SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL INQUIRY FOR DR MOHD SYAMSUL ALAM BIN ISMAIL HELD ON 6 FEBRUARY AND 10 APRIL 2018

Disciplinary Tribunal:

Dr Tham Tat Yean (Chairman)

Dr Siaw Tung Yeng

Mr Victor Yeo Khee Eng (Legal Service Officer)

Counsel for the Singapore Medical Council:

Mr Anand Nalachandran

Mr Andrew Purchase

(M/s TSMP Law Corporation LLP)

GROUNDS OF DECISION OF THE DISCIPLINARY TRIBUNAL

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

Introduction

1 This is an Inquiry against Dr Mohd Syamsul Alam Bin Ismail ("**the Respondent**"). The Notice of Inquiry was duly served on the Respondent on 3 January 2017 at his registered clinic, Senja Gateway Family Clinic.

2 The two charges against the Respondent were for professional misconduct in the management of his patient ("**the Complainant**"), under section 53(1)(d) of the Medical Registration Act (Cap 174) ("**MRA**").

3 The 1st charge essentially alleged that the Respondent failed to provide adequate clinical evaluation of the Patient in breach of Guideline 4.1.1.1 of the 2002 edition of the Singapore Medical Council Ethical Code and Ethical Guidelines ("**2002 ECEG**"), and that he failed to provide competent, compassionate and appropriate care to the patient in breach of Guideline 4.1.1.5 of the 2002 ECEG. [Refer to 1st charge for particulars.]

4 The 2nd charge essentially alleged that the Respondent failed to keep clear and accurate medical records with sufficient detail for another doctor reading the records to

take over the management of the case in breach of Guideline 4.1.2 of the 2002 ECEG. [Refer to 2nd charge for particulars.]

5 At the first Pre-Inquiry Conference convened on 8 February 2017, the Respondent was represented by Mr Henry Heng of Legal Solutions LLC. His learned Counsel informed the Tribunal that the Respondent would admit to the 2nd charge but would be claiming trial to the 1st charge (subject to his own expert report), and would be obtaining an expert report. Pending the expert report, the Respondent would consider his position, including whether to make representations to the SMC. On 21 April 2017, his learned Counsel informed the SMC by letter that they had discharged themselves and no longer acted for the Respondent.

6 Thereafter, the SMC made multiple attempts to contact the Respondent through telephone calls to his mobile phone and registered places of practice in Singapore and Malaysia; emails to his registered email; and registered letters to the Respondent's registered residential address in Johor Bahru, Malaysia and his place of practice in Malaysia.

7 Finally on 28 October 2017, the Respondent emailed the SMC's Counsel to enquire about the hearing and later informed that he did not intend to participate in the proceedings. The Respondent subsequently informed the SMC via email on 29 November 2017 that he would not be attending the Inquiry as he was not covered by insurance during the incident period. The learned Counsel for the SMC then requested to the Tribunal to proceed with the Inquiry *in absentia*, which was approved.

8 The Respondent clearly had notice of the Inquiry by this Disciplinary Tribunal ("**the Tribunal**") and was fully aware of the two charges brought against him by the SMC. Further, the Tribunal was satisfied that the Respondent was aware of the date of the Inquiry, and that the Inquiry would proceed in his absence if he elected not to take part in the proceedings. Accordingly, the Tribunal proceeded with the Inquiry on 6 February 2018 in the Respondent's absence.

9 At the proceedings, the Counsel for SMC adduced the affidavits from five witnesses, which included the Complainant-Patient, and two expert witnesses, namely Dr PE1, a General Surgeon with Clinic A, and Dr PE2, a Family Physician of Institution B and Medical Director of Institution C Physician Partnership Program. The Tribunal also heard the oral testimonies of Dr PE2 and Dr PE1.

The Statutory Declaration and Affidavit of the Complainant

10 At the material time, the Complainant worked at Company A. On 14 May 2013, he consulted the Respondent, the company doctor for a lump at his right buttock area and fever for five consecutive days. The Complainant thought the lump was a normal abscess but the lump had grown drastically in size and was causing him immense pain. It made a crackling sound when pressed and he could not even sit due to the pain.

11 The Complainant affirmed that he informed the Respondent of his symptoms and that he was a diabetic and had been off his medication for some time due to it being finished. According to the Complainant, the Respondent did not ask him to remove his clothes and lie down on the bed to perform a physical examination on the lump or the buttock area. When asked, the Respondent replied that it was not necessary. The Respondent prescribed him with three days of medical leave with antibiotics.

