DMC/ DC F.14/ Comp. 2123/2/2020/ 18th May, 2020

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri M. Minhaj Mustaqueem, r/o – A-47, Zakir Bagh, Okhla Road, New Delhi-110025, forwarded by Medical Council of India, alleging professional misconduct on the part of Dr. Ravi Kamoji, in the treatment of complainant’s brother late M. Arshad Aleem at Holy Family Hospital, Okhla Road, New Delhi-110025.

The Order of the Disciplinary Committee dated 24th February, 2020 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri M. Minhaj Mustaqueem, r/o – A-47, Zakir Bagh, Okhla Road, New Delhi-110025 (referred hereinafter as the complainant), forwarded by Medical Council of India, alleging professional misconduct on the part of Dr. Ravi Kamoji, in the treatment of complainant’s brother late M. Arshad Aleem (referred hereinafter as the patient) at Holy Family Hospital, Okhla Road, New Delhi-110025 (referred hereinafter as the said Hospital).

The Disciplinary Committee perused the complaint, written statement of Dr. Sumbul Warsi, Medical Superintendent, Holy Family Hospital enclosing therewith written statement of Dr. Rajiv Gupta and Dr. Ravi Kamoji, copy of medical records of Holy Family Hospital and other documents on record.

The following were heard in person :-

1. Shri M. Minhaj Mustaqueem Complainant
2. Shri Nazim Cousin of the complainant
3. Dr. Ravi Kamoji Senior Consultant Physician, Holy

Family Hospital

1. Dr. Sumbul Warsi Medical Superintendent, Holy Family Hospital

Dr. Rajiv Gupta did not appear before the Disciplinary Committee, but sent a respiration, stating that due to the recent demise of his mother(Smt. Sukhda Gupta), he was already sanctioned leave on 29th December, 2019 to travel to Siddhavi, Himachal Pradesh for a prayer meeting in her memory on 18/19 February, 2020. He shall, hence, be out of station due to this above unavoidable commitment from 16th -24th February, 2020.

The complainant Shri M. Minhaj Mustaqueem alleged that his brother (the patient) M. Arshad Aleem, was admitted to Holy Family Hospital on 5th April, 2017 and eventually died in the Holy Family Hospital on 23rd April, 2017 after being in ICU for 19 days (IPD No.17/5458-Bed No.15 ICU-1). Initially, the patient was brought to emergency on 5th April, 2017, as the patient was weak and was referred to ICU that day itself. The patient was under observation of Dr. Rajeev Gupta initially and Dr. Gupta went on leave from 14th April, 2017 onwards; his brother was put under the supervision of Dr. Ravi Kamoji. Though, he definitely feels that there is a case of medical negligence of incorrect diagnosis, here, he would like to highlight an extremely rude, insensitive, unethical and unprofessional behaviour of Dr. Ravi Kamoji (he will take up the matter of medical negligence separately). During the course of his brother’s admission in hospital, the patient was diagnosed with sepsis and was given the treatment for the same with some complication around unstable BP. The patient was fine on 21st April, 2017 (conscious, cheerful and talking) and on 22nd April, 2017, colonoscopy was performed on him. That day, the patient was hardly conscious and could hardly speak(he met the patient at 11.30 a.m.) and he could see that his condition had deteriorated significantly, which was a surprise to him. The patient was put on ventilator the same day at around 5.00 p.m. He suspects that something wrong happened during colonoscopy which led to the patient’s death. However, as, he mentioned above, the purpose of this letter is not that and instead behaviour of Dr. Ravi Kamoji. He alongwith his friend Shri M.A. Khan (Chief Manager-NSIC Limited), met Dr. Ravi Kamoji on Sunday, 23rd April, 2017 at around 10.00 a.m (the day the patient died) and was completely shocked, out of his senses by his (Dr. Ravi Kamoji) arrogant and insensitive behaviour (please see the submitted transcript of his complete conversation with Dr. Ravi Kamoji). Inspite of the grim situation around his brother’s health, he was extremely calm and composed giving due respect to Dr. Ravi Kamoji. He just asked Dr. Ravi Kamoji a very simple question around sudden degradation in the patient’s health and the fact that the colonoscopy performed at such a late stage. Dr. Ravi Kamoji, without any provocation got agitated and used words/sentences like “he will refuse your patients forward”, Don’t spoil may day”, “mujhe nahi pat tumahara patient bachega ya mar jaayega” apart from pushing his friend Shri M.A. Khan. Ravi Kamoji is senior doctor, that was highly unbecoming of Dr. Ravi Kamoji. For his, Dr. Ravi Kamoji’s behaviour brought lot of disrepute to such a noble profession. He lodged the complaint to the supervisor on the floor as Medical Superintendent, Dr. Warsi, was not available given it was Sunday (unfortunately, his repeated pleas to admission staff as well as supervisor to make him speak to Dr. Warsi did not help). He personally met Dr. Warsi as well, later on lodge his protest and complaint (in the following week after the death of his brother). He would like the Delhi Medical Council to take this matter with Dr. Ravi Kamoji and take the strongest action against him as per the medical code of conduct, failing which; he would take the matter legally.

