received a complaint (the "**Complaint**") from the Ministry of Health ("**MOH**"). The Complaint stated that the MOH was concerned over Dr Wee's prescribing practices with respect to benzodiazepines and codeine-containing cough mixture.

4. The SMC subsequently appointed a Complaints Committee ("**CC**") and the Complaint was laid before the CC.

5. On or about 25 April 2018, the SMC informed Dr Wee that a CC had been appointed and the CC had directed that an investigation be conducted into the Complaint.

6. On or about 20 June 2018, Dr Wee sent his written letter of explanation to the SMC's Investigation Unit. After considering Dr Wee's Written Explanation, the CC referred Dr Wee to a Disciplinary Tribunal ("**DT**") for a formal inquiry.

7. On 9 February 2021, pursuant to Regulation 27 of the Medical Registration Regulations (Cap. 174, S 733/2010) ("**MRR**"), the SMC served a Notice of Inquiry dated 9 February 2021 ("**NOI**") on Dr Wee. The NOI sets out 25 charges preferred against Dr Wee.

PLEA OF GUILT

8. Dr Wee pleaded guilty to 20 charges of serious negligence comprising of seven charges of inappropriately prescribing codeine-containing cough mixture and three charges of inappropriately prescribing benzodiazepines (the "**Inappropriate Prescription Charges**") and 10 charges of keeping inadequate medical records (the "**Inadequate Records Charges**").

9. Dr Wee admitted to the facts without qualification. The DT accordingly found Dr Wee guilty of professional misconduct and convicted him. Dr Wee also admitted and consented to a further five inadequate records charges to be taken into consideration for the purposes of sentencing.

SUMMARY OF FACTS RELATING TO THE PROCEEDED CHARGES

10. The SMC in its submissions, usefully set out the facts relating to the 20 proceeded charges in table form and this is reproduced below for ease of reference:

Charges	Patient	Details
Alternate 1st and 2nd Charges	("**P1**")	Between 22 June 2014 to 5 September 2016, Dr Wee was consulted by P1 on 40 occasions, the particulars of which are set out in Schedule 1 of the NOI. Dr Wee inappropriately prescribed a codeine-containing cough mixture, namely *Dhasedyl*, within four days of the last prescription of codeine-containing cough mixture, on 32 occasions, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P1 was dependent on codeine-containing cough mixtures. A significant number of these prescriptions were given on a daily basis. Dr Wee continued to prescribe a codeine-containing cough mixture to P1 even though there was a long period in between prescriptions, during which P1 may have been successfully weaned off codeine. Dr Wee added dextromethorphan to his codeine-containing cough mixture i.e. "*Dhasedyl + 25% DM*" (which is not a dilution of codeine, but an admixture of two active psychoactive drugs), which significantly increased the risk of harm to P1. In addition, Dr Wee failed to document the details of three consultations with P1. Dr Wee's documentation also failed to show why P1 was repeatedly prescribed codeine on a continued basis, writing only one sole word, "*cough*", in P1's patient medical records on several occasions. Other than such information, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P1's medical information (including medical conditions and/or histories) in the patient medical records.

Charges	Patient	Details
Alternate 3rd and 4th Charges	("**P2**")	Between 7 November 2013 and 8 August 2016, Dr Wee was consulted by P2 on 28 occasions, the particulars of which are set out in Schedule 2 of the NOI. Dr Wee inappropriately prescribed a codeine-containing cough mixture, namely *Dhasedyl*, within four days of the last prescription of codeine-containing cough mixture, on 23 occasions, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P2 was dependent on codeine-containing cough mixtures. A significant number of these prescriptions were given on a daily basis. Dr Wee continued to prescribe a codeine-containing cough mixture to P2 even though there was a long period in between prescriptions, during which P2 may have been successfully weaned off codeine. Dr Wee added dextromethorphan to his codeine-containing cough mixture i.e. "*Dhasedyl + 25% DM*" (which is not a dilution of codeine, but an admixture of two active psychoactive drugs), which significantly increased the risk of harm to P2. In addition, Dr Wee failed to document the details of 12 consultations with P2. Dr Wee's documentation also failed to show why P2 was repeatedly prescribed codeine on a continued basis, writing only one sole word, "*cough*", in P2's patient medical records on several occasions. Other than such information, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P2's medical information (including medical conditions and/or histories) in the patient medical records.

Charges	Patient	Details
Alternate 5th and 6th Charges	("**P3**")	Between 20 August 2013 and 8 August 2016, Dr Wee was consulted by P3 on 47 occasions, the particulars of which are set out in Schedule 3 of the NOI. Dr Wee inappropriately prescribed a codeine-containing cough mixture, namely *Dhasedyl*, within four days of the last prescription of codeine-containing cough mixture, on 38 occasions, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P3 was dependent on codeine-containing cough mixtures. A significant number of these prescriptions were given on a daily basis. Dr Wee continued to prescribe a codeine-containing cough mixture to P3 even though there were a couple of long periods in between prescriptions, during which P3 may have been successfully weaned off codeine. Dr Wee added dextromethorphan to his codeine-containing cough mixture i.e. "*Dhasedyl + 25% DM*" (which is not a dilution of codeine, but an admixture of two active psychoactive drugs), which significantly increased the risk of harm to P3. In addition, Dr Wee failed to document the details of 18 consultations with P3. Dr Wee's documentation also failed to show why P3 was repeatedly prescribed codeine on a continued basis, writing only one sole word, "*cough*", in P3's patient medical records on several occasions. Other than such information, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P3's medical information (including medical conditions and/or histories) in the patient medical records.

