DMC/DC/F.14/Comp.2786/2/2024/ 24th July, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Ajay Kumar s/o Shri Gangasaran r/o C-14, Gali No.1, Jagar Puri Vistar, Delhi-110093, forwarded by the Directorate General of Health Services, alleging medical negligence on the part of the doctors of Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095, in the treatment of the complainant’s wife Smt. Monika, resulting in her death on 22.03.2019.

The Order of the Disciplinary Committee dated 29th May, 2024 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Ajay Kumar s/o Shri Gangasaran r/o C-14, Gali No.1, Jagar Puri Vistar, Delhi-110093 (referred hereinafter as the complainant), forwarded by the Directorate General of Health Services, alleging medical negligence on the part of doctors of Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095 (referred hereinafter as the said hospital), in the treatment of complainant’s wife Smt. Monika (referred hereinafter as the patient), resulting in her death on 22.03.2019.

The Disciplinary Committee perused the complaint, written statement of Dr. Rajni Khedwal Medical Superintendent of Swami Dayanand Hospital enclosing therewith written statement of Dr. Rashmi, Dr. Mohit Kumar, Dr. Daya Shankar HOD Anesthesia, written statement of Dr. Savita Meena, Dr. Ranajit Chatterjee, Dr. Mitta Dutta, Dr. Namrata Mishra, Dr. Kalpana Kumar, Dr. Rakesh Singhal, Dr. Mohit Kumar and Dr. Khushbo, copy of medical records of Swami Dayanand Hospital and other documents on record.

The following were heard:-

1) Shri Ajay Kumar Complainant

2) Shri Ganga Sharan Father of the complainant

3) Dr. Rashmi HOD Obst. & Gynae, Swami Dayanand Hospital

4) Dr. Daya Shankar Specialist Anaesthesia, Swami Dayanand Hospital

5) Dr. Kalpana Kumar Sr. Specialist SAG, Swami Dayanand Hospital

6) Dr. Mita Dutta Junior Consultant, Swami Dayanand Hospital

7) Dr. Namrata Mishra Senior Resident, Swami Dayanand Hospital

8) Dr. Savita Meena GDMO, Swami Dayanand Hospital

9) Dr. Rakesh Singhal CMO SAG, Swami Dayanand Hospital

10) Dr. Ranajit Chatterjee CMO SAG, Swami Dayanand Hospital

11) Dr. Khushbu Senior Resident, Swami Dayanand Hospital

12) Dr. Mohit Kumar GDMO-I, Swami Dayanand Hospital

13) Dr. K.R. Arya CMO SAG, Swami Dayanand Hospital

14) Dr. Anand Narnoliya Medical Superintendent, Swami Dayanand Hospital

Dr. Anil Kumar Prabhat Kumar failed to appear before the Disciplinary Committee, inspite of notice.

The father (Shri Ganga Sharan) of the complainant (Shri Ajay Kumar) alleged that his son’s wife Smt. Monika (the patient), aged 25 years, was under treatment in gynecology department in Swami Dayanand Hospital. His son lost of his wife was due to negligence of labour room staff, ICU staff and the doctors of the hospital. The patient wife was admitted in 14th March, 2019 with IP no.309584 and she delivered a baby girl on 15th March, 2019 at 08:45 p.m. with normal delivery (NVD). Thirty minutes later, someone called his son from labour room and told him that the patient is very serious and need to do the operation. They removed the uterus and shifted in the ICU and then on ventilator because the patient was in critical condition. At that time, the patient’s HB was 3 (as per doctor). Also, there was very carelessness in ICU. She died on 22nd March, 2019. He further stated that after normal delivery, suddenly a major blood loss and operation was done to remove the uterus. Wrong blood group mentioned in OPD. As per OPD card, blood group was B+ve while correct blood group was O-ve. At the time of operation, the doctors demanded for O+ve blood while correct blood group was O-ve while as per the Blood Bank, the correct blood O-ve and it took around one hour for getting the blood, due to the blood group mismatch. The doctors further demanded approx eleven units of blood and enough blood was not available in Blood Bank of Swami Dayanand Hospital and GTB Hospital. In Hedgewar Hospital, this blood group was also not available, so they arranged the blood from many private Blood Banks. Now, his son and his kids (3 years old and new born baby) are suffering from hard time because no one is available for support. He needs justice and strict action should be taken against the labour room staff and the doctors.

