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6. BIOMEDICAL LAW AND ETHICS

KUAH Boon Theng SC[1]
LLB (Hons) (NUS),
MA in Medical Ethics and Law
(University of London, King's College Centre for Medical Law and Ethics);
Advocate and Solicitor (Singapore);
Managing Director, Legal Clinic LLC.

I. Introduction

6.1 The year under review saw two professional disciplinary cases involving doctors convicted and sentenced by the Singapore Medical Council ("SMC") who had their cases come up before the Court of 3 Judges on appeal. In one case, the Court of 3 Judges applied a test laid down in a decision it had made in the preceding year, clarifying when it may be justifiable for doctors to depart from applicable treatment guidelines. In both cases, the court ultimately revisited the well-established sentencing principles in *Wong Meng Hang v Singapore Medical Council*[2] ("*Wong Meng Hang*"), before determining the appropriate sanction to be meted out.

6.2 The decisions serve as a helpful reminder on how sentencing decisions involving professional discipline within the medical profession should be approached. In this review, the court's decisions will be compared with other cases that were dealt with by the disciplinary tribunals of the SMC, to see if the sentencing principles laid down by the court have been consistently applied.

II. Cases

A. Ang Yong Guan v Singapore Medical Council

6.3 In *Ang Yong Guan v Singapore Medical Council*[3] ("*Ang Yong Guan*"), the Court of 3 Judges issued its sentencing decision following

1 The author would like to thank Theodora Kee for her invaluable assistance and input. All errors and omissions remain the author's own. The views expressed herein are those of the author alone, and do not reflect those of the organisations she belongs to.
2 [2019] 3 SLR 526.
3 [2025] 3 SLR 135.

its liability judgment in the preceding year.[4] The court increased the suspension imposed on Dr Ang Yong Guan("Dr Ang") by the disciplinary tribunal ("DT") from 24 months to 36 months. In doing so, it applied the sentencing framework set out in *Wong Meng Hang* in a methodical manner, assessing the levels of harm and culpability for each charge, identifying the applicable indicative sentencing range and starting point, considering the relevant offender-specific aggravating and mitigating factors, and finally determining whether the sentences should run concurrently or consecutively. The sentence was enhanced chiefly due to the extent of harm that was caused to Dr Ang's patient, who died as a result of the combination of multiple drugs prescribed by Dr Ang, and for which Dr Ang was ultimately unable to provide any proper justification.

B. Lee Pheng Lip Ian v Singapore Medical Council

6.4 In *Lee Pheng Lip Ian v Singapore Medical Council*,[5] Dr Lee Pheng Lip Ian ("Dr Lee") appealed against his conviction and sentence in relation to 17 charges of professional misconduct pursuant to s 53(1)(*d*) of the Medical Registration Act[6] ("MRA"), arising from the inappropriate prescription of various forms of hormone replacement therapy ("HRT") to his patients. The charges included prescriptions of two compounds that were not licensed for use in Singapore by the Health Sciences Authority at the material time.[7]

6.5 The Court of 3 Judges first considered the applicable standard of care in relation to the prescription of the medications in order to determine whether Dr Lee's departures were deliberate and intentional. Unlike in *Ang Yong Guan* where the relevant standards were expressly stated in Ministry of Health ("MOH") guidelines or package inserts, there were no specific MOH guidelines or directives at the material time codifying the applicable standards regarding the use of the medications prescribed by Dr Lee. On appeal, Dr Lee contended that the DT's findings with respect to the applicable standards were unsupported by evidence. He also claimed that other doctors were also prescribing such

4 For a discussion on the liability judgment, please see Kuah Boon Theng SC, "Biomedical Law and Ethics" (2024) 25 SAL Ann Rev 161.

5 [2025] 4 SLR 728.

6 Cap 174, 2004 Rev Ed.

7 There were four categories of hormones in question: Erfa (a thyroid hormone preparation made from desiccated pig thyroid glands), Biest and Triest (custom compounded formulations containing a mixture of estrogens), testosterone (a hormone produced predominantly in males), and progesterone (a female sex hormone which plays a crucial part in the menstrual cycle and maintenance of pregnancy).

medications at the time, and that MOH had not clearly stated that such prescriptions were prohibited. He argued that it would accordingly be unjust to punish him for departing from standards when it was not even clear what was generally accepted by the medical profession.

