DMC/DC/F.14/Comp.2103/2/2021/ 01st October, 2021

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from the Police Station, Prashant Vihar, seeking medical opinion in respect of death of Smt. Baby w/o Shri Bhag Singh r/o C-81 Shakurpur, Delhi, allegedly due to medical negligence in the treatment administered to Late Baby at Bhagwati Hospital, resulting in her death on 24.09.2016.

The Order of the Disciplinary Committee dated 20th September, 2021 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from the police, Prashant Vihar, seeking medical opinion in respect of death of Smt. Baby w/o Shri Bhag Singh r/o C-81 Shakurpur, Delhi, allegedly due to medical negligence in the treatment administered to Late Baby at Bhagwati Hospital (referred hereinafter as the said Hospital), resulting in her death on 24.09.2016.

The Disciplinary Committee perused the representation from Police, written statement of Dr. Naresh Pamnani, Bhagwati Hospital enclosing therewith written statement of Dr. Anil K. Vaid, Dr. Puja Goswami, Dr. Anunai Srivastava, copy of medical records of Sunder Lal Hospital, subsequent opinion in respect of Post Mortem report No. 991/2016 dated 27.09.2016.

The following were heard in person :-

1. Shri Bhag Singh Complainant
2. Dr. Anil K. Vaid Consultant CTVS, Bhagwati Hospital
3. Dr. Puja Goswami Consultant Cardiac Anaesthesia,

 Bhagwati Hospital

1. Dr. Anunai Srivastava Consultant Cardiology, Bhagwati Hospital
2. Dr. R.K. Gupta Physician, Bhagwati Hospital
3. Dr. Satyadev Sharma Physician, Bhagwati Hospital
4. Dr. Naresh Pamnani Medical Superintendent, Bhagwati Hospital

It is noted that as per police representation it is averred that a PCR call vide DD No. 37A dated 23.09.2016 regarding quarrel at Bhagwati Hospital sector-13 Rohini and same was marked to PSI Randeep. During enquiry it was revealed that Ms. Baby w/o Shri. Bhag Singh r/o- C-81, Shakarpur, Delhi age 50 years was admitted to said Hospital on 15th September, 2016 with history of cardiac problem. The patient underwent bypass surgery on 21st September, 2016. Family members of the patient made another PCR call vide DD No. 39A with allegations that doctor performed a wrong surgery but family members of the patient did not give any written complaint/statement. Hence PCR calls was filed. On 24th September, 2016 a call vide DD No.15A regarding quarrel was received at Police station and another call vide DD No.16A regarding death of patient was also received. As family members of the deceased Baby w/o Bhag Singh r/o- C-81 JJ Colony shakarpur, Delhi made allegations against the doctor for wrong treatment in PCR call, so Post mortem of deceased was conducted by medical board vide PM No.991/16 dated 27.09.2016 at MAMC & Lok Nayak Hospital and Histo-pathological sample of deceased was preserved . After that the histo-pathological examination report was obtained and final opinion on post mortem report was obtained. The final opinion on post-mortem report given by the doctor is as: 1) With respect of cause of death: Hypoxic brain damage and its sequelae consequent upon cardiogenic shock in a case of coronary artery bypass graft. 2) With respect to medical negligence:- Delhi Medical Council is the appropriate authority for adjudication in cases of medical negligence, hence, this case may be referred to Delhi Medical Council for further investigation and necessary action in this regard. Based on the opinion of doctor, the present matter is being referred to the Delhi Medical Council for necessary action. Kindly investigate the matter and final opinion may please be provided.

The complainant Shri Bhag Singh, husband of the deceased (the patient) late Baby alleged that his wife who was admitted in Bhagwati Hospital died due to the medical negligence of the doctors and, thus, strict action be taken against them and justice be given to him.