The complainant Shri Ajay Kumar reiterated the stand taken by his father Shri Ganga Sharan.

On enquiry by the Disciplinary Committee, the complainant Shri Ajay Kumar stated that other than copy of bills of Jaypee Hospital and some investigations reports, he does not have any other record of Jaypee Hospital. Further, his wife died at Jaypee Hospital on 22nd March, 2019, as mentioned in the death report. No post-mortem was conducted on his wife.

Dr. Namrata Mishra, Senior Resident, Swami Dayanand Hospital in her written statement averred that she was duty Senior Resident on 15th March, 2019. The patient late Smt. Monika was admitted in gynaecology casualty on 14th March, 2019 for safe confinement and further management in view of pre-eclampsia. The patient was G2P1L1 at 37.2 weeks GA with pre-eclampsia and was started on tablet Lobet 100 mg twice a day and planned IOL on 15th March, 2019. The patient was induced on 15th March, 2019 at 05:00 p.m. and delivered vaginally on 15th March, 2019 at 08.45 p.m. Active management of third stage of labour was done but uterus was flabby and the patient was bleeding, uterine massage was started, injection Syntocin was started with tweny unit and increase up-to sixy unit; tablet Misoprost 1000 mcg kept per rectally, injection Carboprost was given, total 3 doses fifteen minutes interval, still uterus was flabby and the patient was bleeding; baloon tamponade was kept. Meanwhile, the junior doctor was asked to arrange blood, as the patient blood group was written B positive on OPD slip, the same was copied in case sheet and cross match form was given with same blood group but on cross match the patient blood group came out O negative, correction was made and another cross match form handed over to the patient’s relative and high risk was explained. The case informed to Dr. Meeta and Dr. Kalpana at 10.00 p.m. and the patient was shifted to OT for obstetric hysterectomy with consent and hysterectomy was started by 10:30 p.m. Intra-operative, two whole bloods were given. Postoperative, the patient was shifted to ICU and the patient was managed in ICU as per ICU protocol. The patient was managed by entire team as per standard protocol.

Dr. Mohit Kumar, Medical Officer (Blood Bank), Swami Dayanand Hospital in his written statement averred that for all ANC patients, haemoglobin and blood grouping are routinely done in ANC lab which is further routinely confirmed in the blood bank for all patients before issuing blood. On 14th March, 2019 at 07.15 p.m. as per their records their blood bank received a request form gynae. department for blood group of the patient Monika, their senior technical staff had done the grouping by the most sensitive method and it was O-ve. For the same patient on 15th March, 2019, they received two blood release requests from gynae. department to release blood of O+ve group. However, they checked it with the most sensitive method (gel card) and found the group to be O-ve. The blood bank released O-ve blood after proper cross matching at the earliest possible time without any delay. There was no such delay due to wrong blood group mentioned in the request for the issue of blood as per record available at blood bank. In routine practice, the blood bank requires thirty to forty minutes of time for a series of stringent quality procedure to ensure safe blood issued to the patient. In this case also, the blood bank has complied with the standard norms without delay. No blood of any group other than that of the patient(i.e. O-ve) was released from the blood bank and so the question of mismatched blood transfusion does not arise. The blood bank of Swami Dayanand Hospital does not have license to provide blood components (FFP) and the patients are referred to regional blood transfusion centre east (GTB Hospital) as standard procedure. The prevalence of RH negative blood group in Indian population is approx 5%. Since the blood group is rare in the population, there are limited number of donors available to replenish the stock this its availability cannot be guaranteed by various blood banks, in case of multiple transfusions are needed in acute emergencies. In case of non availability of rare blood groups, the blood bank of Swami Dayanand Hospital refers donors to regional blood transfusion centre (GTB Hospital).