Charges	Patient	Details
Alternate 7th and 8th Charges	("**P4**")	Between 2 December 2011 and 6 November 2016, Dr Wee was consulted by P4, who was a minor (born in 1996), on 50 occasions, the particulars of which are set out in Schedule 4 of the NOI. Dr Wee inappropriately prescribed a codeine-containing cough mixture, namely *Dhasedyl*, within four days of the last prescription of codeine-containing cough mixture, on 36 occasions. A significant number of these prescriptions were given on a daily basis. Dr Wee continued to prescribe a codeine-containing cough mixture to P4 even though there was a long period in between prescriptions, during which P4 may have been successfully weaned off codeine. Dr Wee added dextromethorphan to his codeine-containing cough mixture i.e. "*Dhasedyl + 25% DM*" or "*Dhasedyl + 20% DM*" (which are not a dilution of codeine, but an admixture of 2 active psychoactive drugs), which significantly increased the risk of harm to P4. P4 was also simultaneously prescribed multiple psychoactive drugs, namely *Dhasedyl*, *Dextromethorphan* and *Chlorpheniramine*, on one occasion, which increased the risk of potentially lethal drug-drug interactions, of adverse synergistic effects of such interactions and of the addiction and abuse of such polydrugs. In addition, Dr Wee failed to document the details of 25 consultations with P4. Dr Wee's documentation also failed to show why P4 was repeatedly prescribed codeine on a continued basis, writing only one sole word, "*cough*", in P4's patient medical records on several occasions. Other than such information, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P4's medical information (including medical conditions and/or histories) in the patient medical records.

Charges	Patient	Details
Alternate 9th and 10th Charges	("**P5**")	Between 11 October 2011 and 10 August 2016, Dr Wee was consulted P5 on 25 occasions, the particulars of which are set out in Schedule 5 of the NOI. Dr Wee inappropriately prescribed a codeine-containing cough mixture, namely *Phenexpect CD*, within four days of the last prescription of codeine-containing cough mixture, on 21 occasions. A significant number of these prescriptions were given on a daily basis. Dr Wee continued to prescribe a codeine-containing cough mixture to P5 even though there was a long period in between prescriptions, during which P5 may have been successfully weaned off codeine. In addition, Dr Wee failed to document the details of nine consultations with P5, the medical records for which were bereft of details and often blank. Even when there were entries in P5's patient medical records, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P5's medical information (including medical conditions and/or histories) in the patient medical records, nor any documentation for why P5 was repeatedly prescribed codeine-containing cough mixtures.

Charges	Patient	Details
Alternate 14th and 15th Charges	("**P9**")	Between 2 January 2009 and 4 December 2016, Dr Wee was consulted by P9 on 19 occasions, the particulars of which are set out in Schedule 9 of the NOI. Dr Wee inappropriately continued to prescribe benzodiazepines, namely *Xanax*, to P9, beyond a cumulative period of 8 weeks i.e. for 7 years, 11 months and 3 days, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P9 had been prescribed with highly addictive benzodiazepines, namely *Xanax* by a psychiatrist for one year prior to P9's first consultation with Dr Wee. Dr Wee continued to prescribe benzodiazepines to P9 even though there were a couple of long periods in between prescriptions, during which P9 may have been successfully weaned off benzodiazepines. In addition, Dr Wee failed to document the details of 8 consultations with P9. The transcribed consultation dated 3 June 2016 reveals that Dr Wee only wrote one word– i.e. "*anxiety*" – as the basis for prescribing *Xanax* for 30 days to her. Even when there were other entries in P9's patient medical records, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of the P9's medical information (including medical conditions and/or histories) in the patient medical records, nor any documentation for why P9 was repeatedly prescribed benzodiazepines.

Charges	Patient	Details
Alternate 16th and 17th Charges	("**P10**")	Between 29 October 2009 and 5 August 2016, Dr Wee was consulted by P10, an elderly woman (born in 1956), on 27 occasions, the particulars of which are set out in Schedule 10 of the NOI. Dr Wee inappropriately prescribed benzodiazepines, namely *Diazepam* and *Dormicum*, to P10, beyond a cumulative period of eight weeks, i.e. for 6 months and 23 days, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P10 had been treated with highly addictive benzodiazepines, namely *Dormicum* 15mg, prior to her first consultation with Dr Wee. The quantity of pills prescribed was, on average, almost 1 pill per day. P10 was simultaneously prescribed multiple psychoactive drugs on 10 occasions, which increased the risk of potentially lethal drug-drug interactions, of adverse synergistic effects of such interactions and of the addiction and abuse of such polydrugs. In addition, Dr Wee failed to document the details of two consultations with P10, the medical records for which were blank. Most of the transcribed consultations reveal that Dr Wee only wrote the phrase "*can't sleep*" as the basis for prescribing benzodiazepines. Even when there were other entries in P10's patient medical records, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P10's medical information (including medical conditions and/or histories) in the patient medical records, nor any documentation for why P10 was repeatedly prescribed benzodiazepines and/or a combination of psychoactive drugs.

