

IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2019] SMC DT 4

Between

Singapore Medical Council

And

Dr Tan Kok Leong

... Respondent

GROUNDS OF DECISION

Administrative Law — Disciplinary Tribunals

Medical Profession and Practice — Professional Conduct — Removal from Register

TABLE OF CONTENTS

Introduction.....	3
The Charges	4
Background and Agreed Statement of Facts.....	6
The Case for the Singapore Medical Council	9
The Case for the Respondent	12
Findings	13
Submission on Sentencing.....	15
Mitigation Plea.....	19
The Sentence.....	21

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Singapore Medical Council

v

Dr Tan Kok Leong

[2019] SMCDT 4

Disciplinary Tribunal – DT Inquiry No. 4 of 2019
Dr Chan Wing Kwong (Chairman), Dr Ong Pui Sim, and Mr Yap Yew Choh Kenneth
(Legal Service Officer)
2 May 2019

Administrative Law — Disciplinary Tribunals

Medical Profession and Practice — Professional Conduct — Removal from Register

2 May 2019

GROUNDS OF DECISION

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

INTRODUCTION

1. The Respondent faces five charges brought by the Singapore Medical Council (“SMC”) for having being convicted for offences implying a defect in character which rendered him unfit for his profession. The offences were committed over two incidents. In the first incident, during the course of performing a liposuction procedure, the Respondent was convicted of outraging the modesty of his male patient under sedation by touching the latter’s genitals. In the second incident, the Respondent was convicted of twice administering *Dormicum* and *Rosiden*, both stupefying drugs, with the intent of committing molest while the same patient was recuperating at a hotel room after a second liposuction procedure. Over the course of two days, the Respondent was further convicted of two charges of outraging

the patient's modesty by holding the latter's penis. The Respondent was sentenced to serve an aggregate 54 months' imprisonment for all five charges following the conclusion of an appeal to the High Court.

2. Before this tribunal, the Respondent admitted to the fact that he had been convicted, but declined to plead guilty as he wished to maintain his position that he was innocent of the charges. Having considered arguments of the parties, this tribunal convicted the Respondent of all five charges, and having heard the parties' submissions on mitigation and sentencing, adjourned the matter for consideration of the appropriate penalty. Having considered the matter, we hereby direct that the Respondent be struck off the appropriate register of medical practitioners, and that costs of and incidental to the hearing, including the costs of the solicitors of the SMC, be paid by the Respondent to the SMC. We now provide our reasons for conviction and sentence.

THE CHARGES

3. The SMC preferred five charges against the Respondent, brought pursuant to s 53(1)(b) of the Medical Registration Act (Cap. 174), for having been convicted in Singapore of offences implying a defect in character which renders him unfit for his profession. The relevant criminal convictions which form the basis of these charges are detailed as follows:
 - (a) **The First Charge**: That on or about 6 June 2013, at Life Source Medical Centre, located at Novena Medical Centre, 10 Sinaran Drive, #11-16, Singapore, the Respondent did use criminal force on his patient, by touching his genital area, knowing it would be likely that it would outrage his modesty. The Respondent was acquitted of this charge by the District Court on 23 June 2016, but upon appeal by the Public Prosecutor, was convicted by the High Court on 25 May 2017 and ordered to serve a sentence of 14 months' imprisonment.
 - (b) **The Second Charge**: That on or about 5 July 2013, at Oasia Hotel, 8 Sinaran Drive, Singapore ("the Oasia Hotel"), the Respondent did administer stupefying drugs, namely Dormicum and Rosiden, on his

patient with the intention of committing an offence of outrage of modesty, in contravention of s 328 of the Penal Code. The Respondent was convicted by the District Court of this charge on 28 July 2016 and sentenced to serve 30 months' imprisonment. Upon appeal by the Public Prosecutor, the High Court increased the sentence to one of 40 months' imprisonment.

- (c) **The Third Charge**: That on or about 5 July 2013, at the Oasia Hotel, the Respondent did use criminal force on his patient, by holding his penis, knowing it would be likely that it would outrage his modesty. The Respondent was convicted of this charge and sentenced by the District Court on 28 July 2016 to serve 12 months' imprisonment for the charge. On appeal by the Public Prosecutor, the sentence was increased by the High Court on 25 May 2017 to 14 months' imprisonment.
- (d) **The Fourth Charge**: That on or about 6 July 2013, at the Oasia Hotel, the Respondent did administer stupefying drugs, namely Dormicum and Rosiden, on his patient with the intention of committing an offence of outrage of modesty, in contravention of s 328 of the Penal Code. The Respondent was convicted by the District Court of this charge on 28 July 2016 and sentenced to serve 30 months' imprisonment. Upon appeal by the Public Prosecutor, the High Court increased the sentence to one of 40 months' imprisonment.
- (e) **The Fifth Charge**: That on or about 6 July 2013, at the Oasia Hotel, the Respondent did use criminal force on his patient, by holding his penis, knowing it would be likely that it would outrage his modesty. The Respondent was convicted of this charge and sentenced by the District Court on 28 July 2016 to serve 12 months' imprisonment for the charge. On appeal by the Public Prosecutor, the sentence was increased by the High Court on 25 May 2017 to 14 months' imprisonment.

- 4. By way of summary, the Respondent was first convicted and sentenced to an aggregate of 42 months' imprisonment for the Second to Fifth Charges by the District Court on 28 July 2016. The learned District Judge had then ordered that

one 12-month term for the outrage of modesty offence was to run with another 30-month term for the administration of stupefying drugs. On appeal to the High Court, the learned High Court Judge overturned the District Court's acquittal on the First Charge, and increased the sentences for outrage of modesty to 14 months' imprisonment and the sentences for administration of stupefying drugs to 40 months' imprisonment, with one term from each type of charge to run consecutively. This increased the sentence over that imposed by the District Court by 12 months, to a total of 54 months.

