DMC/DC/F.14/Comp.2266/2/2022/ 27th May, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Satish Kumar, r/o House No. 11/31 Trilok Puri, Delhi 110091, alleging medical negligence on the part of doctors of ESIC Hospital, Jhilmil, Delhi and Yatharth Hospital, Sector-110, Noida, in the treatment administered to complainant’s son Shri Deepak, resulting in his death on 11.07.2017.

The Order of the Disciplinary Committee dated 19th April, 2022 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Satish Kumar, r/o of House No. 11/31 Trilok Puri, Delhi 110091 (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of ESIC Hospital, Jhilmil, Delhi and Yatharth Hospital, Sector-110, Noida, in the treatment administered to complainant’s son Shri Deepak (referred hereinafter as the patient), resulting in his death on 11.07.2017.

The Disciplinary Committee perused the complaint, written statement of Dy. Medical Superintendent of ESI Hospital Jhilmil enclosing therewith joint written statement of Dr. Rahul Bharti, Dr. Manju Govil, written statement of Dr. Rahul Bharti, Dr. Manju Govil, Dr. Sumeet Pal Singh and Dr. Amit Anand, copy of medical of ESI Hospital, written statement of Dr. A. K. Jain, copy of medical records of Yatharth Hospital and other documents on record.

The following were heard in person :

1. Shri Satish Kumar Complainant
2. Dr. Manju Govil HOD, Department of Surgery, ESIC

Hospital

1. Dr. Sumeet Pal Singh Junior Resident, ESIC Hospital
2. Ms. Poonam Pandey Medical Social Worker, ESIC Hospital
3. Dr. Satyendra Singhal Medical Superintendent, ESIC Hospital
4. Dr. A.K. Jain Consultant, General Surgery, Yatharth

Hospital

1. Dr. Ajeet Kumar Singh Medical Superintendent, Yatharth Hospital

The Disciplinary Committee noted that Dr. Satyendra Singhal Medical Superintendent, ESIC Hospital failed to ensure the presence of Dr. Amit, Senior Resident Surgery, inspite of direction/notice.

The Disciplinary Committee further noted that Dr. Rahul Bharti, Spl. General Surgery, ESIC Hospital participated in the proceedings of the Disciplinary Committee and was heard through video conferencing.

The complainant Shri Satish Kumar alleged that his son Shri Deepak, 28 years old male, on 27th June, 2017 complained of pain abdomen, hence, was taken to Lal Bahadur Shastri Hospital from there; he was brought to ESI Hospital on 28th June, 2017. On 28th June, 2017, a surgery was conducted upon Shri Deepak and he was discharged on 30th June, 2017 and referred to Yatharth Hospital where he was admitted on 01st July, 2017 and expired on 11th July, 2017. They want to know, if the surgery at ESI Hospital went well then why was the patient referred to Yatharth Hospital? It is requested that this matter be investigated and guilty be punished.

The complainant Shri Satish Kumar on being asked by the Disciplinary Committee to describe about the medical condition of the patient Shri Deepak on 24th June, 2017, stated that on 24th June, 2017, the patient complained of pain abdomen and once, he had been seen and prescribed treatment by the doctors of ESIC Hospital, he returned home. Thereafter, his condition remained stable and he continued with the treatment prescribed by the doctors of the ESIC hospital and it was only on 28th June, 2017 that his condition started to deteriorate and, thus, he reported to ESIC hospital, Jhilmil where he was admitted.