Dr. Savita Meena, Swami Dayanand Hospital in her written statement averred that the patient Smt. Monika was G2, P1, L1, A0, 37 weeks 2 days with PIH (Pregnancy Induced Hypertension), underwent normal vaginal delivery at around 08:45 p.m. on 15th March, 2019, and suffered from PPH (Post Partum Hemorrhage), thus, planned for hysterectomy by the obstetrics team. The patient was shifted to operation theatre (Emergency Gynae O.T.) at around 09.50 p.m. The patient was assessed in O.T. as part of PAC(Pre-anaesthesia check-up) for emergency hysterectomy. On examination, the patient was pale (suggestive for severe anaemia), tachycardia (increased heart rate), tachypnoea(increased breathing rate), low blood-pressure(BP-80/60 mmHg), with heavy bleeding per vaginally. On auscultation, crepts were present bilaterally over the chest suggestive of CHF. NPO status was not clear. 18 G i/v cannula additionally secured for fluid resuscitation. The patient was planned for hysterectomy under general anaesthesia with high risk and post-operative ventilation support consent in view of severe anaemia and low blood-pressure. As per protocol, the patient was induced with RSI (Rapid Sequence Induction) with endotracheal tube no. 7.0 and put on controlled ventilation on ventilator. The patient was resuscitated and stabilised with appropriate administration of fluids and diuretics. Due to inadequate respiratory efforts and severe acidosis with severe acidosis with severe anaemia, the patient was shifted to ICU for elective ventilation and further management.

Dr. Rakesh Singhal, CMO-SAG, Swami Dayanand Hospital in his written statement averred that the patient Smt. Monika was G2, P1, L1, AQ, 37 weeks 2 days with PIH (Pregnancy Induced Hypertension), underwent normal vaginal delivery suffered from PPH (Post Partum Hemorrhage). The patient was transferred to ICU from the operation theatre following hysterectomy in intubated state. The patient was immediately put up on ventilator in ICU and managed as per ICU protocol. The patient was meticulously followed and managed with multiple ABGs, CVP line and monitoring, beside critical care lung and cardiac ultrasound, electrolytes, lactate, Nt Pro BNP, D-DIMER, PT/INR, LFT, KFT and other investigations to further qualify the treatment. Weaning from ventilator failed due to the fragile clinical state of the patient. She was in multi-organ dysfunction syndrome (CHF, ARDS, AKI, MODS, DIC, Pneumonitis). Prognostic scoring was done in ICU and documented. The SOFA Score of the patient was 14 and APACHE II score was 32, which was suggestive of very poor prognosis and high mortality rates. The relatives of the patient were appraised about the poor prognosis of the patient. The relatives took the patient away from the hospital against medical advice (LAMA) on their own will on 18th March, 2019. This denied them from the opportunity of treating the patient any further in ICU. He extends his heartfelt condolences to the aggrieved family for their loss.

