

**REPUBLIC OF THE PHILIPPINES**  
**Philippine College of Physicians**  
**Committee on Ethics**  
**Pasig City**

**DR. JANETTE L. GARIN,**  
**DR. KENNETH Y. HARTIGAN-GO,**  
**DR. JULIUS A. LECCIONES,**  
**DR. RAYMUNDO W. LO, and**  
**MARIA LOURDES SANTIAGO, RPH,**  
*Complainants*

vs.

**PCP Committee on Ethics**  
**Case No. 2025-001**

**DR. ANTHONY C. LEACHON,**  
*Respondent*

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**Complaint for Violation**  
**of PCP Code of Ethics**

**DECISION**

For resolution is the instant case involving a Complaint dated 21 February 2025 for violation of the Philippine College of Physicians (PCP) Code of Ethics filed by Complainants Dr. Janette L. Garin, Dr. Kenneth Hartigan-Go, Dr. Julius A. Lecciones, Dr. Raymundo W. Lo, and Maria Lourdes Santiago, RPH, against Respondent Dr. Anthony C. Leachon.

Complainants **DR. JANETTE L. GARIN, DR. KENNETH Y. HARTIGAN-GO, DR. JULIUS A. LECCIONES, DR. RAYMUNDO W. LO,** and **MARIA LOURDES SANTIAGO, RPH** (hereinafter referred to as "**Complainants**") are all of legal age and may be served with the resolutions, orders and processes at their respective addresses.

**Dr. Janette L. Garin, MD, MBA-H** is a former Secretary of the Department of Health (DOH), who led various public health initiatives in the Philippines and is an incumbent Member of the House of Representatives of the Republic of the Philippines.

**Dr. Kenneth Y. Hartigan-Go, MD, MD (UK), FPCP, FICO,** is a PCP Fellow and past President of the College. Likewise, he is a former Director

General of the Food and Drug Administration (FDA), former DOH Undersecretary, and a recognized toxicology and health policy advocate.

**Dr. Julius A. Lecciones, MD, PhD, OBA, CESO II** is a public health advocate and former Executive Director of the Philippine Children's Medical Center (PCMC).

**Dr. Raymundo W. Lo, MD, FPSP, FCAP, FASCP, FPSO** is a pathologist and parentage testing specialist.

**Ms. Maria Lourdes Santiago, RPh, MSc, MM, CESO II** is a registered pharmacist and drug regulation professor, and former Deputy Director General for the Field Regulatory Operations Office of the FDA.

Respondent **DR. ANTHONY C. LEACHON** (hereinafter referred to as "**Respondent**") is of legal age, and a Fellow and past President of the Philippine College of Physicians ("**PCP**" or "**College**").

The PCP Code of Ethics governs the conduct of PCP members, and provides their responsibilities to patients, medical profession, colleagues in the profession, the College, the community and the country. As an internist and member of the College, Respondent has the sworn duty and obligation to uphold and abide with the provisions of the PCP Code of Ethics.

The Complaint was referred to the PCP Committee of Ethics (COE) for investigation, evaluation and recommendation, in accordance with the PCP Code of Ethics and pertinent rules.

As culled from the Resolution of the COE dated 10 April 2026, the facts of the case as well as the issue to be resolved, are as follows.

### **STATEMENT OF FACTS OF THE CASE**

On 25 February 2025, Complainants filed with the PCP a "**Complaint and Request for Urgent Investigation into Dr. Tony Leachon's Unethical and Unprofessional Conduct**". Complainants formally requested "*an urgent investigation by the Philippine College of Physicians (PCP) through its Ethics Committee into the unethical and unprofessional conduct of Dr. Anthony "Tony" Leachon, M.D.*"

According to the Complaint, "*Dr. Leachon's actions have significantly impacted the integrity of the medical profession by disseminating misinformation, unjustly maligning fellow physicians and other health professionals, and*

*contributing to public distrust in essential health policies.” “Given the gravity of the alleged misconduct and the continuing harm being caused by his actions,” Complainants “seek the immediate assistance of the PCP and its Ethics Committee in undertaking the necessary investigation and review to determine the extent of these violations.”*

In the Complaint, Complainants asked that the PCP Committee on Ethics investigate Respondent’s conduct based on the following grounds, in relation to the PCP and the PMA Codes of Ethics:

**1. Misrepresentation as an Expert Witness** (*PCP Code of Ethics, Secs. 2, 3, 5.2 and 5.3 - General Principles, Sec.1, 1.1 and 1.2 - Responsibilities to the Medical Profession, Sec. 2 - Responsibilities to Patients*)

- a. Dr. Leachon knowingly misrepresented his expertise, falsely claiming qualification to evaluate alleged vaccine-related deaths, despite lacking formal training in vaccinology, epidemiology, and forensic pathology. He also claimed expertise in cardiology despite not being board-certified in the field. Sworn affidavits, court transcripts, and congressional records confirm this misrepresentation.
- b. He made unfounded medical claims in public hearings and media, which actual experts have refuted. Despite this, he continues to assert that Dengvaxia caused child fatalities, contradicting established expert findings.
- c. As an internist, he misled courts of law and the public by offering opinions beyond his competency without regard to upholding the principles of the Organization.

**2. Dissemination of False and Unverified Information** (*PCP Code of Ethics, Sec. 1, 1.1,1.2, and 1.4 - Responsibilities to the Medical Profession in relation to PCP Code of Ethics, Secs. 2 and 3 - General Principles, Section 1 to 2 - Responsibilities to the Community and Country, PMA Code of Ethics, Article I, Section 2-3, Article III, Sec. 1 and Sec. 5*)

- a. He used social media platforms, including a Facebook page, Dr. Tony Leachon - <https://www.facebook.com/DrTonyLeachon>, X (Twitter) - @DrTonyleachon, and YouTube -

<https://www.youtube.com/@drtonyleachon>, to disseminate, among others, false and unverified information, specifically about Dengvaxia and the alleged deaths.