6.6 Dr Lee's arguments were rejected. The court held that where ample on-label treatments existed in the treatment of a particular condition, the applicable standard of conduct could be inferred from that fact, and the prescription of an off-label alternative then became a matter for the prescribing doctor to justify in accordance with the *Ang Yong Guan* requirements.[8] As for what constituted on-label and conventional treatment, the court accepted the expert evidence and medical literature adduced by the SMC, and agreed with the DT that Dr Lee's prescriptions amounted to an intentional and deliberate departure from the applicable standard of conduct in relation to all the charges.[9]

6.7 Applying the test in *Ang Yong Guan*, the court was prepared to give Dr Lee the benefit of doubt that he did consider the rationale behind the applicable standards for one category of medications, and concluded after a risk-benefit analysis that his deviations were justified. This satisfied the first requirement in *Ang Yong Guan*.

6.8 However, the court found that Dr Lee failed to satisfy the second requirement because he did not provide an objectively defensible justification for his departures. It noted that Dr Lee had adduced little to no evidence beyond bare assertions that his prescriptions and use of off-label drugs were justified. His mere reliance on the fact that other doctors were prescribing similar medications at the material time was insufficient,

8 See *Ang Yong Guan v Singapore Medical Council* [2025] 3 SLR 135 at [53] and [128].

9 In relation to Erfa, the court found that the applicable standard of conduct for the treatment of hypothyroidism was conventional hormone replacement therapy through the prescription of synthetic thyroxine, rather than non-evidence-based treatments such as Erfa, which was unlicensed by the Health Sciences Authority at the time. Similarly, Biest and Triest were custom-compounded hormones, which were not registered on Health Sciences Authority's list of approved medical products at the time, and the court held that the applicable standard of treatment was to use standard estrogen preparations that were approved for use. Regarding progesterone, Dr Lee Pheng Lip Ian ("Dr Lee") had prescribed it to two women who had undergone hysterectomies. The court found that this departed from the standard recommendation of all the major medical societies, namely that progesterone should not be prescribed to hysterectomised women because they have no uterus and such prescriptions carried increased risks including the risk of breast cancer. In relation to testosterone, the court found that Dr Lee had prescribed it despite the patient's testosterone levels being within the normal range and without clear medical justification.

as the court observed that those doctors might have had proper clinical grounds for doing so. The court emphasised that where proven, safe, and available treatment options exist, a doctor would generally *not* be allowed to prescribe experimental or unlicensed treatments, save in exceptional circumstances. The court also found it striking that Dr Lee was unable to call any expert witness in support of his position. Taken together, Dr Lee was found to have fallen far short of establishing a logical and defensible justification for his departures from the applicable standard of conduct.

6.9 In relation to the third requirement, the court observed that apart from Dr Lee's bare assertions that he "would have discussed everything with patients before ever starting any kind of treatment",[10] there was no evidence in the medical records or e-mail correspondence to support the assertion that the relevant risks had indeed been discussed or that the patients were informed that the drugs were unlicensed. Although Dr Lee asserted that there was documentation, the notes were conspicuously absent before the DT and no explanation was provided to explain why they were not produced. In this regard, the court reiterated that bare assertions were insufficient to discharge a doctor's burden of proving that departures from the applicable standards were indeed justified.

6.10 The court therefore concluded that the convictions on all 17 charges must be upheld. On the issue of sentencing, the court found that the DT had correctly applied the *Wong Meng Hang* framework in determining the individual sentences imposed on Dr Lee, and that the global sentence of 18 months' suspension was not manifestly excessive.

6.11 While the Court of 3 Judges found no basis to interfere with any of the DT's determinations in Dr Lee's case, it is apposite at this juncture to consider two other DT decisions issued in the same year, in respect of which no appeals were filed. These two cases arguably raise more difficult questions as to the proper application of the relevant sentencing principles, and present outcomes that have led some to question whether appellate intervention may have been warranted.