Dr. Anil K. Vaid, HOD, Senior Cardiac Surgeon and HOD Cardiac Surgery, Bhagwati Hospital in his written statement averred that the patient Smt. Baby, 50 years old female, MRD no. 8022/16 was admitted in Bhagwati Hospital with complaints of unstable angina and choking sensation. Patient had past history of PTCA done in LAD & RCA, twice, in 2000 & 2014 at GB Pant Hospital and Bhagwati Hospital respectively. The patient was also a recently diagnosed case of diabetes mellitus and on further investigation, she was found to have hypothyroidism, for which, she was put on thyroxine. She was fully investigated and on coronary angiography, she was found to have severe triple vessel coronary artery disease. She was advised for coronary artery bypass grafting. After completing all routine protocol/ investigations and arranging blood and blood products, and taking high risk consent for surgery and all necessary precautions, she underwent CABG on 21st September, 2016. This surgery was carried out on beating heart. She received three venous grafts (RSVG-LAD, D1 & PDA; OM artery was small in size and not suitable for grafting). During the surgery, she had one episode of fast arrhythmia (fast AF/VF), for which, internal shock was given and heart reverted to normal sinus rhythm. In view of this and high risk case, intra-operative IABP (intra aortic balloon pump) was inserted to avoid any mishap. The patient underwent successful off pump beating heart coronary artery bypass surgery. The patient tolerated surgery well and was shifted to ICU recovery with stable hemodynamics, on ionotropic support of dopamine, noradrenaline and adrenaline. The blood and blood products were transfused as per requirement. She was on fully ventilator support during this post operative period. At 11:00 p.m. night on day ‘O’, a call was received from ICU that the patient suddenly had severe hypotension, not responding to increase in ionotropes and i/v fluids and she had passed into cardiac arrest. CPR was instituted. There was minimal blood drain in the mediastinal and chest tubes (no evidence of bleeding) or cardiac tamponade. After CPR, her heart rate was increased and pacing was done but she had persistent low blood pressure, despite increasing all ionotropic support, IABP and ventilator support. Later on, the patient remained critical for next 48-72 hrs. The patient’s attendants were briefed all during this time regarding patient’s clinical serious condition and grave prognosis. On day ‘1’, the patient’s blood pressure kept on fluctuating and urine output also decreased. On day ‘2’, the patient’s pupils started dilating and became fixed, there was minimal response to deep painful stimuli and patient did not wake up despite all sedation were stopped for more than 24 hrs, though, the blood pressure was maintained on high ionotropes and IABP support. Neurology reference was carried out followed by EEG and CT scan head. Later at 07:00 a.m. on 24th September, 2016, she has cardiac arrest and despite all resuscitative measures, she could not be revived. She was declared dead at 7:55 a.m. This patient was a high risk case from beginning with multiple co morbidities (twice PTCA in past, severe diabetes mellitus, severe hypothyroidism, small poor coronary vessels). All during this period, the patient was managed highly professionally, family briefed from time and taken full care of during surgery and post operatively as per CABG management protocols.

