DMC/DC/F.14/Comp.2317/2/2022/ 24th March, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Smt. Aleyamma Alphonson, r/o- K-445-B, Gali No.12, Flat No.101, GF Vishwa Apartments, Mahipalpur Extension, New Delhi-110037, forwarded by the Medical Council of India, alleging medical negligence on the part of Dr. A.K Bhatnagar of Holy Angels Hospital, Plot –B, Community Centre, Basant Lok, Vasant Vihar, New Delhi-110057, in the treatment administered to complainant’s grandson Master Alvan, resulting in his death on 22.09.2017.

The Order of the Disciplinary Committee dated 18th February, 2022 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Smt. Aleyamma Alphonson, r/o- K-445-B, Gali No.12, Flat No.101, GF Vishwa Apartments, Mahipalpur Extension, New Delhi-110037(referred hereinafter as the complainant), forwarded by the Medical Council of India, alleging medical negligence on the part of Dr. A.K Bhatnagar of Holy Angels Hospital, Plot –B, Community Centre, Basant Lok, Vasant Vihar, New Delhi-110057 (referred hereinafter as the said Hospital), in the treatment administered to complainant’s grandson Master Alvan(referred hereinafter as the patient), resulting in his death on 22.09.2017.

The Disciplinary Committee perused the complaint, representation from police, written statement of Dr. A.K. Bhatnagar and Medical Superintendent of Holy Angels Hospital, copy of medical records of Holy Angels Hospital and other documents on record.

The following was heard :-

1. Dr. A.K. Bhatnagar Paediatrician, Holy Angels Hospital

The Disciplinary Committee noted that the complainant Smt. Aleyamma Alphonson neither appeared in person before the Disciplinary Committee nor joined the Disciplinary Committee’s proceedings online, inspite of notice.

