DMC/DC/F.14/Comp.2788/2/2020/ 07th September, 2020

**O R D E R**

**The Delhi Medical Council through its Disciplinary Committee examined a** representation from Police Station Bhajanpura, seeking medical opinion on a complaint of Smt. Salma w/o Shri Rahees Ahmed r/o H.No.D-587/A, Kabir Nagar, Delhi, alleging medical negligence on the part of doctors of Samra Hospital Pvt. Ltd. C-4/70, Yamuna Vihar Delhi, in the treatment of complainant’s husband Shri Rahees Ahmad.

The Order of the Disciplinary Committee dated 07th August, 2020 is reproduced herein-below :-

**The Disciplinary Committee of the Delhi Medical Council examined a** representation from Police Station Bhajanpura, seeking medical opinion on a complaint of Smt. Salma w/o Shri Rahees Ahmed r/o H.No. D-587/A, Kabir Nagar, Delhi (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Samra Hospital Pvt. Ltd. C-4/70, Yamuna Vihar Delhi (referred hereinafter as the said Hospital), in the treatment of complainant’s husband Shri Rahees Ahmad(referred hereinafter as the patient).

The Disciplinary Committee perused the representation from Police Station Bhajanura, complaint of Smt. Salma, written statement of Dr. Abdul Khalique and Dr. K.G. Singh, copy of medical records of Samra Hospital and other documents on record.

The following were heard in person :-

1. Smt. Salma Complainant
2. Shri Raees Ahmad Husband of the complainant

3) Dr. Abdul Khalique Medical Superintendent, Samra Hospital

4) Dr. K.G. Singh Anesthetist, Samra Hospital

The patient (complainant’s Husband) Shri Raees Ahmad stated that he was admitted in Samra Hospital Pvt. Ltd. on 10th July, 2018 and on the same day at about 11.00 a.m., he was operated for appendix surgery, following which, he was discharged. The copy of expenditure involved, treatment sheet and discharge summary has been submitted. On 16th July, 2018, he developed high fever, breathing difficulty and abdomen pain, following which he approached the same hospital where he was given treatment, but unfortunately, his medical condition did not improve and Dr. Abdul Khalique of Samra Hospital advised him to consult Dr. Jaya Jain of Arrogya Clinic, Dilshad Garden, Delhi where he was treated on 17th July, 2018. The copy of the treatment sheet and the test conducted has been submitted. When his condition did not improve, his relative took him to the Asian Samra Multi Specialty Hospital, C-3/53-A, Yamuna Vihar, Delhi-110053, there also he was treated for septic, shock, multiple organ failure but unfortunately, there his condition also did not improve and he was referred to higher centre for further management. The copy of the treatment papers of Asian Samra Multi Speciality Hospital has been submitted. When the condition of the patient worsened, he was taken to St. Stephen’s Hospital, Delhi-110054, wherein Department of Surgery, he was diagnosed with septic in appendix surgical area, multi organ dysfunction, type two diabetes etc. Upon the admission at St. Stephen’s Hospital, he was informed that he had developed a post-surgical infection, upon which, he was adequately treated from 18th July, 2018 to 31st August, 2018 and was discharged, as his condition improved. It is pertinent to mention here that Dr. Abdul Khalique/Samra Hospital completely neglected the medical ethics and procedures; that on 7th July, 2018, he was found to have increased blood sugar i.e. 257 mg. Even after finding that he was having high blood sugar and is type-II diabetic patient, Dr. Abdul Khalique and its medical staff just to extract money out of him by admitting him at their hospital, and performed the appendix surgery and due to which, he contacted infection in his large intestine. It is a well defined medical practice, if a person is diabetic, a surgery is not performed upon him, but Dr. Abdul Khalique and its medical staff neglected this aspect and just to gain money played his life and indulged in medical negligence. Due to the medical negligence of Dr. Abdul Khalique, he has suffered a huge loss, his earnings, and is living a disable life and till date, has spent lack of rupees upon his treatment, a special arrangement has to be made in the intestine of the patient, which is hanging outside the stomach to make him pass stool. He has suffered irreparable loss due to the medical negligence of Dr. Abdul Khalique who did not follow the proper medical procedure and made his life a living hell.