12 The Respondent affirmed that the next day, the lump started to spread to his testicles and upwards to his right groin area and causing these areas to swell as well. The Complainant proceeded to the A&E Department at Institution D and was admitted on 15 May 2013. He was diagnosed with Fournier's gangrene of the scrotum extending onto the perineum and required multiple surgical interventions, including the partial removal of his scrotum. He was eventually discharged from the hospital on 12 June 2013. The Complainant eventually lodged a complaint against the Respondent on 17 November 2014.

The Expert Opinion of Dr PE2

13 Dr PE2 provided his opinion on the consultation and management of the patient and commented that a proper examination and assessment of the buttocks and perineal area required the patient to be lying on his left on the examination couch, with clothing removed to fully expose the buttocks, knees bent towards the chest, so that the examining doctor could have an unobstructed view of the buttocks and the whole perineum. A digital rectal examination, if needed, could also be done in this position. Dr PE2 commented that while a doctor could conduct an examination with the patient standing, with his underwear pulled aside, this was not the preferred method.

14 Dr PE2 commented that the symptoms mentioned by the patient were not documented in the clinical notes. There was little information with regard to the issue of the abscess,

such as the presenting symptoms, the site, size and appearance. The clinical notes did not contain any record of a physical examination of the buttock swelling. The fact that the patient had diabetes but was not taking his medications was also not found in the clinical notes. Neither was it documented that the patient was advised to return for a review and what were the symptoms the patient should monitor to seek further treatment.

15 Dr PE2 opined that the medical records and case notes did not contain sufficient details for another doctor to take over the management of the patient, and the records did not contain sufficient documentation that was expected of a reasonable general practitioner in the Respondent's position.

16 Dr PE2 concluded that the symptoms presented by the patient should have warranted a more detailed clinical history and physical examination. He opined that a patient suspected to have both uncontrolled diabetes and a perianal abscess should have a random capillary blood glucose test and urine dipstick test. With the information presented or conveyed by the patient, the management would be to refer the patient to the hospital A&E for further assessment.

The Expert Opinion of Dr PE1

17 Dr PE1 noted in his expert report that the area of concern was in the perianal region extending to the perineum and the scrotum. Hence, it would not be possible to detect any involvement of the perianal region or in the perineum when the patient was in a standing position.

18 Based on the medical clinic records, Dr PE1 opined that the clinical examination conducted by the Respondent was inadequate. Other than just abscess at buttock written in the notes, there was no further descriptives as to which side was involved, and no mention of the size, appearance of the skin, whether there was a punctum or if it was pointing. Where a patient is a known diabetic and not compliant with treatment, there should have been a high index of suspicion with regard to the more severe progression of sepsis, i.e. Fournier's gangrene. Dr PE1 commented that it would have been helpful if the presence or absence of crepitus be mentioned. In this respect, Dr PE1 agreed that the progression of abscess to Fournier's gangrene could be very rapid and could occur within a day.

The Respondent's Written Explanation

19 Even though the Respondent did not attend the Inquiry, the Tribunal did have sight of his written explanation to the SMC. In the explanation, the Respondent understood the Complainant's allegation to be that he did not conduct a physical examination of the abscess at the perianal region. The Respondent stated that he vividly recalled that he had conducted a thorough physical examination of the perianal region during the consultation.

20 The Respondent claimed that the patient was in a standing position and pulled down his uniform overall to below his buttocks and the underwear was pulled aside to expose his buttocks. From the position, the Respondent claimed to have had an unobstructed view and conducted a physical examination of his perianal region. The Respondent was able to vividly recollect in great detail his clinical findings such as the size, appearance of the abscess, and that there were no signs of gangrene. Based on the physical examination and medical history, the Respondent diagnosed that the patient had an abscess and that it was in its early development in terms of size. Therefore, he prescribed the patient with a high dosage of antibiotics, Cloxacillin.

21 As the Respondent noted from the patient that he had a previous history of diabetes mellitus that was poorly controlled and that the patient had not been taking his medication regularly, the Respondent ordered three panels of blood tests. The results returned a few days later and indicated poor diabetic control. By then, the patient had already been admitted to Institution D.

22 The Respondent believed that any sign or symptoms of Fournier's gangrene would have presented itself after his consultation with the patient.

