

**IN THE REPUBLIC OF SINGAPORE**  
**SINGAPORE MEDICAL COUNCIL INTERIM ORDERS COMMITTEE**

Between  
**Singapore Medical Council**

And  
**Dr Khoo Boo Kian**

*... Respondent*

**Interim Orders Committee:**

A/Prof Alan Ng Wei Keong (Chairman)  
A/Prof Agnes Ng Suah Bwee  
Dr Subramaniam Suraj Kumar  
Ms Engelin Teh SC (Legal Assessor)

**Counsel for the SMC:**

Mr Chia Voon Jiet  
Mr Pesdy Tay  
(M/s Drew & Napier LLC)

**Counsel for the Respondent:**

Ms Vanessa Lim  
Ms Aw Sze Min  
(M/s Dentons Rodyk & Davidson LLP)

**DECISION OF THE INTERIM ORDERS COMMITTEE**

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

**Purpose of the Inquiry**

1. This Interim Orders Committee (“**IOC**”) was appointed under section 59A of the Medical Registration Act (Cap. 174, 2014 Rev Ed) (“**MRA**”) to inquire into and determine whether an interim order under section 59B(1) of the MRA should be made against Dr Khoo Boo Kian (“**Dr Khoo**”).

## **The Medical Practitioner in question**

2. Dr Khoo is a medical practitioner registered under the MRA. At the material time, Dr Khoo was practising as an ophthalmologist at Eye Specialist Clinic Pte Ltd (the “**Clinic**”).

## **Relevant facts giving rise to the Inquiry**

3. As of October 2021, Dr Khoo was a participant of a WhatsApp chat group named Fireside.Parody.Chat (the “**FPC**”), which had an estimated total of 206 participants at the time. The participants of the FPC consisted of healthcare professionals such as doctors or dentists. Dr Khoo’s display name on the FPC was “Khoo Boo Kian”. The FPC participants exchanged information, *inter alia*, about the COVID-19 situation in Singapore and discussed their concerns about the way it was being handled in Singapore.
4. On 25 November 2021, the Ministry of Health (“**MOH**”) sent a letter to the President of the SMC, stating that it had been alerted to WhatsApp messages sent by Dr Khoo on the FPC where Dr Khoo was encouraging the use of Ivermectin to treat and prevent COVID-19 and referred Dr Khoo to the SMC for breaching paragraph 3(b)(vi) of the 2016 edition of the SMC’s Ethical Code and Ethical Guidelines (“**2016 ECEG**”), which states “*in general, you must be open, truthful, factual and professionally modest in communications with other members of the profession, with patients and with public at large*” (the “**Complaint**”). In the Complaint, the MOH requested that the SMC expedite its investigations and review the appropriate actions to be taken, if any, against Dr Khoo, considering that his actions may impact on the quality and safety of care for COVID-19 infected individuals.
5. On 24 January 2022, the Notice of Inquiry (“**NOI**”) was issued to Dr Khoo.
6. The NOI states that between March 2021 and October 2021, Dr Khoo sent various messages on the FPC, which constituted unverified and misleading information on COVID-19 and vaccines and that in particular, he had promoted the use of Ivermectin to treat and prevent COVID-19, made misleading claims on the efficacy of Ivermectin against COVID-19 and encouraged participants of FPC to purchase Ivermectin from the Internet through an unapproved supplier. These messages include, but are not limited to the following:
  - (i) On 22 March 2021, at or around 12.19am, Dr Khoo sent the following message on the FPC: “... - *the mRNA biological agent (Pfizer, Moderna) has NOT been shown to prevent transmission of COVID - the “vaccine” does not eradicate the COVID virus - there have been NO published animal studies or long term human safety data for these*

*mRNA agents - mRNA technology has never been successfully used as a “vaccine” (it has been used for gene therapy) - the long term impact of stimulating our natural immunity in this novel way is also not known ... - the efficacy of the Pfizer vaccine has indeed been challenged by Dr Peter Doshi ... there are well established drugs like ivermectin, hydroxchloroquine which have been used to treat this”;*

- (ii) On 24 May 2021, at or around 10.45am to 10.46am, in response to a question on how to procure Ivermectin in Singapore, Dr Khoo sent the following messages on FPC: *“I’m buying via HSA but at an exorbitant price.... you want I buy for you. The standard parasitic dose is like 3 mg a day but the therapeutic non prophylactic covid-19 dose is 35x that.”*; and *“Basically u eat 10 boxes x 4 or 40 tablets a day but I wonder if I have made a mistake so dont take so many on my advice”*;
- (iii) On 1 June 2021, at or around 10.22pm, on 3 June 2021, at or around 1.18pm, and on 14 June 2021, at or around 9.14am, Dr Khoo sent the following messages on the FPC in relation to alleged studies which he cited: *“eta-analysis of 13 trials, assessing 1892 participants, found that ivermectin reduced the risk of death by an average of 68% (95% CI, 28–86%) compared with no ivermectin treatment (average risk ratio (aRR) 0.32, 95% CI 0.14 to 0.72; I2 = 57%; risk of death 2.5% versus 9.1% among hospitalised patients in this analysis, respectively...”*; and *“Conclusion... Ivermectin may be equitable, acceptable and feasible global intervention against covid-19... Given the evidence of efficacy, safety, low cost and current death rates, ivermectin may potentially have an impact on health and economic outcomes of the pandemic across many countries. Ivermectin is not a new and experimental drug with safety concerns. It is a WHO ‘Essential Medicine’ used in several different indications. Health professionals should consider its use against Covid-19 in both treatment and prophylaxis”*;
- (iv) On 7 June 2021, at or around 5.12pm, Dr Khoo sent the following messages on the FPC: *“A single dose ivermectin also reduced rates of SYMPTOMATIC infections vs vitamin C”*; and *“So the nuhs paper supports ivermectin”*;
- (v) On 6 July 2021, at or around 9.59pm, Dr Khoo sent the following message on the FPC in relation to an article from freemalaysiatoday.com regarding Malaysia’s health ministry (which he referred to): *“The Ministry of Health is allowing hospitals to use ivermectin “off-label”, meaning for purposes beyond what has been decreed. This is a huge step forward. Those patients who want ivermectin can ask for it. Ivermectin acts in 3 ways. Pre infection and in the early stage of covid-19, the drug has been shown to*

