

IN THE PROFESSIONAL CONDUCT COMMITTEE OF THE SRI LANKA MEDICAL COUNCIL

INQUIRY No - PPC 505 & PCC 61

BETWEEN:

Dr. Prasad Sandaruwan Hettiarachchi.

**No. 5/3, Gemunu Mawatha,
Keselwatta,**

Panadura.

[Complainant]

AND:

**Dr. Ranchagoda Gamage Sameera
Lakmal**

**No. 10, Janapadaya, Hambegamuwa,
Thanamalwila.**

[Respondent]

**Appearance : Mr. Rasika Jayasingha, Attorney - at - Law for
the complainant.
Respondent in person**

Date of the Disciplinary Order : Saturday, 26th April 2025

DISCIPLINARY ORDER

A. Introduction

Dr. Ranchagoda Gamage Sameera Lakmal (SLMC Reg. No- 40365), you appear for penalty, before the Professional Conduct Committee of Sri Lanka Medical Council (SLMC), after pleading guilty to the following charge which was preferred against you by the Sri Lanka Medical Council.

B. Charge

Dr. Ranchagoda Gamage Sameera Lakmal, you being a registered Medical Practitioner under the Medical Ordinance (Chapter 105) of Sri Lanka:

Between the 15th June 2021 and 16th June 2021 while working at the Kotelawala Defence University Hospital in the capacity of Intern Medical Officer you:

Pursued an improper standard of behaviour while on night duty as the on-call Medical Officer of Ward 6, which was offensive and degrading towards Dr. Prasad Sandaruwan Hettiarachchie who served as a Medical Officer:

- by criticizing and undermining Dr. Hettiarachchie using improper language when addressing him over the hospital intercom*
- by questioning the qualifications and experience of Dr. Hettiarachchie using improper language, in the Accident and Emergency Unit where he was on duty*

and by reason of the matters set out above, your fitness to hold registration as a medical practitioner is impaired due to your conduct which is derogatory to the medical profession and your said alleged conduct amounts to 'infamous conduct in any professional respect' under Section 33(e) of the Medical Ordinance (Chapter 105) of Sri Lanka.

C. Plea - Voluntary and Unequivocal

We are satisfied that your plea is 'voluntary' and 'unequivocal' and that you understand consequences of your plea.

D. Factual Matrix

- I. The summary of the facts which formed the basis of the charge can be summarized as follows;

- II. You were appointed to the General Sir John Kotelawala Defence University Hospital in June 2020 as an intern medical officer.
- III. You were on on-call duty on night of 15th of June 2021 at ward number 6. At around 4.00 AM - 4:30 a.m. the next day, a lady had been brought in a wheelchair with breathing difficulties. You have stated that though the patient was wearing an oxygen mask, the oxygen tank hadn't been opened. You have stated that the normal procedure was that, rapid antigen tests were carried out on all patients and if negative, patients were admitted to the ward. But in situations where the patient had symptoms of covid, even if the antigen test was negative, a PCR was carried out and treatment was provided at the A&E until PCR results were obtained.
- IV. However, despite this patient having symptoms, she had been directed to the ward, and on further inspection, you got to know that she had not been properly examined. You provided the necessary treatment, and called the intercom and asked why a patient of such high risk was sent to the ward and not treated in the A&E. You have admitted that there was an exchange of words between yourself and Dr. Hettiarachchie following this, and states it was Dr. Hettiarachchie who scolded you. You have stated that you assume that there should be recordings of the said communication at the hospital.
- V. You have further admitted that, at around 7:30 AM, when walking past the A&E - Unit, you confronted Dr. Hettiarachchie regarding sending a patient in such a state to the ward, and you had had a disagreement there as well. You have admitted, in both the PPC inquiry and in your written explanation submitted to SLMC, that you used the word '*thamuse*'. This added fuel to the fire.
- VI. You have stated, in your written explanation to SLMC, that you said the words: "ලැජ්ජ නැද්ද, ගන්න පඩියට හරියන්න වැඩ කරනවකෝ. අර අතන ලෙඩවූ පිරිලා ඉන්නවා. ඒ අය බලන්න" and "මේකේ වැඩ වෙන විදිය දන්නේ නැත්තන් දන්න කෙනෙක්ගෙන් අහගන්න නිවුණා නේ. VP කෙනෙක් ඉන්නේ ඒකටනේ. දන්නේ නැත්නම් අහගන්න. MBBS පාස් වෙලා නේද ආවේ".
- VII. We note that the above words spoken by you at the A & E - Unit, in the presence of the patients and the doctors, was disparaging and demeaning towards Dr. Hettiarachchi and it is calculated to condemn the competency of Dr. Hettiarachchi which excites misgivings in the minds of the patients and will cause patients to question whether their own care has been compromised. Such conduct impacts on the honor and the dignity of the medical profession and you have engaged in a conduct which was