C. Singapore Medical Council v Dr Cherida Yong Chun Yin

6.12 In *Singapore Medical Council v Dr Cherida Yong Chun Yin*[11] ("*Cherida Yong*"), a provisionally registered medical practitioner faced two charges under s 59D(1)(*b*) of the Medical Registration Act 1997[12]

10 *Lee Pheng Lip Ian v Singapore Medical Council* [2025] 4 SLR 728 at [77].
11 [2025] SMCDT (A) 3.
12 2020 Rev Ed.

for conduct involving dishonesty that brought disrepute to the medical profession. The charges arose from her fabrication and submission of two medical certificates to her employer to justify her absence from duty.

6.13 At the material time, Dr Cherida Yong Chun Yin ("Dr Yong") was a house officer at Singapore General Hospital ("SGH"). On two occasions, 1 July 2022 and 12 September 2022, she was absent from work without a legitimate basis and subsequently submitted medical certifications which she herself had fabricated. Neither certificate was in fact issued by the clinic concerned, nor had that clinic authorised or been aware of their issuance.

6.14 The deception came to light following administrative checks conducted by SGH, which revealed discrepancies in the submitted certificates. After being confronted, Dr Yong eventually admitted to having fabricated both certificates to falsely legitimise her absence from duty, and attributed her actions to the fact that she had been experiencing personal stress. Following internal investigations by SGH, the matter was referred to the SMC.

6.15 As Dr Yong pleaded guilty to both charges, liability was not in issue before the DT and the proceedings concerned only the question of sentence.

6.16 At the outset, the DT noted that while Dr Yong's case did not involve deficiencies in clinical care resulting in harm to a patient, the harm-culpability framework set out in *Wong Meng Hang* retained conceptual value and remained a useful analytical tool when adapted for cases involving dishonesty.

6.17 One could argue that this approach appears to depart from the Court of 3 Judges' observations in *Singapore Medical Council v Chua Shunjie*[13] ("*Chua Shunjie*"), where the court emphasised that the harm-culpability framework was developed specifically for cases involving deficiencies in a doctor's *clinical care* that result in harm to a patient, and would *not* apply to other types of medical misconduct for which different sentencing considerations might arise. *Chua Shunjie* involved a provisionally registered doctor who had submitted multiple academic papers to international journals containing false information about his qualification. The court in *Chua Shunjie* made a specific observation that the tribunal below had erred in relying on the harm-culpability matrix for the purposes of sentencing, as the case did not concern clinical care.

13 [2020] 5 SLR 1099.

6.18 Some of the confusion may have stemmed from the fact that Singapore Medical Disciplinary Tribunals also continue to refer to the *Sentencing Guidelines for Singapore Medical Disciplinary Tribunals*, which were published in 2019 only four months before *Chua Shunjie*. The Guidelines proposed that the framework in *Wong Meng Hang* could be extended to non-clinical care offences, reasoning that the court's reservation about applying the framework to non-clinical offences arose because such offences do not necessarily result in physical harm to patients, and therefore required a different yardstick. The Guidelines adopted the view that "harm" in *Wong Meng Hang* was broad enough to encompass other forms of harm, such as harm to public confidence in the medical profession, public health and safety, or the public healthcare system.

6.19 A closer reading of *Wong Meng Hang* reveals that the court did not reject the *relevance* of harm and culpability considerations in non-clinical cases altogether.[14] Rather, its concern was that non-clinical care misconduct was likely to engage considerations specific to the type of misconduct in question, which would not arise in cases involving deficient clinical care. Further, the types of harm caused by such misconduct may be markedly different in nature to that which is caused in deficient clinical care. For these reasons, the court considered it inappropriate to assess non-clinical misconduct by reference to the same matrix developed for clinical care cases, and held instead that sentencing ranges for such cases should be derived primarily by reference to precedents involving similar circumstances.