Dr. Kalpana Kumar, Senior Specialist, Obstetrics and Gynaecology, Swami Dayanand Hospital in her written statement averred that as per the case sheet of the patient Smt. Monika, a telephonic call was send to her at 10.00 p.m. about the patient who delivered alive female baby at 08.45 p.m. in labour room of Swami Dayanand Hospital. She immediately attended the call. First on call consultant also reached and they took the patient in O.T. The patient’s pulse was 100/min, blood-pressure was 98/56 mmHg, balloon temponade was in situ in uterine cavity and medical management was already done to control PPH by the Senior Resident on duty with two more Junior Residents on duty along with staff nurse on duty. As the patient was the case of preeclampsia with blood-pressure more than 150/100 which has dropped to 98/56 and bleeding p/v was still present, so the decision of life saving obstetric hysterectomy was taken and the same was explained to the relatives and high risk consent was taken. After fulfilling all the prerequisites of surgery and anaesthesia, the surgery was started at 10.30 p.m. Obstetric hysterectomy was done as per the surgical protocol. Vaginal exploration was done to check any vaginal bleeding, there were two tears in vagina which were stitched and there was no bleeding per vagina. Two units of O negative blood were transfused in O.T. procedure, went uneventful and the patient was shifted in ICU with order of two more PRBC and two FFP then treatment was started by ICU team as per ICU protocol. The case was again informed to her by Gynae. Resident at 09.00 a.m. on 16th March, 2019 that the patient’s general condition was fair, pulse was 99/min, blood-pressure was 110/70 mmHg, abdomen was soft, chest and CVS were normal, vaginal pack was removed and there was no bleeding, urine output was 500 cc and spo2 was 99%. Total four PRBC and three FFP were given till 09.00 a.m. On 16th March, 2019, Gynae. Consultant also saw the case and informed to Dr. Sunita Fotedar, EX HOD Gynae who advised to continue the same treatment. She saw the case on 18th March, 2019 at 09.50 a.m. and the patient was conscious and talking. The patient’s pulse rate was 120/min, blood-pressure was 129/92, respiratory rate was 32/minute, chest was clear. As per abdomen examination, liver was palpable 4 cm below subcostal margin, abdomen was soft, bowel sound was present, flatus passed, bleeding p/v nil, urine output was 350 to 400 in 24 hours, beg emptied at 09.00 a.m. clear urine was seen in tube investigation. CBC, LFT, KFT, PT INR, ABG, chest x-ray, urine routine and c/s were advised. Viral makers HBSAG, HCV, Hepatitis A were also advised and the case was also referred to senior physician for opinion. The case was informed to Dr. Rashmi, HOD Gynae and Dr. Sunita Fotedar EX HOD Gynae at 10.00 a.m. At 0.9 00 p.m. the case informed to her (Dr. Kalpana Kumar), as the relatives wanted to leave against medical advised to some other hospital, inspite of explaining all pros and cons of transfer but they insisted to go to Jaypee Hospital and called the ambulance of Jaypee Hospital alongwith their doctor Dr. Naveen Singh. Shri Ajay Kumar (the complainant) signed the consent for leaving against medical advice at 09.30 p.m. on 18th March, 2019 and the patient was taken with them. The case of the patient was treated by entire team according to standard protocol.

Dr. Daya Shankar, HOD (Anaesthesiology), Swami Dayanand Hospital in his written statement averred that the patient Monika was admitted in gyane. casualty on 14th March, 2019. The patient developed severe PPH and hypotension after normal vaginal delivery at 08.45 p.m. on 15th March, 2019. The gynaecologist planned or the emergency hysterectomy. The patient was urgently taken-up for the emergency resuscitation and the surgery at 10.00 p.m. The procedure was informed under GA with standard emergency anaesthesia protocol after obtaining the Informed High Risk Consent. The intra-operative vital were monitored and maintained with IV fluid and blood transfusion and supportive therapy. The patient was shifted to Intensive Care Unit for monitoring, elective ventilation and critical post operative management. The required monitoring, procedures, ICU management and elective ventilation were performed as per standard protocol to manage such critical patient. The adequate investigations, monitoring, scoring, procedures and consultations were continued throughout the stay of the patient in the ICU. The patient could not maintain the oxygen saturation after weaning trial with extubation on 16th March, 2019; hence, the patient had to be kept on mechanical ventilation to maintain the respiration, ABG and clinical parameters. The condition and prognosis of the patient was informed and explained to the relatives from time to time. The patient did get best of clinical care; monitoring and therapeutic management in the operation theatre and she continued to receive excellent critical care monitoring and therapeutic management in the ICU. The detailed record of the monitoring, investigations, therapeutic procedure and management performed in operation theatre and ICU has been submitted alongwith the case sheet of the patient. On 18th March, 2019, the condition of the patient was critical but the vitals were stable, when the patient’s attendants insisted and decided for LAMA (Left Against Medical Advice) to take away the patient to some other hospital of their choice.