BACKGROUND AND AGREED STATEMENT OF FACTS

5. At all material times, the Respondent practised as a medical practitioner registered with the SMC, pursuant to the Medical Registration Act (Cap. 174).
6. The outcomes of the District Court decisions on 23 June 2016 and the High Court decision on 25 May 2017 were admitted by agreement, and the Grounds of Decision released by the High Court on 31 July 2017 in *PP v Tan Kok Leong* [2017] SGHC 188 ("the High Court Judgment") was annexed as part of the Agreed Statement of Facts.
7. The salient facts of this case as found by the High Court are summarised as follows:
 - (a) The Respondent is male and was 49 years of age at the time of the offence. He was a doctor specialising in aesthetic medicine, and was a partner in the medical practice known as Life Source Medical Practice.
 - (b) The Respondent performed liposuction procedures on the patient on 6 June 2013 and again on 5 July 2013. Both procedures were performed at Life Source's premises.
 - (c) During the first liposuction procedure on 6 June 2013, the Respondent had placed his hand under the surgical drape used to cover the patient's lower torso during the procedure and touched his genital area. The Respondent's

clinical assistant, Ms A, saw the Respondent place his hand under the drape and touch the patient's private part, and saw that his hand was moving up and down. Ms B, who was the Respondent's scrub nurse, saw the Respondent's hand below the drape touching the patient's sexual organ and saw his hand moving, and added that the drape was moving up and down. It was found by the High Court that the evidence of both witnesses was mutually corroborated (see [57] of the High Court Judgment), and that Ms B walked out of the room in anger as she "didn't want to see" more of what was going on. She also told Ms A that she walked away because she "couldn't take it" (see [58] of High Court Judgment). During this time, the victim's then fiancée, who was also a doctor, was in attendance in the room but did not witness the Respondent's actions as she was concentrating on administering a nose filler injection on the patient.

- (d) After the second liposuction procedure on 5 July 2013, the Respondent told the patient that he had booked a hotel room for the patient to recuperate from his procedure. Thereafter, they proceeded to the Oasia Hotel.
- (e) At about 11 pm that evening, while in the hotel room, the Respondent told the patient that he would be administering Dormicum, a stupefying drug and Rosiden, a painkiller. The accused thereafter administered both drugs intravenously.
- (f) It was found by the District Court that there was no need for the Respondent to sedate the victim. The Prosecution's expert witness, Prof PE, stated that the sedation of patients in any form should be done judiciously and that the patient should be monitored closely, which was not done as the Respondent had fallen asleep in the early hours of 6 July 2013. He maintained that it was improper to sedate a patient in a non-clinical environment, as the patient would need to be properly monitored failing which the patient might become apnoeic. Prof PE further opined that it was unsafe to sedate a patient without proper resuscitation equipment.

- (g) Sometime that evening, after administering the drugs, the Respondent pulled down the patient's shorts and took photographs of the patient's penis and genital area. Photographs were taken of the Respondent holding and pressing down the patient's penis. Photographs were also taken of the patient in a half-naked state.
 - (h) Both parties continued staying in the hotel room on 6 July 2013. In the evening, the Respondent administered both drugs intravenously to the patient again. Sometime that evening, after administering the drugs, the Respondent pulled down the patient's shorts and took photographs of the patient's penis and genital area. Photographs were taken of the Respondent holding and pressing down the patient's penis. Photographs were also taken of the patient in a half-naked state.
 - (i) In total, the Respondent had stored a selection 21 photographs of the patient in a folder on the Respondent's mobile phone labelled with the patient's name. Some of these photographs captured the patient's face together with his exposed penis. These photographs were taken without the patient's consent or knowledge. During their stay at the Oasia Hotel on 5 and 6 July 2013, the Respondent never showed the patient any of the photographs he had taken. The photographs only came to light after a partner of the Respondent in his medical practice chanced upon them.
8. While the Respondent agreed to the admission of the High Court Judgment, he did not admit to the SMC charges, even though he had confirmed through his solicitors in correspondence that he did not intend to contest any of the elements of the said charges.
9. At the hearing before us, neither party saw the need to call any witnesses to advance their respective cases before the Disciplinary Tribunal.
10. It should be noted that the Respondent was serving his sentence of imprisonment on the date of the hearing before the Disciplinary Tribunal. In a letter dated 3 December 2018 which was provided to the Disciplinary Tribunal, the Respondent

acknowledged that he had exhausted all possible avenues to vindicate himself of the allegations in question. He confirmed that he waived his rights to appear before the Tribunal, and did not wish to raise any further arguments to the charges. He further indicated that he was to be represented by his counsel, who would address the Tribunal on his behalf. On the date of the Tribunal hearing, it was conveyed to Counsel for the Respondent that should the Respondent so desire, the proceedings could be adjourned for arrangements to be made with the prison authorities for his attendance. Counsel for the Respondent again confirmed the Respondent's position as conveyed in his letter of 3 December 2018 that he waived all rights to attendance.

THE CASE FOR THE SINGAPORE MEDICAL COUNCIL

11. Counsel for the SMC submitted that a charge pursuant to s 53(1)(b) of the Medical Registration Act ("MRA") consisted of two distinct elements:

- (a) The medical practitioner has been convicted in Singapore or elsewhere of a criminal offence; and
- (b) That criminal offence (so committed) implies a defect in character which makes him unfit for his profession.

12. With regard to the first element of the charge, s 53(3) of the MRA provides that a conviction for a criminal offence shall be regarded as final and conclusive by a Disciplinary Tribunal hearing such a charge:

Section 53(3) of the MRA

In any proceedings instituted under [Part 7 of the MRA] against a registered medical practitioner consequent upon his conviction for a criminal offence, a Disciplinary Tribunal and the High Court on appeal from any order of the Disciplinary Tribunal shall accept his conviction as final and conclusive.

13. Accordingly, the SMC took the view that the fact that the Respondent was convicted on the five criminal charges that form the basis of the SMC charges is not subject to challenge.

14. With regard to whether these convictions implied a defect of character that made the Respondent unfit for his profession, counsel for the SMC submitted that this depended on the nature of the offence and the sentence imposed by the criminal court, per *Dr Ong Theng Kiat* [2015] SMCDT 2 at [28].
15. In relation to the First, Third and Fifth Charges relating to outrage of modesty, counsel for the SMC submitted that where medical practitioners had been found guilty of criminal sexual offences, previous Disciplinary Tribunals had consistently accepted that these were offences which fell under the ambit of s 53(1)(b) of the MRA. Two precedent cases were cited in this regard, namely *In the Matter of Dr Ong Theng Kiat*, which involved the offence of having sex with a minor, and *In the Matter of Dr Lee Siew Boon Winston* [2018] SMCDT 4 (“*Dr Winston Lee’s case*”), which involved two offences of outrage of modesty.
16. In particular, counsel for the SMC pointed out that the Respondent’s case was of at least equal or greater culpability than that of *Dr Winston Lee’s case* for the following reasons:
 - (a) Both involved more than one outrage of modesty charge under s 354 of the Penal Code, with the Respondent being convicted of three charges as compared to two charges in the case of *Dr Lee Siew Boon Winston*;
 - (b) The Respondent had committed his offences on multiple occasions, unlike *Dr Winston Lee’s case*;
 - (c) The Respondent had abused his position of trust as the patient’s medical practitioner when he outraged the modesty of in the course of a medical treatment (with respect to the First Charge). Similarly, the Second to Fifth charges were committed while the Respondent was purportedly rendering post-surgery medical care to the patient.
 - (d) The sentences imposed on the Respondent for outrage of modesty (14 months’ imprisonment per charge) were significantly higher than the

sentence imposed in *Dr Winston Lee's* case (9 and 10 months' imprisonment on the outrage of modesty charges).

