

**IN THE PROFESSIONAL CONDUCT COMMITTEE OF THE SRI LANKA MEDICAL  
COUNCIL**

**In the matter of disciplinary inquiry conducted  
pursuant to the provisions of the Medical  
Disciplinary (Procedure) Regulation 1990**

**INQUIRY NO. - PPC 290 / PCC 22**

**BETWEEN**

1. Weerasinghe Dewage Priyanka Gangani
2. Wickramasinghe Mudalige Jeewanthi Rasangika  
Wickramasinghe

**[Complainants]**

**AND**

Dr. Sudharshana Arambegedara,  
[SLMC Reg No. 13296]

**[Respondent]**

**Appearance : Ms. Udari Ranathunga, Attorney- at- Law for the Prosecution**  
**: Mr. Thusitha Wijekoon, Attorney- at- Law for the Respondent**

**Date of the Decision : Saturday, 24<sup>th</sup> January 2026.**

**DECISION**

**A. INTRODUCTION**

1. This inquiry has been instituted pursuant to a Notice of Inquiry dated 17<sup>th</sup> July 2020, issued under and in terms of Section 25(1)(a) read with Section 33(e) of the Medical Ordinance (Cap.105), consequent to a complaint alleging acts of infamous conduct in a professional respect said to have been committed by Dr. Sudharshana Arambegedara (hereinafter referred to as "the Respondent").

2. The said complaint alleged that whilst functioning in the capacity of Medical Superintendent, Base Hospital, Marawila, the Respondent, in the purported discharge of his professional duties, conducted medical examinations on two female employees of the People's Bank, purportedly for the purpose of confirmation of their service, but in circumstances where he failed to ensure the presence of a female chaperone during such examinations and engaged in acts and conduct amounting to sexual impropriety, thereby acting in a manner unbecoming of a medical practitioner and bringing the medical profession into disrepute.
3. Consequent to the said complaint, a Notice of Inquiry was duly served upon the Respondent under the aforesaid provisions of the Medical Ordinance and the Medical (Professional Conduct) Regulations, 1990 (hereinafter referred to as the "Regulations"), setting out three (03) charges of professional misconduct.
4. Upon service of the said Notice, the Respondent appeared before this Professional Conduct Committee (hereinafter referred to as "the Committee") and, upon the reading of the charges, entered a plea of not guilty to all counts preferred against him.

## **B. CHARGES**

5. The three charges levelled against the Respondent were as follows:

### **Charge 1**

On or about 03<sup>rd</sup> March 2011 while you were functioning as the Medical Superintendent of Base Hospital Marawila, you have carried out medical examination of a female named Ms. W.D. Priyagika Gangani with regard to her confirmation of service in People's Bank inside a screened room in the X-Ray unit without having a female chaperone, and attempted to sexually molesting the said female, and acted in an infamous manner bringing Medical profession into disrepute.

### **Charge 2**

On or about 03<sup>rd</sup> March 2011 while you were functioning as the Medical Superintendent of Base Hospital Marawila, you have carried out medical examination of a female named Ms. W.M. Jeewanthi Rasangika Wickramasinghe with regard to her confirmation of service in People's Bank inside a screened room in the X-Ray unit without having a female chaperone, and attempted to sexually molesting the said female, and acted in an infamous manner bringing Medical profession into disrepute.



### **Charge 3**

By doing one or more of the acts set out in charges 1 to 2 above, you have conducted yourself in an infamous manner and brought disrepute to the medical profession and breached the “Guidelines on Ethical Conduct for Medical Practitioners and Dentists published by the Sri Lanka Medical Council” and “Sri Lanka Medical Instructions on serious Professional Misconduct to Medical Practitioners and Dentists” published by the Sri Lanka Medical Council in terms of the Medical Ordinance and amendments thereto.

