DMC/DC/F.14/Comp.2360/2/2023/ 20th October, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Vishwajeett Kumar s/o Shri Mithlesh Kumar Singh r/o S2 Plot No. 34, Vikram Enclave, Shalimar Garden Sahibabab Ghaziabad, UP 201005, alleging medical negligence on the part of doctors of Max Hospital, Patparganj, New Delhi, in the treatment of complainant’s mother late Sunaina Devi, resulting in her death on 11.01.2018.

The Order of the Disciplinary Committee dated 14th September, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Vishwajeett Kumar s/o Shri Mithlesh Kumar Singh r/o S2 Plot No. 34, Vikram Enclave, Shalimar Garden Sahibabab Ghaziabad, UP 201005 (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Max Hospital, Patparganj, New Delhi(referred hereinafter as the said Hospital), in the treatment of complainant’s mother late Sunaina Devi (referred hereinafter as the patient), resulting in her death on 11.01.2018.

The Disciplinary Committee perused the complainant, joint written statement of Dr. Satish Chabra, Dr. Praveen Kr. Pandey, Dr. Y. P. Singh and Dr. Priyanka Aggarwal and Dr. Nidhi Saxena, Medical Superintendent, Max Hospital, copy of medical of Max Hospital, Patparganj and Atlanta Hospital and other documents on record.

The following were heard in person :-

1. Dr. Priyanka Aggarwal Consultant, Max Hospital
2. Dr. Praveen K. Pandey Director, Pulmonology, Max Hospital
3. Dr. Y.P. Singh Anaesthetist, Max Hospital
4. Dr. Satish Chhabra Nephrologist, Max Hospital
5. Dr. Saurabh Jain Consultant, Max Hospital
6. Dr. Gaurav Jain Pulmonologist, Max Hospital
7. Ms. Princey P. Chako Wound Care Nurse, Max Hospital
8. Shri Vishal Ahlawat Medical Admin., Max Hospital
9. Dr. Gaurav Mittal AMS, Max Hospital
10. Dr. Nidhi Saxena Medical Superintendent, Max Hospital

The complainant Shri Vishwajeett Kumar failed to appear before the Disciplinary Committee, inspite of notice.

