DMC/DC/F.14/Comp.2176/2/2022/ 08th June, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Smt. Radha Rani Kaushal w/o Lt. Rajiv Kausahl, r/o H.No.66, Gali No. 1, Ashok Mohalla, Nangloi, New Delhi made to SHO, Police Station Pitampura, forwarded by the Medical Council of India, alleging Medical negligence on the part of the doctors of Max Multi Speciality Centre, Pitampura, Delhi, in the treatment of the complainant’s husband Shri Rajiv Kaushal, resulting in his death on 09.06.2016.

The Order of the Disciplinary Committee dated 15th March, 2022 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Smt. Radha Rani Kaushal w/o Lt. Rajiv Kausahl, r/o H.No.66, Gali No. 1, Ashok Mohalla, Nangloi, New Delhi (referred hereinafter as the complainant) made to SHO, Police Station Pitampura, forwarded by the Medical Council of India, alleging Medical negligence on the part of the doctors of Max Multi Speciality Centre, Pitampura, Delhi (referred hereinafter as the said Hospital), in the treatment of the complainant’s husband Shri Rajiv Kaushal (referred hereinafter as the patient), resulting in his death on 09.06.2016.

The Disciplinary Committee perused the complaint, joint written statement of Dr. Anil Gomber, Dr. Vishal Garg, Dr. Sandeep Bhagat, Dr. Vipin Grover, Dr. Chandresh Gupta and Dr. Saurabh Lall, DGM-Hospital Operation, Max Multi Speciality Centre, Pitampura, copy of medical records of Max Hospital and other documents on record.

The following were heard :-

1) Dr. Sandeep Bhagat Gastroenterologist, Max Multi Speciality Centre

1. Dr. Vipin Grover Surgeon, Max Multi Speciality Centre

The Disciplinary Committee noted that the complainant Smt. Radha Rani Kaushal, Dr. Anil Gomber, Dr. Vishal Garg, Dr. Chandresh Gupta and the Medical Superintendent, Max Multi Speciality Centre failed to join the Disciplinary Committee’s proceedings, inspite of notice.

In the interest of justice, the Disciplinary Committee decided to proceed with the matter in order to determine it on merits.

It is alleged in the complainant that the complainant’s (Smt. Radha Rani Kaushal) husband Shri Rajiv Kaushal (the patient) died due to medical negligence on the part of Dr. Sandeep Gupta and senior doctors of the operating team. The complainant alleges that during the ERCP procedure, the bile duct ruptured, as a result the patient suffered from septicaemia, and his condition worsened on 04th June, 2016. Dr. Sandeep Gupta did not inform them about the condition of the patient and did not consult any senior doctors. Further, during the ERCP procedure done on 02nd June, 2016, the patient experienced intolerable pain. Also in order to stop the septic shock, the second operation was done after delay of 26 hours instead of maximum 08-10 hours. Further, even though the patient had no life on 04th June, 2016, he was given four units of plasma and the patient’s body was kept on ventilator till it started discharging fluids. It is, thus, requested that this complaint be enquired into and strict action be taken.