17. Based on the above, the SMC submitted that the Respondent's convictions for outrage of modesty clearly implied a defect in character making him unfit for his profession.
18. In relation to the Respondent's convictions under s 328 of the Penal Code for administering stupefying drugs with the intention of committing an offence, it was acknowledged that there had been no reported decisions for an SMC charge under s 53(1)(b) of the MRA in relation to such criminal convictions. Nevertheless, it was pointed out by counsel for the SMC that the threshold for s 53(1)(b) had been crossed for the following reasons:
 - (a) The offence under s 328 of the Penal Code carried a maximum punishment of ten years' imprisonment, and was a serious crime, given the potentially harmful consequences on the victim (see *PP v Ng Bee Ling Lana* [1992] 1 SLR(R) 448 at [15]), as well as the possibility of side-effects from the drug in question.
 - (b) Offences under s 328 involving the administration of drugs involved a degree of premeditation, and the Respondent had particularly employed a deliberate and elaborate scheme to carry out his illicit sexual desires in this case. The High Court had found that the Respondent had booked the hotel room where the offences were committed even before the medical procedure was carried out on the patient, and had deliberately left an intravenous plug in the patient's arm so that he could administer *Dormicum* at a later point (see the High Court Judgment at [36], [74], [85], [86] and [93]).
 - (c) The Respondent had abused the unique privilege he had as a medical practitioner to prescribe and administer drugs to the patient in the commission of the offence. This was despite the fact that, as found by the High Court, the use of *Dormicum* was not warranted in the circumstances.

- (d) The Respondent was in breach of numerous ethical duties under the 2016 edition of the SMC's Ethical Code and Ethical Guidelines ("2016 ECEG"), including failing to offer his patients treatment that was beneficial and breaching the prohibition against inappropriate physical contact or sexualised behaviour of any kind (see Guidelines A1(5) and C4(1) of the 2016 ECEG).
19. Based on the above grounds, the SMC submitted that the convictions by the High Court make it amply clear that the five offences for which he had been convicted implied a defect of character that made the Respondent unfit for his profession. There would accordingly be no conceivable basis for the Respondent not to have admitted to the SMC charges.

THE CASE FOR THE RESPONDENT

20. Counsel for the Respondent confirmed his client's position that he did not wish to raise any arguments or contest any of the elements of the charges for which he was convicted in the criminal courts.
21. Following the High Court decision, the Respondent had filed a criminal motion to the Court of Criminal Appeal ("CCA") for the High Court's decision to be reversed on the grounds, *inter alia*, that the trial and appellate court had failed to consider the evidence of the Respondent's witnesses and did not give adequate reasons for not accepting their evidence, and that they had also failed to consider the evidence that the Respondent was administering the drugs to relieve the patient of his pain. The CCA however dismissed the Respondent's criminal motion for leave to appeal. Accordingly, it was accepted that the decision of the High Court was final with respect to the five charges in the present matter, and it was accepted that the Disciplinary Tribunal shall accept his conviction as final and conclusive pursuant to s 53(3) of the MRA.
22. However, the Respondent's position was that whether the convictions implied a defect of character which made him unfit for the profession was a matter that had to be determined by the Disciplinary Tribunal. Reference was made to the case of

Law Society of Singapore v Narinder Singh s/o Malagar Singh [1997] 3 SLR(R) 334, in which the court had found that the decision of whether a conviction implied a defect in character which would make a practicing lawyer unfit for his profession under s 83(5) of the Legal Profession Act (Cap. 161) (which was *in pari materia* with s 53(3) of the MRA) was a matter to be determined by the Disciplinary Tribunal (at [10]-[12]). With respect to this component of the SMC charges, the Respondent's position was similarly to decline to make any submissions and to leave the matter for the Tribunal's determination.

FINDINGS

23. The Tribunal considered that this was an unprecedented case both in terms of the number of charges for which the Respondent was convicted, as well as the serious nature of the charges, the brazenness with which they were committed, and the penalties that were imposed by the High Court.
24. We are in full agreement with the SMC that the threshold for liability under s 53(1)(b) is crossed once a sexual offence has been committed by a medical practitioner. It is axiomatic that patients place their bodily and physical integrity in the trust and care of their treating physician. Any breach of this trust brings irreparable harm to the reputation and good standing of the medical profession as a whole. It follows that any medical practitioner convicted of a sexual offence in relation to a patient should, by that very act, be considered to be unfit to practice in this hallowed profession.
25. With regard to the Second and Fourth Charges relating to the administering of stupefying drugs with the criminal intent of committing molest, we find that these are even more serious offences which strike at the *raison d'être* of the medical profession, which is to apply one's powers and knowledge to the object of helping and saving lives. The Respondent has instead cynically exploited his knowledge of and access to restricted drugs to facilitate his own nefarious criminal intent, with total disregard to the risk to the patient's health. His actions go beyond the pale, and reveal a defect of character that leaves us in no doubt that the Respondent is unfit to be a medical practitioner.

26. While the facts contained in the charges clearly cross the threshold of liability under s 53(1)(b), we found that the manner in which the Respondent committed the offences further confirmed this finding. We find no clearer expression of the egregiousness of the Respondent's conduct than the words of See Kee Oon J in the High Court Judgment, from which we quote liberally from [86] – [87]:

86. The conduct of the Accused's defence at trial showed that he was completely unremorseful. His behaviour was utterly disgraceful. I need only summarise the main aggravating factors. The Accused had gravely abused his position of trust and authority as a medical professional to take advantage of his own patient, who was ostensibly also his protégé and business partner. His actions were clearly planned and premeditated. He indulged in multiple instances of skin-to-skin contact with the victim's penis when the victim was completely unconscious, at his most vulnerable and defenceless.

