

IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2021] SMCDT 3

Between

Singapore Medical Council

And

Dr Teo Shun Jie Clarence

... Respondent

FOUNDATIONS OF DECISION

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Removal from Register of Medical Practitioners

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Singapore Medical Council

v

Dr Teo Shun Jie Clarence

[2021] SMC DT 3

Disciplinary Tribunal – DT Inquiry No. 3 of 2021

Dr Lim Cheok Peng (Chairman), Dr Lydia Au, Mr Ng Peng Hong (Legal Service Officer)

22 December 2020 and 26 January 2021

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Removal from Register of Medical Practitioner

29 January 2021

GROUNDS OF DECISION

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

Introduction

- 1 The Respondent is a registered medical practitioner in Singapore.
- 2 The Singapore Medical Council (“**SMC**”) proffered four charges against the Respondent. These four charges arose as a result of his convictions by the State Court (the “**Court**”). On 22 June 2020, the Court sentenced the Respondent to a global imprisonment term of 3 years 6 months 2 weeks and four strokes of the cane. The Respondent was also ordered to pay a fine of \$4,000. See *PP v Teo Shun Jie, Clarence* [2020] SGDC 158. The Respondent’s case was well covered in the news at the relevant time. See SMC’s bundle of documents dated 16 December 2020 (“**PBOD**”).

3 Before this Tribunal, the Respondent did not contest the allegation that his conviction on the criminal charges implying a defect in character makes him unfit for the medical profession under s 53(1)(b) of the Medical Registration Act (the “**MRA**”).

4 Having reviewed the evidence and the submissions, we found the convictions of these four offences committed by the Respondent were offences implying a defect in character which rendered him unfit for the medical profession within the meaning of s 53(1)(b) MRA.

5 The victim in all the four charges was one V (the “**Victim**”). She was then 27 years of age.

6 We will refer to the charges before the Court as the criminal charges and the charges before this Tribunal as the disciplinary charges.

The Disciplinary Charges

7 The four disciplinary charges against the Respondent were made pursuant to s 53(1)(b) MRA and can be found in the Notice of Inquiry dated 23 October 2020 which was served on the Respondent and his Counsel.

8 Briefly, the 1st disciplinary charge is based on the offence of causing hurt to the Victim by punching her twice on the face. This took place on 12 March 2017 at [Address redacted] (the “**unit**”) which was the residence of the Respondent. For this criminal charge, the Respondent was convicted and fined \$4,000 by the Court (3rd Criminal Charge).

9 For the 2nd disciplinary charge, the Respondent committed the offence on 30 March 2017 at the unit, for punching the Victim’s face thereby causing bruises on her left cheek and right lower eye with tenderness and swelling over her facial injury. For this offence, the Respondent was convicted and sentenced to two weeks’ imprisonment (5th Criminal Charge).

10 The 3rd disciplinary charge is predicated on an offence committed by the Respondent on 27 August 2017 at the unit by punching the Victim multiple times and hitting her

head against the wall, causing her to sustain multiple facial fractures, a displaced oblique fracture of her left little finger and other injuries. He was convicted of this offence for causing grievous hurt to the Victim. The Court sentenced him to an imprisonment term of 3 years 6 months and four strokes of the cane (1st Criminal Charge).

- 11 In respect of the 4th disciplinary charge, it is based on the offence of wrongful confinement of the Victim on 27 August 2017 at the unit. The Respondent was convicted by the Court and was sentenced to three months' imprisonment (2nd Criminal Charge).

Non-Attendance of the Respondent

- 12 Counsel for the Respondent confirmed that he is representing the Respondent who had chosen not to appear in person. At the time of this hearing, the Respondent is serving his sentence of imprisonment imposed by the Court in respect of the offences which formed the subject matter of this disciplinary proceedings. See also exhibit R1.

Statement of Facts (“SOF”)

- 13 Counsel informed the Tribunal that the Respondent admits to the SOF tendered by the Counsel on behalf of the SMC. The agreed SOF is exhibited as ASOF.
- 14 The parties have also tendered an Agreed Bundle of Documents (“**ABOD**”).
- 15 Briefly, these were the agreed facts. The Respondent and the Victim were in a romantic and physical relationship. They became acquainted with each other through an online dating platform sometime in February 2017. Shortly thereafter, the Victim was assaulted by the Respondent on 12 March 2017, 30 March 2017 and 27 August 2017.
- 16 The incident on 12 March 2017 happened when the Respondent brought up the Victim's past relationships. The Respondent was drunk. When the Victim asked him what was wrong, he punched her on the face. The Victim tried to leave the room. But the Respondent interrogated her again about her past relationships and threw another punch at her.

