IN THE REPUBLIC OF SINGAPORE

SINGAPORE MEDICAL COUNCIL DISCIPLINARY TRIBUNAL

[2025] SMCDT (A) 5

Between

Singapore Medical Council

And

Dr Mong Shaowei Jeremy

... Respondent

GROUNDS OF DECISION

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension

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Singapore Medical Council
v
Dr Mong Shaowei Jeremy

[2025] SMCDT (A) 5

Disciplinary Tribunal – DT Inquiry No. 5 of 2025
Dr Vaswani Chelaram Moti Hassaram (Chairman), A/Prof Paul Goh Soo Chye, Ms Thian Yee Sze (Judicial Service Officer)
30 May, 29 August 2025

Administrative Law – Disciplinary Tribunals

Medical Profession and Practice – Professional Conduct – Suspension

19 September 2025

GROUNDS OF DECISION

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

Introduction

1 The Respondent, Dr Mong Shaowei Jeremy ("**Dr Mong**"), pleaded guilty to and was convicted in the State Courts on 8 August 2022 on one charge of voyeurism under section 377BB(3) of the Penal Code (Cap 224, 2008 Rev Ed) ("**Penal Code**"), and sentenced to 13 weeks' imprisonment[1]. He consented to another charge under section 30(1) of the Films Act (Cap 107, 1998 Rev Ed) of having in his possession 56 obscene films to be taken into consideration for the purposes of sentencing.

2 Arising out of this criminal conviction, Dr Mong faced and pleaded guilty to one amended charge[2] under section 59D(1)(*a*) of the Medical Registration Act 1997 ("**MRA**") for

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1 See the Agreed Bundle of Documents ("AB1 – 16") at AB-10 – 13.

2 At AB-3 – 4.

being convicted of an offence implying a defect in character which made him unfit to practise medicine.

3 Upon his plea of guilty and conviction on the amended charge, the Singapore Medical Council ("**SMC**") sought a suspension of Dr Mong's registration for a period of six (6) months, censure, a written undertaking from Dr Mong that he would not engage in the conduct that had been complained of or any similar conduct in future, and for Dr Mong to bear the costs and expenses of the proceedings. In the written mitigation plea[3], Dr Mong's counsel ("**Respondent's Counsel**") sought leniency from the Disciplinary Tribunal ("**DT**") in respect of the sentence to be meted out so as to allow Dr Mong to re-start his life and career soon[4]. At the hearing before the DT, the Respondent's Counsel confirmed that Dr Mong was agreeable to the SMC's submission for a 6-month suspension.

Agreed facts

4 Dr Mong admitted to the facts in the Agreed Statement of Facts dated 25 March 2025 ("**ASOF**")[5] without qualification. We noted that the content of the ASOF was drawn from and consistent with that in the Statement of Facts in the criminal proceedings in the State Courts[6]. The material facts in the ASOF and the undisputed documentary evidence in the Agreed Bundle of Documents ("**AB**") for the purposes of our decision on sentencing are set out below.

Facts relating to the criminal conviction for voyeurism

5 Dr Mong has been a registered medical practitioner since 2 November 2010. At the time of the commission of the offence on 23 March 2021, he was employed as a doctor at the same clinic as the victim.

6 That morning at about 8:00 am, when the victim reached the clinic, she told Dr Mong, who was already at the clinic, that she would be using the clinic toilet to change. The toilet had a louvred window situated directly behind and above the toilet seat. The window faced an alley outside the clinic. As the victim was showering and fully naked while facing the window of the

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3 Mitigation Plea ("MP-1 – 13").

4 At [20] of MP.

5 Agreed Statement of Facts ("ASOF-1 – 12").

6 See AB-14 – 16.

toilet, she suddenly noticed a shadow at the window. She then "noticed a handphone with the rear camera pointed towards her. The handphone was extended into the toilet through one of the gaps of the window. The victim immediately shouted upon noticing the handphone. The handphone then disappeared outside the window. The victim quickly put on her clothes and left the toilet."[7]

7 Upon suspecting that Dr Mong was the perpetrator based on footage from a CCTV camera which pointed towards the alley, the victim notified her employer about the incident.

8 Dr Mong was arrested on 25 March 2021 and his handphone was seized by the police. He admitted to the following sequence of events while the victim was in the toilet:

(a) At about 8:07 am, he exited the clinic from the back door and went to the alley behind the toilet. He attempted to look inside the toilet through the window by jumping towards the window, after which he left.

(b) At about 8:08 am, Dr Mong returned to the window with his handphone, which he intended to use to record the victim showering. He then used his handphone to record the victim showering inside the toilet. To this end, he took two video recordings and one image of the victim.