- b. He publicly claimed, without scientific evidence, that Dengvaxia caused multiple deaths -- contradicting WHO findings and forensic investigations. He also alleged, without basis, that Dengvaxia causes "viscerotropism-like" and "neurotropism-like conditions", which are not recognized medical conditions.

**3. Defamation and Malicious Attacks Against Fellow Physicians and Allied Health Professionals** (*PCP Code of Ethics, Sec. 1, 1.1, and 1.2 - Responsibilities to the Medical Profession, Sec. 1, 1.1 - Responsibilities to Colleagues in the Profession, Sec. 1 - Relationships with Allied Health Professionals, in relation to PMA Code of Ethics, Article IV, Sec. 9*)

- a. Dr. Leachon publicly accused colleagues and other professionals, including the undersigned complainants, of wrongdoing and conflict of interest **without personal knowledge, factual basis, or legal evidence.**
- b. His baseless accusations and attacks against medical and allied health professionals, including the complainants herein, have tarnished their reputations to the point that his accusations were used in the criminal and civil charges against them.
- c. To stress the point, in his presentation during the Congressional Public Hearing on November 29, 2018, he publicly implicated the Philippine College of Physicians (PCP) and former PCP President Dr. Kenneth Y. Hartigan-Go, making baseless allegations without any personal knowledge or evidence, and claiming corruption and unethical practice without competent basis. His claims were based purely on his speculations and conjectures.
- d. His acts have undermined public trust in credible experts, violating professional ethical obligations.

**4. Violation of Ethical Standards** (PCP Code of Ethics, General Principles, Sec. 1, 2 - Responsibilities to the Medical Profession, Sec. 2 - Responsibilities to Patients & PMA Code of Ethics, Article I, Section 2-3, Article III, Sec. 1)

- a. He has failed to uphold the higher duty of care required of medical professionals by prioritizing sensationalist claims over objective, evidence-based medical discourse.
- b. His claims as a health reform advocate against vaccines had a significant impact on the community. This fueled vaccine hesitancy, leading to declining immunization rates and increased outbreaks of preventable diseases.

The Complaint prayed for the following reliefs from the PCP and the Committee on Ethics:

1. **Immediately initiate a thorough and impartial ethics investigation** into Dr. Leachon's conduct, ensuring a comprehensive review of all relevant evidence and ethical standards to determine the extent of his ethical violations and professional misconduct.
2. **Impose appropriate disciplinary action**, in accordance with PCP's ethical guidelines and due process, should the findings substantiate unethical or unprofessional behavior and;
3. **Implement both interim and long-term protective measures** to mitigate further harm to public health and uphold the integrity of the medical profession during the investigation and proceedings.

On 25 February 2025, the PCP Committee on Ethics issued a letter addressed to the Complainants and acknowledged receipt of the Complaint. In said letter, the Committee on Ethics informed the Complainants that *"an investigation will be conducted promptly"* and that *"the appropriate actions are taken to address the concerns raised."*

Further, on 04 March 2025, the Committee on Ethics issued a Notice informing the Complainants that *"pursuant to the provisions of the PCP Code of Ethics and in observance of due process"*, Complainants are *"given a period of fifteen (15) days from receipt of this notice within which to submit additional details,*

*specific acts and documentary and other evidence, to substantiate and prove the material allegations embodied in the Complaint."*

On 25 March 2025, Complainants filed and submitted their "Supplemental Complaint/Response Letter to Notice dated 04 March 2025". In their Supplemental Complaint, Complainants presented their "elaborated allegations supported by the attached documentary evidence".

**Thus, as to the issue on misrepresentation of Respondent as expert witness,** Complainants allege that Respondent misrepresented himself as an expert witness in the proceedings in "*People of the Philippines vs. Dr. Janette L. Garin*". The alleged misrepresentation is stated in Respondent's Judicial Affidavit submitted to the court in the aforesaid case.

**As to the issue on dissemination of false and unverified information,** Complainants allege that Respondent maintains social media accounts on Facebook, X (Twitter), and youtube. Complainants argue that Respondent "publicly claimed, without scientific evidence, that Dengvaxia caused multiple deaths - assertions that directly contradict WHO findings and forensic investigations."

**As to the issue on defamation and malicious attacks against fellow physicians and allied health professionals,** Complainants allege that Respondent accused colleagues and other professionals of wrongdoings and conflict of interest without personal knowledge, factual basis or legal evidence; severely damaged their reputations and these accusations were used as grounds for criminal and civil charges against the Complainants. Further, Complainants allege that Respondent's actions have undermined public trust in credible experts.

**As to the issue on violation of the ethical standards of the medical profession,** Complainants aver that Respondent failed to uphold the higher duty of care required of medical professionals by prioritizing sensationalist claims over objective, evidence based medical discourse.

Complainants presented and submitted evidence in support of their allegations in the Supplemental Complaint. **(Annexes "A" to "Y", inclusive, of the Supplemental Complaint)**

On 10 April 2025, a Notice to Answer was issued by the Committee on Ethics giving Respondent a period of thirty (30) days from receipt of the notice and copy of the Complaint and Supplemental Complaint within which to submit his Answer.

On 22 April 2025, Respondent through his counsel Nabua Law, submitted a letter *“requesting for an extension until 30 June 2025 to file an Answer”*.