Dr. Anil Gomber, Dr. Vishal Garg, Dr. Sandeep Bhagat, Dr. Vipin Grover, Dr. Chandresh Gupta and Dr. Saurabh Lall, DGM-Hospital Operation, Max Multi Speciality Centre, Pitampura in their joint written statement averred that the patient Shri Rajiv Kaushal was brought to the emergency of the hospital on 27th May, 2016 with complaints of difficulty in breathing with cough and chest discomfort since 09th May, 2016. The patient had fever from 09th May, 2016 to 15th May, 2016. The patient was also known case of hypertension, hypothyroidism and diabetes mellitus type-2. The patient was examined and investigations were carried out. As per the report dated 27th May, 2016, the patient had high blood-sugars and deranged LFT. The patient also had ongoing upper abdominal pain, for which, upper GI endoscopy (upper gastro intestinal) was advised by the physician. Endoscopy had findings antral gastritis. USG abdomen revealed prominent hepatic ducts and a dilated common bile duct of 10 mm. MRCP done on 29th May, 2016, showed prominent intra-hepatic biliary radicals with dilated CBD and lower end CBD calculi with partial stricture. Hence, on 30th May, 2016, endoscopic retrograde cholangiopancreatography (ERCP) was advised to be conducted after improvement in the patient’s chest and sugar level, as the patient was suffering from high blood sugar levels and ongoing respiratory problem, for which, the patient was on high dose of steroids. The ERCP was done on 02nd June, 2016 at 12.00 noon at Max Super Speciality Hospital, Shalimar Bagh by Dr. Sandeep Bhagat, Gastroenterologist which showed choledoholithiasis. Endoscopic papillotomy (EPT) was done followed by stone extraction and stent placement. Post ERCP, the patient had abdominal pain, for which, he (the patient) was given conservative line of treatment by putting, the patient on nil per oral (NPO), IV fluids, analgesics and antibiotics were administered to the patient. With conservative line of treatment, the patient got symptomatically better, the patient’s abdomen was soft and the patient was passing flatus and urine. However, later during the day on 02nd June, 2016, the patient again had severe abdominal pain; the patient was shifted and managed in Medical Intensive Care Unit (MICU). In order to rule out any untoward complications, investigations viz. x-ray abdomen and blood investigations-serum amylase and serum lipase, KFT and CBC were sent. Blood investigations showed evidence of leukocytosis and x-ray abdomen showed air around kidneys. The surgical reference was done with Dr. Vipin Grover in view of abdominal distension, abdominal pain and suspected retroperitoneal leak. The antibiotic coverage was increased and conservative management was continued. On 03rd June, 2016 at around 7.00 a.m., the patient developed breathlessness and became hemodynamically unstable, requiring intubation, mechanical ventilation and inotropic support. After stabilization, exploratory laparotomy (Ex-Lap) + retroduodenal placement of drain + feeding jejunostomy was performed on 03/06/2016*.* Post Ex-Lap, the patient remained unstable and was continued on ventilator support with high dose of inotrops. Four units of FFP were transfused on 04th June, 2016at 5:45 a.m. The patient’s general condition was very critical and poor prognosis was well explained to relatives. The patient developed sudden onset bradycardia followed by asystole on 04th June, 2016at 9: 10 a.m. Immediate cardiopulmonary resuscitation (CPR) was started according to ACLS protocol. Injection Adrenaline was given alongwith other emergency medications. The CPR continued for another half an hour. However, despite all resuscitative measures the, the patient could not be revived and declared dead on 04th June, 2016at 9:52 a.m. As stated above, on 04th June, 2016*,* the condition of the patient had worsened due to poor prognosis and co-morbid conditions. The patient was given 4 units of FFP at 5:45 a.m. The patient’s general condition was very critical and poor prognosis was well explained to relatives by the treating team. Further, the patient developed sudden onset bradycardia followed by asystole on 04th June, 2016at 9:10 a.m. Immediate cardiopulmonary resuscitation (CPR) was started according to ACLS protocol. Injection Adrenaline was given alongwith other emergency medications. It is submitted that all measures per the medical protocol were taken by the team of the doctors for treating the patient. It is submitted that the allegation of rupturing of bile duct/tube was on 2nd June 2016 post ERCP. Hence, in view of the abdominal distension, pain and retroperitoneal leak, surgical reference of Dr. Vipin Grover and Dr. Chandresh Gupta was immediately taken. The necessary investigations were sent, in order to rule out any untoward complications. The antobiotic coverage was increased and conservative management continued. Later, the patient became unstable and required intubation and, hence, was given ventilator support. Thus, the allegations made against the Dr. Sandeep Bhagat in not managing the treatment are absolutely false and baseless. The allegation about patient suffering from pain is absolutely false. It is submitted that after on 02nd June, 2016 post ERCP, the patient had abdominal pain, for which, the patient was given conservative line of the treatment by putting the patient on nil per