

**SINGAPORE MEDICAL COUNCIL DISCIPLINARY INQUIRY AGAINST  
DR AAT HELD ON 25 AND 26 AUGUST 2009**

**Disciplinary Committee:**

Prof Ho Lai Yun (Chairman)  
Dr Lim Cheok Peng  
Dr Hui Kim Hoong Francis  
Prof Loh Teck Peng (Lay Member)

**Legal Assessor:**

Mr Ravinran Kumaran  
(M/s Ravi, Lim & Partners)

**Prosecution Counsel:**

Ms Melanie Ho  
Ms Chang Man Phing  
Mr Liew Kuang Ping  
(M/s WongPartnership)

**Defence Counsel:**

Mr Davinder Singh, S.C  
Ms Delphine Ho  
Ms Una Khng  
Mr Pardeep Singh Khosa  
(Drew & Napier LLC)

**DECISION OF THE DISCIPLINARY COMMITTEE**

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

1. The Respondent, Dr AAT is a registered medical practitioner and a specialist in plastic surgery. He practices at Clinic A. The Ministry of Health (“the Complainant”) lodged a complaint against the Respondent, following an article published in [name and date of magazine redacted].
2. Following this complaint, the Singapore Medical Council (“SMC”) preferred the following charge against the Respondent:-

*'That you, DR AAT, a registered medical practitioner under the Medical Registration Act (Cap. 174), are charged that whilst practising at Clinic A, you did during the period from in or about late 2006 to on or about 24 July 2007, offer to your patients cell therapy for anti-ageing and rejuvenation purposes, a procedure that was not generally accepted by the medical profession, and perform such cell therapy in the treatment of your patients outside the context of a formal and approved clinical trial.*

*Particulars*

- (a) The cell therapy involved the injection of xenogenic (animal) foetal cells into humans ("the Cell Therapy").*
- (b) In an article entitled [name of article redacted] published in [name and date of magazine redacted], you stated that you performed Cell Therapy on patients. Your claim is that Cell Therapy is for anti-ageing and rejuvenation purposes.*
- (c) At all material times, Cell Therapy was not generally accepted by the medical profession as a treatment modality to promote anti-ageing and rejuvenation.*
- (d) You performed the Cell Therapy outside the context of a formal and approved clinical trial.*

*and that in relation to the facts alleged you are guilty of professional misconduct under Section 45(1)(d) of the Medical Registration Act (Cap. 174).*

3. The Respondent pleaded guilty to the above charge. An Agreed Statement of Facts was tendered by SMC's Counsel in support of the charge. It essentially

mirrored the facts stated in the charge. It further referred to the expert reports of A/Prof PE1 and Prof PE2 on behalf of the SMC.

4. The Respondent's Counsel tendered a written mitigation plea. He further submitted that the Respondent will voluntarily donate the fees he charged to his 3 patients to charity regardless of the outcome of these proceedings. He stated that the Respondent has shown remorse and has learnt from his mistake. He concluded by urging the DC that an appropriate punishment would be to impose an order that the Respondent gives his undertaking that he will not provide such treatment again. The Respondent also offered to pay the costs of the proceedings and the experts' reports.
5. Broadly speaking, the practice of medicine has its origins in providing treatment to patients for the relief of suffering and ailments. It can safely be said that it was not the original aim of medicine to provide treatments for the purpose of altering the appearance of a person purely for aesthetic reasons.
6. Over the course of time, an area of medicine has developed which is today called '*Aesthetic Practice*'. Aesthetic practice, however, until today is not recognised as a specialty or subspecialty of medicine by the medical profession (See para 4 of the Guidelines on Aesthetic Practices for Doctors, October 2008).
7. Many procedures are provided by doctors who practise in this area, not for the sake of providing relief of suffering and ailments but for the purpose of changing the appearance of their patients because these patients desire to look different from their existing states. We venture to say, with the exception of patients whose features have been drastically altered as a result of injuries or medical conditions, most patients who seek treatment from doctors who perform aesthetic procedures, do so out of a perceived sense that their appearances can be improved. Such patients, in our view, will naturally seek

out doctors who are known to be experienced in aesthetic procedures. They may have a cursory knowledge of the laudatory claims made in magazine articles etc regarding aesthetic procedures. We daresay that they will not have the necessary knowledge or experience to make determinations on the appropriateness of medical procedures. Like almost all patients, they will primarily rely on the advice given to them by their doctors.

8. The duties and obligations of a doctor who performs aesthetic procedures are no less than that of one who practises in any other branch of medicine.
9. The following provisions of the SMC's Ethical Code and Ethical Guidelines (ECEG) are relevant to this case.

*Guideline 3 of the ECEG*

*"...The SMC prescribes an ethical code which doctors are expected to uphold. These principles are applicable to a wide variety of circumstances and situations. Adherence to this Code will enable society to have trust and confidence in the profession."*

...

