DMC/DC/F.14/Comp.2892/2/2021/ 25th October, 2021

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Vikas Gupta s/o Shri Ram Prakash Gupta r/o D-14/138, Sector-3, Rohini, Delhi-110085, forwarded by Minister of Health, Govt. of NCT of Delhi, alleging medical negligence on the part of Dr. Arun Garg, Dr. Pratibha Garg, Dr. Vivek Mangla of Swastik Maternity Centre, G-20/23-24, Sector-7 Rohini, Delhi-110085, in the treatment of the complainant’s daughter Baby Manasvi Gupta, resulting in her death on 8.6.2019 at Ganga Ram Hospital, where she subsequently received treatment.

Order of the Disciplinary Committee dated 26th August, 2021 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Vikas Gupta s/o Shri Ram Prakash Gupta r/o D-14/138, Sector-3, Rohini, Delhi-110085 (referred hereinafter as the complainant), forwarded by Minister of Health, Govt. of NCT of Delhi, alleging medical negligence on the part of Dr. Arun Garg, Dr. Pratibha Garg, Dr. Vivek Mangla of Swastik Maternity Centre, G-20/23-24, Sector-7 Rohini, Delhi-110085(referred hereinafter as the said Medical Centre) , in the treatment of the complainant’s daughter Baby Manasvi Gupta (referred hereinafter as the patient), resulting in her death on 8.6.2019 at Ganga Ram Hospital, where she subsequently received treatment.

It is noted that the Delhi Medical Council has also received a representation from the Police Station North Rohini, Delhi, whose subject matter is same as that of complaint of Shri Vikas Gupta, hence, the Disciplinary Committee is disposing both of these matters by this common Order.

The Disciplinary Committee perused the complaint, representation from Police Station North Rohini, Delhi, additional written submissions of the complainant, written statement of Dr. Pratibha Garg, Dr. Vivek Mangla Dr. Arun Garg of Swastik Maternity Centre, written submissions/additional reply of Dr. Pratibha Garg, Dr. Vivek Mangla and Dr. Arun Garg, copy of Post Mortem report no: 396/2019 dated 11.06.2019, subsequent opinion as to cause of death in respect of Post Mortem report no: 396/2019 dated 11.06.2019, copy of medical records of Swastik Maternity Centre and other documents on record.

The following were heard in person :-

1. Shri Vikas Gupta Complainant
2. Shri Vaibhav Gupta Brother of the complainant
3. Dr. Arun Garg Paediatrician, Swastik Maternity Centre
4. Dr. Pratibha Garg Gynaecologist & Owner, Swastik Maternity

 Centre

1. Dr. Vivek Mangla Anaesthetist, Swastik Maternity Centre

It is noted that the police in its representation has averred that on 24th May, 2019, an information vide DD No.17 A was received at PS South Rohini, Delhi regarding admission of one namely Manasvi d/o Shri Vikas Gupta vide MLC No. 4027/19 in ICU of Sir Ganga Ram Hospital, Rajender Nagar, Delhi who got injured at her house. On this, the IO ASI Sunil Dutt reached Sir Ganga Ram Hospital and collected the MLC of the injured Manasavi (the patient) mentioned above and on enquiry, it came to notice that the injured patient fell from the table at her home and got injuries on her private part and she was taken to Swastik Medical Centre, Sector-7, Rohini, Delhi for the treatment where she got medical treatment and the doctor of Swastik Medical Centre referred the injured/patient viewing her worse condition to Sir Ganga Ram Hospital. On 08th June, 2019, the patient died during the treatment Sir Ganga Ram Hospital and the information of the same was received vide DD No. 13A at PS South Rohini, Delhi and the IO ASI Sunil Dutt reached at Sir Ganga Ram Hospital and the dead body of the deceased (the patient) was got preserved at mortuary, Dr. BSA Hsopital, Rohini, Delhi and the statements of the parents of the patient were got recorded who raised the suspicion on the death of their daughter due to negligence of the doctor treatment conducted at Swastik Maternity Centre. On the request of the parents of the deceased, on 11th June, 2019, the post-mortem of the deceased was got conducted vide PM No.396/19 from the Board of the doctors of MAMC. The complainant Shri Vikas Gupta noted above has also submitted a complaint regarding the medical negligence by Dr. Pratibha Garg and Dr. Arun Garg of Swastik Maternity Centre. In view of the above, it is, therefore, requested that opinion on medical negligence may kindly be provided, at the earliest.

The complainant Shri Vikas Gupta alleged that on 23/05/2019 at around 6:15-6:30 p.m., his daughter Baby Manasvi Gupta (the patient) fell from a table at home while playing and she sustained injury on her private part. He took her to Vinod Nursing Home, as the injury was on her private part, therefore, they were advised to consult gynecologist. He immediately, took her to Swastik Maternity Centre situated at G-20/23-24, Sector-7, Rohini, Delhi. Dr. Pratibha Garg, Gynecologist examined his daughter and informed them that injury needs stitches under general anesthesia and since her (Dr. Pratibha Garg) Centre is fully equipped with all technologies, therefore, it can be easily done by her and usually it takes about 30-40 minutes for whole procedure. He was directed to deposit Rs.20,000/- in cash initially. He deposited the same and the hospital staff told him to collect the receipt later on. After noting down the brief history of his daughter, Dr. Pratibha Garg (Gynecologist) and Dr. Vivek Mangla(Anesthesiologist) took his daughter inside operation theatre at around 07:15-07:20 p.m. After 15-20 minutes, one nurse came from operation theatre and asked them to sign certain blank forms and papers stating that it is a part of routine procedure and the same would be required by the doctor and they will fill the same later on. He and his wife signed those blank forms in good faith. At around 8: 15 p.m., when his wife asked about the condition of her daughter then Dr. Arun Garg told her that procedure is going on and she (the patient) will be fine but after 5-10 minutes, it was informed to his wife by Dr. Arun Garg that her daughter had suffered cardiac arrest and she had also vomited during operation but she will be fine and there was no need to worry. He was sent to Jaipur Golden Hospital alongwith blood sample of his daughter at that time and after examining her blood report, they were informed that his daughter will have to be shifted to Sir Ganga Ram Hospital for further treatment. They were not informed about the exact condition of his daughter by the above said doctors and staff. They saw her but she was unconscious, at around 10:45 p.m., CAT ambulance arrived and his daughter was shifted to Sir Ganga Ram Hospital. He and his family members were in shock after seeing the condition of his daughter because she was fine when she came into the hospital on her legs and at the time of leaving Swastik Nursing Centre, she was on ventilator. At around 12:15-12:30 a.m., his daughter reached Sir Ganga Ram Hospital on a ventilator support ambulance; she was unconscious and not responding to their verbal commands. Dr. Arun Garg left from there by stating that everything will be fine and he (Dr. Arun Garg) will come in morning but neither his daughter gained her consciousness nor Dr. Arun Garg, Dr. Pratibha Garg or Dr. Vivek Mangla came to see her and explain the condition of his child. It was informed by the doctors at Sir Ganga Ram Hospital that his daughter had a cardiac arrest during treatment. She was kept under the care of Sir Ganga Ram Hospital but did not regain her consciousness even after the treatment of more than two weeks, she was declared brain dead by the doctors and she passed away on 08/06/2019 at about 9:45 a.m. His seven years daughter died due to gross negligence of above said accused persons. His whole family members are in grave trauma. Thinking that justice will be done, he lodged a complaint against Swastika Maternity Centre before Police Station South Rohini on 09/06/2019 vide D.D no.10B. On the basis of his complaint, medical documents of his daughter were obtained from the concerned hospitals. He also obtained those documents which show the facts lead to only one conclusion that his daughter had a cardiac arrest due to wrongly administered anesthesia without following basic medical protocols and the aforesaid doctors conducted gross medical negligence in treatment of his daughter. Further, Dr. Pratibha Garg submitted some false and forged medical documents and manipulated the real facts to evade from legal consequences. It is basic and most common danger of having food in the stomach during surgery and if patient aspirate (i.e. when the food in the stomach is thrown up while the patient is unconscious due to anaesthetic) then it enters the wind pipe and lungs causing suffocation which can lead to death and it amounts to gross medical negligence when the doctor knows that the stomach of the patient is not empty and still undertakes the surgery or operation. As a matter of fact, Dr. Pratibha Garg as well as Dr. Vivek Mangla claiming themselves to be having experience of more than 20 years were well aware that his daughter was obese i.e. weighing around 45 kg and she had eaten a meal at around 3 pm i.e. not empty stomach and despite being aware about these facts, Dr. Vivek Mangla inducted general anesthesia and Dr. Pratibha Garg started surgery of his daughter without protecting her airway despite the fact that she only had four hours of fasting and this lead to cardiac arrest of his daughter followed by brain dead and finally she passed away on 08/06/2019. His daughter sustained second degree perineal tear lacerated wound of 2 cm X .8 cm X .8 cm apart from other medical injuries and as per post mortem report dated 11/06/2019, the doctors opined that all injuries are not sufficient to cause death, therefore, it is clear that the cause of death of his daughter is due to wrong administration of general anesthesia without following proper care and precautions, as she had cardiac arrest after administration of anesthesia to her by the above doctors without protecting her airway despite being aware about the fact that she was not empty stomach at the time of surgery. The fact of vomiting inside operation theater was hidden by Dr. Pratibha Garg, Dr. Vivek Mangla, Dr. Arun Garg and other staff members of Swastik Nursing Centre in the medical documents of his daughter provided by Dr. Pratibha Garg and as per chest x-ray report, which was conducted at Sir Ram Ganga Hospital on 24/05/2019 at 01:58:54 a.m. clearly confirms that the condition of lungs of his daughter was not good. Left sided pnuemonthorax with underlying collapse of left lung seen and mediastinal shift towards right seen. Non homogeneous opacity was seen in right lung field suggestive of consolidation. General anesthesia was inducted to his daughter and her surgery was conducted without induction of endotracheal tube. It is unbelievable that perineal tear of 2c m X .8 cm X .8 cm was sutured within 2- 3 minutes with subcuticular stitches by Dr. Pratibha Garg, this itself reflects that she and Dr. Vivek Mangla are misleading the investigating agency. Apart from above basic procedure, it is pointed out that no risk and consequences of surgery and induction of general anesthesia were explained to him and his wife at any point of time whether in pro-operative or post-operative period by Dr. Pratibha Garg or Dr. Vivek Mangla and after 15- 20 minutes when the surgery was started, one nurse came from the operation theatre and obtained signatures of theirs on some blank forms and papers stating that it is a regular practice to follow the procedure, which they signed in good faith and now, he has come to know that those blank signed forms coupled with some other papers were manipulated by Dr. Pratibha Garg later on, in order to manipulate the real facts and to evade from criminal consequence. It is basic procedure that in cases like injury on the private part of baby, it is duty of the doctor to inform police authorities at first instance but Dr. Pratibha Garg did not inform any police officials for the reasons best known to her and the police officials were informed later on by the doctors/staff of Sir Ganga Ram Hospital. Swastik Maternity Centre falsely claims to be specialty centre having 24 x 7 emergency facilities, full range of state-of-the art diagnostic facilities. As a matter of fact, they are not equipped with technologies as per their claim. When the condition of his daughter deteriorated in the operation theatre at 7:30 p.m. and as per the blood report from Jaipur Golden Hospital around 8:49, oxygen level in blood of his daughter was recorded at 62% then why the aforesaid doctors did not refer her to some nearby hospital and wasted the crucial time in shifting her to Sir Ganga Ram Hospital. It has also came to his knowledge that accused person namely Dr. Vivek Mangla is also facing criminal trial in a similar case when a 12 years old boy namely Master Komal Khatri died due to wrongly administered anaesthesia in the year 2004, upon which F.I.R No.615/04, U/s 304/304A/34 I.P.C, PS. Mangolpuri was lodged, this shows that he is an habitually and grossly negligent. Till date, no criminal action has been taken against the above-mentioned culprits and they are moving freely. It is, therefore, most respectfully prayed that a stern action may be taken against the above said persons and Swastik Maternity Center (license should be cancelled) and other co-accused persons who aided them, in the interest of law and justice and to save many other lives for falling into the similar death traps and please enquire his case by independent panel of government doctors as soon as possible.