It is noted that the police in its representation has averred that Smt. Salma w/o Sh. Rahees Ahmed r/o H.No.D-857/A, Kabir Nagar, Delhi has filed a complaint before the Hon’ble Court, Karkardooma Courts. She has alleged that on 10th July, 2018 her husband was admitted at Samra Hospital Pvt. Ltd at C-4/70, Yamuna Vihar, Delhi and he was operated for appendix surgery. On 16th July, 2018, the patient Shri Rahees Ahmad developed the high fever, breathing difficulty and abdomen pain. Due to which, he approached the same hospital again. But, his health condition did not improve despite taking medicine from the hospital. Hence, the relative of the patient took him to the Asian Samra Multi Speciality Hospital C-3/53-A, Yamuna Vihar, Delhi but his condition did not improve at that hospital also and he was referred to higher centre for further treatment. Then, he was taken to St. Stephen’s Hospital where the patient was informed that he had developed a post-surgical infection. As per the report of the blood test, the patient Rahees Ahmed was found with increased blood sugar i.e. 257 mg. She further alleged that Sh. Rahees Ahmed was having high blood sugar and is type-II diabetic patient but the doctor of Samra Hospital Pvt. Ltd. performed appendix surgery of the patient Rahees Ahmad, due to which the patient contacted infection in his large intestine. During enquiry, the treatment documents have been collected from both the hospitals. In view of above mentioned facts, opinion may please be provided on the following points, at the earliest, so that conclusive enquiry report may please be filed before the Hon’ble Court.

1. Whether the treatment given to the patient Rahees Ahmed by the doctor of Samra Hospital Pvt. Ltd. mentioned above was proper otherwise?
2. Whether any offence is made out in the above matter?
3. Any other relevant information which may assist in the enquiry.

Dr. Abdul Khalique, Medical Superintendent, Samra Hospital in his written statement averred that the patient Shri Rais Ahmed s/o Hafizullah came to him in OPD on 11th June, 2018 for pain abdomen in the right lower abdomen. The patient was diagnosed with ? perforated acute appendicitis. The patient was treated conservatively by injectables and oral medication. Pain could not be subsided completely. The patient was investigated and planned for the surgery. On 11th July, 2018, the patient was admitted for PAC. The patient was operated for laparoscopic appendicectomy under general anaesthesia. Appendix was buried, adherent to bowel and omentum. No intra-operative complication was observed. General anaesthesia was given by Dr. K.G. Singh, there was neither operative nor anaesthesia complications observed. Post-operative period was smooth, no other complications were observed. The patient was discharged under stable conditions after two dayson morning of 13th July, 2018. The patient came for follow-up on 17th July, 2018 to OPD, the patient was stable. The patient had mild breathlessness, for what, the patient was referred to physician for needful. Thereafter, the patient did not come to him for the follow-up. The patient was operated, ports laparoscopic appendectomy, as a SOP-standard operative procedure.

 Dr. K.G. Singh, Anesthetist, Samra Hospital in his written statement averred that he is registered medical practitioner with the Delhi Medical Council and practicing since last about 08 years and done senior residency in various government and private hospitals. The patient Shri Raees Ahmed, 48/m came to him for PAC on 11th July, 2018 at 8.00 a.m., with all the investigations reports. The patient was advised laparoscopic surgery appendectomy by Dr. Abdul Khalique (Samra Hospital). All the reports provided by the hospital were in normal limits. The patient’s vitals P/R 86/min, BP 130/84 mmHg, SPO2 99% were in normal limits. Then he was permitted for laparoscopic appendectomy surgery under general anaesthesia, post-operation vital was normal. He always has taken absolute precaution in his PAC. Therefore, he submits that there is no violation of professional conduct on his part, as stated by the complainant and also he cannot be held responsible for any such acts due to the reasons explained above.