In an Order dated 27 May 2025, the Committee on Ethics granted Respondent’s request for extension of time to file and submit Answer until 30 June 2025.

Thus, on 30 June 2025, Respondent through counsel submitted his Verified Answer denying the allegations in the Complaint and praying for the dismissal of the Complaint and Supplemental Complaint for lack of factual merit and legal basis.

In his Verified Answer, Respondent argues that, as to the issue of misrepresentation as expert witness, there was no misrepresentation when he was presented as an expert witness in the case *“People of the Philippines vs. Janette L. Garin, et. Al. (Criminal Case Nos. R-QZN-2-08618- CR to R-QZN-22-03938-CR)*. In the aforesaid case, *“the Respondent merely stated, subject to the appreciation of the court, that he has knowledge, skills, and training in all of the mentioned fields, as can be shown in the (following) pertinent parts of his Judicial Affidavit”* submitted in the case. Respondent posits that contrary to the allegations of the Complainants, he did not mislead the court.

As to the issue of alleged dissemination of false and unverified information, Respondent denies in his Verified Answer that he disseminated false and unverified information. On this matter, Complainants allege in the Complaint as well as in the Supplemental Complaint, that Dr. Leachon uses his social media platforms to disseminate his medical knowledge, *“but his posts and comments frequently contain misinformation that borders on fake news.”* Complainants aver that Respondent claimed without scientific evidence that Dengvaxia caused multiple deaths and that these assertions directly contradict World Health Organization findings and forensic investigations.

In his Verified Answer, Respondent denies Complainant’s foregoing allegations and argues that *“the social media posts were done in the exercise of his constitutionally protected right to freedom of speech and expression”*. Moreover, Respondent avers that *“contrary to the allegations of the Complainants, the Respondent complied with the provisions of the PCP Code of Ethics, especially with Section 1.1, which provides that an internist must bring honor to the medical profession and to the college by sharing his knowledge, skills and expertise with students and colleagues in order to promote the highest standards of competency in the profession.”*

Respondent adds that his *“claims regarding the side effects of Dengvaxia are not baseless.”* According to Respondent, *“in fact, the Department of Justice*

*(DOJ) found credence that Dengvaxia indeed caused viscerotropism-like and neurotropism-like conditions based on autopsy conducted by the PAO forensic team, as explained in the pertinent part of Resolution dated 11 February 2019 that found probable cause to charge the Complainants with Reckless Imprudence Resulting in Homicide."*

As to the issue on defamation and malicious attacks against fellow physicians and allied health professionals, Respondent in a nutshell argues that criticism/comments on public officials in the discharge of their official duties are considered constructive. According to Respondent, his comments or criticisms were factual or based on facts. Respondent claims that his statements and declarations regarding Dengvaxia have scientific basis. Thus, according to Respondent, his statement that "procurement of Dengvaxia was done in haste and bypassed safety standards" is backed up and supported by evidence and based on the findings of the Department of Justice (DOJ). Further, Respondent submits that his statements in the interviews *"were not done irresponsibly but after a thorough study and research; not in violation of but in consonance with his obligations under the PCP Code of Ethics."* Specifically, Respondent advances in paragraph 68 of the Verified Answer the alleged motive in filing the Complaint against him, to wit:

*"It is not lost on Respondent that the very individuals now seeking to silence him are those who played central roles in the flawed, premature, and ultimately disastrous rollout of Dengvaxia. These are not neutral parties; they are not dispassionate professionals merely raising ethical concerns. They are individuals with a deep and personal stake in discrediting the one doctor who had the courage to expose what many wished to bury. This Complaint is not about restoring integrity to the profession. Rather, it is about protecting reputations, deflecting accountability and retaliating against a voice that dared to question theirs. It is clear as day that they have an axe to grind against Dr. Leachon, and this Complaint is their chosen weapon. Unfortunately, this Honorable Committee, and the Philippine College of Physicians itself, are being used, knowingly or unwittingly, to advance their mercenary motives."*

Additionally, Respondent alleges that Complainant Dr. Garin is engaging in **forum shopping** by filing her Complaint with PCP, after the dismissal of libel charges against Respondent. Lastly, Respondent alleges that the Office of the Ombudsman recommended the filing of charges of violation of Republic Act 3019 (Anti-Graft and Corrupt Practices Act) against Dr. Garin, in 2023.

As to the issue on violation of the ethical standards of the medical profession, the Complaint alleges that Dr. Leachon allegedly failed to uphold the higher duty of care required of medical professionals by prioritizing sensationalist claims over objective, evidence-based medical discourse. In his Verified Answer, Respondent denies these allegations and submits that his claims have been “evidence-based” and his commentaries have been “issues-based”. According to Respondent, “it was no less than the World Health Organization that recommended Sanofi to do more experiments to better understand the vaccine’s safety issues. In its assessment, WHO pointed out that the vaccine “may be ineffective or may theoretically even increase the future risk of being hospitalized or severe dengue illness” in people who have never been exposed to dengue, which is about 10% to 20% of Filipino children.”

On 27 October 2025, Complainants submitted their Reply to Respondent’s Verified Answer, “to clarify the issues raised and to demonstrate that Respondent Dr. Anthony C. Leachon's defenses are unfounded, inconsistent with evidence, and confirmatory of the ethical violations being charged against him.”