Charges	Patient	Details
Alternate 18th and 19th Charges	("**P11**")	Between 22 February 2016 and 8 August 2016, Dr Wee was consulted by P11 on 93 occasions, the particulars of which are set out in Schedule 11 of the NOI. Dr Wee inappropriately prescribed a codeine-containing cough mixture, namely *Dhasedyl*, within four days of the last prescription of codeine-containing cough mixture, on 90 occasions, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P11 was concurrently being treated with anti-depressants and benzodiazepines, namely, *Dormicum*, as part of P11's treatment at the Institute of Mental Health, and P11 was dependent on codeine-containing cough mixtures and *Dormicum*, a benzodiazepine. A significant number of these prescriptions were given on a daily basis. Dr Wee added dextromethorphan to his codeine-containing cough mixture i.e. "*Dhasedyl + 25% DM*" (which is not a dilution of codeine, but an admixture of two active psychoactive drugs), which significantly increased the risk of harm to P11. In addition, Dr Wee failed to document the details of 37 consultations with P11. Dr Wee's documentation also failed to show why P11 was repeatedly prescribed codeine on a continued basis, writing only one sole word, "*cough*", or brief remarks such as "*can't sleep*" in P11's patient medical records on several occasions. Even when there were entries in P11's patient medical records, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P11's medical information (including medical conditions and/or histories) in the patient medical records.

Charges	Patient	Details
Alternate 21st and 22nd Charges	("**P13**")	Between 28 September 2015 to 8 August 2016, Dr Wee was consulted by P13 on 54 occasions, the particulars of which are set out in Schedule 13 of the NOI. Dr Wee inappropriately prescribed a codeine-containing cough mixture, namely *Dhasedyl*, within four days of the last prescription of codeine-containing cough mixture, on 49 occasions, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P13 was dependent on codeine-containing cough mixtures and had a history of drug abuse since September 2015. A significant number of these prescriptions were given on a daily basis. Dr Wee added dextromethorphan to his codeine-containing cough mixture i.e. "*Dhasedyl + 25% DM*", (which is not a dilution of codeine, but an admixture of two active psychoactive drugs), which significantly increased the risk of harm to P13. P13 was simultaneously prescribed multiple psychoactive drugs, namely *Diazepam* and *Dhasedyl*, on 10 occasions, which increased the risk of potentially lethal drug-drug interactions, of adverse synergistic effects of such interactions and of the addiction and abuse of such polydrugs. In addition, Dr Wee failed to document the details of 17 consultations with P13. Dr Wee's documentation also failed to show why P13 was repeatedly prescribed codeine on a continued basis, writing only one sole word, "*cough*", or brief remarks such as "*can't sleep*" in P13's patient medical records on several occasions. Even when there were entries in P13's patient medical records, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P13's medical information (including medical conditions and/or histories) in the patient medical records.

Charges	Patient	Details
Alternate 24th and 25th Charges	("**P15**")	Between 14 December 2014 and 11 November 2016, Dr Wee was consulted by P15, an elderly lady (born in 1951), on 23 occasions, the particulars of which are set out in Schedule 15 of the NOI. Dr Wee inappropriately prescribed two benzodiazepines, namely *Diazepam* and *Xanax*, concurrently to P15, and inappropriately continued to prescribe benzodiazepines, namely *Diazepam* and *Xanax*, to P15, beyond a cumulative period of eight weeks, i.e. for 1 year, 10 months and 29 days, even though Dr Wee was aware and/or ought to have been aware that *inter alia* P15 had concurrently been taking highly addictive benzodiazepine, namely *Diazepam* 10mg, for her insomnia. P15 was simultaneously prescribed multiple psychoactive drugs, namely *Diazepam* and *Xanax* on 12 occasions, which increased the risk of potentially lethal drug-drug interactions, of adverse synergistic effects of such interactions and of the addiction and abuse of such polydrugs. In addition, Dr Wee failed to document the details of 11 consultations with P15, the medical records for which were blank. Dr Wee's documentation also failed to show why P15 was repeatedly prescribed benzodiazepines on a continued basis, writing only brief remarks such as "*can't sleep*" in P15's patient medical records on several occasions. Even when there were entries in P15's patient medical records, Dr Wee's handwriting was largely illegible and there was no proper documentation / insufficient documentation of P15's medical information (including medical conditions and/or histories) in the patient medical records.

SENTENCING CONSIDERATIONS

11. The SMC urged the DT to impose the following sanctions on Dr Wee:

(a) an aggregate period of 30 to 36 months' suspension from practice;

(b) be censured;

(c) an order that Dr Wee give an undertaking to refrain from engaging in the conduct complained of, or any similar conduct, in future; and

(d) an order that Dr Wee pay the costs of and incidental to the present Inquiry, including the costs of counsel for the SMC.

12. The Respondent's Counsel urged the DT to impose practice conditions on Dr Wee which it was submitted would suffice as adequate punishment. The DT was urged to allow him to continue practicing but on the undertaking that: (a) he only work for five (5) hours each day to see his elderly, long-term patients; (b) he undertake the Graduate Diploma in Mental Health ("**GDMH**") offered by the Institute of Mental Health; and (c) he provides regular progress reports of his practice to the SMC. Dr Wee was also to undertake to stay abreast of all practice guidelines issued by the MOH and SMC, and not to reoffend. The above course of action would permit Dr Wee to continue looking after his elderly patients who depend on him for their care.

