DMC/DC/F.14/Comp.2249/2/2020/ 03rd June, 2020

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from the Police Station, Anand Vihar, seeking medical opinion on a complaint of Shri Saurabh Kalra, alleging medical negligence on the part of doctors of Jain Hospital, 177-178, Vikas Marg, Jagriti Enclave, Delhi, in the treatment of complainant’s father-in-law Shri Surinder Kumar.

The Order of the Disciplinary Committee dated 09th March, 2020 is reproduced herein-below :

The Disciplinary Committee of the Delhi Medical Council examined a representation from the Police Station, Anand Vihar, seeking medical opinion on a complaint of Shri Saurabh Kalra (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Jain Hospital, 177-178, Vikas Marg, Jagriti Enclave, Delhi (referred hereinafter as the said Hospital), in the treatment of complainant’s father-in-law Shri Surinder Kumar (referred hereinafter as the patient).

The Disciplinary Committee perused the representation from Police, complaint of Shri Saurabh Kalra, written statement of Dr. Abhinav Gupta, Dr. I.K. Khokhar, Medical Superintendent of Jain Hospital, copy of medical records of Jain Hospital and other documents on record.

The following were heard in person :-

1. Shri Saurabh Kalra Complainant
2. Smt. Kritika Kalra Wife of the complainant
3. Smt. Iksha Narula Sister-in-law of the complainant
4. Shri Mohit Narula Brother-in-law of the complainant
5. Dr. Abhinav Gupta Neurosurgeon, Jain Hospital
6. Dr. Rakesh Atray Anaesthetist, Jain Hospital
7. Dr. Pradeep Sharma Intensivist, Jain Hospital
8. Dr. Nitij Gupta Radiologist, Jain Hospital
9. Dr. Sangeeta Jain Director & Acting Medical Superintendent,

Jain Hospital

Dr. Sangeeta Jain, Acting Medical Superintendent, Jain Hospital stated Dr. A.K. Jain who was the neurologist involved with this matter had passed away in the month of April, 2018.

It is noted that the police in its representation has averred that on 25th October, 2017, a complaint vide DD No.68-B was received at P.S. Anand Vihar regarding professional negligence during the treatment. It is, therefore, requested that kindly examine all the medical treatment papers of the victim person and opine whether there is any negligence on the part of the doctors of Jain Hospital, 177-178, Vikas Marg, Jagriti Enclave, Delhi or otherwise in this case.