Dr. Pooja Goswami, Consultant Cardiac Anaesthesia, Bhagwati Hospital in her written statement averred that the patient Smt. Baby 50 years old/female. IPD no.-8022/16 was admitted in Bhagwati Hospital on 15th September, 2016 with the chief complaints of unstable angina and chest pain. The patient was known case of coronary artery disease, hypertension and diabetes mellitus-2. The patient was also known case of hypothyroidism. The patient was on irregular treatment and irregular follow-up. The patient underwent coronary angiography on 15th September, 2016 in Bhagwati Hospital which revealed double vessel disease. The patient had already undergone two times angioplasty in 2000 (RCA) and 2014 (LAD). The patient was posted for coronary artery bypass (CABG) grating. The patient was seen in pre-operative and assessed. All relative and regarding investigations were sent associated to CABG and other co-morbid conditions. The relatives were explained and high risk consent was taken explaining morbidity and mortality. The patient had a plan surgery on 21st September, 2016 under ASA grade IV with a consent of high risk of mortality, morbidity, prolonged ventilation and death on table. The patient was taken in OT at 12.00 p.m. The patient had AF post sternotomy which was reverted with one DC shock and IABP was (intra aortic balloon pump) put electively before grafting due to consideration of all pre-operative factors. The patient was hemodynamically stated whole throughout the intra-operative phase. There were no major or minor intra-operative complications. Post-protamine, the patient was given three units of packed red blood cells and two units of platelet rich plasma. The patient was shifted to cardiothoracic vascular surgical ICU at 07.45 p.m. on 21st September, 2016 on moderate ionotropes + intra aortic balloon pump in situ and working. The patient underwent off pump coronary artery bypass grafting three vessels were grafted(RSVG x 3, RSVG-LAD; PDA Diagonal). The patient was hemodynamically stable, on ionotropic and IABP support. At 11.00 p.m., the patient had sudden hypotension followed by cardiac arrest. The patient was revived back on ionotropic support + IABP +AV pacing. All further measures were taken regarding hemodynamic stability. The patient continued on ionotropic support + AV pacing +IABP for next twenty four hours. In the meantime, the patient’s relatives were explained multiple times about grave prognosis. On 23rd September, 2016, the patient’s pupils were not reacting, no limbs movement was there. The patient over on SIMV mode of ventilator with ionotropic support + IABP + pacing. At this time, the patient was maintaining HR-98/min, blood-pressure 110/60 mmHg. Neurology reference was sent for further evaluation. On 22nd September, 2016, echo revealed EF-35%, no pericardial effusion, anteroseptal anterior wall hypokinesia present. No MR. There was decreased in urine output. On 24th September, 2016 at 07.00 a.m., the patient again had cardiac arrest and all best measures of CPR and resuscitation were given and despite of all best measures, the patient could not be revived back and declared dead at 07.55 a.m. on 24th September, 2016.

Dr. Anunai Srivastava, Consultant Cardiology, Bhagwati Hospital in his written statement averred that this patient Smt. Baby 50 y/F, MRD no.-8022/16 was admitted in Bhagwati Hospital with complaints of unstable angina and choking sensation. The patient had past history of PTVA done in RCA and LAD twice in 2000 and 2014 at G.B. Pant Hospital and Bhagwati Hospital, respectively. The patient was also recently diagnosed case of diabetes and on further investigation, she was found to have hypothyroidism, for which, she was put on thyroxine. She was fully investigated and echocardiography done, which shows mild concentric LVH, no regional wall motion abnormality, LVEF 65 %, Grade 2 diastolic dysfunction, normal valvular function. After taking consent, coronary angiography was done on 15th September, 2016, which shows significant triple vessel disease (LAD distal 80 % stennosis, LCx proximal 100 % stenosis, RCA mid 95 stenosis). In view of prior multi-vessel angioplasty and diabetes with significant triple vessel coronary artery disease case discussed with the relatives and CTVS surgeon opinion was taken. The patient opted for bypass surgery and was transferred under CTVS surgeon for early CABG.

Dr. Naresh Pamnani, Medical Superintendent, Bhagwati Hospital in his written statement averred that the patient was admitted on 15.09.2016. The patient’s diagnosis was CAD/Unstable angina/ Severe TVD LAD 80% stenosis, LCX proximal 100% stenosis, mid 90% stenosis in RCA, DMT2, Hypothyroidism with past history of PTCA done in RCA and LAD in 2000 at GB Pant Hospital, Delhi and 2014 at Bhagwati Hospital, Delhi. The patient died on 24.09.2016 at 07:55 a.m. The patient was treated by Dr. Anunai Srivastva (DM Cardiology) with DMC No.47783, coronary angiography and ECHO was done and the patient was referred to CTVS surgeon. The patient was regularly seen by Dr. Anunai Srivastva. CABG was done by team of Dr. Anil Kishan Vaid Mch (CTVS) with DMC No. 32462 and Dr. Pooja Goswami/Cardiac anaesthesiology (MD anesthesia) with DMC No.36684. As per statement of cardiac surgeon Dr. Anil Kishan Vaid, the patient had an episode of fast AF/VF, for which, internal shock was given that reverted to normal sinus rhythm (intra-operatively). Intra-operative IABP was inserted. The patient underwent off pump beating heart CABG. After surgery, the patient was shifted to post-operative CTVS ICU with ionotropic support of Dopamine/Noradrenaline, IABP and AV pacing support. The patient was on fully ventilator support during post-operative period. At 11:10 p.m. on 21.09.2016, the patient had cardiac arrest; CPR was given. The patient was revived. The patient was on ventilator support with ionotropic support (IV Dopamine and IV noradrenaline support) with IABP support +Av pacing, throughout her post CABG period during hospital stay. On 24th September, 2016, the patient again had cardiac arrest at 7:00 a.m. Prolonged CPR was given and despite all best measures, the patient could not be revived and declared dead on 24.09.2016 (7:55 a.m.) During post- operative period, the relatives were fighting and misbehaving with hospital staff and took some papers from file including doctor’s notes and high risk consent. Local police station was informed. The dead body was handed over to Delhi Police, as guided by local police officers.