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

1. The Disciplinary Committee opined that the patient Shri Rahees Ahmed was seen by Dr. Abdul Khalique in OPD on 11.6.2018 and 12.6.2018 and the made a provisional diagnosis of ?appendix perforation and ?abscess with TLC count 13760 on dated 11.6.2018. Patient was managed on OPD basis. Patient made positive regular visits to doctor and he was planned for elective laparoscopic appendicectomy. He underwent surgery on 11.7.2018 with a blood report of random blood sugar 257. He was discharge on 13.7.2018.
2. It is observed that the patient Shri Rahees Ahmed, a 48 years old male with a diagnosis of perforated appendix underwent laparoscopic Appendicectomy on 11th July, 2018 at the said Hospital. The surgery was conducted by Dr. Abdul Khalique (surgeon) and Dr. K.G. Singh(anaesthetist). The surgery apparently was uneventful and the patient was discharged on 13th July, 2018. The patient reported in follow-up at the said Hospital on 16th July, 2018 with complaints of breathlessness and pain abdomen; he was advised to consult a physician and undergo blood test and ultrasound abdomen. The patient got himself admitted in Asian Samra Multispeciality on 18th July, 2018 with complaints of fever, breathing difficulty and abdomen distension for a period of three days. He was diagnosed as a case of sepsis with post- appendicectomy with septicemia with shock with multi-organ failure. He was treated conservatively and on the same day refer to higher centre for further treatment and management.

The patient was then admitted in St. Stephens Hospital on 18th July, 2018. He presented to casualty as post- appendectomy in intubated state and was in shock, after fluid resuscitation, he was immediately shifted to surgical ICU. In view of low CGS and drop in saturation, he was kept on mechanical ventilator; inotropes were started in view of low blood pressure, Central line was inserted under FFP cover and continuously CVP was monitored, which was continuously above 20 cms of H2O, urine culture, blood culture and ET tube culture were sent and were sterile. USG abdomen was done to look for collection and it was suggestive of mild to moderate loculated fluid in abdomen and pelvis with internal echoes within (in bilateral paracolic gutters). On the same day, CECT was done which was suggestive of pneumoperitoneum, so he was taken-up for re-exploration on 19th July, 2018. Post-surgery, he was unconscious and was on mechanical ventilator, broad spectrum antibiotics and high dose inotropes. Serial ABG were done and were showing respiratory acidosis, 2D ECHO was done on 20th July, 2018 and was normal (ejection fraction 60%). His blood sugars were under regular monitoring of endocrinology department, tracheostomy was done on 25th July, 2018. In due course of hospital stay, he had seropurulent discharge from the surgical site followed by bile stained feculent discharge, so SUMP was placed which had around 600 ml feculent discharge and it decreased to plus 200 ml. He had fever spikes, so blood culture was sent, which was sterile and CECT whole abdomen was done to rule out any collection, it had shown multiple ill defined peripherally enhancing pockets of collection in abdomen and pelvis along the mesentry, bilateral paracolic gutter, perisplenic and perihepatic space with largest of collection measuring approx 7.8 x 7.6 x 12 cm in perihepatic location. This subhepatic collection was causing indentation over the superior margin of liver and was extending along the anterior peritoneum. Patchy mesenteric fat stranding was noted. USG guided malecot was inserted in right subhepatic space which drained 150 ml of pus. Sump output reduced over the course of stay and midline wound remained dry in view of which sump suctioning was stopped. He was on Bipap support (6 hours on and 1 hour off) with CO2 retention reducing on serial ABG. Repeat USG was done, which showed minimal inter-bowel fluid and no residual collection in the abdomen. However, he continued to spike fever, in view of which, ET culture was sent. In view of continuous fever spikes, CT chest and abdomen were done and two collections one subcaspular collelction in perihepatic space and another in left paracolic gutter communicating with pelvis, for which, malecot drain was inserted in subhepatic space and the collection in left paracolic gutter was aspirated. Antibiotic upgraded according to ET culture. Trachostomy tube was changed. Midline wound became dry. Pigtail drainage reduced and it was taken out but fever spikes persisted, so USG guided pig tail reinsertion was done and it drained about 20 ml of thick pus per day. Tracheostomy tube was removed in view of normal saturation levels and normal serial ABG. He had one episode of chest pain, for which, ECG was done, showed St Depression, cardiology consult was sought and followed. Over the course drainage stopped, so review USG was done, which showed 190 CC of collection of which 130 ml was aspirated and pigtail catheter was removed. He became afebrile and was discharged on 31st August, 2018.

