

**SINGAPORE MEDICAL COUNCIL DISCIPLINARY COMMITTEE INQUIRY FOR  
DR SINGH TREGON RANDHAWA HELD ON 28 AND 29 NOVEMBER 2011**

**Disciplinary Committee:**

A/Prof Siow Jin Keat (Chairman)  
Prof Ng Han Seong  
A/Prof Tan Puay Hoon  
Ms Cheng Pai Ling (Lay Person)

**Legal Assessor:**

Mr Ravinran Kumaran  
(M/s Relianze Law Corporation)

**Prosecution Counsel:**

Mr Edmund Kronenburg  
Mr Kevin Ho Mingjie  
(M/s Braddell Brothers LLP)

**Defence Counsel:**

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

**DECISION OF THE DISCIPLINARY COMMITTEE**

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

1. The Respondent, Dr Singh Tre'gon Randhawa, is a registered medical practitioner. During the material time he was employed and practised as a Medical Officer at KK Women's and Children's Hospital ('KK Hospital'). KK Hospital was part of the SingHealth Group.
  
2. On 6<sup>th</sup> January 2011, pursuant to a complaint by the Chief Operating Officer of KK Hospital, 80 charges were preferred against the Respondent by the Singapore Medical Council ('SMC'). 3 of the charges related to one patient and the remaining related to another patient.

3. All 80 charges stated that the Respondent was guilty of professional misconduct under Section 45(1)(d) of the Medical Registration Act (Cap. 174) in that:-
  - (a) he knowingly and intentionally accessed and read the EMR of the patients concerned on the occasions stated in the charges;
  - (b) the patients were not under his clinical care and management;
  - (c) he did not obtain the patients' consents;
  - (d) he had violated the patients' confidentiality;
  - (e) he had violated the SingHealth Group's IT Security Policy;
  - (f) consequently, he was guilty of professional misconduct under Section 45(1)(d) of the Medical Registration Act (Cap 174)(2004).
  
4. With regard to the first patient, the acts were alleged to be committed on 3 different dates in the later part of 2007. For the second patient, the allegations were that he committed the acts between February and June 2009.
  
5. At the start of the hearing, the Prosecution indicated that they were proceeding on the first 6 of the 80 charges and would apply for the remaining charges to be taken into consideration. The Respondent pleaded guilty to the 6 charges and was accordingly convicted of them. The Respondent also consented to the remaining charges being taken into consideration.
  
6. An Agreed Statement of Facts was tendered by the Prosecution in support of the charges. In a gist, it stated that the Respondent, a Medical Officer of KK Hospital, during the material time:

- (a) had signed the SingHealth Group Staff Security Instructions (“the Security Instruction”) which specifically stated that all access to the EMR database has to be authorized. Any unauthorized access to it is an infraction of SingHealth’s obligation to keep confidential the patient’s medical records. Under Sections 3 and 4.2.3 of the Ethical Code and Ethical Guidelines of the Singapore Medical Council (“the SMC Code”), a registered medical practitioner is required to keep confidential all medical information about patients and/or respect the principle of medical confidentiality;
  - (b) KK Hospital received a complaint from a patient that the Respondent violated patient confidentiality when he accessed the 2 patients’ EMRs. The hospital conducted an internal inquiry and had issued a written warning to him;
  - (c) the 2 patients named in the charges were not his patients under his care and/or clinical management. He was therefore not allowed, authorized or permitted to access the 2 patient’s EMRs;
  - (d) the Respondent had admitted to breaching the Security Instructions and was fully aware of the need to preserve patient confidentiality.
7. The Respondent’s Counsel tendered a written mitigation plea. In it, he sought to explain the circumstances that led the Respondent to access the 2 patients’ records. In short they are as follows:
- (a) The Respondent was romantically and intimately involved with the first patient from about mid 2004. The relationship broke down in 2006. The reasons for the breakdown were not disclosed (and we do not think that they are relevant for this hearing). It was not an amicable break up. The first patient began to make various threats to the Respondent

and his family members, such as that the patient would kill herself and destroy his career etc. The patient also harassed him repeatedly to the extent that he had to make a police report in October 2006;