87. The Accused gave himself full licence to basically do whatever he pleased when the victim was under sedation, without any regard to the immense indignities that the victim was being made to suffer at his hands. He not only took numerous photographs of the victim's penis, but also deliberately captured the victim's face in the photographs. He ignored the serious and real risks in sedating the victim. He was not even awake when the victim woke up to find him lying on the bed beside him on 6 July 2013. He also decided that Attack was the best defence, and chose to instruct counsel to attack the victim's character and cast doubt on the credibility of the other witnesses.

27. Finally, the fact that the High Court saw fit to increase the total term of imprisonment from 40 to 54 months is ample testament to the grave and alarming conduct behind the Respondent's offences. We also note that such acts of molest would also have attracted caning. As observed by See Kee Oon J, each of the outrage of modesty offences would ordinarily have attracted caning as part of the penalty, save that the Respondent could not be caned as he was over 50 years of age (see [91] of the High Court Judgment).
28. We also take note that the Respondent had decided to make no specific submissions against the charges, save that he requested this Tribunal to make an independent assessment of whether the criminal convictions carry him over the threshold for liability under s 53(1)(b). Given the multitude of reasons elucidated above, we found ourselves in no doubt that the Respondent's actions revealed a defect of character that clearly rendered him unfit to practice as a medical

professional. We accordingly found the accused guilty of all five charges brought by the SMC.

SUBMISSION ON SENTENCING

29. Section 53(2) of the MRA lists out the possible sanctions that may be imposed by the Tribunal for the Respondent's conviction on the five SMC Charges:

Section 53(1) and (2) of the MRA

- (1) Where a registered medical practitioner is found by a Disciplinary Tribunal ... (b) to have been convicted in Singapore or elsewhere of any offence implying a defect in character which makes him unfit for his profession; ... the Disciplinary Tribunal may exercise one or more of the powers referred to in subsection (2)
- (2) For the purposes of subsection (1), the Disciplinary Tribunal may –
 - (a) by order **remove the name** of the registered medical practitioner from the appropriate register;
 - (b) by order **suspend** the registration of the registered medical practitioner in the appropriate register for a period of not less than 3 months and not more than 3 years;
 - (c) where the registered medical practitioner is a fully registered practitioner in Part I of the Register of Medical Practitioners, by order **remove his name from Part I of that Register** and register him instead as a medical practitioner with conditional registration in Part II of that Register, and section 21(4) and (6) to (9) shall apply accordingly;
 - (d) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical Practitioners, by order **impose appropriate conditions or restrictions** on his registration;
 - (e) by order impose on the registered medical practitioner a **penalty** not exceeding \$100,000;
 - (f) by writing **censure** the registered medical practitioner;
 - (g) by order require the registered medical practitioner to give such **undertaking** as the Disciplinary Tribunal thinks fit to abstain in future from the conduct complained of; or
 - (h) make **such other order** as the Disciplinary Tribunal thinks fit, including any order that a Complaints Committee may make under section 49(1).

[Emphasis added]

30. Counsel for the SMC submitted that the appropriate order was that the Respondent's name be struck off from the appropriate register (pursuant to s 53(2)(a) of the MRA), and that the Respondent pay the costs of and incidental to the present disciplinary proceedings, including the costs of the SMC's solicitors.

31. As a starting point, Counsel for the SMC emphasised that sanctions in medical disciplinary proceedings serve the key functions of general and specific deterrence. Counsel referred us to the holding by the Court of Three Judges in *Singapore Medical Council v Kwan Kah Yee* [2015] 5 SLR 201, which stated at [50] that “sanctions in medical disciplinary proceedings serve two functions: first, to ensure that the offender does not repeat the offence; and second, to uphold the standing of the medical profession.” In this case, it was submitted that the Respondent had, through his actions, posed a serious danger to his patients, and severely undermined public trust in the profession. A deterrent sentence would show that the medical profession did not condone such actions, and correct any possible misconception by the public as regards the integrity and probity of medical practitioners in Singapore. In this regard, counsel for the SMC also drew the Court of Three Judges’ view in *Wong Meng Hang v Singapore Medical Council and other matters* [2018] SGHC 253 (“*Wong Meng Hang*”) at [67], where the factors apposite to imposing a penalty of striking off were elucidated. We will examine these factors in more detail shortly.
32. Next, Counsel for the SMC helpfully brought the Tribunal through a series of cases involving sexual offences:
- (a) ***Disciplinary Inquiry for Dr A (1982)(Unreported)***: Dr A was convicted of two charges for outrage of modesty under s 354 of the Penal Code. He had undressed a female patient while she was in an unconscious state and arranged her body in certain postures for the purpose of taking photographs of her. He was charged, *inter alia*, with professional misconduct in respect of his conviction for outrage of modesty, and was struck off the register for this charge.
 - (b) ***Disciplinary Inquiry for Dr C (22 July 1998)(Unreported)***: Dr C pleaded guilty to one criminal charge of insulting the modesty of a woman under s 509 of the Penal Code. He was found to be peeping and shining a torch into her vehicle while she was in a state of undress. The Council took the view that it could not dismiss the respondent doctor’s criminal conviction for voyeurism as a mere peccadillo but must impose a suitable penalty in

order to uphold the integrity of the medical profession as a whole. The doctor's name was removed from the register as a result.

- (c) ***In the Matter of Dr Lee Siew Boon Winston*** [2018] SMCDT 4: The respondent doctor was convicted of two charges, one of which was a s 53(1)(b) charge under the MRA in respect of two convictions under s 354(1) of the Penal Code for outrage of modesty. In the criminal charges, the doctor had inserted his hand into his patient's brassiere cup and touched her left breast and nipple, in the course of two separate medical consultations. He received an aggregate term of 10 months' imprisonment for both convictions for outrage of modesty. The Disciplinary Tribunal eventually ordered that the respondent's name be removed from the appropriate register, and that he pay the costs of the proceedings, including the costs of solicitors to the SMC.
- (d) ***Disciplinary Inquiry of Dr D (7 April 1987)(Unreported)***: This case was decided under the Dental Board but cited to show how other medical-related disciplinary bodies likewise struck off their members for committing sexual offences. In this case, the respondent dentist was charged under s 17(1)(c) of the Dentists Act (Cap. 76) for a conviction for outrage of modesty when he used criminal force on his female patient by rubbing her vagina and touching her right breast. In this case, the Dental Board likewise ordered that the respondent dentist's certificate of registration be cancelled and that his name be removed from the register.
33. Having traversed the above authorities, it was submitted on behalf of the SMC that the present case is more aggravated than the preceding cases for the following reasons:
- (a) Outrage of modesty is a more serious offence than insulting of modesty (as the former involves the use of criminal force). Notably, in *Dr C's case*, the respondent doctor was struck off merely for the less serious "peeping" offence of insulting modesty under s 509 of the Penal Code.

