

**SINGAPORE MEDICAL COUNCIL DISCIPLINARY COMMITTEE INQUIRY FOR  
DR LOOI KOK POH HELD ON 5 NOVEMBER 2014**

**Disciplinary Committee:**

A/Prof Pang Weng Sun - Chairman  
Prof Fock Kwong Ming  
Dr Lim Boon Leong Kevin  
Mr Leo Cheng Suan – Lay Member

**Legal Assessor:**

Mr Chia Chor Leong  
(M/s CitiLegal LLC)

**Counsel for the SMC:**

Mr Philip Fong  
Ms Shazana Anuar  
(M/s Harry Elias Partnership LLP)

**Counsel for the Respondent:**

Mr Tham Hsu Hsien  
(M/s Allen & Gledhill LLP)

**GROUNDINGS OF DECISION OF THE DISCIPLINARY COMMITTEE**

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

**INTRODUCTION**

1. The Respondent, Dr Looi Kok Poh, was a hand surgeon in private practice at Pacific Hand, Wrist and Microsurgical Centre at Gleneagles Medical Centre, Singapore.
2. These proceedings arose out of a complaint made on 17 August 2010 against the Respondent (“**the Complaint**”) by a patient of his, one Mr P (“**the Complainant**”).
3. Pursuant to the Complaint, the Singapore Medical Council (“**SMC**”) preferred three charges against the Respondent, as set out in a Notice of Inquiry dated 13 December 2013. These charges were later amended by SMC, and the amended charges are set out in a Notice of Inquiry dated 24 October 2014.

**THE CHARGES**

4. Pursuant to the amendment of the original charges as aforesaid, the three charges faced by the Respondent are as follows (“**the Charges**”):

## **1<sup>ST</sup> CHARGE**

*“That you DR LOOI KOK POH are charged that whilst practising as a registered medical practitioner and licensee of Pacific Hand, Wrist and Microsurgical Centre, #04-14 Gleneagles Medical Centre, 6A Napier Road, Singapore 258499, you failed to exercise due care in the management of your patient, namely one Mr P in that:*

### **PARTICULARS**

- a. *In breach of Guideline 4.2.2 (Informed Consent) of the Singapore Medical Council Ethical Code and Ethical Guidelines you failed to obtain the patient's informed consent such that he is able to participate in decisions about his treatment prior to performing the surgical procedure known as “Ulnar Neurolysis and Repair” on the patient's right hand and wrist on 26 April 2006 at the Gleneagles Hospital, namely:*
  - i. *You failed to advise the patient of the benefits, risks and possible complications of the surgical procedure known as “Ulnar Neurolysis and Repair”; and/or*
  - ii. *You failed to advise the patient of any alternatives to the surgical procedure known as “Ulnar Neurolysis and Repair” which may have been available to him;*

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

## **2<sup>ND</sup> CHARGE**

*“That you DR LOOI KOK POH are charged that whilst practising as a registered medical practitioner and licensee of Pacific Hand, Wrist and Microsurgical Centre, #04-14 Gleneagles Medical Centre, 6A Napier Road, Singapore 258499, you failed to exercise due care in the management of your patient, namely one Mr P in that:*

PARTICULARS

- a. *In breach of Guideline 4.1.2 (Medical Records) of the Singapore Medical Council Ethical Code and Ethical Guidelines:*
- i. *You falsified the medical records pertaining to your consultations with the patient in the period from 19 April 2006 to 18 July 2006 which were kept by you in the Clinic in that the original medical records, which did not contain discussions of treatment options and the patient's informed consent in relation to the surgical procedure known as "Ulnar Neurolysis and Repair", were subsequently altered to reflect (1) discussions of treatment options which did not take place and/or (2) the patient's informed consent in relation to the surgical procedure known as "Ulnar Neurolysis and Repair" which was not given;*
  - ii. *You failed to retain your original set of medical records which included clinical notes made at the time that consultation with the patient took place in that you discarded the original set of medical records and replaced them with a new set of clinical notes, such that the veracity of the documented entries pertaining to how the patient's condition was diagnosed and treated cannot be verified; and/or*
  - iii. *You instigated, aided and/or abetted an employee of Gleneagles Hospital, one Nurse PW to falsify and did cause her to falsify the patient's medical records kept by Gleneagles Hospital in relation to the patient's admission to Gleneagles Hospital on 26 April 2006 in that the patient's original Consent Form was altered to reflect that he had consented to the surgical procedure known as "Ulnar Neurolysis and Repair" when no such consent was given, namely:*
    - 1. *Only one surgical procedure known as "Tenolysis Right Wrist" was stated in the Consent Form which the patient executed on 26 April 2006 prior to his surgery;*