- 17 The Victim was shocked and suffered bodily pain.
- 18 On the next day, the Respondent contacted the Victim and apologised by saying that he had anger management issues and promised that it would not happen again. The Victim accepted the Respondent's apology and promise and continued to stay in the relationship with him.
- 19 On 17 March 2017, the Respondent sent a text message to the Victim containing a nude photograph of her and informing her that she would be an internet sensation.
- 20 On 29 March 2017, the Victim decided to end her relationship with the Respondent. But it was met with harsh verbal abuse by the Respondent.
- 21 On 30 March 2017, the Respondent waited for the Victim near her residence. On seeing her, the Respondent grabbed the Victim's hand and dragged her into his car and also hit her several times. The Victim struggled and during the struggle, the Respondent punched the Victim in her face. The Respondent then drove to his residence and brought the Victim into his bedroom. He locked the door to his bedroom and punched the Victim again in the face. The Respondent also poured apple juice all over the Victim with the air-conditioning turned on.
- 22 The Victim pleaded with the Respondent and was finally allowed to leave his home. The Victim then sought medical treatment. According to the medical report dated 11 April 2017, the Victim was diagnosed with facial contusion with possible assault injury. The Victim was given medical leave for two days.
- 23 On 1st April 2017, the Victim lodged a police report against the Respondent to ensure her safety.
- 24 The third incident of assault and wrongful confinement took place on 27 August 2017 at the unit. It happened after a night of merry making and drinking. The Respondent admitted that he had assaulted the Victim in the locked bedroom and assaulted her until the arrival of the police. The assault on the Victim was done periodically in short bursts over a period of about two hours, with breaks in between. The Respondent targeted the

Victim's face, a vulnerable part of the body, which the Court found was due to his deep-seated urge to ruin it. The Victim feared for her life and tried to escape. In response, the Respondent locked the room in order to facilitate his assault on her.

25 When the Victim tried to protect her face with her left hand, she sustained a fracture in the process.

26 The assault on the Victim was relentless and entirely unprovoked and one-sided.

27 *“The Victim’s medical report disclosed multiple facial fractures, a fracture of her little finger as well as a brain hemorrhage. Specifically, the victim suffered the following fractures:*

(a) *Nasal bone;*

(b) *Bony nasal septum with soft tissue swelling;*

(c) *Right infraorbital rim and orbital floor, involving the infraorbital canal;*

(d) *Right maxilla, anterior, medial and lateral walls, with haemoantrum;*

(e) *Left infraorbital rim, involving the infraorbital canal. No herniation of left orbital contents; and*

(f) *Left maxilla, anterior wall, with small amount of haemoantrum.*

In respect of the little finger, it was a displaced oblique fracture of the left little finger metacarpal shaft with radial displacement of the distal fragment and surrounding soft tissue swelling.” See ASOF at [26] to [28].

28 The Victim was admitted to the neurosurgical department, Singapore General Hospital on 27 August 2017. She was treated by the psychiatry department for acute stress disorder and underwent various medical procedures for her injuries including brain injuries. It was after the cerebral oedema or brain swelling had decreased in size that the doctors were able to give the green light for surgery on the 5 September 2017 under general anaesthesia. She was hospitalized for a total of 20 days.

Victim Impact Statement

29 The Prosecution tendered a victim impact statement in the criminal proceedings for the purposes of sentencing. The said statement has been summarized by the Court in *PP v Teo Shun Jie, Clarence, supra*, at [31] to [35] and is substantially reproduced at [28] (f) and (g) of the SMC’s written submissions (“**PWS**”).

Prosecution’s Submissions on Sentence

30 Counsel for the SMC submitted for the Respondent’s name to be struck off from the Register. This was mainly because of the violent acts committed by the Respondent, the severity of the Victim’s injuries, and the imperative need to maintain the standing of the medical profession. There was no submission made on the sanction for each of the individual charges.

31 In support of the submission, Counsel relied on the factors cited in *Wong Meng Hang v Singapore Medical Council and other matters* [2019] 3 SLR 526 (“**Wong Meng Hang**”), in particular, [67] (d) and (f).

32 In the case of *Wong Meng Hang, supra*, it was held that in determining whether to strike a doctor off the medical register, the ultimate question is whether the misconduct was so serious that it renders the doctor unfit to remain as a member of the medical profession, and that “[i]f 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”. The High Court held at [67] that the following circumstances may warrant an order for striking off:

“67 We set out a number of factors that may be relevant to this broader inquiry:

...

(b) Striking off should also be considered where the practitioner’s misconduct has caused grave harm. ...

(c) Culpability will be a critical and relevant consideration in this analysis.

...

(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. This might also arise independent of any criminal

proceedings but where the character defect relates directly to the doctor's professional duties: see Duck and Hill. The position here is similar to that which we take in respect of errant solicitors. In *Ismail* at [21], we noted that "even in cases that do not involve dishonesty, where a solicitor conducts himself in a way that falls below the required standards of integrity, probity and trustworthiness, and brings grave dishonour to the profession, he will be liable to be struck off" [emphasis in original omitted].

...

(f) Finally, where any of the above factors exist, a further consideration which might suggest that the punishment of striking off is especially warranted, is where the errant doctor has shown a persistent lack of insight into the seriousness and consequences of his misconduct. As noted by the courts in *Balasubramaniam and Hill* (see [59] and [64] above), this factor was present in both of those cases. It was also present in the case of Dr AAN, who was struck off for similar offences but proceeded to reoffend after he had been restored to the register. We emphasize that this will generally be a further or additional factor, in that there must be sufficiently serious misconduct before a doctor's persistent lack of insight may contribute to a finding that striking off would be appropriate. In such cases, the lack of insight might suggest an impediment to reform or rehabilitation which warrants the sanction of striking off.