He further alleged that the Swastik Maternity Centre and its doctors do not have the license to use Fentanyl drug which they still used in his daughter’s treatment. Also, Fentanyl is a banned drug in NDPS Act and one needs to have license to use it.

He also alleged that they did not perform any pre-anesthesia check-ups like blood test, etc. and what is the need of giving general anaesthesia? His daughter’s injury was small; can it not done by the local anesthesia? They wasted 3-4 crucial hours in shifting his daughter to higher centre (Sir Ganga Ram Hospital) after cardiac arrest which is far from Rohini, instead of shifting her to nearby super speciality hospital like Jaipur Golden Hospital or Saroj Hospital immediately, despite the fact that they do not have ICU and ventilator facilities at their centre (Swastik Maternity Centre) which is very crucial for a cardiac arrest patient. They do not call any specialist (cardiologist) to see his daughter in Swastik Maternity Centre which is very important, as cardiac event happened to her, it clearly shows that they are grossly negligent and try their best to hide their mistakes. The injury of his daughter was very small and she walked to their nursing home on her own feet but they made her dead. This nursing home should not have given general anesthesia to the patients, if they do not have facilities like ICU and ventilator to handle the cases.

Dr. Pratibha Garg, Gynaecologist & Owner, Swastik Maternity Centre in her written statement averred that on 23rd May 2019 at about 6:40 p.m., the patient Manasvi Gupta, aged 7 years was brought by her father i.e. the complainant, and mother Mrs. Manisha Gupta, to Swastik Maternity Centre. They informed that the patient had fallen down while climbing the almirah and sustained injury half an hour back, and was bleeding from injury site. On examination, she found that the child had a perineal tear with profuse bleeding. Thereafter, she adviced the complainant to take his daughter to Jaipur Golden Hospial, as no in-house anaesthetist was available. This fact is also recorded in the postmortem report, the contents of which have not been disputed by the complainant. However, the complainant insisted that she does the treatment, as they had already been denied treatment by one Vinod Nursing Home. On seeing the condition of the child, in anticipation of possible complications due to incessant blood loss, and on humanitarian grounds, she agreed to perform the treatment and called Dr. Vivek Mangla, who is an anaesthetist. Without any further delay and seeing the severity of the bleeding, she advised first aid in the form of IV fluids and pressure bandage. Dr Vivek Mangla arrived within few minutes at Swastik Maternity Centre and, after examining the case, advised for emergency repair of the perineal tear under anesthesia, in view of profuse bleeding. The complainant and his wife were thoroughly explained about the procedure and all necessary formalities by Dr. Pratibha Garg, following which the staff of Swastik Maternity Centre was directed to get the required consents signed and to initiate file work. It is submitted that the complainant himself admitted to being briefed about the procedure by Dr. Pratibha Garg in his complaint to the SHO, Rohini South. Simultaneously, on doctor’s advice, intravenous cannula was inserted, IV fluids was given, blood samples were taken, and pre-medications were given to the patient. All preparations were made in the operation theatre and the child was shifted to the O.T. After administering the anaesthesia, positioning, cleaning, draping and exploration of the injury site, lignocaine was infiltrated on advice of Dr. Vivek Mangla. With examination under anesthesia, the patient was diagnosed to have second degree perineal tear, and the tear was stitched in three layers. Just at the completion of the procedure, she was informed by Dr. Vivek Mangla that the patient had a low pulse, which was followed by a cardiac arrest. Immediately, cardio-pulmonary resuscitation was started. The child was intubated with endotracheal tube and intermittent positive pressure ventilation was given by Dr. Vivek Mangla and CPR was continued. Emergency drugs were given by Dr Vivek Mangla. The patient’s heart was revived within two minutes with the emergency measures and spontaneous respiration was also established later on. Blood sample was taken and sent for ABG analysis to Jaipur Golden Hospital via the complainant. Both the complainant and his wife were briefed by Dr. Arun Garg about the cardiac arrest and the condition of the patient on separate occasions and were told that the heart rate and respiration had resumed, although sensorium needed to be improved. The condition of the child was showed to the relatives multiple times in the O.T. After assessing the ABG report and considering the condition of the child, the attendants were suggested to shift the child immediately to Sir Ganga Ram Hospital for further management. She asked Dr. Arun Garg to arrange for a ventilator ambulance with an accompanying doctor to shift the patient to Sir Ganga Ram Hospital. The patient shifted to the PICU at around 11:30 p.m. on 23.05.2019. It is submitted that Dr. Arun Garg and she accompanied the ambulance and also handed over all the records pertaining to the treatment of the child to the complainant. Dr Arun Garg handed over the patient to Dr. Bharat, who was in-charge of the PICU at around 11:30 p.m. on 23.05.2019. At the time of transfer from Swastik Maternity Centre, the child was on T-piece, spontaneously breathing, with oxygen saturations above 95%; pupils were of normal size and normally reacting to light. The patient was maintaining good urine output and blood pressure. The said condition was briefed and shown to the complainant and other relatives. It is pertinent to mention here that the death of the patient did not occur at Swastik Maternity Centre. The death of the patient occurred at Sir Gangaram Hospital after 14-15 days of the treatment.

She further averred that it would not be out of place to mention herein that there is not a single averment in the complaint wherein any kind of negligence is attributed to the surgery performed by her. The postmortem report dated 11.06.2019 nowhere suggests that she (Surgeon) was negligent while treating the complainant’s daughter. There was no negligence on her (Dr. Pratibha Garg) part as a professional gynecologist (Surgeon) or Swastik Maternity Centre, all standards of care and measures were followed by her. In the present case, she had performed her duties to the best of her ability with due care and caution. She had given immediate and prompt treatment to the patient and while treating her, all standards were met as per her technical expertise. The patient was under constant supervision, right from the entry into the nursing home to her admission in Sir Ganga Ram Hospital, which is evident from the medical records of Swastik Maternity Centre. The complainant has not only harassed her by filing this falsified and vexatious complaint, but also defamed her and other doctors, namely Dr. Vivek Mangla and Dr. Arun Garg and on social media, calling them “murderers”, “bastards” and has also requested their hanging. The complainant let out a stream of invective on social media without any contemplation whatsoever. The said complaint is shared by 36,000 and having more than 6000 comments.