2. *Nurse PW had witnessed the patient's execution of the Consent Form on 26 April 2006 prior to his surgery;*
3. *Sometime in July or August 2006 (after the surgery on 26 April 2006), you had asked Nurse PW to retrieve the Consent Form from the Medical Records Office of Gleneagles Hospital;*
4. *You had informed Nurse PW that you needed her to include some details in the Consent Form;*
5. *Nurse PW did not retrieve the Consent Form from the Medical Records Office of Gleneagles Hospital as you had instructed; and*
6. *Subsequently, you had obtained the Consent Form and instructed Nurse PW to include the second surgical procedure of "Ulnar Neurolysis and Repair" to the Consent Form;*
7. *Nurse PW added the words "Ulnar Neurolysis and Repair" to the Consent Form at your instruction;*

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

### **3<sup>RD</sup> CHARGE**

*"That you DR LOOI KOK POH are charged that whilst practising as a registered medical practitioner and licensee of Pacific Hand, Wrist and Microsurgical Centre, #04-14 Gleneagles Medical Centre, 6A Napier Road, Singapore 258499, you failed to exercise due care in the management of your patient, namely one Mr P in that:*

#### **PARTICULARS**

- a. *In breach of Guideline 4.1.1.5 (Duty of Care) of the Singapore Medical Council Ethical Code and Ethical Guidelines, you failed to provide competent and/or*

*appropriate care to the patient during your consultation and/or treatment of the patient in the period from 19 April 2006 to 26 April 2006 in that:*

- i. You failed to arrange appropriate and timely investigations in respect of the patient's condition prior to and during the surgery on 26 April 2006; and/or*
- ii. You failed to provide appropriate and timely management of the patient's condition prior to and during the surgery on 26 April 2006;*

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

### **THE GUILTY PLEA**

5. At the hearing of the Inquiry on 5 November 2014 before this Disciplinary Committee ("**DC**"), the Respondent pleaded guilty to all of the Charges ("**the Guilty Plea**").
6. The facts relating to the Charges and which are admitted by the Respondent ("**Admitted Facts**") are set out in an Agreed Statement of Facts dated 5 November 2014 ("**ASOF**").
7. Pursuant to the Guilty Plea and the Respondent's admission of the Admitted Facts, the Respondent was duly convicted of all of the Charges.

### **THE ADMITTED FACTS**

8. The Admitted Facts in relation to the Charges as set out in the ASOF are as follows:
  - (a) The Complainant first consulted with the Respondent on 19 April 2006 for symptoms arising from an injury to his right hand and wrist 18 years ago. He had informed the Respondent at the material time of various problems with his right hand and wrist. Following the consultation with the Respondent, the Complainant had only consented to undergo Tenolysis of his right wrist. On 26 April 2006 at the Gleneagles Hospital (the "**Hospital**"), the Respondent had

performed Tenolysis of the Complainant's right wrist as well as ulnar neurolysis and repair;

- (b) When the Complainant signed the consent form for his surgery on 26 April 2006, the words "*ulnar neurolysis and repair*" were not in the consent form. The words "*ulnar neurolysis and repair*" were subsequently added to the consent form by one Nurse PW, an employee of the Hospital, at the Respondent's instructions. Informed consent from the Complainant for ulnar neurolysis and repair had not been obtained before the words "*ulnar neurolysis and repair*" were added to the consent form. The Respondent had also discarded his original set of medical records which included the clinical notes made during the consultation with the Complainant on 19 April 2006;
- (c) The Respondent had failed to exercise due care in his advice, diagnosis and treatment rendered to the Complainant in the period between 19 April 2006 (the date of the first consultation) and 26 April 2006 (the date of the surgical procedure). The Respondent failed to arrange appropriate and timely investigations in respect of the Complainant's condition prior to and during the surgery on 26 April 2006. Following the said procedure on the Complainant on 26 April 2006, the Complainant's ulnar nerve function had deteriorated.

#### **SUBMISSIONS ON MITIGATION AND SENTENCE**

- 9. The SMC tendered sentencing precedents and submissions on sentencing.
- 10. On his part, the Respondent tendered a Plea in Mitigation, which included submissions on sentencing.
- 11. The DC has duly considered the Respondent's Mitigation Plea and the submissions made by the respective parties on sentencing, including the sentencing precedents cited by them.