*disrupt virus replication. This means the virus cannot multiply in your body. If the virus has already set in before treatment, the next effect of ivermectin is to flush out the viral debris that triggers the immune response resulting in the cytokine storm which destroys lung tissue. ... In 30 years of using ivermectin for humans, there have been minimal reports of adverse reactions. Best of all, even those who have been vaccinated can take ivermectin safely. The way ivermectin works is independent of virus variant, so all those scary new variants don't have to be scary anymore. The constant pressure from the ivermectin lobby has borne results. Let us all take advantage of it. If you are at risk, ask for ivermectin”;*

- (vi) On 19 August 2021, at or around 10.04am to 10.08am, Dr Khoo sent the following messages on the FPC: *“Need more publicity on ivermectin... many still not aware”;* *“We need to get to public directly to save lives”;* and *“Esp to the unvaxed about ivermectin”;*
- (vii) On 31 August 2021, at or around 7.53am, Dr Khoo sent the following message on the FPC: *“Ivermectin or china style lockdown and lockout the world is the solution. 90% vaccination rate has failed”;*
- (viii) On 4 September 2021, at or around 9.26am to 9.48am, Dr Khoo sent the following messages on the FPC: *“Can we prescribe ivermectin to our patients without getting into trouble with SMC or HSA?”;* *“They are still allowing individuals to import so I wonder whether it is wise to pressure government on ivermectin. Maybe try to influence on the grapevine and chat groups directly to patients”;* and *“Personally I say ivermectin probably works and no danger or harm trying as they are leaving the consultation room”;*
- (ix) On 10 September 2021 at or around 5.12pm and 7.01pm, Dr Khoo sent the following messages on the FPC: *“Has anyone written an ivermectin sheet to give to patients in clinic... can I hv a copy?”;* and *“Any way I'm going to print a one page "Facts about ivermectin for covid 19" flyer and leave it on counter”;*
- (x) On 14 September 2021, at or around 1.48pm, Dr Khoo sent the following message on the FPC in relation to an article from onedaymd.com (which he referred to): *“Many countries governments have already approved using ivermectin for covid-19 and many countries are adopting country wide eg. Bangladesh Bolivia Czech republic....central and south American countries Egypt.....Venezuela Zimbabwe Follow their lead. Do what millions of others are doing.It's not new. They have not reported problems”;*

- (xi) On 18 September 2021, at or around 1.28pm, Dr Khoo sent the following message on the FPC: *“The case for ivermectin is this: 1. It might work. There are many trials showing it works. There are not many trials showing it doesn’t work. The experts cannot agree. Its controversial. WHO says it should only be prescribed within a clinical trial so WHO agrees there is a chance it might work. 2. There is no alternative drug that claims to be as effective. In early to moderate covid-19, we are told to wait at home with No Rx till we get breathless and need oxygen. 3. It is very safe, oral, and very cheap 4. There is a pandemic going on and people are dying and vaccines are not easily available for the poor countries. 5. What have you got to lose by trying? 6. Why block people from getting access to ivermectin?”*;
- (xii) On 18 September 2021, at or around 3.34pm, Dr Khoo sent the following message on the FPC including links which purportedly related to the effectiveness of Ivermectin in treating and preventing COVID-19: *“IVERMECTIN LIST OF ARTICLES FOR NORMIES... Show this to your Moron doctors also who aren't prescribing Ivermectin bc muh Fraudci and muh CDC said its bad”*;
- (xiii) On 4 October 2021, at or around 9.40am, Dr Khoo sent the following message on the FPC: *“Now that vaccination has failed to prevent deaths completely nor eradicate the virus its time to bet on the antiviral ivermectin which has substantial evidence and is virtually risk free and cheap. Please spread the message to your friends and loved ones to protect them. Order 1 or 2 boxes X 100 tabs of the cheap drug online from indiamart.com”*;
- (xiv) On 8 October 2021, at or around 10.15am, Dr Khoo sent the following message on the FPC: *“Has anyone written a prescription for ivermectin fir Rx of c19?”*;
- (xv) On 11 October 2021, at or around 5.37pm, Dr Khoo sent the following message on the FPC: *“Ivermectin must be started asap on first symptoms of ARF”*;
- (xvi) On 15 October 2021, at or around 11.46pm, Dr Khoo sent the following message on the FPC, allegedly quoting from extracts from Justus R Hope MD’s book “Ivermectin for the World”: *“... In contrast to vaccines, IVERMECTIN WORKS IMMEDIATELY in all stages of the disease, and often a SINGLE DOSE can LIBERATE a PATIENT OFF THE VENTILATOR. It is effective as an ANTIVIRAL agent against ALL VARIANT strains. It is SAFER than Tylenol and most over-the-counter vitamins, and it costs only pennies per dose. ... The bottom line is that the DISTINGUISHED SCIENTISTS and*