6.20 One could argue that this distinction might not have been fully appreciated by the DT in *Cherida Yong*, which would go on to repeat the same error. The DT applied the harm-culpability framework, and rationalised that while the harm did not involve physical or clinical impact on patients, there was institutional harm and the corresponding diminution of public confidence in the profession. As for culpability, the DT found Dr Yong's conduct to be deliberate and repeated, noting that she had fabricated medical certificates on two separate occasions and submitted them to SGH to mislead them into accepting that her absences from duty were medically justified.

6.21 Following a survey of disciplinary precedents involving dishonesty by both medical practitioners and legal professionals, the DT unanimously concluded that the appropriate sentence for each charge should be a maximum suspension of 36 months. Central to this conclusion was the DT's finding that Dr Yong's conduct was deliberate,

14 *Wong Meng Hang v Singapore Medical Council* [2019] 3 SLR 526 at [36].

and reflected a "calculated pattern of dishonesty".[15] The DT rejected any characterisation of the misconduct as impulsive or attributable to transient emotional stress, and found it further aggravating that Dr Yong had not come forward voluntarily, but admitted to the misconduct only after it was uncovered. Taken together, these features led the DT to conclude that Dr Yong's culpability was at the highest level short of warranting removal from the register.

6.22 What is noteworthy is that the DT accepted that Dr Yong's case was distinguishable from *Chua Shunjie,* in which the respondent doctor had been struck off. Specifically, the DT identified two key distinguishing features. First, the misconduct in *Chua Shunjie* was directed at gaining an unfair advantage in a competitive residency programme, whereas Dr Yong's conduct was motivated by an attempt to "shield herself" from internal disciplinary consequences arising from absenteeism. Second, the deception in *Chua Shunjie* was directed at institutional gatekeepers within the professional development and regulatory framework, whereas Dr Yong's was confined to misleading her employer. The DT further acknowledged that Dr Yong's conduct had no downstream institutional effect beyond its immediate context, and critically, no patients had been placed at risk.

6.23 In mitigation, it was submitted on Dr Yong's behalf that she was a young practitioner with no prior disciplinary record, had pleaded guilty at the earliest opportunity, co-operated fully with the investigation, and demonstrated genuine remorse. The DT was urged to take into account her youth, relative inexperience, the emotional strain she was experiencing at the material time, and the fact that the dishonesty was confined to an administrative context and did not form a broader pattern of deceit. It was further submitted that she had already suffered professional setbacks, including a *de facto* suspension from practice pending the conclusion of the DT proceedings.

6.24 However, the DT did not appear to be persuaded that these mitigating factors warranted any downward calibration in the starting sentence. It emphasised that Dr Yong had forged official medical documents, thereby breaching not only the trust reposed in her as a medical practitioner but also undermining the integrity of documentary processes upon which institutional employers and regulatory bodies rely.

6.25 As regards the psychiatric evidence adduced on Dr Yong's behalf, the DT accorded it limited weight, reiterating the principle

15 *Singapore Medical Council v Dr Cherida Yong Chun Yin* [2025] SMCDT (A) 3 at [49].

in *Law Society of Singapore v Ravi s/o Madasamy*[16] that mental health conditions carry no meaningful mitigating weight in cases involving dishonesty. The DT further observed that the stressors identified by Dr Yong's psychiatrist – namely, the transition into clinical work, social expectations, and familial pressure – were not uncommon and only provided general contextual background rather than causative explanations for the misconduct.

6.26 The DT thus concluded that only the maximum suspension term available under the disciplinary framework would adequately reflect the severity of Dr Yong's misconduct, uphold public confidence in the profession and serve as a general deterrent. It accordingly imposed a suspension of 36 months in respect of *each charge* and ordered the two suspensions to run concurrently.

D. Singapore Medical Council v Dr Wong Yoke Meng

6.27 *Singapore Medical Council v Dr Wong Yoke Meng*[17] ("*Wong Yoke Meng*") concerned a veteran obstetrician and gynaecologist with over 50 years of clinical experience. Following a 13-day trial, Dr Wong Yoke Meng ("Dr Wong") was convicted of 40 charges of professional misconduct under s 53(1)(*d*) of the Medical Registration Act[18] relating to the inappropriate prescription of HRT and inadequate keeping of medical records.