Findings

23 Although the Respondent elected not to participate in the proceedings and the Inquiry proceeded in his absence, the Tribunal was mindful that the burden remained on the SMC to prove its case beyond a reasonable doubt against the Respondent. In this regard, while the learned Counsel for SMC proposed to adduce the evidence via the statements of the witnesses and relevant exhibits, the Tribunal did not fully accede to the request. The attendance of the two material expert witnesses were not dispensed with as the Tribunal had some questions for both Dr PE1 and Dr PE2.

The Second Charge

24 Having carefully considered the written expert reports and having heard the oral testimonies of both experts, the Tribunal had no difficulty in finding the Respondent guilty of the 2nd charge.

25 From the evidence adduced, it was unequivocal that the medical records were plainly inadequate. Other than the two words “abscess”, with an arrow pointing to the word “buttock”, there was little else or information regarding the physical findings related to the abscess, such as the site, size, and appearance, and the presenting symptoms of the abscess. Dr PE2 testified that the two words “abscess → buttock” written in one corner without further details of the examination and assessment appeared like an after-thought. There was also no documentation of the symptoms mentioned by the patient, including the important fact that the patient had fever for five days and that he had diabetes but was not taking his medications.

26 The Tribunal agreed with the opinion of Dr PE2 that the clinical notes clearly did not contain sufficient details for another doctor reading the records to take over the management of the patient. This was clearly in breach of Guideline 4.1.2 of the 2002 ECEG. It was pertinent that having perused the Respondent’s written explanation and a copy of the medical records, Dr PE1 found it exceptional that the Respondent was able to recollect his clinical findings with such great detail some eight months after the incident.

27 There can be no argument that the medical records did not contain sufficient documentation that was to be expected of a reasonable general practitioner, and the Tribunal concluded that there was an intentional, deliberate departure from the standards observed or approved by members of the profession of good repute and competency under the 1st limb of ***Low Cze Hong v Singapore Medical Council*** *[2008] 3 SLR(R) 612* (“**Low Cze Hong**”).

28 Notably, the Respondent did not provide any defence to this charge, and as rightly submitted by the learned Counsel for the SMC, there was really no defence to this charge. Accordingly, the Tribunal finds the Respondent guilty of the 2nd charge.

The First Charge

29 As for the 1st charge, the learned Counsel for the SMC submitted that the Respondent failed to conduct an adequate clinical evaluation of the complainant; that the Respondent failed to make the appropriate diagnosis that the complainant had gangrene; and that the Respondent failed to immediately refer the complainant to the A&E Department of a hospital. In this regard, the learned Counsel for the SMC relied on the evidence of the Complainant (i.e. Patient) and the expert opinion of Dr PE1 and Dr PE2.

30 At this juncture, the Tribunal noted that there was a transcript of a recorded conversation between the Complainant and the Respondent that took place on 7 August 2013 at the Company A's Medical Centre. The Tribunal noted that the crux of the complaint was that the Respondent did not physically examine the Complainant's wound and that what the Complainant initially thought was an abscess was actually gangrene that had spread to his scrotum area the next day. In the conversation, the Complainant also questioned the Respondent why he did not refer him to a specialist straightaway.

31 The disagreement centered on whether the Respondent had inspected the wound, and if so, whether the Respondent would have known that it was abscess or gangrene as that could be readily identified. The rest of the conversation continued with the Complainant telling the Respondent the pain he had to endure and the permanent harm he had suffered as a result of the Respondent's failure to examine the wound and not immediately referring him to the A&E Department of a hospital for treatment.

32 The Tribunal noted that the allegations of the Complainant made against the Respondent were consistent and cogent. Against the Complainant's affidavit affirming that the Respondent had not performed a physical examination of the lump or the affected area on 14 May 2013, and that the Respondent had not conducted a proper assessment and had not provided adequate treatment and management of the Complainant, the Respondent did not offer any evidence to the contrary for the Tribunal to consider.

33 Hence, given the Respondent's decision not to participate in these proceedings, this Tribunal did not have the benefit of assessing the Respondent's credibility and in particular, his assertion that he had indeed conducted a physical examination of the complainant's perianal region in the manner as claimed in his written explanation to the SMC.