Dr. Rahul Bharti, Spl. Geneal Surgery, ESIC Hospital in his written statement averred that he worked in ESIC Hospital, Jhilmil, New Delhi as full time contractual specialist for one year in the department of general surgery from 01st February, 2017 to 31st February, 2018. This patient Shri Deepak, 28 years/male, brought to the ESIC Hospital, Jhilmil on 28th June, 2017 at 11.40 a.m. with chief complaints of abdominal pain, vomiting and distension for the last five days. On examination, the patient had abdominal distension, tenderness present in whole abdomen, guarding and rigidity present in whole abdomen, rebound tenderness present in whole abdomen, liver dullness masked, the patient had tachycardia (112/min.), blood pressure was 140/90 mmHg and was clinically diagnosed as perforation peritonitis and which was substantiated by x-ray abdomen (arrest) with both domes of diaphragm and ultrasound whole abdomen. Their Head of the Department (Dr. Manju Govil) was on leave at that time, so she was informed about the patient telephonically. The case was discussed with her and the decision for exploratory laparotomy was finalized. The patient’s relatives were explained about the sick condition of the patient and also about the high risk involved in the surgery. The patient was prepared for the surgery after taking high risk consent for exploratory laparotomy. The informed consent was also taken for ileostomy/colostomy and for the post-operative need for ventilator support. The patient was taken to the operation theatre and pre-anaesthetic check-up was done. The exploratory laparotomy was performed by him, Dr. Mohit Gupta (Senior Resident) and Dr. Vishabh (Senior Resident). The intra-operative findings were : there was about 1 lit. of pus contaminated with fecal matter was present in peritoneal cavity and there was ileal perforation 10 cm from Ileo-caceal junction. There were pus flaks adherent with the small bowel and large bowel and intestine as well as mesentery was inflamed. The intra-operative photographs of ileal perforation were also taken. Primary repair of perforation with proximal ilestomy was done as life saving procedure with abdominal drain placement. After finishing the surgery, Dr. Manju Govil was again informed telephonically regarding intra-operative findings and the photographs were also shared with her. The patient’s relatives were explained about the poor prognosis immediately, just after the surgery. The patient was shifted to ICU in view of hemodynamic instability. The best possible post-operative care was given to the patient. The chest reference was done in view of B/L lower lobes crepts. On post-operative day second, the patient was deteriorated; again high risk was explained to the patient’s relatives and in view of deteriorating condition of the patient, it was difficult to manage the patient in the ICU because of limited facilities. So, the case was discussed with the ICU doctors’ team and the patient was referred to the higher centre for ICU care. The patient was referred to Yatharth Hospital, Noida after discussion with the patient’s relatives. All pre, intra-and post-operative findings were conveyed to the treating surgeon and ICU team in Yatharth Hospital telephonically as well as by sending intra-operative photographs by whatsapp. Every possible effort was done to save the life of the patient.

Dr. Rahul Bharti further averred that the patient Shri Deepak, 28 years male, presented to ESIC Hospital, Jhilmil on 28th June, 2017 as a case of perforation, for which, a life saving surgery (exploratory laparotomy with drainage of pus with ileostomy) was done on the same date after explaining and taking informed written consent for the surgery. After surgery, the patient was shifted to ICU in view of severe sepsis and hemodynamic instability. As the condition of the patient was further deteriorating on POD-2nd, the case was discussed with ICU team and the condition of the patient explained and prognosticated to the patient party. In view of limited facilities in the ICU (limited emergency blood investigation, limited imaging resources, unavailability of blood bank, unavailability of nephrologist, etc.), the patient party themselves requested and gave their consent to transfer the patient to other hospital with better facilities. He had done all his primary duties as a surgeon in good faith to save the life of the patient without any delay.

On enquiry by the Disciplinary Committee, as to why the patient Shri Deepak was referred to Yatharth Hospital, even though, ESIC hospital is equipped with ICU and ventilator facilities, Dr. Rahul Bharti stated that it was done because it was the nearest higher centre.

Dr. Sumeet Pal Singh, Junior Resident, ESIC Hospital in his written statement averred that a patient namely Shri Deepak, son of the complainant Shri Satish Kumar, who came to ESIC Hospital, was examined by him on 24th June, 2017. He examined the patient and prescribed some medicine and further, advised the patient to come after three days for regular check-up. It is submitted that after 24th June, 2017, the patient never came to him for his treatment, so he has no knowledge about the further history of the patient.

Dr. Amit Anand, Senior Resident Surgery, ESIC Hospital in his written statement averred that patient Deepak was not seen and examined by him. The prescription was not written by him. He made the referral paper on advice by consultant on duty on 30th June, 2017.