## **DC'S DECISION ON SENTENCE**

12. In *Low Cze Hong v. Singapore Medical Council* [2008] SGHC 78 (“**Low Cze Hong**”), V K Rajah JA, delivering the judgment of the Court of Three Judges, said (at [88]):

“88 *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. ...*”

13. Doctors are therefore expected to uncompromisingly and unfailingly uphold and maintain the highest and noblest standards of medical competence, professionalism and ethical behavior, commensurate with the high level of trust and esteem that society reposes in the medical profession (see *Low Cze Hong* at [87]). It is this expectation, and indeed the presumption that doctors will relentlessly, uncompromisingly and unfailingly defend, uphold and adhere to these standards that form the foundation of the public's trust and confidence in the medical profession, and underpin the high and enviable esteem in which the medical profession is held by the public.
14. In the present case, when the Respondent failed to provide competent and/or appropriate care to the Complainant, by failing to arrange appropriate and timely investigations in respect of the Complainant's condition and failing to provide appropriate and timely management of the Complainant's condition, the Respondent breached those standards of medical competence and professionalism which are expected of him.
15. The aforesaid breach was such that it amounted to professional misconduct. As if this was not enough, this misconduct was aggravated by the fact that it relates to a procedure, namely ulnar neurolysis and repair, which the Respondent had performed on the Complainant without having obtained the informed consent of the Complainant. This failure to obtain the Complainant's informed consent itself

amounted to yet another offence of professional misconduct, as admitted by the Respondent.

16. However, what the DC considers to be even more objectionable and repugnant is the fact that after performing the said procedure without the Complainant's informed (or indeed any) consent (a procedure in relation to which the Respondent had failed to provide competent and/or appropriate care to the Complainant), the Respondent then instructed a nurse, who was an employee of the Hospital where the procedure was performed, to alter the Complainant's original Consent Form to reflect that the Complainant had consented to the said procedure, when no such consent was given. The nurse did as she was instructed by the Respondent, thereby *falsifying* the said Consent Form. By instructing the nurse to falsify medical records, the Respondent had compromised, if not corrupted, *her* ethical conduct.
17. By procuring the falsification of the Complainant's consent form to reflect that the Complainant had consented to the said procedure when he in fact did not, the Respondent had flagrantly violated the standards of probity and moral integrity which are expected of doctors who are permitted to practice medicine. In the DC's view, deliberately adding words to a patient's consent form to make it look like the patient had consented to a procedure when he had not, is nothing short of dishonest.
18. Whether taken individually or together, the Respondent's offences of professional misconduct betray the trust reposed in him by the Complainant individually as well as by society as a whole, and seriously undermine public confidence in the medical profession. It is incumbent on the DC to send a strong message that the Respondent's misconduct is totally unacceptable and intolerable, and such message must be reflected in and conveyed by the sentence imposed by the DC on the Respondent.
19. In this respect, as the three charges to which the Respondent has pleaded guilty are intertwined, the DC is of the view that they should be considered together in deciding the total sentence to be imposed on the Respondent.
20. In considering the appropriate sentence, the DC has taken into account the many testimonials which have been given by fellow members of the medical profession and



by other members of society, attesting to the Respondent's "*excellent character, good works, gifted surgical skills, and the lessons which he has already learnt from this mistake*", as well as a "*petition for clemency made by over 150 friends, classmates and colleagues*" of the Respondent.

21. In the Respondent's Plea in Mitigation, the Respondent said (at [10] - [13]) that he has acknowledged his wrongdoing, he is remorseful, has learnt from his mistake and will not repeat it. The Respondent then submitted as follows (at [14]):

*"14. It is in this context that even as early as when he submitted his letter of explanation to the Complaints Committee on 9 February 2012, Dr Looi had not attempted to hide from the SMC the fact that the consent form had been altered, and that it was his request to the staff nurse for the addition of the words "ulnar neurolysis and repair" that precipitated the alteration. Dr Looi has also pleaded guilty to the charges to show his remorse and desire to do the right thing."*

22. The DC finds it curious that the Respondent should think that his letter of 9 February 2012 to the Complaints Committee has any mitigatory effect at all. Far from acknowledging any wrongdoing or showing any remorse, the Respondent was denying all of the allegations of wrongdoing made by the Complainant. If this letter is read in relation to the 3 charges now laid against the Respondent, it would have been a denial of all of the charges.