The patient had to again seek admission in St. Stephens Hospital on 09th October, 2018 with complaints of pain in the epigastric region, tiredness, failure, weight loss, shortness of breath on exertion. The patient was treated conservatively and on 10th October, he went LAMA.

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

1. The patient should have been admitted on 11.6.2018 or 12.6.2018 when the patient attended the said Hospital OPD and decision for surgery should have been considered in view of the provisional diagnosis of perforated of appendix with raised TLC.
2. However, patient improved with conservative treatment and injectable antibiotics. The indication of surgery after one month is not clear when his blood sugar was 257 at the time of surgery. If at all he was electively operated for appendicectomy the blood sugar should have been controlled pre-operatively.
3. The patient came for follow up after three days of discharge with the complaint of breathlessness and pain abdomen. He should have been admitted and investigated to rule out post operative complications rather than referring him to physician for breathlessness. Breathlessness may be a presentation of underlying sepsis in a post-operative patient.
4. The OT notes are very sketchy. However, in his reply he mentioned that appendix was buried; adherent to bowel and omentum, but it is not clear from records that exactly what procedure was done.

In light of the observations made herein-above, the Disciplinary Committee recommends that the name of Dr. Abdul Khalique(Dr. Abdul Khalique, Delhi Medical Council Registration No.16900) and Dr. K.G. Singh (Dr. Krishna Gopal Singh, Delhi Medical Council Registration No.52546) be removed from the State Medical Register of the Delhi Medical Council for a period of 7 days.

Matter stands disposed.

Sd/: Sd/:

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

Chairman, Delhi Medical Association Disciplinary Committee Member,

 Disciplinary Committee

 Sd/: Sd/:

(Shri Rajesh Gupta) (Dr. Pawanindra Lal)

M.L.A., Expert Member,

Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 07th August, 2020 was confirmed by the Delhi Medical Council in its meeting held on 02nd September, 2020.

The Council further confirmed the punishment of removal of name of Dr. Abdul Khalique(Dr. Abdul Khalique, Delhi Medical Council Registration No.16900) and Dr. K.G. Singh (Dr. Krishna Gopal Singh, Delhi Medical Council Registration No.52546) awarded by the Disciplinary Committee for a period of 07 days.

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. Smt. Salma w/o Shri Rahees Ahmed, r/o H.No. D-587/A, Kabir Nagar, Delhi-110094.
2. Dr. Abdul Khalique, 1081, Beverly Hills Apartments, Geeta Colony, Delhi-110031.
3. Dr. K.G. Singh, 457, Shalimar Garden, EX-1, Sahibabad, Ghaziabad, U.P.
4. Medical Superintendent, Samra Hospital Pvt. Ltd., C-4/70 A, Yamuna Vihar, Delhi-110053.
5. SHO, Police Station Bhajanpura, Delhi-w.r.t, **C.C. No. 25/2019, PS Bhajanpura, CIS No. 73/2019-for information.**
6. Registrar, Rajasthan Medical Council, Sardar Patel Marg, Near 22 Godam Circle, C-Scheme, Jaipur-302001, Rajsthan **(Dr. Abdul Khalique is also registered with the Rajasthan Medical Council under Registration No-11984 dated 20-06-1988)-for information & necessary action.**
7. Registrar, Uttar Pradesh Medical Council, 5, Sarvapally Mall Avenue Road, Lucknow-226001, Uttar Pradesh (**Dr. K.G. Singh (Dr. Krishna Gopal Singh**) **is also registered with the Uttar Pradesh Medical Council under registration No.043333 dated 25th October, 1999**)-**for information & necessary action**.
8. Secretary, Medical Council of India, Pocket-14, Sector-8, Dwarka, Phase-1, New Delhi-110077-**for information & necessary action**.

 (Dr. Girish Tyagi)

 Secretary