Dr. Manju Govil, Spl. & HOD General Surgry, ESIC Hospital in her written statement averred that she was on leave from 25th June, 2017 to 30th June, 2017. The patient Shri Deepak 28 years old male was attended and treated by Dr. Rahul Bharti, Specialist Surgery. As per records, the patient presented in emergency of Indira Gandhi ESIC Hospital, Jhilmil at around 7.30 p.m. on 24th Jun 2017, with complaints of pain in lower abdomen. The patient was referred from Lal Bahadur Shastri Hospital with a diagnosis of urethral stricture with Foley’s in situ. The CMO on duty referred the patient to the doctor on duty in the Department of Surgery at 7.40 p.m. The surgery doctor on duty (Dr. Amit S.R.) at 8.00 p.m advised tablet Tramadol and tablet Pan-40 for three days, and advised the patient to come to surgery OPD after three days. The doctor on duty on that day is no more employed with ESIC Jhilmil. The patient again presented in emergency on 28th June 2017, at 11.40 a.m. with complaints of abdominal pain with vomiting and abdominal distension. The patient was admitted under Department of Surgery with diagnosis of acute abdomen with perforation peritonitis. He was seen by the Senior Resident Surgery. After basic investigations and optimisation, the patient was taken-up for exploratory laparotomy and proceed. High risk consent was taken in patient’s own language, alongwith consent for an ostomy, resection anastomosis and risk of life. The patient’s father was explained all these things at 3.00 p.m. on 28th June, 2017. Investigations at the time of admission were as: Haemoglobin 13 gm%, TLC 8000, Blood Urea 110 mg%, Serum Bilirubin 4.5 mg%, Blood group O+ve. The patient took some unknown medication from private doctor one day prior to admission in ESIC Hospital. He had attended Lal Bahadur Shastri Hospital and from there, he was referred to their hospital. There was history of tuberculosis in father and the patient was occasional alcoholic. The patient was taken up for surgery at around 3.40 p.m. The patient was given GA + epidural catheter was put for post-op pain relief also. The patient had delayed reversal and was shifted to ICU at around 7.40 p.m. The surgery was done by Dr. Rahul Bharti (Specialist Surgery) and assisted by Dr. Mohit Gupta (Senior Resident Surgery) and Dr. V. Patel (Senior Resident Surgery). Anaesthesia was given by team of the doctors headed by Dr. Neha. Operative findings were as: Ileal perforation at 10 cm from IC Junction, multiple nodules over Omentum, approx. 1 L purulent fluid drained from peritoneal cavity. Primary repair of the perforation was done and proximal ileostomy was also made. After the surgery, again poor prognosis was explained to the father. In ICU: Post-op ABG WNL. GC-sick, the patient was febrile. Fever- 100.50 F, BP-140/80, Pulse-130 and intake output 1400/800 ml. Day 1 ICU: GC poor, the patient had fever 1010 F, breathlessness and was drowsy, BP 130/80, pulse 120 SPO2 96% on oxygen, intake output 3900/2810 ml, ABG was WNL, the patient was put on higher antibiotics. Day 2 ICU: the patient’s father was explained about poor prognosis, the patient was sick and irritable; he pulled out his Ryle’s tube. Chest decreased air entry at basis. Abdomen was soft, purulent discharge and abdominal drain, ileostomy was functional, intake output 3900/2370 ml, investigations at 11.00 a.m., were as: Haemoglobin 11.5 gm%, TLC 7400, DLC 85/12/02/01, platelets 1.4 lakhs, Serum Bilirubin 4.7 mg%, LFT SGOT 90, SGPT 95, SAP 85, Blood urea 44 mg%, Serum creatinine 0.6 mg%, HBS Ag-non reactive. Investigations at 8.00 pm, were as: Haemoglobin 11.4 gm%, TLC 3700, Platelets 1.32 lakhs, Serum Bilirubin 2.6 mg%, Blood urea 37 mg%, Serum Creatinine 0.5 mg%, Serum Na+135.33, Serum K 4.95, Typhi dot negative. The patient continued to be sick and febrile case was discussed with Dr. Rahul Bharti by the Senior Resident on duty Dr. Mohit at around 8.00 pm. The patient started having laboured breathing. Medicine reference was done, with the advised treatment given to the patient. In view of the poor general condition, it was decided mutually by the surgery and anaesthesia team to refer the patient to empanelled higher centre (Yatharth Hospital, Noida) for ICU care at 12.30 a.m. on 31st June 2017. During the course of the patient’s stay, the antibiotics given were :- injection Magnax, injection Piptaz, and injection Meropenum. Everything possible and as per protocol was done for the treatment of the patient. Inspite of all the efforts by the team of doctors, the patient continued to be sick; hence, was referred to a higher centre. There was no negligence by any of the doctors involved. Histopathology report received later from ileal margin showed non-specific ileitis with ulcer formation/perforation (H17-1233 dated 30.06.2017). The above is as per records available.