6.28 On sentence, the DT imposed a notional aggregate sentence of 118 months' suspension, which was subject to the statutory maximum of 36 months. In its concluding remarks, the DT observed that striking off could also have been an appropriate sanction for Dr Wong. It then set out a list of Dr Wong's prior antecedents from 2001 to 2024, which included both criminal convictions and findings of professional misconduct in earlier SMC disciplinary proceedings.

6.29 Of these antecedents, only two were taken into account by the DT in the sentencing analysis as they were directly relevant to the charges at hand. Notwithstanding the DT's observations that the earlier sanctions in these two cases had clearly failed to deter Dr Wong, who went on to engage in similar conduct within the same year, the aggravating weight of the two antecedents ultimately resulted in only a modest uplift of two to four months to the starting sentences.

16 [2016] 5 SLR 1141.
17 [2025] SMCDT 4.
18 Cap 174, 2004 Rev Ed.

6.30 Of greater concern, however, was Dr Wong's most recent antecedent, which was a 2024 conviction following a contested hearing in which he was found guilty of making false declarations to the SMC in connection with his application for renewal of his practising certificate, arising from his failure to disclose convictions in the Hong Kong courts for contravention of the Dangerous Drugs Ordinance.[19] In that case, Dr Wong was suspended for six months and ordered to pay a financial penalty. This particular antecedent does not appear to have been taken into account in the sentencing analysis.

6.31 In its concluding observations, the DT stated that, taken as a whole, Dr Wong's antecedents painted "a very disturbing picture of [his] callous disregard for the laws, regulations and guidelines that govern the medical profession".[20] It further found a high risk of recurrence and consequent harm to future patients. Coupled with his most recent conviction in 2024, which evinced a lack of honesty, the DT considered that the antecedents were "suggestive of a defect in character that called into question whether he was fit to practice".[21] Notwithstanding these findings, the DT meted out the maximum 36 months' suspension and concluded with a brief observation that striking off could have been considered *had such a submission been made by the SMC*.

III. Commentary

6.32 Unlike the two decisions handed down by the Court of 3 Judges which attracted little controversy, the two DT decisions in the same year generated considerable debate. The severity of the sanction imposed on Dr Yong has caused some disquiet, while the fact that Dr Wong's misconduct attracted the very same sentence has led many to question if he got off too lightly and ought to have been struck off the register.

6.33 In *Wong Yoke Meng*, a tension arose from the DT's closing remarks, in which it noted Dr Wong's recalcitrant behaviour and acknowledged that a striking off could also have been an appropriate sanction. This sits uneasily with the sentence ultimately imposed, particularly as the only explanation given for not imposing a striking off was the fact that the SMC had not sought that sentence.

19 (Cap 134) (HK).
20 *Singapore Medical Council v Dr Wong Yoke Meng* [2025] SMCDT 4 at [259].
21 *Singapore Medical Council v Dr Wong Yoke Meng* [2025] SMCDT 4 at [259].

6.34 In this regard, it is apposite to recall Sundaresh Menon CJ's reminder that sentencing is ultimately a matter for the court, or in the present context, the DT. While the Prosecution is expected to assist in this task, it is ultimately for the court or DT to assess and determine what sentence would be just in the light of all the circumstances.[22] A disciplinary body that identifies clear grounds warranting a more severe sanction yet declines to impose it solely on the basis that it was not sought by the prosecuting authority, invites questions as to whether it has properly discharged its adjudicative function.

6.35 As for *Cherida Yong*, the DT did not explicitly acknowledge that the sentencing framework set out in *Wong Meng Hang* was intended to deal with unprofessional conduct within clinical care, and instead applied the harm-culpability framework without proper calibration to fit a non-clinical case. This omission is particularly striking given that the court in *Chua Shunjie* had provided guidance on the applicable sentencing principles to dishonesty-related misconduct, and had specifically noted that the DT in that case erred in referring to the harm-culpability framework as the matter did not involve clinical care. *Chua Shunjie* was also a case that the DT in *Cherida Yong* examined at considerable length in its written grounds.