The Disciplinary Committee also noted that the Medical Superintendent, Holy Angels Hospital 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 complaint of Smt. Aleyamma Alphonson that the complainant’s grandson Master Alvan 8 years old was complaining of uneasiness and headache and had light fever since afternoon on 17.9.2017. He was taken to the Holy Angels Hospital on 19.9.2017 around 6.00 pm and examined by Dr. A.K. Bhatnagar, paediatrician in the hospital. Dr. Bhatnagar’s first diagnosis of the child’s ailment was that it was a mere viral fever and he prescribed some medicines. Dr. Bhatnagar recommended some tests in the same hospital and on the same day at around 8.30 pm, the complainant’s family was informed that Master Alvan’s test results showed NS1 Antigen positive for Dengue. This was conveyed to Dr. Bhatnagar on the phone by the complainant. Dr. Bhatnagar merely suggested that the child be given oral fluids and that he be shown the report the next day. Dr. Bhatnagar was shown the report on the next day. He stated that no further medicines are required. However, Dr. Bhatnagar did not recommend any follow up blood test which is required in the treatment of Dengue fever. On 20.9.2017, Master Alvan’s condition started to deteriorate substantially. The complainant took Master Alvan to see Dr. Bhatnagar at his residence cum clinic in Vasant Kunj around 12.30 pm. The doctor repeated his advice that the child be given fluids orally. When he was informed by the complainant that the child was vomiting whatever he was being given, Dr. Bhatnagar suggested that the patient be given medicine to stop vomiting and then be fed or given fluids orally. The complainant who was a paramedical staff throughout her career pleaded with Dr. Bhatnagar that the child is de-hydrated and he may be administrated IV fluids but, however, Dr. Bhatnagar flatly refused the suggestion and directed that only oral fluids be given to the child and he would be alright. Once again no blood tests were done or recommended to ascertain the condition of the patient. The complainant, who was a nurse and has approximately 36 years of experience in the medical profession, pleaded with Dr. Bhatnagar to have the child admitted in the hospital and give him IV fluid, however Dr. Bhatnagar refused to do so. The complainant who was taken aback by this hostile and astoundingly negligent attitude of Dr. Bhatnagar, did not press the issue at the time as she held the life of her grandson in his hands. On 21.9.2017 the complainant and her family discovered that the child was having even worse fever. Since the condition of the child was not improving and was considerably deteriorating the complainant panicked and took the child to the above hospital at around 12.30 pm. The complainant reached the casualty and demanded that the child be admitted. The casualty informed her that without Dr. Bhatnagar’s permission, no admission could be done. However, the complainant insisted that the condition of the child is fast deteriorating and they may seek directions from Dr. Bhatnagar. The receptionist after talking to Dr. Bhatnagar handed over the phone to the complainant. When Dr. Bhatnagar asked her why he has not informed him about the admission, the complainant informed that the condition of the child is very bad and that is why she has brought him to the hospital. Thereafter the call was transferred to doctor on duty at the hospital and it appears that Dr. Bhatnagar had given directions to the doctor on duty on the line of treatment to be followed. During admission the temperature of the child was noted as 101 degree. The child was also having severe discomfort in his stomach, pain in his chest, breathlessness etc. There was complete redness all over the body, swelling on face and itching all over the body. However, these serious problems complained of by the child and the complainants were ignored. In the casualty the RMO started IV trip, injections for fever and vomiting and subsequently shifted the child to Room. It is however, shocking that the hospital did not take any steps to conduct the blood test on a Dengue patient immediately after admission, even when it was found that Master Alvan was in a very serious condition. It is humbly submitted that the complainant insisted that blood test be taken immediately. Blood was taken at around 4 pm and the result came at 5 pm and showed that the platelet count of the patient was at 48000. It is humbly submitted that the platelet count of the patient was already in the danger zone which could have alerted the doctors in the hospital. However, none of the basic precautions like 4 hourly/6 hourly blood tests were recommended. From 19.9.2017 till 21.9.2017 at 5pm no blood test was recommended or done. The complainant being in the medical profession throughout her career alerted her friends/ relatives that the child may require blood parcel/ blood. Master Alvan was admitted at 12.30 pm in the hospital. Dr. A. K. Bhatnagar was available in the hospital from 6 pm to 8 pm and was available in the OPD. However, during the above period he did not come or enquire about the condition of the patient. He came to see the patient at around 8.45 pm after all his work in the OPD was over. In between 2pm to 8.45 pm no resident/treating doctors visited such a serious patient even once or enquired about his condition. It has to be pointed out that the complainant and her cousin brother went to Dr. Bhatnagar’s chamber three times and informed him that the condition of the child is very serious and requested him to come and see the child but Dr. Bhatnagar did not come and meet the patient. It has to be pointed out that after the result of the blood test came out the complainant went to Dr. Bhatnagar and told