(c) At about 8:10 am, after hearing the victim shout, he quickly went back to the clinic through the back door and deleted the recordings and the image which he took.

9 Two video recordings and six images, all of which showed the victim showering in the toilet, were retrieved from Dr Mong's handphone through forensic examination. They showed the following:

(a) The first video recording was nine seconds long, and showed the victim fully naked with her breasts visible for about one second.

(b) The second video recording was six seconds long, and showed the victim fully naked with her breasts and genitalia visible for about three seconds.

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7 At [6] and [7] of ASOF.

(c) One image showed the victim looking into the camera, having noticed the handphone, with her torso visible. Her face was blurry but visible, and her breasts were covered by a red pail that she held to her chest.

(d) Five images were screenshots of the victim fully naked with her breasts and genitalia visible. These were taken from the second video recording.

10 Dr Mong was convicted of the offence of voyeurism under section 377BB(3) of the Penal Code for intentionally recording the victim doing a private act, *viz* showering in the toilet, without her consent, and knowing that she did not consent to him recording the act by using his handphone to make two video recordings and one image of her showering in the toilet.

Facts relating to the present charge before the DT

11 In respect of the present charge under section 59D(1)(*a*) of the MRA, pursuant to section 59D(3) of the MRA, a DT is to accept Dr Mong's criminal conviction for the voyeurism offence under section 377BB(3) as final and conclusive.

12 According to the ASOF at [19], Dr Mong "knew that he should not have recorded the victim doing a private act (i.e. showering) without her consent, and that the victim did not consent to him recording the said act with his handphone. Despite this, (Dr Mong) had intentionally recorded the victim doing a private act without her consent."

The applicable law

Prescribed penalties

13 Section 59D(1)(*a*) of the MRA provides that where a registered medical practitioner is found by a DT to have been convicted in Singapore or elsewhere of any offence implying a defect in character which makes him unfit to practise medicine, the DT may make one or more of the following orders under section 59D(2)(*a*) – (*h*):

(a) by order remove the name of the registered medical practitioner from the appropriate register;

(b) by order suspend the registration of the registered medical practitioner in the appropriate register for a period not exceeding 3 years;

(c) where the registered medical practitioner is a fully registered medical practitioner in Part I of the Register of Medical Practitioners – by order remove his name from Part I of that Register and register him instead as a medical practitioner with conditional registration in Part II of that Register, and section 21(4), (6), (7), (8) and (9) applies accordingly;

(d) where the registered medical practitioner is registered in any register other than Part I of the Register of Medical Practitioners – by order impose additional appropriate conditions or restrictions on his registration or vary the conditions or restrictions already imposed under section 21, 23 or 24, as the case may be;

(e) by order impose on the registered medical practitioner a penalty not exceeding $100,000;

(f) order that the registered medical practitioner be censured in writing;

(g) by order require the registered medical practitioner to give such undertaking as the DT thinks fit to abstain in future from the conduct complained of; or

(h) make such other order as the DT thinks fit, including any action that a Complaints Committee may take under section 46(1).

The applicable sentencing framework governing misconduct under section 59D(1)(a)

14 Counsel for the SMC submitted that the sentencing framework in the case of *Wong Meng Hang v Singapore Medical Council and other matters* [2019] 3 SLR 526 ("***Wong Meng Hang***") applied to the present case. At the hearing before us, the Respondent's Counsel agreed with the SMC's position that the framework in *Wong Meng Hang* was applicable.

15 We agreed as well.

16 As observed by the DT in *Singapore Medical Council v Chen Hsing Yu* [2024] SMCDT 2 ("***Chen Hsing Yu***"), a case arising out of an improper act or conduct which brought disrepute to the medical profession under section 53(1)(*c*) of the previous version of the MRA ("**old MRA**"), and which also involved a doctor committing a similar act of misconduct by attempting to record a female colleague while she was taking a shower, while the sentencing principles and framework laid down by the Court of Three Judges in *Wong Meng Hang* were in relation to a

charge of professional misconduct involving clinical care under section 53(1)(*d*) of the old MRA, the General Division of the High Court in *Ong Kian Peng Julian v Singapore Medical Council and other matters* [2023] 3 SLR 1756 ("***Julian Ong***") recognised the logic of the Sentencing Guidelines Committee appointed by the SMC in recommending the extension of the *Wong Meng Hang* framework to all forms of misconduct under section 53(1) of the old MRA in addition to professional misconduct under section 53(1)(*d*) through the *Sentencing Guidelines for Singapore Medical Disciplinary Tribunals* dated 15 July 2020 ("**SMC's Sentencing Guidelines**")[8]. This included misconduct under section 53(1)(*c*) which the medical practitioners in *Julian Ong* faced: at [61] – [62] of the judgment. Having said that, the Court emphasised the importance of bearing in mind the nuances of each case.