6.36 One can only speculate if the outcome for Dr Yong would have been different had the matter proceeded on appeal before the Court of 3 Judges. While a comprehensive re-sentencing exercise falls outside the scope of this commentary, it is worthwhile to consider whether on the specific facts of Dr Yong's case and in light of comparable precedents, the sanction imposed on her was disproportionately harsh.

6.37 In the first place, significant emphasis had been placed by the DT on what it characterised as a "calculated pattern of dishonesty".[23] This raises the question of what constitutes a "pattern" sufficient to attract the maximum suspension term. Turning to the precedents considered by the DT, in *Singapore Medical Council v Dr Joel Arun Sursas*,[24] the respondent doctor worked as a locum on 47 occasions in a single year in breach of the conditions and restrictions of his registration, and issued four medical certificates to himself to excuse his absences from duty at the hospital he was posted to. He was suspended for 36 months, the very same sentence meted out to Dr Yong. In *Chua Shunjie*, the doctor authored numerous articles with misleading institutional affiliations to international journals

22 *Janardana Jayasankarr v Public Prosecutor* [2016] 4 SLR 1288.
23 *Singapore Medical Council v Dr Cherida Yong Chun Yin* [2025] SMCDT (A) 3 at [49].
24 [2018] SMCDT 8.

and was also found to have invented fictitious co-authors in journal submissions; he was struck off the register.

6.38 Shortly after the DT's decision in *Cherida Yong*, the General Division of the High Court rejected an application for judicial review from a lawyer who had sent misleading letters to 22 doctors across three hospitals who were potential witnesses in a court case.[25] He was charged with taking unfair advantage of those witnesses and for acting deceitfully towards them by making misleading statements concerning their rights and obligations, and was ultimately convicted and fined $18,000. The lawyer was dissatisfied with the conviction and sentence and sought to have that decision set aside on judicial review. This was firmly rejected by the High Court judge, and the lawyer was asked to pay costs of the application.

6.39 This case is mentioned because at the time when the High Court judge made his finding, there were rumblings from the medical profession questioning why a lawyer who had misled so many doctors was fined $18,000, whereas a harried young house officer who had made the admittedly foolish mistake of falsifying medical certificates to cover for the two occasions when she was absent from work, ended up with a three-year suspension from practice.[26]

6.40 In its response to The Straits Times commentary, "Are Doctors in Singapore Being Disciplined Fairly? Recent Penalties for Misconduct Draw Scrutiny", the SMC clarified that the DT's sentence had taken into account Dr Yong's circumstances, as well as precedents involving doctors engaged in dishonest conduct. The SMC specifically referred to the case of Dr Joel Arun Sursas, and cases involving lawyers which led to striking-off orders, emphasising that dishonesty is viewed very seriously by both the SMC and the courts. The SMC emphasised that dishonesty undermines the trust that patients repose in their doctors.

6.41 While this author certainly agrees that dishonesty ought to be viewed seriously, it is worth considering whether the sentencing exercise for dishonesty-related misconduct is ultimately sufficiently offender-specific. A serious sanction is no doubt warranted for this category of misconduct, but it should nonetheless remain tailored to, and commensurate with, the gravity of the individual offender's conduct and circumstances. It would not be unreasonable to query if the two occasions

25 *Rai Vijay Kumar v Law Society of Singapore* [2025] 5 SLR 111.

26 To be clear, the author is not questioning the sentence that the lawyer received, but is only pointing out that the penalty meted out to Dr Cherida Yong Chun Yin appears harsh by comparison.

in *Cherida Yong* where Dr Yong issued those medical certificates to herself were sufficient to establish a true "pattern" of dishonesty, and whether the imposition of the maximum suspension term was indeed proportionate to the gravity of her conduct. After all, Dr Yong was a first-time offender. Against the established sentencing principles in disciplinary proceedings, which draw a distinction between first-time and repeat offenders in calibrating punishment, one is left to question why the maximum period of suspension was thought to be warranted for a first-time offender such as Dr Yong, and what meaningful sentencing latitude would remain for cases involving a repeat offender or persistent professional misconduct.