*RESEARCHERS I discuss ALL BELIEVE that the simple and EFFECTIVE Nobel Prize-winning antiparasitic drug Ivermectin can reduce death by up to 80 to 90 % in EVEN THE MOST ADVANCED COVID-19 patients. It can TRANSFORM a breathless, DYING patient WITHIN HOURS into someone who can easily BREATHE ON THEIR OWN. Moreover, it can PREVENT ALMOST EVERYONE FROM EVER GETTING INFECTED. God, Himself could not have designed a much better drug for use in this pandemic. As a physician with NEARLY 40 years of experience, all my patients have the option of Ivermectin. They have all done well with no deaths. Ivermectin worked WITHIN 48 hours in each infected case. But please read the evidence from the academic physicians with far superior credentials to mine. Please read about the legal cases where the hospitals fought against multiple dying patients on ventilators. When the court ordered the Ivermectin, they RECOVERED IN EVERY ONE of these cases. Many were able to GO OFF THE VENTILATOR with a SINGLE dose”; and*

(xvii) On 21 October 2021, at or around 6.42am to 6.46am, Dr Khoo sent the following messages on the FPC: *“They are all corrupted or cowardly, ... can you imagine watching people the people you are treating die of slow drowning and denying them access to a cheap safe drug that might work???? When u have no alternative. That's what the world and people are really like but it took me 60 years to realise”; “The people who are denying us masks are now denying us ivermectin etc”; and “And forcing unnecessary vaccination on children. Vaccination that does more harm than good”;*

7. At the time of the hearing by this IOC, the Complaint was before the Complaints Committee (“CC”) and had not yet been referred to a Disciplinary Tribunal (“DT”). The matter was referred to the IOC for the purpose of considering whether an order should be made under section 59B(1) of the MRA as being necessary for the protection of members of the public or as otherwise in the public interest, or in the interest of Dr Khoo.

8. Pending the determination of the CC and/or the DT, the SMC submits that an interim order should be made against Dr Khoo. The SMC is seeking an order that with immediate effect, Dr Khoo’s registration as a medical practitioner be conditional on his compliance with the following restrictions for a period of 18 months (“Conditions”):-

(a) Dr Khoo must not disseminate or forward any information or document pertaining to the following matters:

- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
  - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
  - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the Health Sciences Authority (“HSA”) or are required to be administered solely in the context of a clinical trial; and
  - (iv) the sale and supply of Ivermectin.
- (b) Dr Khoo must not use any websites, social media platforms or closed messaging systems to put forward or share any views on the following matters:
- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
  - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
  - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
  - (iv) (iv) the sale and supply of Ivermectin.
- (c) To the extent that is reasonably practicable, Dr Khoo must seek to remove any posts or messages from any websites, social media platforms or closed messaging systems that he is responsible for or has shared relating to his views on the following matters:

- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
  - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
  - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
  - (iv) the sale and supply of Ivermectin.
- (d) Dr Khoo must not:
- (i) recommend, prescribe, supply or administer Ivermectin and/or any other drug that is not approved by the HSA, to anyone for use in the prevention or treatment of COVID-19;
  - (ii) give false or misleading information about prescribing Ivermectin and/or any other drug that is not approved by the HSA to anyone for use in the prevention or treatment of COVID-19; and
  - (iii) provide information to suggest that he is able to sell or supply drugs not approved by the HSA for use in the prevention or treatment of COVID-19 outside the context of an approved clinical trial.
- (e) Dr Khoo must not recommend, prescribe, supply or administer Ivermectin to any patient without the prior approval of a fully registered medical practitioner with a valid practising certificate, whose approval, Medical Council Registration Number and signature must be recorded electronically or in writing;
- (f) If Dr Khoo recommends, prescribes, supplies or administers Ivermectin to a patient pursuant to the conditions set out in (e) above, Dr Khoo must keep a log of all patients to whom he has recommended, prescribed or administered Ivermectin to, the details of

the approving medical practitioner, and he must submit this log to the SMC within five calendar days of such recommendation, prescription, supply or administration; and

- (g) Dr Khoo must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

9. On 16 February 2022, Counsel for the SMC tendered to the IOC:-

- (a) the SMC's written submissions;
- (b) the SMC's Bundle of Authorities;
- (c) the SMC's Bundle of Documents;
- (d) the Agreed Bundle of Documents; and
- (e) the Agreed Statement of Facts.

10. On the same day, Counsel for Dr Khoo tendered to the IOC:-

- (a) Dr Khoo's written submissions;
- (b) Dr Khoo's Bundle of Authorities; and
- (c) Dr Khoo's Bundle of Documents.