In their Reply, Complainants allege that “the Regional Trial Court's Order dated August 1, 2024, stands as a judicial repudiation of his (Respondent’s) claimed expertise. The Court declared with unmistakable clarity: “I cannot qualify Dr. Leachon and Dr. Erfe as experts” in matters of dengue, Dengvaxia, vaccines, vaccine risks and benefits, vaccination safety and efficacy, and Dengvaxia administration to children.” According to Complainants, “this is not a procedural technicality but a substantive determination under the Revised Rules of Court, which requires expert witnesses to possess “special knowledge, skill, experience or training” in the specific field at issue.” To add, Complainants argue that “when a court of competent jurisdiction determines a witness lacks expertise after examining his qualifications, that determination must carry a particular weight in professional disciplinary proceedings.”

For this purpose, Complainants cite “the PCP Code of Ethics, Section 1.1, (which) commands physicians to “bring honor to the medical profession” through accurate representation of their qualifications. Section 2 requires physicians to demonstrate “competence” in areas where they offer opinions. Section 3 demands “integrity” in professional conduct. By presenting himself as qualified to determine vaccine causation but is proven otherwise, Respondent violated each of these fundamental duties.”

On the issue of alleged dissemination of false and unverified information, Complainants argue that Respondent *“used information unavailable to decision-makers in 2015-2016 to attack the same decisions in 2017-2018. This is at most a hindsight bias. Ethically, this is a manifest bad faith. In medical practice, where decisions must be evaluated based on information available at the time, his conduct constitutes professional misconduct.”* According to Complainants, *“most damning is what the Respondent cannot provide: a single forensic report establishing a causal connection between Dengvaxia and any death. Not one autopsy finding. Not one pathological analysis. Not one toxicological study.”*

Based on the foregoing, Complainants conclude that: *“Respondent systematically violated fundamental ethical obligations through dissemination of false information and without scientific basis. His dissemination of misleading claims violated duties of scientific integrity and truthfulness under PCP Code, Responsibilities to the Medical Profession, Sections 1.1 and 1.2 (requiring sharing of accurate knowledge and truthfulness to colleagues/patients), PMA Code, Article III, Section 5 (requiring well-informed, evidence-based media statements), and PMA Code, Article II, Section 5 (requiring good faith and honesty, prohibiting concealment or exaggeration.”*

On the issue of defamation and malicious attacks against fellow physicians and allied health professionals, Complainants argue in their Reply that *“the Congressional hearing of 29 November 2016 (Committee on Health) provides irrefutable evidence of the Respondent's ethical violations. Without personal knowledge, documentary proof, or forensic evidence, the Respondent stood before Congress and publicly accused the Philippine College of Physicians and its former President, Dr. Kenneth Hartigan-Go, of conflict of interest, insinuating corruption and unethical practices. These were not measured critiques but theatrical denunciations designed for maximum media impact.”*

According to Complainants, *“Respondent's defense that he merely exercised free speech ignores the heightened duties physicians owe each other under professional ethics.”* To support this position, Complainants cite the *“PCP Code (of Ethics), under Responsibilities to Colleagues in the Profession, Section 1.1, explicitly mandates that 'An internist must not speak ill of a colleague,' while Responsibilities to the Medical Profession, Section 1.2 requires physicians to be 'truthful and just to colleagues and/or patients' - standards fundamentally incompatible with baseless public accusations of corruption.”* Complainants submit that *“when physicians attack each other's integrity without evidence, they damage not just individual reputations but the profession's collective credibility as contemplated under the General Principles, Section 1, which requires internists to be 'exemplary in their behavior as members of the community, the profession and the College.”*

On the issue of violation of the ethical standards of the medical profession, Complainants allege in their Reply:

“The Congressional hearing of 29 November 2016 (Committee on Health) provides irrefutable evidence of the Respondent's ethical violations. Without personal knowledge, documentary proof, or forensic evidence, the Respondent stood before Congress and publicly accused the Philippine College of Physicians and its former President, Dr. Kenneth Hartigan-Go, of conflict of interest, insinuating corruption and unethical practices. These were not measured critiques but theatrical denunciations designed for maximum media impact.

Respondent's defense that he merely exercised free speech ignores the heightened duties physicians owe each other under professional ethics. The PCP Code, under Responsibilities to Colleagues in the Profession, Section 1.1, explicitly mandates that "An internist must not speak ill of a colleague," while Responsibilities to the Medical Profession, Section 1.2 requires physicians to be 'truthful and just to colleagues and/or patients' - standards fundamentally incompatible with baseless public accusations of corruption. When physicians attack each other's integrity without evidence, they damage not just individual reputations but the profession's collective credibility as contemplated under the General Principles, Section 1, which requires internists to be "exemplary in their behavior as members of the community, the profession and the College."

In a Notice dated 04 November 2025, the Committee on Ethics furnished Respondent through counsel a copy of Complainant's Reply (to Respondent's Answer). The Committee directed Respondent to submit his Rejoinder within a non-extendible period of thirty (30) days from receipt of the notice, after which the ethics complaint will be deemed submitted for resolution, based on the parties' respective submissions, and in accordance with the PCP Code of Ethics and pertinent rules.

On 04 December 2025, Respondent through counsel submitted the Verified Rejoinder (to Complainant's Reply). Respondent avers that he “submits this Rejoinder to the Complainants' Reply, not to restate what has already been addressed in his Answer, but to correct persistent factual distortions and unfounded ethical accusations and to mislead the committee, as well as to silence the Respondent. It is Respondent's humble submission that the Reply adds no new evidence. Respondent respectfully

reiterates that he acted in good faith, within the bounds of professional responsibility, and in furtherance of legitimate public health advocacy."