Dr. A.K. Jain, Sr. Consultant, General Surgery, Yatharth Super Speciality Hospitals in his written statement averred that the patient Shri Deepak, 28 years, male was admitted on 01st July 2017 at 01.27 hrs after being referred from the ESI Hospital, Jhilmil. The patient had earlier been operated at ESI Hospital on 28th June, 2017 for intestinal perforation. The exploratory laparotomy with loop ileostomy was done. On 01st July, 2017, when the patient started having breathing difficulty and started gasping, the patient was transferred to their hospital for ICU care. On arrival, the patient was in severe sepsis (low TLC, increased INR, hypoalbumenaemia, and deranged LFTs). The patient had multiple stitch abscesses in main abdominal wound. Stitch abscesses were drained, pus culture was sent and the patient was admitted in ICU. Intensive management was started with broad spectrum antibiotics, TPN, albumen and ionotrops. Abdominal ultrasound and CECT abdomen were done. CT abdomen revealed bowel edema and multiple small pus pockets. There was no indication for immediate re-exploration, so a conservative management plan was decided. X-ray chest repeatedly showed pneumonitis and bilateral pleural effusion. The patient’s condition continued to deteriorate, inspite of heavy antibiotics and TPN. On 10th morning, the patient had to be intubated and put on ventilator and ionotrops. Abdominal distension started increasing. As a last resort, on 10th evening, it was decided to undertake an exploratory laparotomy after explaining all pros and cons and increased grave risk to the complainant, who gave his consent in his own hand writing. On laparotomy, a thorough peritoneal lavage was done, all pockets of pus drained and re-freshening of ileostomy was done. Grave prognosis of the patient was explained to the complainant after the surgery. Post-operatively, the patient remained on ventilator support and ionotropes. The patient had a cardiac arrest at 10.00 a.m. on 11th July, 2017, for which, the patient could not be revived. It is submitted that the patient was throughout under close supervision of the intensivist and the surgeon and at no point was, the patient was neglected regarding the management. The patient’s attendants were continuously kept informed about the management and prognosis.

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

1. It is noted that the patient Shri Deepak, 28 years old male, presented to ESI Hospital emergency on 28th June, 2017 with history of abdominal pain with vomiting with Abdominal Distension. The USG (abdomen) showed dilated Bowel loops. The per abdomen examination was noted to Distended, BS ++, Diffused Tenderness+. The patient was admitted. The patient was diagnosed as case of perforation peritonitis with illeal perforation and underwent repair of ileal perforation with Loop ileostomy on 28th June, 2017. The surgery was done by Dr. Rahul Bharti. Post-op, the patient’s condition was hemodynamically unstable and the patient was shifted to ICU. The patient’s condition remained serious and on 30th June, 2017, he developed laboured breathing and gasping and the decision was taken to shift the patient to a higher centre namely Yatharth Hospital. The patient was admitted in Yatharth Hospital, Noida on 01st July, 2017 and shifted to MICU. The patient was managed with I/v antibiotic and other supportive treatment. On 10th July, 2017 morning, the patient became unconscious, gasping; low SPO2, he was intubated and kept on mechanical ventilator support. On 10th July, 2017 evening, re-exploratory laparotomy under G.A., was done under consent. The patient’s condition deteriorated on 11th July, 2017 and he had cardiac arrest on 11th July, 2017 at around 10.05 a.m. CPR was initiated but the patient could not be revived and declared dead at 10.50 a.m. on 11th July, 2017.