him that her friends and relatives are ready to offer blood. However, Dr. Bhatnagar stated that the same is not necessary and if it is required he would instruct them. However, the friends and relatives of the complainant waited in the hospital ready to donate blood to Master Alvan. When the complainant once again approached Dr. Bhatnagar he asked her to wait for the next blood test at 1 am. Another blood test was done at around 7 pm when the platelet showed some improvement and reached the count at 52000. However, the other parameters showed dangerous levels, SGT at 54.0, SGOT at 116.0 and ESR at 30. Around 10.20 pm Master Alvan started experiencing violent shivering, pain and started shouting and crying loudly for help saying that he is dying. Though the ward was full of patients there was no one on duty in the entire ward, even an attendant. The complainant also started shouting for help, however, nobody in the hospital responded for around 40 minutes. Finally one attendant came and enquired as to what has happened. The attendant succeeded in bringing some nurses from the ground floor. The nurses went to the casualty and brought one lady doctor along with 2-3 nurses. However, the lady doctor did not even enter the ward and after coming up to the door of the ward she commented that such kind of pain etc. is common in dengue and asked the nurses to give some citrazin to the child. As directed few drops of citrazin was orally administrated to the child. She called out to all the nurses in the ward to came out of the ward by saying that this is common in dengue patients. This was when the child was shouting that “I am dying please save me”. It is humbly submitted that no-one, not even once checked the BP of the child during the period. No medicine was administrated to arrest drop in BP. The child went into dengue shock. Thereafter for 20 minutes, the child remained gasping. During this period no medicine or IV drip was administrated to the child. No doctor came. At around 10.45pm the complainant called upon the hospital to contact Dr. Bhatnagar. Dr. Bhatnagar was contacted and his call was transferred to the complainant at around 10.45 pm. The complainant narrated the condition of the patient to Dr. Bhatnagar. The complainant pleaded with Dr. Bhatnagar to come and see the patient once but Dr. Bhatnagar stated that these things are common in dengue and told her that if she feels like she can get the child admitted in some other hospital. The complainant requested that oxygen may be given to the child which was also not done. When Master Alvan’s reports showed the platelet count at 52000 which was far below normal limits and even when Master Alvan told Dr. Bhatnagar that he is feeling uneasiness, chest pain on the right side of the chest, breathlessness and severe stomach ache, complete redness, swelling on face, itching all over the body etc. all of these serious danger signals were taken in a very casual manner by Dr. Bhatnagar. In his opinion this was normal in a dengue patient. Dr. Bhatnagar also dissuaded the complainant from arranging for donors and blood packs in case these are needed in case of an emergency. Instead, he just asked her to wait for the next blood test which was to be at 1.00 am. This was against the normal practice of ordering a blood test every 4-6 hours when a patient has dengue. Dr. Bhatnagar and the hospital staff did not mention in advance to the complainant that they had no life saving equipment to handle such a situation. Ultimately when the complainant’s family decided to shift Master Alvan out of the hospital, he had to be rushed to the other hospital in a private vehicle since the hospital did not even provide an ambulance. No oxygen or any other life saving medicine or equipment was sent with the patient. No doctor or paramedical staff accompanied the patient to the Fortis Hospital where the patient was being shifted in such a critical condition. The complainant mother took master Alvan to the Fortis Hospital where the doctors were aghast in finding that a patient in such a serious condition was sent out in a private vehicle without supply of oxygen or not attended by any doctor or paramedical staff. They declared that all the vital organs of the child have already become dysfunctional beyond repair and despite their best efforts the child expired on 22.9.2017 at 6.45am. The death of the complainant’s grandson Master Alvan has been caused only due to the utter negligence of M/s Holy Angels Hospital and Dr. A.K. Bhatnagar. The life of bright and promising child was nipped out in the bud due to the utterly callous, unprofessional and inhuman behaviour of the hospital and Dr. A.K. Bhatnagar. The death of Master Alvan was a body blow to the complainant and her family. At the time of the above incident the complainant’s daughter and mother of patient was also suffering from serious attack of dengue and the death of the child shattered her and her family. She is not in a position to respond or take any legal action against any one immediately after the death of the child as she was totally devastated by the trauma of the death of Master Alvan. The untimely and tragic death of Master Alvan occurred due to the criminal negligence and dereliction of duty by Dr. A.K. Bhatnagar, other doctors and the management of Holy Angels Hospital. By the time he was shifted from the hospital to Fortis Hospital all the vital organs of Master Alvan were damaged beyond repair under any circumstances. The Hospital management and Dr. A.K. Bhatnagar have shown criminal negligence, carelessness and disrespect to human life. Dr. A.K. Bhatnagar, other doctors and the management of Holy Angel Hospital are therefore, liable to be proceeded under appropriate provisions of IPC/CrPC.