On the issue of misrepresentation as expert witness, Respondent in his Verified Rejoinder retorted that his *"public statements consistently cited primary sources, including Sanofi Pasteur's disclosures, World Health Organization (WHO) advisories, and Department of Health (DOH) communications, and were made in the context of legitimate scientific concern."* Thus, according to Respondent, *"there is no misrepresentation of expertise, but rather the exercise of a physician's duty to participate in the ongoing evaluation of health interventions affecting Filipino patients."*

On the issue of disseminating misinformation, Respondent emphasized that *"not a single statement or publication by Respondent has been shown to be false, fabricated, or made in reckless disregard of truth. The Complainants merely rely on inference, asserting that because vaccination rates later declined, Respondent's statements must have caused misinformation. This is neither scientific nor logical. Correlation is not causation. No evidence establishes that Respondent's public commentary single-handedly caused a decline in vaccination uptake."*

Furthermore, it is Respondent's submission that *"as made clear in the Answer, Respondent's statements were anchored on publicly available data, including Sanofi Pasteur's official disclosures, World Health Organization advisories, and Department of Health communications. These are legitimate scientific sources, not speculative or anonymous claims. Respondent spoke within the bounds of factual, well-researched information and in the performance of his ethical duty to alert the public of emerging health risks."*

On the issue of defamation and malicious attacks against fellow physicians and allied health professionals, Respondent in his Verified Rejoinder posits that *"the ethical prohibition against "speaking ill of colleagues" cannot be construed to shield public officials and professional leaders from good-faith criticism on matters of public health. To do so would suppress legitimate medical discourse and erode transparency in governance. Respondent's statements were made within the bounds of truth, fairness, and professional duty, therefore, they do not amount to defamation or unethical conduct."*

Respondent further avers that Complainant's *"Reply attributes public health outcomes, such as measles and polio resurgence, to Respondent's statements without proof of causal linkage."* According to Respondent, *"this argument fails*

*both scientifically and ethically. Again, correlation is not causation. Assigning blame to a single physician oversimplifies a complex societal phenomenon."*

With the submission of Respondent's Verified Rejoinder, the ethics complaint was deemed submitted for resolution by the Committee on Ethics, pursuant to the Notice dated 04 November 2025.

### **ISSUE FOR RESOLUTION**

Whether or not Respondent Dr. Anthony C. Leachon is liable for violations of the provisions of the PCP Code of Ethics.

### **COE's DELIBERATION**

On 12 February 2026, the PCP Committee on Ethics held a deliberation conference to determine and resolve whether Respondent Dr. Anthony C. Leachon violated the provisions of the PCP Code of Ethics.

In a Resolution dated 10 April 2026, the PCP Committee on Ethics, after a thorough perusal, review and study of the parties' allegations, pleadings, submissions and evidence, arrived at its findings and recommendations in the instant case. Pursuant to the PCP Rules, the aforesaid Resolution was submitted to the PCP Board of Regents for consideration, approval and appropriate action.

### **RULING OF THE PCP BOARD OF REGENTS**

A review of the Complaint shows that the following grounds or complained acts constitute Respondent's alleged violation of the provisions of the PCP Code of Ethics, to wit:

- 1. Misrepresentation as an Expert Witness** (*PCP Code of Ethics, Secs. 2, 3, 5.2 and 5.3 - General Principles, Sec.1, 1.1 and 1.2 - Responsibilities to the Medical Profession, Sec. 2 - Responsibilities to Patients*)
- 2. Dissemination of False and Unverified Information** (*PCP Code of Ethics, Sec. 1, 1.1,1.2, and 1.4 - Responsibilities to the Medical Profession in relation to PCP Code of Ethics, Secs. 2 and 3 - General Principles, Section 1 to 2 - Responsibilities to the*

*Community and Country, PMA Code of Ethics, Article I, Section 2-3, Article III, Sec. 1 and Sec. 5)*

- 3. Defamation and Malicious Attacks Against Fellow Physicians and Allied Health Professionals** (*PCP Code of Ethics, Sec. 1, 1.1, and 1.2 - Responsibilities to the Medical Profession, Sec. 1, 1.1 - Responsibilities to Colleagues in the Profession, Sec. 1 - Relationships with Allied Health Professionals, in relation to PMA Code of Ethics, Article IV, Sec. 9)*
- 4. Violation of Ethical Standards** (*PCP Code of Ethics, General Principles, Sec. 1, 2 - Responsibilities to the Medical Profession, Sec. 2 - Responsibilities to Patients & PMA Code of Ethics, Article I, Section 2-3, Article III, Sec. 1)*

## DISCUSSION

**A. Misrepresentation as an Expert Witness** (*PCP Code of Ethics, Secs. 2, 3, 5.2 and 5.3 - General Principles, Sec.1, 1.1 and 1.2 - Responsibilities to the Medical Profession, Sec. 2 - Responsibilities to Patients)*

On this matter, the pertinent provisions of the PCP Code of Ethics cited by Complainants and allegedly violated by Respondent are as follows:

**“GENERAL PRINCIPLES:**

1. The internist must uphold the principles of the organization at all times. They must pursue the objectives and observe all regulations enunciated in the constitution and By-Laws of the College.
2. The internist must continuously update his professional knowledge and skills by participation and involvement in all forms of relevant learning activities.

X X X

5. The Internist shall bring honor to the medical profession and to the college by:

5.1 X X X

5.2 exemplifying the ethical and proper norms of conduct and practice

5.3 practicing the profession in accordance with the highest standards of competency in medical practice.

X X X

## RESPONSIBILITIES TO THE MEDICAL PROFESSION

1. The Internist must bring honor to the medical profession and to the college by:
  - 1.1 sharing his knowledge, skills and expertise with students and colleagues in order to promote the highest standards of competency in the profession
  - 1.2 being truthful and just to colleagues and/or patients

X X X

## RESPONSIBILITIES TO PATIENTS

1. X X X
2. The Internist must be able to acknowledge one's own personal limitations and refer to other medical colleagues when necessary to ensure the best interests and welfare of patients."

