DMC/DC/F.14/Comp.2810/2/2020/ 26th May, 2020

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined acomplaint of Smt. Anjali Gupta w/o Shri Neeraj Gupta, r/o- C-31/201 B, Kali Badi Marg, Gol Market, Delhi, forwarded by the Delhi Commission for Women, alleging medical negligence on the part of doctors of Dr. RML Hospital, Connaught Place, New Delhi-110001, in the treatment administered to complainant’s son Master Abhay Gupta, resulting in his death on 28.03.2019.

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

The Disciplinary Committee of the Delhi Medical Council examined acomplaint of Smt. Anjali Gupta w/o Shri Neeraj Gupta, r/o- C-31/201 B, Kali Badi Marg, Gol Market (referred hereinafter as the complainant), Delhi forwarded by the Delhi Commission for Women, alleging medical negligence on the part of doctors of Dr. RML Hospital, Connaught Place, New Delhi-110001 (referred hereinafter as the said Hospital), in the treatment administered to complainant’s son Master Abhay Gupta(referred hereinafter as the patient), resulting in his death on 28.03.2019.

The Disciplinary Committee perused the complaint, written statement of Dr. Nutan Mehta, I/c Accident & Emergency Services, & Officer I/C, Complaint & Grievances, Dr. RML Hospital, written statement of Dr. Peerzada Owais Ahmad, Senior Resident, Department of Paediatrics, Dr. Zeeshan Ahmed, Senior Resident, Department of Paediatrics, joint written statement of Vishal Kumar, Associate Professor and Dr. Sheetal Agarwal, Associate Professor, Department of Paediatrics, written statement of Dr. Neha Bidhuri, Senior Resident, Department of Paediatrics, Dr. Jaya Verlani, Senior Resident, Department of Paediatrics and Dr. Anjali Sharma, Senior Resident, Department of Paediatrics, copy of medical records of Dr. R.M.L. Hospital and other documents on record.

The following were heard in person :-

1) Smt. Anjali Gupta Complainant

2) Shri Neeraj Kumar Gupta Husband of the complainant

3) Dr. Vishal Kumar Associate Prof.-Paediatrics, Dr. R.M.L. Hospital

4) Dr. Shilpa Khanna Associate Prof., Dr. R.M.L. Hospital

5) Dr. Dheeraj Bahl HOD, Paediatrics, Dr. R.M.L. Hospital

6) Dr. Meetu Singh SR. Dr. R.M.L. Hospital

7) Dr. Jaya Verlani SR. Dr. R.M.L. Hospital

8) Dr. Neha Bidhuri SR, Dr. R.M.L. Hospital

9) Dr. Zeeshan Ahmed SR Dr. R.M.L. Hospital

10) Dr. Peerzada Owais SR Dr. R.M.L. Hospital

11) Dr. Alok Hemal Prof. Dr. R.M.L. Hospital

12) Dr. Anjali Sharma SR Dr. R.M.L. Hospital

Shri Neeraj Kumar Gupta, husband of the complainant stated that on 23rd March, 2019 at around 6.43 a.m. his son Master Abhay Gupta had a seizure. His son was immediately taken to Dr. R.M.L. Hospital, where he was already under treatment, as earlier also about two years and seven months back; he had also suffered from an episode of seizure. The concerned doctor on 14th March, 2019 had asked them to discontinue his medicine, but since there was some medicine left with them, they continued to administer him the prescribed medicine. When they took the child to Dr. R.M.L. Hospital on 23rd March, 2019, the doctors in emergency department did not attend to him promptly and it was only after one and half to two hours that his medical papers were made and he was sent to the third floor. The doctors on third floor also did not pay much attention to the deteriorating condition and fever of his son and asked them to do cold therapy and after repeated requests, administered him glucose. In night of 23rd March, 2019, he was shifted to ICU. The child remained unconscious but he was not given proper treatment, even though, he was running high fever. On 26th March, 2019, they asked them to get some blood samples tested at National Centre for Disease Control, Sham Nath Marg. The doctors of the Dr. R.M.L. Hospital told them that they would decide further line of treatment only on receipt of test reports from the National Centre for Disease Control. On 28th March, 2019 at 11.35 a.m., the child died. Two days after the death of the child, when they collected the test reports from the National Centre for Disease Control, they were informed that their son had Japanese Encephalitis. They were told that had this test been done at the earliest after admission, then may be the child’s life could have been saved. He, therefore, requests that strict legal action be taken for the medical negligence committed in the treatment of his son.