[emphasis added]"

- 33 In the present case, Counsel for the SMC highlighted the nature of the predicate offences committed and its impact on the victim and the profession. The victim underwent several surgeries, suffered long term psychological harm and was hospitalized for 20 days.
- 34 The severity of the Respondent's assaults was also underscored by the length of the imprisonment term and caning meted out to the Respondent compared to the sentences imposed on Dr Ong in the case of *In the Matter of Dr Ong Theng Kiat* [2015] SMCDT 2 ("**Dr Ong**") and Dr Lee in the case of *In the Matter of Dr Lee Siew Boon Winston* [2018] SMCDT 4 ("**Dr Lee**"). Both these other cases involved sexual offences committed by the respective offenders. The former case was in relation to having carnal connection with a 14 years old girl. On the other hand, the victim in Dr Lee's case was a female patient whose modesty had been outraged. They were respectively sentenced to 10 months' imprisonment each. In the present case, the Respondent was sentenced to 3 years, 6 months and 2 weeks' imprisonment with four strokes of the cane and a \$4,000 fine. In both cases, the names of Dr Ong and Dr Lee were respectively ordered to be removed from the medical register.

35 It was also submitted that the Respondent has clearly demonstrated a persistent lack of insight into the seriousness and consequences of his assaults.

36 At [27] of the PWS, Counsel for the SMC submitted *“that the Respondent’s conviction has brought the medical profession into disrepute. The Respondent’s actions are clearly fundamentally incompatible and inconsistent with the Respondent’s obligations as a doctor as enshrined in the SMC Physician’s Pledge, specifically, the need for doctors to maintain due respect for human life. It is thus imperative for this Disciplinary Tribunal to restore public confidence in the medical profession, and the only way to do so is for the Respondent to be struck off the Register.”*

Respondent’s Submissions on Sentence

37 Counsel for the Respondent submitted that the following sentences ought to be imposed with respect to the Disciplinary Charges:

Disciplinary Charge	Criminal Charge	Sentence
1 st Disciplinary Charge	3 rd Criminal Charge (voluntarily causing hurt)	A written censure
2 nd Disciplinary Charge	5 th Criminal Charge (voluntarily causing hurt)	A written censure and an order that Clarence undergo psychiatric treatment
3 rd Disciplinary Charge	1 st Criminal Charge (voluntarily causing grievous hurt)	Two years’ suspension in total for both charges
4 th Disciplinary Charge	2 nd Criminal Charge (wrongful confinement)	

38 At [3] of the Respondent’s written submissions (“**RWS**”), Counsel highlighted that *“Clarence suffered from Alcohol Use Disorder and Borderline Personality Disorder at the material time of the offences. It was Clarence’s excessive consumption of alcohol and inability to properly deal with relationship issues which ultimately led to the offending behaviour. The underlying psychiatric conditions contributed significantly to Clarence’s offending behaviour. Clarence has since taken active steps to treat his psychiatric conditions, including by completely abstaining from alcohol since 5 October 2017. We submit that Clarence’s conduct in the wake of the offences evince*

that Clarence has a high prospect for rehabilitation and a low chance of reoffending in the future. “

- 39 In support of the submission, reference was made to the medical reports of the Respondent prepared by Dr Winslow. These reports stated that the Respondent was diagnosed to be suffering from alcohol use disorder and borderline personality disorder.
- 40 Counsel urged the Tribunal to consider the psychiatric conditions in determining the Respondent’s culpability.
- 41 Various testimonials were also tendered to show the usual disposition and character of the Respondent.
- 42 To substantiate the Respondent’s sincerity, commitment, and progress in remaining sober and changing for the better, messages and letters of support from fellow Alcoholics Anonymous (“AA”) members were tendered.¹
- 43 The Respondent has completed and obtained a Graduate Diploma in Mental Health offered by the Institute of Mental Health to further his professional understanding of mental illnesses as well as his personal understanding of his own psychiatric conditions. In prison, he has been attending psychotherapy sessions monthly and psychiatric reviews every three months to manage his psychiatric conditions.
- 44 It was also submitted that the Respondent was remorseful for the harm caused to the Victim. He had made compensation to the Victim for the medical expenses incurred. He has also pleaded guilty to the present Disciplinary Charges at the earliest opportunity.
- 45 Counsel also contended that the Respondent has a strong prospect for rehabilitation. In this respect, he has the familial support of his father.

¹ RBOD, Tab 6.

Sentencing Considerations

- 46 Considering the circumstances leading to the offending misconduct, the nature and the gravity of the offences committed by the Respondent, the main sentencing considerations must be one of deterrence and retribution. In this respect we are also mindful of the decision of *Wong Meng Hang, supra*, which highlighted the paramount importance of broader public interest considerations in sentencing in the context of medical disciplinary proceeding. The High Court also stated at [23] that “*public interest considerations include the need to uphold the standing and reputation of the profession, as well as to prevent an erosion of public confidence in the trustworthiness and competence of its members.*”
- 47 To determine the appropriate sentence, we looked into the nature and gravity of the misconduct, the circumstances, the Respondent’s culpability and the public interest. We also considered whether there were any offender-specific aggravating and mitigating factors. We are mindful that the present case was not related to a doctor’s clinical care caused to a patient but one involving non-clinical care offences. We agreed with Counsel for the Respondent that the sentencing matrix in *Wong Meng Hang* “*is only applicable to cases where deficiencies in a doctor’s clinical care causes harm to a patient, and not to other forms of medical misconduct such as...conduct which lies outside the ambit of a doctor’s professional responsibilities to his patient but which leads to a conviction for a criminal offence implying a defect of character that renders the doctor unsuitable for registration as a medical practitioner.*” But, in our view, *Wong Meng Hang* is still instructive and relevant in many other aspects, in particular the various factors to be considered in determining whether a doctor should be struck of the medical register. Counsel for the Respondent also rightly conceded that the considerations of harm and culpability may remain relevant in other form of misconduct other than a doctor’s clinical care that caused harm to a patient. But reference should also be made to other cases involving similar circumstances to determine the appropriate sentence.²