Notably, the sole duty and function of the PCP Board of Regents in the instant case is to determine and resolve whether Respondent Dr. Leachon committed violations of the provisions of the PCP Code of Ethics.

Based on the foregoing facts and evidence presented in the instant case, the PCP Board of Regents finds and rules that, **as to the specific charge of misrepresentation as an expert witness**, Respondent Dr. Leachon is not liable for violation of the PCP Code of Ethics.

On this matter, it is proper and prudent to consider the definition or meaning of an "**expert witness**" in the context of Philippine law. Under the Revised Rules of Evidence (Rule 130, Section 39), an expert witness is a person possessing special knowledge, skill experience, training, or education on a particular field or subject (such as medicine, science, forensics, art or

trade) whose opinion is admissible in court regarding matters requiring such expertise. Unlike ordinary witnesses, expert witnesses can provide deductions or conclusions based on their specialized knowledge, not just direct observations. The opinions of expert witnesses are admitted as evidence in court proceedings to help or assist in the interpretation of highly technical facts outside common knowledge. To be sure, expert testimony assists or aids the court in understanding complex technical, scientific or specialized issues. The court however is not bound to accept the expert's opinion as conclusive, as the court exercises broad discretion in assessing and evaluating the credibility and weight of expert testimony.

In the instant case, Complainants aver that Respondent Dr. Leachon violated the above-mentioned provisions of the PCP Code of Ethics when the latter allegedly misrepresented himself as an expert witness in criminal cases specifically in "*People of the Philippines vs. Janette L. Garin, et. Al. (Criminal Case Nos. R-QZN-2-08618- CR to R-QZN-22-03938-CR)*". After a careful study and perusal of the allegations and evidence presented by the parties, the PCP Board of Regents finds that the cited provisions of the PCP Code of Ethics have not been violated or breached by Respondent Dr. Leachon when his testimony (which was embodied in the Judicial Affidavit that he executed and submitted in court) was formally offered in evidence by the prosecution in the aforesaid criminal cases.

To our mind, "**misrepresentation as expert witness**" refers to the act of making false statements of material facts, data or credentials in legal proceedings, such as in criminal cases pending, heard and tried by the courts. Contrary to Complainants' allegations, Respondent Dr. Leachon cannot be held liable for alleged misrepresentation as expert witness in the aforesaid criminal cases inasmuch as Respondent cannot be faulted or scrutinized for merely declaring, stating and enumerating, **in good faith**, his credentials and qualifications as to formal education, special knowledge, professional work experience, skills and training in a specific field or discipline, that may lead, assist or aid the court in the exercise of its sound discretion to consider him as an expert in said field, and to utilize his testimony in resolving specialized, complex and technical matters not within the realm of common knowledge.

It is a basic legal principle in our jurisdiction that good faith is always presumed and the burden of proving bad faith lies with the party alleging it. Good faith implies an honest belief in the validity of a right. Stated differently, a person claiming bad faith must prove its existence by clear and convincing evidence for the law always presumes good faith. Bad faith does not simply connote bad judgment or negligence. It imports a dishonest

purpose or some moral obliquity and conscious doing of a wrong, a breach of known duty through some motive or interest or ill will that partakes of the nature of fraud. It is, therefore, a question of intention, which can be inferred from one's conduct and/or contemporaneous statements (*Arco Pulp and Paper Co., Inc. and Candida A. Santos vs. Dan T. Lim, doing business under the name and style of Quality Papers & Plastic Products Enterprises, G.R. No. 206806; 25 June 2014*).

Moreover, it bears emphasis that it was the prosecution, and not Respondent himself, that offered the testimony of Dr. Leachon as that of an "expert witness" in the subject criminal cases. Under existing rules and jurisprudence, it is required that an expert must be qualified by the party offering the testimony as evidence. To be sure, it is within the sound and broad discretion of the court to assess, evaluate, resolve and decide whether a witness is indeed an expert in the specific field for which his or her testimony requires assistance and guidance to the court. Ultimately, it is decision of the court in the exercise of its jurisdiction to determine and assess the eligibility, competence and qualifications of persons to be considered expert witnesses regarding certain specialized and technical matters requiring expert testimony.

Under these attendant circumstances and in the absence of substantial evidence or clear showing of bad faith, intentional misrepresentation or knowingly giving false testimony to mislead the court, we find that Respondent Dr. Leachon has not violated the cited provisions of the PCP Code of Ethics, despite the court's ruling in the subject criminal cases, that Respondent's testimony cannot be considered as that of an expert witness, in relation to the purposes for which it was offered by the prosecution.

**B. Dissemination of False and Unverified Information** (*PCP Code of Ethics, Sec. 1, 1.1, 1.2, and 1.4 - Responsibilities to the Medical Profession in relation to PCP Code of Ethics, Secs. 2 and 3 - General Principles, Section 1 to 2 - Responsibilities to the Community and Country, PMA Code of Ethics, Article I, Section 2-3, Article III, Sec. 1 and Sec. 5*)

On this score, the pertinent provisions of the PCP Code of Ethics cited by Complainants and allegedly violated by Respondent are the following:

#### **"RESPONSIBILITIES TO THE MEDICAL PROFESSION**

1. The Internist must bring honor to the medical profession and to the college by:
  - 1.1 sharing his knowledge, skills and expertise with students and colleagues in order to promote the highest standards of competency in the profession
  - 1.2 being truthful and just to colleagues and/or patients
  - 1.3 X X X
  - 1.4 avoiding conflicts of interest and businesses that may tarnish the reputation of the college and the profession”

X X X

#### **GENERAL PRINCIPLES**

1. X X X
2. The internist must uphold the principles of the organization at all times. They must pursue the objectives and observe all regulations enunciated in the constitution and By-Laws of the College.
3. The internist must continuously update his professional knowledge and skills by participation and involvement in all forms of relevant learning activities.”