17 According to the SMC's Sentencing Guidelines, the Court in *Wong Meng Hang* restricted the applicability of the sentencing framework in that case to situations "where deficiencies in a doctor's clinical care cause harm to a patient (i.e. clinical care offences), and not to non-clinical care offences" because "the latter involved "considerations that are specific to the type of misconduct in question and which would not arise in cases relating to clinical care", and "the types of harm caused by those forms of misconduct may be markedly different in nature to that which is caused by the misconduct in the form of deficient clinical care""[9]. From this, the authors of the Sentencing Guidelines opined that "(t)he Court's reservation appeared to be that because non-clinical care offences, unlike clinical care offences, did not necessarily result in physical harm to the patient, a different yardstick should be used"[10].

18 Having set out the reservations of the Court in *Wong Meng Hang*, the authors of the SMC's Sentencing Guidelines went on to explain at [44] – [45] why the *Wong Meng Hang* framework could also apply to non-clinical care offences under all limbs of section 53(1) of the old MRA:

> 44. Nonetheless, the definition of "harm" in *Wong Meng Hang* is broad enough to include other forms of harm, such as non-physical harm (e.g. emotional or psychological distress), potential harm, as well as harm caused to public confidence in the medical profession, or to public health and safety or the public healthcare system. For this reason, the Sentencing Framework may be extended to non-clinical care offences.

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8 See the SMC's Bundle of Authorities (for Sentencing) ("PBOA-1 – 306") at PBOA-297.

9 At [43] of the SMC's Sentencing Guidelines.

10 At [43] of the SMC's Sentencing Guidelines.

> 45. For the avoidance of doubt, the Sentencing Framework can apply not only to professional misconduct (MRA s. 53(1)(d), but also to all five limbs under MRA s. 53(1).

19 For ease of reference, with the amendments to the MRA which came into force on 1 July 2022, section 53(1) of the old MRA has been renumbered as section 59D(1). The predecessor provisions to sections 59D(1)(*a*) and 59D(2) under the old MRA were sections 53(1)(b) and 53(2) respectively.

20 By extension of the same rationale in *Julian Ong*, which accepted the reasoning in the SMC's Sentencing Guidelines which we detailed at [17] – [18] above, the *Wong Meng Hang* sentencing framework would equally apply to misconduct under section 59D(1)(*a*) (or section 53(1)(*b*) of the old MRA).

21 Having determined that the sentencing framework in *Wong Meng Hang* applied to the case before us, we turned to examine the detailed principles and guidelines set out therein.

Applicable principles and guidelines pursuant to the Wong Meng Hang sentencing framework as modified in Julian Ong

22 In *Julian Ong*, the Court laid down the four steps under the modified *Wong Meng Hang* framework at [63]:

> (a) Step 1: The first step is to evaluate the seriousness of the offence with reference to harm and the culpability of the doctor. In this regard, harm encompasses bodily harm, emotional and psychological harm, economic harm, harm to society including harm to public confidence in the medical profession, as well as potential harm that could have resulted but did not materialise.
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> (b) Step 2: Identify the applicable indicative sentencing range using the following sentencing matrix:

Harm / Culpability	Slight	Moderate	Severe
Low	Fine or other punishment not amounting to suspension	Suspension of 3 months to 1 year	Suspension of 1 to 2 years
Medium	Suspension of 3 months to 1 year	Suspension of 1 to 2 years	Suspension of 2 to 3 years
High	Suspension of 1 to 2 years	Suspension of 2 to 3 years	Suspension of 3 years or striking off

(c) Step 3: Identify the appropriate starting point within the indicative sentencing range.

(d) Step 4: Adjust the starting point by taking into account offender-specific aggravating and mitigating factors.