### **C. PROCEEDINGS AND EVIDENCE**

6. The disciplinary inquiry was duly commenced on 29<sup>th</sup> October 2022 before this Committee. The prosecution led the evidence of the first Complainant, Ms. W. D. Priyangika Gangani as its principal witness. The second Complainant, Ms. W. M. Jeewanthi Rasangika Wickramasinghe, though duly subpoenaed, was unavailable to attend and testify. No further witnesses were called, and the prosecution accordingly closed its case upon the conclusion of Ms. Gangani's evidence.
7. The Respondent thereafter elected to give evidence on his own behalf. In support of his defence, he called two witnesses, namely, A.M.A. Deepa Madhavi Alagiyawanna, X-ray Technician of the Base Hospital, Marawila, and A.H.M. Chathurangani Saumiya Abeyrathna, Minor Staff Attendant attached to the same hospital at the time of the alleged incident. A series of documents tendered by the Respondent were marked V1 to V6 and duly received into evidence.

### **D. STANDARD AND BURDEN OF PROOF**

8. The procedure applicable to disciplinary inquiries before the Sri Lanka Medical Council is prescribed under the Medical (Professional Conduct) Regulations, 1990 (hereinafter referred to as the “Regulations”). The standard of proof applicable in disciplinary proceedings of this nature is the balance of probabilities, which is distinct from the criminal standard of proof beyond reasonable doubt. The Committee must therefore be satisfied, upon an objective and rational evaluation of the totality of the evidence, that it is more probable than not that the conduct complained of was committed by the Respondent.
9. Once the prosecution has established a prima facie case or adduced highly incriminating circumstances, the evidential burden may shift to the Respondent to provide a credible and satisfactory explanation consistent with innocence. However, the legal burden remains throughout upon the prosecution to satisfy the Committee of the Respondent's guilt on the balance of probabilities.

10. In applying this standard, the Committee is mindful that mathematical certainty is not required, but mere suspicion, conjecture, or moral conviction, however strong, cannot substitute for proof. The finding must rest upon clear, cogent, and convincing evidence, commensurate with the seriousness of the charge. This principle was affirmed in *In Re Dematagodage Don Harry Wilbert* [1989] 2 Sri L.R. 18, where the Supreme Court observed that, although disciplinary proceedings are civil in form, their consequences are penal in effect, and therefore the proof required must be clear, cogent, and convincing.

11. More recently, the Supreme Court of India, in *Airports Authority of India V. Pradip Kumar Banerjee* (2025 INSC 149), per Justices J.K. Maheshwari and Sandeep Mehta, reiterated that in disciplinary proceedings, the standard of proof is that of preponderance of probabilities, and that the disciplinary authority is only required to establish misconduct on that civil standard, not beyond reasonable doubt.

#### **E. ELEMENTS OF THE OFFENCE**

12. The elements of the first count that needs to be established by the Prosecution as follows:

- a. That the Respondent was, at the time, acting in his professional capacity as Medical Superintendent of the Base Hospital, Marawila.
- b. That a medical examination of Ms. W.D. Priyangika Gangani took place on or about 03<sup>rd</sup> March 2011, conducted by the Respondent.
- c. That the examination occurred without the presence of a female chaperone in circumstances where such presence was professionally required.
- d. That the Respondent engaged in or attempted to engage in conduct of a sexual nature or other improper behaviour during or in connection with the examination, inconsistent with professional boundaries.
- e. That such conduct falls below the standard expected of a registered medical practitioner and tends to bring the medical profession into disrepute or diminishes public confidence in its integrity.

13. The same as Charge 1, mutatis mutandis:

- a. The Respondent was acting as a medical officer (Medical Superintendent).
- b. The examination of Ms. W.M. Jeewanthi Rasangika Wickramasinghe was carried out



by the Respondent.

- c. The examination took place without a female chaperone.
- d. The Respondent engaged in sexually inappropriate or indecent conduct.
- e. Such conduct amounted to infamous conduct in a professional respect.

**14. The elements of the 3<sup>rd</sup> count to be proved:**

- a. Proof of any one or more acts alleged in Charges 1 and/or 2.
- b. Breach of professional duty and ethical standards, including:
  - o Failure to maintain professional boundaries;
  - o Failure to ensure presence of a female chaperone during intimate examinations;
  - o That the proven acts are so grave as to seriously impair public trust and amount to professional misconduct under the Medical Ordinance.

