DMC/F.14/DC/Comp. 2224/2/2021/ 10th August, 2021

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police, forwarded by the Medical Council of India, seeking medical opinion in respect of death of Smt. Kawaljeet Kaur, allegedly due to medical negligence in the treatment administered to Smt. Kawaljeet Kaur at Mai Kamli Wali Hospital, J-Block, Rajouri Garden, Delhi.

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

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police, forwarded by the Medical Council of India, seeking medical opinion in respect of death of Smt. Kawaljeet Kaur allegedly (referred hereinafter as the patient), due to medical negligence in the treatment administered to Smt. Kawaljeet Kaur at Mai Kamli Wali Hospital, J-Block, Rajouri Garden, Delhi (referred hereinafter as the said Hospital).

The Disciplinary Committee perused the representation from Police, joint written statement of Dr. Seema Sehgal, Dr. Archana Pathak, written statement of Dr. Suresh C. Wahi, Medical Superintendent, MKW Hospital, written statement of Dr. S.K. Jain, copy of medical records of MKW Hospital and other documents on record.

The following were in attendance :-

1. Smt. Surinder Kaur Complainant
2. Shri Gurnam Singh Brother of the Complainant
3. Smt. Parvinder Kaur Sister-in-law of the Complainant
4. Dr. Seema Sehgal Gynaecologist & Medical Superintendent, Mai

Kamli Wali Hospital

1. Dr. Archana Pathak Sr. Consultant, Mai Kamli Wali Hospital
2. Dr. S.K. Jain Sr. Consultant CTVS, Mai Kamli Wali Hospital
3. Dr. Preeti Tahilyani Gynaecologist, Mai Kamli Wali Hospital

It is noted that as per the police representation, it is stated that a case has been registered on the complaint of Smt. Surinder Kaur as per the Orders of the MM/Tis Hazari Courts vide Orders dated 19th May, 2016. The complainant Smt. Surinder Kaur in her complaint has briefly alleged that her daughter Kawaljeet Kaur (the patient) was married to Armeet Singh (the patient’s husband) on 10th December, 2000, out of which certain matrimonial issues were born. In the year, 2013, son of the patient showed her some messages in mobile phone of his father (the patient’s husband), at which the patient got disturbed and went to her parental home, but on feeling sorry by the patient’s husband, the patient returned to her matrimonial home. After that, one female child was born out of this wedlock at Mai Kamli Wali Hospital. During the delivery of the said child due to certain complexities, the patient turned critical, so the patient was put in ICU. Some tests of the patient were got conducted which includes the test of kidney, but despite critical conditions of the patient, nothing was told to the complainant (mother of the patient). On 07th November, 2014 at about 09.30 a.m., the doctor told the complainant that the condition of the patient is normal. The patient was again taken to operation theatre, however, she died. The complainant and her family members were having doubts about the patient’s husband, doctors and hospital authorities. The behaviour of the patient’s husband changed after the death of the patient. The complainant is having doubts that the patient has been murdered by the patient’s husband under a planned conspiracy with the doctors and the hospital authorities of MKW Hospital. But they were persuaded by the father of the patient’s husband as such the complainant and her family kept quiet, as they were in shock and were not able to understand anything at that time. And all the poise ceremony were completed. During the investigation, it has been observed that as all the poise ceremony were concluded, no post-mortem were conducted, as complainant suspected later regarding the collusion of the patient’s husband and the hospital authorities. Further, the certified copies of the treatment papers of the patient IPD No: 20518 IGID : 179154 total 54 papers each has been attested by Dr. S.C. Wahi and bears stamp of MKW Hospital also one paper regarding the reply of notice has been produced by Sh. Anil Kumar, Accountant/MKW Hospital which have been taken into police possession vide seizure memo. It is, therefore, requested that the papers may kindly be perused and it may kindly be conveyed that whether there is any negligence on the part of the doctors, hospital authorities during the treatment of the patient Smt. Kawaljeet Kaur, which caused her death.

The complainant Smt. Surinder Kaur stated that her daughter Kawaljeet Kaur (the patient) was married to Armeet Singh (the patient’s husband) on 10th December, 2000, out of which certain matrimonial issues were born. In the year, 2013, son of the patient showed her some messages in mobile phone of his father (the patient’s husband), at which the patient got disturbed and went to her parental home, but on feeling sorry by the patient’s husband, the patient returned to her matrimonial home. After that, one female child was born out of this wedlock at Mai Kamli Wali Hospital. During the delivery of the said child due to certain complexities, the patient turned critical, so the patient was put in ICU. Some tests of the patient were got conducted which includes the test of kidney, but despite critical conditions of the patient, nothing was told to the complainant. On 07th November, 2014 at about 09.30 a.m., the doctor told the complainant that the condition of the patient is normal. The patient was again taken to operation theatre, however, she died. The complainant and her family members were having doubts about the patient’s husband, doctors and hospital authorities.