23 We would also reiterate what the DT in *Chen Hsing Yu* underlined at [20] to be the overarching objectives of sentencing in disciplinary proceedings as laid down by the Court in *Wong Meng Hang* in [23] – [26] when determining the appropriate sentence in such cases, bearing in mind the four-step framework:

> 23 We begin with the main objectives of sentencing in this context. Disciplinary proceedings enable the profession to enforce its standards and to underscore to its members the values and ethos which undergird its work. In such proceedings, *broader public interest considerations are paramount and will commonly be at the forefront when determining the appropriate sentence that should be imposed in each case. Vital 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*. This is undoubtedly true for medical practitioners, in whom the public and, in particular, patients repose utmost trust and reliance in matters relating to personal health, including matters of life and death. As we observed in *Low Cze Hong* at [88], the hallowed status of the medical profession is "founded upon a bedrock of unequivocal trust and a presumption of unremitting professional competence", and failures by practitioners in the discharge of their duties must be visited with sanctions of appropriate gravity.
>
> 24 *The primacy of these public interest considerations in the sentencing inquiry in disciplinary cases means that other considerations that might ordinarily be relevant to sentencing, such as the offender's personal mitigating circumstances and the principle of fairness to the offender, do not carry as much weight as they*

typically would in criminal cases; and, as we later explain, these considerations might even have to give way entirely if this is necessary in order to ensure that the interests of the public are sufficiently met: *Ang Peng Tiam v Singapore Medical Council and another matter* [2017] 5 SLR 356 ("*Ang Peng Tiam*") at [118].

25 Second, the courts will also have regard to key sentencing principles of general application, such as the interests of general and specific deterrence. As we explained in *Singapore Medical Council v Kwan Kah Yee* [2015] 5 SLR 201 ("*Kwan Kah Yee*") at [55]–[57], citing *Tan Kay Beng v Public Prosecutor* [2006] 4 SLR(R) 10 at [31], general deterrence, in particular, is a matter of considerable importance because it is "intended to create awareness in the public and more particularly among potential offenders that punishment will be certain and unrelenting for certain offences and offenders". This is a central and operative sentencing objective in most, if not all disciplinary cases. *Specific deterrence, on the other hand, is directed at discouraging the particular offender from committing future offences, and the weight to be accorded to this sentencing objective may be greater in cases involving recalcitrant offenders* (see *Kwan Kah Yee* at [57]) as opposed to those with long, unblemished track records that are suggestive of a lack of propensity to reoffend: see *Ang Peng Tiam* at [105]–[107]. *Yet another relevant sentencing objective is the need to punish the professional who has been guilty of misconduct*.

26 Finally, considerations of fairness to the offender may, in appropriate cases, warrant the imposition of a lighter sentence. In cases such as *Ang Peng Tiam* where there had been inordinate delay in the SMC's prosecution of the disciplinary proceedings, we applied a sentencing discount in recognition of the prejudice that had been unfairly suffered by the offending doctor in the form of the mental anguish and anxiety that was caused by the pendency of the charge over a prolonged period of time. At the same time, we have previously emphasised that such considerations of fairness may be outweighed or even rendered substantially irrelevant by countervailing concerns in the public interest, especially in cases where the offence in question is particularly heinous: *Ang Peng Tiam* at [118]. Therefore, where important public interest considerations demand the imposition of a heavier penalty, the existence of prejudicial delay in the proceedings may have no mitigating effect at all in the sentencing of the offender.

[emphasis added]

Parties' sentencing positions

SMC's submissions on sentence

24 The SMC submitted that a six-month suspension would be appropriate. In this regard, the SMC stated that the main sentencing objectives concerned would be public interest considerations, general and specific deterrence, and retribution.

25 The SMC pegged the harm caused at the moderate level, which was in line with that in the cases before the DT in *Singapore Medical Council v Deshan Kumar Rajeswaran* [2020] SMCDT 6 ("***Deshan***") and *Chen Hsing Yu*, both of which involved doctors who took or attempted to take intrusive videos of victims. In arriving at this, the SMC asked the DT to take

into account the harm caused to public confidence in the medical profession, the fact that an offence of a sexual nature was regarded as a serious transgression, and the emotional and psychological harm caused to the victim.

26 The SMC pegged Dr Mong's culpability at the high end of low, bearing in mind that his act was premeditated and that he tried to cover it up by deleting the recordings and image which he took.

27 With reference to the sentencing matrix in *Wong Meng Hang*, the SMC submitted that the appropriate starting point was a 6-month suspension, as Dr Mong's conduct was more egregious than that in *Chen Hsing Yu*, *Deshan* and *Singapore Medical Council v Lum Yang Wei* [2020] SMCDT 4 ("***Lum Yang Wei***"), and was more comparable to the case of *Singapore Medical Council v Nagaputra Jerry Christian* [2022] SMCDT 4 ("***Nagaputra***").