In view of the above, the Disciplinary Committee makes the following observations :-

1. It is noted that Smt. Baby, a 50 years old female who was known case of PTCA (2002, G.B. Pant, 2014. Bhagwati Hospital; to LAD &RCA) presented with unstable angina, choking sensation on 15.09.2016 at the said Hospital. She had been recently diagnosed as a case of Diabetes –Mellitus and hypothyroidism. She was admitted and underwent CAG (Coronary Angiography) procedure on 15th September, 2016 which reported CAD, TVD. The patient was taken up for CABG (Coronary artery bypass grafting) on 21.09.2016, under consent. The procedure was performed by Dr. Anil K. Vaid . Post CABG the patient had to be kept on Inotoropic, ventilator and IABP support and could not be taken off. She had persistent hypotension and while on ventilation had cardiac arrest and inspite of CPR measures could not be revived and declared dead at 7:55 am on 24th September, 2016. The cause of death as per the post mortem report no. 61/2017 dated 06.04.2017 done at Maulana Azad Medical College was Hypoxic brain damage and its sequelae consequent upon cardiogenic shock in a case of coronary artery bypass graft.
2. As per the patient’s symptoms of unstable angina and report of coronary angiography as triple vessel disease, the C.A.B.G. was warranted.
3. The C.A.B.G. was of high risk in view of multi-vessel disease with small coronary arteries, diabetes and hypothyroidism and unstable angina.
4. Hypoxic brain damage as a sequlae to low out-put syndrome(cardiogenic shock) during C.A.B.G., resulting into hypotension is a known complication, associated with the C.A.B.G. procedure.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Bhagwati Hospital, in the treatment administered to Late Baby at Bhagwati Hospital.

Complaint stands disposed.

Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav)

Chairman, Eminent Publicman,

Disciplinary Committee Member,

 Disciplinary Committee

 Sd/: Sd/:

(Dr. G.S. Grewal) (Shri Bharat Gupta)

Delhi Medical Association, Legal Expert,

Member, Member,

Disciplinary Committee Disciplinary Committee

 Sd/:

(Dr. D.K. Satsangi)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 20th September, 2021 was confirmed by the Delhi Medical Council in its meeting held on 23rd September, 2021.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Shri Bhag Singh, r/o C-82, Shakurpur J.J. Colony, Delhi-110034.
2. Dr. Anil K. Vaid, Through Medical Superintendent, Bhagwati Hospital, CS/OCF-6, Near Popular Apartment & Mother Dairy Both, Sector-13, Rohini, Delhi-110085.
3. Dr. Puja Goswami, Through Medical Superintendent, Bhagwati Hospital, CS/OCF-6, Near Popular Apartment & Mother Dairy Both, Sector-13, Rohini, Delhi-110085.
4. Dr. Anunai Srivastava, Through Medical Superintendent, Bhagwati Hospital, CS/OCF-6, Near Popular Apartment & Mother Dairy Both, Sector-13, Rohini, Delhi-110085.
5. Medical Superintendent, Bhagwati Hospital, CS/OCF-6, Near Popular Apartment & Mother Dairy Both, Sector-13, Rohini, Delhi-110085.
6. S.H.O., Police Station, Prashant Vihar, Delhi-w.r.t. letter dated 18.05.2017 in DD No.15A Dated 24/09/2016 U/s 174 CrPC PS Prashant Vihar-**for information**.

 (Dr. Girish Tyagi)

 Secretary