34 Be that as it may, even if the Tribunal were to accept this aspect of the Respondent's explanation, Dr PE2's expert opinion was that this was clearly not the preferred method or the proper way to look for the buttock abscess as the doctor would have to adopt a very awkward position to examine the area with the patient in a standing position. It would have been very difficult to visualise the perianal or perineal area, which is the area closer to the scrotum and it would not be very visible with the patient standing upright.

35 When asked for his opinion whether an examination had been carried out, Dr PE2 replied that he would say that no examination was carried out based on what was documented in the case notes. Other than the two words in the case notes with regard to the abscess, there was nothing to suggest that there was any examination done.

36 On the question of whether one could detect an infection in the perianal region or perineum in a standing or sitting position, Dr PE1's testimony was more definite. Dr PE1 testified that the only way to examine the perianal region was to lie the patient down and to spread the buttock cheeks to have access to the perianal area. Dr PE1 also agreed with the learned Counsel from SMC that based on the clinical notes, which Dr PE1 found to be very scanty, it would appear that there was no thorough examination.

37 In the final analysis, in absence of any credible evidence from the Respondent, the Tribunal saw no reason not to accept the Complainant's unchallenged evidence, as well as the undisputed testimonies of Dr PE2 and Dr PE1 that the Respondent had not carried out a proper physical examination of the patient, in particular, at the perianal region.

38 More significantly, the Tribunal was cognizant of the fact that when the Complainant saw the Respondent, he had told the Respondent that he had diabetes but had not been taking his medication for some time. The Complainant also mentioned the following symptoms to the Respondent, namely, that he had fever and chills and a right buttock lump for five consecutive days; that the lump had increased in size and had become very painful and he could not even sit due to the pain; and that he noted a crackling sound when pressing on the lump, one of the clinical signs of a late stage infection.

39 Dr PE2 gave evidence that if this was so, then it was not a situation which could have been managed in the clinic. In a patient who has uncontrolled diabetes, the likelihood

of a severe infection is higher, which would normally require treatment in a hospital setting, be it intravenous antibiotics or surgical management. Dr PE2 opined that the Complainant's diabetes was likely to be out of control as he had stopped his medication for some time and there was a potential for the abscess to spread into a necrotising soft tissue infection (gangrene) leading to life-threatening sepsis. The management of a perianal abscess should be a referral to the A&E Department for further assessment so that a decision could be made on the need for surgical drainage. Where the patient is suspected to have uncontrolled diabetes, it warrants immediate referral to the hospital for further assessment and treatment.

40 Dr PE2 also confirmed that it was a standard of care for the patient, suffering from an abscess to undergo a random capillary blood glucose test and if the blood glucose test result was very high, it would have made it more of an emergency to refer the patient to the hospital. The other test to conduct would be the urine dipstick to look for ketoacidosis.

41 The pertinence of these symptoms was also explained by Dr PE1 in his oral testimony. Dr PE1 explained that crepitus is one of the signs of gangrene, and usually in Fournier's gangrene (a term to refer to a form of aggressive gangrene), it is imperative that the patient receives urgent and aggressive medical treatment.

42 Dr PE1 further explained that the progression from abscess to Fournier's gangrene can be very rapid and in his experience, the progression can occur within a short space of 24 hours. In other words, it could start off as a simple abscess but can progress rapidly. On the question of whether it was possible that when the Respondent saw the patient on 14 May 2013, the patient had buttock abscess but the condition worsen to Fournier's gangrene subsequently, Dr PE1 replied that it was possible but he could not comment on the exact timing.

43 Dr PE1 reiterated that in a poorly controlled diabetic patient, one needs to have a high index of suspicion even though the patient may present with an abscess superficially. Visual inspection alone may not be sufficient as it can be underlying a rapidly evolving gangrene. Over a course of 24 hours, it could spread very far and the patient can become very sick. At the end of the day, the index of suspicion must be high when there is an infection in a poorly controlled diabetic, and the medical doctor would have to satisfy himself that there was nothing more serious by performing a proper physical examination.

44 Having regard to the testimonies of the expert witnesses, the Tribunal was satisfied that the Respondent had failed to conduct a proper examination of the patient, and the perianal region of the patient or the lump or abscess in particular. Further, the Respondent failed to perform a random capillary blood glucose test and also failed to refer the patient to the A&E Department of a hospital for further assessment and management.