### **Framework adopted by the IOC**

11. Section 59B(1) of the MRA provides as follows:

“**59B.**—(1) Where, upon due inquiry into any complaint or information referred to it, an Interim Orders Committee is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest, or is in the interests of the registered medical practitioner concerned, that his registration be suspended or be made subject to conditions or restrictions, the Interim Orders Committee may make an order —

(a) that his registration in the appropriate register be suspended for such period not exceeding 18 months as may be specified in the order (called in this Part an interim suspension order); or

(b) that his registration be conditional on his compliance, during such period not exceeding 18 months as may be specified in the order, with such conditions or restrictions so specified as the Interim Orders Committee thinks fit to impose (called in this Part an interim restriction order).”

12. From the aforesaid provision, it follows that the IOC can only order a suspension of Dr Khoo's registration or subject his registration to conditions, where it is satisfied that it is:

- (a) necessary for the protection of members of the public;
- (b) otherwise in the public interest; or
- (c) in the interest of Dr Khoo.

(See the decision of the IOC for Dr Wee Teong Boo dated 9 May 2017 (“*Wee Teong Boo*”) at [9], the decision of the IOC for Dr Ler Teck Siang dated 7 March 2019 (“*Ler Teck Siang*”) at [11], the decision of the IOC for Dr Chan Herng Nieng dated 18 June 2020 (“*Chan Herng Nieng*”) at [17], the decision of the IOC for Dr Ong Kian Peng Julian dated 18 June 2020 (“*Ong Kian Peng Julian*”) at [18], and the decision of the IOC for Dr Kay Aih Boon Erwin (“*Kay Aih Boon Erwin*”) at [14].)

13. Pursuant to section 59C of the MRA, the IOC (or another IOC appointed in its place) is bound by law to review the order within six months from the date the order was made and subsequently, to further review it at three-monthly intervals for so long as the order is in force. At the review hearings, the IOC may revoke or vary the interim order that was previously made in accordance with section 59D of the MRA.
14. The interim order will remain in force until the end of the specified period or the date on which “relevant proceedings” in relation to the Complaint are concluded, whichever is the earlier – see section 59G(1) of the MRA. For the purposes of the present case, the “relevant proceedings” will conclude with:
  - (a) the CC making an order under section 49(1) of the MRA with (i) no valid appeal to the Minister being made against the CC’s decision; or (ii) if an appeal is made, the Minister making an order affirming the CC’s decision: section 59G(2)(a) of the MRA; or
  - (b) if the CC refers the Complaint to the DT, the DT making an order under section 53(2) of the MRA or dismissing the matter: section 59G(2)(b) of the MRA.
15. It is the SMC’s submission that in arriving at its decision on whether to impose an interim order, the IOC’s task is to consider whether the allegations in any complaint or information referred to it, irrespective of their truth or falsity, justify the suspension or conditional registration of the medical practitioner. To determine this, a two-pronged approach is adopted (see *Wee Teong Boo* at [31]):
  - (a) First, the IOC must assess the extent to which the medical practitioner poses a risk to the members of the public against an assessment of the potential adverse consequences if an interim order is not made against the medical practitioner.

- (b) Second, the IOC has to balance the interests of the medical practitioner with the interests of the public — making a determination proportionate to the perceived risk to members of the public and/or to protect the public interest.
16. As set out in *Wee Teong Boo* (and confirmed in *Ler Teck Siang* at [12], *Chan Herng Nieng* at [20], and *Ong Kian Peng Julian* at [21] and *Kay Aih Boon Erwin* at [16]), the following principles are relevant to the IOC's determination of the appropriate interim order to be made:-
- (a) The IOC's task is not a fact-finding one, nor is its remit to make any judgment on the merit of the criminal charges where allegations of criminal offences were involved (*Wee Teong Boo* at [32], *Ler Teck Siang* at [12.1]) or to make any judgment of the merits of the allegations in a complaint or the potential outcome of pending DT proceedings (*Chan Herng Nieng* at [20.1], *Ong Kian Peng Julian* at [21.1], and *Kay Aih Boon Erwin* at [16.1]). Applied to the present case, it is similarly not the IOC's remit to make a judgment on the merit of the allegations in the Complaint or the potential outcome of the pending CC proceedings. The IOC need only be satisfied that there is a *prima facie* case that Dr Khoo's messages are misleading, and that these messages give rise to a risk of potential harm to public safety and/or public confidence in the medical profession before making an interim order against Dr Khoo.
- (b) The purport of section 59B(1) of the MRA is that the IOC must assess the risk of harm to members of the public, as well as what is in the public interest and what is in the medical practitioner's interests. The IOC must assess the gravity of the consequences of the risk (if it materialises) as well as whether the risk is high or low (*Wee Teong Boo* at [33], *Ler Teck Siang* at [12.2], *Chan Herng Nieng* at [20.2], *Ong Kian Peng Julian* at [21.2], and *Kay Aih Boon Erwin* at [16.2]).
- (c) In determining the appropriate order to be made, the IOC will take into consideration the severity of the allegations made against the medical practitioner and the nature of the harm to the public (if true). If the allegations against the medical practitioner are of an extremely serious nature and the nature of the harm to the public (if true) is grave, an appropriately robust order from the IOC may be justified. In assessing the risk of harm, the IOC will also consider whether the Complaint arose from an isolated incident, and whether the doctor has remained free from complaints. The IOC will also give due weight to considerations of proportionality (*Wee Teong Boo* at [39], *Ler Teck Siang* at [12.3], *Chan Herng Nieng* at [20.3], *Ong Kian Peng Julian* at [21.3], and *Kay Aih Boon Erwin* at [16.3]).