28 It was further submitted that Dr Mong's seniority, being a registered doctor with more than 10 years' standing, was an aggravating factor. In contrast, the mitigatory factors put forth by the Respondent's Counsel should be given little weight. First, while it was contended by the Respondent's Counsel that Dr Mong was remorseful, as evidenced by his timely plea of guilty and the fact that he had cooperated fully with the authorities, a timely plea of guilty should be given less weight in the face of overwhelming evidence. Second, the settlement agreement between Dr Mong and the victim did not assist him as the monetary compensation was made in return for the release, discharge and waiver of all claims and demands which the victim may have had against him. In addition, it was stated that the content of the settlement agreement would not be used as admissible evidence. As such, Dr Mong had not made any admission for his misconduct through the settlement agreement. Third, the lack of antecedents was a neutral factor. Finally, the testimonial and Covid-19 Resilience Medal which the Respondent's Counsel exhibited carried no mitigatory weight and "may be perceived as unfairly favouring more privileged offenders who have more opportunities to make such societal contributions"[11].

29 In the circumstances, the SMC submitted that on balance, given that the aggravating factor of Dr Mong's seniority would offset any mitigating factors, no adjustments would be required to be made to the starting point of a six-month suspension.

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[11] At [89] of the SMC's Sentencing Submissions ("PSS-1 – 25").

Dr Mong's mitigation plea

30 In his written mitigation plea and hearing before the DT, the Respondent's Counsel urged us to consider the mitigating factors which had been set out in [28] above, and asked the DT "to exercise leniency in sentencing and suspend to the minimum suspension period so as to allow the Respondent (to) be able to re-start his life and career soon"[12]. Having said that, the Respondent's Counsel informed the DT at the hearing that he agreed with the SMC's positions on sentence. When probed by the DT on Dr Mong's position with regard to the SMC's sentencing submissions, the Respondent's Counsel stated that his instructions were to agree to the six-month suspension period as sought by the SMC.

Our decision on sentence

31 Although both the SMC and the Respondent's Counsel were in agreement in respect of the period of suspension to be imposed on Dr Mong, it was incumbent on this DT to come to an independent and objective determination on the appropriate sentence in this case. In arriving at our decision, we applied the sentencing principles and four-step approach laid down in *Wong Meng Hang*, as modified in *Julian Ong*. In so doing, we bore in mind the key sentencing objectives in disciplinary offences, *viz* the broader public interest considerations in the form of the need to uphold the standing and reputation of the medical profession and to prevent an erosion of public confidence in the trustworthiness of the profession. General deterrence by creating awareness in the public and, in particular, among potential offenders that punishment would be certain was another important objective: see *Wong Meng Hang* at [23] - [25]. It was to this analysis that we next turned.

32 Before we delved into the inquiry based on the four-step approach, it would be useful to set out four cases dealt with by the DT which all involved acts of misconduct committed by doctors taking intrusive videos of victims as these provided useful guidance as to the sentences which had been meted out in similar situations. It should be noted that all the cases were decided under the old MRA, pursuant to which an order for a suspension had to be for a minimum period of three months under section 53(2)(*b*) following a finding of misconduct under section 53(1). In contrast, under the current MRA, no minimum period of suspension is provided for legislatively.

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[12] At [20] of the Mitigation Plea ("MP-1 – 13").

(a) Chen Hsing Yu

(i) The respondent in *Chen Hsing Yu*, a resident trainee doctor at a hospital, pleaded guilty to one charge under section 53(1)(*c*) under the old MRA for engaging in an improper act or conduct when he attempted to record a female doctor using his mobile phone without her consent while she was taking a shower after her rounds in an isolation ward. A three-month suspension period was imposed by the DT. The respondent had intended to record the victim through the gap under the shower door but stopped just short of actually doing so. The victim was not aware of the respondent's attempt at that time. After she was told later that day that a nurse had witnessed the attempt, she lodged a police report. The police administered a 24-month conditional warning on the respondent. Six years before the incident when he was a medical student, the respondent had used a mobile phone to take a three-second video of a female medical student without her consent while she was using the toilet at the hospital. The DT found that the level of harm caused by the respondent's act was moderate, bearing in mind the emotional and psychological distress the victim would have suffered, as well as harm to public confidence in the medical profession. The DT also found that the act was not premeditated and that the level of culpability as low. The DT pegged the starting point at a three-month suspension, the lowest end of the sentencing range under the matrix in *Wong Meng Hang*, bearing in mind that the incident was an attempt without premeditation and that no video was filmed. Having determined that there were no material aggravating or mitigating circumstances, the DT did not make any adjustment to the starting point.