45 The Tribunal agreed with the submission of the learned Counsel for the SMC that the Respondent was in breach of the Guidelines 4.1.1.1 and 4.1.1.5 of the 2002 ECEG and that there had been such a serious negligence that it objectively portrayed an abuse of the privileges which accompanied registration as a medical practitioner under the 2nd limb of **Low Cze Hong**. Accordingly, the Tribunal finds the Respondent guilty of the 1st charge.

46 The Tribunal would like to clarify that while the evidence adduced indicated that there was a necrotising soft tissue infection, the Tribunal also considered Dr PE1's testimony that it was possible that when the Respondent saw the patient on the day in question on 14 May 2013, the patient started off as a simple abscess but the condition worsened to Fournier's gangrene subsequently as the progression from abscess to Fournier's gangrene could occur very rapidly within a short span of 24 hours.

47 However, this did not detract from our findings that the Respondent had failed to properly examine the patient and to provide an adequate clinical evaluation of the patient. More pertinently, the Respondent also failed to refer the patient to the A&E Department at a hospital for further assessment and management. Hence, even if the Respondent was of the medical opinion that the abscess was in its early development and would not have diagnosed the patient with Fournier's gangrene, he had clearly put the patient at a serious risk of his infection worsening and progressing to a more aggressive form of infection such as Fournier's gangrene. Given the Tribunal's finding that the Respondent had not conducted a proper examination of the patient, this point would be of little assistance to the Respondent.

48 For the above reasons, the Tribunal was satisfied that the SMC has proven its case beyond a reasonable doubt and found the Respondent guilty of both charges.

Mitigation

49 The Tribunal did not have the benefit of any mitigation offered by the Respondent given his decision not to participate in this Inquiry.

Submission on Sentencing

50 In its written submission on sentencing, the learned Counsel for the SMC submitted that the Respondent's misconduct was egregious and caused permanent harm to the Complainant. The learned Counsel urged the Tribunal to ensure that the Respondent does not repeat his errors and that his patients and the public are protected from a repeat of such misconduct.

51 The learned Counsel submitted that the Tribunal should provide an "uplift" in the sentence, and based on the precedents cited, and considering that the Respondent was neither residing nor practising in Singapore, an appropriate sentence should be:

(a) a suspension period of six (6) months;

(b) a fine of $20,000; and

(c) the usual orders of censure, provision of written undertaking to abstain in future from similar conduct, and payment of costs of and incidental to the inquiry ("**Usual Orders**").

Reasons for the Disciplinary Tribunal's Orders

52 In deciding on the appropriate sentence to impose on the Respondent, the Tribunal was mindful of the principles of general and specific deterrence, the relevant sentencing precedents, and more significantly, the facts and circumstances of the case, and in particular, the nature of the misconduct in question. The Tribunal also noted the aggravating factors identified by the learned Counsel for the SMC, of which the Tribunal would like to highlight three factors.

53 First, it cannot be denied that the Complainant had suffered permanent and significant harm and this would be a seriously aggravating factor. As noted by the Court of Three Judges in ***Yong Thiam Look Peter v Singapore Medical Council*** *[2017] 4 SLR 66* ("**Yong Thiam Look Peter**"), the absence of harm would generally be a neutral consideration without any mitigating value. On the other hand, if harm to the patient did ensue in such a case where harm was not an element of the charge, this would be a seriously aggravating factor.

54 In the present case, while the Respondent had not caused the Complainant to develop Fournier's gangrene, the Tribunal could not ignore the fact that the Respondent had not properly examined the patient and failed to refer the patient to the A&E Department of a hospital for further assessment and management considering the patient's symptoms and diabetic condition. By the next day, the Complainant's condition worsened considerably and rapidly, resulting in the permanent harm suffered by the Complainant.

55 Second, the Tribunal was also of the view that the Respondent had shown a complete indifference to the Complainant's wellbeing despite being told about the symptoms and his diabetic condition. Apart from the fact that the Respondent did not conduct a proper examination of the patient, he also failed to perform a random capillary blood glucose test, which was essential for a diabetic patient suffering from an abscess. This was essential as it would be imperative for the patient to receive urgent medical attention. The Respondent had clearly fallen short of the standard of care expected of him.

56 Third, the Respondent had not shown any remorse, and by his refusal to participate in the proceedings, the Respondent also demonstrated a wilful disregard of the professional standards that the medical disciplinary proceedings were intended to safeguard and uphold. The purported reason given by the Respondent for not participating in the proceedings was due to a lack of funds to pay for the "hidden cost of the proceedings", presumably because he was not covered by insurance during the incident. However, the Tribunal found the reason to be most unsatisfactory and wholly unjustified.