Based on the facts and evidence presented in the instant case, the PCP Board of Regents carefully deliberated on whether Respondent Dr. Leachon should be held liable for violating the above-mentioned provisions of the Code of Ethics, through the dissemination of false and unverified information.

**As to this specific charge of dissemination of false and unverified information,** we resolve that the Complainants failed to establish and prove by substantial evidence that Respondent engaged in the dissemination or publication of FALSE and UNVERIFIED INFORMATION relating to Dengvaxia. On this score, the timelines and dates when the alleged false and unverified information were disseminated by Respondent have been carefully studied, evaluated and considered. Of equal importance is that the determination of whether the specific information disseminated by

Respondent to the public through his social media platforms and interviews are false or unverified depends in large measure on the time and factual circumstances when these relevant information were actually shared or disseminated by Respondent.

Similarly, we note that as there was widespread **scientific uncertainty** on the nature of the information and data relating to the health effects of Dengvaxia when Respondent disseminated or made public statements relating to this health issue, it is thus quite difficult to attribute and impose liability on Dr. Leachon and to consider and pass judgment that the information and data disseminated by Respondent was “false and unverified”, under these prevailing circumstances when there is an apparent **paucity of scientific findings** or dearth of clear, definitive and categorical scientific basis promulgated by reputable, competent and recognized medical authorities on this specific field or discipline.

For this purpose, the PCP Board of Regents acknowledge and recognize the complexity of the issues involving the health effects of Dengvaxia due to the evolving nature of available data during that time and owing to the differing interpretations of intent and accuracy of data relating to the issue.

Likewise, to our mind, Complainants failed to establish and prove by substantial evidence that Respondent Dr. Leachon acted in bad faith in disseminating the information on the health effects of Dengvaxia, especially when the latter presented and cited scientific data and/or medical basis in support thereof.

**C. Defamation and Malicious Attacks Against Fellow Physicians and Allied Health Professionals**  
(PCP Code of Ethics, Sec. 1, 1.1, and 1.2 - Responsibilities to the Medical Profession, Sec. 1, 1.1 - Responsibilities to Colleagues in the Profession, Sec. 1 - Relationships with Allied Health Professionals, in relation to PMA Code of Ethics, Article IV, Sec. 9)

The salient provisions of the PCP Code of Ethics cited by Complainants and allegedly violated by Respondent are the following:

**“RESPONSIBILITIES TO THE MEDICAL PROFESSION**

1. The Internist must bring honor to the medical profession and to the college by:
  - 1.1 sharing his knowledge, skills and expertise with students and colleagues in order to promote the highest standards of competency in the profession
  - 1.2 being truthful and just to colleagues and/or patients

## **RESPONSIBILITIES TO COLLEAGUES IN THE PROFESSION**

1. An Internist must deal with colleagues with respect, openness and sensitivity especially on matters pertaining to patient care:
  - 1.1 An internist must not speak ill of a colleague.

## **RELATIONSHIP WITH ALLIED HEALTH PROFESSIONALS**

1. The internist must be able to practice professionalism in a collaborative and harmonious manner characterized by: altruism, respect, duty and responsibility, excellence, honor and integrity, compassion and empathy, and accountability with other professionals, health care teams, and the community to bring about the best health outcomes.”

Based on the facts and evidence presented in the instant case, the PCP Board of Regents finds that as to the charge of “**defamation and malicious attacks against fellow physicians and allied health professionals**”, Respondent Dr. Leachon has fallen short of his sworn duties, obligations and responsibilities to uphold the ethical standards and principles embodied in the PCP Code of Ethics.

On this matter, among the pieces of evidence presented in this case reveals that during the Congressional Public Hearing on 29 November 2018, Respondent Dr. Leachon uttered and made certain public statements against herein Complainant Dr. Kenneth Y. Hartigan-Go, a former PCP President and colleague in the medical profession. In the said forum, Respondent deliberately made allegations and insinuations or claims of corruption and

unethical practice against Dr. Hartigan-Go, apparently without any personal knowledge or concrete evidence on the part of Respondent.

In denying liability for this specific charge, Respondent argues that criticism/comments on public officials in the discharge of their official duties are considered constructive, and that his comments or criticisms were factual or based on facts.

The arguments of Respondent fail to persuade. While it is true that constructive public criticism can be made on the acts of public officials in the performance of their official duties, this legal principle does not and should not operate as an unbridled license or blanket authority to defame, discredit, disparage or dishonor persons, including public officials, especially when the defamatory allegations and insinuations of corruption are of such grave and serious nature, and in the absence of personal knowledge and clear and convincing evidence to support the aforesaid allegations.

As an incumbent member and former President of the PCP, Respondent has the bounden and sworn duty to observe, uphold and maintain the highest ethical standards embodied in the Code of Ethics, which strictly demand of him to perform, discharge and fulfill his obligations and responsibilities to the medical profession, colleagues in the profession, and allied professionals.

