DMC/DC/F.14/Comp.1898/2/2022 ­ 15th December, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Rakesh Babu, r/o- C-3/33, Plot No.10, Himalyan Residency, Sector-22, Dwarka, New Delhi-110077, alleging medical negligence on the part of doctors of Institute of Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi, in the treatment administered to complainant’s wife late Smt. Sneh Lata, resulting in her death.

The Order of the Disciplinary Committee Order dated 06th October, 2022 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Rakesh Babu, r/o- C-3/33, Plot No.10, Himalyan Residency, Sector-22, Dwarka, New Delhi-110077(referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Institute of Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi (referred hereinafter as the said Hospital), in the treatment administered to complainant’s wife late Smt. Sneh Lata (referred hereinafter as the patient), resulting in her death.

The Disciplinary Committee perused the complaint, written statement of Dr. Girish Chandra, Head Operation (Medical), Institute of Liver & Biliary Sciences enclosing therewith written statement of Dr. Vimal Rai Sharma, Dy. Head Operation (Medical) and joint written statement of Dr. Viniyendra Pamecha, Professor (Liver Transplant Surgery), Dr. Senthil Kumar, Additional Professor (Liver Transplant Surgery), Dr. Sunaina Tejpal (Anesthesia), Dr. Piyush Sinha, Asst Professor (Liver Transplant Surgery), Dr. Ashok K Chaudhary, Asst Professor (Transplant Hepatology), copy of medical records of Institute of Liver and Biliary Sciences and other documents on record.

The following were heard:-

1) Shri Rakesh Babu Complainant

2) Shri Ashish Dutt Son of the complainant

3) Ms. Priyanka Daughter of the complainant

4) Dr. Viniyendra Pamecha Professor, Institute of Liver & Biliary

 Sciences

5) Dr. Piyush Sinha Associate Professor, Institute of Liver & Biliary Sciences

6) Dr. Ashok K. Choudhary Associate Professor, Institute of Liver & Biliary Sciences

7) Dr. Deepak Kumar Badwal DHOC (Med), Institute of Liver & Biliar Sciences

Dr. Viniyendra Pamecha participated in the proceedings of the Disciplinary Committee and was heard through video conferencing.

The Disciplinary Committee noted that Dr. Sunaina Tejpal and Dr. Vimal Rai Sharma failed to appear before the Disciplinary Committee, inspite of notice. Further, Dr. Senthil Kumar did not appear before the Disciplinary Committee but sent a representation (e-mail) wherein he stated that he is unable to attend in person, due to health reasons.

It is alleged in the complaint that the complainant’s (Shri Rakesh Babu) wife Smt. Sneh Lata (the patient) was under treatment at Institute of Liver & Biliary Sciences. On 6th February, 2016, a phone call was received from the hospital informing about availability of liver for transplant operation. The patient was, therefore, got admitted in the Institute of Liver & Biliary Sciences on 06th February, 2016. A deposit of rupees 14 lakhs was made. The patient underwent liver transplant operation. Post-surgery for two days, the patient’s condition was stable but on third day, it was informed by the doctors that she was serious; she had become pulse-less with heart failure. The doctors then administered CRRT at a cost of Rs. 1.25 lakhs. The doctors unnecessarily delayed it for one day thereby endangering the life of the patient. Further, even though, the patient suffered from splenic artery aneurysm also and it was told that the same would also be operated during liver transplant surgery, it was not done. The patient was always kept sedated, even though spleen was compromised. The patient died on 18th February, 2016. There has been negligence in the treatment of the patient.

Dr. Vimal Rai Sharma, Dy. Head Operation (Medical), Institute of Liver & Biliary Sciences in his written statement averred that the patient Smt. Sneh Lata was admitted on 06th February, 2016 and expired on 18th February, 2016. The course of the disease in the hospital is as per the death summary. The process of listing of the cadavers for donor of liver transplant was submitted. The query raised by the complainant is para-wise explained in the statement of the doctors.