*In general, a doctor is expected to:*

...

*"Endeavour to abide by the Ethical Code when making use of modern or new technology in treatment modalities, communication means or information handling."*

Guideline 4.1.4 of the ECEG

*A doctor shall treat patients according to generally accepted methods and use only licensed drugs for appropriate indications. A doctor shall not offer to patients, management plans or remedies that are generally not accepted by the profession, except in the context of a formal and approved clinical trial.*

(underlinings added for emphasis)

10. It is without a doubt a cornerstone of the medical profession that it must have the trust and confidence of society. This can only be achieved by doctors abiding strictly by the provisions of the ECEG. At the same time, doctors are constantly exhorted to acquire new knowledge and translate such knowledge into medical practice. Such translations, however, must be subject to exacting standards that the profession has set for itself. A doctor is not at liberty to perform a particular procedure without ensuring that the general body of doctors approve.
11. The basis for requiring such exacting standards from doctors is to protect the public from harm that may be caused by methods of treatment that are not evidence-based or not generally accepted by the medical profession. The public is entitled to believe that because doctors are licensed and have a monopoly over the practice of medicine, they will guarantee professional competence and integrity to society. Each time a doctor fails to abide by the provisions of the ECEG this trust is eroded. The profession, as a self-regulating body, then has to take the necessary steps to ensure that this trust is restored. In this regard, we quote V K Rajah JA in Low Cze Hong v. SMC [2008] 3 SLR 612:-

*“The medical profession is a historically venerated institution. Its hallowed status is founded upon a bedrock of unequivocal trust and a presumption of unremitting professional competence. The basic premise underpinning the doctor and patient-relationship is that all*

*medical practitioners will infallibly discharge their duties in the time-honoured and immaculate traditions of this singularly noble profession”.*

12. Cell Therapy as offered and performed by the Respondent is not a generally accepted method of treatment. This being the case, the only situation where the Respondent can offer and perform Cell Therapy is in the context of a formal and approved clinical trial. The Respondent did not do this. He has therefore breached Guideline 4.1.4 of the ECEG.

13. We now consider the Respondent’s mitigation:-

(A) The Respondent performed Cell Therapy on 3 patients and only upon their requests.

In our view, the principal concern of Guideline 4.1.4 of the ECEG cannot be diminished by the small number of patients who were subjected to Cell Therapy or whether it was they who first approached the Respondent. Patients who consult doctors performing aesthetic procedures will naturally come with all kinds of requests. If anything, we are of the view, that it is disturbing that the Respondent was willing to oblige his patients’ requests without regard to his ethical duties as a doctor.

The Respondent’s Counsel submitted that his 3 patients were not harmed. In our view, this begs the question. Guideline 4.1.4 of the ECEG exists to ensure that patients are not treated with unacceptable methods in order that no harm befalls them. The fact that an unacceptable method of treatment was performed and no apparent harm resulted does not in any way reduce the culpability of the Respondent. The long term effects of Cell Therapy are not known.

- (B) The Respondent only performed Cell Therapy after he was satisfied that the treatment was safe.

The Respondent stated that he learned Cell Therapy after attending a 2-day seminar by Aeskulap Asia. He was persuaded by its benefits. He researched the safety, efficacy and risk of Cell Therapy extensively for 6 months. He took the added safeguard of subjecting himself to Cell Therapy so that he would have first-hand experience of its positive and negative effects. He then came to an “*honest judgment*” that Cell Therapy “*could safely be administered to patients*”.

It is apparent from the above that the Respondent was aware from the outset that Cell Therapy was not a generally accepted method of treatment. Hence, the reason he embarked on 6 months of research and self-experimentation. The Respondent’s contention that he came to an “*honest judgment*” must also be read in the light of paragraph 12 of his explanation, dated 9 November 2007, to the SMC. As at that date, he held the view that, ‘*No one knows exactly how cell therapy works, but it is believed that the injected cells travel to the similar organ from which they were taken to revitalise and stimulate that organ’s function and regenerate its cellular structure*’. This statement puts us in grave doubt that the Respondent held the “*honest judgment*” that Cell Therapy could be safely administered to his patients even after his extensive 6-month research and self-experimentation and after providing the treatments to his patients. Current knowledge is inadequate in determining the desired action of human or autologous cells injected into human beings for anti-ageing and rejuvenation. It is even more doubtful when xenogenic cells are used for this purpose.

Counsel for the Respondent referred to several character references from various members of the profession. The Respondent was described as an ‘*excellent researcher*’, who is ‘*meticulous*’, ‘*has high*

*moral and ethical standards*' and *'a scientific approach to the practice of medicine'* etc. Regretfully, in our opinion, in this instance, the Respondent's conduct did not bear out these glowing adulations. If anything, these testimonials point to the fact that the Respondent should have known better.