(d) With regard to the public interest and the maintenance of public confidence in the medical profession in Singapore, the applicable test is as stated in the English High Court case of *NH v General Medical Council* [2016] EWHC 2348 (Admin) (at [12]): “[W]ould an average member of the public be shocked or troubled to learn, if there is a conviction in this case, that the doctor had continued to practice whilst on bail awaiting trial?” (*Wee Teong Boo* at [43], *Ler Teck Siang* at [12.4], *Chan Herng Nieng* at [20.4], *Ong Kian Peng Julian* at [21.4], and *Kay Aih Boon Erwin* at [16.4]). Applied to the present case, the question is whether an average member of the public would be shocked or troubled to learn that Dr Khoo is allowed to continue practising medicine unrestricted pending the conclusion of the relevant proceedings against him for spreading misinformation on COVID-19, making misleading claims on the efficacy of Ivermectin, and encouraging others to use Ivermectin.

17. In addition, as the provisions of the MRA on interim orders are modelled after United Kingdom legislation, the IOC can take guidance from the UK General Medical Council (see *Wee Teong Boo* at [37]). It is relevant to refer to *Imposing Interim Orders: Guidance for the Interim Orders Tribunal, Tribunal Chair and Medical Practitioners Tribunal* (“**Guidance on Imposing Interim Orders**”) issued by the UK General Medical Council. Guidelines 24 to 25 from the section on “Test applied” are set out below:

**“Test applied**

**24** In reaching a decision whether to impose an interim order an IOT should consider the following issues:

- a** The **seriousness of risk to members of the public** if the doctor continues to hold unrestricted registration. In assessing this risk the IOT should consider the seriousness of the allegations, the weight of the information, including information about the likelihood of a further incident or incidents occurring during the relevant period.
- b** **Whether public confidence in the medical profession is likely to be seriously damaged** if the doctor continues to hold unrestricted registration during the relevant period.
- c** **Whether it is in the doctor’s interests** to hold unrestricted registration. For example, the doctor may clearly lack insight and need to be protected from him or herself.

**25** In weighing up these factors, the IOT must carefully consider the **proportionality of their response** in dealing with the risk to the public interest (including patient safety and public confidence) and the adverse consequences of any action on the doctor’s own interests.”

[emphasis added]

## The SMC's case

18. It is noted that the SMC is not seeking an interim suspension order against Dr Khoo but an order subjecting Dr Khoo's registration to the proposed Conditions set out at paragraph 8 above.
19. The SMC submits that the imposition of the Conditions on Dr Khoo's registration for a period of 18 months is necessary for the protection of his patients and members of the public, as there is a risk to public health and safety given the dangers and side effects associated with self-medicating with Ivermectin and using it to treat and prevent COVID-19. The imposition of the Conditions is also in the public interest as there is a risk of public confidence in the medical profession being undermined if Dr Khoo is allowed to hold unrestricted registration pending the outcome of the relevant proceedings against him.

### **(1) An interim order is necessary for the protection of members of the public**

20. It is the SMC's case that there is a substantial risk of harm to Dr Khoo's patients and to members of the public if Dr Khoo is allowed to continue practising medicine unrestricted pending the conclusion of the relevant proceedings as the information referred to the IOC alleges highly improper conduct on Dr Khoo's part, namely, (i) sharing unverified and misleading information on COVID-19, vaccines and Ivermectin and (ii) persistently advocating for the use of Ivermectin to treat and prevent COVID-19.
21. The SMC submits as follows:-
  - (a) There is a risk that the participants of the FPC will believe that Dr Khoo was providing credible medical advice on COVID-19 and the efficacy of Ivermectin, especially given his standing as a doctor and the fact that his categorical claims as to the efficacy of Ivermectin were made over a sustained period;
  - (b) This risk is aggravated by the fact that Dr Khoo's messages can be easily reproduced outside of the FPC and circulated to members of the public. If left unchecked, other healthcare professionals in the FPC may likewise be motivated to advocate for the efficacy of Ivermectin in treating COVID-19, or even prescribe Ivermectin to their patients to treat COVID-19. Members of the public may also be encouraged to self-medicate with Ivermectin instead of getting approved COVID-19 vaccines;
  - (c) The above would result in substantial risk of harm to public health and safety, given the dangers and adverse side-effects associated with Ivermectin, which is reinforced by

the lack of credible evidence demonstrating the effectiveness of Ivermectin in treating COVID-19. In this regard, the SMC referred to an advisory issued by the HSA dated 5 October 2021, a press release and written statement issued by the MOH dated 24 October 2021 and 1 November 2021 respectively, and the Singapore Government's press release dated 20 October 2021 which states:-