57 The Tribunal noted from the Respondent's email correspondence that he was more concerned about whether he would still be allowed to work in Singapore rather than to attend to these proceedings that were pending against him. Surely one would have thought that if the Respondent truly believed he had discharged his duty to his patient as a doctor and there was no misconduct or negligence on his part, it would be crucial that he properly answered to the charges brought against him by SMC and clear his name through these proceedings.

58 Insofar as the nature of the misconduct was concerned, the Tribunal considered the applicability of general and specific deterrence to the facts of the case, and the Tribunal formed the unanimous view that the Respondent's misconduct clearly warranted both a suspension and a fine.

59 At the material time, the Respondent must have been aware of his obligations under the 2002 ECEG, and in particular, Guidelines 4.1.1.1 (on adequate clinical evaluation), 4.1.1.5 (providing competent, compassionate and appropriate care), and 4.1.2 (keeping clear and accurate medical records). The Tribunal considered the multiple breaches of the Guidelines by the Respondent, and in respect of the 2nd charge, the Respondent had intentionally and deliberately breached his duties by failing to record the Patient's symptoms presented, and the physical findings relating to the abscess in the Patient's medical records. This would materially impact on the ability of another doctor to safely take over the case should the need arise.

60 As stated by the Court of Three Judges in **Yong Thiam Look Peter** [at paragraph 10 of the judgment], it is important that medical professionals properly document the management of patients under their care. Properly kept medical records form the basis of good management of the patient and of sound communications pertaining to the care of the patient. By documenting such matters as patients' symptoms, history of illnesses, findings of clinical examinations, relevant investigative data, diagnosis and treatment plans, doctors not only set out the basis upon which they have acted but also ensure that the care of patients can be safely taken over by another doctor should the need arise. This is more so when the Respondent practises in a group practice with several other doctors who may be called upon to take over any given case.

61 In the present case, the medical records kept by the Respondent of the patient were scanty and inadequate and the failure to keep clear and accurate medical records should not be seen as a minor or technical breach but a serious breach. It further fortified the Tribunal's view that the Respondent had not conduct a proper examination of the patient.

62 The Tribunal next deliberated on the period of suspension and decided that a period of suspension of three months would be a sufficient sanction to send an appropriate signal to maintain the highest professional standards expected of medical professionals.

63 In this regard, the Tribunal considered the case of ***SMC v Fong Wai Yin*** cited by the learned Counsel where the general practitioner was suspended for 3 months after the latter pleaded guilty to three charges in breach of similar Guidelines 4.1.2, 4.1.1.1 and 4.1.1.5, and for failing to provide a timely referral of the Patient to an ophthalmologist in a specialist clinic or hospital setting for immediate and urgent assessment.

64 The Tribunal was of the view that the present case was not too dissimilar to the case cited by the learned Counsel, but noted that Dr Fong faced three charges and had pleaded guilty, and that the facts of the present case were more serious and aggravated, in view of the Respondent's lack of remorse and his refusal to participate in the proceedings without a justifiable reason.

65 Considering that the Respondent was neither residing nor practising in Singapore, the Tribunal agreed with the learned Counsel from SMC that any suspension might have a limited punitive effect. In this respect, the Tribunal was unanimously of the view that it was important to send a strong message that a wilful refusal to participate in the medical disciplinary proceedings by a medical professional should not be taken lightly. If found guilty of professional misconduct, the errant doctor could expect the Tribunal to take a serious view of this in meting out an appropriate sentence.

66 To that extent, the Tribunal agreed with the learned Counsel from SMC that the appropriate sentence to be imposed by the Tribunal must provide both a general and specific deterrence. Accordingly, the Tribunal reached a unanimous view that a fine of $40,000/- be imposed on the Respondent.

Orders by this Disciplinary Tribunal

67 Having fully considered all the facts and circumstances, the submission of the SMC, and the sentencing precedents cited, the Tribunal ordered that the Respondent:

(a) be suspended for a period of **three (3) months**;

(b) pay a fine of **$40,000**;

(c) be censured;

(d) give a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct; and

(e) pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC.

Publication of Grounds of Decision

68 We also order that the Grounds of Decision be published.

69 The hearing is hereby concluded.

Dated this 12th day of April 2018.