The behaviour of the patients’ husband changed after the death of the patient. The complainant is having doubts that the patient has been murdered by the patient’s husband under a planned conspiracy with the doctors and the hospital authorities of MKW Hospital. But they were persuaded by the father of the patient’s husband as such the complainant and her family kept quiet, as they were in shock and were not able to understand anything at that time. And all the poise ceremony were completed. No post-mortem were conducted, as complainant suspected later regarding the collusion of the patient’s husband and the hospital authorities. It is, therefore, requested that strict action be taken against the doctors for their act of medicine negligence which caused her (the patient) death.

Dr. Seema Sehgal, Consutlant Obst/Gynae and Dr. Archana Pathak, Consultant Obst/Gynae, Mai Kamli Wali Hospital in their joint written statement averred that the patient Smt. Kawaljeet Kaur Bajaj, 36 years/female, w/o Shri Armeet Singh Bajaj came to M.K.W. Hospital & Research Centre alongwith her husband Shri Armeet Singh Bajaj, was admitted at 11.50 a.m. on 06th November, 2014 for elective LSCS (Lower Segment Caesarean Section) for previous LSCS with good size baby, free floating head. The patient was a case of G2P1/T )-12 days pregnancy with previous LSCS with blood group A positive and the patient’s EDD (Expected Date of Delivery) was 18th November, 2014. The patient gave her personal history of a known case of Hb DPunjab, Obs history of first LSCS in Tagore Hospital, indication-NPOL. On examination, the patient was pallor+, pedal edema+, obesity+, pulse 88/m, BP 130/86 mmHg, chest-clear B/L, abdomen examination-UT T/S, FHS+ 1285/m. good size baby with free floating head, prev. LSCS scar+. The patient was mild anaemic. In view of Hb level at 9.01 (on 02.11.2014), one unit of blood was advised to be arranged. Requisite medication was prescribed. After doing all pre-operative clearances, including the PAC, and getting a well informed consent, the patient was operated. The LSCS was performed under spinal anaesthesia at 5.30 p.m. on 06th November, 2014 and a live female baby weighing 3.4 kgs with meconium stain liquor was deliveried at 05.26 p.m. Hemostasis was achieved completely and the surgery was tolerated well by the patient. The patient’s pulse and the blood-pressure were normal, so the patient was shifted from OT to ICU/recovery (shifting to ICU/recovery is a standard protocol of the hospital for post-operative monitoring for initial few hours). The patient’s mother side and her in-laws had seen the patient in recovery. The patient was received in ICU/recovery. At that time, the patient’s blood-pressure was 86 mmHg and heart was 128/min., SPO2 96% with O2, 30 ml of clear u rine in bag (200 ml emptied in OT). The patient was given I/v fluids and one unit of blood was arranged. Within 30 minutes, the patient’s blood-pressure improved and an urgent USG was done at 08.00 p.m. to rule out any surgical cause of fall in blood-pressure, which revealed no problem. Meanwhile, the patient was given one unit of packed cells. As the patient’s Hb was 9.1 gm%, so one PCB was started after checking and cross matching of blood, at 06.50 p.m. till 08.00 p.m. The USG was done at 08.15 p.m. to rule out surgical cause for fall in post-operative blood-pressure and the ultrasound report was normal. No pelvic or abdominal collection was seen and thereafter, the patient’s vital were normal. At routine night round, the patient had fever with chills and had tachycardia TLC-5000, Hb-8.4%, so one more unit of blood was arranged at 12.15 a.m. on 17th November, 2014. The case was again seen by the senior doctors and the patient was comfortable, but had fever (99 degree F) with tachycardia and decreased urine output. So, catheter was changed, p/v was done but no bleeding was found, case was discussed with the nephrologist. Diagnosis of ?septicemia was made in view of tachycardia and oliguria with fever. Antibiotics were changed to Sulbactam and Cefoperzone and Lasix was given on advice of nephrologist. Throughout the night, the patient was kept in ICU for monitoring and the blood transfusion under care, the blood-pressure of the patient was stable (110/70 to 120/80), RR-normal, there was no bleeding per vagina, abdomen girth was normal. Second unit of blood was started after checking and cross matching at 02.30 a.m. and finished at 04.00 a.m. on 07th November, 2014. At 06.30 a.m., the patient had little distension and dark coloured hematuria. The case was informed to the nephrologist and Lasix infusion was given. At 08.00 a.m, the abdominal distension and haematuria had increased. The USG was repeated and haemoperitonium was diagnosed. The relatives were informed about the condition of the patient and they were told about the second surgery and also removal of uterus, if required. The patient was subjected to usual checkups and PAC was done in the OT, where the patient was taken for laparotomy in view of haemoperitonium, after getting consent of hysterectomy, if needed. The patient’s TLC was very high-32000, PC-1.2, PT INR-1.5, LFT deranged S Bil.-3.7, S. creatinine-1.7. A diagnosis of DIC ? speticemia ?? Blood Transfusion Reaction was made. FFP and blood was arranged and the patient was operated by the senior doctors/surgeons, vascular surgeon, gynae. surgeons. The surgery of hysterectomy with B/L iliac vessels ligation was done. But the patient’s all vessels were oozing, so packing was done, abdomen drain was left in situ. Meanwhile five units of FFP and six units of PRBC were transfused. The attendants of the patient were informed from time to time. The patient was shifted to ICU on ventilator. The blood-pressure -80 systolic, hematuria + drain blood, all supportive treatment continued, blood and FFP on flow. The patient had cardiac arrest and could not be revived and declared dead at 04.40 p.m. on 07th November, 2014. The autopsy was offered, but not opted and refused by the attendants of the patient. The cause of death- ?septicemia with shock with DIC ??Post Transfusion Reaction with SIRS (System Inflammatory Response) with cardiac arrest.