² See [8] of Respondent’s submissions dated 16 December 2020

Nature and Gravity of the Misconduct

- 48 We found that the standing of the medical profession had been severely impacted by the Respondent's misconduct. We also noted the severe injuries, both physically and mentally suffered by the Victim.
- 49 The District Judge in his grounds of decision in respect of the criminal proceedings (1st criminal charge) against the Respondent, (*supra* [29] above), at [64] held "t(T)he victim was treated by the SGH psychiatric department for acute stress disorder during her 20 day hospitalization. From her victim impact statement, she has stated that since the assault to date, she continues to feel a sense of panic for no apparent reason, where she is in a heightened state of awareness which drains her physically. Upon her return to work, her self-esteem has been affected. She is afraid whenever she goes out to work, that the accused might ambush her out of nowhere." The District Judge specifically found that the Victim sustained fractures on both the nose, left and right eye region as well as to her hand, together with a brain haemorrhage and acute stress disorder.
- 50 We also noted that the Victim was assaulted by the Respondent on three separate occasions (12 March 2017, 30 March 2017 and 27 August 2017) and the severity of the assaults escalated with each occasion.
- 51 Considering the circumstances, we are of the view that the offending behavior on the part of the Respondent did affect public confidence in the medical profession and undoubtedly immense harm was caused to the standing of the medical profession. In this respect, we noted that the total sentence imposed by the Court on the Respondent was an imprisonment term of 3 years 6 months 2 weeks with four strokes of the cane and a fine of \$4,000. We noted that the nature of the offences was one that related to causing personal injuries and wrongful confinement of one victim at the same unit. It did not relate to the doctor's clinical care of a patient. The Victim was the Respondent's ex-girlfriend. We also noted the extent of the injuries caused to the victim physically and psychologically as stated at [27], [48] and [49] above. In the circumstances, in view of the nature and gravity of the misconduct committed, we are of the view that the harm caused to public confidence in the medical profession and the Victim was severe.

Culpability of Dr Teo

- 52 We noted that the offending behaviour took place repeatedly over a period of time from 12 March 2017 to 27 August 2017. It was not an isolated one-off offence. The offences were committed during a period of relationship. In our view, it demonstrated a persistent lack of insight into the seriousness and consequences of his misconduct. We are mindful that the Respondent has “since taken active steps to treat his psychiatric conditions, including by completely abstaining from alcohol since 5 October 2017.” But we note that as soon as he had apologised for the incident on 12 March 2017, he continued with his misbehaviour by threatening to scandalize her by publishing the Victim’s nude photograph over the internet. We note with concern that he had also continued with his physical assaults against the victim after his apology. There was no step taken by the Respondent to apologise to the profession for his action at an early stage before the criminal hearing or to voluntarily cease practice pending the outcome of his criminal case as a sign of his remorsefulness and taking responsibility.
- 53 We note from the notes of evidence in the criminal proceedings that he stopped practice a few days before 6 November 2019 (see page 301 of ABOD). We are aware that he had declared his criminal charges pending before the Courts to the SMC which in any case the Medical Council may require him to furnish such information when he applied for the renewal of the practising certificate. (Refer to s24A of the Medical Registration Regulations 2010). Indeed, at page 46 of the RBOD the report by his doctor was clearly to support his application to renew his medical practice.
- 54 In the criminal proceedings, the Respondent had also conceded that he had previously sought some psychiatric help in 2015, but his efforts and discipline in dealing with his psychiatric conditions were not consistent.
- 55 All considered, we found the Respondent’s culpability was high. We will further elaborate below the various factors considered in assessing Dr Teo’s culpability.
- 56 In respect of the 3rd disciplinary charge, we noted that the Respondent’s assault on the Victim was one-sided and unprovoked. The assault took place during a romantic relationship which was abused by the Respondent.

57 The assault took place in a locked room and rendered the Victim at the Respondent's mercy.

58 We note that there were more than once when the Respondent targeted the Victim's face, a vulnerable part of the body. In one of these incidents, he was relentless in his assault and only ceased upon the arrival of the police. In respect of the 1st criminal charge (3rd disciplinary charge), the Court in *PP v Teo Shun Jie, Clarence, supra* at [92] found "*that the entirely one-sided nature of the attack on the defenceless victim and the deliberate and repeated targeting of her face, springing from the accused's deep seated urge to ruin it, significantly increased his culpability.*" In this respect, we are also mindful that the face is a vital component of one's personality and body image.