The Police in its representation has averred that a complaint from Smt. Aleyamma Alphonson w/o Shri Alphonson r/o K-445, Street No.12, G.F., H.No.101, Mahipalpur Extn., New Delhi was received at Police Station Vasant Vihar, New Delhi and the same was marked to SI Amit Solanki for further necessary action. In her complaint, she stated that her grandson Alvan expired due to negligence of Dr. A.K. Bhatnagar and Holy Angel Hospital, Vasant Vihar, due to improper treatment and also not providing the facility of paramedical while transferring her grandson from Holy Angel Hospital, Vasant Vihar to Fortis Hospital, Vasant Kunj. Hence, it is requested that a detailed report into the matter may please be furnished in this regard, so that further legal action as per law may be initiated.

Dr. A.K. Bhatnagar in his written statement averred that Master Alvan aged 8 years accompanied by his grandmother, who is qualified nurse, came to the OPD of Holy Angels Hospital on 19/9/2017 at around 6:40 p.m. with complaint of fever, vomiting, stomach pain since 2 days. On examination he looked sick and was febrile. His throat was little congested and there was mild abdominal tenderness. Liver and spleen were not palpable. Chest was clear. He told the complainant that the child was exhibiting symptoms of dengue fever and advised blood test: CBC, PVC SGOT, SGPT, Dengue NS1 antigen and Typhidot. He prescribed Paracetamol for fever, an antacid and an antiemetic. In addition he suggested the need to give ORS and plenty of other fluids to keep the child well hydrated. It is therefore completely incorrect to suggest that at that time, it was his opinion or diagnosis that the child was suffering from, ‘a mere viral fever’. The complainant was told by the lab to collect the reports next morning. She however waited in the hospital and managed to collect the report and it is correct that she called him around 9 p.m. on the same day. The results of the recommended test were read out to him, HB 12.9 gm%, TLC 3200, P 68, L30, E 2, ESR 12,PCV 44, platelet count 1.83 lakhs, SGOT 25, SGPT 23, NS1 antigen-positive and typhoid was negative. He advised same medication prescribed earlier in the evening to be continued. The requirement keeping the child well hydrated was again emphasised by him. It is correct that master Alvan was brought by his grandmother to show him at his residence clinic in Vasant Kunj at around 12:30 p.m. on 20/9/2017. However, the rest of the allegation made in paragraph 3 and 4 are wrong. He was told that the child was having fever Spikes, he was vomiting and was not able to retain enough fluid orally. He also had stomach pain and tenderness in the abdomen. The child looked sick and dehydrated. He advised to the grandmother (the complainant) to hospitalize the child to give intravenous fluids and other medication also intravenously. The grandmother was reluctant to have the child admitted and wanted him (Dr. A.K. Bhatnagar) to put the I/V cannula in his clinic, so that she could transfuse 1 or 2 bottles of saline at her home. He refused to put the cannula in his clinic and re-emphasised the need to hospitalise. She left his clinic after that and he had no knowledge, if she had taken the child anywhere for intravenous fluids and if how and where? It is wrong that the complainant pleaded with him to have the child admitted and he refused to do so. The facts are to the contrary. He also wishes to add that his attitude in entire his career has never been hostile towards his patient. On 21/09/17, he received a call around 1.55 pm from the duty doctor at Holy Angel Hospital that one of his patient namely master Alvan has been brought to the hospital for admission. The child had a spike of fever followed by sweating just before their arrival at the casualty. He also spoke with the grandmother. She had no reply as to why his advice for admission the previous day had not been headed to. She had even at this stage admitted Alvan as a day care patient, came to his knowledge much later. At this time of admission, his temperature was normal, he was moderately dehydrated, pulse was 68 permanent, SPO 2 was 98% and chest was clear. He advised injections Pantocid 20mg I/V OD, injection Emeset 3mg I/V stat and 8 hourly, Paracetamol for temperature SOS, R/L one pint fast in 3-4 hours followed by DNS 6 hourly and adjust the rate as per the need and oral intake and to monitor temperature and vitals. He ordered to repeat CBC, PCV, SGOT SGPT and platelet count. Alvan was received by the first floor sister at 2.45pm and admitted in room no.202. The floor sister called him at around 3:20 and briefed him about the condition of the child and treatment given. He asked her to keep monitoring the temperature and the vitals. He also asked her to inform him as soon as a test results were available. At around 5 p.m. he was informed of the blood report: HB 13.5gm%, PCV 42, TLC 3200, P 60, L38, E2, ESR 30, SGOT 116, SGPT 54 and platelet counts 48000. He ordered a repeat platelet counts at 7 p.m. An examination of the content of paragraph 6 of the legal notice earlier received by him and of Para 6 of the complaint sent to the Delhi Medical Council clearly highlights the manner in which complainant has been changing facts to suit her own purpose. In any event, he states that he was available in the hospital from 6:30 p.m. to 8:30 p.m. on that day. Having reached the hospital around 6:30 p.m. he went to his chamber and from there to the lab to collect the Lab reports of Alvan and then went to his room on the first floor, where Alvan was admitted. On examination his temperature was 99.6 degrees, pulse rate was 106/ minute, normal in volume, BP 110/70, there was no