Dr. Preeti Tahilyani Gynaecologist, Mai Kamli Wali Hospital reiterated the stand taken by Dr. Seema Sehgal

Dr. S.K. Jain, Senior Consultant CTVS, Mai Kamli Wali Hospital in his written statement averred that he was involved in care of this patient for about 1-1.5 hours only. He was called to see this patient in the said hospital as a best effort to save the life. The patient was already in operation theatre and had undergone hysterectomy for post-LSCS bleeding. The patient was continuing to have significant bleeding from the pelvic area. All the measures to stop to the bleeding done by gynaecologist and general surgeon were unsuccessful. He saw the patient in the operation theatre and was briefed about the patient, and the problems at hand. The patient was in hemorrhagic shock and with ongoing transfusion of blood products. On assessing the operative field, it was clear that the patient was having profuse arterial and venous bleeding. There was no surgical bleeding as such, just profuse and diffuse oozing everywhere. To control the bleeding, he proceeded to ligate bilateral internal iliac arteries, as is the accepted standard practice in such cases. Arterial bleeding was controlled to a large extent. However, the patient was still having significant venous bleeding. Bilateral common iliac veins, external iliac veins and internal iliac veins were explored to rule out any inadvertent injury to these vessels. To minimize retrograde venous bleed, bilateral internal iliac veins were ligated close to entry into common iliac veins. As nothing more could have been done from surgical point of view, it was decidedly collectively to close the lapartotomy after packing the area over a drain and correct her apparent DIC/coaguloathy state. On enquiry in the evening, he came to know about the unfortunate demise of the patient.

Dr. S.C. Wahi, Medical Superintendent, M.K.W. Hospital in his written statement averred that the complainant Smt. Surinder Kaur has blatantly alleged that she has doubt that her son-in-law (the husband of the patient Smt. Kawaljeet Kaur), the hospital and the treating doctors of the hospital murdered the patient in a planned conspiracy. Since, a FIR has been lodged as per the Orders of the MM Tis Hazari, the police wants to know whether any criminal negligence has been committed by the treating doctors/hospital in the treatment of the patient, which resulted into the patient’s death. As per the guidelines laid down by the Hon’ble Supreme Court of India, the criminal prosecution can be initiated against the doctors only if there is an expert medical opinion confirming the medical negligence on the part of the treating doctors and the police has sent the query to the MCI, from where the complaint has come to this Hon’ble Council for inquiry. It is surprising that the complainant did not want any action immediately after the death of her daughter (the patient) in the hospital in November, 2014. The complainant also did not opt for getting the autopsy done, despite offered by the hospital (on record on back of page 31 of the treatment record). She later on, filed a complaint in the Court of MM Tis Hazari and FIR was lodged in 2016, i.e. after considerable period after the death. The complainant has levelled bald allegations without any basis or germane reasons. The complainant alleges a planned conspiracy against the hospital and the treating doctors with the husband of the patient to murder her daughter, but the fact remains that the patient was a brought by her husband for an elective LSCS, which was performed and the surgery went uneventful. Later, on complication arose and all efforts were made by the senior doctors to control complication, an even hysterectomy was performed, but finally the patient could not be saved. Where is the question of criminal conspiracy? Apparently, the complainant mother of the patient wants to settle some personal scores with her son-in-law (the patient’s husband) and deliberately implicated the hospital and the doctors, that too without any scientific and credible evidence. In order to constitute any criminal offence, element of mens-rea must be there. In the present case, none of the treating doctors had any interest or intention to keel the patient. The doubt of the complainant of a planned conspiracy between the patient’s husband, the hospital and the treating doctors to kill the patient during the treatment is too far-fetched and baseless, as the doctors only try to save the ailing patients and do not murder their patients, as alleged. The treatment given to the patient in this case is a matter of record and the entire treatment record is being filed before this Hon’ble Council.