Dr. Ravi Kamoji, Senior Consultant Physician, Holy Family Hospital in his written statement averred that the patient Mr. Mohd. Arshad Aleem was admitted under Dr. Rajiv Gupta on April 5, 2017. When he (Dr. Rajiv Gupta) was proceeding on leave, the patient was transferred under his care on the personal request of patient’s brother from April 15, 2017. The patient was suffering from multiple ailments affecting different organ systems. The working diagnosis at the time of the transfer was “septicaemia with LRTI with pulmonary edema with AKI with seizure disorder with Intestinal Pseudo-obstruction with Hypokalaemia”. On his first examination, the general condition listed on the first morning around on 15.04.2017 at 10.15 a.m. was unstable with a low BP, elevated by lonotropes (drugs increasing BP) in the intensive care unit. The receiving diagnosis itself suggests that adverse involvement of at least, the respiratory, gastrointestinal, renal, and neurologic systems plus-the life threatening condition of sepsis and electrolyte imbalance. The patient was continued on already given treatment and life saving drugs and further graded investigations was sent. The patient in addition had post-polio paralysis and mood disorders to compound his already fragile state. As per established treatment protocol, the patient was managed with adequate and judicious medicines and advanced supportive care. References were sent to Critical Care specialist, Surgeon specialist and Gastroenterology specialist and instructions followed. Regular electrolyte monitoring and correction plus addition of broad spectrum high antibiotics were done in view of progressive deterioration. Despite all possible care, proper administration of drugs, timely consultations to a multidisciplinary team of consultants, the patient’s condition continued to deteriorate and on 22.04.2017 was recorded as critical. As a life-saving mode, the patient was intubated and put on mechanical ventilation in the ICU. During the entire course of his management, he utilized and exhausted every mode of life saving diagnostic and therapeutic intervention to save the patient. Despite his best efforts, the patient breathed his last and expired on April 23, 2017. The loss of a patient, how-so-ever critically ill he or she may be, is a personal loss to every doctor. This patient is no different. His (the patient) passing away has been a humbling experience and a heartfelt loss to him as well. As keenly felt as any of his family members in grief, whose loss, he shares as a physician as well. He along with entire team, taking care of this patient, find solace in the fact that they took full dedicated, conscientious care of the patient as per best established guidelines to the peak of their capacity, in his journey during his illness and demise. The complainant, brother of the patient and his friend Mr. M.A. Khan met him in the hospital during his morning round (Sunday) on 23rd April 2017 and made enquiries about the condition of the patient. He told them that the patient is not responding favourably to the treatment and his (the patient) condition is going from bad to worse in-spite of our best efforts. He replied to their queries one by one. After that they started asking irrelevant questions and challenging his decision as to why the colonoscopy was not done earlier. He told them that since after maximal treatment and care, that too in ICU, the patient was not showing significant improvement, it became imperative for him to investigate still further to rule in or rule out any further confounding factors which may be adding to the patient's illness. Therefore, these tests/investigations are done in graded manner as per requirement in the best interest of the patient. On one of their questions when he replied that the treatment would have been the same, the complainant raised the objections if the line of treatment would have been the same then why the tests are being done one after another. On asking such questions which challenge the decision of the treating doctor, who-so-ever may be the treating doctor will get upset. It is very surprising that they were recording their questions and his replies which he has come to know now when they have attached the transcript of the conversation with the complaint. In his 27 years practice, there was neither any complaint nor anyone was unsatisfied from his treatment, as it is evident that out of six senior consultants of Internal Medicine in Holy Family Hospital they requested him to take over their patient as well as requested Dr. Rajiv Gupta to transfer their patient under him, as he had treated their patients earlier and they were satisfied from his treatment. Secondly, it is evident from the transcript the questions that they put to him during his morning rounds on 23rd April 2017 were deliberately provoking and irrelevant questions. If at any time, the patient’s relatives have found his conduct towards them to be subpar or even rude, that may only be explained on basis of the stress under which, both the relatives, and the attending doctors are: when managing critical patients and may be excused as such. In his last 27 years of his practice his primary duty has been and will continue to remain, first and foremost towards the care of the sick and unwell.