In view of the Respondent's seniority he must also have been aware that any experimental procedure ought to be rigorously reviewed by the Institutional Review Board before it can be performed.

The fact that the Respondent chose to experiment on himself does not in any way mitigate his failure to comply with Guideline 4.1.4 of the ECEG. He may be at liberty to endanger himself with the worst possible methodology a doctor can adopt today, in order to determine the efficacy of a novel treatment, but he does not have the right to inflict an unaccepted treatment on members of the public.

- (C) At the time the Respondent performed the Cell Therapy, there were no regulations or guidelines in place.

The short answer to this is that Guideline 4.1.4 of the ECEG was in place at the material time.

- (D) The Respondent admitted to the charge at the earliest possible opportunity.

Counsel for the SMC clarified that the notice of inquiry was sent to the Respondent on 5 February 2009. The Respondent sought an adjournment of the April 2009 hearing dates and indicated that he was going to plead guilty on 19 August 2009. Notwithstanding this clarification, we accept the Respondent's Counsel's submission that the Respondent has indeed pleaded guilty to the charge in a timely manner.

- (E) The Prosecution is not pressing for any particular sentence.

We note this point but would like to highlight that it is ultimately a disciplinary committee's prerogative to decide on the appropriate sentence based on the facts of the case before it.

- (F) The Respondent is a well regarded member of the medical fraternity and has contributed extensively to the medical community and to charity.

We have no doubt as to the reputation and standing of the Respondent amongst his medical brethren and the public, and we have considered the various testimonials. However, against these factors, we have to bear in mind that the decision of a disciplinary committee is intended not just to deal with the misconduct of the respondent before it, but also to send out an appropriate signal to the medical profession. (See paragraph 88, Low Cze Hong v SMC [2008] 3 SLR 612). The misconduct of the Respondent, in failing to abide by the requirements of Guideline 4.1.4 of the ECEG, is very serious. It must therefore be made clear to the medical profession that if any of its members intend to embark on novel methods of treatment, then they must comply with Guideline 4.1.4 of the ECEG. Otherwise, they can expect to be disciplined by the SMC.

- (G) The Respondent has voluntarily disclosed the complaint and disciplinary proceedings to the public.

Institution B, the holding company of the Respondent's, Clinic A, made an announcement on 17 August 2009 via SGXNet of the disciplinary proceedings against the Respondent. As far as we are aware, a public listed company is obliged, under SGX rules, to make such disclosure.

14. Counsel for the SMC tendered 4 results of previous disciplinary proceedings for us to consider. Learned Counsel for the Respondent sought to distinguish them from the present case. He stated that in these cases, the doctors claimed trial, wasted the disciplinary committees' time and incurred unnecessary costs etc. Whether these doctors were unjustified in claiming trial or not, is not for us to comment. We will however, point out that in the first case the doctor was acquitted on one of two charges, thus suggesting that his decision to claim trial was not a futile venture.
  
15. In our view, case 3 is not relevant. We accept that cases 1, 2 and 4 are not similar to this case. However, we do find these cases helpful because in each of them, the following features were present:-
  - a) The patients who were treated by the doctors had serious medical conditions. They had consulted the doctors concerned with a view to alleviating their sufferings or seeking cures;
  
  - b) Save for case 1 in relation to the second charge, the treatments performed by the doctors concerned were generally accepted methods of treatment; and
  
  - c) The misconducts complained of were about serious errors of judgment in deciding the appropriate treatments.
  
16. In the Respondent's case, firstly, his 3 patients were not suffering from serious medical conditions. In fact, they gave the impression that they were all well. Two of them considered Cell Therapy as a matter of interest after having read magazine articles, and one, after hearing about it from a friend. There was therefore no question of alleviating any suffering or curing any illness in the Respondent's patients. Secondly, the treatment which the

patients sought, and which the Respondent offered and performed, was not a generally accepted method of treatment.

17. The Respondent's Counsel urged us to send a signal to the medical profession that if they have done wrong, they ought to plead guilty early, as the Respondent has done here. With due respect, we disagree. The right signal we have to send to doctors is that under no circumstances should they endanger their patients or breach the ECEG.

### **SENTENCE**

18. Having considered all the circumstances of the case and after having given due regard to the mitigation plea, we are of the view that the appropriate sentence to be imposed on the Respondent, pursuant to section 45(2) of the Medical Registration Act is as follows:-

- a) a fine of \$5,000;
- b) a censure;
- c) require a written undertaking that he will abstain from the conduct complained of or any similar conduct; and
- d) the Respondent be ordered to pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitor to the Singapore Medical Council and the Legal Assessor.

19. The hearing is hereby concluded.

Dated this 26<sup>th</sup> day of August, 2009.