- (b) The Respondent in this case was not only convicted of outrage of modesty, but also the offence of s 328 of their Penal Code for the administration of stupefying drugs with the intention to commit an offence (i.e. the outrage of modesty). This is a far more serious offence than that of outrage of modesty, as it carries a maximum sentence of up to 10 years' imprisonment (in addition to fine/caning), as opposed to a maximum of 2 years' imprisonment for the outrage of modesty (in addition to fine/caning). The commission of a s 328 offence by a medical practitioner also carries greater implications, since the profession has the unique privilege of being authorised by law to obtain and prescribe restricted drugs. In this case, the stupefying drug of *Dormicum* is a prescription-only drug. There is thus abject abuse of the privilege accorded to the Respondent in this case.
- (c) The application of stupefying drugs presented an unnecessary risk to the patient's health, given that it was administered in a non-hospital environment, without the requisite monitoring.
- (d) The Respondent's convictions for the criminal charges were widely reported by the media, both domestically and internationally, which further diminished the high standing of members of the profession and undermined public confidence.
- (e) The Respondent had, in the words of the High Court "gravely abused his position of trust and authority as a medical professional to take advantage of his own patient, who was ostensibly also his protégé and business partner" (the High Court Judgment, at [86]).
- (f) The Respondent had not exhibited any remorse or contrition for his misconduct. Despite overwhelming evidence and the weight of well-established precedents, the Respondent chose not to admit to the charges, and instead, put the SMC and Tribunal through the time and expense of dealing with the issue of guilt;

(g) The Respondent presents a continued risk to the public if allowed to practice, given his lack of remorse.

34. For the above reasons, the SMC maintained that the Respondent should be struck off from the appropriate register, and that he be ordered to pay the costs of the proceedings and the costs of SMC's solicitors.

MITIGATION PLEA

35. Counsel for the Respondent raised the following issues in mitigation.

Personal Background and Character

36. The Respondent is aged 53 years and resides in Singapore. He has been a medical practitioner for more than 25 years, and runs both general and aesthetic practices in Singapore and Malaysia. He claimed to be a renowned doctor in the field of aesthetic medicine, having travelled frequently to several countries to conduct workshops, seminars and lectures at the invitations of clinics and distributors. He is also a first time offender, and has not faced previous complaints to or disciplinary proceedings brought by the SMC.

37. Next, it was highlighted that the Respondent was active in charity work, one example of which was that he volunteered to remove tattoos from ex-prisoners under the Yellow Ribbon Project. He also travelled to Croatia in 2014 to aid flood victims and raise funds in their aid. It was submitted that these acts were a true testament to the Respondent's good character, which should be given weight in sentencing.

38. It was further submitted that the Respondent was a pioneer in the field of liposuction, having introduced laser-assisted liposuction and ultrasound-assisted liposuction to Singapore and Southeast Asia in 2003 and 2006 respectively. His curriculum vitae also lists his membership in various professional organisations and accolades and achievements over his career. Finally, positive character references were provided by the Respondent's patients and fellow practitioners. It

was therefore submitted that the circumstances of the offence were highly exceptional, and had to be weighed against his achievements in the course of a distinguished career.

The Appropriate Sentence

39. Counsel for the Respondent took the view that striking off would be disproportionate given that the Respondent's conduct was not among the worst conceivable, and that a suspension of not more than two years upon the Respondent's release from prison would be a just and reasonable global sentence.
40. First, Counsel for the Respondent sought to show that other precedents involved more serious transgressions. It was noted that in *In the Matter of Dr Ong Theng Kiat* [2015] SMCDT 2 ("*Dr Ong's case*"), the Respondent was convicted of two charges of statutory rape under s 376A(1)(a) of the Penal Code, for having penetrative sex with a girl who was a minor. It was pointed out that Dr Ong had lied to the victim about his age and profession to encourage her to engage in unprotected intercourse, which rendered his offence far graver than the present. The case of *Dr Wee Teong Boo* (22 April 2017) was also cited as an example where the Interim Orders Committee declined to order suspension while the Respondent was facing charges for rape and molest of a female patient. The Committee instead ordered that he undertake consultations of female patients with a female chaperone. At this point, we would state that we did not find reference to this case to be helpful as an interim order is subject to different considerations, the chief of which is that the Respondent facing pending charges is presumed innocent until proven guilty.
41. Second, it was highlighted that the Respondent had had a clean record during his practice of over 25 years, and that he thereby had a very low risk of re-offending.
42. Third, it was pointed out that the fact that a doctor was found guilty of a s 53(1)(b) charge did not necessarily mean or invariably require a sentence of suspension (see *In the Matter of Dr Wong Mei Ling Gladys* [2015] SMCDT 6 at [18]). In the case of *In the Matter of Dr Teo Tiong Kiat* [2014] SMCDT 1, it was found that a

fine could restore the public confidence in the medical profession where a doctor had been convicted of an offence implying a defect in character. Even in *Dr Winston Lee's* case, it was pointed out that the Disciplinary Tribunal had held in [63] that “it is clear that sexual misconduct does not automatically attract a removal from the Register, and each case will have to depend on its own unique facts.”

43. Finally, counsel for the Respondent argued that the period of incarceration that would be served would already be a *de facto* suspension of 54 months. This was held to be a relevant consideration in *Dr Lim Kok Houw Mervin* (5 May 2014), where the Disciplinary Tribunal noted in [6] that the respondent had served eight months of imprisonment and had been detained for four months in the Drug Rehabilitation Centre, due to charges relating to drug possession and possession of utensils for drug consumption. Taking this into consideration, the respondent was given a censure, ordered to give a written undertaking against committing similar conduct, and to pay costs of the proceedings and the solicitors of the SMC.
44. For these reasons, the Respondent urged this Tribunal to exercise leniency and compassion, considering that he was a man of good character, which mitigated the “defect in character” central to the conviction of the charges. This, in the view of the Respondent, merited at most two years of suspension from practice as punishment.