- (i) Ivermectin is a prescription-only medicine registered in Singapore only for the treatment of parasitic worm infections;
  - (ii) Ivermectin is not an anti-viral medicine and is not approved by HSA for use in the prevention or treatment of COVID-19;
  - (iii) to date, there is no scientific evidence from credible and/or properly conducted clinical trials to prove that Ivermectin is effective against COVID-19;
  - (iv) the misinformation on the safety and effectiveness of Ivermectin in treating COVID-19 is based on unverified studies;
  - (v) a local study conducted by the National University Health System in 2020 did not find any evidence suggesting that Ivermectin has any effect on COVID-19;
  - (vi) self-medicating with Ivermectin can be dangerous to one's health as the side-effects associated with Ivermectin include vomiting, diarrhoea, stomach pain, neurologic adverse events (dizziness, seizures, confusion), sudden drop in blood pressure, severe skin rash potentially requiring hospitalisation, and liver injury (hepatitis). Ivermectin can also interact with other medications used such as blood-thinners;
  - (vii) there have been reports of patients requiring hospitalisation after self-medication with Ivermectin; and
  - (viii) COVID-19 vaccines that are approved for use in Singapore are safe and efficacious.
- (d) The SMC submits that these government advisories (i) provide important guidance on how doctors ought to conduct themselves in relation to COVID-19, especially since they were released to correct misinformation on COVID-19; and (ii) address the issues relating to the use of Ivermectin in treating and preventing COVID-19. The SMC's

position is that based on the 2016 ECEG, such advisories and press releases constitute “secondary guidelines or position papers” that will serve to augment the principles contained in the ECEG and must be regarded as carrying the same quality of guidance which Dr Khoo is required to abide by.

- (e) The SMC takes the position that any potential assertions by Dr Khoo to the effect that some of the messages sent were not authored by him do not militate against the SMC’s position for the imposition of the Conditions and should not be accepted as:-
- (i) whether Dr Khoo was the author of these messages is irrelevant. What is material is that these messages were *sent* by Dr Khoo; and given his status as a medical practitioner, even if he had not authored some of these messages, both the FPC participants and members of the public whom these messages are circulated to may reasonably believe that Dr Khoo was actively sharing or advocating credible medical advice on COVID-19 and the efficacy of Ivermectin based on sources of information which he endorsed. This is especially since Dr Khoo cited studies, articles and book extracts (which the SMC submits were unverified sources of information) along with his messages.
  - (ii) on the face of the messages, there is nothing to suggest or indicate that these messages were not to be taken seriously. Dr Khoo’s messages were not accompanied by disclaimers or anything to the effect which would inform readers that the cited sources of information had not been verified by the relevant authorities in Singapore and/or that these sources of information should not be relied on. Thus, both the FPC participants and members of the public may reasonably be misled by these messages and believe that these messages contained well-substantiated medical opinion and/or that Dr Khoo had endorsed the contents of these messages, as well as the cited sources of information.
- (f) Given that Dr Khoo has (i) repeatedly emphasised on the apparent efficacy of Ivermectin in treating COVID-19; (ii) allegedly claimed to have informed his patients that Ivermectin “*probably works*” against COVID-19 and encouraged them to try Ivermectin as there is “*no danger or harm*” in trying; and (iii) announced his intention to print a factsheet about Ivermectin for COVID-19 and had even asked for a copy of Ivermectin sheets from others to “*give to patients in [the] clinic*”, there is a clear and palpable risk that he will prescribe, supply or recommend the use of Ivermectin to his

patients outside of its intended scope of use (if this has not already occurred). The SMC submitted that the risk of harm to public safety is significant should this happen, given that the government advisories have stated that the consequences can be dire as patients may suffer a range of side-effects and may even be hospitalised after consumption of or self-medicating with Ivermectin.

- (g) Such risk of harm to the public is exacerbated by the fact that COVID-19 remains a worldwide pandemic, and the threat of COVID-19 to the public at large as well as the Singapore healthcare system remains very real and any misconception or distortion of the facts involving the safety or efficacy of approved COVID-19 vaccines and of Ivermectin in treating COVID-19 is undeniably and undoubtedly detrimental to public health and safety.

**(2) An interim order is in the interest of the public**

- 22. It is the SMC's case that the imposition of the Conditions by way of an interim order is in the public interest as there is a risk of public trust and confidence in the profession being undermined if Dr Khoo were to be given full liberty to continue practising uninhibited, pending the determination of the CC or DT. In this regard, the SMC cited paragraphs 3(a)(ix) and 3(b)(vi) of the 2016 ECEG, as well as the UK General Medical Council's guidance on Good Medical Practice (22 April 2013) to support its submission that the principles that doctors must act to prevent harm or risk of harm to patients, and be truthful and factual in their communications with others, are sacrosanct and integral to upholding public trust in the medical profession.
- 23. The SMC points out that given the hallowed status of the medical profession in society and the immeasurable trust reposed in the medical profession, patients and members of the public will look upon doctors for sound medical advice, and that this is especially pertinent during a pandemic where members of the public will necessarily look to doctors for effective care and treatment against COVID-19 and will place significant weight on their medical advice and views. In line with this, it is reasonable to expect that doctors will ensure that the information disseminated is true, accurate, and not misleading and that doctors will not provide misinformation which may lead to risk of harm to their patients and/or the wider public. The information contained in Dr Khoo's messages and the information which he claims to have conveyed to his patients regarding the efficacy of Ivermectin in treating COVID-19 is misleading in light of the government advisories that state clearly that there is no scientific evidence from credible and/or properly conducted clinical trials to prove that Ivermectin is effective against or has any effect on COVID-19.