DT's approach to sentencing

13. In line with established precedents and the *Sentencing Guidelines for Singapore Medical Disciplinary Tribunals* published on 15 July 2020 (the "**Sentencing Guidelines**")[1], the DT adopted a two-step sentencing approach namely to determine the appropriate individual sentence for each charge and thereafter calibrate the overall sentence to ensure proportionality.

Sentencing for inappropriate prescription charges

14. In assessing the sentence for the inappropriate prescription charges, the DT was guided by the sentencing framework set out in *Wong Meng Hang v SMC* [2018] 3 SLR 526 ("*Wong Meng Hang*"). *Wong Meng Hang* laid down a four- step sentencing framework and a "harm-culpability matrix". The four steps are:

(a) Step 1 – Evaluate the seriousness of the offence with reference to harm and culpability;
(b) Step 2 – Identify the applicable indicative sentencing range using the harm-culpability matrix;
(c) Step 3 – Identify the appropriate starting point within the indicative sentencing range; and

[1] See Sentencing Guidelines at [73] to [78]).

(d) Step 4 – Adjust the starting point by taking into account offender-specific aggravating and mitigating factors.

Step 1 – Evaluating harm and culpability

15. "Harm" refers to "the type and gravity of the harm or injury that was caused to the patient and society by the commission of the offence". Apart from actual harm, the potential harm that could have resulted from the breach, even if such harm did not actually materialise on the given facts, should be considered.

16. When assessing potential harm, both (i) the seriousness of the harm risked, and (ii) the likelihood of the harm arising should be considered. Potential harm should be taken into account only if there was a *sufficient likelihood* of the harm arising: see Sentencing Guidelines at [47] to [50].

17. "Culpability" is a measure of the doctor's degree of blameworthiness. Disciplinary tribunals may consider the following non-exhaustive factors when assessing the level of culpability (Sentencing Guidelines, at [53] and [54]):

(a) the doctor's state of mind;
(b) the extent of premeditation and planning involved, including the lengths to which the doctor went to cover up his or her misconduct;
(c) whether the doctor was motivated by financial gain, and the extent of profits gained by that doctor from his or her breach;
(d) the extent of departure from the standard of care or conduct reasonably expected of a medical practitioner;
(e) the extent and manner of the doctor's involvement in causing the harm;
(f) whether the treatment was an appropriate management option, and within the doctor's area of competence;
(g) the extent to which the doctor failed to take prompt action when patient safety or dignity was compromised;
(h) the urgency of the situation;

(i) the duration of the offending behaviour, having regard to the circumstances underlying the continuance of the offending conduct; and

(j) the extent to which the doctor abused his or her position of trust and confidence.

18. The SMC submitted that the Respondent's culpability was "high" in respect of each of the inappropriate prescription charges for the following reasons:

(a) Dr Wee inappropriately prescribed codeine-containing cough mixtures and/or benzodiazepines to 10 patients and there did not appear to be any treatment plan for the 10 patients. The dosages of the medication Dr Wee prescribed were not tapered down over time, but remained the same.

(b) Dr Wee was aware and/or ought to have been aware that P1, P2, P3, P11 and P13 suffered from drug dependency. He thereby knew and/or ought to have known that he was fuelling their addictions.

(c) Dr Wee also knew and/or ought to have known that P10 and P15, being elderly women, and P4, being a minor, were part of vulnerable classes of patients.

(d) There were several long periods in between Dr Wee's prescriptions of codeine-containing cough mixtures and/or benzodiazepines to P1, P2, P3, P4, P5 and P9, during which these patients may have been successfully weaned off codeine and/or benzodiazepines. Dr Wee's continued prescription of codeine-containing cough mixtures and/or benzodiazepines to these patients therefore could have restarted their dependency on codeine and/or benzodiazepines.

(e) Not only was there no proper reason for the medications to be prescribed to all 10 patients the quantities of Dr Wee's prescriptions were also wholly excessive; the periods during which Dr Wee continuously inappropriately prescribed codeine-containing cough mixtures and/or benzodiazepines to all 10 patients were also lengthy; and the frequency of Dr Wee's inappropriate prescriptions was also high.

(f) In addition to Dr Wee's inappropriate prescriptions, Dr Wee also failed to properly document the details of a significant number of his consultations with all 10 patients, which meant that any adverse symptoms displayed by these patients may have been wholly overlooked.

(g) Dr Wee knew and/or ought to have known that he was obliged to comply with *inter alia* paragraph 3 of MOH's letter dated 9 October 2000 on the Sale & Supply of Cough Mixtures Containing Codeine (MH(Cf) 36:10/5; NPA(I) 36:11/37) ("Codeine Guidelines") and paragraph (c) of the MOH Administrative Guidelines on the Prescribing of Benzodiazepines and Other Hypnotics dated 14 October 2008 (MH 70:41/24 Vol. 3).