(b) Deshan[13]

(i) The respondent in *Deshan*, a consultant rehabilitation physician, pleaded guilty to one charge under section 53(1)(c) of the old MRA. While he was off-duty, he intruded upon the privacy of two females at a supermarket by recording two upskirt videos of them from under their skirts. The respondent sought psychiatric treatment two weeks after the incident. The attending psychiatrist

13 See *Chen Hsing Yu* at [37(a)].

assessed that the respondent's ability to manage his impulses and urges was compromised at the time of the incident due to his underlying persistent depressive disorder, which was precipitated and perpetuated by his work and home stress. This underlying condition was noted by the DT. He was reviewed by the psychiatrist over four years, and also had other forms of therapy. The psychiatrist opined that the probability of the respondent repeating the behaviour was extremely low to minimal, although he recommended that the respondent continue to undergo risk assessments at regular intervals. Like the respondent in *Chen Hsing Yu*, he was given a 24-month conditional warning in lieu of prosecution for insulting the modesty of a woman under the then-section 509 of the Penal Code, a condition which he met. The DT found that the harm caused was moderate while the level of culpability was low as there was no pre-meditation involved, and the acts were committed in the spur of the moment. The DT also considered the fact that the respondent was a senior medical professional who was required to conduct himself in a manner which was befitting of that higher standing to be an aggravating factor. In the circumstances, the DT imposed a four-month suspension period.

(c) Lum Yang Wei[14]

(i) The respondent in *Lum Yang Wei* pleaded guilty to one charge under section 53(1)(*b*) of the old MRA for having been convicted of an offence under the then-section 509 of the Penal Code and sentenced to a six-week imprisonment term, implying a defect in character which made him unfit for his profession. The respondent insulted the modesty of the victim, a nurse, by placing his handphone, with the video recording function turned on, under the toilet door of the handicap toilet at the visitor's lounge outside a hospital ward, thereby intruding upon the privacy of the victim. The DT found that, with a degree of premeditation, he had decided to film the victim while she was in the toilet relieving herself. The Statement of Facts revealed that the respondent's act of recording caused the victim to panic. She also remained hidden in the toilet for a period of time as she was afraid that the person filming her was still in the

14 See *Chen Hsing Yu* at [37(b)].

vicinity. It was also stated in the Statement of Facts that prior to the incident in question, the respondent had started taking these types of videos because he was aroused by the uniforms of nurses. Like the respondent in *Deshan*, the respondent here had undergone voluntarily rehabilitation and treatment to address the root causes which had given rise to the misconduct. At the time of the sentencing hearing before the DT, he had not practised medicine for about 15 months since completing his housemanship in February 2019. He had also been unable to practise for about 24 months prior to that as a result of his arrest and incarceration. The DT also took into account the fact that the respondent showed regret and remorse, having pleaded guilty to the criminal charge. In the circumstances, the DT imposed a four-month suspension period. It was noted that in this case, both the SMC and the respondent's counsel had in fact agreed on the imposition of a suspension term of four months.

(d) Nagaputra

(i) The respondent in *Nagaputra* pleaded guilty to one charge under section 53(1)(*c*) of the old MRA for having been convicted of three counts of making an obscene film by taking videos of men in urinals, offences under section 29(1) of the Films Act (Cap 107, Rev Ed 1998), for which he was sentenced to a 12-month Mandatory Treatment Order. Twenty other counts of offences under the Films Act were taken into consideration for sentencing. On the evening of 11 February 2019, the respondent used his mobile phone to film the victim when both of them were next to each other at the urinals in a male public toilet. The victim noticed that the respondent was holding a mobile phone with the camera facing his direction and felt disturbed. The victim later confronted the respondent and requested to see the latter's phone. The respondent allowed the victim to scroll through the images on the phone, who found films of men urinating stored therein. When the respondent tried to delete the films and flee the scene, he was stopped by the victim and other passers-by. In addition to admitting to filming the victim, the respondent also admitted to filming two other males while they were at the urinal in male public toilets, the first earlier on the same day, and the other two days before that. On all three occasions, the films captured the victims' exposed penis. The respondent was dismissed from his employment with the

Ministry of Health Holdings, and his conditional registration was cancelled. The DT found that the harm caused was low as there was no physical contact with the victims and the images were taken by the respondent for his own viewing pursuant to his voyeuristic urges. The DT pegged the respondent's culpability at the high end of low. To this end, it took into account the fact that there was premeditation as the respondent lay in wait and filmed 22 victims in the male public toilet over a three-hour period on 11 February 2019 itself, that he displayed escalating behaviour in the course of two days, and that he tried to flee and destroy evidence when he was caught and confronted by the victim. The DT reduced the level of culpability from medium to the high end of low to take into account the diagnosis that he suffered from adjustment disorder with depressed and anxious mood, which contributed to the commission of the offences. In sentencing the respondent, the DT took into account several mitigating and offender-specific factors, including the fact that he had pleaded guilty at the outset to the criminal charges and the MRA charge, that he was genuinely remorseful and desired to change, that he took prompt and professional steps to seek professional help, making positive progress in his rehabilitative efforts, that his risk of re-offending was assessed to be low, and that he had not practised over a 32-month period since his employment was terminated and registration cancelled. Bearing these in mind, the DT adjusted the period of suspension from a starting point of six months to four months.