**F. EVIDENCE OF THE PROSECUTION WITNESS**

- 15.** The prosecution witness, Ms. W. D. Priyagika Gangani, in her examination-in-chief, identified the Respondent as the doctor who examined her and who committed the alleged act referred to in her complaint dated 09.03.2011 to the Sri Lanka Medical Council. She testified that on 03.03.2011, she attended Base Hospital, Marawila, to undergo the medical examination required by People's Bank for confirmation of her service, accompanied by her friend Ms. W. M. Jeewanthi Rasangika, who was also employed at the same branch and required to undergo the same examination
- 16.** The witness stated that upon their arrival, both were sent for an X-ray examination, and that the Respondent subsequently proceeded to perform the medical examination himself. She described that the examination took place in the X-ray Unit, which had three nurses present at the outset, but when the Respondent was conducting the medical examination, they were not present. Her colleague, who was examined first, was made to lie on a bed behind the screen, and the witness observed the Respondent's manner of examination, which she found unnecessary and inappropriate.

17. She further stated that when it was her turn, the Respondent touched her breast purportedly to check for breast lumps, and also lifted her saree high, explaining that he was examining whether she had varicose veins. The witness testified that she objected to this conduct, to which the Respondent replied that “doctors do not have wrong desires.” She reiterated that no female nurse or attendant was present during the examination. (Vide pages 2, 3 & 4 of the Proceedings dated 29.10.2022.)
18. In cross-examination, the witness’s testimony remained consistent, coherent, and unshaken. She firmly rejected the suggestion that the Respondent’s conduct formed part of a normal medical fitness test and maintained that the Respondent carried out the medical examination without any female chaperone. (Vide page 9 of the Proceedings dated 29.10.2022.)
19. In response to questions posed by the Committee Members, the witness reaffirmed that there was no female chaperone present throughout the examination and that she clearly remembered the Respondent examining her breasts and lifting her saree high under the pretext of checking for breast lumps and varicose veins. She stated that, since she did not receive the medical report from Marawila, the Bank instructed her to undergo another examination at Base Hospital, Kuliypitiya. She testified that she observed a significant difference between the manner in which the two examinations were conducted. (Vide page 11 of the Proceedings dated 29.10.2022.)

#### **Evaluation of the Evidence of the Prosecution Witness and Findings**

20. In consideration of evidence of Ms. W. D. Priyagika Gangani, the Committee finds her account to be credible, coherent, and reliable. Her evidence remained *inter se* consistent from examination-in-chief through cross-examination and re-examination, and the Committee observed no contradictions or exaggerations that might affect her credibility. (Vide pages 2 – 4, 9 & 11 of the Proceedings dated 29.10.2022.)
21. The witness gave a clear chronological account of the events of 03.03.2011, describing how she and her colleague were directed by the Respondent to the X-ray Unit, how the Respondent drew the curtain separating the nurses, and how he personally conducted the examination without the presence of a female chaperone.
22. The Respondent’s remark that “doctors do not have wrong desires” demonstrates both awareness of the impropriety and an attempt to rationalize his conduct.
23. The Committee attaches significance to the witness’s evidence that she verbally objected to the Respondent’s conduct, yet he continued the examination. This indicates an intentional



disregard of the patient's personal dignity and an abuse of the professional relationship. The Committee also notes that the Respondent's actions were contrary to accepted hospital procedure, which requires a female attendant to be present when a male medical officer examines a female patient, particularly in a private cubicle.