59 The Court found that the incident which took place on 27 August 2017 - the duration of the wrongful confinement and intermittent assaults by the Respondent on the Victim - was close to two hours. See *PP v Teo Shun Jie, Clarence, supra*, at [69] and [97] and the ASOF at [23].

60 We are also mindful that the Respondent's assault on the Victim on the first and third occasions (12 March and 27 August 2017) occurred after the Respondent had consumed alcohol and/or was intoxicated. He should have known of the consequences of drinking alcohol in view of the fact that he had an antecedent for drink driving. Despite this, he did not have any reservations whatsoever in consuming alcohol on the night of 26 August 2017 without due regard to the potential consequences. This also reinforced our finding that the Respondent has shown a persistent lack of insight into the consequences of his drinking.

61 In respect of the incident on 30 March 2017 (5th criminal charge), the District Judge noted at [109] of his grounds of decision, *supra*, "*(s)pecifically, I noted the following aggravating factors in this case:*

(a) *The accused had forcefully taken the victim to his home against her will and had thereafter prevented her from leaving by locking the room door and thereafter punched the victim in the face, a vulnerable part of the body;*

- (b) *Beyond assaulting to the victim, the accused had also humiliated her and caused her to suffer mental anguish by drenching her in apple juice. When the victim felt cold and asked the accused several times to let her change out of her wet clothes, the accused subsequently allowed the victim to change into his clothes, but soon after again poured apple juice over the victim's head.*
- (c) *The accused refused to let the victim leave even though she told him that she needed to get a medical certificate to excuse her absence from work that day. Eventually, after pleading with him several times, the accused allowed her to leave his home.*
- (d) *The victim's medical report revealed that she had suffered bruising on her left cheek and right lower eye, with tenderness and swelling over the facial injury".*

62 Considering the above cumulatively, we conclude that the Respondent's culpability was high.

Indicative Sentencing Range

63 Having considered the circumstances including the nature and the gravity of the misconduct and the Respondent's culpability, we are of the view that the appropriate indicative starting point is one of striking off the Respondent's name from the medical register. In this respect, we found that the misconduct on the part of the Respondent was at odd with the values of the medical profession as reflected in the Physician's Pledge. Moreover, by repeatedly assaulting the vulnerable Victim over a period of about five months, the Respondent, in our view, has demonstrated the lack of insight into the seriousness and consequences of his behaviour.

Aggravating and Mitigating Factors

64 We found no offender-specific sentencing factors that do not relate directly to the commission of the particular offence which would constitute as aggravating factor.

65 Like the Court in the criminal proceedings, with respect, we did not think intoxication should be a mitigating factor. This will be elaborated below.

66 We note the remorse shown by the Respondent’s timely plea of guilt and co-operation rendered to the authorities. He admitted that the offences committed implied a defect in his character that makes him unfit for the profession. We also note that the Respondent had no prior disciplinary antecedent. However, given the public considerations involved in this case, deterrence must take precedent over his remorsefulness and co-operation. In any event, as pointed by Counsel for the SMC, *“this is an instance where the Respondent had no choice but to plead guilty to the present disciplinary charges, given that he had been convicted of the criminal charges. Moreover, given the competing consideration of the need to protect the general public, no weight ought to be given the Respondent’s decision to plead guilty.”*

67 Accordingly, we gave little or no weight to the Respondent’s decision to plead guilty.

68 In the light of the decision in *Ang Peng Tiam v Singapore Medical Council and another matter* [2017] 5 SLR 356, we are unable to accord any weight to the many testimonials of the good character of the Respondent.

69 On the compensation by the Respondent to the Victim for the Victim’s medical expenses, the Court held that “the offer to compensate the victim came belatedly only after a conviction, the mitigatory impact of such compensation would be significantly diminished.” See *PP v Teo Shun Jie, Clarence, supra*, at [76]. We did not see any good reason to disagree with the Court.

70 We do commend the Respondent for taking actions to manage his psychiatric conditions and intoxication. It would certainly be helpful to him if he subsequently decided to apply to restore his name to the medical register.

71 Counsel for the Respondent submitted that “Clarence’s diagnosed psychiatric conditions of Alcohol Use Disorder and Borderline Personality Disorder contributed to the offences.” In Dr DE’s report dated 23 May 2020, in addition to Dr DE’s earlier diagnosis of alcohol use disorder, Dr DE added the diagnosis of borderline personality disorder which was said to account for the relationship issues which the Respondent faced. But the said medical report by Dr DE did not go so far as to state that it significantly impaired his judgment in the commission of the criminal offences. In the

medical report dated 13 June 2018, it did provide that his judgment was likely to be impaired due to intoxication. With respect, we cannot see how this self-induced intoxication can be of any mitigating value. On the other hand, we note that the Court, in fact, rejected the Respondent's defence in the criminal proceedings that he lacked the necessary *mens rea* to form the conscious intent to cause harm because of intoxication. See *PP v Teo Shun Jie, Clarence, supra* at [28] and [29]. There was also no authority cited by the Respondent that an alcohol use disorder can be a mitigating factor. In any event, in this case, the diagnoses of alcohol use disorder and borderline personality disorder cannot override the need to protect the public and maintain public confidence in the medical profession. Moreover, we note that this was not a one-off incident. The Respondent had repeatedly assaulted the Victim on three different occasions and in most of these occasions he was drunk. It indicated his persistent lack of insight into the seriousness and consequences of his misconduct.