Dr. Peerzada Owais Ahmad, Senior Resident, Department of Paediatrics, Dr. R.M.L. Hospital in his written statement averred that the patient Master Abhay Gupta, casualty registration number :20190235451, aged 5 years 6 months and 6 days, male, presented to paediatric casualty on 23rd March, 2019 at 07.45 a.m. with seizure episode. The child was a known case of seizure disorder on antiepileptic drug valproate. He is DCH, DNB (paediatrics) who was posted as Senior Resident in ground floor paediatric casualty, did necessary examination, urgently secured IVC, put the patient on oxygen, kept in left lateral positon, and gave midazolam IV as per weight. The seizures aborted after giving IV midazolam. After that, he completed history and rest of physical examination. The patient was then shifted to III floor paediatric casualty with internist doctor and porter alongwith IVF & oxygen for further management and treatment. Emergency Admission Counter shows patient admitted at 08.45 a.m. on 23rd March, 2019. So according to above entries in their computer records, there was a period of only one hour.

Dr. Zeeshan Ahmed, Senior Resident, Department of Paediatrics, Dr. R.M.L. Hospital in his written statement averred that the patient Master Abhay Gupta, five and half years old male was admitted on 23rd March, 2019 at 8.45 a.m. with complaints of multiple episode of abnormal body movements involving all four limbs with up-rolling of eyes and loss of consciousness since one and half hours. The patient was a known case of seizure disorder, was on oral valproic acid since three years which was gradually being tapered and planned to stop, as the child was seizure-free since the past three years. The patient was currently on oral valproc acid @ 5mg/kg/day. As per casualty records, the patient was brought to the emergency in convulsing state for which, he was given a loading dose of injection valproate @ 20 mg/kg followed by another dose of 10 mg/kg after which the seizures were controlled. Poor prognosis was explained, PICU reference was sent but there were no beds available. The patient’s father was informed that the child needs PICU care but no beds in PICU were available, and that treatment of the patient in general ward would be risky for his life. Inspite of knowing all this, the patient’s father decided to admit the patient in general ward and proper written consent was taken. Seizures recurred at around 2.30 p.m., for which, the patient was sequentially loaded with injection Valproate @ 10 mg/kg, injection Phenytoin @ 20mg/kg and injection Levetiracetam @ 20 mg/kg. PICU reference was sent but the patient could not be shifted due to unavailability of beds. The patient was put on injection Midazolam infusion @ 1 mg/kg/min, which was gradually increased to 3 mg/kg/min due to recurrence of seizures. At around midnight, the patient was shifted to PICU once a bed was available.