The complainant Shri Saurabh Kalra alleged that on 17th October, 2017 at 11.00 p.m., the patient Shri Surinder Kumar got admitted to Jain Hospital. The duty doctor sent the patient for CT scan. On 18th October, 2017 at 12.30 a.m., post CT scan, the duty doctor confirmed that he is required to be admitted in HDU. It was told that the patient can be cured by giving medication and the surgery was not indicated. At 10.00 a.m., Dr. A.K. Jain met the patient’s attendants post his HDU visit. He (Dr. A.K. Jain) confidently stated that the surgery was the only option. They re-confirmed with Dr. A.K. Jain as his option was contradictory to what duty doctor had mentioned. He (Dr. A.K. Jain) stated that he is a senior doctor, flashed the CT scan film in front of the patient’s relatives and suggested to take a picture for getting second opinion from any other doctor to confirm his finding. The CT scan film was not handed over to the patient’s attendants that time, stating the fact that it is required to be sent to the respective surgeon, who will be undertaking the surgery next. At 2.55 p.m., they had a telephonic conversation with Dr. Abhinav Gupta (Surgeon). Dr. Abhinav Gupta (surgeon) informed that they would like to operate the patient on the very same day, once the surgery expenses will be deposited. At 5.00 p.m., the surgery expenses were deposited. Between 8.00 p.m. to 10.00 p.m., the surgery was performed and the patient was further admitted to ICU. On 24th October, 2017 at 10.00 a.m., the patient was restless with severe headache post-surgery. Dr. A.K. Jain visited the patient and issued discharge note to the hospital staff, without acknowledging the patient’s problem. Dr. A.K. Jain ignored the patient’s condition and issued discharge instructions. At 1.00 p.m., the hospital bill was handed over to the patient’s attendants to settle treatment expenses. Between 2.00 p.m. to 4.30 p.m., the payment was done and they requested the hospital authorities to hand over discharge summary to them. The Discharge summary was handed over with a missing CT scan film, which was taken prior to surgery. The hospital staff at reception stated that Dr. Abhhinav Gupta (surgeon) who operated on the patient took the CT scan film with him. They further asked for a duplicate film; then the hospital staff at billing counter stated that Dr. Abhinav Gupta has deleted the said CT scan film from the system. The patient and family members continued to wait in the hospital to get the missing CT scan film. At 5.00 p.m., Shri Saurabh Kumar Mishra visited the ward stating that he is there for a quality check. He took the CT scan “written” report and was reluctant in giving it back. In no time, he disappeared with the scan report. They visited the reception and asked for Shri Saurabh Kumar Mishra(Quality), but no one among the hospital staff showed their interest to get them touch with him. Subsequently, the CT department handed over a copy of CT “written” report to the attendants, which they found to be forged one, as the date and time was changed alongwith some technical details, which they could make out. Between 6.00 p.m. to 8.00 p.m., while the attendants called the Shri Saurabh Kumar Mishra name (Quality Deptt.) while he was seen moving out of hospital, he panicked and started running on the road. Public blocked him approx. 300 meters from the Jain Hospital. PCR call was made to local police station. The attendants alongwith Shri Saurabh Kumar Mishra visited Anand Vihar Police Station. Shri Saurabh Kumar Mishra admitted that he was asked to steal the CT scan “written” report from them by hospital’s medical superintendent. The police instructed hospital staff to get reports. The hospital staff produced the fake report for the same CT scan and CT film was still not provided. The patient continued to face torture with severe headache without any treatment. At 10.00 a.m., they met Dr. A.K Jain in his OPD room. Dr. A.K. Jain accepted the mistake stating the surgery was done by referring CT scan of Shri P.D. Gupta. Dr. A.K. Jain also admitted that his complete team (including him) was responsible for this negligence. Dr. A.K. Jain instructed them to take away their patient and to meet next day post OPD hours. On 25th October, 2017 at 4.30 p.m., they met Director, Surgeon, MS and Anaesthesia doctor, to seek a resolution for this gross medical negligence. They were strictly instructed to keep their mobile phones outside the conference room. The discussion went for an hour where they were badly humiliated. Dr. A.K. Jain accepted that this was a negligence on his team’s part (Director, Surgeon, MS and Anaesthesia doctor) and suggested to pay back the surgery cost, which they did not agreed. They got infuriated and told them to leave stating that “Do whatever you can/want to do. We don’t care”. Between 5.00 p.m. to 9.00 p.m., they visited Anand Vihar Police Station again. A written complaint was submitted with reference number D.D. 68B at PS Anand Vihar dated 25/10/17. They request the Delhi Medical Council to look into this matter and help in getting justice for their patient and family members for all the medical/financial/mental suffering they have been suffering through since 18th October, 2017 and mental trauma that they have been facing post hospitalization.

On enquiry by the Disciplinary Committee, the complainant stated that when they took the patient to Jain Hospital in the intervening night of 17th October, 2017/18th October, 2017, the patient was in state of unconsciousness and had been complaining of severe headache. He further stated that after the surgery when the patient was subsequently discharged on 24th October, 2017, he was conscious but still had complaints of headache and nausea.

The complainant further informed that subsequently the patient passed away on 22nd November, 2018.