She also averred that the premise for conducting the procedure in emergency is that the tear was located in the perineal area, which has a very rich blood supply and is, therefore, prone to excessive blood loss. This was further compounded by the fact that the bleeding was incessant-site had been bleeding continuously for more than 45 minutes and had not ceased despite applying pressure bandage. The child’s clothes were soaked on presentation. During the stay at Swastik Maternity Centre itself, the systolic blood-pressure of the child had dropped by 10 mm of Hg within 15-20 minutes, as is evident from the treatment records of Swastik Maternity Centre. The extent of the injury to the external genitilia cannot be fully assessed without performing examination in lithotomy position. The presentation of the child mandated immediate evaluation for the same, in order to minimize any further complications. Time was of the essence because the patient had already been turned down by Vinod Nursing Home and considerable time had elapsed since start of bleeding. The child was bleeding profusely and required emergency stitches, preceded by thorough examination to determine the extent of the injury. Injury was on the external genitilia, which is an extremely sensitive and vascular part and patient needs to be put in lithotomy position for evaluation and repair. This requires the patient to be put under anesthesia, especially because touching the child in that area can precipitate a vasovagal attack. For administering anesthesia, a well-qualified and experienced anesthetist expert was called by Swastik Maternity Centre. The anesthetist has treated as per his expertise which he will mention in his reply. The required consent forms duly signed by the complainant are as a part of the medical records submitted by Swastik Maternity Centre which is signed before the surgery starts by the complainant. Further, it is a written submission of the complainant himself that he and his wife were informed by her (Dr. Pratibha Garg) that their child needed emergency surgery and under anesthesia before starting the treatment. The same has been accepted by the complainant in his complaint to the S.H.O. as well. The complainant is deliberately falsely testifying to mislead the committees and the courts, just to harass and extort money out of the doctors involved. The complainant was well informed by Dr. Pratibha Garg that the patient needed emergency repair of perineal tear under the anesthesia in view of profuse bleeding. They were informed that there was no alternative, as the bleeding had not stopped despite application of pressure bandage. They were also made aware of the possible complications of the injury and the procedure. The proof of the fact that the parents were well aware of the severity of the situation lies in the fact that they themselves insisted on getting the procedure done at Swastik Maternity Centre despite her (Dr Pratibha Garg) initial recommendation to take the child to Jaipur Golden Hospital. It is vehemently denied that the child vomited at any instance during or after the surgery which led to cardiac arrest. This is a mere afterthought of the complainant to distract the Committee and gain undue advantages. The same can be confirmed from the records of Swastik Maternity Centre, records of Sir Ganga Ram Hospital, post-mortem report and initial complaint made by the complainant to the S.H.O. It is a submission by the complainant himself that his wife was briefed by Dr. Arun Garg about the occurrence of cardiac arrest at around 8: 15 p.m., which is much earlier than what the complainant is now claiming. It is further stated that once the child’s condition was stabilized, the attendants, including parents and other relatives were briefed and also shown the condition of the child at multiple times, by letting them inside the operation theatre. Any claims to the contrary are false and misleading. It is an admitted fact that the complainant was suggested to take the child to the PICU at Sir Gangaram Hospital. The measure was taken after stabilization of the patient and due discussion of all possible options with the parents. Utmost care was taken to shift the child to Sir Gangaram Hospital and, hence, an ambulance with all ultramodern facilities, including ventilator and a Registered Medical Officer was arranged. It is worth mentioning that Dr. Arun Garg himself also accompanied the patient to the PICU at Sir Gangaram Hospital and handed over the patient to Dr. Bharat. The patient was maintaining sp02 > 95% at all times after the initial cardiac arrest. All decisions pertaining to anesthesia were under the prerogative of Dr. Vivek Mangla and he shall answer the same in his reply. It is again reinforced that she performed the surgery, including the suturing of the perineal tear with utmost skill and expertise; there is no lapse in care on her part.

On being asked by the Disciplinary Committee as to why the M.L.C. was not initiated; even though the child had presented as a case of perineal tear. Dr. Pratibha Garg replied that since the parents had given the history that the child had fallen down while climbing the almirah and sustained injury and there was no foul play; M.L.C. was not initiated. She further asserted that the complainant had himself written in the medical records of Swastik Maternity Centre that he did not want any police action.

Dr. Vivek Mangla, Anaesthetist, Swastik Maternity Centre in his written averred that on 23rd May, 2019, at about 6:45 p.m., he received a phone call from Dr. Pratibha Garg, from Swastik Maternity Centre. She told him about a 7 years old female patient who had an accidental fall at home and sustained injuries in her perineum and was profusely bleeding. She (Dr. Pratibha Garg) told him that as the patient was bleeding profusely, she had to undergo exploration and repair under anaesthesia urgently. In less than five minutes, he reached Swastik Maternity Centre. He examined the patient, in her room. Her vitals were stable. Her pulse rate was 94 per minutes; blood pressure 110/74 mm of Hg, weight was 45 kg. An intravenous line with 22 gauze catheter was there with ringer lactate solution. The patient had her meals four hours ago. She already had received intravenous injections of Ranitidine and Perinorm. These injections reduce acid in stomach and push the content of stomach forward to empty the stomach. In a planned surgery, they asked for minimum six hours of fasting. But present case was emergency, as the patient was bleeding profusely. Also the patient was four hours fasting with medicine to empty stomach, prevent vomiting and regurgitation and decrease acidity of stomach contents already given. So in view of all above situations it was decided to take up for surgery, for betterment of the patient. The patient had already received pre-anesthesia medicine injections of Ranitidine and Perinorm. He was told that all the samples for routine test had been taken. All these were as per rules and protocol of anesthesia. The rules for planned surgery do not apply in case of emergency. Proper anesthesia plan was made. It was decided to give the patient little sedation only alongwith local anesthesia. This would make patient comfortable, cooperative, pain free, risk free from vomiting, aspiration etc. His treatment plan was also according to protocol it was best for that situation. He advised consent for surgery and anesthesia. He explained the full condition and situation and consequences of the treatment to the parents. the patient was shifted to operation theatre. He checked the signed consent papers, before giving anesthesia. He agreed to give anesthesia in view of emergency. All the monitoring was done. All the care and precautions were taken. In the operation theater, patient was put on multi-para monitor with continuous monitoring of pulse rate, blood pressure, oxygen saturation in blood and ECG. Oxygen with mask @ 6 litres per minutes was started. Injection Xylocaine sensitivity test was done in arm. In between surgical team got ready for surgery. He checked all his medicines and instruments. After all his satisfaction, at 7:20 p.m., he gave injections Glycopyrrolate 0.2 mg to decrease various secretion of body and further additionally prevent vomiting. He also gave injections Fentanl 50 micrograms and injections Propofol 90 milligrams. All these are very short acting standard medicines. These were best and safe for present case. All the medicines used and anaesthesia technique was as per protocol and standard procedure for outpatient anaesthesia, especially in emergency. All the medicines used to make the patient sleep only and patient would have opened her eyes in less than 10 minutes. Maximum permissible dose for Fentanyl is 2 micrograms per kilograms of body weight, that is 90 micrograms in present case, but he gave only 50 micrograms. For Propofol also, standard minimum dose is 2 milligrams per kilograms of body weight and he gave 90 milligrams that is standard for a 45 kilograms patients. The patient was breathing on her own with oxygen given to her with mask @ 6 liters per minutes. He monitored her respiration, pulse rate, blood pressure, ECG etc. The patient went to sleep within one minute of injection. Then the patient was put in lithotomy position and parts cleaned with antiseptic solutions and perineum wound was explored to assess the extent of the injury. Then 5 ml injection xylocaine 2% was injected in and around the wound and surgery started. At around 7:28 p.m., the patient was out of sleep and opened her eyes, while surgery was still going on. Inspite of all these standard precautions, the patient suddenly had drop in pulse rate from 88 per minute to zero within seconds and she had a cardiac arrest at about 7:30 p.m. immediately cardiopulmonary resuscitation started. The chest compression was started and the patient was immediately ventilated with bag and mask. The patient’s trachea was intubated with 6.5 mm diameter cuffed endotracheal tube, cuff inflated. CPR was continued in the meantime. The patient’s heart was resuscitated within 2 minutes. Soon after, spontaneous respiration also restored after about 20 minutes. In between artificial external respiration was given with 100% oxygen. At 7.35 p.m., the patient pulse rate was 135; the blood pressure 180/110, saturation of oxygen was 95%. At no point of time, vital signs of patient deteriorated but improved with time. Necessary IV fluids were given alongwith all medicines. In between, necessary medicines were given to stabilize the patient. Arterial blood gas analysis test was done. All necessary steps and medicines for the patient care were taken. At 7:45 p.m., the urine collecting pipe, Foley's catheter was put in to check urine output and kidney status. About 1000 ml urine was out till 8:20 p.m. and 750 ml more till 10:20 p.m. The entire situation, conditions and prognosis were explained to the relatives by him in operation-theater itself, repeatedly at regular intervals. In between, Dr. Arun Garg was also talking and explaining them the situation repeatedly. At 8:00 p.m., the sample for arterial blood gas analysis test was taken and handed over to father to get it done from Jaipur Golden Hospital. Report came at 9:00 p.m., after one hour with pH 7.19, pC02 43, p02 62, SP02 88 per cent, sodium 136, potassium 2.7, glucose 414. Immediately, injection soda bicarbonate was given, IV fluid accordingly was given. ABG report though showed respiratory acidosis, but Sp02 was more than 94% and pC02 was also in acceptable range, in view of time lapse between sample collection and actual testing. Injection insulin could not be given due to low potassium levels pO2 of 62 was acceptable because of nearly 45 minutes lapse in sample collection and testing as pO2 decrease with each passing minutes in sample that more too in plastic syringe. Moreover, pulse oximeter showed valve more than 94 percent as per records. The blood sugar was repeatedly checked by glucometer at 9:50 p.m., 10:00 p.m. and 10:20 p.m. and was 444, 395 and 418 respectively. This was also shown to relatives. The patient was on spontaneous respiration with endotracheal tube and T piece with 100% oxygen from 7:50 pm till shifted to ambulance, also evident in CCTV footage. All preventive medicines like Eptoin, Steroids, Lasix, Manitol etc. to prevent any damage to vital organs like brain, kidneys etc. were given in the meantime. At no point of time after 7:35 p.m., oxygen saturation of blood and other vital signs deteriorated till shifted to ambulance. At 7: 50 p.m., both pupils of the patient were size and normal reaction to lights. Later this was shown to the parents also. This sign shown that the patient brain was working at that time. At no point of time, thereafter this sign deteriorated. The parents and other attendants were called in OT repeatedly. Entire incident was explained to them and prognosis was explained to them. The parents of the patient consented to shift the patient to ICU of Ganga Ram Hospital for further management and the treatment. At about 10:45 p.m., the patient was shifted to ICU of Ganga Ram Hospital for further management, in ambulance of Ganga Ram Hospital, accompanied by a doctor. The condition of the patient at that time, though not fully conscious, poorly responding to commands but spontaneous eyes opening present, pulse rate of 128/minute, blood pressure of 130/90 mm of Hg, oxygen saturation in blood was more than 95%, patient was breathing spontaneously on her own with T- piece attached to endotracheal tube, pupils in both eyes were normal size and normal reacting to light. All these parameters were also shown to attendants. Prognosis also explained to them again. At the time of shifting of the patient to Ganga Ram Hospital, he handed over a photocopy of all the treatment papers, anaesthesia notes and discharge summary of the patient to the relatives alongwith reports. He had done best for the patient and had nothing to hide or manipulate. What happened at Ganga Ram Hospital and what treatment was given, is not fully known to him? He is completely unaware about the same. Although, Dr. Arun Garg was in constant touch with the doctors there. There was no act of negligence during the treatment of the patient. To summarize, he has done his best for the treatment of above mentioned patient as per protocols for emergency management. All the steps taken by him are standard protocol. There is no act of omission or omission. He was able to pick up the adverse event suddenly suffered by the patient and was able to resuscitate the patient within minutes. Thereafter, the patient was referred to one of best PICU in Delhi, afer stabilizing the patient. Al the steps were taken for the betterment of the patient. All the queries and points raised by the complainant are false and far away from the reality and misleading. Also he (the complainant) is knowingly hiding many facts. There was no negligence in treatment of the patient.