Dr. Vishal Kumar, Associate Prof.-Paediatrics, Dr. R.M.L. Hospital stated that as per the case sheet records, the patient Abhay Gupta, 5 years old male, CR No.201921880 s/o Neeraj Kumar Gupta r/o Delhi was transferred to PICU on 24th March, 2019 around 1.00 a.m. in view of “Refractory seizure and altered sensorium”. On arrival to PICU, the patient was immediately assessed and managed by the Senior Resident on duty Dr. Purbasha (doctor with M.D. peadiatrics qualification from the PGI Chandigarh). He was managed with antiepileptic drugs (pheynytoin, valproic acid, midazolam infusion) and intravenous fluids. On 24th March, 2019, around 6.00 a.m., the patient’s condition further worsened, sensorium deteriorated and there was pooling of secretions in the airways. He was intubated and put on ventilator (life support measure). Antibiotic was also started in view of documented fever in hospital, after taking samples for culture and sensitivity. Routine investigations including blood sugar, calcium, electrolytes were within normal limits. On 24th March, 2019 at 9.00 a.m. in morning, the duty Senior Resident Dr. Neha Bidhuri (M.D. Paediatrics, Delhi) took over from night duty Senior Resident. At around 10.30 a.m. on 24th March, 2019 the patient went in shock and was managed accordingly with intravenous fluid bolus and ionotropes (adrenaline infusion). Lumbar puncture (CSF analysis) was planned for bacterial and viral studies (herpes encephalitis) and (Japanese encephalitis) but could not be done because of unstable shock. This procedure in presence of unstable shock could be life threatening, and, therefore, was deferred till shock gets stabilized. His shock was stabilized after intravenous fluid bolus and ionotropes. On 25th March, 2019, metabolic work up (lactate, ammonia, TMS, GCMS) was sent, lumbar puncture (CSF analysis) was done. The MRI and EEG were also planned. CSF analysis showed 6-8 RBCs per high power field and 3 WBCs (all mononuclear cells) per high power field. CSF protein was 31 mg/dl and CSF glucose was 112/mg/dL. Serum lactate was 1.7 mmoI/L and ammonia was 56 mmoI/L. The patient’s sensorium kept on worsening despite intensive supportive care. The patient’s shock and lung condition too started worsening over next two days. For this antibiotics were changed to piperacillin-Tazobactam and Vancomycin on 27th March, 2019. Also Dopamine and Levosimendan were added in view of worsening shock. Ventilator settings also increased. However, despite all these intensive supportive care and best of the possible efforts by PICU team doctor, the patient expired due to his illness on 28th March, 2019 11.30 a.m. Throughout his PICU stay, the patient was managed by the Senior Residents (doctor with post-graduate qualification) and consultants of PICU. Daily detailed bedside rounds and discussions were taken by well qualified UPSC appointed consultants (Dr. Vishal and Dr. Sheetal) with regard to the management of this patient. Post-death report was suggestive of Japanese encephalitis in this patient (report submitted). There is no specific treatment for Japanese encephalitis. Only supportive care can be given which had been duly given in PICU of the hospital. Despite supportive care, this disease has high mortality (death rate).

Dr. Sheetal Agarwal, Associate Professor, Department of Paediatrics, Dr. R.M.L. Hospital reiterated the stand taken by Dr. Vishal Kumar.

Dr. Neha Bidhuri, Senior Resident, Department of Paediatrics, Dr. R.M.L. Hospital in her written statement averred that the patient Abhay Gupta, five and half years old male was admitted in Dr. R.M.L. Hospital on 23rd March, 20169 (CR No.201921880). She wishes to state that she had taken over above mentioned patient from Dr. Purbasha (Senior Resident), in paediatric ICU on 24th March, 2019 at 9.00 a.m. The patient was a known case of seizure disorder and was now admitted with refractory status epilepticus and was already on mechanical ventilation. The patient’s general condition was very sick and his (the patient) condition further worsened during her duty. The patient went into shock, which was appropriately managed with IV fluids and ionotropes. Lumbar puncture was planned for herpes and Japanese encephalitis but was deferred on that day due to unstable shock. On her next duty (25-03-2019), the child was very sick and appropriate management was continued. During her night duty on 27th March, 2019, the child was in refractory shock with dyselectrolytemia and his brainstem reflexes were absent. Faculty (Dr. Vishal Associate Professor, MD Paediatrics) took daily rounds and the case was discussed in detail and appropriate management was planned and continued as per his expert advice. Prognosis and condition of the patient was explained to his grandmother who was very cooperative and sensible throughout the stay of the patient. However, the parents were not available during her duty hours. There was no medical negligence in treating the patient and appropriate management was done.