Dr. Rajiv Gupta, Senior Consultant, Holy Family Hospital in his written statement averred that the patient, Mr. Mohd. Arshad Aleem was admitted under him through casualty on 05.04.2017 with complaints of increased somnolence, fever, altered bowel motions and vomiting with decreased urine output of 4-5 days duration. There was a previous history of seizure and behavioural disorder ? Mania and frequent falls in the past. The patient was on multiple anti-convulsants under treatment of Dr. Sairam (Neurologist) of VIMHAnS for the same. On admission, the patient’s general condition was poor, BP : 90/60 mmHg, patient was conscious but disoriented, uncooperative and prone to aggressive behaviour. The patient had a history of abdominal pain and vomiting and had abdominal distension? SAAO. The patient was referred to surgery for possible intestinal obstruction and treated accordingly. The patient’s general condition remained poor despite broad spectrum antibiotics and supportive care. On 7th April, April 2017, the patient was found to be drowsy with BP 70/50 and was started on IV Inotropes, as the patient’s blood pressure remained low despite adequate fluid resuscitation. Diagnosis of sepsis with septic shock LRTI with AKI and paralytic ileus was made. All along, the attendants were informed of his (the patient) condition and lack of improvement despite adequate treatment. The patient was referred to Dr. Sai Ram who was treating him earlier and Dr. Anandi Lal(Psychiatrist) for agitated behaviour and aggressiveness. Multiple Gastro consultations were also taken and management along the lines suggested was continued. On 15.04.2017, he informed the family that he was proceeding on a planned leave. On request of brother of the patient, he handed the patient over to Dr. Ravi Kamoji, as brother of the patient felt more confident with him having had his relatives and friends treated by him multiple times previously as well.