THE SENTENCE

When a sentence of striking off is justified

45. The removal of a doctor’s name from the medical register is the most severe penalty open to the Disciplinary Tribunal under s 53(2) of the MRA. It is not to be imposed lightly. The conduct must be of a nature that is inimical to the fundamental mission of the medical practitioner. Detailed guidance has been provided on what acts are heinous enough to invoke this penalty by the Court of Three Judges in *Wong Meng Hang v Singapore Medical Council and other*

matters [2018] SGHC 253. Sundaresh Menon CJ, delivering the judgment on behalf of the Court said at [66]:

In our judgment, when deciding whether or not to strike a doctor off the register of medical practitioners under s 53(2)(a), the ultimate question is whether the misconduct was so serious it renders the doctor unfit to remain as a member of the medical profession... If a doctor's conduct is so fundamentally at odds with the values of the medical profession, then the only logical consequence that follows is that he must be struck off.

46. The learned Chief Justice went on to set out several factors that would give rise to a consideration for striking off the register (at [67]):

- (a) When the misconduct in question involves a **flagrant abuse of the privileges accompanying registration** as a medical practitioner; e.g. cases involving doctors who had access to prescription drugs and violated the trust that had been placed in them for this purpose.
- (b) Where the practitioner's misconduct has caused grave harm, either to their patients or to society as a whole, or creates a "**real risk of enormous potential harm to his patients**" (at [67(b)]).
- (c) The **degree of culpability** of the doctor; e.g. when a doctor acts in callous disregard of professional duties or the health of patients or the general public, or abdicates the basic duties of a doctor by falsifying patient's charts due to sloth.
- (d) "Where a doctor's misconduct evinces a **serious defect of character**, striking off is likely to be appropriate. This might arise from conduct underlying a predicate criminal conviction which is harmful to the repute of the profession or incompatible with the offender remaining a member of it, and the disciplinary charge is brought under s 53(1)(b) of the Medical Registration Act, as in the cases of Dr Ong and Dr Lee where **sexual offences** were committed." (at [67(d)])
- (e) The facts disclose an element of **dishonesty**.
- (f) Where the errant doctor has shown "a **persistent lack of insight** into the seriousness and consequences of his misconduct ... We emphasise that this will generally be a further or *additional* factor, in that there must be sufficiently serious misconduct before a doctor's lack of insight may contribute to a finding that striking off would be appropriate." (at [67(f)])

[Emphasis in bold added]

47. What is striking about this case is that the Respondent has managed to tick off the entirety of the list of factors provided by the Court of Three Judges in considering the ultimate penalty of striking off from the medical register. We will consider each of these factors in turn.

Abuse of Privileges Accompanying Registration

48. The Respondent in this case had misused his access to restricted drugs and applied them for the sole purpose of incapacitating his patient in order to outrage his modesty. The abuse of the privileged access provided to doctors for the purposes of committing an offence would surely and severely degrade public trust in the profession. It is a cynical and callous abdication of the responsibility that must come with the exclusive privilege of access to such restricted drugs, especially those of a stupefying nature. The severity of the sentences meted out for the s 328 offences, namely 40 months of imprisonment, rings loud and clear as to the severity of the offence. There was little doubt in our minds that this factor alone would have justified the striking off of the Respondent from the medical register.

Risk of Harm to the Patient

49. The grievous risk posed to the health of the patient also weighed heavily on our minds in this case. The implications of the Respondent's actions are clearly described in the High Court Judgment, at [73]:

As the District Judge found, it was "grossly inappropriate" for the sedation to have taken place in the hotel room, without any proper monitoring equipment in case the patient became apnoeic and without trained personnel available to deal with any emergency situations or complications that might arise. It was suggested by the Defence that since the second liposuction had already been carried out and the subsequent sedation was only meant to provide pain relief, the sedation guidelines would not apply. This argument was fallacious. The risks remained the same. I fully concurred with the District Judge's unimpeachable conclusion that the evidence adduced clearly showed that sedation was both unwarranted and improper in the circumstances.

50. We would add that the risk involved in sedating a victim not once but twice in an unsterile hotel room, without the use of protective gear such as gloves or the presence of monitoring and resuscitation equipment, presented an entirely unnecessary risk to the health of the patient. This was exacerbated by the fact that the Respondent had fallen asleep over the course of the two days and could not monitor the victim at all times. It bears repeating that in the case of *Wong Meng Hang* itself, the administration of Propofol, which was a potent sedative, during a

liposuction procedure without adequately monitoring the patient had led to the death of the patient. There was therefore a real and substantial risk of actual harm to the patient.

51. We would add that the imposition of such a completely unjustified risk to the patient was all the more unacceptable given that he was a fellow medical practitioner. This was a breach of the sacred undertaking made by every medical professional in the SMC's Physician's Pledge, which states:

I solemnly pledge to ... respect my colleagues as my professional brothers and sisters.

52. We would also point out that causing harm to one's patient runs counter to the ancient Hippocratic Oath, which is the earliest expression of medical ethics in the Western world. Specifically, the oath provides, as translated from its original Greek text, the following undertaking from the physician:

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing... Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free.

53. The Hippocratic Oath was also unstinting on the penalty for vow-breakers. Its final paragraph contains the following warning:

Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I break it and forswear myself, may the opposite befall me.

54. These dated passages reflect an otherwise enduring and fundamental truth – that the physician who goes against the crux of his creed must pay the ultimate price, and be stripped of both his reputation and the right to practice his art.

The Degree of Culpability involved in the Sexual Offences

55. In and of itself, any kind of sexual misconduct committed against a patient is a breach of trust between doctor and patient. In *Dr Winston Lee's* case, the Disciplinary Tribunal framed this issue at [55] as follows:

Our review of the cases and ethical guidelines in Singapore, UK and Australia puts it beyond doubt that trust is the foundation of a doctor-patient relationship. In disciplinary proceedings, the gravamen of a sexual misconduct offence by a medical practitioner against a patient centres on an abuse of the trust that is reposed in the medical practitioner by the patient and the community.