Dr. Jaya Verlani, Senior Resident, Department of Paediatrics, Dr. R.M.L. Hospital in her written statement averred that the patient Abhay Gupta, five and half years old male (CR. No.201921880) was admitted in Dr. R.M.L. Hospital on 23rd March, 2019. She wishes to state that she had taken over of above mentioned patient from Dr. Neha Bidhuri (Senior Resident, MD Paediatrics from Dr. R.M.L. Hospital, New Delhi), in paediatric ICU on 24th March, 2019 at 9.00 a.m. The patient was a known case of seizure disorder and was now admitted with refractory status epilepticus and was already on mechanical ventilation and in the state of shock, for which, the child was on inotropes. The patient’s general condtion was very sick and continued to worsen. The patient had multiple episodes of seizures, for which, Midazolam infusion was increased alongwith continuation of antiepileptics. Lumbar puncture was planned for investigation of herpes and Japanese encephalitis but was deferred on that day due to unstable shock. Other important works up were sent, as advised by Dr. Vishal Malhotra (Associate Professor). During her next duty (26-03-2019), the patient’s condition worsened and ventilator requirement increased, for which, the child was appropriately managed and IV antibiotics were upgraded. On her duty on 28th March, 2019, the patient was in refractory shock with dyselectrolytemia and absent brain stem reflexes. The case was discussed with Dr. Sheetal Agarwal (Associate Professor) but the child continued to deteriorate and could not be revived despite all possible resuscitation efforts. Faculty (Dr. Vihsal Malhotra and Dr. Sheetal Agarwal) took daily rounds and the case was discussed in detail and appropriate management was continued as per their expert advice. The patient’s grandmother who was very nice and cooperative was counseled regarding the condition and prognosis time to time. The parents were hardly available during her duty hours. There was no medical negligence in the treatment of the patient.

Dr. Anjali Sharma, Senior Resident, Department of Paediatrics, Dr. R.M.L. Hospital in her written statement averred that the patient Abhay Gupta, five and half years old male (CR. No.201921880) was admitted in Dr. R.M.L. Hospital on 23rd March, 2019. She wishes to state that she had taken over of above mentioned patient from Dr. Jaya (Senior Resident, DNB Paediatrics, from Dr. R.M.L. Hospital, New Delhi), in paediatric ICU on 25th March, 2019 at 9.00 a.m. The patient was a known case of seizure disorder and was now admitted with refractory status epilepticus and was already on mechanical ventilation and in the state of shock, for which, the child was on inotropes. The patient’s general condition was very sick. The patient was on multiple antiepileptics alongwith Midazolam infusion. Lumbar puncture was done on 25th March, 2019 at evening and sent for the investigation of herpes and Japanese encephalitis next day morning. During her next day duty (26-03-2019), the patient’s general condition worsened and ventilatory requirement increased, for which, the patient was appropriately managed and IV antibiotics were upgraded in view of worsening x-ray chest and deteriorating clinical condition of the child. Other supportive management was continued. Over was given to Dr. Jaya Verlani after 9.00 p.m. on 26th March, 2019. Faculty (Dr. Vishal Malhotra and Dr. Sheetal Agarwal) took daily rounds and the case was discussed in detail and appropriate management was continued as per their expert advice. The patient’s grandmother who was very nice and cooperative was counseled regarding the condition and prognosis time to time. The parents were hardly available during her duty hours. There was no medical negligence in the treatment of the patient.

Dr. Shilpa Khanna , Associate Prof., Dr. R.M.L. Hospital stated that the patient name: Abhay Gupta, 5 years 6 months and 6 days, sex : male, presented to paediatric casualty on 23rd March, 2019 at 7.45 a.m. with seizure episode. The child was a known case of seizure disorder on antiepileptic drug valproate. The Senior Resident in ground floor paediatric casualty did necessary examination, urgently secure IVC, put the patient on oxygen, kept in left lateral position, and gave midazolam, IV as per weight. The seizure aborted after giving IV midazolam. He was a known case of seizure disorder, was an oral valproic acid since three years which was gradually being tapered and planned to stop, as the child was seizure-free since the past three years. He was currently on oral valproic acid @ 5mg/kg/day. As per casualty records, he was brought to the emergency in convulsing state, for which, he was given a loading dose of injection Valproate @ 20 mg/kg followed by another dose of 10 mg/kg, after which, the seizure were controlled. Poor prognosis was explained, PICU reference was sent but there were no beds available. The patient’s father was informed that the child needs PICU care but no beds in PICU were available, and that the treatment of the patient in general ward would be risky for his life. Inspite of knowing all this, the patient’s father decided to admit the patient in general ward and proper written consent was taken. Seizure recurred at around 2.30 p.m., for which, the patient was sequentially loaded with injection valproate @ 10 mg/kg, injection phenytion @ 20mg/kg and injection leveracetam @ 20mg/kg. PICU reference was sent but the patient could not be shifted due to unavailability of beds. The patient was put on injection midazolam infusion @ 1mg/kg/min which was gradually increased to 3mg/kg/min due to recurrence of seizures. At around midnight the patient was shifted to PICU once a bed was available.