#### **G. SUMMARY OF THE DEFENCE EVIDENCE**

24. Following the closure of the case for the prosecution, the practitioner was called upon to present his defence case. The practitioner testified from the witness box and subpoenaed two witnesses to testify on behalf of him.
25. The practitioner in his sworn testimony before the Committee admitted performing medical examination on the two females concerned but denied the allegations in their entirety. It is evident from his evidence that;
  - a) He had conducted the medical fitness examination of Ms. W.D. Priyagika Gangani and her colleague at the request of the Manager of the People's Bank Marawila [marked as "V3"] in accordance with the Health Department Format – Health 169 [marked as "V4"].
  - b) He admitted that he touched her legs and also examined her breasts as per the instructions contains in Part A and Part B of "V4" and medical examination Form 3028 [marked as "V5"] was filled by him and issued to the females.
  - c) The examination was performed in the presence of (1) chief radiologist grapier-Shamalee, 2<sup>nd</sup> Radiologist Grapier- Namalee Wijekoon and Minor Staff member - Saumaya Abeyratne and that there was no point at which the complainant was alone with him. The Respondent marked the places above said persons were positioned at that time in the sketch marked "V2".
  - d) The examination included, inter alia, the assessment of heart and chest sounds, palpitation, and certain physical conditions such as varicose veins, which required him to visually examine the lower limbs. He maintained that any physical contact that occurred was entirely incidental to the medical procedure and was carried out solely for clinical purposes, without any improper intent or sexual connotation. He further viewed that the complaint made against him was motivated by animosity on the part of certain hospital staff who bore a personal grudge against him.
26. The x-ray technician Alagiyawanna Mohotti Appuhamilage Deepa Madhavi Alagiyawanna and the attendant Saumaya Abeyratne testified before the Committee and deposed that the medical examination was performed by the Respondent on the two females concerned in their



presence inside the screened area. The other x-ray technician Namalee Wijekoon was not subpoenaed before the PCC to testify on behalf of the Respondent practitioner.

27. According to the evidence of **Alagiyawanna Mohotti Appuhamilage Deepa Madhavi Alagiyawanna** under cross-examination, although she serves as an X-ray Technician, she and her co-technician, Namalee Wijekoon, together with Chathurika, a member of the minor staff, were generally present when the Respondent conducted medical examinations on patients. She stated that it was not part of her official duties as an X-ray Technician to be present during such examinations, but that she did so at the request of the Respondent, who habitually performed medical examinations in the presence of these three female staff members. (Vide proceedings dated 15.07.2023)

28. **Abeyrathna Herath Mudiyanseelage Chathurangani Saumya Abeyrathna**, in her examination-in-chief, stated that all patients were examined in the X-ray room and that she generally remained inside the room during such examinations. However, under cross-examination she admitted that she was unable to identify either of the complainants or recall their names. She further stated that, on the alleged date of the incident, if she had been on duty, she would have been present when the Respondent conducted the medical examination on the complainants, though she could not recall which parts of the body were examined or the precise nature of the examination. (Vide proceedings dated 15.07.2023)

## **H. THE ANALYSIS OF EVIDENCE OF THE WITNESSES**

29. Having considered the evidence adduced on behalf of the Respondent and the Respondent's own testimony, the Committee observes that the Respondent's version is marked by material contradictions, internal inconsistencies, and an absence of credible corroboration. When tested against the standards of proof and the evidentiary framework established under the Evidence Ordinance of Sri Lanka and the Medical (Professional Conduct) Regulations, 1990, the Respondent's account does not withstand scrutiny for the following reasons.

### **i. Internal Contradictions in the Respondent's Testimony**

30. The Respondent's own admissions under cross-examination materially undermine his defence. He conceded that he examined the complainant's breasts and lower limbs, yet he was unable to point to any provision in Health Form 169 (marked "V4") which required or authorized such an examination. He also admitted that the Medical Examiner's Report (marked "V5"), issued to the complainant, was not signed by the examinee, although the form expressly required such signature. Further, he acknowledged that the report did not contain any note excluding the risk of breast cancer, and that he would only include a remark "if there was any finding relating to breast cancer."



When questioned further by the Prosecution during cross-examination, the Respondent gave the following answers:

ප්‍ර: කාන්තාවක් පරීක්ෂා කරන කොට ඇගේ පියයුරු පිළිකා සම්බන්ධ වාර්තාවක් ඉදිරිපත් කරන්න කියලා මෙම ලේඛණයේ විශේෂයෙන් දක්වා තිබෙනවාද?

පි: ඔකේ සඳහන් කරලා නැහැ.

ප්‍ර: තමුන් ප්‍රකාශ කරන්නේ තමුන්ගේ වෛද්‍ය විද්‍යා දැනුම අනුව පියයුරු පිළිකා බහුල නිසයි තමුන් පරීක්ෂා කලේ කියලා නේද?