Dr. Abhinav Gupta, Neurosurgeon, Jain Hospital in his written statement averred that the patient Shri Surinder Kumar, 60 years/male, know case of diabetes mellitus, hypertension and chronic alcoholism was admitted to Jain Hospital in altered sensorium on 17th October, 2017 at 10.25 p.m.. His (the patient) CGS was 7/15. The patient was admitted in high dependency unit under Dr. A.K. Jain senior neurologist. The CT head was done, which showed large Rt. sided fronto parietal acute on chronic SDH. The patient was started on conservative treatment with anticonvulsants antibiotics and anti-edema measures. On morning of 18th December, 2017, the patient was seen by the senior anaesthesiologist and intensivist, Dr. Pradeep Sharma and Dr. A.K. Jain with the CT scan showing large SDH and was referred for neurosurgeon. The patient was given reports for second opinion. He examined the patient on 18th October, 2017 and advised evacuation of right sided SDH. The attendants were given option to take second opinion. The relatives consulted different neurosurgeons before giving consent for the surgery. The surgery was performed on evening of 18th October, 2017 after written informed consent. Right sided burr hole and evacuation of SDH was done. A subdural drain was left. The surgery was uneventful. Dr. Rakesh Atrey, senior anaesthesiologist, gave anaesthesia and was present during the surgery. The patient was shifted to ICU for closed observation where the patient showed gradual recovery following the surgery. The repeat CT was done on 20th August, 2017 which showed adequate decompression with B/L pneumocephalus with SAH. The CT was good and showed expected findings following the surgery. The patient was recovering with improving in hemiparesis and consciousness level and shifted to ward. The patient showed progressive improvement and later advised discharge on 24th October, 2017. During the course in hospital, the patient was managed most efficiently following all standard treatment protocols. The recovery was uneventful all through the course of hospitalization. He denies each and every allegation made in the complaint by the complainant and, thus, the complaint deserves to be dismissed, as there was no negligence or deficiency in service on his part.

Dr. Abhinav Gupta, Neurosurgeon, on enquiry from the Disciplinary Committee stated that CECT done on 17th October, 2017 was not reported by any radiologist. He himself examined the CECT film and diagnosed the patient to be having Right sided acute on chronic SDH. The CECT film dated 17th October, 2017 is not traceable in the records of Jain Hospital.

Dr. Pradeep, Intensivist, Jain Hospital stated that he saw the patient at 9.00 a.m. on 18th October, 2017 and after seeing the CT scan, he had observed ? right SDH (subdural haemorrhage) and after prescribing medication, has also advised neurosurgeon reference.

Dr. Nitin Gupta, Consultant Radiology on being shown the NCCT Head reports of the patient Shri Surender Kumar (requisition date 18-10-2017) of Jain Hospital, denied that the same bore his signature. He further denied reporting on NCCT Head Scan of another patient namely Shri P.D. Gupta (requisition date 17-10-2017 and 20-10-2017) on 20th January, 2020 (reporting date) claiming that in January, 2020, he was not associated with Jain Hospital.

Dr. I.K. Khokhar, Medical Superintendent, Jain Hospital in his written statement averred that the patient Mr. Surinder, 60 years old male, a known case of DM, HT and chronic alcoholism was admitted on 17/10/17 at 10.25 p.m.in state of altered sensorium. At the time of admission, his condition was critical with GCS score of 7/15 and CT scan in midnight showed SDH. The case was seen by senior anesthetist and intensivist Dr. Pradeep Sharma in HDU. On 18/10/17 at morning round, Dr. A.K. Jain showed the report to patient, briefed and suggested neurosurgery reference. Another neurologist Dr. Sumit Rabi attended the case further in evening. Neurosurgeon Dr. Abhinav reviewed the CT film and suggested urgent surgery. Reporting of film by the radiologist could not be done as films were already taken for review by Neurosurgeon. The surgery was done and the patient showed gradual recovery symptomatically as well as per follow up CTs done on 20.10 17 and then on 26.10.17. At the time of discharge, after payments, patient was handed over discharge summary and reports. It was then found that films of CT scan done on 18/10/17 and its report were missing, 3rd floor staff and radiology department was asked. The report was not traceable then reception informed the Medical Superintendent (MS). The MS asked CT technician to give the copy of Report to the patient. As reporting was not done initially, CT technician saw 20/10/17reporting and seeing SAH mentioned on it, took a template of SAH and gave to reception which was unedited and unsigned. On follow up by the MS, understanding that unedited unsigned report has been given to the patient, he asked QM to get the report back from patient. The relatives got confused and started suspecting intentions of hospital, they went to radiology and asked another copy of that report, and technician inadvertently gave them one more copy. The MS then asked the neurosurgeon and neurologist about the report and informed CT technician that he had picked wrong template, so he should pick template of SDH and get it edited and signed by the radiologist. At the same time, QM was going home back after working hours, the relatives chased him on the road and took him to Anand Vihar Thana by PCR Van. The police asked for documents from the hospital which were sent to Thana and case was cleared by them. The Thana informed that patient will be leaving next day morning. Later evening around at 10 p.m., the same day, 4-5 attendants held Dr. A.K. Jain in his chamber and alleged that something has gone wrong with their patient and they will come back next afternoon. Next day morning, the patient complained of mild headache, repeat CT was done on 26/10/17 which again showed further improvement. On 26th October, 2017 at around 4.00 p.m., the attendants wanted to meet the doctors concerned. Dr. A.K. Jain, MS, neurosurgery team (neuro-surgeon and anesthetist) met seven people from patient side. They wanted to know the condition of the patient which was described to them. They were told that the patient was OK, conscious, eating orally, no focal deficit and were also briefed on 5-10% chances of late complications. Despite telling everything, relatives kept on repeating the allegation that gross negligence had been done and patient has been wrongly operated. They were again explained about the need for surgery and the dramatic post-operative improvement in the patient’s condition. Then they even demanded compensation of Rs. 5 crores which was firmly denied. The meeting adjourned and they threatened the management and neurosurgery team of dire consequences. It is stated to this Hon’ble Council that the complainant has not levied any allegation of medical negligence or deficiency in service against their hospital. He has complained about CT scan film of 18.10.2017 and filed the present complaint with a motive to harass their hospital, which has very good reputation in the area. Moreover, the patient was discharged in a stable condition. Neither the patient suffers any complication of treatment given at their hospital nor approached their hospital for further treatment. He denies each and every allegation made in the complaint by the complainant and thus complaint deserves to be dismissed as there was no negligence or deficiency in service on his part.

