

**SINGAPORE MEDICAL COUNCIL  
DISCIPLINARY COMMITTEE INQUIRY FOR DR KHAW CHIN CHOON  
HELD ON 30 SEPTEMBER 2011**

**Disciplinary Committee:**

Dr Wong Sin Yew - Chairman  
Dr Lim Cheek Peng  
Dr Quek Swee Tian  
A/Prof Leong Kwong Sin (Lay Person)

**Legal Assessor:**

Mr Andy Chiok  
(M/s Michael Khoo & Partners)

**Counsel for the SMC:**

Mr Anand Nalachandran  
Mr Kevin Ho  
(M/s Braddell Brothers LLP)

**Counsel for the Respondent:**

Mr Eric Tin  
Ms Kang Yixian  
(M/s Donaldson & Burkinshaw)

**DECISION OF THE DISCIPLINARY COMMITTEE**

1. These proceedings arose out of a letter of complaint dated 5 November 2008 by the Clinical Assurance and Audit Branch, Ministry of Health to the Singapore Medical Council (the "SMC") made in respect of the Respondent, Dr Peter Khaw Chin Choon, a general practitioner with Ren Medical Clinic.
2. Following the said complaint, the SMC wrote to the Respondent, who then provided two letters of explanation dated 18 February 2009 and 30 April 2009 to the Complaints Committee. The complaint was then referred to this Committee for a formal inquiry.
3. In a Notice of Inquiry dated 4 November 2010, the Respondent faces 13 Charges for failing to provide appropriate care, management and treatment to his patients named in the charges against him. Briefly, the

particulars of the Charges are (and as the case may be) that the Respondent:

- (a) had breached clause 4.1.3 of the Ethical Guidelines by the inappropriate prescription of cough mixture containing codeine at various consultations as set out in the relevant schedules to the Charges,
  - (b) had breached clauses 4.1.2 of the Ethical Guidelines by failing to maintain in the relevant patient's medical records sufficient details of the assessment of the relevant patient and the need to continue repeat and regular prescription of cough mixture containing codeine,
  - (c) had breached clauses 4.1.2 and 4.1.3 of the Ethical Guidelines by failing to maintain in the relevant patient's medical records details of any warning to the patient of the potential addiction to cough mixture containing codeine,
  - (d) had breached clauses 4.1.1.5 and 4.1.1.6 of the Ethical Guidelines by failing to refer the relevant patient to a medical specialist and/or a psychiatrist for further and/or joint management, and/or
  - (e) had breached clauses 4.1.2 and 4.1.3 of the Ethical Guidelines by dispensing benzodiazepines together with cough mixture containing codeine without advising the relevant patient of the risk of cross-tolerance.
4. For completeness, the relevant clauses of the SMC's Ethical Guidelines referred to in the Charges are set out at Annex A to these grounds.

5. At the hearing of the inquiry, the Respondent pleaded guilty to 9 of the 13 Charges with the remaining 4 charges (Charges Nos. 1, 2, 5 and 12) taken into consideration. The Respondent also admitted to the Agreed Statement of Facts (marked "ASOF") submitted by counsel for the SMC.
6. Briefly, counsel for the Respondent had in mitigation submitted, *inter alia*:
  - (a) the Respondent had intended to plead guilty shortly after he received the Notice of Inquiry and had co-operated with the authorities at all times,
  - (b) the Respondent's prescription practice was not indiscriminate or excessive,
  - (c) remedial steps were taken by the Respondent after the MOH's audit on his clinic,
  - (d) at all times the Respondent had acted in good faith and in the interests of his patients when carrying out the relevant prescriptions,
  - (e) mitigating factors arising from the Respondent's personal circumstances, and
  - (f) that various positive testimonials from patients and colleagues providing information on the Respondent's medical practice and personal character were tendered on the Respondent's behalf.
7. Counsel for the Respondent also brought to this Committee's attention various sentencing precedents where no period of suspension was

imposed and invited the Committee to impose a punishment of only a fine.