56. The Disciplinary Tribunal in *Dr Winston Lee's* case then concluded, at [58], that “it is clear that sexual misconduct by doctors have been treated with severity, and a suspension or a removal from the Register was ordered in all of the cases.”
57. We turn next to address those disciplinary cases involving sexual misconduct where doctors were given suspensions of two to three years, rather than being struck off the medical register. The facts of these cases are summarised below, and we would preface their description by pointing out that having reviewed these cases, we found them distinguishable from the present case for reasons we shall shortly explain.
- (a) ***Disciplinary Inquiry for Dr B (10 May 2007) (unreported)***: The respondent doctor in this case was convicted of two counts of insulting the modesty of two ladies by using his mobile phone to record a video clip of their underwear and buttocks without their knowledge. The Disciplinary Tribunal imposed a sentence of two years’ suspension, a fine of \$5,000, a censure, and an order that the respondent provide a written undertaking to (i) abstain from such conduct, (ii) continue his psychiatric treatment, (iii) only resume practice if he could produce the reports of two psychiatrists showing he was fit for practice, and (is) only practice within a supervisory framework approved by the Medical Council for a period of one year. The respondent doctor was also ordered to pay costs of the disciplinary proceedings.
- (b) ***In the Matter of Dr AAB*** [2008] SMCDC 2: The respondent doctor pleaded guilty to, amongst other charges, an earlier iteration of s 53(1)(c)

of the MRA¹ (being guilty of improper act or misconduct that brings disrepute to the profession). This charge arose from the doctor having engaged in a sexual relationship with a patient. The doctor was ordered to provide a written undertaking to abstain from such conduct, and ordered to pay costs of the disciplinary proceedings and the solicitors for the SMC and the Legal Assessor.

- (c) ***In the Matter of Dr Kong Sim Guan*** [2012] SMCDC 6: The respondent doctor claimed trial to one charge under an earlier iteration of s 53(1)(c) of the MRA. He was convicted on the basis that he had had a long-term sexual relationship with a patient under his care. The doctor was given three years' suspension, fined \$10,000, and ordered to pay the costs of the disciplinary proceedings, including the costs of the solicitors of the SMC and the Legal Assessor.
- (d) ***In the Matter of Dr Wong Kee Miew Solomon*** [2014] SMCDT 6: The respondent doctor pleaded guilty to one charge under s 53(1)(d) of the MRA for professional misconduct, on the basis that he had misused his professional position to establish an improper sexual relationship with a female patient while the said patient was still under his care at the Institute of Mental Health. He was given two years' suspension by the Disciplinary Tribunal and censured, and ordered to provide a written undertaking abstaining from such conduct and not applying for registration of any form with the SMC during the period of his suspension.

58. As we had indicated, we did not find the above cases persuasive for two broad reasons. First, the misconduct in three of these four cases ([57(b)-(d)]) involved consensual sexual relations in the context of an ongoing relationship. Critically, they did not involve the application of *criminal force*, which clearly indicates that the sexual conduct is non-consensual. With regard to *Dr B's case* ([57(a)] above), we note that this was an unreported decision made more than a decade ago. Insofar as it is unclear why the tribunal had departed from the weight of precedent, we

¹ Section 45(1)(d) of the MRA prior to the Medical Registration (Amendment) Act of 2010. This provision is *in pari materia* to the present s 53(1)(c).

find it unsafe to rely on the decision without more. In any case, the offence involved in *Dr B's case* was that of insulting the modesty of a woman under s 509 of the Penal Code, which carries a lower maximum penalty of one year's imprisonment and fine, compared to outrage of modesty under s 354(1) of the Penal Code, which carries a higher maximum penalty of two year's imprisonment, caning and/or a fine.

59. Our observation that the outrage of modesty of a *patient* should normally lead to a striking off the register is further confirmed by the nature and manner in which the Respondent committed his offences. One must look beyond the cut and dried elements of the charge of molest to discern the degree of depravity involved in this case. In the first incident of molest in his clinic, the Respondent had reached under the patient's surgical drape to touch his genital area in an upward and downward motion. This was done brazenly in the view of two nurses. While they did not witness the action directly, there was no mistaking the obvious assumption that the Respondent was stroking the patient's penis. As reflected in the High Court Judgment, Ms A felt so disgusted that she had to leave the room. The act was also done within close proximity to the patient's fiancé, whose attention was focused on another procedure. There is no other way to characterise the Respondent's actions than to say they were completely lacking in propriety and respect, and utterly devoid of any shred of common decency.
60. It would also appear that the Respondent was further emboldened following the first liposuction procedure. We can discern clear premeditation in the fact that he had booked the hotel room in advance. His behaviour had also escalated beyond mere molest to the taking of naked photographs of the patient, some of which included the patient's face with his exposed penis (see [76] of High Court Judgment). The shocking nature of his actions is succinctly captured in the High Court Judgment at [87]:

The Accused gave himself full licence to basically do whatever he pleased when the victim was under sedation, without any regard to the immense indignities that the victim was being made to suffer at his hands. He not only took numerous photographs of the victim's penis, but also deliberately captured the victim's face in the photographs.

61. The Respondent had essentially detained the patient without his permission for two days, and manhandled him at his whim and fancy in the most degrading manner. It cannot be over emphasised that had the images found their way to broader circulation in the internet, they would have caused incalculable harm to the reputation and dignity of the patient. The inherent risk involved in such voyeuristic photography is therefore a clear aggravating factor. In addition, the fact that the patient was the Respondent's business partner and mentee, and had reposed trust in the Respondent as his senior and mentor, further exacerbated the degree of culpability and wrongdoing in this case. We were of the firm mind that the degree of culpability in the commission of the sexual offences was so great that there should be no doubt that the Respondent should be stripped of his licence to practice on the basis of this ground alone.

Lack of Remorse

62. Finally, we turn to what we perceive as a lack of remorse and contrition on the part of the accused, akin to what the Court of Three Judges had described in *Wong Meng Hang's* case as "a persistent lack of insight into the seriousness and consequences of his misconduct" (at [67(f)]). While we note that the accused did not deny the principal elements of the charges against him, he declined to plead guilty, necessitating detailed arguments on conviction. We stress that while a respondent has an unfettered right to mount a defence to a charge before this Tribunal, and should not face an additional penalty for the unsuccessful exercise of this right, it conversely should not lie in his mouth to ask for any accommodation on the ground that he had capitulated and thereby saved the Tribunal the effort of a protracted hearing. This is especially so in a case where the legislative presumption under s 53(3) of the MRA renders the fact of the criminal conviction to be final and conclusive, and the weight of precedent is clearly in favour of a finding that such sexual misconduct evinced a defect in character. Put simply, the accused did himself no favours for partially conceding a case that was a virtual *fait accompli*. We therefore found no reason to depart from our earlier conclusion that the aggravating factors in this case clearly merited a striking off.