පි: එක මම General Examination එක යටතේ මම පරීක්ෂා කරලා කිව්වොත් නිවැරදි සහ එවැනි අවධානයක් බැහැර කිරීම සඳහා.

ප්‍ර: බැහැර කරනවා නම් ලිඛිතව බැහැර කරන්න ඕනේ නේද?

පි: එහෙමයි.

31. This sequence of answers directly contradicts his earlier testimony at the examination-in-chief, where he claimed that the medical examination was conducted in accordance with Part A and Part B of the Health Department Format – Health 169 (marked as “V4”), and that such procedures were clinically justified.

During examination-in-chief, the Respondent stated that:

ප්‍ර: ඊට අමතරව මහත්මයා මේ කාන්තාවගේ පියයුරු පරීක්ෂාවක් ඔබ විසින් සිදු කලාද නැද්ද?

පි: කලා.

ප්‍ර: මොකක්ද ඒකට හේතුව ඇයි එවැනි පරීක්ෂණයක් සිදු කලේ?

පි: එකේම නියෝගවා A කොටසේ The following is the standard physical fitness required. The candidate must be well developed and free from organic diseases. එතකොට අපි පියයුරු ලෙස සලකනවා ඔර්ගන් එකක් ලෙස. මම මේ සභාවේ අවසර ගන්නවා මේ වන විටත් පියයුරු පිළිකා මාසයකට 07 දෙනෙක් මේ වන විට අලුත් වාර්තා වලට ලැබෙනවා. එක තමයි මෙනත නියෝග ප්‍රධාන හේතුව. ඒක විස්තර කලොත් certain conditions, such as varicose, varicose well, flat food, previous attacks of appendicitis or incomplete hernia, may render him unfit for the performance of certain duties in such cases, the medical officer shall consider each case carefully in relation to the duties, with the candidate may be called upon to perform.

ප්‍ර: ඊට අමතරව ඔබ විසින් කියවුනු කොටසේම B කියලා කොටසක් තිබෙනවා නේද?

පි: එහෙමයි.

ප්‍ර: B කියන කොටසේ පළවෙනි වාක්‍යයේ අන්තිමට තිබෙනවා Palpitation in other diseases of the heart

කියලා හේද?

පි: එහෙමයි

ප්‍ර: මහත්මිය එක පැහැදිලි කරන්න පුළුවන්ද?

32. He further referred to *Part B* of the same form and attempted to justify palpation near the chest as part of assessing heart conditions, explaining:

පි: අපි ගිණන් කාලයේ දීම අපිට කියනවා හෘදයේ අසාමාන්‍ය කම්පනයක්. ඒ කම්පනය අපට දැනෙන්නට බැහැ සාමාන්‍ය අවස්ථාවේදී. Palpitation කියන අවස්ථාවේදී අපිට ඇඟිල්ලට තදින් දැනෙනවා සාමාන්‍යයෙන් පියයුරට යටින් අත තියලා පරීක්ෂා කරලා නිශ්චය කරන්න ඕනේ Palpitation නියමෙනවාද නැද්ද කියලා

(Vide proceedings dated 21.01.2023)

33. However, upon evaluation of the Respondent's testimony, we are of the considered view that the two explanations advanced by the Respondent are fundamentally irreconcilable. In his examination-in-chief, he sought to justify the breast examination as a clinically necessary procedure conducted under Part A of Health Form 169, purporting that it formed part of the standard medical fitness evaluation. Yet, in cross-examination, he stated that "General Examination එක යටතේ මම පරීක්ෂා කරලා කිව්වොත් නිවැරදි සහ එවැනි අවධානයක් බැහැර කිරීම සඳහා" thereby acknowledging that the breast examination was carried out under the broad heading of "general examination," merely to exclude a perceived risk of cancer, and not pursuant to any specific medical requirement or procedural directive. The Respondent in his cross examination further admitted that he made no record or notation of any observation relating to breast cancer in the Medical Examiner's Report.
34. Accordingly, we hold that this shift in explanation amounts to a direct inconsistency on a material matter and, when viewed in the totality of the evidence, gravely impairs the credibility of the Respondent. It demonstrates that his justification for conducting the breast examination was not founded upon any objective medical protocol but rather constructed ex post facto in an attempt to legitimize a palpably improper act.
35. The Respondent's additional claim that breast examination was warranted because "පියයුරු පිළිකා මාසයකට 07 දෙනෙක් මේ වන විට අලුත් වාර්තා වලට ලැබෙනවා" (seven breast-cancer cases arise each month) is unconvincing. We are of the view that such a generalized public health concern bears no relevance to an employment-related medical fitness test and demonstrates an attempt to rationalize conduct that was neither required nor authorized in the particular circumstances of this examination.
36. The Committee, therefore, finds that these contradictions render the Respondent's evidence unreliable and unworthy of acceptance, thereby substantially weakening the plausibility of his