Dr. Sumbul Warsi, Medical Superintendent, Holy Family Hospital in her written statement averred that the patient Shri Mohd. Arshad Aleem was admitted in ICU of Holy Family Hospital on 5th April, 2017 and expired on 23rd April 2017. The complainant is hiding the fact knowingly that the patient was brought initially on 5th April, 2017 but the fact is that the patient was brought also to the casualty of Holy Family Hospital at 1:22 am on 31st March 2017. The history given by the relatives of the patient, was that the patient had a fall at home. His (the patient) history was recorded and then examined by the casualty Medical Officer and subsequently re-examined by the Senior Resident Orthopaedics also. The patient was advised x-ray of left shoulder AP and Pelvis with both hips AP. Simultaneously, necessary treatment was started to stabilise the patient. X-ray of left shoulder AP showed fracture of left clavicle distal end. The relatives of the patient had also told that for some-time he (the patient) has been taking treatment of seizure disorder from Dr. Sai Ram, Neurologist of VIMHANS Hospital. Since the patient had history of seizure disorder and fall at home, therefore, the patient was advised admission for monitoring, investigation and further management of the patient in the hospital but his (the patient) relatives refused admission and Left Against Medical Advice at 3:00 am. On 1st April 2017, the patient was again brought just after *5* days at 10:38 pm on 5th April 2017 to the casualty of Holy Family Hospital, his (the patient) relative now gave the history that the patient had again fallen down at home one hour ago and was not able to speak. On his (the patient) examination, the patient was found drowsy, pulse rate 110/min, blood pressure 90/60 mmHg, SP02-94, RBS 241mg%. Since the patient had very low blood pressure, high blood sugar and had a fall second time within a week, the Casualty Medical Officer on duty considered it necessary to admit the patient in ICU immediately for monitoring blood pressure, blood sugar and convulsions under Dr. Rajiv Gupta, Senior Consultant on call. When Dr. Rajiv Gupta was proceeding on leave, the patient’s brother personally requested that the patient be transferred under Dr. Ravi Kamoji, Senior Consultant as he had treated his relatives and friends in the past and is known to him. The complainant has stated in his complaint that during the course of his (the complainant) brother’s admission in the hospital, he (the complainant) was diagnosed with sepsis and was given treatment for the same. He has further stated that there were some complications of unstable blood pressure but he has not stated that he (the complainant) was a known case of Seizures with Behavioural Disorder and was on multiple anticonvulsants such as Eptoin, Gardinal and Sod Valproate. As per history obtained from the attendants of the patient, the patient also had abdominal pain and constipation. On examination, it was found that his abdomen was distended and x-ray showed dilated bowel loops and impacted stool. The investigations showed Dyselectrolytemia, Deranged Prothombin time and Hypoprotinemia. Hence, all his problems were kept in mind while giving treatment to the patient. The complainant has also stated in the complaint that the patient was fine on 21st April 2017 (conscious, cheerful and talking) while as per documented inpatient record, the patient’s BP was 90/70 mmHg at 10:25 am, and it fell to 80/60 mmHg soon thereafter which is abnormal. His abdomen (the patient) was distended and bowel sound sluggish, for which, the patient was appropriately treated. A patient, who has been in ICU since 5th April 2017, is unlikely to be cheerful. The moment his (the patient) condition had been found stable; the patient would have been shifted to ward. Hence, this statement of the complainant is denied vehemently that the patient was cheerful in ICU on 21st April 2017. The patient when seen on 22nd April 2017 was “unwell” and critically ill” as reported by the doctor in the case sheet. The consent was taken from brother of the patient and on preliminary limited examination of the rectum, it was seen that mucosa of the rectum was friable but did not show any obvious pathology. To ensure patient comfort, bed side procedure was done inside the ICU only and no air was instilled, as recorded in the case sheet, and only first few centimeters of the rectum was examined and the patient was not subjected to any further intervention. Only Proctoscopy was conducted. Post procedure, the patient’s clinical status continued to be the same as before the procedure. It must be emphasized that bedside procedures inside ICU are always and only done when the patient is in critical state and cannot be moved to the colonoscopy lab, as is the routine. In view of patient’s critical condition, the limited proctoscopy was done at bedside instead of taking the patient