Dr. Viniyendra Pamecha, Professor (LT Surgery), Dr. Senthil Kumar, Additional Professor (LT Surgery), Dr. Sunaina Tejpal (Anesthesia), Dr. Piyush Sinha, Asst Professor (LT Surgery) and Dr. Ashok K Chaudhary, Asst Professor, Institute of Liver & Biliary Sciences in their joint written statement averred that the patient Smt. Sneh Lata was evaluated as per the standard institute protocol for liver transplantation. All relevant investigations were done and her (the patient) case was discussed in the multidisciplinary transplant board meeting. The patient was then listed for deceased donor liver transplantation. On the day liver became available, the patient’s MELD-Na score was the highest (29) among group matched patients on the waiting list for transplant. As per the Institute (hospital) policy, the patient was allocated the organ. They do inform and call multiple patients because of the logistics involved in cadaveric liver transplantation. All investigations were done prior to transplantation indicated that the operation could be undertaken with acceptable risk. An informed discussion was held with the relatives and this was documented. The patient developed hypotension, metabolic acidosis and renal failure on 10th February, 2016 (post-operative day 3). As soon as hemodynamic stability was achieved, CRRT was done. After two sessions, the patient improved and started producing good volume of urine. Non-institution of CRRT was definitely not an issue and certainly not the cause of death of the patient. Although, the presence of splenic artery aneurysm was known pre-operatively, there is no clear guideline to perform splenctomy/aneurysm ligation at the time of liver transplantation. Adding such a procedure along-with the liver transplantation is technically complex and associated with increased risk of bleeding (as there are multiple intra-abdominal collaterals due to portal hypertension). Hence, it was clinical decision taken in good faith at that point not to perform splenectomy. The patient needed continuous ventilator care in ICU to support her respiration. As tidal volume and efforts were poor, the patient needed tracheostomy. It is standard practice in ICU to sedate patients so that they do not fight the ventilator. Sedation has nothing to do with spleen function. The death was due to hypovolemic shock due to massive, sudden intra-abdominal bleeding; this led to rapid cardiac arrest. The patient’s relatives have been provided with detailed death summary as per hospital protocol. All investigations and medical records are transparent and available to them at all times. They were constantly apprised of her (the patient) medical condition and certainly were told of her rapid deterioration on the afternoon of 18th February, 2016, but unfortunately, the patient expired at 5.55 p.m. on 18th February, 2016. `