Harm caused

33 We agreed with the SMC's submission that the harm caused was at a moderate level. In this regard, Dr Mong's act resulted in harm inflicted at two levels.

34 First, the victim clearly would have suffered emotional and psychological harm. As she was showering, she suddenly noticed a shadow in the window and Dr Mong's handphone with the camera pointing at her, causing her to shout and quickly put on her clothes and leave. That encounter would have caused her to feel shocked and violated. In addition, she would have been very distressed knowing that there were videos and still images of her fully naked with her breasts and genitalia visible. It was a grave intrusion of her privacy and a violation of trust between colleagues in the clinic where both worked. The victim would also have had every

expectation to feel safe showering in a private toilet in the clinic. To have videos taken of herself in that situation would also have caused significant embarrassment to her, knowing that such videos and images could be circulated widely and quickly online. To this extent, the level of harm caused was more serious than that in *Chen Hsing Yu*, which involved one failed attempt at filming a colleague while she was showering in similar circumstances. There, the DT found that the level of harm caused was moderate. Here, two videos were taken, one which was nine seconds long and the other six seconds long. The level of harm caused in this case was more akin to that in *Deshan* and *Lum Yang Wei*, both of which involved intrusive videos being taken. In *Lum Yang Wei*, the respondent took one video of the victim while she was using the toilet at a hospital, causing her to panic, while in the present case, two videos were taken.

35 Second, Dr Mong's sexual misconduct undermined public trust and confidence in the medical profession. As explained in *Wong Meng Hang* at [23], ddisciplinary proceedings enable the profession to enforce its standards and to underscore to its members the values and ethos which undergird its work, including 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". The sentence to be meted out to Dr Mong would have to reflect the harm caused by the undermining of the standing and reputation of the medical profession, as well as the undermining of the public's expectation and confidence in the members of the profession to conduct themselves properly and appropriately in respect of their personal behaviour. At the same time, to achieve the objective of general deterrence, as per *Wong Meng Hang*, it was important to create awareness in the public and, in particular, among potential offenders that punishment would be certain for such misconduct.

Culpability

36 The culpability of the offender refers to the degree of blameworthiness disclosed by the misconduct: see *Wong Meng Hang* at [30(b)].

37 In *Chen Hsing Yu*, the DT found that while the attempted recording of the victim was intentional, there was insufficient evidence that it was premeditated[15]. The DT similarly found that the respondent in *Deshan* committed the acts in the spur of the moment and that there was no pre-mediation involved. It also noted that the respondent was suffering from persistent

[15] See *Chen Hsing Yu* at [33].

depressive disorder, which had compromised his ability to manage his impulses and urges[16]. In both cases, the DT found the culpability of the respondents to be on the low end of the scale.

38 In *Nagaputra*, the DT found that there was premeditation involved, considering the surreptitious manner in which the offences had been committed, the fact that there were 22 victims over a three-hour period on 11 February 2019, the respondent's display of escalating behaviour between 9 and 11 February 2019, and the fact that he tried to destroy evidence when caught and confronted. The DT in that case placed his level of culpability at the high end of low rather than medium as it found that the mental condition which he suffered from contributed to his offending and hence reduced his culpability[17].

39 Dr Mong's act in the present case was likewise premeditated. When the victim was in the clinic toilet, he first attempted to look inside the toilet by jumping towards the window to the toilet. He then left and returned about a minute later with his handphone to record the victim showering in the toilet. The fact that he returned to the toilet with his handphone after he "surveyed" the scene pointed to a measure of pre-planning and deliberation on his part. He also tried to cover up his actions and destroy the evidence of the offending act by deleting the recordings and image he took after he quickly went back to the clinic when he heard the victim shout.