In regard to the allegation of no proper procedure followed for consent; that the complainant has alleged that consent was taken in forced influence in between the treatment/procedure and further the consent was taken on a blank sheet and contents were filled in later on, he denies this allegation as frivolous and its foundation false and motivated and afterthought. The complainant voluntarily agreed and signed the consent form that too much prior to the start of surgery. Admittedly, the surgery started at 7.20 p.m. Such allegation is afterthought and motivated. The complaint is guilty of manipulating the facts, as evident on the record. For instance: the complainant has stated that her daughter fell from a table at home while playing, which is self-contradictory to his written complaint dated 9-6-2019 vide DD No 10-B to the Rohini South police station, in which, he informed that the child fell from Almirah when she was trying to switch off the air conditioner manually. There are many instances of afterthought and motivated false allegations. All such motivated allegations to make out a sustainable case both criminal, under consumer protection Act and also under the Delhi Medical Council. Hence, the credibility of the complainant is in serious question. It is submitted that soon after the examination of the patient in OPD, the nature of injury suspected a sexual offence with the child victim which might have caused the second grade perineal injury and, therefore, the maternity centre desired to report the matter to the police. However, the complainant while signing the consent form gave in writing that the victim child was injured at home and, therefore, he does not want any police complaint and insisted with folded hands for immediate surgical repair of the injury at his all risks. Thereafter, the surgeon agreed to repair the injury by way a surgical intervention. Since, there was no regular anaesthetist at Swastik Nursing Home, Dr. Pratibha Garg called. He, who resides nearby Maternity Centre in question reached the Maternity Centre in question within five minutes and examined the patient in the patient room soon thereafter. He was informed about the surgical repair to be done in emergency, as the victim child was bleeding profusely. Thereafter, he also explained not only the various pros and cons of the anaesthesia to the complaint, the nature of procedure of the treatment and its purpose, benefits and effect; alternatives available, an outline of substantial risks; adverse consequences of refusing the treatment. He also informed the complainant as to need of police complaint prior to start of procedure. The complainant informed him that complainant has already given in writing that he does not want police case as injury has been caused at home and no one has caused such injury. The complainant repeated said that there is serious emergency and requested to do surgical repairs and let no time be wasted on the formalities of informed consent. The complainant was eager to get the surgical repair done at the earliest and of the view that no time be wasted in these useless formalities. The complainant was, however, asked to sign the consent form the surgery under general anaesthesia and nurse was duly instructed at reception to get the consent form signed. The complainant voluntarily agreed and signed the consent form. The complainant was also informed and he consented that during the treatment and/surgery, any plan of anaesthesia/any procedure of surgery or any use of drug/medicines can be changed according to the medical conditions of the patient. The complainant has deliberately not filed the english translation of this document. This may be further noted that this is printed form and not blank. He went inside the OT. Dr. Pratibha Garg was already in OT preparation for surgery. He checked the anaesthesia machine and other equipment and checked all anaesthesia and emergency medicines. The doctors and the hospital also checked the consent and found that complainant has not signed the (additional) consent for assuming the responsibility of blood. Dr. Pratibha Garg after examination of the patient and after discussion with him decided that blood may be required during the course of treatment of patient as the patient was bleeding profusely from her wound in the perineum, so much so that all her clothes were soaked with blood and her blood pressure was also dipping. He gave it to staff nurse who brought the same to complainant. The complainant after having read and understood the same, signed the (additional) consent form without any demur. The word additional is not mentioned, which the complainant signed the consent (additional). But this is not in dispute that surgery began at 7-20 pm. Therefore, all the consents were taken prior to the surgery and none of them/or part of the consent was in between the procedure as alleged. Thus, the complainant has made a false and frivolous contention before the Hon'ble Committee that consent form was got signed subsequent to the start of the surgery through a nurse and he was not explained any pros and cons of the treatment.

In regard to the allegation that the patient was unfit for general anaesthesia for having taken food only four hours before, he averred that allegation is unsustainable for two grounds that complainant is citing the protocols of general anesthesia for elective surgery only. The surgery in hand was an emergency and not an elective and planned procedure. The general anesthesia was not given in the present case, though, the consent signed by the complaint reads general anesthesia. Otherwise also, 8 hours fasting is a standard protocol for surgery in plan cases only and not in situations of emergency surgery. The protocols are different for emergency surgery. The present case was an emergency, as the patient was bleeding profusely, her clothes were fully soaked with blood, she was already turned back from other nursing centers also, moreover, her blood pressure was dipping as evident that within 15 minutes of preparation in the ward itself, her systolic blood pressure dropped by 10 mm of Hg. In view of emergency and for the betterment of the patient, the doctors could not delay the procedure by another two hours. All the precautions were taken care of by the doctor. It is submitted that the patient was fasting for more than four hours since the start of surgery. Moreover, the patient had already received intravenous injection of Ranitidine (pharmacologic blockade of gastric acid secretion) and Perinorm (gastrointcstinal stimulant) almost 30 minutes before the start of the surgery. These injections are given before the emergency surgery to decrease acidic pH of stomach contents, to decrease quantity of stomach contents and make stomach empty and to prevent vomiting and regurgitation during and after surgery. In present case, the little sedation only alongwith local anaesthesia i.e. procedural sedation also known as twilight anesthesia (previously known as monitored anesthesia) or local standby was administered. After discussion with the surgeon, procedural sedation also known as twilight anesthesia was sufficient to facilitate the surgery. However, he as abundant precaution was ready for general anesthesia in case of any need. In general anesthesia, the doses of medicines so given are more than the dose is given in procedural sedation. Along-with this, the anesthetists also give many other medicines like muscle relaxant, incubate the patient, give artificial respiration, anesthesia gases. Further, after completion of the surgery, medicine for reversal of anesthesia is administered and at last extubating of the patient is done. But, none of these sorts of medicines or steps are taken in procedural sedation/twilight anesthesia. On examination of the patient in OPD, it was not clear about the depth of the injury of the patient and, hence, the definite plan of the anesthesia could not be taken. Hence, initially it was procedural sedition/twilight anesthesia was planned. Only after confirmation of depth and gravity of injury during the operation, the general anesthesia was kept as an option as planned anesthesia in case of need. Fact remains, that in present, there was no need for general anesthesia and no general anesthesia was given. Therefore, the allegations as to patient not fit for anesthesia for not being on fast for 8 hours is not relevant. As per medical literature in case of in appropriate and less fasting and emergency surgery, procedural sedation is the safest procedure to avoid vomiting and aspiration. In fact, the general anesthesia is known for more risk of vomiting and aspiration than procedural sedation and in emergency situation procedural sedation is a guideline for emergency surgery even in full stomach patient. In the present case, the patient was bleeding profusely and blood pressure of the patient was decreasing. So, they cannot wait for another 4 hours to complicate the conditions of the patient and put the life to greater risks. So, it was decided to use the protocols and guidelines which are made for emergency surgeries and go ahead with the surgery and save the life of the patient. There is a difference between procedural sedation and general anesthesia.

In regard to the allegation of administering wrong dose of anaesthesia medicine, he averred that he administered 50 micrograms (mg) (of Fentanyl, not 50 milligram (mg) as alleged in complaint), 0.2 mg of Glycopyrrolate, 90 mg Propofol. The abbreviation (mg) stands for microgram for Fentanyl. 1 mg = 1000 mg, 50 mg = 0.05 mg. As per the complainant, he could have administered Fentanyl up to 25 mg in one hour as per 52A of NDPS Rules; but he had in fact administered 500 times less in comparison to the dose so mentioned by the complainant. Hence, the allegation of over dose is totally misconceived, frivolous and aimed at to prejudice the mind of the Committee. For anaesthesia purpose, the dose of Fentanyl is 1 - 2 micrograms per kilograms of body weight of the patient. Accordingly, he rightly administered 50 mg (micrograms). The standard dose of the aforesaid drug is administered as per weight of the patient and in this case, the patient weight was 45 kg. So, the dose administered 50 mg (micrograms) of Fentanyl by him was as per medical protocol. The dose as mentioned by the complainant is meant for patient in ICU, where this medicine is given continuously to cause sleep. Further, for anaesthesia purpose, the dose of Propofol is 2 milligrams per kilograms of body weight of the patient. Accordingly, the patient was rightly administered 90 mg of Propofol. This medicine was also administered as per medical protocol. For anaesthesia purpose, the dose of Glycopyrrolate is 0.2 milligrams. This medicine was also administered as per medical protocol.