oral (NPO), IV fluids, analgesics arid antibiotics were administered to the patient. With the conservative line of the treatment, the patient got symptomatically better, the patient’s abdomen was soft and the patient was passing flatus and urine. However, later during the day on 02nd June, 2016, the patient again had severe abdominal pain; the patient was shifted and managed in Medical Intensive Care Unit (MICU). The surgical reference was done with Dr. Vipin Grover in view of abdominal distension and pain abdomen retroperitoneal leak. Antibotic coverage was increased and conservative management was continued. In order to rule out any untoward complications investigations viz. x-ray abdomen and blood investigations-serum amylase and serum lipase, KFT and CBC were sent. Thus, it is wrong and denied that that Dr. Sandeep Bhagat failed to inform the patient/relatives about the bile duct/tube rapture and spread of sepsis on 02nd June, 2016 until 04th June, 2016 and failed to take immediate action after conveying the senior doctors. It is also wrong and denied the allegations of the complainant that the patient experiencing intolerable pain during the entire process of ERCP on 02nd June, 2016, which ran through 11.00 a.m. to 12.10 p.m. and that his (the patient) painful screams were heard outside the OT to a far of distance. But, Dr. Sandeep Bhagat performed a very painful procedure during the entire time without stopping it. In this regard, it is submitted that the ERCP was conducted under conscious sedation, as per the protocol, but a low dose of Midazolam was given due to patient’s underlying chest condition. As per OT notes, the patient had a dilated CBD with lower end and calculi which was removed using a biliary balloon and 10 French x 5 cm plastic stent was placed into the CBD. The patient had slightly more pain than usual during ERCP, for which, the pain killers were administered to the patient post procedure. On the allegation that the doctors of the hospital, in order to stop the septic shock, performed another major operation after waiting for more than 26 hours, is also wrong and denied. It is also wrong and denied the allegation that one cannot survive after more than 8-10 hours of septic shock. In this regard, it is submitted that the patient had hypovolemia and not septic shock (as wrongly alleged); which was duly managed with fluid resuscitation. On 03rd June, 2016*,* around 7.00 a.m., the patient developed breathlessness and became hemo-dynamically unstable, requiring intubation, mechanical ventilation and inotropic support. After stabilization, exploratory laparotomy (Ex-Lap) + retroduodenal placement of drain + feeding jejunostomy was performed on 03rd June, 2016. Post Ex-Lap, the patient remained unstable and was continued on ventilator support with high dose of inotrops. Four units of FFP were transfused on 04th June, 2016at 5:45 a.m. The allegations made in this regard are absolutely false and baseless. It is to be noted that exploratory laparotomy was delayed due to the clinical condition of the patient, as it is too risky to conduct such a procedure when the patient was unstable. It is stated that the patient was constantly monitored by the team of the doctors throughout his stay at the hospital. Further, the complainant was explained about the poor prognosis of the patient and all the surgeries were conducted after getting attendant’s consent. The patient was provided systematic line of the treatment, initially on conservative management after ERCP and later when the patient developed breathlessness and became hypo-dynamically unstable, after stabilizing with immediate intubation with inotropic support, exploratory laparotomy(Ex-Lap) + retroduodenal placement of drain + feeding jejunostomy was performed on 03rd June, 2016*.* And when, despite all these, when the patient developed sudden onset bradycardia followed by asystole on 04th June, 2016*,* immediate CPR was started according to ACLS protocol and injection Adrenaline was given along with other emergency medications. Thus, there is not an iota of truth to allege that the doctors of the hospital did not take care of the patient or took any emergency step to resolve the serious condition of the patient. It is also wrong and denied the allegations that the body of the patient was kept in the ventilator till it started discharging fluids. It is submitted that as per medical records, the patient was declared dead on 04th June, 2016at 9:52 a.m. The body was removed from the ventilator after patient was declared dead and the body and the death certificate was handed over to the family at 12:40 p.m. It is also wrong and denied that the complainant was denied the recordings of the process/medical records. In this regard, it is submitted that upon receipt of a request for medical records of the patient, a complete set of the medical records pertaining to the patient was issued to Shri Narender Kumar (brother in Law of the patient) on 8th June, 2016 after receiving the request letter on 4th June, 2016. From the foregoing brief facts and reply, they reiterate their position that the diagnosis was correct and the treatment was appropriately given to the patient. Hence, it is prayed that the present complaint made by the complainant against the hospital and doctors may kindly be dismissed as not maintainable.