23. As regards the submission that "*Dr Looi had not attempted to hide from the SMC the fact that the consent form had been altered, and that it was his request to the staff nurse for the addition of the words "ulnar neurolysis and repair" that precipitated the alteration*", this is what the Respondent actually said in the letter (at [17], [37] – [38]):

*"17. I subsequently discovered that the naming of the operation in the Consent Form was incomplete. I will explain in greater detail below how the Consent Form was subsequently amended to better reflect the Surgery. ...*

...

37. *I disagree with the Patient's allegations that I had falsified records to "cover up" the alleged failure to obtain his informed consent for ulnar neurolysis and repair.*
38. *I agree that sometime in July/August 2006, I had asked SN PW to add "ulnar neurolysis and repair" into the Consent Form. At that time, I saw the correction as an administrative issue for completeness of documentation to more accurately reflect the nature of the Surgery which the Patient had undergone. The Patient had indeed given consent to ulnar neurolysis and repair as part of the Surgery as I had explained ulnar neurolysis and repair to the Patient (in layman's terms so that he could understand), and the Patient understood and agreed, during the Consultations. ...* [emphasis added]
24. Therefore, whilst it is true that the Respondent had, in the said letter of 9 February 2012, admitted that he had "asked" the nurse in question to add the words "*ulnar neurolysis and repair*" in the Consent Form, he was not making this admission as an acknowledgment of wrongdoing, and he was certainly not doing so out of remorse or because he had learnt his lesson. Quite the contrary, the Respondent was denying that it was wrong at all. He maintained that the Complainant had in fact consented to the procedure of ulnar neurolysis and repair, and therefore the addition of the words "*ulnar neurolysis and repair*" in the Consent Form was merely an "administrative" act to "correct" the Consent Form, so as to make it more accurate.
25. The matters which formed the subject matter of the Complaint and of the Charges against the Respondent occurred in 2006. The Complainant commenced legal proceedings in Court against the Respondent in respect of the same (or substantially the same) subject matter in 2009 (see the Respondent's Plea in Mitigation at [33]). During the Inquiry, the Respondent informed the DC through his counsel that the Respondent had in the said legal proceedings already consented to judgment on liability in June 2010. The Complaint to SMC was made in August 2010. Given these circumstances, the persuasiveness of the Respondent's proclamations of remorse and his declaration that he has acknowledged his wrongdoing, is somewhat dampened (although not negated) by the fact that as late as February 2012, the Respondent was still denying that he had done anything wrong.

26. Nevertheless, there is no reason for the DC to doubt that the Respondent is *now* remorseful and that he has, indeed, learnt his lesson. In this respect, the DC takes into account the fact that the Respondent has pleaded guilty, which the DC considers to be a mitigating factor in his favour.
27. The DC also takes into account the fact that the Respondent has hitherto had an unblemished record, and this is the first time he has ever been involved in professional disciplinary proceedings.
28. The DC further takes into account the Respondent's charitable works and contributions to society by his participation in various (and many) humanitarian, medical and disaster relief missions in many countries; his work as a volunteer orthopaedic and hand surgeon for impoverished villagers in Yunnan, China, at his own expense; using his own personal funds and personal medicines to minister to the sick and needy in Indonesia; and running a monthly free orthopaedic clinic mainly to migrant workers as part of the Healthserve community service.
29. The DC has also taken into consideration the fact that the Respondent has already been subjected to legal proceedings in Court, and that his accreditation and privileges at Gleneagles Hospital, Mount Elizabeth Hospital and Parkway East Hospital had already been revoked. The Respondent has therefore already suffered adverse consequences for his professional misconduct.
30. Having considered all of the submissions tendered by the parties and having taken into account all of the circumstances of the case, the DC determines that the appropriate sentence to be as follows, and so orders:
- (a) That the registration of the Respondent in the Register of Medical Practitioners shall be suspended for a period of **12 months**;
  - (b) That the Respondent shall pay a fine of **S\$10,000.00**;
  - (c) That the Respondent be censured;

- (d) That the Respondent shall give a written undertaking to the Singapore Medical Council 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 solicitor to the Singapore Medical Council and of the Legal Assessor.

31. We hereby order the Grounds of Decision herein to be published.

32. The Inquiry is hereby concluded.

Dated this 5<sup>th</sup> day of November 2014