(h) Dr Wee's professional misconduct in respect of the proceeded charges and TIC charges involved a total of 15 patients, a number higher than that in all precedent cases decided after *Wong Meng Hang.*

(i) Dr Wee is especially culpable for his inappropriate prescriptions involving *Dormicum*, given that *Dormicum*, amongst other benzodiazepines, has been identified as being "*highly addictive and commonly abused by drug addicts in Singapore".* Dr Wee prescribed *Dormicum* to P10, and inappropriately prescribed codeine-containing cough mixture to P11 despite him being aware and/or ought to have been aware that P11 was concurrently being treated with *Dormicum* as part of P11's treatment at IMH.

19. The SMC further submitted that Dr Wee's misconduct in respect of each of the 10 proceeded inappropriate prescription charges falls within the "moderate" harm category of the sentencing matrix on account of the following:

(a) Dr Wee knew and/or ought to have known that excessive prescription of benzodiazepines / other hypnotics to his patients may result in *inter alia* excessive sedation, which poses a risk to any patient who drives, operates heavy machinery, etc.

(b) In respect of P1, P2, P3, P4, P11 and P13, Dr Wee added dextromethorphan to his codeine-containing cough mixture i.e. "*Dhasedyl + 25% DM*" or "*Dhasedyl + 20% DM*" (which is not a dilution of codeine, but an admixture of two active psychoactive drugs). The combination of psychoactive drugs, i.e. polydrugs, increases the risks of potentially lethal drug-drug interactions, of adverse synergistic effects of such interactions, and of the addiction and abuse of such polydrugs.

(c) Dr Wee was aware and/or ought to have been aware that P4, P9, P10, P11, P13 and P15 were concurrently prescribed other psychoactive drugs, which increased the risk of potentially lethal drug-drug interactions, of adverse synergistic effects of such interactions and of the addiction and abuse of such polydrugs.

(d) P1, P2, P3, P11 and P13 were already addicted to codeine and/or benzodiazepines (some of them, both) and Dr Wee's prescriptions placed them at risk of further harm by exposing them to a higher risk of cognitive impairment, delirium, falls, fractures and motor vehicle accidents in older adults, and withdrawal symptoms of varying severities, depending on the specific drugs that were abused.

(e) The harm (including potential harm) caused to all 10 patients (i.e. P1, P2, P3, P4, P5, P9, P10, P11, P13 and P15) was exacerbated by the fact that the quantities and frequencies of Dr Wee's inappropriate prescriptions to were excessive, high and not part of a treatment plan.

(f) Further, the seriousness of Dr Wee's misconduct in inappropriately prescribing codeine-containing cough mixtures to P1, P2, P3, P4, P5, P11 and P13 is underscored by the fact that in November 2016, the Health Products (Therapeutic Products) Regulations came into force to criminalise the errant prescription of codeine-containing cough mixtures by doctors.

(g) The harm caused by Dr Wee's misconduct in respect of the inappropriate prescription charges should be seen as equally, if not more, serious as that caused in *Dr Chia Kiat Swan* [2019] SMCDT 1 ("**Dr Chia Kiat Swan**") and *Dr Tan Joong Piang* [2019] SMCDT 9 ("**Dr Tan Joong Piang**"). The harm caused in *Dr Chia Kiat Swan* and *Dr Tan Joong Piang*, i.e. putting patients at risk of *developing* drug dependency, is less severe than the harm of exacerbating patients' existing dependencies and potential overdose.

20. The Respondent submitted that the harm caused was slight and that Dr Wee's culpability was medium on account of the following:

(a) This would be consistent with the findings of the Disciplinary Tribunal in *Singapore Medical Council v Dr Eugene Ung* [2021] SMCDT 4 ("**Dr Eugene Ung**") in which Dr Ung pleaded guilty to nine similar inadequate records charges and 13 similar inappropriate prescription of benzodiazepines and hypnotics charges.

(b) While there is a general risk of harm from the long-term use of codeine and benzodiazepines, there is no evidence that any actual harm was caused to any patient and none of the charges arose from complaints by patients of inadequate medical care.

(c) Dr Wee is convicted of serious negligence as opposed to intentional and deliberate misconduct.

(d) It was never Dr Wee's intention to profit from these patients, as he would only charge a little above the medicines' cost price in light of the patients' low socio-economic status and emotional hardship.

(e) Dr Wee had prescribed the drugs to his patients out of a compassionate albeit misguided belief that he was helping to de-escalate these patients' issues and keep them away from underground, unregulated supply of these drugs. The quantity of his prescriptions remained constant over a long period of time, which Dr Wee viewed positively as proof that he was successfully curbing these patients' addictions.

21. The DT considered the various aggravating circumstances of the case. There was a total of 10 patients involved and the Respondent did not appear to have any structured treatment plan for them. Some of the patients had underlying drug dependency issues and the inappropriate prescriptions may have intensified their addictions. The inappropriate prescriptions were frequent and were made over an extended period of time. Notwithstanding, the DT was unable to accept the SMC's submissions that Dr Wee's culpability fell into the 'high' spectrum of the harm-culpability matrix. The DT noted that Dr Wee was not exploiting his patients for profit. The DT also noted that the Respondent was charged with conduct that amounted to *serious negligence* rather than intentional and deliberate misconduct. The DT was mindful that charges for serious negligence need not necessarily lead to lesser culpability/viewed less seriously than that for intentional and deliberate misconduct: see *Wong Meng Hang* at [28] and Sentencing Guidelines at

[54]. The DT accordingly undertook a careful consideration of the facts of the case. The DT was of the view that having regards to all the circumstances of the case, the Respondent's culpability fell in the range of medium in the harm-culpability matrix.