oedema, no distension of abdomen or ascites, there was abdominal tenderness more in the right hypochondrium, chest was clear. He had passed urine. He was oriented, though irritable. He had a spike of fever up to 101 degrees at 3:30 p.m. There were no petechial rashes. He complained of itching all over. One pint each of R/L and DNS was transfused and DNS continued at 60 ml/hr. He discussed with the complainant and the other attendants present in the room regarding the need for platelet transfusion in case the count falls further. A requisition form for arranging one unit of SDP from the White Cross Blood bank was filled and counter signed by him. The cost for the same being 14000 rupees was told to them. While he was still with master Alvan and his attendant, the report of the blood test sent for platelet count at 7 p.m. was received. Platelet count was now 52000. He ordered another repeat test at 1 a.m. after 6 hours. Since the platelet counts had not fallen further and had actually gone up bit and since there were no petechial rashes on the body or any sign of active bleed and since there was no need of immediate platelet transfusion, he told the complainant to send the donor to the blood bank after the 1 a.m. report if needed. It was at this time the complainant requested that master Alvan status be changed from a day care patient to that of a regular in-patient. A day care admission is for 4-5 hours where they admit, not very sick patients for stat I/V injections and an I/V bolus of fluids. The complainant, therefore had come with the idea of taking the child back home after 1 or 2 bottles of I/V fluids. While he was back in his chamber one of the attendants came and inquired about the need of Rs.14000 in spite of providing a donor. He had then explained the reason to him. He left the hospital at 8:30 p.m. after enquiring about the parameters of Alvan and leaving him in a hemodynamically stable state. Whereas he cannot speak to the event that are stated to have occurred in the hospital after he left, he had no reason to believe that the hospital staff would have conducted themselves in the manner alleged. He received a call from the ward nurse at around 10:20 p.m. that master Alvan‘s fever has spiked to 104 and as per the grandmother it was such spikes that he has been having at home and that he was also shivering. Considering this as another spike he advised injection Fevastin 1 amp slow stat and tepid sponging. He asked the duty doctor/ward nurse to call him again after 20 minutes. The ward nurses again called him after 20 minutes that the temperature had initially decreased slightly but has again spiked and the child in addition to shivering had difficulty in breathing and also his SPO 2 was falling. He realized that the child was going into serious complication of dengue and dengue shock. He instructed the nurse to take care of the airway, make arrangements to immediately transfer him to PICU in Fortis Hospital with oxygen in the ambulance, as early as possible. He also spoke to the complainant and duty doctor and gave them the requisite instructions. He immediately left for the hospital and reached the hospital after half an hour or so. When he reached the hospital he was told that they had just left for Fortis hospital from the rear parking of Holy Angel Hospital. Paragraph 7 and 8 of the complaint are completely wrong and he denies ever treating his patients in a casual manner and he certainly did not treat master Alvan or the concerns of the complainant in a casual manner. He did not dissuade the complainant from arranging donors and blood packs in case of an emergency. He had already alluded to the circumstances above. Whereas it is not for him to speak for Holy Angels Hospital, it is wrong that the hospital did not have the requisite life saving equipment. The complainant who is a trained nurse and who took decisions with respect to master Alvan’s admission to the said Hospital has been visiting this hospital for long and has known fellow nurses. She was fully aware of facilities available in the hospital. He was informed by the hospital staff that as the ambulance was being called for master Alvan’s attendant who was anxious to get to Fortis Hospital at the earliest, insisted that they would leave in their own car. He has been informed by the hospital that both an attendant and an oxygen cylinder was sent with the patient. He cannot comment on the event that took place after master Alvan left Holy Angels hospital as the same are not within his knowledge. The rapid deterioration of Master Alvan’s condition and its outcome has been as traumatic to him as must have been for the complainant and the family. In almost 30 years of his medical practice in Delhi, he has treated many patients of dengue fever but have never encountered a situation and experience like this. In his curiosity to know more about the reason for the same, he enquired from the doctor of Fortis about the result in their findings. He was told that master Alvan had tested positive for scrub typhus in addition to testing positive for both dengue IgM and IGG. ALvan therefore was suffering from a dual pathology both capable for causing severe fever disease individually. It is very rare to find both the infections together in any patient. In the present case in all probability the concomitant infection resulted in the sudden and unexpected complications. The child gave no indication of any possible development like this at the time when he left the hospital. He submits that he followed all management protocols for dengue fever to the best of his knowledge and experience and any allegation of negligence on his part is vehemently denied.