On enquiry by the Disciplinary Committee as to whether, this was an emergency or an elective procedure, Dr. Sandeep Bhagat replied that the same was an elective procedure.

On being further asked by the Disciplinary Committee, as to the reason for subjecting the patient to ERCP procedure on 02nd June, 2016, even though, the patient had history of travel to Kargil (high altitude) in the month of May, 2016 and had been suffering from high blood sugar levels, respiratory problems and also being on high dose of steroids, Dr. Sandeep Bhagat stated that endoscopy had given findings of antral gastritis, USG abdomen revealed prominent hepatic ducts and a dilated common bile duct of 10 mm. MRCP done on 29th May, 2016, showed prominent intra-hepatic biliary radicals with dilated CBD and lower end CBD calculi with partial stricture. Hence, on 30th May, 2016, endoscopic retrograde cholangiopancreatography (ERCP) was advised to be conducted after improvement in the patient’s chest and sugar level.

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

1. The patient Shri Rajiv Kaushal, 50 years old male, presented on 27th May, 2016 to the emergency of the said Hospital with complaints of difficulty in cough and chest discomfort since 09th May, 2016. The patient had history of fever from 09th May, 2016 – 12th May, 2016. The patient had history of travel to Kargil (high altitude) for one month. The patient was known case of HTN, hypothyroidism and type-II DM. Gastroenterology reference was done with Dr. Sandeep Bhagat in view of long standing dyspepsia. UGI endoscopy was suggestive of antral gastritis. H. pylori positive and liver enzymes were raised. The patient’s MRCP dated 29th May, 2016 was suggestive of dilated CBD with lower end calculus and lower end CBD stricture. ERCP was done on 02nd June, 2016 at 12.00 noon at Max Shalimar Bagh by Dr. Sandeep Bhagat Gastroenterologist. The patient complaint of pain abdomen post ERCP, for which, he was kept NPO, analgesics were given and metrogyl was added. After initial relief in abdominal pain, the patient again had severe pain abdomen, for which, he was shifted to ICU and the surgical consultation was requested. The surgical reference was done with Dr. Vipin Grover/Dr. Chandresh Gupta in view of abdominal distension and pain ? retroperitoneal leak. The antibiotic coverage was increased and conservative management was continued. Later, the patient became unstable and required intubation and mechanical ventilation and inotropic support. After stabilization, exploratory laparotomy + retroduodenal placement of pain with feeding jejunostomy was performed on 03rd June, 2016. Post-operative, the patient remained unstable and was continued on ventilator support and high dose inotrops. Four units of FFP were transfused on 04th June, 2016 at 05.45 p.m. The patient’s general condition was very critical and poor prognosis was explained to the relatives. The patient developed sudden onset bradycardia followed by asystole on 04th June, 2019 at 09.10 a.m. Immediate CPR was initiated but the patient could not be revived and declared dead on 04th June, 2016 at 09.52 a.m.
2. The patient had no indication for the ERCP procedure which was performed by Dr. Sandeep Bhagat on 02nd June, 2016 as he was admitted with pulmonary issues in the medicine department. The incidental discovery of dilated CBD prompted the gastroenterologist for performing the procedure, even though; the patient did not have any jaundice or GI complaints.
3. During the course of the ERCP procedure, there was a complication namely retroperitoneal perforation. Post-procedure, the condition of the patient deteriorated in all likelihood due to his co-existence pulmonary condition.
4. The Standard Operating Procedure (SOP) for retro-duodenal perforation is conservative management in the form of antibiotics and NPO. If, conservative management failed, then the next step is to place PCD under US Guidance. The SOP was not followed in this case and an urgent consult was sent to the surgeon for surgical intervention to manage the complication.
5. It was erroneous decision on the part of the surgeon to operate as there was no evidence of intra-peritoneal perforation and peritonitis. The surgeon Dr. Vipin Grover went ahead and placed drain in the retro-peritoneum, which could have easily been done non-operatively. The patient succumbed due to additional stress of the surgery with co-existence pulmonary condition.