The Need to Protect Public Confidence in the Medical Profession

63. The aggravated nature of the Respondent's offences presents a clear and demonstrable need for a sentence that would cauterise the damage that has been inflicted on the reputation of the profession. We are reminded of the exhortation by the Disciplinary Tribunal in *Dr Winston Lee's* case at [86], highlighting the importance of protecting public confidence in the profession in the face of offences which bring the profession into disrepute:

Gross misconduct (such as Dr Lee's) will bring the profession into ridicule and seriously undermine public trust in the profession. Patient's consent to their Doctors touching their bodies based on the trust and understanding that Doctors will be acting in their best interests and that it is necessary for the purpose of treating their illness. To uphold public trust and confidence in the profession, the public must have absolute confidence in their Doctors that they will not abuse that trust when treating their patients. There is a clear public interest in the imposition of a penalty which reflects the high standards of the profession and uphold (sic) the integrity of the medical profession. A clear message needs to be sent that such acts by other doctors will not be tolerated.

64. We could not agree more with the above passage in *Dr Winston Lee's* case. It leads us to the inexorable conclusion that striking off must be the only appropriate penalty in this case. This is all the more so when one considers that the transgressions by the Respondent in the present case go beyond that of *Dr Winston Lee's* case in the following ways:

- (a) The present case involves three rather than two incidents of outrage of modesty,
- (b) Photographic images of the patient's face and genitalia were captured, with the attendant risk of embarrassment to the patient if they should be released into the public domain,
- (c) The Respondent had employed stupefying drugs in the commission of the offence, which was not the case in *Dr Winston Lee's* case,

- (d) There was greater pre-meditation in the act of booking the hotel room and retaining the patient there for a prolonged period of two days, and
 - (e) The penalty of 54 months' imprisonment meted out to the Respondent far overshadows the 10-month term of imprisonment imposed in *Dr Winston Lee's* case.
65. It bears noting that the Disciplinary Tribunal which heard *Dr Winston Lee's* case was of the view that that case was already egregious in the extreme (at [83]):
- ...we are of the view that Dr Lee has demonstrated a reprehensible course of conduct that points to a serious lack of integrity and honesty in him, such lack being fundamentally incompatible with his continued registration. For the avoidance of doubt, it is this Tribunal's view that taken as a whole, Dr Lee's demonstrated conduct was properly among the "worst conceivable" under s 53(1)(b) of the MRA.
66. Should *Dr Winston Lee's* case be considered the "worst conceivable" under s 53(1)(b), the Respondent's case would clearly plumb greater depths of depravity. To our minds, it would beggar belief if a doctor with greater culpability than *Dr Winston Lee*, who callously violated medical, legal, ethical and moral duties to a victim who was a patient, business partner and fellow doctor, and who had not taken the chance to show contrition or remorse for his actions, should ever be allowed to practice medicine again.

Good Standing, Character and Good Works

67. For completeness, we now turn to address the Respondent's mitigation which raised his good standing and character, and that he had done good works and was in high standing in his area of expertise.
68. We find such testimonials of good character and standing to be of limited applicability in mitigation to a charge under s 53(1)(c) of the MRA. The paramount consideration in disciplinary proceedings arising from a doctor's criminal conviction, which has been borne out in a plethora of precedents, is the need to safeguard the public and repair the damage done to the profession by the misdeeds of a sole practitioner. The objective is certainly not to only punish the

doctor on a personal basis for his misdeeds. That pound of flesh has been well and truly exacted by the criminal courts. For this reason, the personal background, character, standing and good works of a respondent doctor would only have peripheral significance to the adjudicative outcome. Even if this were not so, we find ourselves unable to comprehend why a senior doctor of great competence and standing should receive any special accommodation for his misdeeds as compared to a junior practitioner. It would seem that the converse should hold true, i.e. the seniority of the doctor would only serve to magnify the breach of trust and accentuate the deleterious impact of his misdeeds on the standing of the profession. For this reason, we decline to place any weight on evidence of good character and standing adduced by counsel for the Respondent in favour of his client.

Whether the Serving of a Prison Sentence Amounts to Constructive Suspension

69. Finally, we turn to consider counsel for the Respondent's argument that a prison term should be considered a constructive suspension, which was submitted should mitigate the sentence to be imposed. While this consideration may have borne weight where a suspension was being considered, it finds little traction where a striking off is required given the pressing need to protect the public. This reasoning is apposite in *Dr Winston Lee's* case, in which the Disciplinary Tribunal took note, *inter alia*, that the respondent doctor had duly served his prison sentence for the offence which would mean he was effectively suspended for eight months (see [87]). Nevertheless, the Disciplinary Tribunal expressly stated (at [87]) that "the mitigating factors have to be weighed against the interests of protecting the public trust and confidence of the profession which must take centre stage in this case. In all the circumstances of this case, Dr Lee's actions imply a defect of character that renders him fundamentally unsuited to continue as a registered medical practitioner." We respectfully agree with our brethren in *Dr Winston Lee's* case, that where the defect of character is so great that the interest of the public can only be protected by a removal of the doctor's name from the register, personal mitigatory factors such as the length of sentence served should have little bearing on the final outcome of striking off.

Conclusion

70. Having provided our reasons above, we were of the unanimous view that the Respondent's name should be removed from the appropriate medical register. As regards to costs, we note that an order of costs should normally follow the event, especially given our view that we could fathom no reason why the Respondent declined to plead guilty to the charges given his non-contesting position at the outset. Accordingly, we order that the Respondent pay to the SMC the costs of and incidental to the proceedings, which shall include the cost of solicitors of the SMC. We also order that the Grounds of Decision be published.
71. This hearing is hereby concluded.

Dr Chan Wing Kwong (Chairman)

Dr Ong Pui Sim

Mr Yap Yew Choh Kenneth (Legal Service Officer)

Mr Kevin Ho, Ms Jeslyn Tan and Ms Crystal Tan
(Braddell Brothers LLP)
for the Singapore Medical Council;
Mr Edmond Pereira (Messrs Edmond Pereira Law Corporation)
for the Respondent