to the endoscopy lab under full care and precautions inside the ICU only, so that continuous monitoring of the patient can be done during the procedure. At no time, the patient was moved, and utmost care was taken to maintain patient’s comfort, even no air was instilled during the procedure. Post procedure the patient was in the same condition, as before and the patient was kept on continuous monitoring under the ICU doctors and trained staff. Hence the allegation of the complainant that the patient’s condition deteriorated after the colonoscopy is wrong and therefore denied as the patient was critical before this limited procedure also and all efforts were being made to save the patient. The complainant has submitted a copy of Transcript of Conversation with the complaint wherein the complainant has stated that he and his friend Mr. M.A. Khan Chief Manager NSIC Limited met Dr. Ravi Kamoji at 10 a.m. on Sunday 23rd April 2017 and were completely shocked by his arrogant and insensitive behaviour. Now the questions arise as to why they recorded the conversation? Why will a Senior Consultant who has come to take rounds of his patients on Sunday will be arrogant and insensitive when the patient’s relatives will like to know the condition of their patients? The complainant and his friend may have asked irrelevant questions and upset Dr. Ravi Kamoji which is evident from the transcript submitted by the complainant with the complaint. The complainant should not be challenging the decision of a doctor as to why he asked for the colonoscopy, so late when the patient was in ICU for almost 18 to 19 days. Actually prior to limited proctoscopy, twice consultations had been given to the gastroenterologists which the complainant probably is not aware of. Since after maximal treatment and care, that too in ICU, the patient was not showing significant improvement, it became imperative for the treating physician to investigate still further, to rule in or rule out any further confounding factors, which may be adding to the patient’s illness. Therefore, these tests or investigations are done in a progressively graded manner as per requirement in the best interest of patient care. When Dr. Ravi Kamoji replied to one of his (the complainant) questions that the line of treatment would have been the same, it is just a routine test. The complainant raised the objection if the line of treatment would have been the same then why are you doing colonoscopy? The reason that the procedure was being done, was to confirm what was suspected and being treated. On such repeated and aggressive questioning, not only Dr. Ravi Kamoji, anyone else may also get irritated. It will not be out of the way to mention here that on receipt of this complaint dated 3rd May 2017. She made thorough enquiry separately as well as subsequently convened a meeting in his office on 5th May 2017 in which the complainant, Dr. Ravi Kamoji and Dr. Rajiv Gupta, treating senior consultants were also present. In that meeting most of the points were raised and discussed by both the parties and when everyone was satisfied, only then everyone left his office. Not only she, Dr. Ravi Kamoji and Dr. Rajiv Gupta told him that they were sorry if he has taken Dr. Ravi Kamoji’s words in bad sense and we apologized for the use of harsh words, if any. She ended the meeting and inquiry, with the impression that the issue had been resolved amicably. Neither relatives of the patients nor the doctors ever enter into arguments with regard to line of treatment because it is expected that whatever treatment is being given to a patient, it is in the best interest of the patient or they request the Medical Superintendent to change the doctor or take their patient to another hospital instead of entering into arguments with the treating doctor. Lastly, the complainant has submitted Transcript of Conversation of meeting on Sunday the 23rd April, 2017 which further shows that the complainant was not fair in his dealing and was doing recording of the conversation quietly on his mobile without letting the other party know of his actions and dealings which he will use to meet his bad intentions. Naturally any human being, not to talk of a treating doctor, who is asked provoking and irrelevant questions, may get irritated and upset. This is what seems to have happened in this case. Secondly, the patient was slipping from the hands of the treating doctors and the brother was losing his precious brother, it appears that both parties were unaware what to ask from the doctor and what to reply to the brother of the patient. This is how this problem had arisen. Thirdly, the day when the complainant and his friend met Dr. Ravi Kamoji, the patient was very critical. Fourthly, the complainant himself chose Dr. Ravi Kamoji for treatment of his dear brother when Dr. Rajiv Gupta was going on leave and now Dr. Ravi Kamoji is getting this reward.