72 We also noted the evidence of Dr PE (“**Dr Cheok**”), Senior Consultant, Department of Forensic Psychiatry at page 145 of the ABOD that based on DSM-5, the Diagnostic and Statistical Manual, “*Clarence Teo has severe alcohol use disorder and alcohol intoxication at around the time of the alleged offences and be (sic) that there is no contributory link between his mental illness and his alleged offences.*” Dr PE elaborated on the various criteria listed on the DSM-5. For our purpose, we will refer to two of these criteria considered by Dr PE in support of his diagnosis. One of these criteria is at page 146 of ABOD where it was stated that the Respondent started drinking at the age of 18 and that he consumed 6 to 12 bottles of beer daily. At page 147 of the ABOD, it stated that the Respondent had lost his jobs twice, one at Hospital A Emergency Room and the second time was in Vietnam when he worked for an International SOS. On both occasions he turned up for work in a state of intoxication. On the other hand, the Respondent's evidence on this was that he resigned from the jobs not lost.

73 At page 155 of the ABOD, Dr PE clarified that the Respondent was not so intoxicated to the extent that he did not know what he was doing. In fact, the Court found that the Respondent has failed to show on a balance of probabilities that he lacked the intent to commit the offences.

- 74 We have stated at [65] above that intoxication is not a mitigating factor. We also note that the amount of alcohol consumed by the Respondent was a key contributing factor to his offending behaviour.
- 75 We note that the Respondent consulted Dr DE in 2015 for his alcohol use disorder but it was for a brief period of six months and he defaulted. His attendance with Dr DE was minimal and irregular. He consulted Dr DE for only once in the whole of 2016 and saw the counsellor DW for about three times in 2016. In 2017, the Respondent first saw Dr DE on 19 September 2017 in relation to his criminal cases before the Court. He did not see him at all in the early part of 2017. In fact, the Respondent saw Dr DE and the counsellor on more occasions after the criminal cases but very few visits before that. He saw Dr DE only once on 8 April 2016. See page 454 – 458 of the ABOD. He knew he had, since 2015, an alcohol use disorder. In the 13 June 2018 medical report, Dr DE commented at [22] of the report that the Respondent was aware “that his drinking had led him to unwanted behaviours and has made a conscious decision to abstain from alcohol.” But despite being diagnosed with alcohol use disorder in 2015, the Respondent drank and misbehaved again in March and August 2017 when he assaulted the Victim. He did not seek treatment actively until when the last offences were committed. After his arrest, he sought treatment very actively and went to see Alcoholics Anonymous (“AA”). See [27] of the 13 June 2018 medical report. In our view, this was too little and too late. At page 466 of the ABOD, it was stated by Dr DE that in the past the Respondent had committed violence against his girlfriend when he was drunk. It appeared to us that the messages from members of AA were written after the Respondent had been charged for the criminal offences. It was more consistent with the aim of seeking to lessen the sanction to be imposed.
- 76 In summary, the mitigating factors highlighted by his Counsel are not so exceptional as to triumph over the interests of protecting the public and maintaining public trust and confidence of the medical profession which must take center stage in this case.
- 77 Counsel for the Respondent submitted at [8] of the reply submissions (“**RWS2**”) that “Clarence had committed the offences in the specific scenario of (a) having not properly dealt with his psychiatric conditions; (b) a tumultuous relationship with Ms V; and (c)

having been intoxicated at the material time of the offences. In these circumstances, it would be inaccurate to conclude that Clarence is a violent person or generally predisposed towards violence.” With respect, we disagreed. We found that the Respondent, over a period of five months, had consistently and deliberately assaulted the vulnerable and important part of the Victim’s body, namely the face. At [75] above we have alluded to the fact that the Respondent had violence issues in the past. In our view, his failure to properly deal with his psychiatric conditions, his voluntary intoxication and his abhorrent behavior show clearly a defect in his character which makes him unfit to remain in the medical profession. In this respect we note that the Respondent had lost or resigned from his job twice – one at the Hospital A and the other at the Clinic B. On both these occasions, he reported to work heavily intoxicated. See [72] above.

78 We also respectfully adopt the view in *Dr Winston Lee’s* case (at [87]), although in the present case the Respondent is still serving his sentence, that:

“We also considered that he has duly served his prison sentence for the offence underlying the First Charge and was already effectively suspended for eight months. However, these mitigating factors have to be weighed against interests of protecting the public and maintaining 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.”

Sentencing Precedents

79 Counsel for the SMC referred us to the following cases:

Decision	Brief facts	Injuries sustained	Criminal sentence	Sentence (disciplinary)
<i>Law Society of Singapore v Wong Sin Yee</i> [2003] 3 SLR(R) 209 (“Wong Sin Yee”) ³	The respondent (lawyer) was involved in traffic altercation and used his handphone to hit the victim on his mouth.	Victim suffered 1cm haematoma and superficial abrasion on the right inner lip.	12 months’ imprisonment	2 years’ suspension

³ Tab 11 of PBOA

<i>In the Matter of Dr Khoo Buk Kwong</i> [2014] SMCDT 7 ⁴	In a state of intoxication, the respondent (doctor) pushed and kicked a police officer in her abdomen.	Police officer felt pain at her abdomen, and sustained a laceration on her right forearm.	2 weeks' imprisonment	3 months' suspension
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80 Reference was also made to the “Sanctions Guidelines” published by the General Medical Council in the United Kingdom. The relevant extract from the Sanctions Guidelines⁵ is set out at [33] of the SMC’s written submissions.