22. The SMC disputed the Respondent's categorisation of harm caused as slight. The SMC submitted the following in support:

(a) No credible evidence has been offered by Dr Wee for his argument that the doses he prescribed to his patients were on the "*on the low side*".

(b) No credible evidence has been offered by Dr Wee for his argument that "*he would only charge a little above the medicines' cost price in light of the patients' low socio-economic status and emotional hardship*".

(c) The fact that "*Dr Wee had prescribed the drugs to his patients out of a compassionate albeit misguided belief that he was helping to de-escalate these patients' issues*" or "*keep his patients off the streets* ought to be seen as aggravating (and not mitigating), given that:

(i) Dr Wee effectively intentionally prescribed codeine and benzodiazepines to his patients repeatedly and for no apparent medical reason, even though he was fully aware that at least five of his patients suffered from existing drug dependency.

(ii) Dr Wee has offered no supporting evidence for his allegation that he sincerely attempted to "*de-escalate these patients' issues*", given that he failed to properly record the necessary information in his patients' medical records which would have been crucial for his proper monitoring of these patients' conditions, and did not taper down the doses of medication he prescribed, which indicates that there was no treatment plan.

(iii) As a senior medical practitioner, Dr Wee also ought to be aware that medical practitioners are the main source of benzodiazepine misuse in various countries and should have been alive to the fact that his patients could have approached other doctors for codeine and benzodiazepines *in addition* to consulting him.

(iv) *SMC v Dr Eugene Ung* ought to be distinguished as:

- There was only a "*likelihood*" that Patients in *SMC v Dr Eugene Ung* had developed addictions to benzodiazepines, whereas it was confirmed (and Dr Wee was aware) that P1, P2, P3, P11 and P13 suffered from drug dependency, in the present case.
- *Dr Eugene Ung* involved the inappropriate prescription of benzodiazepines only, and not codeine admixtures and benzodiazepines, unlike the present case. The seriousness of Dr Wee's misconduct in inappropriately prescribing codeine-containing cough mixtures to P1, P2, P3, P4, P5, P11 and P13 is underscored by the fact that in November 2016, the Health Products (Therapeutic Products) Regulations came into force to criminalise the errant prescription of codeine-containing cough mixtures by doctors.

23. The DT accepted the SMC's submissions that the harm in the present matter was more egregious relative to *Dr Eugene Ung* having regard to the underlying addiction conditions of the patients (P1, P2, P3, P11 and P13) and the prescription of codeine-containing cough mixtures to patients (P1, P2, P3, P4, P5, P11 and P13). The DT was of the view that the harm in this case would fall in the moderate category of the harm-culpability matrix.

Step 2 – Identifying the applicable indicative sentencing range &
Step 3 – Identifying the appropriate starting point within indicative sentencing range

24. In *Wong Meng Hang* at [33], the following indicative sentencing ranges were laid down with a harm-culpability matrix[2]:

[2] See also Sentencing Guidelines at [17], [42] to [46]

Harm / Culpability	Slight	Moderate	Severe
Low	Fine or other punishment not amounting to suspension	Suspension of 3 months to 1 year	Suspension of 1 to 2 years
Medium	Suspension of 3 months to 1 year	Suspension of 1 to 2 years	Suspension of 2 to 3 years
High	Suspension of 1 to 2 years	Suspension of 2 to 3 years	Suspension of 3 years or striking off

25. Applying the above framework to the present case and having regard to the DT's analysis on the facts that the harm was moderate and the culpability medium for each inappropriate prescription charge, the applicable indicative sentencing range for each charge was a suspension of 1 to 2 years. At the outset, the DT was unable to accept the Respondent's submission that the imposition of practice conditions alone will suffice as adequate punishment for the misconduct here.

Step 4 – Taking into account offender-specific aggravating and mitigating factors

26. The Respondent's Counsel raised the following factors in mitigation. Dr Wee cooperated with the investigations in a prompt and timely manner and had pleaded guilty at the earliest opportunity. He was remorseful and was seeking to make amends. Dr Wee had computerised his clinic's entire workflow and limited his practice hours to just four to five hours each morning, so he could continue serving his elderly, long-term patients. Dr Wee has demonstrated insight into his mistakes and taken proactive steps to improve his medical practice and will have more time to keep adequate medical records of his consultations going forward. Dr Wee had prescribed codeine-containing cough mixture and benzodiazepines to try and keep his patients off the streets and in his clinic, where

he felt like he could monitor their consumption and overall well-being. Dr Wee would also counsel his patients and try to wean them off their usage of cough mixture. He would also often waive the consultation charges and/or charge just a nominal fee above the medications' cost price out of compassion for his patients' difficult financial circumstances.

27. The SMC submitted the following. The Respondent's plea of guilt as a mitigating factor should be viewed in the context of the overwhelming undisputed evidence against Dr Wee. In cases involving inappropriate prescriptions of codeine and benzodiazepines the paramount sentencing consideration is that of deterrence. Dr Wee was a senior medical practitioner with close to four decades of experience and senior doctors are generally found to be more culpable than junior doctors.