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

1. It is observed that the patient Shri Mohd. Arsad Aleem, aged 47 years, was admitted to the said Hospital through casualty on 05th April, 2017 with complaints of poor oral intake and altered sensorium for past one week. The patient was a known case of seizures with behavioural disorder, on multiple anticonvulsants (Eptoin, Gardinal and Sod. Valprate) under follow-up at VIMHANS. The patient had been previously admitted at VIMHANS, discharged after CT head was normal. The patient also had sustained fracture left clavicle due to fall at home prior to admission. On admission, the patient was in altered sensorium with intermittent aggressive behaviour. As per history obtained from the attendants, the patient also had abdominal pain and constipation. The abdomen was distended and x-ray showed dilated bowel loops and impacted stools. The investigations showed, Dyselectrolytemia (sodium-125, and potassium 5.59) deranged prothombin time and hypoproteinemia. The patient was treated as a case of septicemia with intestinal obstruction. The surgery (Dr. P. Chadha) and gastroenterology (Dr. Rajiv Khosla, Dr. Rahul Gupta and Dr. Faiz Ahmad) consultation were taken and appropriate advice followed. (The leucoocyte count was 22,200 with shift to left and procalcitonin=7.2 and P. Lactage=29.7).

The patient was initially managed with injection Meropenem and injection and Ofloxacin and later switched to Tigecycline and Colistin in view of deranged parameters and signs of severe sepsis and septic shock. Ryle’s tube feeding was initiated after stood disimpaction. The patient remained in altered sensorium with intermittent aggressive behaviour requiring sedation, anti-epileptics and mood stabilizers were continued. The patient showed intermittent improvement although, the patient’s condition remained distended.

The CT scan abdomen showed distended stomach with dilated large and small bowel loops (suggestive of paralytic ileus with toxic megacolon) with ascites with bilateral pleural effusion and basal atelectasis. The patient’s condition was reviewed by neurophysician. The treatment was continued along the lines of sepsis with septic shock, sub acute intestinal obstruction and dyselectrolytemia.

In view of lack of clinical improvement, a limited colonoscopy was attempted. Nor air was instilled due to friable muscosa emphysematous appearance suggestive of infection with gas forming organism. The patient’s condition continued to deteriorate despite aggressive medical management with antibiotics (Colistin, Tigecycline and Linzolid), Inotropes, Albumin and ventilatory support. The patient was diagnosed based on available evidence as a case of severe sepsis with Toxic Megacolon, Sub-acute Intestinal Obstruction and Septic Shock. The patient expired on 23rd April, 2017 at 06.20 p.m. despite their best efforts combined with the surgery, gastroenterology and critical care team.

1. The patient was diagnosed as a case of septicemia with intestinal obstruction which required ICU treatment, the same eventually led to severe sepsis with toxic megacolon, sub-acute intestinal obstruction and septic shock; was treated as per accepted professional practices in such cases but unfortunately died due to his underlying conditions, which carried a guarded prognosis.
2. The attempt to carry out the procedure of limited colonoscopy to investigate the intestinal obstruction in clinical judgment of the treating doctors was as per standard protocol.
3. The issue raised by the complainant regarding the behaviour of Dr. Ravi Kamoji or other staff of the Holy Family Hospital, is something which the concerned doctor and hospital authorities need to reflect upon and improve as part of good medical practice.
4. We also want to express our concern regarding the growing practice of surreptitiously recording of conversations of doctor’s by the patient/their attendants, such a trend is not only unhealthy but also is reflective of lack of trust amongst the patient/attendants; we, therefore, suggest that the doctors are more transparent in their communication with the patient/attendant and the patient/attendant do not resort to such devious, objectionable methods, so as to strengthen the doctor-patient relationship.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence or professional can be attributed on the part of the doctors of Holy Family Hospital, in the treatment of complainant’s brother late M. Arshad Aleem at Holy Family Hospital, Okhla Road, New Delhi-110025.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Subodh Kumar), (Dr. Ashwini Dalmiya) (Dr. Narinder Pal Singh)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 24th February, 2020 was confirmed by the Delhi Medical Council in its meeting held on 28th February, 2020.

By the Order & in the name

of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:-

1. Shri M. Minhaj Mustaqueem, r/o – A-47, Zakir Bagh, Okhla Road, New Delhi-110025.
2. Dr. Rajiv Gupta, Through Medical Superintendent, Holy Family Hospital, Okhla Road, New Delhi-110025.
3. Dr. Ravi Kamboji, Through Medical Superintendent, Holy Family Hospital, Okhla Road, New Delhi-110025.
4. Medical Superintendent, Holy Family Hospital, Okhla Road, New Delhi-110025.
5. MS, Nursing Home Cell, Directorate General of Health Services, Govt. of NCT of Delhi (Nursing Home Cell), 5th Floor, F-17, Karkardooma, Delhi-110032-w.r.t. letter No.F.23/PGMS/Comp/133/DGHS/HQ/2017-18/227132 dated 17.10.2017-**for information.**
6. Asst. Secretary, Medical Council of India, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077-w.r.t. letter No.MCI-211(2)(Gen.)/2017Ethics./114868 dated 03.06.17-**for information.**

(Dr. Girish Tyagi) Secretary