24. The SMC also cites its 2016 Handbook on Medical Ethics (“HME”) to support its submission that doctors should avoid engaging in alternative forms of treatment that lacks an established scientific basis or has not been generally accepted, let alone proactively encourage others to adopt these forms of treatment. As such, it was incumbent on Dr Khoo to refrain from promoting and encouraging the use of Ivermectin to treat COVID-19. However, it appears that Dr Khoo provided information on an unapproved supplier for FPC participants to buy Ivermectin from and encouraged others to increase public awareness on Ivermectin. Accordingly, the SMC submits that members of the public would likely be shocked or troubled to find out that Dr Khoo was granted full liberty to continue practising uninhibited pending the conclusion of the relevant proceedings against him.

**(3) An interim order is warranted in the present case and the Conditions are proportionate to the risk of harm to the public and the risk of damage to public confidence in the medical profession**

25. The SMC further submits that the imposition of the Conditions on Dr Khoo is warranted in the present case and that the Conditions are proportionate to the risk of the potential harm to the public and the potential damage to public confidence in the medical profession if Dr Khoo is allowed to practise unrestricted pending the conclusion of the relevant proceedings against him. In support of this submission, the SMC cites the following cases:-

- (a) The English case of *Dr Samuel White v General Medical Council* [2021] EWHC 3286 (Admin) (“*Dr White v GMC*”), where the UK Interim Orders Tribunal (“IOT”) subjected Dr White’s registration with the UK General Medical Council to the conditions that (i) he must not use social media to put forward or share any views about the COVID-19 pandemic and its associated aspects; and (ii) he must seek to remove any social media posts he has been responsible for or has shared relating to his views of the COVID-19 pandemic and its associated aspects, in view of his actions in (i) spreading misinformation and inaccurate details about the measures taken to address COVID-19 in the UK; (ii) claiming that drugs such as Ivermectin were a safe and proven treatment for COVID-19; and (iii) encouraging people not to wear masks or take the vaccine. In this regard, we note the SMC’s submission that although the English High Court subsequently revoked the orders imposed, this was because the IOT had not considered whether its orders would infringe Dr White’s right to freedom of expression under the UK Human Rights Act 1998 (which was a procedural error that had no bearing on the substantive merits of the case).

- (b) The Singapore case of *Pang Ah San v Singapore Medical Council* [2021] 5 SLR 681 (“*Pang Ah San v SMC*”), where the Court of Three Judges rejected Dr Pang’s argument that his conviction under charges brought against him for making derogatory statements against the SMC infringed his constitutional right to freedom of speech under Article 14 of the Constitution of the Republic of Singapore, on the ground that an individual’s constitutional rights are against the state, whereas his membership in a profession is an arrangement between him and the professional body in question. Relying on this case, the SMC submits that Article 14 of the Constitution does not apply to the relationship between the SMC and Dr Khoo, and that Dr Khoo’s membership in the medical profession and privileges as a medical practitioner are contingent on him abiding by the norms and standards expected of a medical practitioner.
- (c) The Australian case of *Ellis v Medical Board of Australia (Review and Regulation)* [2020] VCAT 862, where the Tribunal upheld the decision of the Medical Board of Australia to impose an interim suspension order against the respondent for, *inter alia*, expressing and encouraging views regarding COVID-19 treatments which were untrue, misleading and had no proper clinical basis.
26. It is also the SMC’s position that the Conditions are proportionate, as they are (i) no more restrictive than necessary to mitigate the risk of harm to public safety or damage to public confidence; and (ii) clear and unambiguous as to how compliance is to be achieved. At paragraphs 56 to 64 of the SMC’s submissions, the SMC went through each of the Conditions and set out its reasons for saying that each condition is proportionate and ought to be imposed by way of an interim order.
27. In seeking to impose the Conditions on Dr Khoo’s registration as a medical practitioner for the maximum period of 18 months, the SMC submitted that the maximum period of 18 months is appropriate in this case, as (i) the IOC reviewing the interim order does not have the power to extend the period for which the interim order has effect; (ii) any interim order made by the IOC will no longer be in force once the relevant proceedings have concluded; (iii) the IOC will have an opportunity to review its order within six months, and subsequently at three-monthly intervals during which the IOC may vary or revoke any condition or restriction in the interim order; and (iv) in previous IOC decisions where interim conditions or restrictions have been imposed, the IOC had ordered the interim orders to take effect for the maximum period of 18 months.