substantially below the standard reasonably expected of a medical intern. We regard such conduct as being inconsistent with you being 'fit and proper person to hold registration' and demonstrates a serious lack of ethical and moral behavior in the practice of your profession. This undermines the communities' trust in the profession. This amounts to professional misconduct.

- VIII. You have stated that you apologized and admitted to your fault at the internal investigation at KDU, and had been issued a warning letter. You have further stated that you acted in this manner due to the erroneous actions of Dr. Hettiarachchie as he had put the patients in the ward at risk by his mistake.

E. Task for the Professional Conduct Committee [PCC]

The task for the PCC is to determine how should its powers to punish the respondent practitioner for the misconduct be exercised.

In professional disciplinary cases such as this, the primary considerations are the protection of the public and of the reputation of the profession. The principles of sentencing in criminal law are applicable to some extent, although professional disciplinary cases are a distinct category of proceedings, where punishment is not the focus.

In determining what penalty should be imposed on the respondent practitioner, there are a number of factors that are usually considered to be relevant. It is appropriate to consider the objective seriousness of the misconduct and the level of culpability. Apart from the objective seriousness and culpability, the other factors that should be considered are; (1) any plea of guilty (2) any previous convictions for misconduct (3) any demonstration of remorse and (4) character and personal circumstances.

Those who commit misconduct must be denounced, and that deterrence is an important consideration.

F. Aggravating Circumstances

- I. You have acted in a manner that is derogatory to the medical profession, in the presence of patients which has a far-reaching adverse impact on the image of the medical profession.
- II. You have displayed an absolute and utter disdain and thereby failed to respect the seniority of Dr. Hettiarachchie, who served as a Medical Officer

- III. You committed the highest breach of trust in the eyes of the medical profession – You were well aware that you were reposed with trust and responsibility to maintain the honor and the dignity of the medical profession.

G. Extenuating Circumstances

- I. The presence of the element of provocation (the degree of culpability)
- II. You are remorseful for your actions and deeds and your early plea is consistent with your remorse for committing the misconduct.
- III. You pleaded guilty to the charge on the date of the arraignment, i.e, at the earliest opportunity. Your guilty plea has saved SLMC's substantial time and resources that could have been thrown away if you denied your culpability.
- IV. You are a first offender (the previous good behavior)
- V. You applied for a leniency in professional punishment as you have now learnt a lesson.
- VI. The presence of diminished culpability, arising through lack of premeditation and the presence of provocation.
- VII. The young age of the offender at the time of the offending.

H. Principles

01. In this context, we direct ourselves to consider the appropriate professional penalty on the respondent practitioner on conviction pursuant to his plea of guilty. In doing so, we are guided by the following principles;
 - I. To punish the offender to an extent and in a manner which is just in all the circumstances.
 - II. To deter offender from committing misconducts of the same or similar natures
 - III. To send a message to the community and the medical profession that SLMC denounces the commission of such misconduct
 - IV. Any combination of the above principles.

02. It is axiomatic and also, we are alive to the fundamental principle that a penalty should not be harsh, excessive, disproportionate or wrong in principle.

03. We seek to achieve the followings in imposition of penalty for the misconduct committed;

- I. **Denunciation** – to drive home the point that such behavior is unacceptable.
- II. **Specific deterrence** – to prevent a recurrence of such behavior
- III. **General deterrence** – to signal to others that such behavior will be dealt with.

With these principles in mind, let us now turn to the appropriate punishment.

I. Determination

01. In our opinion, the nature and the circumstances of the misconduct committed called for a conviction to be recorded together with a short term of suspension from practice. If tolerated, the conduct would give rise to the misconception that such conduct is permissible and thereby SLMC will be setting a very bad precedent which will shock the conscious of the public and the health profession.

02. We cannot shut our eyes to the impact of the offence on the victim Dr. Hettiarachchi who is a medical officer and no discussion is required to demonstrate the substantive injury – the public humiliation, insult, mental pain and shame caused to him whilst in the ordinary exercise of his duties from the wrongful conduct of the respondent practitioner.