Dr. Ranajit Chatterjee, CMO-SAG, Swami Dayanand Hospital in his written statement averred that the patient Smt. Monika was G2, P1, L1, A0), 37 weeks 2 days with PIH (Pregnancy Induced Hypertension), underwent normal vaginal delivery and subsequently suffered from PPH (Post Partum Hemorrhage). The patient underwent emergency hysterectomy, as decided by the obstetrics team, under general anaesthesia. The patient was transferred to ICU on 16th March, 2019 at 02.30 a.m. following the surgery, endotracheally intubated, in view of severe acidosis, anaemia and inadequate respiratory efforts. The patient was immediately put on mechanical ventilation and management was started as per ICU protocol. The patient was regularly followed up by the obstetrics team. Consultation was done by internal medicine department also. The patient was meticulously followed and managed with multiple ABGs’. Central venous access, critical care lung and cardiac ultrasound, electrolytes, lectate, Nt Pro-BNP, D-DIMER, PT/INR, LFT, KFT and other investigation to further qualify the treatment and access the prognosis. All the available resources of the hospital were used for the optimal management of the patient. She was tried to be weaned off from ventilator but in vain. She was in multi-organ dysfunction syndrome (CHF, ARDS, AKI, MODS, DIC, Pneumonitis). The SOFA score of the patient was 14, and APACHE II score was 36, which was suggestive of very poor prognosis and high mortality rates. The relatives of the patient were communicated about the poor prognosis of the patient and the same was documented. The relatives took the patient away from the hospital on their own will against medical advice (LAMA) on 18th March, 2019 which was duly documented, thus, denying themn the opportunity of treating the patient any further in their hospital. He (Dr. Ranajit Chatterjee) was, however, on leave from 17.03.2019 and 18.03.2019, and could not contribute any further in the treatment process. He fully sympathizes with the aggrieved family for their loss and he extended his heartfelt condolences to them.

Dr. Rashmi Saini, HOD Obgyn, Swami Dayanand Hospital in her written statement averred that the patient Monika 25 years w/o Shri Ajay Kumar with 4 ANC visits at Swami Dayanand Hospital was advised admission on 13th March, 2019 for mild PIH from OPD with the diagnosis of G2P1L1 with 37+1 with pregnancy with mild pre eclampsia (with Blood Pressure reading 149/93 mm Hg). The patient reported in gynae casualty on 14th March, 2019 with Blood Pressure 150/100 mm Hg. The patient was admitted in gynae casualty on Blood Pressure monitoring, investigations and medication. The patient was put on tablet Labetalol 100 twice a day and all relevant investigations were sent. Decision for induction of labor was taken on 15th March, 2019 in view of 37+3 weeks pregnancy with mild preeclamsia and the patient was shifted to labor room. Induction of labor was done with cerviprime gel at 5:00 p.m. on 15th March, 2019. The patient progressed well and delivered a female baby at 08.45 p.m. Her third stage was managed as per the protocol of active management of third stage of labor (AMTSL). Post delivery the patient developed PPH (Incidence in PPH in normal delivery – 2-4%) with atonic uterus for which the patient was managed conservatively as per the protocol (by bimanual uterine massage, utero tonic drugs, IV fluids and balloon tampanode). The patient did not respond to the conservative management and hence decision for surgical intervention was taken after consulting first and second on call consultants. Decision for removal of uterus was taken to save the life of the mother. Adequate resuscitative measures were taken during the procedure along with the transfusion of 2 units of O-ve blood. The first unit of blood was started at 10.15 p.m. The patient was shifted to ICU as per the anaesthetist advice. Vitals at the time of shifting of the patient form emergency O.T. to ICU were Pulse was 99/min, Blood Pressure was 110/70 mm Hg, respiratory rate was 16/min, SPO2 was 100% and urine output was 250 ml. In ICU the patient was managed as per protocol till 18th March, 2019. Attendants decided to take the patient to private hospital on their own risk. Blood group mentioned on her antenatal record was B+ve which was done on 20th December, 2018 during her routine antenatal work up. According to the protocol fresh blood sample is always sent to blood bank along with requisition slip. The blood is issued only after cross matching the fresh sample. In case, of any discrepancy a repeat sample is sent for confirmation so that the correct blood is issued, as was done in this case.