It is further averred that three CT scans were done during hospital stay of Shri Surender Kumar. On 17th October, 2017, CT Head Plain at admission : Reporting by the radiologist could not be done as film was taken directly to HDU for consultants for viewing. Many senior treating doctors saw the film and their inferences are individually noted in IPD file at different occasions : (IPD file already submitted). CT film was sent to OT alongwith other IPD file records which were then sent back to wards. At the time of discharge, film could not be traced. On 20th October, 2017, second CT film and report handed over to the patient’s attendants at the time of discharge on 24th October, 2017. Third CT film and report (done during hospital stay of the patient after being discharged on record) handed over to the attendants at the time of their leaving the hospital premises on 25th October, 2017.

Dr. Sangeeta Jain, Director, Jain Hospital reiterated the stand of Medical Superintendent, Jain Hospital, in her submissions.

Dr. Sangeeta Jain on being asked by the Disciplinary Committee to explain the discrepancies in the reporting date of the NCCT Heads of Shri P.D. Gupta attributed the same to software error relating to C.T. reports at Jain Hospital.

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

1. The patient Shri Surinder Kumar, a 60 years old male who had history of Type II diabetes mellitus on tablet gluconormal, presented to the said Hospital on 17.10.2017 at 10:21 pm with complaints of neck pain and sweating since morning of 17.10.2017, followed by recurrent nausea and vomiting, gradual deterioration in sensorium since 6:00pm on 17.10.2017 and unable to walk. His general condition at admission was noted to be poor with pulse rate-98/min, B.P 202/118 mmHg, respiratory rate -20/min, SPo2-94 percent, RBS-135 mg%. The neurological examination revealed no signs of meningeal irritation, stuperose, GCS Score E2M4V1 neither speech nor carnial nerves could be tested, Pupil B/L equal, NSNR present, nutrition and tone normal, power moving all 4 limbs; Plantar-B/L extensor, cerebellar signs could not be tested. He was provisionally diagnosed as case of Acute altered sensorium cause ? Type II diabetes mellitus. He was admitted under Dr. Anil K. Jain neurologist and shifted to HDU for further management. The patient was investigated and treated with antiepileptics, antibiotics, anti-emetic drugs, alongwith human insulin, diuretic, anti hypertensive, osmodiauretic, IV fluids and other supportive medicines. Neurosurgery opinion was sought from Dr. Abhinav Gupta. Apparently a CT head was done on 18.10.2017, which was noted by Dr. Abhinav Gupta as ‘CT head acute on chronic right sided SDH with mass effect’ and surgical intervention was advised. The patient underwent right fronto and parietal burr hole and evacuation of haematoma, under consent, on 18.10.2018. The surgery was performed by Dr. Abhinav Gupta. Subsequent to surgery, the patient was managed in ICU. On 20.10.2017 the patient underwent NCCT Head which revealed large pneumocephalus along bilateral frontal convexities, hyerdense hemorrhage in basal cisterns, sylvian fissure, cerebral sulci, along tentorial sleeve and interhemispheric fissure s/o subarachnoid hemorrhage, intraventricular hemorrhag with air in bilateral frontal horns. The patient condition on 20.10.2017 at 09:30 am was noted to be better but restless, B.P. 130/70, mannitol was stopped and patient was shifted to ward. The patient’s conditions continued to show gradual improvement and thus he was discharged on 24.10.2017. The condition on discharge noted in the discharge summary mentions : - Patient-better, fully conscious, afebrile vitals stable, chest-B/L clear, CVS-normal, Abdomen-normal, CNS- E4M6V5, Pupils B/L, NS/LR present, power grade 5/5 in all 4 limbs, planters B/L Flexor. The patient unfortunately, passed away on 22.11.2018, as brought to the notice of Disciplinary Committee by the complainant.
2. It is observed based on material available on record that the patient who suffered from altered sensoirum, was diagnosed to be suffering from right subdural hematoma, did undergo right fronto and parietal burrhole and evacuation of haematoma on 18.10.2017 under consent; which was done as per accepted professional practices in such cases. Even though the NCCT film dated 18.10.2017 was reported to be untraceable, Dr. Abhinav Gupta neuro surgeon notes dated 18.10.2017 recorded the CT head finding to be large acute on chronic right sided SDH with mass effect.