6.42 Another aspect of the DT's decision that merits closer consideration concerns Dr Yong's motivations. This factor was recognised in the *Wong Meng Hang* dishonesty framework as a relevant sentencing consideration. The DT appeared to accept that Dr Yong fabricated the medical certificates as an act of self-protection – a reactive attempt to shield herself from the consequences of her conduct – and there was no suggestion that her actions were undertaken to secure registration, employment, or academic or professional advantage. The DT then contrasted this to the conduct of the respondent in *Chua Shunjie*, whose misconduct was motivated by the desire to burnish his credentials and so enhance the prospects of advancing his career.

6.43 In the author's view, there has to be a meaningful distinction between deliberate deception for personal gain on the one hand, and a reactive concealment of personal failing on the other. The latter, while still blameworthy, is generally more a reflection of human failing under pressure rather than calculated self-gain. If the DT did in fact recognise this distinction, as its written grounds suggest, it is not apparent why this consideration was not accorded more mitigating weight in the sentencing analysis.

6.44 A further issue arises from the DT's imposition of a 36-month suspension in respect of *each* of the two charges. The rationale for imposing the maximum sentence was the existence of a "pattern of dishonesty"[27] made up of the *two* instances of misconduct forming separate charges. This gives rise to a tension: the two charges were referred to collectively to establish an aggravating pattern so as to justify a maximum suspension, yet each charge was also then treated separately as warranting a maximum suspension in each instance.

27 *Singapore Medical Council v Dr Cherida Yong Chun Yin* [2025] SMCDT (A) 3 at [49] and [54].

6.45 It may be said that the issue is academic, since the sentences were ordered to run concurrently and the statutory cap in any event would have limited the overall punishment. But surely it is still important to understand how the DT arrived at the maximum suspension for each charge in the first place, and whether this approach discloses any error in principle.

6.46 Finally, it appears that the DT accorded no weight to the period during which Dr Yong had already been out of practice following the termination of her employment by her employer in 2022[28] and pending the conclusion of the DT proceedings, during which she would presumably have experienced difficulty securing re-employment. On this basis, she would have been out of practice for approximately three years by the time of the DT's decision in 2025. With the DT ordering Dr Yong's three-year suspension to take effect only 40 days after the date of its decision, the practical effect was a total period out of practice exceeding six years.

6.47 In the end, one is left to consider what message the decision in Dr Yong's case sends to young doctors entering the profession. To be clear, the challenges confronting a new houseman – clinical inexperience, patient-specific pressures, institutional demands, and the weight of personal and family expectations – *cannot* excuse professional misconduct. At the same time, they do warrant fair consideration. The question that lingers is whether some measure of mercy should have been afforded to Dr Yong, to provide her with a better opportunity for rehabilitation and eventual return to medical practice.

6.48 The outcomes of the two DT decisions in the year of review would invite one to reflect on the challenges faced by DTs in striking the right balance between imposing a sentence that is condign on the facts of the case at hand, while maintaining consistency with prior decisions to preserve the profession's confidence in the regulatory framework. These decisions also raise the question of whether the *Sentencing Guidelines for Singapore Medical Disciplinary Tribunals* has achieved its intended purpose of guiding DTs in the exercise of their sentencing discretion, or whether the time has come for those Guidelines to be revisited and revised. Against the broader backdrop of the Court of 3 Judges' decisions discussed earlier in this review, a concern that emerges is whether SMC disciplinary outcomes, absent appellate scrutiny, are

28 The revelation that Dr Cherida Yong Chun Yin's employment had been terminated in 2022 can be found in the Singapore Medical Council's response to The Straits Times commentary, "Are Doctors in Singapore Being Disciplined Fairly? Recent Penalties for Misconduct Draw Scrutiny", published on 20 October 2025.

sufficiently tested for proportionality and consistency. It may be timely for the profession to consider what more can be done to ensure that the decisions on sentencing issued by its DTs can continue to form a reliable and accurate source of precedence, one that will guide robust decision-making in the future.