81 Counsel for the SMC also referred to cases decided in UK where the doctor was erased from the medical register as a result of a criminal conviction of violent disorder. In one case, “a doctor was involved in an altercation with two men, in which one of the men was knocked to the ground and was repeatedly hit with a hard object by the doctor. He was sentenced to imprisonment and ordered to pay a fine.” His name was removed from the medical register.

82 *“More recently, in the disciplinary proceedings against Dr Muhammad Saqib Saeed (decided in June 2020)⁶, the respondent was erased from the register on facts which are similar to our present case. The respondent had acted in a controlling and coercive manner towards his wife over a period of nine months. This eventually culminated in a physical assault which was unprovoked and one-sided. The respondent slapped, throttled and domestically abused his wife, and as a result of which, his wife suffered bruising around her neck. The respondent was convicted on one count of controlling and coercive behaviour towards his wife, and one count of assault occasioning actual bodily harm against his wife. The respondent was sentenced to 22 months imprisonment suspended for two years, 200 hours of unpaid work, a Rehabilitation Activity Requirement for 30 days, and a restraining order. In making an order for the respondent to be erased from the register, the Medical Practitioners Tribunal was persuaded by the fact that the underlying criminal offence involved violence, and also*

⁴ Tab 7 of PBOA

⁵ As reproduced at [55] of *Wong Meng Hang*, Tab 16 of PBOA

⁶ Tab 19 of PBOA

*noted that even though his wife was not a patient, the respondent's act of violence would nevertheless "have damaged the public's trust in the medical profession on the basis that doctors should not cause harm to anyone."*⁷ See [35] and [36] of PWS.

- 83 Counsel for the Respondent also referred to us some precedents.
- 84 In *the Matter of Dr Khoo Buk Kwong [2014] SMCDT 7* ("**Khoo Buk Kwong**"), the respondent was convicted under s323 of the Penal Code. The victim in that case was a female police officer on duty. The respondent shouted, "the female officer is a bitch" and pushed the victim's arms several times with both his hands. The respondent also kicked the victim in the abdomen, causing her to lose her balance. The victim felt pain at her abdomen and sustained a laceration on her right forearm. The respondent in *Khoo Buk Kwong* was ordered to be suspended from practice for three months.
- 85 In *the Matter of Dr Teo Tiong Kiat [2014] SMCDT 1*⁸ ("**Teo Tiong Kiat**"), the respondent faced disciplinary proceedings after having been convicted of offences under s84 of the Road Traffic Act (Cap. 276), commonly referred to as "hit-and-run" offences. The road traffic accident resulted in the death of a cyclist and grievous hurt to another cyclist. However, the Disciplinary Tribunal in *Teo Tiong Kiat* determined that the imposition of a high fine would be sufficient. We also note that the charges of causing death and serious injury by negligent driving to which the respondent had pleaded guilty before the District Court were not the subject matter of the SMC proceedings in that case.
- 86 In *the Matter of Dr AAN [2009] SMCDC 24* ("**Dr AAN**"), the offender was convicted of 20 charges of inappropriately prescribing hypnotic medication to various patients. Dr AAN had previously been struck off after having been convicted of seven charges of over-prescription of another hypnotic drug and one charge of failing to keep proper records. His name was ordered to be struck off the register.

⁷ Tab 19 of PBOA, at [77]

⁸ RBOA, Tab 3.

- 87 In *the Matter of Dr Ho Thong Chew* [2014] SMCDT 125 (“**Dr Ho Thong Chew**”), the offender pleaded guilty to 12 charges under s53(1)(b) MRA of having been convicted in Singapore of a criminal offence implying a defect in character which would make him unfit for his profession. The offender had earlier been convicted by the criminal court of illegally selling large quantities of cough syrup containing codeine. He was struck off the register.
- 88 In *the Matter of Dr Lee Siew Boon Winston* [2018] SMCDT 47 (“**Dr Winston Lee**”), the offender pleaded guilty to one charge under s53(1)(b) MRA of having been convicted of an offence of using criminal force on his female patient with the intention of outraging her modesty which offence implying a defect in character and one charge under s53(1)(a) MRA of having been convicted of an offence involving fraud or dishonesty. His name was struck off the register.
- 89 We are of the view that the factual matrix in the present case is different from all the local cases cited by the parties. We think the present case is more egregious. Having considered the various precedents cited including the highlighted cases above, we are of the view that the present case is strikingly similar to the UK disciplinary proceedings against Dr Muhammad Saqib Saeed. As in the case of Dr Muhammad Saqib Saeed, we are of the view that in the present case, the Respondent’s act of violence during a romantic relationship would “have damaged the public’s trust in the medical profession on the basis that doctors should not cause harm to anyone.” By merely looking at the punishment meted out by the Court to the Respondent, we are of the view that the misconduct in the present case was graver and more serious than Dr Saeed’s case. We have no doubt that the causing of grievous hurt to the Victim coupled with the circumstances leading to the offences have clearly shown the Respondent’s serious defect in character which makes him unfit for the medical profession.
- 90 We are mindful that in this case, it was highlighted that since August 2017, the Respondent had no contact with the Victim. See [14 (b)] of the RWS2. However, based on his past conduct including the failure to treat his psychiatric conditions diligently and the offending pattern we cannot be certain that there will not be another victim.