Invariably, under the PCP Code of Ethics, “an internist must bring honor to the medical profession and to the college by being truthful and just to colleagues and/or patients”. Moreover, “an internist must deal with colleagues with respect, openness and sensitivity especially on matters pertaining to patient care; an internist must not speak ill of a colleague”. Further, “the internist must be able to practice professionalism in a collaborative and harmonious manner characterized by: altruism, respect, duty and responsibility, excellence, honor and integrity, compassion and empathy, and accountability with other professionals, health care teams, and the community to bring about the best health outcomes”.

Based on the foregoing facts and ethical principles, we find that Respondent Dr. Leachon committed a clear violation of his duties and responsibilities under the PCP Code of Ethics when he made certain public statements against herein Complainant Dr. Hartigan-Go, and engaged in defamatory allegations and insinuations or claims of corruption and unethical practice against his colleagues, in a public and official forum, apparently without any personal knowledge or sufficient evidence to support the aforesaid allegations.

To a large extent, Respondent's transgressions of the foregoing ethical standards, rules and principles translate to significant reputational harm and prejudice not only to his colleagues in the medical profession but also to the College itself, especially considering the fact that Respondent himself was a former President of PCP.

Applying the provisions of the Code of Ethics, Respondent has committed a "Serious Offense" defined and penalized thereunder.

**D. Violation of Ethical Standards** (PCP Code of Ethics, General Principles, Sec. 1, 2 - Responsibilities to the Medical Profession, Sec. 2 - Responsibilities to Patients & PMA Code of Ethics, Article I, Section 2-3, Article III, Sec. 1)

The provisions of the PCP Code of Ethics cited by Complainants and allegedly violated by Respondent are the following:

**"GENERAL PRINCIPLES:**

1. The internist must uphold the principles of the organization at all times. They must pursue the objectives and observe all regulations enunciated in the constitution and By-Laws of the College.
2. The internist must continuously update his professional knowledge and skills by participation and involvement in all forms of relevant learning activities.
3. The internist must continuously update his professional knowledge and skills by participation and involvement in all forms of relevant learning activities.
4. The Internist has the duty and the obligation to read, to know, and to apply the ethical guidelines as espoused and promoted by the college and the medical profession.
5. The Internist shall bring honor to the medical profession and to the college by:
  - 5.1 conducting oneself with dignity and self-respect at all times
  - 5.2 exemplifying the ethical and proper norms of conduct and practice

5.3 practicing the profession in accordance with the highest standards of competency in medical practice

X X X

## **RESPONSIBILITIES TO THE MEDICAL PROFESSION**

1. The Internist must bring honor to the medical profession and to the college by:

- 1.1 sharing his knowledge, skills and expertise with students and colleagues in order to promote the highest standards of competency in the profession
- 1.2 being truthful and just to colleagues and/or patients
- 1.3 avoiding any form of involvement in advertisement or solicitation for any commercial product that may affect objectivity and sound judgment by colleagues and/or patients
- 1.4 avoiding conflicts of interest and businesses that may tarnish the reputation of the college and the profession

2. In the maintenance of the high standards of professional practice, the Internist must continuously update one's medical knowledge and expertise through:

- 2.1 reading medical journals, attendance to relevant medical fora and symposia, and updating one's Continuing Professional Development
- 2.2 appraising peer-reviewed current medical literatures

X X X

## **RESPONSIBILITIES TO PATIENTS**

1. X X X

2. The Internist must be able to acknowledge one's own personal limitations and refer to other medical colleagues when necessary to ensure the best interests and welfare of patients."

Based on the facts and evidence presented in the instant case, we find that Respondent Dr. Leachon violated certain ethical standards and principles of the PCP Code of Ethics.

As previously discussed, Respondent Dr. Leachon committed a clear violation of his duties and responsibilities under the Code of Ethics through his public statements directed against colleagues in the profession, such as Complainant Dr. Hartigan-Go; Respondent engaged in defamatory allegations and insinuations or claims of corruption and unethical practice against colleagues, in a public and official forum, even without any personal knowledge or sufficient evidence to support the aforesaid allegations.

By doing so, Respondent should be held accountable for the intentional and deliberate breach of his sworn duties and responsibilities as member of the college, thereby warranting the imposition of corresponding penalties and sanctions for violation of the ethical standards and principles in the Code of Ethics.

To be sure, the exercise of Respondent's rights as a public health advocate should be performed and carried out with utmost responsibility and due recognition of his concomitant obligations and fiduciary duties to the medical profession, to the patients, to the College, to the colleagues in the profession, to the community and to the country, and with due regard to his relationship with allied health professionals and the health industry, in accordance with the strict ethical standards and principles enunciated in the PCP Code of Ethics. In fine, this principle finds deeper relevance and significance especially in this digital age and era of widespread use, broad reach and powerful influence of social media.

**WHEREFORE**, in light of the foregoing disquisitions, the PCP Board of Regents finds **RESPONDENT DR. ANTHONY C. LEACHON** to be liable for committing violations of the provisions of the PCP Code of Ethics, in relation to the following charges:

- a. Defamation and Malicious Attacks Against Fellow Physicians and Allied Health Professionals

- b. Violation of Ethical Standards (PCP Code of Ethics, General Principles, Sec. 1, 2 - Responsibilities to the Medical Profession, Sec. 2 - Responsibilities to Patients)

Accordingly, in view of the nature, seriousness and gravity of the violations, and applying the corresponding penalties provided in the PCP Code of Ethics, with due consideration to the attendant and peculiar factual circumstances in the instant case, the penalty of **Suspension of Membership in the College for a period of six (6) months** is hereby imposed on **RESPONDENT DR. ANTHONY C. LEACHON.**

**SO ORDERED.**

20 May 2026; Pasig City

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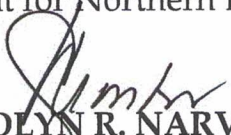
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