28. In the absence of corroborative evidence, the DT viewed with some cynicism the Respondent's claim of altruism in electing to prescribe codeine-containing cough mixture and benzodiazepines to try and keep his patients off the streets so that he could monitor them personally. Apart from the bare assertions of the Respondent, there was no substantive evidence tendered to show how, if at all, he had helped these patients. The Respondent's seniority in the medical profession would have reposed a higher degree of trust and confidence in him and he has clearly breached that trust.[3] In assessing the appropriate sentence to be imposed the DT also took into account the Respondent's co-operation with the investigations and his expression of remorse over this matter. On the facts, the Respondent's misconduct did not appear to be motivated by financial gain.[4]

29. All considered, the DT did not find it necessary to amend the sentencing range derived at the conclusion of Step 3. The DT was of the view that the starting point of 12 months suspension was appropriate for the bulk of the inappropriate prescription charges. The DT accepted the SMC's submission that an uplift in sentence was warranted in relation to P3 (Alternate 6th Charge), P11 (Alternate 19th Charge) and P13 (Alternate 22nd Charge) in view of the high number of inappropriate prescriptions coupled with pre-

[3] See Sentencing Guidelines at [69b] and [54e]
[4] See Sentencing Guidelines at [54c]

existing drug addiction in these cases. The DT was also mindful that in P11's case, Dr Wee had prescribed multiple psychoactive drugs. In similar fashion a higher sentence was called for in relation to P10 (Alternate 17th Charge) in view of the long duration of inappropriate prescription and the prescription of multiple benzodiazepines. The DT accordingly imposed the following sentences within the established matrix of 1 to 2 years in relation to the inappropriate prescription charges:

Charge	**Patient**	**Category**	**Period of Suspension**
Alternate 2nd Charge	P1	Inappropriate prescription (codeine)	12 months
Alternate 4th Charge	P2	Inappropriate prescription (codeine)	12 months
Alternate 6th Charge	P3	Inappropriate prescription (codeine)	18 months
Alternate 8th Charge	P4	Inappropriate prescription (codeine)	12 months
Alternate 10th Charge	P5	Inappropriate prescription (codeine)	12 months
Alternate 15th Charge	P9	Inappropriate prescription (benzodiazepines)	12 months
Alternate 17th Charge	P10	Inappropriate prescription (benzodiazepines)	18 months
Alternate 19th Charge	P11	Inappropriate prescription (codeine)	18 months
Alternate 22nd Charge	P13	Inappropriate prescription (codeine)	18 months
Alternate 25th Charge	P15	Inappropriate prescription (benzodiazepines)	12 months

Sentencing for inadequate records charges

30. The SMC submitted the following in relation to the inadequate records charges:

(a) As a whole Dr Wee's misconduct in respect of the inadequate records Charges was serious and involved a total of 15 patients.

(b) For nine of the 10 inadequate records charges (i.e. alternate 1st, 3rd, 5th, 9th, 14th, 16th, 18th, 21st and 24th Charges), a suspension of three months ought to be imposed. Dr Wee's misconduct in respect of the alternate 7th Charge involving P4 is especially serious, and ought to be seen as more egregious than the misconduct in the precedent cases of *Dr Mohd Syamsul* [2019] SGHC 58 ("**Mohd Syamsul**") and *Dr Tan Kok Jin* [2019] SMDT3 and a five months' suspension is to be imposed on account of the following:

(i) Dr Wee failed to properly document P4's medical history / medical condition, his findings, diagnoses and/or the reasons / bases for his prescriptions to P4 in relation to P4's medical condition, on 25 occasions over the span of more than three years.

(ii) Dr Wee's medical records for these consultations were bereft of details. Dr Wee wrote one sole word, "*cough*" on several occasions. Dr Wee's documentation also failed to show why P4 was repeatedly prescribed codeine on a continued basis.

(iii) Dr Wee's handwriting in P4's patient medical records was largely illegible.

(iv) Dr Wee's proper medical record-keeping would have been essential to monitor P4's response to the codeine-containing admixtures and multiple psychoactive drugs.

31. With respect to the inadequate records charges, the DT was guided by the sentencing approach adopted by the High Court in *Mohd Syamsul.* The DT accepted the SMC's submission that a sentence of three months suspension was appropriate in respect of the nine charges (alternate 1st, 3rd, 5th, 9th, 14th, 16th, 18th, 21st and 24th Charges).

32. The DT similarly accepted the SMC's submission that the aggravating circumstances involving P4 called for an uplift in the sentence to be imposed in respect of this charge. The DT however found that a term of four months suspension would suffice as adequate punishment in this regard.

33. The following sentences were accordingly imposed for the inadequate records charges:

Charge	Patient	Category	Period of Suspension
Alternate 1st Charge	P1	Inadequate records	3 months
Alternate 3rd Charge	P2	Inadequate records	3 months
Alternate 5th Charge	P3	Inadequate records	3 months
Alternate 7th Charge	P4	Inadequate records	4 months
Alternate 9th Charge	P5	Inadequate records	3 months
Alternate 14th Charge	P9	Inadequate records	3 months
Alternate 16th Charge	P10	Inadequate records	3 months
Alternate 18th Charge	P11	Inadequate records	3 months
Alternate 21st Charge	P13	Inadequate records	3 months
Alternate 24th Charge	P15	Inadequate records	3 months

Aggregate sentence

34. In calibrating the overall sentence to be imposed, the DT took into account the five additional charges which the Respondent consented to be taken into consideration for the purposes of sentencing. The DT was guided by the totality principle on the approach to be adopted. The totality principle, in essence, requires the sentencing court to review the aggregate sentence and consider whether the aggregate is just and appropriate. If, after such a consideration, the court decides that the aggregate sentence should be reduced, it may either re-calibrate the individual sentences or re-assess which of the sentences should run consecutively: see *Mohamed Shouffee Bin Adam v Public Prosecutor* [2014] SGHC 34 at [25] [52] [58] [59] [81].

