

**SINGAPORE MEDICAL COUNCIL DISCIPLINARY INQUIRY AGAINST
DR AAA HELD ON 30-31 JULY 2007,
27 AUGUST 2007 AND 5 JANUARY 2008**

Disciplinary Committee:

Prof John Wong (Chairman)
A/Prof Ong Biau Chi
Prof Chacha Pesi Bejonji
Ms Wong Mui Peng (Lay Member)

Legal Assessor:

Mr Giam Chin Toon S.C.

Prosecution Counsel (M/s Harry Elias Partnership):

Ms Melanie Ho
Ms Chang Man Phing
Ms Agnes Chan

Defence Counsel (M/s Rodyk & Davidson LLP):

Mr Christopher Chong
Ms Vanessa Lim

DECISION OF THE DISCIPLINARY COMMITTEE

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

VERDICT:

- 1 You, Dr. AAA, have claimed trial to the following two charges:
 - (1) Recommending glaucoma drainage surgery to your patient, to reduce the high intraocular pressure in his right eye for the purposes of alleviating the pain in his right eye and headaches suffered by the patient when you know or ought to have known that it was not the appropriate treatment.
 - (2) Did perform glaucoma drainage surgery on your patient, without informing him of all treatment and surgical options available to him and without explaining to him the risks, side-effects and nature of the surgery.

- 2 Full particulars in respect of each of the said two charges are more particularly set out in AB 1-5 Tab 1.
- 3 Your case was heard on 30th, 31st July and 27th August 2007. The hearing was adjourned for the Committee to deliver its verdict on a date to be fixed. Unfortunately during the adjournment, one of the Committee members, Dr DC Member 1 fell ill. Pursuant to Section 42(5) of the Medical Registration Act, A/Prof Ong Biauwei Chi was appointed in his place on 7 November 2007.

FIRST CHARGE – THE TREATMENT

- 4 The prosecution's position on the first charge made against you is that the standard appropriate treatment for the patient should be:
 - (i) to evaluate medical therapy by optimizing the anti-glaucoma medication for the patient; and
 - (ii) if medical therapy is found to be unsatisfactory, to offer to the patient other non-invasive procedures such as laser cyclophotocoagulation.
- 5 The prosecution had called upon A/Prof PE, the Chief of Department A in Hospital A to give evidence as their expert witness.
- 6 Briefly, A/Prof PE's opinion on the treatment of the patient's blind eye in this case is as follows:
 - (i) Dr AAA should have had attempted to optimize the anti-glaucoma medication for the patient to control and reduce the intraocular pressure in his right (blind) eye.
 - (ii) Dr AAA should have offered other non-invasive procedures such as laser cyclophotocoagulation.

- (iii) Dr. AAA should have offered as an option, if (i) and (ii) failed, the removal of the patient's blind and painful eye with the replacement of a cosmetic shell.

- 7 When questioned by the Prosecution Counsel, A/Prof PE was of the opinion that drainage surgery was not indicated in a non-sighted eye.

- 8 In addition, the prosecution called upon Dr PW, the patient's treating physician for more than 10 years to give evidence on its behalf. Dr PW is the Head of Cataract & Comprehensive Ophthalmology Service in Institution B. He concurred with the view that drainage tube surgery was not the appropriate treatment for the patient's non-sighted right eye. It is not indicated for a blind eye.

- 9 Dr PW's evidence was that when the patient was referred to him on 4th June 2002, he had redness in his right eye and increasing headaches and his right eye pressure was 40 mmHg. He prescribed Gutt Timpilo and Gutt Trusopt (both eyedrops) and Diamox (tablets). When Dr PW saw the patient the next day on 5th June 2002 and then on 18th June 2002, the right eye pressure had dropped to 20 mmHg which was within normal range. There was therefore no need to offer further treatment as the medical therapy had reduced the eye pressure and the patient was comfortable. The last time Dr PW saw the patient was only a week before the patient's consultation with Dr AAA.

- 10 In conclusion, both A/Prof PE and Dr PW are of the same view that glaucoma drainage surgery was not the appropriate treatment for the patient's non-sighted right eye, whether as a first line treatment or at all.