Dr. Mita Dutta, Junior Consultant and DNH, Swami Dayanand Hospital in her written statement averred that she was first on call as Junior Consultant on 15th March, 2019 from 04.00 p.m. to 09.00 a.m. 16th March, 2019. She got telephonic call at 10.00 p.m. from Senior Resident Dr. Namrata Mishra posted in labour room that day that the patient is having Post Partum Hemorrhage which they managed medically as per Post Partum Hemorrhage protocol but could not be controlled. So she (Dr. Mita Dutta) advised doctor on duty to shift the patient to O.T. with blood and Senior Consultant Dr. Kalpana Kumar was simultaneously informed. She (Dr. Mita Dutta) immediately reached the hospital. Dr. Mita Dutta assisted Dr. Kalpana Kumar and Dr. Namrata Mishra as second assistant in surgery. The patient’s vital was before shifting PR100/min, Blood Pressure was 98/50 mm Hg, CVS/Chest-NAD, P/A soft, balloon temponade was in situ. Case started at 10.30 p.m. and after securing proper hemostasis it was finished by 12.30 a.m. Post operative vitals were PR100/min, Blood Pressure was 120/80 mm Hg, SPO2 was 98%, Chest and CVS-NAD, SPO2 was 98%, urine out 250 ml and drain out was nil. The patient was shifted to ICU and handed over to ICU team.

Dr. Khushboo Akhariya, Swami Dayanand Hospital in her written statement that the patient (G2, P1,L1, A0), 37 weeks 2 days with PIH (Pregnancy Induced Hypertension), underwent normal vaginal delivery and subsequently suffered from PPH (Post Partum Hemorrhage). The patient underwent emergency hysterectomy as decided by the obstetrics team, under general anaesthesia. The patient was transferred to ICU on 16th March, 2019 at 02.30 a.m. following surgery, endotracheally intubated from O.T., in view of severe acidosis, anemia and inadequate respiratory efforts, which was documented by doctor on duty who received the patient that day in ICU. The patient was immediately put on mechanical ventilation and management started as per ICU protocol. The patient was regularly followed up by the doctors of the parent department. The patient was meticulously followed and managed with multiple ABGs’, CVP cannulation, POCUS, Electrolytes, Lectate, Nt Pro-BNP, D-Dimer, PT/INR, LFT, KFT and other investigation to further qualify the treatment. They used all the available resources of the hospital for the optimal management of the patient. She was tried to be weaned off from ventilator, but weaning failed. Her diagnosis was multiorgan dysfunction syndrome (CHF, ARDS, AKI, MODS, DIC, Pneumonitis). Prognostic scoring was done. The SOFA score of the patient was 14, and APACHE II score was 36, which was suggestive of very poor prognosis and high mortality rates. Communication and documentation of poor prognosis was done. The relatives took the patient away from the hospital on their own will against medical advice (LAMA) on 18th March, 2019. This was duly documented by Dr. Jasmeet who also took care of the patient. They were thus denied the opportunity of treating the patient any further in our hospital. She fully sympathizes with the aggrieved family for their loss and she extended her heartfelt condolences to them.

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

1. Smt. Monika, a 25-year-old primi gravida female, was admitted to the hospital on March 14, 2019, at 36 + 3 weeks gestation. Induction of labor was initiated, leading to the delivery of a female baby via normal vaginal delivery on 15th March, 2019, at 08:45 p.m. However, post-delivery, the patient developed Post-Partum Hemorrhage (P.P.H.) due to an atonic uterus. Despite conservative management, her condition did not improve, necessitating surgical intervention. An obstetric hysterectomy was performed due to atonic P.P.H. with placenta accreta, under consent. During the surgery, the patient received two units of whole blood (O-) transfusion. She was subsequently shifted to the ICU and managed according to ICU protocols. However, her condition remained critical, and poor prognosis was communicated to her relatives.

Despite the explanation of the poor prognosis, the patient's attendants decided to take her LAMA on 18, March 2019.

According to the complainant, the patient was admitted to Jaypee Hospital on 18th March 2019, and unfortunately, she passed away on 22nd March, 2019.