35. The totality principle has also been endorsed by the Sentencing Guidelines at [82] to [85]:

> "82. The totality principle is applied at the end of the sentencing process to ensure that the overall aggregate sentence, i.e. the total sentence, is neither excessive nor manifestly inadequate. It has been described as a broad-brush "last look" at all the facts and circumstances to ensure the overall proportionality of the aggregate sentence.
>
> 83. To ensure that the overall sentence is not excessive, the DT should consider two limbs, namely:
>
> a. Whether the aggregate sentence is substantially above the normal level of sentences for the most serious of the individual offences committed; and
>
> b. Whether the effect of the sentence on the offender is crushing and not in keeping with his or her past record and future prospects.

> 84. If so, consideration ought to be given as to whether the aggregate sentence may be reduced by re-assessing which of the appropriate sentences ought to run consecutively, and/or by re-calibrating the individual sentences so as to arrive at a more appropriate and proportionate sentence.
>
> 85. The totality principle is equally capable of having a boosting effect on individual sentences when the aggregate sentence is manifestly inadequate. Consideration should be given as to whether there are any extraordinary cumulative aggravating factors or particular public interests which justify calibrating the individual sentences upwards and/or running those calibrated sentences consecutively."

36. In assessing the total sentence to be imposed the DT considered the overall culpability of the Respondent, the aggravating factors highlighted by the SMC and the mitigating circumstances raised by the Respondent. Applying the above principles and having regard to all the circumstances, the DT found it fitting to order two of the sentences to run consecutively in order to appropriately address the Respondent's offending conduct and overall culpability. Accordingly, the sentences in Alternate 2nd Charge (12 months) and Alternate 19th Charge (18 months) were ordered to run consecutively leading to an aggregate suspension term of 30 months suspension.

Reduction in sentence on account of delay

37. It was not in dispute that there had been an inordinate delay in prosecution and that there ought to be a reduction in the sentence on that account. The SMC acknowledged that a period of 2 years and 11 months passed between the issuance of the Notice of Complaint on 25 April 2018 and the Notice of Inquiry on 9 February 2021.

38. The SMC submitted that at most a one third discount on sentence be granted on account of the following:

(a) the delay in the present case is not at all considerable as there were initially 20 patients' worth of prescriptions and medical documents which had to be investigated. This number was eventually narrowed down to 15 patients in the NOI. Further Dr Wee faces a total of 25 distinct charges involving 15 different patients – numbers higher than that in the precedent cases.

(b) Dr Wee was not practising as a doctor for the majority of the period between the issuance of the Notice of Complaint and Notice of Inquiry, as he was

suspended from practice for criminal proceedings before the High Court from around April 2017 to July 2020. Dr Wee was, accordingly, not financially prejudiced by any delay; and

(c) a 50% discount is only warranted where the period of delay *inter alia* exceeds three years.

39. The Respondent submitted for a 50% reduction in sentence on account of the delay stating that the Notice of Inquiry was served on Dr Wee more than four years after he had first been notified of these proceedings on 5 December 2016. Dr Wee also had to contend with multiple SMC disciplinary proceedings against him at the same time he was defending his criminal case, which exacerbated his distress and anxiety. The SMC however clarified that the delay was computed at some 2 years and 11 months and not four years.

40. The DT was unable to accord any weight to the Respondent's submission that a reduction in sentence was warranted due to the additional distress and anxiety arising from his criminal case which was totally unrelated to the present matter. The DT considered similar cases where a delay had occasioned a reduction in sentence: see *Ang Peng Tiam v SMC* [2017] 5 SLR 356, *Jen Shek Wei v SMC* [2018] 3 SLR 943 and *Dr Eugene Ung*. Having regard to the period of delay and the all the circumstances of the present case, the DT was satisfied that a one-third reduction in sentence was in order.

41. Accordingly, the DT reduced the aggregate period of suspension of 30 months by a third to arrive at a final sentence of 20 months' suspension.

CONCLUSION

42. All considered, the DT ordered that:

(a) the Respondent's registration in the Register of Medical Practitioners be suspended for a period of **20 months**;

(b) the Respondent be censured;

(c) the Respondent to submit a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct; and

(d) the Respondent shall pay the full costs and expense of, and incidental to these proceedings, including the costs of the solicitors to the SMC.

43. The DT further ordered that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

44. The hearing is hereby concluded.

Prof Walter Tan Chairman	Dr Michael Wong Tack Keong	Mr Siva Shanmugam Legal Service Officer

Mr Edmund Kronenburg and Ms Esther Lim (M/s Braddell Brothers LLP)
for Singapore Medical Council; and

Mr Eugene Thuraisingam and Mr Johannes Hadi (M/s Eugene Thuraisingam LLP)
for Dr Wee Teong Boo