1. It is pertinent to note that as per the O.P.D. prescription dated 24th June, 2017 of ESI Hospital, Jhilmil, the patient was seen at ESI Hospital, Jhilmil for complaint of pain abdomen and the concerned doctor recorded his blood-pressure-100/70 mmHg, PR-120/-. It was noted that the patient is referred from Lal Baha Shastri Hospital with diagnosis of ? uretheral stricture, Foley’s-in-situ. The patient had complaints of pain abdomen (Lower Abdomen), Injection Voveran was advised and the surgery reference was made. It seems surgery doctor advised Tramadol I.V. and prescribed tablet Tramodol, tablet Pan 40 and to review in OPD after three days. Dr. Sumeet Pal Singh, who had reviewed the patient, failed to mention any findings of per-abdomen examination or any findings from surgical point of view, which was expected of a reasonably prudent doctor. Dr. Sumeet Pal Singh is advised to be mindful of importance of record keeping as a part of good medical practice. The fact that subsequent to 24th June, 2017, as per the complainant, the patient remained stable on medication; it can only be conjectured that at that time, the patient did not require any detailed investigation or observation.
2. It is observed that perforation peritonitis with ileal perforation is a serious ailment, for which, the requisite surgery was performed on 28th June, 2017 by Dr. Rahul Bharti at ESIC Hospital. Unfortunately, inspite of the surgery, the patient’s condition was hemodynamically unstable, which necessitated his transfer to a higher centre.
3. The line of management followed at Yatharth Hospital was as per standard protocols.
4. The patient was examined, investigated and treated as per accepted professional practices in such cases. He unfortunately, died due to his underlying condition, which carried a guarded prognosis, inspite of being administered adequate treatment.

In light of the observations made herein above, it is the decision of the Disciplinary Committee no medical negligence can be attributed on the part of the doctors of ESIC Hospital, Jhilmil, Delhi and Yatharth Hospital, in the treatment administered to complainant’s son Shri Deepak.

Complaint stands disposed.

Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav)

Chairman, Eminent Publicman

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Dr. Satish Tyagi) (Dr. Dr. P.N. Agarwal)

Delhi Medical Association, Expert Member

Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 19th April, 2022 was confirmed by the Delhi Medical Council in its meeting held on 29th April, 2022.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Satish Kumar, r/o of House No. 11/31 Trilok Puri, Delhi 110091.
2. Dr. Rahul Bharti, Through Medical Superintendent, ESIC Hospital, Jhilmil Colony, New Delhi-110095.
3. Dr. Manju Govil, Through Medical Superintendent, ESIC Hospital, Jhilmil Colony, New Delhi-110095.

1. Dr. Sumeet Pal Singh, Ward No. 3,Near Maharaja Palace, Bholath, Dist-Kapurthala, Sumeetpal singh s/o Master Makhan Singh c/o Sethi Book Store Main Bazar Bholath p/o Bholath .Punjab-144622.
2. Medical Superintendent, ESIC Hospital, Jhilmil Colony, New Delhi-110095.
3. Dr. A.K. Jain, Through Medical Superintendent, Yatharth Hospital, Sector-110, Noida.
4. Medical Superintendent, Yatharth Hospital, Sector-110, Noida.
5. National Medical Commission, Pocket-14, Sector-8, Dwarka Phase-1, New Delhi-110077-w.r.t. erstwhile Medical Council of India’s letter No.MCI-211(2)(Gen.)/2018-Ethics./105726 dated 04.05.2018-**for information**.
6. Section Officer (MB), Health & Family Welfare Department, Govt. of NCT of Delhi, 9th Level, A-Wing, Delhi Secretariat, IP Estate, New Delhi-110002-w.r.t. letter F.No.F.60/MB/P&R/2017/H&FW/460-61 dated 29.11.2017-**for information**.

(Dr. Girish Tyagi)

Secretary