The Medical Superintendent of Holy Angels Hospital in his/her written statement averred that there has been no negligence, whatsoever, neither on the part of Holy Angels Hospital nor on the part of treating Dr. A. K. Bhatnagar. It is very unfortunate and they deeply regret the sad demise of Master Alvan. Dr. A. K. Bhatnagar who was the treating doctor of the patient master Alvan, is a visiting consultant at Holy Angels Hospital since 1988. His qualifications are MD DCH. It is submitted that the patient Master Alvan was seen by the Dr A. K. Bhatnagar as an OPD patient on 19.9.2017 at Holy Angel Hospital at around 6:40p.m. As per the statement of a Dr. A. K. Bhatnagar the patient had complaint of fever, vomiting stomach pain since 2 days. On examination, he looked sick and was febrile. His throat was little congested and there was mild abdominal tenderness. Liver and spleen were not palpable. Chest was clear. The treating doctor advised the complainant that the child was exhibiting the symptoms of dengue fever and advised blood test: CBC, PVC SGOT, SGPT, Dengue NS1 antigen and Typhidot. Paracetamol for fever, an antacid and an antiemetic was prescribed. Instruction to keep the patient hydrated by ORS and plenty of other fluids were also given. It is submitted that the patient was admitted in the hospital on 20/19/2017 under the supervision and care of Dr. A.K. Bhatnagar. The patient had a spike of fever followed by sweating just before their arrival at arrival at the casualty. At the time of admission his temperature was normal, he was moderately dehydrated, pulse was 68 per minute, SPO2 was 98%, chest was clear. Further the treating doctor had advised injection Pantocid 20mg I/V OD, injection Emeset 3mg I/V stat and 8 hourly, Paracetamol for temperature SOS R/L one pint fast in 3-4 hours followed by DNA 6 hourly and adjust the rate as per the need and oral intake and to monitor temperature and vitals. Repeat CBC, PCV, SGOT, SGPT, and platelet count was then ordered. The patient was then received by first floor sister and admitted. The floor sister called the treating doctor at around 3.20pm and briefed him about the condition of the child and the treatment given. Dr. A. K. Bhatnagar asked her to keep monitoring the temperature and the vitals. Further he also asked her to inform him as soon as the test results were available. At around 5 pm, he was informed of the blood reports HB 13.5gm%, PCV 42, TLC 3200, P 60, L38, E2, ESR 30, SGOT 116, SGPT 54 and platelet counts 48000. Repeat platelet counts at 7.00 p.m. were then ordered. It is vehemently denied that the casualty informed the relative of the patient that without Dr. A. K. Bhatnagar permission, no admission could be possible. It is also denied that the hospital did not take any steps to conduct the blood test on a dengue patient immediately after the admission. It is further submitted that on examination of the patient in evening by Dr A K Bhatnagar, his temperature was 99.6 degree, pulse rate was 106/ minute, normal and volume, BP 110/70, there was no oedema, no distension of abdomen or ascites, there was abdominal tenderness more in the right hypochondrium, chest was clear, he had passed urine and he was oriented, though irritable. Also that he had a spike of fever up to 101 degree at 3:30 p.m. There were no petechial rashes. He complained of itching all over. One pint each of R/L and DNS was transfused and DNS continued at 60 ml/hr. Dr A K Bhatnagar discussed with the complainant and the other attendant present in the room regarding the need of platelet transfusion in case count falls further. A requisition for arranging 1 unit of SDP from the White Cross Blood Bank was filed and counter signed by the doctor. The cost of the same being rupees 14000 was told to them. The report of the blood tests sent for platelet counts at 7 p.m. was received. Platelet count was 52000. Further, Dr A K Bhatnagar ordered another repeat test at 1 a.m. after 6 hours, Since the platelet count had not fallen further and had actually gone up a bit and since there were no petechial rashes on the body or any sign of active bleed and since there was no need of immediate platelet transfusion, the doctor told the complaint to send the donor to the blood blank Bank after 1 a.m. report, if needed. All the allegations made against Hospital are wrong and hence denied. No such incident as alleged in corresponding para of complaint had happened. The patient was duly taken care by the hospital staff all the times. The nurse contacted Dr AK Bhatnagar at around 10:20 pm and informed that fever had spike to 104 and as per the grandmother it was such spiked that he has been having at home and that he was also shivering. Considering this as another spike, doctor advised injection Fevastin 1 amp slow stat and tepid sponging. He also asked the duty doctor/ ward nurses to call him again after 20 minutes. The ward nurse again called him after 20 minutes and informed that the patient temperature had initially decreased slightly, but has again spiked and the child in addition to shivering, had difficulty in breathing also and his SPO2 was falling. He then instructed the nurse to take care of the airway, make arrangements to immediately transfer him to PICU in Fortis Hospital with oxygen in the ambulance, as early as possible. He also spoke to the complainant and the duty doctor and gave them the requisite instructions. The patient was referred to the Fortis Hospital. It is wrong to state that the hospital did not have the requisite life saving equipment. The complainant who is trained nurse and who determined and took decision with respect of Master Alvan’s admission to their hospital has been with visiting this hospital for long and has known fellow nurses. She was fully aware of facilities available in the hospital. Further the ambulance was called for the patient but the attendants left on their own. It is submitted that the hospital and Dr. A.K. Bhatnagar had made all their efforts in treating the patient and neither there has been any negligence on the part of the hospital nor there was any callous attitude observed by any of the hospital staff while treating the patient. In view of the submission made herein above it is most respectfully submitted that this Hon’ble Council may be pleased to dismiss the complaint of the complainant.