In light of the observations made herein-above, the Disciplinary Committee recommends that name of Dr. Sandeep Bhagat (Dr. Sandeep Subhash Chandra Bhagat, Delhi Medical Council Registration No.16977) and Dr. Vipin Grover (Dr. Vipin Kumar, Delhi Medical Council Registration No.33720) be removed from the State Medical Register of the Delhi Medical Council for a period of 15 days.

Complaint stands disposed.

Sd/: Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. G.S. Grewal) (Dr. A.S. Puri) (Dr. Anil Agarwal)

Chairman, Delhi Medical Association Expert Member, Expert Member

Disciplinary Committee Member, Disciplinary Committee Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 15th March, 2022 was taken up for confirmation before the Medical Council in its meeting held on 29th April, 2022 wherein “whilst confirming the decision of the Disciplinary Committee, the Council observed that the following observation mentioned at last sentence of point (5) observations of the Disciplinary Committee’s Order be expunged, as the same is not warranted.

“*The patient succumbed due to additional stress of the surgery with co-existence pulmonary condition.”*

The Council also confirmed the punishment of removal of name awarded to Dr. Sandeep Bhagat(Dr. Sandeep Subhash Chandra Bhagat, Delhi Medical Council Registration No.16977) and Dr. Vipin Grover (Dr. Vipin Kumar, Delhi Medical Council Registration No.33720) from the State Medical Register of the Delhi Medical Council for a period of 15 days awarded by the Disciplinary Committee.

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. Radha Rani Kaushal w/o Lt. Rajiv Kausahl, r/o H.No.66, Gali No. 1, Ashok Mohalla, Nangloi, New Delhi-110041.
2. Dr. Vipin Grover, M-112, First Floor, Guru Harkishan Nagar, Paschim Vihar, New Delhi-110007.
3. Dr. Chandresh Gupta, 244, Bharat Nagar, Near Ashok Vihar, Delhi-110052.
4. Dr. Sandeep Bhagat, B-9, Parijat Apartments, West Enclave, Pitampura, Delhi-110034.
5. Dr. Anil Gomber, F2, Vijay Nagar, (Near Delhi University North), Delhi-110009
6. Dr. Vishal Garg, 73, Prem Nagar, Shakti Nagar, Delhi-110007.
7. Medical Superintendent, Max Hospital, Near TV Tower, Pitampur, New Delhi-110034.
8. National Medical Commission, Pocket-14, Sector-8, Dwarka Phase-1, New Delhi-110007-w.r.t. erstwhile Medical Council of India’s letter No. MCI-211(2)(Gen.)/2017-Ethics./129246 dated 03.08.2017-**for information**.
9. ACP/PG Cell, Office of the Dy. Commissioner of Police, North West District: Delhi, Police Station Ashok Vihar, Delhi-110052-w.r.t. letter No.2147/Complt. (AC-II) North-West Distt., Delhi, the dated 03.07.2017-**for information**.
10. Registrar, Rajasthan Medical Council, Sardar Patel Marg, Near 22 Godam Circle, C-Scheme, Jaipur-302001, Rajsthan **(Dr. Sandeep Bhagat is also registered with the Rajasthan Medical Council under Registration No-018572 dated 28.10.1998)-for information & necessary action**
11. Registrar, Uttar Pradesh Medical Council, 5, Sarvapally Mall Avenue Road, Lucknow-226001, Uttar Pradesh (**Dr. Vipin Grover is also registered with Uttar Pradesh Medical Council under registration No.29387 dated 26.08.1985**)-**for information & necessary action**.

(Dr. Girish Tyagi)

Secretary