Dr. Nutan Mehta, I/c Accident & Emergency Services, & Officer I/C, Complaint & Grievances, Dr. RML Hospital in her written statement averred that the matter has been examined by the Head of Department (Paediatrics) and on the basis of reports submitted by the faculty posted in Paediatric Casualty, I/c P2B Dr. Alok Hemal, Faculty posted in PICU, and also senior resident posted in paediatric casualty, P2B Unit & PICU, concluded that no negligence in this case was done. The parents were misguided that Japanese Encephalitis has treatment but Japanese Encephalitis is not having specific treatment. The grandmother was available most of stay in PICU (Paediatric Intensive Care Unit) and father hardly available. The grandmother was very cooperative and nice throughout the stay in PICU. The other child Master Anand Gupta has been seen in OPD by senior most faculty. The mother of Master Anand Gupta was never told that all family members are to be investigated for Japanese Encephalitis.

In view of the above, the Disciplinary Committee observes that the patient Master Abhay Gupta, 5 years old male child, was brought to the emergency department of Dr. R.M.L. Hospital on 23rd March, 2019 at 8.00 a.m. with complaints of generalized convulsions. The child was a diagnosed case of seizure disorder and was on anticonvulsant therapy i.e. valproic Acid. He was seizure free for a period of two years and seven months. His CECT and ECG tests were reported as normal. He was asked to stop valparin on 14th March, 2019.

As per the hospital records on admission, the child was examined and treatment was started including anticonvulsant drugs. Later, the child was shifted to paediatric department emergency/ward and further treatment was given. However, the child continued to have seizures and since his sensorium also deteriorated, he was shifted to paediatric ICU on the same night. His treatment and necessary investigations were done as per protocol. However, the child’s condition did not improve and he expired on 28th March, 2019. Later, his blood examination was found to be positive for Japanese Encephalitis, which carries a poor prognosis and high mortality inspite of treatment. Even an early detection of the same would not have changed the line of treatment, which was adopted by the doctors in this case.The child was investigated and treated properly as per protocol.

It is, therefore, the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Dr. R.M.L. Hospital, in the treatment administered to complainant’s son Master Abhay Gupta.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Subodh Kumar), (Dr. Ashwini Dalmiya) (Dr. A.P. Dubey)

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. Smt. Anjali Gupta w/o Shri Neeraj Gupta, r/o- C-31/201 B, Kali Badi Marg, Gol Market, Delhi-110001.
2. Medical Superintendent, Dr. R.M.L. Hospital, New Delhi-110001.
3. Consultant, Board of Governors In Supersession of Medical Council of India, Pocket-14, Sector-8, Dwarka, Phase-1, New Delhi-110077-w.r.t. letter No.MCI-211 (2)(Gen.)/2019-Ethics/163991 dated 13.11.19-for information.
4. S.H.O., Police Station North Avenue, New Delhi-110001-w.r.t. letter Dy. No.1813 dated 28.08.19-for information.
5. Chairperson, Delhi Commission for Women, C-Block, IInd Floor, Vikas Bhawan, I.P. Estate, New Delhi-110002-w.r.t. letter D.O. No. DCW/697/FK/2019 dated 03.05.2019-for information.

 (Dr. Girish Tyagi) Secretary