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

1. It is observed that the patient Master Alvan, aged 8 years male child, initially consulted Dr. A.K. Bhatnagar in the OPD of the said Hospital on 19th September, 2017 at 06.40 p.m. The child had fever, vomiting and abdominal pain for two days. Clinical examination was suggestive of an acute febrile illness which turned out to be dengue fever on investigation (NS1Ag positive). The child was prescribed appropriate treatment and advice. Next date i.e. on 20th September, 2017, the child was again seen by Dr. A.K. Bhatnagar at his residence clinic and this time, the child had fever, vomiting and was looking sick, hence, he was advised admission in the hospital. However, the grandmother (the complainant) was reluctant to admit the child.

On 21st September, 2017, since the child did not show much improvement, he was admitted in the said Hospital at 01.55 p.m. The clinical examination showed that the child was afebrile and moderately dehydrated. He was given appropriate treatment, however, he, again had high grade fever and his condition deteriorated and the child required PICU care. Since, this hospital did not have PICU, the child was referred to Fortis Hospital at 10.30 p.m. on 21st September, 2017 where he expired next day i.e. 22nd September, 2017 at 06.45 a.m.

On reaching Fortis Hospital, the child was in a state of shock and his general condition was poor. The child’s life could not be saved, inspite of best efforts by the doctors at Fortis Hospital.

1. After reviewing all the medical records and written submissions of Dr. A.K. Bhatnagar and the Medical Superintendent of Holy Angels Hospital, it is noted that the child was given proper medical treatment and advice. The attendants where counseled regarding the need for admission of the child and nature of the disease. The child was given appropriate treatment.
2. It is noted from the prescription dated 20th September, 2017 of Dr. A.K. Bhatnagar that Dr. A.K. Bhatnagar had advised admission, but the patient’s attendants for reasons best known to them, did not adhere to the doctor’s advice.
3. As per the hospital records, the child were properly examined and appropriate treatment was given.
4. The child did not require blood transfusion. At one stage, he had low platelet count and arrangement for platelet transfusion was advised in case the platelet count falls further, however, such need did not arise.
5. The child was referred timely to Fortis Hospital for PICU care when his condition started deteriorating.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of Dr. A.K Bhatnagar of Holy Angels Hospital, in the treatment administered to the complainant’s grandson Master Alvan.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. G.S. Grewal) (Shri Bharat Gupta)

Chairman, Delhi Medical Association, Legal Expert,

Disciplinary Committee Member, Member,

 Disciplinary Committee Disciplinary Committee

 Sd/:

(Dr. A.P. Dubey)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 18th February, 2022 was confirmed by the Delhi Medical Council in its meeting held on 24th February, 2022.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Smt. Aleyamma Alphonson, r/o-K-445-B, Gali No.12, Flat No.101, GF Vishwa Apartments, Mahipalpur Extension, New Delhi-110037.
2. Dr. A.K. Bhatnagar, Through Medical Superintendent, Holy Angels Hospital, Plot–B, Community Centre, Basant Lok, Vasant Vihar, New Delhi-110057.
3. Medical Superintendent, Holy Angels Hospital, Plot–B, Community Centre, Basant Lok, Vasant Vihar, New Delhi-110057.
4. Station House Office, Police Station Vasant Vihar, New Delhi-110057-w.r.t. letter Dispatch No. 503-R SHO/Vasant Vihar dated 06.03.2018-**for information**.
5. National Medical Commission, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077-w.r.t. letter No.MCI-211(2)(Gen.)/2017-Ethics./166881 dated 09.01.2018-**for information.**

 (Dr. Girish Tyagi)

 Secretary