In regard to the allegation of not following the standard procedures, he averred that the same are vague and baseless, wrong and denied. He has followed all the standard protocols and guidelines in treatment of the patient in present case. The complainant has not specified as to what standard procedure was not followed, only vague allegations. He followed the standard procedure for procedureal sedation/twilight anesthesia. He examined the patient in patient’s room. The blood samples were already sent. He also explained not only the various pros and cons of the anaesthesia to the complaint, the nature of procedure of the treatment and its purpose, benefits and effect; alternatives available, an outline of substantial risks; adverse consequences of refusing the treatment. Thereafter, he went to O.T. on first floor and started preparation for the surgery. He checked the anaesthesia machine and other equipment and checked all anaesthesia and emergency medicines. At 7.15 p.m., the patient was shifted to O.T. table. Soon immediately, thereafter, he gave local anaesthesia test dose to the patient. He again examined the patient and applied multi-parameter monitor to the patient for continuous monitoring of pulse rate, blood pressure and ECG. At that time again, he noted that there was no history of cough and cold, no history of hypertension, TB, DM, drug allergy, convulsion and cyanosis. The patient had meal at 3:00 pm. The patient was bleeding profusely from perineum. On examination, the general condition was fair, a febrile, pulse rate was 94 per minute blood pressure was 110/70 mm of Hg. The chest, CVS, CNS Abdomen were normal. Respiratory rate was 12 per minute. MPG was class 1. Consent for anaesthesia was already taken. The patient was taken up for the surgery in view of emergency due to bleeding. Injection Rantac 1 ampoule intravenous- was already given (to reduce acidity and total contents in stomach within minutes). Injection Perinorm 1 ampoule intravenous was already given (to empty the stomach and prevent nausea and vomiting within minutes). Review SOS. I/V line were started with 22 gauze canula with ringer lactate. Oxygen was started by mask. At 7:20 p.m., the anaesthesia was started. He noted the pulse of the patient was 96, B.P-110/70 and oxygen saturation in blood was 100%. Injection Fentanyl 50 mg(micrograms) to relieve pain was given. Injection glycopyrrolate 0.2 mg milligram was given (to dry up secretions in whole body including mouth and stomach and also prevents aspiration). Injection Propofol 90 mg Milligram intravenously was given slowly to make patient sleep only. The patient was breathing spontaneously on her own with oxygen from oxygen mask. During the surgery, he constantly monitored all vitals and recorded in his notes. Accordingly, at about 7:22 p.m., the pulse of the patient was 86, B.P-108/66 and oxygen saturation in blood was 100%. The surgery was started. The patient went to sleep, patient was in lithotomy position and cleaned and draped. At 7:25 p.m., the pulse of the patient was 86, B.P 108/68 and oxygen saturation in blood was 100%. Local infiltration of xylocaine injection was given by the surgeon. Suturing was started. At 7:28 p.m., the pulse of the patient was 88, B.P - 110/70 and oxygen saturation in blood was 100%. The patient was out of her sleep and opened eyes. The surgery was continued. At 7-30 p.m., the patient had cardiac arrest. He was also vigilant during the surgery and he immediately noticed the cardiac arrest and managed the situation promptly and revived the patient successfully. Immediately CPR was started. The chest thumping was started. The patient was intubated with 6.5 mm ID cuffed tube. Artificial respiration with 100% Oxygen was started. Injection adrenaline 1 ampoule intracardiac was given to restart the heart beats, followed by another ampoule of injection adrenaline. The patient regained heart activity within 2 minutes. Resuscitation was continued. At 7:35 p.m., the pulse of the patient was 135, B.P - 180/110 and oxygen saturation in blood was 98%. Injection Dexamethasone 8mg was given; injection Hydrocortisone 300 mg was given. Injection Sodabicarbonate 50 ml was given to treat the acidosis in blood. All these medicines are protective and prevent any further damage to any organ of the body. IPPV (artificial respiration with 100 % Oxygen) was continued. At 7:40 p.m., the pulse of the patient was 132, B.P 170/108 and oxygen saturation in blood was 95%. Injection Mannitol 100 ml intravenous was given alongwith injection lasix 40 mg to bring blood pressure of patient to normal and decrease intra cranial pressure and prevent damage to brain of patient and protect the brain from injury. Another bottle of ringer lactate solution 500 ml was started. Artificial respiration with 100% Oxygen was continued. At 7:45 p.m.,, the pulse of the patient was 130, B.P - 140/94 and oxygen saturation in blood was 95 %. The patient had regained spontaneous respiration on her own. The patient was put on spontaneous respiration with 100 % oxygen through endotracheal tube. Injection Eptoin 200 mg was given to protect the brain from injury as well as prevent convulsions/seizures. Foley’s catheter was put in by surgeon. At 7:50 p.m., the pulse of the patient was 140, B.P - 130/90 and oxygen saturation in blood was 95 %. Pupils in both eyes were normal size and normal reacting to light, signifying no severe damage to brain. The patient was on spontaneous respiration on endotracheal tube with 100 % Oxygen. The patient’s Arterial blood gas sample was taken. At 8:00 p.m. pulse of the patient was 142, B.P -130/90 and oxygen saturation in blood was 95 %. Arterial blood gas sample was sent to Jaipur Golden hospital through complainant. At 8:10 p.m., the pulse of patient was 138, B.P - 124/90 and oxygen saturation in blood was 95 %. Injection Deriphyllin 1 ampoule was given. At 8:20 p.m., the pulse of the patient was 140, B.P - 130/92 and oxygen saturation in blood was 95 %. 1000 ml urine was drained out from urine bag. Prognosis and position explained to the attendants. He called the complainant inside the OT and shown all the parameters. Thereafter, the mother and grandfather of the patient also came inside the OT and saw the parameters at different times. At 8:30 p.m., the pulse of the patient was 142, B.P - 134/88 and oxygen saturation in blood was 95 %. The same treatment was continued. At 8:40 p.m., the pulse of the patient was 142, B.P- 130/90 and oxygen saturation in blood was 95 %. The same treatment was continued. At 8:50 p.m., the pulse of the patient was 140, B.P - 134/88 and oxygen saturation in blood was 95 %. The Same treatment continued. At 9:00 p.m., the pulse of the patient was 140, B.P - 132/90 and oxygen saturation in blood was 92 %. ABG report received showing ph.- 7.19, Pco2 - 43, po2 - 62, sodium - 136, potassium level was - 2.7 base excess of - 11.5, blood glucose - 414, Calcium level was 3.53. Considering the time lapse of about 50 minutes between sample collection and reporting, Po2 and Sp02 levels were acceptable to be normal. Potassium and calcium level were dangerously and critically low alongwith very high blood glucose levels. All these alone can be a cause of sudden cardiac arrest. Here, they were present altogether. Acidosis present in this report was treated slowly further. At 9:10 p.m., the pulse of the patient was 142, B.P - 130/90 and oxygen saturation in blood was 95 %. Injection Sodabicarbonate 50 ml slowly intravenously was given to reduce acidosis in blood. At 9:20 p.m., the pulse of the patient was 140, B.P - 130/90 and oxygen saturation in blood was 94 %. Injection Sodabicarbonate 50 ml slowly intravenously was given to reduce acidosis in blood. At 9:30 pm, the pulse of patient was 142, B.P - 130/90 and oxygen saturation in blood was 95 %. Injection Sodabicarbonate 50 ml slowly intravenously was given to reduce acidosis in blood. Prognosis again explained to the attendants and condition of the patient again shown to all attendants as general condition continues to be same. The patient was unconscious, afebrile, not responding to commands; the patient was already intubated with 6.5 mm ID tube. On spontaneous ventilation with 100% Oxygen. Pulse - 140, BP - 130/90, Sp02 - 95 %, chest, CVS - NAD. Pupils in both eyes were normal size and normal reacting to light. All these parameters were shown to attendants. All the drugs used are drugs of choice to treat such situations after cardiac arrest, for which merely because he was holding the smoking gun, cannot be blamed in particular, there are chains of causation responsible for cardiac arrest during surgery. All the above is as per standard protocols. He discharged his all the aforesaid duty with standard care.

In regard to the allegation of use of unlicensed drug Fentanyl, he averred that the complainant has gone to the extent for finding fault for administering Fentanyl, a necessary drug for the anaesthesia saying the use of said drug was unlicensed on his part. Such allegation is misconceived in law and, therefore, denied in particular when the complainant has taken the plea that Fentanyl could be administered. Further, Ganga Ram Hospital has also used this drug in ICU. As an anaesthetist, he is authorized in law to use drug Fentanyl for emergency situations. For this, he does not need a separate license to keep and administer such medicine in limited quantity in emergency. He as anaesthetist/any other Registered Medical Practitioner is authorized to store total 6.3 milligram of Fentanyl. As per Section 52 A of Narcotic Drugs Substances and Substances and Psychotropic Rules, 1985 authorizes him to keep and use the narcotic medicines including Fentanyl (2 TD patches one each of 12.5 mg / hour and 25 mg / hour) for use in emergency situation. Thus, he as an anaesthetist/RMP can keep maximum 6.3 mg Fentanyl with him and use the same in emergency. In the present case, he has only 100 mg Fentanyl (i.e., 63 times less in quantity). Therefore, it cannot be said that he was unlicensed to store 100 mg Fentanyl and use 50 mg Fentanyl in present case. For this, he is not required to take any license from any authority. He can use it in emergency situation on the patient. Only restriction is that he can never sell it or give it to others. As such, all the allegations made by the complainant in this regard are false, baseless and far from reality and, therefore, completely denied.

In regard to the allegation of failure to secure the airways during the patient in anaesthesia, he averred that the procedural sedation/ twilight anaesthesia nowhere require endotracheal intubation and securing of airway as per recognized and standard procedure of medical science. It is in general anaesthesia, the procedure like intubation and extubating is done, which by it can cause vomiting and aspiration as per medical literature alongwith other side effects. However, with procedural sedation/twilight anaesthesia, the patients are totally free from risk of vomiting and aspiration. Hence, the apprehension of the complainant that he failed to secure airways is totally misconceived and baseless. Twilight anaesthesia is a very light anaesthesia. The patient is given a mild sedation alongwith pain control, which facilitates the surgeon to carry out the required surgery. During the surgery, the patient remains in light sleep. He is easily arousable and early arousable.

In regard to the allegation of cardiac arrest in OT due to wrong treatment, he averred that such allegation of the complainant is devoid of merit and baseless. The possible cause of cardiac arrest may be followings: the blood report from Jaipur Golden Hospital brought by the complainant at around 9:00 pm also show severe(fatal) deficiency in potassium level and calcium levels alongwith very high blood glucose levels. All these may be cause of cardiac arrest in operation theatre. The complainant and other relatives were shown the report and explained that there must be some metabolic disorder that has led to cardiac arrest. They were shown all the parameters and recovery of the patient from that accident. Hypoxia was ruled out in this report. There were abnormalities in levels of sodium and chloride also. These also contribute in deterioration of the patient. The blood sugar of the patient was continuously in the range of 400 and above. It can also contribute in deterioration condition of the patient. Please note that such a high sugar report of the patient at only 7 years of age also indicate pre-existing unidentified disease. Other important reason for cardiac arrest may be that in the birth history of the patient, taken in PICU (Ganga Ram Hospital), it was clear that the patient was born before time, (preterm delivery), also not cried after birth and had to be shifted and stay in Nursery (ICU of new born babies). To sum up, from all above points and evidences, it has been clear that cardiac arrest had happened not due to any act of omission or commission in anaesthesia but it was due to some pre-existing, undetected disorder present in the patient, which would have to be diagnosed during the stay at PICU. He successfully and promptly treated the cardiac arrest and thereafter, as per standard protocols and timely referred the patient to higher centre for further management. The doctors at Ganga Ram Hospital at PICU had opportunity to detect the cause of cardiac arrest, but they did not make any efforts in this direction and continued and concentrated on symptomatic treatment of the patient.