91 Having referred to the facts of the four cases (*Dr Ho Thong Chew, Dr AAN, Dr Ong Theng Kiat* and *Dr Winston Lee*) cited in *Wong Hang Meng*, Counsel for the Respondent submitted that “*as a general rule, misconduct involving dishonesty should almost invariably warrant an order for striking off where the dishonesty reveals a character defect rendering the errant doctor unsuitable for the profession*”: *Wong Hang Meng* at [72]. *There is no similar rule in relation to a conviction for offences involving violence. In any event, Clarence had committed the offences in the specific scenario of (a) having not properly dealt with his psychiatric conditions; (b) a tumultuous relationship with Ms V; and (c) having been intoxicated at the material time of the offences. In these circumstances, it would be inaccurate to conclude that Clarence is a violent person or generally predisposed towards violence.*” See [8] of the RWS2 dated 21 December 2020. With due respect, we disagreed. The High Court in *Wong Hang Meng, supra*, has held at [67] that striking off should be considered where the Respondent has caused grave harm or his misconduct evinced a serious defect in character. As we have stated above, we found both these factors were made out in the present case. Moreover, we have also stated above that there was a persistent lack of insight into the seriousness and consequences of his misconduct.

Sentences for the Individual Charges or Global Sentence

92 In *the Matter of Dr Lee Siew Boon Winston, supra*, the Tribunal held at [76] that “*a global approach to sanction, rather than the imposition of separate sanction for each finding as to conduct, may be more appropriate in disciplinary proceedings where the facts of the case are so inextricably woven as to make it difficult to meet a clear standard of prescription, or alternatively, where the practitioner's conduct, if considered alone, would be subsumed in the more serious conduct. In Dr Chan Heang Kng Calvin (22 November 2017), the DT ordered a suspension of six months as a global sentence for various charges against the respondent, reasoning:*

We did not think it would be necessary to impose separate penalties for the proceeded charges ... We were of the view that a single set of penalties for all proceeded charges will better reflect the cumulative gravity of the Respondent's breaches. Secondly, on the facts of this case, given that we were of the view that a global 12-month suspension would be appropriate, we also did not think it would serve any additional purpose to add on a fine to the Respondent. [Emphasis added]”

93 We are of the view that the rationale in *Dr Lee's case* as stated at [92] above is applicable to the present case. We are of the view that a global sanction is appropriate as the Respondent's conduct, if considered alone, would be subsumed in the more serious conduct and it would not serve any additional purpose to also impose a fine on to the Respondent. In our judgment, a single sanction on all the proceeded charges will also better reflect the cumulative gravity of the Respondent's misconduct.

DT's Decision on the Appropriate Sentence

94 Having considered all the circumstances and having found that the Respondent's egregious acts of violence have seriously impacted the public's trust in the medical profession, we are of the view that to safeguard the public interests and to uphold the standing of the medical profession, the appropriate sanction should be to strike out the Respondent's name from the medical register. In our view, our decision is in line with the sentencing precedents cited and is appropriate given the nature and gravity of the predicate offences committed by the Respondent. Unlike suspension, we think the removal of the Respondent's name from the medical register would provide a better mechanism for the SMC to determine whether the Respondent is fit again to have his name restored to the medical register when the Respondent does make such an application. See s65 Medical Registration Regulations 2010.

95 The length of the imprisonment as well as the caning imposed on the Respondent by the Courts indicated clearly the reprehensive conduct of the Respondent and the harm caused to the Victim. The escalating severity of the Victim's injuries also demonstrated a persistent lack of insight into the seriousness and consequences of his misconduct. Clearly there was a defect in his character. His criminal convictions have brought the medical profession into disrepute and his criminal misconduct is fundamentally incompatible with being a doctor.

96 We have also invited the parties to submit on whether the sanction imposed should commence immediately or upon the expiry of the imprisonment term currently being served by the Respondent. Having considered the respective submissions, we are not satisfied that the condition provided under s54(8) MRA has been satisfied. Accordingly,

we are of the view that the sanction is to take effect on the expiration of 30 days as provided by s54(7) MRA.

97 We are of the view that the removal of the Respondent's name from the medical register is proportionate to the nature and gravity of the misconduct committed by the Respondent.

Conclusion

98 Accordingly, this Tribunal orders that:

- (a) the Respondent's name be removed from the Register of Medical Practitioners;
- (b) the Respondent pay the costs and expenses of and incidental to these proceedings, including the costs of the solicitors to the SMC.

99 We further order that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

100 The hearing is hereby concluded.

Dr Lim Cheok Peng
Chairman

Dr Lydia Au

Mr Ng Peng Hong
Legal Service Officer

Mr Edwin Chia (M/s CNPLaw LLP)
for Singapore Medical Council; and

Mr Sunil Sudheesan and Mr Joel Ng (M/s Quahe Woo & Palmer LLC)
For Dr Teo Shun Jie Clarence