### **Dr Khoo's case**

28. It is Dr Khoo's position that there is no necessity for the IOC to either suspend Dr Khoo's practice or to impose any further conditions beyond those that the SMC had already proposed (as set out at [8] above) and which he has readily agreed to.
29. Dr Khoo also informs the IOC that he has exited the FPC chat group on 19 January 2022 and no longer has any access to the messages he had sent and/or received while he was a participant of the group.
30. Dr Khoo submits that when he sent the various messages to the FPC, his intention was to share the information and news regarding the possible use of Ivermectin to treat and/or prevent COVID-19 with his fellow doctors for their consideration and discussion. It is Dr Khoo's position that for some of the messages cited in the NOI, he did not compose the main message but had shared and/or forwarded messages, links or articles. In those instances, Dr Khoo may not have necessarily agreed with everything stated in the message, article or link but had forwarded the information to share a different perspective and/or provoke discussion. Dr Khoo also prepared his response to each of the messages as set out in the NOI in an annex to his submissions.
31. Dr Khoo highlights his understanding that the FPC was to be a private and closed forum for healthcare professionals to discuss their views and opinions on various matters. As the chat group was limited to his professional peers, there was also no concern that a discussion on more controversial or unsettled areas of medicine such as the usage of Ivermectin in the treatment and/or prevention of COVID-19 would mislead his peers in the healthcare industry as each of them would be able to adjudge and determine for themselves their views on the matter based on the published scientific data.
32. Dr Khoo also confirms that he has never organised or participated in the bulk purchase of Ivermectin in any way. He has no affiliation to any Ivermectin supplier and does not gain any financial benefit from the sales of Ivermectin. He has also never sold or supplied Ivermectin for the prevention or treatment of COVID-19.
33. It is Dr Khoo's case that there is practically no risk of recurrence of the alleged acts as:-
  - (a) Dr Khoo has exited the FPC chat group on 19 January 2022 and no longer has any access to the messages he had sent and/or received while he was a participant of the group. He also has no intention to re-join the FPC chat group until the COVID-19

epidemic is over. In response to the IOC's question during the oral hearing as to whether Dr Khoo intends to return to the chat group and revive the previous discussions which were the subject of the Complaint, Dr Khoo's Counsel stated that that was not Dr Khoo's intention. It is Dr Khoo's submission that he has already refrained from commenting on COVID-19, vaccines and the use of Ivermectin to treat and prevent COVID-19 to any other individual; and

- (b) Dr Khoo is willing to agree to the Conditions (as set out in [8] above) proposed by the SMC to be placed on his registration as a medical practitioner for a period of 18 months pending the conclusion of the CC's investigation and/or a future DT Inquiry.

34. Dr Khoo submits that as the SMC has already taken the position that the Conditions are sufficient protection and Dr Khoo has readily agreed to them, it is not necessary for Dr Khoo to be suspended from practice or have any further conditions imposed on his practice and that in balancing public interest, the IOC must also balance the interests of the medical practitioner. Notably, an imposition of an interim suspension on Dr Khoo would deprive him and his family of his income. Imposing the conditions proposed by the SMC and agreed to by Dr Khoo would allow for a more proportionate outcome.

### **Decision of the IOC**

35. Having fully considered all the facts and circumstances and the respective written and oral submissions of the parties, we are satisfied that it is necessary for the protection of members of the public and in the public interest that Dr Khoo's registration as a medical practitioner should be made subject to the conditions or restrictions as set out (at [36]) below for a period of 18 months.

### **The Order of the IOC**

36. We order that with effect from 28 March 2022, the registration of Dr Khoo as a medical practitioner is to be made subject to the following conditions or restrictions, for a period of 18 months or until the conclusion of the proceedings against Dr Khoo under Part VII of the MRA, whichever is sooner:-

- (a) Dr Khoo must not disseminate or forward any information or document pertaining to the following matters:

- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
  - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
  - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
  - (iv) the sale and supply of Ivermectin.
- (b) Dr Khoo must not use any websites, social media platforms or closed messaging systems to put forward or share any views on the following matters:
- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
  - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
  - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
  - (iv) the sale and supply of Ivermectin.
- (c) To the extent that is reasonably practicable, Dr Khoo must seek to remove any posts or messages from any websites, social media platforms or closed messaging systems that he is responsible for or has shared relating to his views on the following matters:

- (i) the safety, efficacy and effectiveness of approved vaccines for COVID-19 in Singapore, insofar as such information or document is contrary to generally accepted evidence that supports the use of these approved vaccines for the treatment and prevention of COVID-19;
  - (ii) the purported safety and efficacy of Ivermectin to treat and prevent COVID-19;
  - (iii) the purported safety and efficacy of any drug, therapeutic product or vaccine in treating and preventing COVID-19, where these agents are either not approved by the HSA or are required to be administered solely in the context of a clinical trial; and
  - (iv) the sale and supply of Ivermectin.
- (d) Dr Khoo must not:
- (i) recommend, prescribe, supply or administer Ivermectin and/or any other drug that is not approved by the HSA, to anyone for use in the prevention or treatment of COVID-19;
  - (ii) give false or misleading information about prescribing Ivermectin and/or any other drug that is not approved by the HSA to anyone for use in the prevention or treatment of COVID-19; and
  - (iii) provide information to suggest that he is able to sell or supply drugs not approved by the HSA for use in the prevention or treatment of COVID-19 outside the context of an approved clinical trial.
- (e) Dr Khoo must not recommend, prescribe, supply or administer Ivermectin to any patient without the prior approval of a fully registered medical practitioner with a valid practising certificate, whose approval, Medical Council Registration Number and signature must be recorded electronically or in writing;
- (f) If Dr Khoo recommends, prescribes, supplies or administers Ivermectin to a patient pursuant to the conditions set out in (e) above, Dr Khoo must keep a log of all patients to whom he has recommended, prescribed or administered Ivermectin to, the details of

the approving medical practitioner, and he must submit this log to the SMC within five calendar days of such recommendation, prescription, supply or administration; and

- (g) Dr Khoo must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

**Publication of Decision**

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

Dated this 28<sup>th</sup> day of March 2022.