In regard to the allegation of duration of surgery was 2-3 minutes, he averred that the allegation of complainant for surgery concluded in 2-3 minutes is misconceived and denied. In fact, the surgery started immediately after induction of anaesthesia. There are several steps during a surgery like positioning of the patient, cleaning of patient with antiseptics; draping, examination and assessment of injury are to be taken before suturing. It is to be noted that all these are done simultaneously and promptly and is likely to take about 4 to 5 minutes. All the experience of the doctor makes her movements synchronized and fast. It is to be noted that the surgeon (Dr. Pratibha Garg) had an experience of around 20 years at the time of surgery in present case. Generally, newly trained surgeons are usually slow. All other steps were done before 7:25 pm, as mentioned in treatment notes and suturing started at around 7:25 pm. It is to be noted that an experienced surgeon with an assistant will take only 3-5 minutes to stitch a wound of 3 cm length. Dr. Pratibha Garg in her notes has mentioned that at the time of completion of repair, the patient had sudden cardiac arrest. According to his notes at 7-30 pm, the patient had cardiac arrest. This shows total timing of surgery was about 10 minutes in present case and not three minutes as alleged. It may be further noted, at the time of completion of suturing, the patient had cardiac arrest on table and she was revived, which took less than two minutes.

In regard to the allegation of delay in shifting the patient to other hospital, he averred that there was no delay in shifting the patient to other hospital. At about 8:00 p.m., Dr. Arun Garg handed over a blood sample to the complainant at about 8:00 pm to get it tested at Jaipur Golden Hospital. Before that he had already explained the condition of the patient to all the attendants and need for shifting the patient to other hospital. At 8-30 p.m., Dr. Pratibha Garg in her notes at 8:30 pm had written that the patient’s prognosis explained to the mother of the patient, consulted about need to transfer baby to higher centre. Thereupon, the mother of the patient is believed to have informed the complainant on mobile about the seriousness. At 8-40 p.m., the complainant reached Jaipur Golden Hospital and got the sample be tested. At 8-49 p.m., the report of ABG analysis was printed out and complainant collected the same. At 9.00 p.m., however, the complainant was back to Swastik Maternity Centre with blood report. At around 9:00 pm (Point to be noted) that the distance between the Swastik Medical Centre is hardly ten minutes by car. The complainant was prompt in coming back. But he(the complainant) took 40 minutes to reach hospital for test. The complainant took the medical condition lightly). At about 9-00 p.m., he saw the report and after analyzing the report, he gave injection Sodabicarbonate three times at intervals of ten minutes or so to treat the acidosis as indicated in ABG report. At 9-30 p.m., he personally talked to the complainant and explained the position and prognosis again to the complainant and need to shift the patient to higher centre for further management. Dr. Arun Garg also explained the condition and prognosis of the patient to the relatives again and again. Inter-alia, the complainant agreed with Dr. Arun Garg to shift the patient in a ventilator support ambulance to ICU of Sir Ganga Ram Hospital for further management. Ventilator support ambulance from Sir Ganga Ram hospital was called. It is a matter of record that the patient could be shifted only after she responded to the prompt resuscitative measures and had recovered from the cardiac episode and had started to breathe spontaneously from T tube. Thereafter, examining the report of ABG (Arterial Blood Gas) analysis and further to do needful to treat acidosis, referral was made to the higher centre. Immediately ambulance was called from Sir Ganga Ram Hospital. She was not shifted in CAT Ventilator support ambulance. At 10-35 pm, the ambulance arrived about at 10:35 pm. At 10:45 pm, the patient was shifted to ambulance at 10:45 pm. He and Dr. Pratibha Garg escorted the patient to Sir Ganga Ram hospital in their own car. At about 11.45 pm, the patient reached PICU (Paediatric Intensive Care Unit) at 11:45 of Ganga Ram Hospital. 12.00 p.m. (24-5-2019), the nursing officer Anju attended the patient and informed Dr. Bharat. At 1.15 am on 24-10-2019; as per notes of Dr. Bharat, he examined the patient in PICU. The timing is 1.15 am so mentioned by Dr. Bharat at the end of the note shows that the patient remained unattended for 1-15 hours without doctor at PICU at Sir Ganga Ram Hospital. This proves that he acted swift and fast but if there was any delay it was on the part of Sir Ganga Ram Hospital.

In regard to the allegations as to deterioration of health due to wrong treatment/delayed shifting, he averred that all the allegations are completely frivolous and denied. The treatment given by him was as per the protocol and medical standard. The complainant has failed to pin point as to what was the wrong treatment due to which medical condition of the patient deteriorated. Sudden cardiac arrest happened on O.T. table during the treatment is not related to him, as being wrongly projected by the complainant. Secondly, due to active and continuous vigilance and effective medical steps taken by him, the patient was revived in less than two minutes. He immediately detected and diagnosed the cardiac arrest and immediately started cardio-pulmonary resuscitation with pre-cordial chest compression and giving artificial respiration with 100% oxygen through Bain's circuit and 6.5 mm cuffed endotracheal tube, which he inserted within seconds. All necessary medicines were given. All necessary medications and treatments were given to the patient as described earlier. Artificial ventilation was continued with 100% oxygen till the time sufficient spontaneous respiration was regained. After that, the patient was given 100% oxygen through Bain’s circuit and endotracheal tube, with spontaneous respiration of the patient on her own. Sample for blood test of ABG (Arterial Blood Gas) analysis was taken and handed over to the complainant to get it tested at Jaipur Golden Hospital, report of that came at around 9:00 pm. During that time all necessary drugs and treatment was given to the patient. After reading and interpreting the report of ABG (Arterial Blood Gas) analysis, he gave other necessary medicines also to cure acidosis. It cannot be said that the treatment given by him was wrong. He has also given minute-wise explanation to show there was no delay in shifting the patient, rather the patient remained unattended without doctor for about 1-15 hours at Ganga Ram Hospital. The patient was referred to the intensive care unit of Ganga Ram Hospital to ascertain real cause for cardiac arrest during surgery and for further management. The Ganga Ram Hospital, however, did not further investigate to confirm the reason of the cardiac arrest. Further, Ganga Ram Hospital proceeded and treated symptomatically. The complainant has filed the illegible treatment notes of Ganga Ram Hospital that too are haphazard and incomplete. He is, thus, being deprived to comment anything more at this stage.

In regard to the allegation of hypoxia to the patient caused by post-operative cardiac arrest which was due to wrong administration of general anaesthesia, he averred that the allegation is misconceived and report of ABG analysis done at Jaipur Golden Hospital demolishes the allegation. The ABG (Arterial Blood Gas) analysis at Jaipur Golden Hospital, nowhere signify hypoxia. This demolishes the allegation that hypoxia was caused by cardiac arrest at OT table. To appreciate the event, the surgery was over at about 7.30 pm when the patient had cardiac arrest. However, due to his constant vigilance, the patient was immediately diagnosed and revived within two minutes. He had taken a sample of ABG (Arterial Blood Gas) analysis to determine further course of treatment a few minutes before 8.00 p.m., time by which the sample to the complainant, to get it tested at Jaipur Golden Hospital, which is about two kms away. At 8.49 pm, the complainant got tested the sample i.e., about after 49 minutes. As per the medical literature, living blood cells in blood continue to consume oxygen in such sample and every minute of delay in testing will show decrease in oxygen levels in that sample. Considering the delay of about 50 minutes, the report of P02 of 62 and Sp02 of 85 % was acceptable. Thus, the ABG (Arterial Blood Gas) analysis at Jaipur Golden Hospital, nowhere signify hypoxia. The report showed acute deficiency of potassium and calcium and high blood glucose level (metabolic disorders) which might have caused sudden cardiac arrest at OT table. The report rules out the hypoxia as a cause of cardiac arrest of the patient at table. Moreover, he during entire stay of the patient has maintained oxygen saturation of the patient in the blood 95% or above. There was no any hypoxia to the patient during the treatment of the patient/cardiac arrest. The parameters were also shown to the complainant and the relatives coming inside the operation theatre time and again. The report was shown to the complainant and further its significance of findings was explained to him. It is to note that at Sir Ganga Ram Hospital, the patient was given only 40% oxygen, that too with a narrow 5.5 mm ET tube. It is to note that the patient in PICU was kept on SIMV (synchronized intermittent mandatory ventilation) with mostly 40% oxygen since beginning till last for all the days. Ganga Ram Hospital also changed the ET tube dimension from 6.5 to 5.5 which decreases diameter of airway and thus increased resistance in respiration. This decrease in diameter of ET tube can be compared with a situation of asthma attack. The histopathology report confirms that the patient was suffering from pneumonia and other serious lungs and lever disease, which may be the possible the cause of hypoxia. Further, it may be noted that hypoxia may also occur when patient was on ventilator at Ganga Ram Hospital. It is a medical proven fact that hypoxia may occur when patient is on ventilator. So many types of complications do arise when the patient remains on ventilator such as the most common in 29% cases is the pulmonary edema, which becomes the cause of acute hypoxia. The second most common cause in 28% cases is atelectasis, which is cause of acute hypoxia. The third most common cause in 20% cases is mucous plugging which is the cause of acute hypoxia. The fourth most common cause in 6% cases is poor suctioning, which is the cause of acute hypoxia. The fifth most common cause in 2% cases is right main-stem intubation, leading to right upper lobe collapse or left lung collapse, which is the cause of acute hypoxia. The sixth most common cause in 13% cases is PNEUMOTHORAX which is the cause of acute hypoxia. The seventh most common cause in 10% cases is pneumonia, which is the cause of acute hypoxia. On arrival of the patient at Ganga Ram Hospital on 24- 5- 2019, CRP was found positive and there was a consolidation in x-ray chest. Both of these findings suggest that there was some undetected pneumonia in the patient before surgery. Pneumonia takes sometimes (minimum 6 to 18 hours) to settle and to show the CRP test positive and consolidation in the x-ray chest). The eight most common cause in 9% cases is ARDS (Acute Respiratory Distress Syndrome) which is the cause of acute hypoxia. The eight most common cause in 6% cases is endotracheal, tube malfunction which is the cause of acute hypoxia. The eight most common cause in 3% cases is airways bleeding which is the cause of acute hypoxia. The eight most common cause in 3% cases is PE, which is the cause of acute hypoxia. Apart from all these reasons, while a patient is mechanically ventilated, the cause of a hypoxic event can be due to the ventilator and equipment problems, progression of the pre-existing disease that resulted in respiratory failure, and development of a new disease process or a side-effect from any medicine/drug used during the treatment.