defence and reinforcing the reliability of the complainant's consistent version of events.

37. As observed in *King V. Gunaratne* (41 NLR 337), a witness who vacillates between incompatible positions cannot be treated as credible on any essential aspect of his evidence. Applying that principle, this Committee finds that the Respondent's evidence is so inconsistent, self-serving, and lacking in internal coherence that no reliance can be placed upon it.

i. **Findings on Lack of Informed Consent and Absence of Medical Justification**

38. The Committee finds that the Respondent conducted medical examination specifically touching the complainant's breasts and lifting her saree to observe her thighs without obtaining prior informed consent and that the said examination was medically unwarranted and without justification.
39. The testimony of the complainant, Weerasinghe Dewage Priyanga Gangani is clear and unambiguous in this regard. She categorically stated that she objected to the Respondent's actions during the examination, and that despite her resistance, he persisted. Her evidence, recorded in the proceedings, is unequivocal:

ප්‍ර : මහත්මිය වෛද්‍යවරයා පරීක්ෂා කරන වේලාවේදී විරුද්ධ වුනාද පරීක්ෂා කරන ආකාරයට?

පි : එහෙම කරන්න ඒ වේලාවේදී විරුද්ධ වුනා.

ප්‍ර : ඒ කියන්නේ මහත්මිය ඒ වේලාවේ විරුද්ධත්වය ප්‍රකාශ කලාද?

පි : ඔව්, පස්සේ තමයි කිව්වේ අපි වෛද්‍යවරු එහෙම වැරදි අයාවක් නැහැ කියලා

[Vide Page 3 of the transcript of evidence - 2022.10.29]

This testimony demonstrates that the complainant did not consent to the examination, and that the Respondent's remark "අපි වෛද්‍යවරු එහෙම වැරදි අයාවක් නැහැ කියලා" was an attempt to rationalize conduct that was plainly improper.

40. In the context of medical examinations, the law and ethical standards impose an elevated duty upon the medical practitioner to secure explicit consent from the patient. The concept of informed consent requires that the patient fully understands the purpose, nature, and scope of the procedure, and voluntarily agrees to it. The Respondent's failure to obtain such consent, despite clear resistance, amounts to a violation of both the ethical duty of care and the professional standard.

41. Further, the Committee finds that there was no valid medical justification for the examination. The Respondent's reliance on Health Form 169 (marked "V4") is misconceived. When examined on this point, the Respondent himself conceded that the form made no reference to breast cancer screening or related observations, and that he made no contemporaneous note of such an assessment in the Medical Examiner's Report (marked "V5"). These admissions are fatal to his assertion of clinical necessity.

i. Impropriety of the Defence of Rivalry

42. The Respondent's claim that he was the victim of a conspiracy orchestrated by hospital colleagues was neither substantiated by evidence nor put to the complainant during cross-examination. This constitutes a breach of the rule in *Browne V. Dunn* [(1893) 6 R 67 (HL)], a principle recognized in Sri Lankan practice and affirmed in *King V. Gunaratne* (41 NLR 337),

which prohibits parties from advancing factual allegations not first put to opposing witnesses. Consequently, the Committee is bound to disregard this untested assertion.

ii. Credibility of the Respondent

43. The Committee observed the demeanour of the Respondent during his testimony. His answers were evasive, argumentative, and inconsistent with the documentary record. His defence witnesses were unable to corroborate key elements of his version. In contrast, the complainant's testimony was consistent, spontaneous, and unaffected by cross-examination. In line with the principle stated in *Renuka Subasinghe V. Attorney-General* (SC Appeal No. 32/2017), where the Supreme Court emphasized that findings of primary credibility are entitled to deference unless manifestly perverse, the Committee accepts the complainant's evidence as truthful and reliable.