03. We reiterate that the words spoken by the respondent practitioner at the **A & E - Unit**, in the presence of the patients and the doctors, was disparaging and demeaning towards Dr. Hettiarachchi and it is calculated to condemn the competency of Dr. Hettiarachchi and thereby subjected Dr. Hettiarachchi to insult, humiliation and oppression while in the ordinary exercise of his duties.


04. In the attendant circumstances, the defence of provocation put forward by the respondent practitioner carries a little weight.

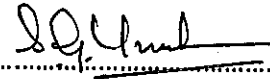
05. We find that the victim's - Dr. Hettiarachchi's rights have been infringed by the respondent practitioner. We put the respondent practitioner squarely on notice as to how serious we take his behavior and in the attendant circumstances of this case, the need for deterrence looms large especially to protect the doctors and

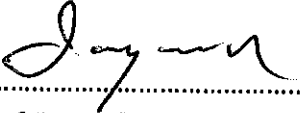
- other health care professionals from insults, humiliations and oppressions while in the ordinary exercise of their duties.
06. The respondent's conduct cannot be tolerated, if the role of the SLMC is to have a meaningful part to play in vindicating and protecting the honor and the dignity of the health care providers. We bear in mind that the reputation of the medical and health care profession as a whole is more important than the interests of any individual health care practitioner.
 07. We express the view that a conditional discharge is a snare and a delusion in that it tends to give a person convicted of misconduct a false sense of security and leave him under the mistaken belief that he has not done any wrong because he has not been punished.
 08. We keep in our mind that the public interest in the enforcement and effectiveness of the legislation is such that escape from penalty is not consistent with that interest because the truth is that it is injurious to public interest.
 09. We will be failing in our duty and also it would be wrong to circumscribe the public interest requirement with notions - **absolute discharge** or **conditional discharge** that are lying across a board spectrum which are more apt for criminal litigation in a contest between the state and an individual.
 10. Having said that, we take into account the oral mitigation presented and also written mitigation filed and we unanimously impose on the respondent practitioner a suspension of practice for Seven (07) days with effect from 26th April 2025 and the operation of the term is suspended for twelve (12) months.
 11. In reaching this conclusion, we take into account the mitigating factors, the early guilty plea, young age at the time of the offending and had up to that time been of good character. Regrettably, we have no affidavit evidence concerning the personal circumstances of the respondent practitioner. Neither, is there any material forthcoming. We do not rest our disciplinary order on conjecture or surmise!
 12. If any misconduct is committed within the operational period of 12 months, the Seven (7) days suspension shall begin to run in addition to the penalty that the respondent may get for the subsequent misconduct.
 13. Needless to say, that the penalty imposed will deter the respondent practitioner from engaging in like conducts in future, denounce the conduct future, and

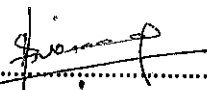
certainly will serve a warning to others who chose to go down the respondent practitioner's path. To put it bluntly, the penalty will deter the respondent practitioner and others minded to emulate him because the penalty is a clarion call that such behavior will not be tolerated by SLMC.

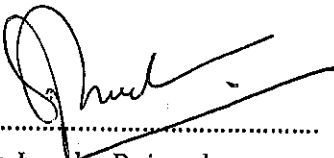
14. This determination is intended for the protection of the health care profession in the sense of maintaining stature and integrity in the eyes of the public.

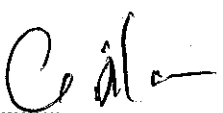

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Prof. Vajira H.W. Dissanayake
(President)

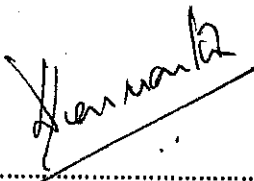

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Prof. Surangi G. Yasawardene

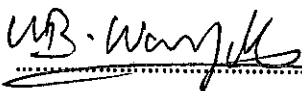

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Prof. Jayantha Jayawardena.

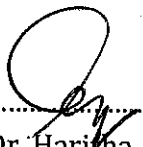

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Dr. D.S. Samaraweera


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Dr. Janaka Rajapakse


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Dr. Gamini Nawarathne


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Dr. Chandana Dharmarathne


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Dr. Bandara Warakagoda.


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Dr. Haritha Aluthge.

Professional Conduct Committee of Sri Lanka Medical Council

26/4/2025