In regard to the allegation of MRI report suggestive of global hypoxic insult in the hands of the doctors of the hospital, he averred that no doubt MRI report is suggestive of global hypoxic insult in present case. But that report does not connect the cause of global hypoxic insult to his treatment. Ganga Ram Hospital conducted the MRI on 27-5-2019 i.e. after four days of shifting of the patient. Within 4 hours of the surgery, the patient was shifted in PICU of Ganga Ram Hospital on 23/05/2019 at 11.45 p.m. The MRI was ordered by the doctor on duty on 24/05/2019, then again on 25-5-2019 and, thereafter, again on 26-05-2019. However, no MRI was got done. The patient’s condition was stable for 3 days in the Hospital. The MRI was done on 27/05/2019 when the condition of the patient started deteriorating. Therefore, he humbly submits that had Ganga Ram conducted the MRI done earlier on 24/05/2019, MRI findings might be different from present one. Further, it is to note that the patient in PICU was kept on SIM (synchronized intermittent mandatory ventilation) with mostly 40 % oxygen. It is to note that at Sir Ganga Ram Hospital, patient was given only 40 % oxygen, that too with a narrow 5.5 mm ET tube. No intensive monitoring and charting were done at PICU. Nothing is on record as to steps taken at Ganga Ram Hospital after having come to know such MRI finding on 27-5-2019. On the contrary, the patient was given 100% oxygen with wide bore ET tube 6.5 mm at Swastik Medical Centre by him. He had also done minute to minute intensive monitoring of the patient and done his best with all available facilities.

In regard to the allegation of ECG report confirms diffuse cerebral disfunction, he averred that as per the admission and discharge record of Ganga Ram Hospital, there were four different EEG done on different dates at Sir Ganga Ram Hospital. However, the complainant has not filed any report. However, only in the treatment records dated on 25/05/2019, the treating doctor has mentioned about EEG delta waves report but has not recorded the finding. Delta waves are the slowest recorded brain waves in human beings. They are found most often in infants and young children, and are associated with the deepest level of relaxation and restorative, heeling sleep. Delta is prominently seen in brain injuries, learning problems, inability to think, and severe ADHA. If this wave is suppressed, it leads to an inability to rejuvenate the body and revitalize the brain, and poor sleep. Adequate production of delta waves helps them feel completely rejuvenated and promotes the immune system, natural healing, and restorative/deep sleep. Please note that the patient was being given sedation medicine Midazolam and Fentanyl, which was started at Ganga Ram Hospital on 24/05/2019. The said sedation medicines were continued at the time of this EEG dated 25-5-2019, until 27/05/2019. It is to be noted that fever developed on 24/05/2019 in PICU and continued till death. The rest of the condition of the patient was stable till 26/05/2019. After that, the condition of the patient deteriorated, as per Ganga Ram Hospital treatment records available. It appears that subsequent EEG were done 26/05/2019 onwards, that’s why they shown deterioration in condition of the patient. It may be noted that at Swastik Medical Centre, the patient, after cardiac arrest and revival thereof, was improving a bit and was stable at Ganga Ram Hospital till 26/05/2019. After 26-5-2019 i.e., after three days of the surgery, the patient’s condition deteriorated day by day. EEG and MRI done after that show severe deterioration.

In regard to the allegation of post mortem report findings are against the doctors of the hospital, he averred that such allegations arc misconceived. Nowhere, the post-mortem board has accused his treatment. The absence of any adverse findings on the issue of vomiting, aspiration or any other foreign material in the lungs or any anaesthesia technique and the anaesthesia medicines used, goes a long way to demolish the allegations of the complainant, which he has been alleging the cause of death. Further, the post mortem report fails to pin point the reasons of cardiac arrest and does not find fault with the treatment of his causing cardiac arrest. However, the histopathology report dated 5-10-2010 forming the part of the post mortem report gives significant findings confirming the existence of some serious undetected disease relating to lungs and lever. The sections examined from the lung tissues showed non-specific interstitial pneumonia with granulomatous reaction and had pulmonary infarct. The sections from liver showed sinusoidal dilation and mild chronic portal inflammation. The post mortem examination rules out any wrong treatment on his part.

In regard to the allegation of tracheobronchial tree was unobstructed, he averred that the pulmonary vessels were unremarkable. It indicates two things, firstly, there was no vomiting and aspiration as alleged, and there were certain findings which confirm that the patient was suffering some pre-existing disease of lungs also in the patient well before the start of surgery. Internal examination, the chest pleural cavity- about 100 ml of sera-sanguineous fluid was present in either pleural cavity. Right lung was adherent to diaphragm. Lungs - multiple petechial haemorrhage were present on surface and fissures of both lungs. Tracheobronchial tree was unobstructed. Pulmonary vessels were unremarkable. Both lung parenchyma was congested, reddish, firm an airless (suggestive of consolidation). It indicates two things, firstly, there was no vomiting and aspiration as alleged, and secondly there was some pre-existing disease of lungs also in the patient well before the start of surgery.

Further, post mortem biopsy of lungs rules out vomiting and aspiration as alleged but confirms some other serious preexisting disease. The lung pieces show nonspecific interstitial pneumonia with granulomatous reaction. Focal pulmonary was infarct. It also indicates two things, firstly, there was no vomiting and aspiration as alleged, and secondly there was some pre-existing disease of lungs also in the patient well before the start of surgery. Postmortem biopsy of' the liver also confirms preexisting lungs disease; liver piece - sinusoidal dilatation and mild chronic portal inflammation. It also shows that there was some pre-existing disease of lungs at the time of surgery.

In regard to the allegation that cause of death is attributable to the doctors and the hospital, he averred that such allegation of the complainant against him is misconceived and denied. The cause of death was hypoxic brain injury and its subsequent complications, which have occurred in PICU at Sir Ganga Ram Hospital and not in his hands. There was no evidence of any hypoxic injury till the patient was handed over to Ganga Ram Hospital for further management and treatment. PM Report has opined that hypoxia may be due to cardiac arrest alone, or pneumothorax alone or combination of both. He has already pointed out that as per the ABG analysis report at Jaipur Golden Hospital soon after cardiac arrest showed severe (fatal) decrease in potassium level and calcium levels along with very high blood glucose levels. All these may be cause of cardiac arrest in operation theatre. ABG report ruled out hypoxia. Further, the histopathology report confirms that the patient was suffering from pneumonia and other serious lungs and liver disease, which may be the possible the cause of hypoxia. It is submitted that cardiac arrest was not due to any fault of him, but it was due to some pre-existing disease of liver, lungs, potassium, calcium and blood sugar. It is to be noted that cause of pneumothorax was also not specified. It may be spontaneous pre-existing pneumothorax, as preoperative x-ray chest could not be taken due to emergency condition created by profuse bleeding from the wound of the patient. This pneumothorax may also be due to spontaneous pneumothorax during the transport of the patient in ambulance or due to complication of CPR done to save the patient after cardiac arrest. The cause of death is hypoxic brain injury and its complications, consequent to post-operative cardiac arrest and/ or left pneumothorax. Please note that first ABG (Arterial Blood Gass) analysis at PICU, on her arrival has shown better parameters of the patient in comparison of that at 8:00 pm done at Jaipur Golden Hospital. This indicated that best treatment was given to the patient by the doctors and the patient was improving with that. Please note that even on arrival of the patient in PICU, CRP values were positive, indicating some pre-operative infection in the patient. The condition of patient deteriorated at IPCU of Ganga Ram Hospital after 26/05/2019 i.e., after three days of surgery and the patient expired after about fourteen days. Therefore, it is wrong on the part of the complainant to blame him for any omission or commission or negligence so as to cause the death of the patient.

Dr. Arun Garg, Paediatrician, Swastik Maternity Centre in his written statement averred that he is nowhere related to any medical treatment and advice to the complainant’s daughter directly or indirectly. He is a consultant at Swastik Maternity Centre and was called for emergency support after the patient suffered cardiac arrest. He merely explained the child’s situation to the complainant’s family and helped them understand the situation, as both treating doctors were involved in the treatment. The complainant has unnecessarily dragged his name to harass him without any role. He has an experience of more than 20 years and is working as a consultant doctor at Swastik Maternity Centre. The complaint filed by the complainant against him is misleading and an abuse of the process of law. It is submitted that the complainant has misused the provisions of the law to harass, defame and threaten him for the reason best known to him (the complainant). Despite knowing that he was not involved in the treatment, the complainant has still dragged him into this case unnecessarily. The complainant has left no stone unturned to defame and harass him through social media 36,000 individuals have shared this post and around 6,000 people have commented on it with comments to the extent of murdering and hanging the doctors and their family members, and the complainant and his family have openly supported such comments and sentiments. The complainant’s intentions are evident from the way he has been constantly improvising and changing his statements with each submission he makes, just to try and incriminate him and the other doctors. The complainant has not only harassed him by filing the present unmeritorious complaint but also defamed him on social media by calling him a murderer, bastard and also requesting for his hanging. The complainant let out a stream of invective on social media without any contemplation. He merely helped as a doctor present there at Swastik Maternity Centre at the time of emergency, arranged a ventilator ambulance from Sir Ganga Ram Hospital and ensured safe transfer of the patient to the PICU by accompanying the child, solely on humanitarian ground and as a part of his duty as a human being. The same is an admitted fact by the complainant himself in his complaint to the SHO. As per the established english principle, law of good Samaritan, his name should not be involved in the complaint. In other cases, no doctor will help the patient in fear of facing such vexatious, false and frivolous complaints.