Further the post-surgery NCCT report dated 20.10.2017 and 24th October, 2017 revealed bilateral large pneumocephalus which is evidence of the fact that there was sub dural hematoma that must have been present prior to surgery which was subsequently evacuated on 18.10.2017. Similarily the MRA Brain scan, copy submitted by the complainant of Shri Surinder Kumar dated 04.11.2017 also confirmed the fact of evacuation of hematoma.

It was further substantiated that the patient had improved following surgery (Burr-hole) which is indicative of response to rightful surgery.

It is pertinent to note that it is not uncommon in medical practice for neurosurgeon to act upon a NCCT film based on his assessment and not wait for the same to be reported by a radiologist first. In this case, however, the circumstances involving the missing NCCT film dated 18.10.2017 raised suspicion in the mind of the complainant as to the bonafide of the surgery done; the apprehension though genuine, is misplaced, as explained hereinabove. It is further observed that the contention of the complainant that the surgery was done on the basis of NCCT report of some other patient, was also not found to be tenable, as the other patient did not undergo any brain surgery at Jain Hospital.

In light of the observation made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of doctors of Jain Hospital in the treatment of complainant’s father-in-law Shri Surinder Kumar. However, the hospital authorities of Jain Hospital are advised to take necessary steps for ensuring exercise of due diligence in handling and reporting of patient’s investigation and to put better and robust systems in place, in this regard.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Subodh Kumar), (Dr. Ashwini Dalmiya) (Dr. Daljit Singh)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 09th March, 2020 was confirmed by the Delhi Medical Council in its meeting held on 20th March, 2020.

By the Order & in the name

of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:-

1. Shri Saurabh Kalra, r/o-1/7, Double Storey Qtrs. Kabool Nagar, Near Sai Mandir, Shahdara, Delhi-110032.
2. Dr. Abhinav Gupta, Through Medical Superintendent, Jain Hospital, 177-178, Vikas Marg, Jagriti Enclave, Vikas Marg Extn., Delhi-110092.
3. Medical Superintendent, Jain Hospital, 177-178, Vikas Marg, Jagriti Enclave, Vikas Marg Extn., Delhi-110092.
4. Section Officer, Medical Council of India, Pocket-14, Sector-8, Dwarka, New Delhi-110077-w.r.t. letter No.-MCI-211(2)(Gen.)/2018-Ethics./176978 dated 05.03.18-**for information**.
5. OSD to Minister, Camp Office of the Minister, Health, Home, Power, PWD, Urban Development and Industries, Govt. of NCT of Delhi, Bunglow No.2, 8 Raj Niwas Marg, Civil Lines, Delhi-110054-w.r.t. letter No.PA/MOHHPPUD&I/RC/2017/3030 dated 21.12.2017-**for information**.
6. Station House Officer, PS Anand Vihar, Shahdara Distt., Delhi-w.r.t. complaint case vide D.D. No.68-B, dated 25.12.2017 P.S. Anand Vihar-**for information**.

(Dr. Girish Tyagi) Secretary