- 11 In your defence, on being questioned, you testified that:
 - (i) You had assumed that the patient had already received the best medical treatment at Institution B as he had been on medication for the last 10 years. You therefore did not consider medical therapy as an option;

 - (ii) You had not obtained the patient's medical history and medication regime or speak to Dr PW about the patient's medical condition before you commenced treatment because glaucoma surgery was not Dr PW's area of specialty. No

medical history was needed as medical treatment does not work in neovascular glaucoma.

- 12 Dr DE, Consultant Ophthalmologist, Hospital C, who was called upon as your expert to give evidence on your behalf, supported your recommendation of drainage tube surgery. His evidence was that the key to relieving the patient's pain and misery was to lower the eye pressure by operation and that in his view, medical therapy with eye drops was ineffective in controlling full blown neovascular glaucoma. Laser cyclophotocoagulation was new in 2002 and not a common or accepted treatment among most ophthalmologists in private practice. He would have performed trabeculoplasty to reduce the pressure in the afflicted eye even if the eye was non-sighted.
- 13 Having heard and considered all the evidence adduced as well as the submissions of Counsels of both sides on the first charge, the Committee has come to the following conclusions:
- (a) It is not appropriate to recommend therapy, especially invasive therapy, to patients with chronic medical conditions without seeking input from the patient's primary doctor, especially in the absence of an emergency, and in this case, when there is a non-functioning organ.
 - (b) It is not appropriate to reject a proper trial of medication in a patient with a non-functioning organ, especially when an invasive procedure is being considered, and especially when the risk of side-effects of a limited trial is acceptable.
 - (c) It is not appropriate to reject other forms of therapy on the grounds that the doctor is not familiar with the therapy, or because the therapy is not available in their institution, when such therapy is available in the public institution in Singapore.

You are therefore found guilty as charged on the first charge.

SECOND CHARGE – INFORMED CONSENT

- 14 The prosecution's case on this charge is that the patient was not informed of any other options except drainage tube surgery.
- 15 The evidence of the patient, , his son, and his daughter, who were present at the first consultation with you, is that except for drainage tube surgery, no other options were offered to the patient.
- 16 The sum total of their evidence is that you did not inform the patient the exact risks involved in drainage tube surgery at any time.
- 17 Your defence, on the other hand, is that you had explained the risks of drainage tube surgery and thereafter the patient signed the Consent Form.
- 18 Your Counsel submitted in support of your defence as you had written the words "guarded prognosis" in your case notes, it indicates that you did explain the options and risks.
- 19 You testified that though not written anywhere clearly in the notes or elsewhere, you had in fact given the patient the following options:
- (i) Taking no action on the afflicted eye.
 - (ii) Cyclocryotherapy.
 - (iii) Removal of the right eye.
 - (iv) Laser therapy (clarified as Laser Trabeculoplasty).
- 20 Based on the evidence of all the witnesses, the medical records produced and your testimony relating to this charge, the Committee does not accept that other than drainage tube surgery, you had offered the other options to the patient as you had testified. The Committee is fully satisfied that there was no balanced discussion of risk versus benefit in this case to allow the patient to make an informed consent.
- 21 We accordingly find you guilty as charged on the second charge.

SENTENCE:

22 The Committee has carefully considered the submission in mitigation by counsel for you, Dr AAA. However the Committee is of the view that your action, by such a senior member of the medical profession, is a serious breach of professionalism. The Committee has to send a clear signal to the profession that inappropriate treatment cannot be tolerated. The Committee also stresses the critical importance of patients understanding all options available, and the risks and benefits of these options, especially when treatment is elective. Having regard to all the circumstances, the Committee makes the following orders pursuant to section 45(2) of the Medical Registration Act:

- (a) that you be fined the sum of \$7,000;
- (b) that you be censured;
- (c) that you give a written undertaking to abstain in future from the conduct complained of or any similar conduct; and
- (d) that you pay the costs of and incidental to these proceedings, including those of the solicitor of the Council and the Legal Assessor.

23 The hearing is concluded.