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

1. It is noted that the patient, baby Manasvi, seven years old female, was admitted in Swastik Hospital at 07.00 p.m. on 23rd May, 2019, with history (given by the parents) of fall from height (almriah) one and half hour back. There was profuse bleeding from vulva. On examination, the child was conscious, well oriented, vitals were stable. Local examination by Dr. Pratibha Garg revealed second degree perineal tear; lacerated wound 2 cm x 0.8 cm x 0.8 cm profusely bleeding in midline commencing from 0.5 cm anterior to anus, extending up-to 0.5 cm short of posterior fourchette. Posterior fourchette was intact. No bruising was seen at edges. No other external injury marks were seen. No history of sexual offence of foul play was given by the parents. The patient was referred to higher centre but the attendants insisted on getting the repair done there in view of profuse bleeding. The child was admitted for exploration and repair under GA (General Anaesthesia), under consent by team of Dr. Pratibha Garg(Obstetrician & Gynaecologist) and Dr. Vivek Mangla(Anaesthetist)

As per the operative notes, the patient was shifted to operation theatre at 07.20 p.m. The patient was made to lie in lithotomy position and general anaesthesia induction with injection of Fentanyl 50 mg + injection Glycopyrolate + injection Propofol 90 mg IV was given. On draping and exploring the local area, tear was found to involve vaginal mucosa, perineal muscles and skin. Anal sphincter rectal mucosa was intact. The wound was infilterated with 2% lingnocaine (5 ml). The tear was sutured in layers with chromic catgut No.2 O (vaginal mucosa, followed by muscles and skin). Adequate hemostatis was achieved. Skin was sutured with subcuticular stitches. Just at the time of completion of repair, the patient had sudden cardiac arrest on table at 07.30 p.m. Resuscitation was done as per the anaesthetist (immediately CPR was started and the patient was revived within two minutes), spontaneous respiration regained. During CPR, the patient was intubated with 06.5 mm I.D. cuffed tube. The patient was put on spontaneous. Ventilation with 100% oxygen on ET tube. Injection Adrenalin 1 amp + 1 amp intra-cardiac was given. Injection Dexona 8 mg + Hydroc ort 300 mg + Soda bicar + injection Mannitol 100 ml Iv + injection Lasix 40 IV + R/L 500 Iv was started. Injection Eptoin 200 mg IV, injection Deriphyllin was given. The patient continued on IPPV. The patient’s pupils were NS/NR. Foley’s catheterization was done and urine was clear. ABG analysis showed pH 7.19, pCO2 62 Na+ 136, K+ 2.7, BE 11.5. At 10.45 p.m., the patient was not conscious, was partially responding to sounds. Eye opening and lip smacking moments were present. Pupils bilaterally were NS/NR. Chest CVS was normal. Bilateral air entry was present. P/A was soft. L/E, no bleeding was P/V (pervagina). Tear repair was normal. Urine was clear and adequate. At 10.45 p.m., the patient was advised to be shifted to Sir Ganga Ram Hospital ICU for further management. The patient was handed over to the RMO (Resident Medical Officer) from Ganga Ram Hospital to be admitted to PICU in ventilator support ambulance. The patient was received on 24th May, 2019 at 01.00 a.m. at Sir Ganga Ram Hospital vide MLC no : 4027/2019. The patient presented with history of trauma while playing at home causing perineal tear which required suturing under anaesthesia. She sustained cardiac arrest after perineal repair and resuscitated. She was referred to Sir Ganga Ram Hospital in view of poor sensorium. At admission, there was decreased air entry on left side of chest and abnormal peri-oral twitching movements. X-ray chest showed left pneumothorax, for which, ICD was inserted and it was drained. She was kept on ventilator and MRI was done on fourth day of admission showed features suggestive of global hypoxic insult and diffuse cerebral edema. Apnea test was done on 01st June, 2019 and 03rd June, 2019, EEG showed grade-3 encephalopathic changes and brain death was certified by panel of the doctors of the hospital administration. On parents’ wishes, the treatment was continued and the patient developed cardiac arrest from which, she could not be revived and declared dead on 08th June, 2019 at 09.57 a.m. As per the death summary, neurogenic shock brain death with severe hypoxic encephalopathy with post cardiac arrest survivor with perineal trauma.

The cause of death as per subsequent opinion in respect of postmortem report no.396/2019 dated 11th June, 2019 was hypoxic brain injury and its arrest and/or left pneumothorax.

1. It is noted that consent for perineal repair under G/A (General Anaesthesia) procedure was taken, as the same is borne out from the consent form of Swastik Medical Centre and the consent for the surgery and anaesthesia has also been taken in vernacular language which bear the signature of the parents of the patient.
2. The patient was unfit for GA (General Anaesthesia) for elective surgery, as she was not fasting for six hours. However, the emergency surgery can be performed with all precautions to avoid the aspiration in the lungs. But in this patient, the air-way was not secured, by the anaesthetist Dr. Vivek Mangla before induction of anaesthesia, even though, the patient was on full stomach (only four hours fasting).
3. The dose of anesthetics drug I.V. Propofol 90 mg is dose for induction. A combination of Fentanyl (50mcg) + propofol 90 mg + local Xylocaine can cause hypotension, bradycardia, Apnoea and regurgitation particularly during lithotomy position, which occurred in this case.
4. Fentanyl drug is used routinely in all Hospitals, as anaesthetic agent and is not a banned drug.
5. Post cardiac arrest, the patient could have been put on IPPV to avoid brain damage or neurological complications. Further, if Hypoxia was due to pre-existing, cardiac, lung or liver disease, as claimed by the Anaesthetist, but the findings do not match with the pre-operative clinical presentation and examination.
6. The pneumothorax as is opined in the post-mortem report, most likely developed due to needle insertion for intra-cardiac adrenaline injection, could have been avoided when I.V. line is already in-situ.
7. Post cardiac arrest ABG report is suggestive of poor tissue perfusion and poor ventilation as pH.7.1 base deficit-11 and bicarbonate and lactate levels were not provided.
8. It is observed that generally it takes two–three minutes only for stitching small perineal tears, as was done in the present case.
9. Dr. Pratibha Garg could have initiated the MLC process at Swastik Medical Centre (later on the same was made at Sir Ganga Ram Hospital), in this case, as the child had presented with perineal tear with profuse bleeding. The contention by Dr. Pratibha Garg that the parents had given history of child sustaining injury on fall from an almirah and there was no suspious foul play and the child’s father had also given in writing “my girl fall and injured in home, so we do not need any police action”, hence, MLC was not made.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that Dr. Vivek Mangla, Anaesthetist failed to exercise reasonable degree of caution which was expected of a prudent Anaesthetist, hence, it is recommended that the name of Dr. Vivek Mangla (Dr. Vivek Kumar Mangla, Delhi Medical Council Registration No.17785) be removed from the State Medical Register of the Delhi Medical Council for a period of 30 days with a direction that he shall undergo 20 hours of C.M.E.(Continuing Medical Education) on the subject “Peri-operative anesthetic management” during the period of suspension. Dr. Pratibha Garg should have been more prudent to initiate MLC in this case.

Complaint stands disposed.

Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. G.S. Grewal)

Chairman, Delhi Medical Association,

Disciplinary Committee Member,

 Disciplinary Committee

Sd/: Sd/:

(Dr. Vishnu Datt) (Dr. Vijay Zutshi)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 26th August, 2021 was confirmed by the Delhi Medical Council in its meeting held on 23rd September, 2021.

The Council also confirmed the punishment of removal of name of Dr. Vivek Mangla (Dr. Vivek Kumar Mangla, Delhi Medical Council Registration No.17785) from the State Medical Register of the Delhi Medical Council for a period of 30 days awarded by the Disciplinary Committee with a direction that he shall undergo 20 hours of C.M.E.(Continuing Medical Education) on the subject “Peri-operative anesthetic management” during the period of suspension and submit a compliance report to this effect to the Delhi Medical Council.

The Council further observed that the Order directing the removal of name from the State Medical Register of Delhi Medical Council shall come into effect after 30 days from the date of the Order.

This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Shri Vikas Gupta s/o Shri Ram Prakash Gupta r/o D-14/138, Sector-3, Rohini, Delhi-110085.
2. Dr. Arun Garg, Through Medical Superintendent, Swastik Maternity Centre, G-20/23-24, Sector-7 Rohini, Delhi-110085.
3. Dr. Pratibha Garg, Through Medical Superintendent, Swastik Maternity Centre, G-20/23-24, Sector-7 Rohini, Delhi-110085.
4. Dr. Vivek Mangla, Through Medical Superintendent, Swastik Maternity Centre, G-20/23-24, Sector-7 Rohini, Delhi-110085.
5. Medical Superintendent, Swastik Maternity Centre, G-20/23-24, Sector-7 Rohini, Delhi-110085.
6. National Medical Commission, Pocket-14, Phase-1 Sector-8, Dwarka, New Delhi-110077-w.r.t. letter No.MCI-211(2)(Gen.)/2019-Ethics./153055 dated 04.10.2019- **for information.**
7. Medical Superintendent, Nursing Home Cell, Directorate General of Health Services, Govt. of NCTof Delhi, S-1, School Block, Shakarpur, Delhi-110092-w.r.t. letter No.F.23/RTI/comp/NW/NH/2019/4096-98 dated 02.03.2020-**for information**.
8. Office of the Hon’ble Minister of Health, Govt. of NCT of Delhi, A-Wing, 7th Level, Delhi Secretariat, I.P. Estate, New Delhi-110002-w.r.t. letter No.2019/8886 dated 09.09.2019- **for information.**
9. Station House Officer, Police Station North Rohini, New Delhi-110085-***w.r.t. FIR No.404/20, u/s 304/304A/34 IPC, P S North Rohini, New Delhi*** - **for information.**
10. National Medical Commission, Pocket-14, Phase-1 Sector-8, Dwarka, New Delhi-110077 (***Dr. Vivek Kumar Mangla is also registered with the Medical Council of India under registration No.18370 dated 22.01.1999)-*for information & necessary action.**

 (Dr. Girish Tyagi)

 Secretary