

Work group's report aims to make medical disciplinary process fairer and faster



The workgroup wants to set up timelines that must be followed for the various steps in the complaints process unless an extension is obtained, as well as a time limit to when these can be made. PHOTO: ST FILE

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SINGAPORE - A work group tasked with improving the medical watchdog's disciplinary process is looking at having a sitting judge and a permanent team of senior retired doctors to judge disciplinary cases, and a screener who will ensure the system is not bogged down by frivolous complaints.

It also wants to set up timelines that must be followed for the various steps in the complaints process unless an extension is obtained, as well as a time limit on when these can be made, it told members of the press on the sidelines of a meeting with doctors on Tuesday (May 21).

The only timeline in place now is three months for the Singapore Medical Council's Complaints Committee to review a complaint. A member of the 12-person work group, which comprises lawyers, medical professionals and lay people, said this is seldom adhered to.

Mr Edwin Tong, Senior Minister of State for Health and Law, who was present at the meeting at Mount Elizabeth Novena, also told reporters that long delays in hearing cases - often taking more than four years - is not acceptable as "justice delayed is justice denied".

The work group has met more than 1,000 doctors from seven other private hospitals and the three public clusters and plans to talk to others like patient advocacy groups and medical specialist chapters in the Academy of Medicine before drafting their report, due to be out before the end of the year.

The work group was set up in March to look at both the disciplinary process and the issue of informed consent after two disciplinary judgments had doctors here up in arms.

In one case, a doctor was fined \$100,000 for not telling the patient about the side effects of a commonly used steroid jab. In the other case, the doctor was fined \$50,000 for releasing information about a patient without checking that a caller on the phone was her husband.



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The work group will also clarify what exactly constitutes professional misconduct, which is the top reason for disciplinary hearings.

Complaints that are outside of this, such as simple negligence or even poor bedside manners, might be better served through mediation. Mr Tong said the SMC could work with the Singapore Mediation Centre on this.

A screener who will do a quick assessment of complaints could cut the work of the Complaints Committee in deciding which complaints merit a disciplinary hearing.

About 10 per cent of the roughly 150 to 200 complaints received by the council each year are either frivolous or had occurred so long ago - one was about an incident that took place 15 years ago - that it is almost impossible to ascertain the truth.

To be fair to doctors, who have to account for events, the work group may set a cut-off time - perhaps three to six years - for complaints to be made.

Another important aspect of the group's work is to determine what constitutes informed consent so as to protect patients while avoid having doctors practise defensive medicine to cover themselves.

The work group said it would not be in the patient's best interests and also push up healthcare costs if doctors began over-treating patients.

Clarity on what doctors need to tell patients would help both the doctor and patient. But Mr Tong said with clarity must come flexibility as cases would differ.

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