iii. Analysis of Defence Testimonies and Assessment of Credibility

44. Upon consideration of the evidence of *Deepa Madhavi Alagiyawanna* and *Saumya Abeyrathna*, the Committee finds that their testimony fails to materially corroborate the Respondent's version and lacks the degree of precision and reliability necessary to displace the consistent and credible evidence of the complainant.
45. While *Deepa Madhavi Alagiyawanna* claimed that she and two other female staff members were "generally present" when the Respondent conducted medical examinations, she conceded that such presence was not part of her official duties and that she did so merely at the Respondent's request. This admission diminishes the independence of her testimony and



suggests a degree of professional subordination to the Respondent. Her evidence was also general in nature, describing routine practice rather than the specific events of 03.03.2011, and therefore carries little probative value in determining what actually transpired during the complainant's examination.

46. Similarly, *A.H.M.C. Saumya Abeyrathna*, while asserting that she was "generally inside the X-ray room," could not identify the complainants, recall their names, or specify the parts of the body examined. Her admission that she could not recall the examination itself yet presumed she "should have been there if on duty," reflects assumption rather than recollection. Such speculative evidence cannot be accepted as reliable corroboration.
47. The Committee further notes that both witnesses occupy subordinate positions within the hospital hierarchy and are under the administrative authority of the Respondent, who was the Medical Superintendent at the relevant time. Their evidence must therefore be approached with caution, as their statements exhibit a tendency to defend or justify the Respondent's conduct rather than to independently assist the inquiry.
48. Accordingly, the Committee finds that the testimony of the defence witnesses is neither credible nor probative, and that it does not establish the continuous presence of female chaperones during the examination in question. Their evidence, taken as a whole, appears prearranged, generalized, and lacking in material detail, and therefore does not displace the clear, specific, and consistent account of the complainant.


#### **I. FINDINGS OF THE COMMITTEE FROM THE COGENT AND TOTALITY OF THE PROVED FACTS**

49. Having scrutinized, with the caution appropriate to any court of law, the testimony of the Respondent together with that of *A.M.A. Deepa Madhavi Alagiyawanna* and *A.H.M.C. Saumya Abeyrathna*, we find their evidence wanting in material respects. For the reasons set out above, the Respondent's testimony is internally inconsistent and unreliable; likewise, the evidence of the two defence witnesses is generalized, non-specific, and not worthy of credit. We therefore reject the defence version.
50. On the totality of the oral and documentary evidence, we are satisfied to a clear and unanimous conclusion that the prosecution has established all requisite elements of Count (1) and Count (3) as identified under *Elements of the Offence*. Thus, we unanimously find that all elements of count (1) and (3) have been proved by the prosecution on a balance of probability. The second victim i.e, *W.M. Jeewanthi Rasangika Wickramasinghe* did not proffer evidence before us as such we unanimously hold that the prosecution has failed to establish the second count preferred against the respondent.

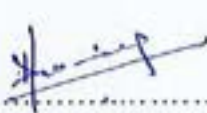
## **J. CONCLUSION**


We unanimously find the Respondent guilty on Count (1) and Count (3) as preferred in the Charge Sheet, and we accordingly record a conviction on those counts.

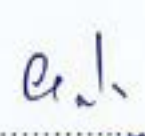
Pursuant to Regulation 18(4) of the Medical (Disciplinary Procedure) Regulations, 1990, the Respondent is now invited to address the Committee in mitigation and to show cause why action should not be taken under Section 25(1)(a) of the Medical Ordinance (Cap. 105).

  
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Dr. Sunil Wijayasinha  
Chairperson of PCC

  
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Dr. Chandana Dharmarathna  
Member – PCC

  
.....  
Dr. D.S. Samaraweera  
Member – PCC

  
.....  
Dr. Haritha Aluthge  
Member – PCC

  
.....  
Dr. Gamini Nawarathne  
Member - PCC