40 While there were more victims involved and multiple videos taken on two separate days in close succession in *Nagaputra* than in the present case, the culpability of the respondent in that case was reduced by virtue of his operative mental condition. In the circumstances, taking into account the pre-mediation involved, the stealthy and surreptitious *modus operandi* used to take the intrusive videos and images of a colleague, the fact that he tried to cover up his tracks by deleting the incriminating evidence and the lack of extenuating factors in the form of a medical condition which contributed to his behaviour, unlike in *Nagaputra*, we agreed with the SMC that Dr Mong's culpability was at the high end of low, the same as that in *Nagaputra*.

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16 See *Deshan* at [32(b)].

17 See *Nagaputra* at [22] and [23].

The applicable indicative sentencing range and the appropriate starting point within that range

41 In light of our finding that the level of harm caused was moderate and that the level of Dr Mong's culpability was on the high end of low, the applicable indicative sentencing range based on the sentencing matrix in *Wong Meng Hang* was a term of suspension of up to one year.

42 Having regard to the case precedents, particularly the cases which involved the surreptitious taking of intrusive videos of victims in similar circumstances, as set out in [32] above, we were of the view that a starting point of a six-month suspension would be appropriate in the circumstances.

43 In arriving at this starting point, we noted that Dr Mong's actions were more serious than those in *Chen Hsing Yu,* where the DT pegged the starting point at three months' suspension. Unlike that case, which involved an attempt without premeditation and without any video filmed, here, there was premeditation and planning involved. Two videos were also successfully recorded. Several images of the victim showering were also found in Dr Mong's handphone. The starting point should hence be higher than three months. Dr Mong's culpability was also greater than that in *Deshan*, where the DT found, in imposing a four-month suspension, that the respondent's underlying psychiatric condition impacted his ability to control his impulses at the material time and that there was no pre-meditation involved.

44 Having regard to the circumstances surrounding Dr Mong's misconduct, we found that they were more similar in severity to the respondent's offending actions in *Nagaputr*a, where there too was premeditation and an attempt to destroy the relevant evidence. While the acts in *Nagaputra* were over a couple of days with more victims than in the present case, the level of culpability was, like in our case, assessed to be at the high end of low as the DT there took into consideration the fact that the respondent's mental condition contributed to the commission of the acts. The DT in *Nagaputra* found that the harm caused was low while we assessed that Dr Mong's actions caused a moderate level of harm. Hence, taken in the round, a starting point of six months' suspension would be appropriate and proportionate to the severity of the misconduct involved.

Relevant aggravating and mitigating circumstances

45 Finally, we considered the offender-specific aggravating and mitigating factors and assessed that they did not warrant any adjustment to the starting point.

46 There were no aggravating features of note. The SMC contended that Dr Mong's seniority was an aggravating factor. In our view, a doctor who had been in practice for about 10 years was not of such great seniority such that it would render it a relevant factor here.

47 We found that there were no substantial factors going to actual mitigation. While a timely plea of guilty and the rendering of full cooperation to the authorities went to indicating remorse, this needed to be weighed against the fact that there was overwhelming evidence of Dr Mong's misconduct as the video recordings and images of the victim which he took were retrieved from his handphone by the police. In these circumstances, he could not have seriously contested the charge against him. We also agreed that the lack of antecedents was a neutral factor as doctors are expected to uphold the highest standards of integrity and appropriate personal behaviour.

48 We also agreed with the SMC's submission that the payment of compensation to the victim pursuant to the settlement agreement between parties did not carry mitigatory value as it was made in return for the release, discharge and waiver of potential claims which the witness may have had against Dr Mong. Finally, the conferment of the Covid-19 Resilience Medal on Dr Mong and the positive testimonial were not relevant as they did not go to reducing the harm caused or his culpability.

Conclusion

49 For the foregoing reasons, pursuant to the DT's powers under section 53D(2) of the Medical Registration Act 1997, the following orders were imposed on the Respondent, Dr Mong:

(a) That the registration of the Respondent in Part I of the Register of Medical Practitioners and the Register of Family Physicians be **suspended** for a period of **six months;**

(b) That the Respondent be censured;

(c) That the Respondent provides a written undertaking to the SMC that he will not engage in the conduct complained of or any similar conduct in future; and

(d) That the Respondent pays the costs and expenses of and incidental to these proceedings, including the costs and expenses of the Counsel for the SMC.

50 We further ordered that the period of suspension was to commence **40** days after the date of the DT's order, and that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of all persons involved.

Dr Vaswani Chelaram Moti Hassaram	A/Prof Paul Goh Soo Chye	Ms Thian Yee Sze
Chairman	Member	Judicial Service Officer

Mr Kenny Chooi & Mr Joel Yap (Adsan Law LLC) for SMC;

Mr Kalaithasan S/O Karuppaya
(Regent Law LLC) for the Dr Mong