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

1. It is noted that the patient Smt. Kawaljeet Kaur, 36 years old female who was a case of G2P1/T (-12 days) pregnancy with previous LSCS scar + with good size baby with free floating head was admitted in the said Hospital at 11.50 a.m. 06th November, 2014 for elective LSCS. She had post history of Hb D Punjab. She had Hb of 9.1 (02-11-2014), for which one unit of blood was arranged. She underwent LSCS procedure under spinal anaesthesia under consent on 06th November, 2014 and delivered a live baby girl weighting 3.4 kg at 05.26 p.m. The LSCS was performed by Dr. Seema Sehgal. In post-op recovery/ICU, she was noted to have hypotension (blood-pressure 86/60 mmHg). She was given one unit of Haemacel. The blood-pressure improved to 94/60 mmHg at 06.30 p.m. An USG of whole abdomen reported to be normal. In the meanwhile, one PCB was also given.

Around 12.15 a.m. (07-11-2014), the patient was noted to have temperature of 99 degree F, P-120/min, BP-122/80, RR 30/min with urine output 250 ml clear. Catheter was changed. PV examination revealed, no bleeding. The case was discussed with nephrologist and Diagnosis of ? Septicemia in view of tachycardia and oliguria was made. Antibiotics were changed and Lasix was given. In the night, one unit of blood was transfused. At 06.30 a.m. (07-11-2014), the patient had distension and dark coloured haematuria (200 ml). At 08.00 a.m. both the distension and haematuria had increased. USG confirmed haemoperitonium.

The patient, thus, was taken-up for laparotomy and hysterectomy under G.A. under high risk consent at 10.45 a.m. on 07th November, 2014. As per the operation notes, hysterectomy with B/L iliac vessels ligation was done, but oozing was still present from vault, hemostatic sutures taken over vault but hemostasis could not be achieved, packing done, blood and FFP were transfused. A vascular surgeon joined the surgery. B/L internal iliac artery, B/L external and iliac vein and common iliac vein and common iliac vein ligated but oozing still persisted, packing was done and drain inserted and abdomen closed in layers. Oozing was present from stitch line. The patient was shifted to ICU on ventilator. Her general condition continued to deteriorate and inspite of all supportive treatment, the patient had cardiac arrest. CPR was initiated but the patient could not be revived and declared dead at 04.30 p.m. on 07th November, 2017.

1. It is noted that no post-mortem was done in this case, even though, it is recorded in the medical records of the said Hospital that autopsy was offered. The cause of death in this case was probably ? septicaemia with shock with DIC ?? Post transfusion reaction with SIRS.
2. As per the available records, it is observed that the patient was treated as per accepted professional practices.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Mai Kamli Wali Hospital, in the treatment administered to Smt. Kawaljeet Kaur.

Matter 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) (Dr. Reva Tripathi)

Delhi Medical Association, Expert Member,

Member, Disciplinary Committee

Disciplinary Committee

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

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Smt. Surinder Kaur, WZ-H-67A, Sant Nagar Extn., Tilak Nagar, West Delhi-110018.
2. Dr. S.K Jain, Vascular Surgeon, Through Medical Superintendent, Mai Kamli Wali Hospital, J-12, J-Block, Community Centre, Rajouri Garden, New Delhi-110027.
3. Dr. Seema Sehgal, Through Medical Superintendent, Mai Kamli Wali Hospital, J-12, J-Block, Community Centre, Rajouri Garden, New Delhi-110027.
4. Dr. Archana Pathak, Through Medical Superintendent, Mai Kamli Wali Hospital, J-12, J-Block, Community Centre, Rajouri Garden, New Delhi-110027.
5. Medical Superintendent, Mai Kamli Wali Hospital, J-12, J-Block, Community Centre, Rajouri Garden, New Delhi-110027.
6. S.H.O., Police Station Rajouri Garden, New Delhi-110027-w.r.t. Case FIR No.549/2016 dated 20.05.16 U/S 304A IPC PS Rajouri Garden, New Delhi-**for information**.
7. National Medical Commission, Pocket-14, Phase-1, Sector-8 Dwarka, New Delhi-110077-w.r.t. letter No.MCI-211(2)(Gen.)/2017-Ethics./141809 dated 27.09.2014-**for information**.
8. Deputy Commissioner of Police, West District, Office of the Deputy Commissioner of Police, West District, Delhi, DCP Office Complex, West District, Janak Puri, New Delhi-110058- w.r.t. case FIR No.549/16 u/s 304A PIC PS Rajouri Garden-**for information.**

(Dr. Girish Tyagi)

Secretary