8. On the other hand, counsel for the SMC had cited various precedents and contended that the appropriate tariff is one involving the suspension of the Respondent's registration as a medical practitioner for 3 to 6 months and the imposition of an appropriate fine.
9. The Disciplinary Committee had considered all the points raised in the plea in mitigation including the above, and had come to the following conclusions:
  - (a) The Committee considers that the Respondent had acted in disregard of his professional duties since improper and prolonged prescription of codeine-containing medication and/or benzodiazepines is inappropriate, unprofessional and potentially addictive. In such cases, harm may be caused to patients.
  - (b) This Committee is of the view that it is incumbent on all medical practitioners to carry out proper prescribing practice, in the interests of their practice and patients.
10. This Committee is mindful of the mitigating factors presented, and accepts that the following are relevant mitigating factors:
  - (a) The Respondent is a first offender.
  - (b) He had pleaded guilty and co-operated fully and had thereby avoided a protracted and costly inquiry. This is also evidence of the Respondent's genuine remorse.

- (c) We also consider relevant the relatively low number of 9 charges (albeit with 4 charges taken into consideration) in contrast to the precedents cited.
  - (d) This Committee also noted that the medical expert for the SMC had at the conclusion of his report set out various mitigating factors and we had considered them.
11. This Committee is of the view that the misconduct of improper prescription of codeine-containing medication together with benzodiazepines will attract a substantial punishment, which usually involves a period of suspension for the medical practitioner.
12. In light of all the circumstances, this Committee thus determine that the appropriate sentence to be:
- (a) that the Respondent shall be suspended from practice for a period of 3 months;
  - (b) that the Respondent shall be fined \$3,000;
  - (c) that the Respondent shall be censured;
  - (d) that the Respondent shall provide a written undertaking to the SMC that he will not engage in the conduct complained of, or any similar conduct; and
  - (e) that the Respondent shall pay the costs and expenses of and incidental to these proceedings, including the costs of the counsel to the SMC and the Legal Assessor.

13. We also order that the grounds and outcome of this inquiry be published.
14. The hearing is hereby concluded.

Dated this 30<sup>th</sup> day of September 2011.

**4.1.1.5 Duty of care**

A doctor shall provide competent, compassionate and appropriate care to his patient. This includes making necessary and timely visits, arranging appropriate and timely investigations and ensuring that results of tests are communicated to the patient and the most appropriate management is expeditiously provided.

A comparable standard of practice is expected from doctors whose contribution to patient's care is indirect, for example, those in laboratory and radiological specialties.

A doctor who avails his patient of any supporting medical service is responsible to be reasonably confident that this service is of an adequate standard and is reliable. An example is the use of laboratories or radiology facilities in and outside of Singapore.

In addition, doctor who undertakes to manage, direct or perform clinical work for organisations offering medical services shall satisfy himself that these organisations provide adequate clinical and therapeutic facilities for the services offered.

**4.1.1.6 Practise within competence and referral of patients**

A doctor should practise within the limits of his own competence in managing a patient. Where he believes that this is exceeded, he shall offer to refer the patient to another doctor with the necessary expertise. A doctor shall not persist in unsupervised practice of branch of medicine without having the appropriate knowledge and skill or having the required experience.

Where such a referral is transient, for example for a specialised investigation or specific treatment modality, the doctor retains responsibility for the overall management of the patient. A doctor shall continue to care for his patient until the patient is properly handed over to the referred doctor. If patient refuses to see a specialist, the doctor shall counsel the patient adequately and if he still refuses, it is allowable for that doctor to treat the patient in consultation with a specialist.

**4.1.2 Medical records**

Medical records kept by doctors shall be clear, accurate, legible and shall be made at the time that a consultation takes place, or not long afterwards. Medical records shall be of sufficient detail so that any other doctor reading them would be able to take over the management of a case. All clinical details, investigation results, discussion of treatment options, informed consents and treatment by drugs or procedures should be documented.

**4.1.3 Prescription of medicine**

A doctor may only prescribe medicines that are legally available in Singapore and must comply with all the statutory requirements governing their use.

A doctor shall prescribe, dispense or supply medicines only on clear medical grounds and in reasonable quantities as appropriate to the patient's needs. This includes prescription by a doctor for his own use. Patients shall be appropriately informed about the purpose of the prescribed medicines, contraindications and possible side effects.