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

1. It is noted that Smt. Sneh Lata, 50 years old female, was case of HBV related CLD de-compensated with refractory ascites and hydrothorax. She was worked-up and evaluated for DDLT (Deceased Donor Liver Transplantation with Caval replacement) as per protocol and was found to be fit for liver transplant. She was admitted in the said Hospital on 06th February, 2016. She underwent DDLT on 07th February, 2016, under consent. She was shifted to Live Transplant-ICU mechanical ventilation and double vasopressors support. Vasopressors were gradually tapered and immunosupression was started on POD (post-operatively day) 1 with Tacrolimus. The patient was supported with adequate blood and blood products as per requirements. The ventilatory supports were gradually tapered and the patient was extubated on POD (post-operatively day) 2. The patient had a rise in urea and cretinine with low urine output. Dose of antibiotics were decreased and nephrotoxic drugs were stopped. The patient developed hypotension on POD (post-operatively day) 3 with metabolic acidosis and worsening kidney injury. The antibiotics were up-scaled and cultures were sent. The patient was resuscitated with IVF, colloids and vasopressors. The patient was re-intubated and the family was updated on the clinical status of the patient guarded prognosis and the treatment plan. The patient became anuric and a nephrology consultation was taken to start CRRT was made. The antibiotics doses were adjusted for renal impairment. The family was updated on the progress and the clinical status of the patient. The need for CRRT and the financial implications were explained. CRRT was started and the vasopressors were gradually tapered off. Cultures showed presence of E. coli in abdominal drain fluid and blood cultures. IV antibiotics were continued and adjusted as per the sensitivity patterns. The patient responded to the treatment, her fever settled and her vascopressors requirements decreased. Acidosis got corrected. CRRT was stopped after 36 hours. The patient required another session CRRT 1 day later. The patient’s urine output showed gradual improvement and CRRT was stopped after 36 hours. Doppler was done twice daily which showed normal inflow and outflow to the graft. With hemodynamic stabilization, the patient was started on NG trial feeds. The NG feeds were gradually increased as per tolerance. The patient could not be weaned off ventilatory support, as she was not able to generate enough respiratory efforts. The patient was taken up for the surgical tracheostomy on POD (post-operatively day) 10. On POD (post-operatively day) 12, the patient developed sudden fall in blood pressure with systolic BP falling to 50 mmHg. Resuscitation was started and ABG done showed Hb of 5.9. Adequate blood products were transfused. The patient developed ventricular arrhythmia. Antiarrythmic drugs were given and acidosis was corrected. The patient developed ventricular arrhythmia. Antiarrythmic drugs were given and acidosis was corrected. The patient had a cardiac arrest from which the patient was revived after CPR. The patient’s family was apprised regarding the condition of the patient status, guarded prognosis and possible re-exploration. On being shifted to OT, the patient had another cardiac arrest; CPR was given and was revived. The patient was shifted to OT on high vasopressor support. Intra-operatively, there was hemoperitoneum but exact source was not found. During the surgery, the patient had another cardiac arrest, internal cardiac massage was given, abdomen was packed and the patient was shifted back to LT-ICU. The patient developed another cardiac arrest in LT-ICU, she was given CPR but the patient could not be revived back and was declared dead on 18th February, 2016 at 05.55 p.m. The cause of death as per the said hospital records was hypovolemic shock from intra-abdominal bleed.
2. The Disciplinary Committee notes that the patient late Smt. Sneh Lata underwent a liver transplantation (DDLT) at Institute of Liver & Biliary Sciences, New Delhi on 07th February, 2016 for cirhosis of the liver. Unfortunately, the patient expired on 18th February, 2016 due to post operative complications. The major complications included early graft dysfunction, sepsis, acute kidney injury, requirement for prolonged mechanical ventilation and massive intra peritoneal bleeding which was the most important pre-terminal event necessitating re-exploration and was the ultimate cause of death The complications which developed after liver transplantation are known complication although major intra-peritoneal bleeding is uncommon. The patient was managed appropriately with renal replacement therapy, mechanical ventilation and other supportive care in an ICU. There does not seem to be any medical negligence on the part of the treating doctors although there was unusually a time gap of nine hours in stenting CRRT; but that does not seem to be a major cause in determining the final outcome in the patient.
3. For the intra-peritoneal bleeding, the patient underwent an exploratory laparotomy, during which, no cause of bleeding was found. During the personal appearance of the treating doctors, the operating surgeon Dr. Viniyendra Pamecha confirmed that the splenic artery aneurysm was not the cause of the bleeding. He also explained that they had considered an intervention for the splenic artery aneurysm before transplantation but decided against it, due to technical reasons and possibility of harm outweighing the benefits.
4. The explanation given by the doctors of the said Hospital for not performing splenectomy simultaneously during the DDLT surgery, is found to be satisfactory. Such decisions fall squarely within the clinical judgement of the surgical team operating on the patient.
5. The patient had advance cirrhosis of the liver, for which, she underwent liver transplant but could not survive due to multiple post-operative problems.

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 the doctors of Institute of Liver & Biliary Sciences, in the treatment administered to complainant’s wife late Smt. Sneh Lata.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Satish Tyagi) (Dr. Pramod Garg)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

Sd/:

(Dr. Peush Sahni)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 06th October, 2022 was confirmed by the Delhi Medical Council in its meeting held on 19th October, 2022

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to:-

1. Shri Rakesh Babu, r/o- C-3/33, Plot No.10, Himalyan Residency, Sector-22, Dwarka, New Delhi-110077.
2. Dr. Vimal Rai Sharma, Through Medical Superintendent, Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi-110070.
3. Dr. Viniyendra Pamecha, Medical Superintendent, Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi-110070.
4. Dr. Senthil Kumar, Through Medical Superintendent, Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi-110070.
5. Dr. Sunaina Tejpal, Through Medical Superintendent, Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi-110070.
6. Dr. Piyush Sinha, Through Medical Superintendent, Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi-110070.
7. Dr. Ashok K. Choudhary, Through Medical Superintendent, Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi-110070.
8. Medical Superintendent, Liver & Biliary Sciences, D-1, Vasant Kunj, New Delhi-110070.
9. National Medical Commission, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077-w.r.t. erstwhile Medical Council of India’s letter No.MCI-211(2(61)(Complaint)/2016/Ethics./127673 dated 01.09.2016-**for information.**

 (Dr. Girish Tyagi)

 Secretary