1. The Committee is of the considered opinion that Post-Partum Hemorrhage (P.P.H.) is a recognized complication associated with delivery procedures. In response to this complication, appropriate measures were taken, including the performance of a hysterectomy and the transfusion of blood. Additionally, the patient was provided intensive care treatment in the ICU setting.

It is observed that P.P.H. is a serious medical condition with guarded prognosis inspite of being administered adequate treatment as was done in the present case.

Despite these interventions, the patient's condition remained critical and continued to deteriorate, ultimately leading to her decision to leave against medical advice (LAMA). Unfortunately, her condition did not improve after leaving the hospital, and she eventually succumbed to her illness.

1. The Committee has carefully reviewed the documentation regarding the patient's blood group and the blood transfusion process. It is noted that the patient's blood group was initially recorded as B positive during both the antenatal consultation (O.P.D. prescription dated 20-12-18) and the hospital admission on March 14, 2019. However, when the blood grouping and cross-matching were performed by the blood bank, it was determined that the patient was O negative, and accordingly, O negative blood was transfused.

The blood transfusion notes dated 15th March 2019 timed 10:15 p.m. and 16th March 2019, timed 4 a.m. confirm that O negative blood was indeed transfused to the patient. Additionally, the doctor's note dated 16th March 2019, of 9 a.m. documents the administration of a total of four units of whole blood and three units of Fresh Frozen Plasma (FFP) to the patient.

Furthermore, it is emphasized that there is no indication in the medical records of any adverse reactions or complications resulting from the blood transfusions. Additionally, the patient's hemoglobin (H.B.) level at the time of transfer, as documented in the case summary, was noted to be 8.5, which indicates ongoing monitoring of the patient's condition and appropriate intervention.

Based on this thorough review, it is evident that there was no mismatch of blood groups, and the correct blood type was transfused to the patient. Furthermore, the absence of any documented adverse reactions supports the conclusion that the blood transfusion process was conducted according to established protocols and without error.

In light of the observations made hereinabove it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of doctors of Swami Dayanand Hospital in the treatment of late Smt Monika.

Matter stands disposed.

 Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal), (Dr. Alok Bhandari) (Dr. Vishnu Datt)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee,

Sd/:

(Dr. Ashok Kumar)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 29th May, 2024 was confirmed by the Delhi Medical Council in its meeting held on 24th June, 2024.

 By the Order & in the name

 of Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to:-

1. Shri Ajay Kumar s/o Shri Gangasaran r/o C-14, Gali No.1, Jagar Puri Vistar, Delhi-110093.
2. Dr. Rashmi, HOD-OBGYN, Through Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
3. Dr. Mohit Kumar, Medical Officer (Blood Bank), Through Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
4. Dr. Daya Shankar, HOD Anesthesia, Through Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
5. Dr. Kalpana Kumar, Specialist Gynae, C-52/Y-1, C-Block, Dilshad Garden, Delhi-110095.
6. Dr. Mita Dutta, Specialist Gynae, Through Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
7. Dr. Namrata Singh, Senior Resident, Purandaha Chowk, Purandaha, Deoghar, Jharkhand- 814112.
8. Dr. Savita Meena, Village & P.O. Danalpur, Teh-Hindun City, Distt. Karauli, Rajasthan-322220.
9. Dr. Anil Kumar Prabhat, Senior Resident Anesthesia, Village Bauwan, Post Nagla Kinjer, Distt. Patna, Bihar- 804423.
10. Dr. Rakesh Singhal, Through Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
11. Dr. Ranajit Chatterjee, Through Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
12. Dr. Khushbu, Through Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
13. Medical Superintendent, Swami Dayanand Hospital, Dilshad Garden Shahdara, Delhi-110095.
14. Directorate General of Health Services, Govt. of NCT of Delhi, F-17, Karkardooma, Delhi-110032-(w.r.t. letter No.F.23/7/DHS/PG Cell/2016/570 dated 29.04.2019)-**for information.**

 (Dr. Girish Tyagi)

 Secretary

Bottom of Form