- (b) In late 2006, he started seeing the second patient. He disclosed to the second patient the details of his tumultuous relationship with the first patient. The second patient assumed the identity of a mutual friend of both the patients and contacted the first patient, via email and Internet chat.
- (c) The second patient discovered from the first patient that the first patient was seeking treatment for a suspected sexually transmitted disease at KK Hospital. The second patient informed the Respondent. The Respondent became concerned for his own health as he had been intimate with the first patient. He accessed the first patient's EMR on 3 occasions with the singular intention of finding out the nature of the first patient's medical problem out of concern for his own health. He stated that he had no intention of using the information for any other purpose and did not use it for any other purpose. He stopped accessing the first patient's EMR as soon as he was satisfied that there was no cause for concern.
- (d) The Respondent's relationship with the second patient was described as "*rocky and tumultuous and ended most acrimoniously*". The second patient proved to be a greater nightmare for the Respondent during and after he broke off with the second patient. The second patient threatened to report him for having accessed the first patient's EMR. The patient also threatened him and his family with bodily harm. Once, the patient physically assaulted him. On another occasion the patient threatened him with a kitchen knife at his place of work. The patient disrupted his work at the hospital including stalking him. The patient

also alleged that the Respondent had made the patient pregnant and produced fake records and test results to support the patient's claim. The Respondent made police reports about the second patient's conduct. The Respondent went on to state that the second patient also embarked on a campaign to defame him amongst his colleagues, his community members and his fiancée.

- (e) It was under the above circumstances that he accessed the second patient's EMR. He did this to "*find out when the second patient would have appointments to physically avoid the patient at the Hospital so as to prevent hostile run-ins and confrontations*". He did not have any other motive. He did not use the information in any other way.
  - (f) The Respondent further added that he was given a written warning by KK Hospital, which he readily accepted, had pleaded guilty at the earliest available opportunity before this committee, was a first offender and now takes his medical obligations very seriously. He went on to demonstrate that he was a person of good character and medical ability. Save for lapses of judgment in the complained instances his conduct has been exemplary. He produced a litany of glowing character references and testimonials. The Respondent submitted that his conduct, disclosed in the charges, was out of character. Finally, he stated that he was contrite and asked for leniency in the light of the unfortunate circumstances he was in when he accessed the EMRs of the 2 patients.
8. It is a cornerstone of the ethics of the medical profession that the privacy of patients is maintained at all times. Only then will patients be free to seek medical help and discuss their conditions. Patients therefore have an implicit trust and belief that doctors will not disclose their medical records to third parties without their consent. To breach this rule is to violate the trust

reposed in doctors by members of the public. Today, the pervasive use and accessibility of databases of medical records has made it all the more pertinent for the medical profession to remind itself of their first duties to the patients. With this foremost in our minds, we considered the Respondent's mitigation and say as follows:

- (a) With regard to the first 3 charges, it was open to the Respondent to have consulted another doctor and undergone an examination or test. As a medical professional he would have easy access to such resources. Resorting to accessing the first patient's EMR was not the way to go about in these circumstances. There was nothing pressing during the material time that necessitated him looking at the first patient's records.
- (b) With regard to the remaining 3 charges we note that the Respondent was under tremendous pressure from the troubling and distressing behaviour of the second patient when he accessed her EMR. He did it out of fear and a need to minimize contact with her. It however cannot be denied that he did it knowingly and in violation of his duties as a medical practitioner when we look at the EMR access log by the Respondent of the second patient.
- (c) The Respondent put forward the circumstances surrounding his conduct in all the charges not by way of excuses but as mitigation. We note that he has taken responsibility for his conduct from the first instance it was brought to his attention by his employers. Similarly, he has saved this committee much time in pleading guilty.
- (d) He is a young doctor with a promising medical career ahead of him. Save for these instances of misconduct, his record is exemplary.

9. Both Counsel for the Prosecution and the Respondent submitted results of previous disciplinary proceedings for us to consider. We did not find these cases directly useful. These precedents did not concern a non-treating doctor accessing the EMR of a patient. Neither is the Respondent being charged for disclosing the information to a third party. We believe that the case before us is the first of its kind. This Committee has therefore to decide, given the unique facts of this case, the appropriate sentence to be meted out to the Respondent.
10. We are of the view that the Respondent was not motivated by malice towards the 2 patients when he accessed the EMRs of the 2 patients. The Respondent did it out of a sense of desperation and self protection. We accept that the Respondent, when doing the acts, lost his sense of reason and forgot his duty and obligations to patients of KK Hospital.
11. Ordinarily, we would have taken the position that if a doctor accessed the EMR of a patient who is not under his care or clinical management, he ought to be visited with a punishment of suspension or striking off. This is if he acted out of malice or for profit, depending on the circumstances of the case. Considering that this is the first case of its kind, and given that the facts of this case are unique, we are of the view that the Respondent ought not to be suspended or struck off. We would like to emphasise however that we are not seeking to create a benchmark sentence or precedent for future cases where similar charges are brought.

## CONCLUSION

12. 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) that the Respondent be fined **\$10,000.00**;
- b) that the Respondent be censured;
- c) that the Respondent give a written undertaking to the Medical Council that he will not engage in the conduct complained of or any similar conduct; and
- d) that 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.

13. We hereby order that the Grounds of Decision be published.

14. The hearing is hereby concluded.

Dated this 29th November 2011.