The complainant Shri Vishwajeett Kumar alleged that the patient late Smt. Sunaina Devi developed breathlessness and was taken to Max Hospital, Patparganj, Delhi for the treatment on 4th December, 2017 where the doctor diagnosed her with an infection in her chest and was put on ventilator to ICU under emergency. The staff and Dr. Paritosh Thakur of Max Hospital asked the family members of the patient whether they had Mediclaim policy before admission and whether they had abundant money. It is pertinent to mention herein that the total amount of Rs.13,67,385-12 was paid to the Max Hospital. The family members of the patient were assured and allured by Dr. Paritosh Thakur that the Max Hospital was fully equipped with all necessary equipments and lifesaving methods and the hospital has sufficient equipments/ lifesaving equipment and super speciality arrangements for treating the patient and conducting the operation at the hospital. They were also assured the hospital has proper nursing staff and further, the hospital provides proper post-operation care /post operation dressing and was nothing to worry about. The patient was admitted for the treatment under Dr. Satish Chhabra, Dr. Paritosh Thakur, ICU-in-Charge HOD & DMS, Dr. Praveen Pandey and Dr. Priyanka Aggarwal of Max Hospital, attended the patient. He (the complainant) and his family members were put under pressure by the above doctors to deposit the money. Whenever he and his family members enquired about the health of the patient, the above said doctors were reluctant to say anything about the condition of the patient. After the admission, he (the complainant) and his other family members were told by the doctor that there was nothing to worry about and the patient would recover and would be all right. He and his other family members believed the version of the doctor that this was just a case of it taking a little longer. Whenever he or his family members contacted Dr. Satish Chhabra, Dr. Paritosh Thakur, ICU-in-Charge HOD & DMS, Dr. Praveen Pandey and Dr. Priyanka Aggarwal and asked about the treatment and the condition of the patient, the doctors bluntly refused to talk to them. The doctors or the staff were only interested in money and asked him (the complainant) to make the payment of the bills. He also said that the problem with the patient was part of the medical treatment and they need not tell or brief the attendant or family members of the patient. When he (the complainant) said that why had he not been told about the condition of the patient, the doctors simply retorted whom did they deal with. After her treatment, his (the complainant) family members were not given the proper information about the condition of the patient. They were told that everything was absolutely ok, and it was all fine. Dr Satish Chhabra, Dr. Paritosh Thakur, ICU-in-Charge HOD & DMS, Dr. Praveen Pandey and Dr. Priyanka Aggarwal by telling the family member of the patient that everything was ok and all fine, and not telling that the patient was in is a serious condition, they (the doctors) gave him (the complainant) and his family a false sense of security. Had he and his family members known the truth then the younger members of the family such as he, brother-in-law and also his father would have immediately been alerted and taken medical opinion from other experts, looked at the treatment plans, and would have made every effort to save his mother from such kind of pain and agony. But as Max Hospital’s doctors decided to give false and misleading information and this kept his family in ignorance of the real facts which was unethical on part of the doctors named above. The Max Hospital and its doctors gave false and misleading information to the patient and her family when they (the doctors) told his (the complainant) father that everything was ok, conveying this incorrect information was a medical and criminal act of negligence. The Max Hospital doctors gave false and misleading information by not telling the patient and her family the true situation, this was an unethical and criminal act, as it was their responsibility to ensure the patient and her family are made fully aware of the medical facts so that they can then make an informed decision. The decision of the doctors to ignore and not use vital proven techniques for the treatment, was perverse and negligent and a criminal oversight. That fatal decision by the doctors to ignore and overlook the condition of the patient was perverse, negligent and unethical and also a criminal act. He (the complainant) sought discharge from Max Hospital and wanted to shift to some other hospital for better treatment of the patient. The above-named doctors and the staff of Max Hospital were absolutely ruthless in talking to him and his other family members. The doctors rather than giving her (the patient) due care, were reluctant to talk to him. This act on part of the doctors was medical and criminal act of negligence. This act was unethical, criminal and negligent on part of the doctors and the hospital. So as a consequence, the family of the patient was kept in dark and was not alerted to the huge and looming danger, and were kept in the state of slumber for about twenty days. This was eventually to prove a fatal delay, as it took away the chances of timely and good treatment. When the patient was admitted to Max Hospital on 4th December, 2017, she did not have any bedsores, but during her stay at Max Hospital, she developed significant and serious bedsores, which were dangerous but the Max Hospital concealed the same and discharged her. He (the complainant) was forced to sign a LAMA summary. The summary did not mention the fact of bedsores. The fact that the patient had developed bedsores could only be detected at the time of admission to the Atlanta Hospital, Vasundhara, Ghaziabad, Uttar Pradesh. She was very poorly treated by the doctors named in preceding paragraph at Max Hospital and she was taken to and admitted as an emergency to Atlanta Hospital. The patient was brought on by infection in the body. The patient passed away on 11th January, 2018 when the patient was admitted to Max Hospital. She did not have any bedsores (pressure ulcers). However, when she left approximately three weeks later she had developed large bedsores (pressure ulcers) due to negligent act on part of the doctors and the staff of Max Hospital. The bedsores (pressure ulcers) were a source of infection into her body, and the infection that entered her body via these bedsores led to the sepsis from which she eventually succumbed. The bedsores were caused by her lying for long periods of time in the same position. It was the responsibility of Max Hospital to be aware of her and her condition of poor mobility, and they needed to have put in place a standard protocol of care to ensure that she was being regularly moved to avoid prolonged pressure; however, they failed to do this. These were all failures of basic nursing care, however, by directly leading to bed sores / pressure ulcers, and these in turn leading to sepsis. This failure to give her proper nursing care is an act of criminal negligence on behalf of the hospital and its staff. The act on the part of the doctors named in the instant complaint and standard of the nursing care at Max Hospital was very poor and there seemed to be no awareness that bedsores (pressure ulcers) constituted a major risk factor and caused infection to the patient. The following factors may kindly be considered in this regard:

1. The nurses were quite casual and there was no sense of urgency that they had to prevent bed sores happening. The doctors were ruthless in talking to him (the complainant) and his family members. The proper care and nursing were not provided to the patient. The act on the part of doctors and nursing staff shows that the general attitude was that they were not taking the risk of bedsores as a major issue and were quite blasé and casual about it.
2. There was no regular or co-ordinated routine being followed to ensure that she was being continually moved to relieve the pressure. Often there were insufficient people and so moving her only happened on an ad-hoc basis for example when she was being cleaned. This lack of any systematic and co-ordinated programme for relieving her pressure was a major cause of the pressure ulcers (bed sores).
3. The patient was discharged in a very ill and unwell state and the fact of bedsore (pressure ulcers) was not mentioned in the summary, rather it was deliberately concealed from the complainant which was a major act of negligence and put the patient at risk.
4. Given that the patient had such serious bedsores (pressure ulcers), it was wrong of Max Hospital, to discharge her in such a state without providing proper medical care. The hospital should have given her the medical care to fix and take care of the bed sores (pressure ulcers) and they should have treated her. By discharging her in such a serious condition and concealing the fact of bedsores (pressure ulcers) they were ignoring the risk of sepsis forming within the body when she would be on way to other hospital and away from prompt medical attention.

Ultimately, this is exactly what happened, infection entered the body via the sores and caused sepsis leading to her death. The patient met with the untimely death on account of the negligence of the Max Hospital, Patparganj, Delhi. On account of the untimely death of the patient, he (the complainant) and his other family members are in deep depression and shock. He lost his mother and other family members lost their loved one on account of the negligence of the Max Hospital, their doctors and medical staff. The patient died on account of the negligence of Max Hospital and their doctors and nursing staff who were attending her and on account of the fact that the Hospital did not provide proper and requisite facilities/equipments and proper treatment, care and dressing etc. It was not having competent doctors and staff and the hospital was not at all capable to meet out the emergency and provide proper treatment, care and nursing. The hospital mentioned above also did not have requisite and proper dressing systems and procedures etc. which are required to be always maintained for the care though these hospitals charged hefty amount from the family members of the patient on pretext of providing proper facilities for treatment, care/nursing facilities and proper modern dressing facilities. It is pertinent to mention that from 4th December, 2017 to 12th, December 2017 there was no visit by any chest specialist(pulmonologist) whereas there were 32-36 visits by other doctors of the hospital. The conduct of the doctors and staff of Max Hospital confirms that there was negligence in the treatment and care, dressing and proper nursing of the patient which resulted in her untimely and painful death. The doctors in connivance of the hospital management pressurised him (the complainant) for settling the fee which was too exorbitant and often bluntly told to shift the patient to other hospital if they cannot afford the demands. He was pressurised and forced to sign the LAMA summary (without telling them what the word 'LAMA' stood for and forced them to shift the patient in her critical condition. He and other family members of the patient forced to take her to some other hospital, as they were not satisfied with treatment. He and other family members of the patient were not satisfied with the treatment/care being provided by the Max Hospital and the amount of money demanded by the Max Hospital was extremely high and exorbitant. It is pertinent to mention herein that his (the complainant) decision and other family members of the patient to shift her to some other hospital, was not appreciated by the doctor named hereinabove in this complaint and the hospital staff because they would have lost a patient and also because he and the family members of the patient were not satisfied with their efforts. The doctors and hospital staff were duty bound to respect the wishes of the patient and her family members. However, the act of the doctors and the hospital management/staff showed that they wanted to extract more and more money from the patient in guise of the treatment. The negligence of the doctors and support staff the Max Hospital can be gauged from the fact that they discharged his mother (the patient) in haste and negligent manner and also concealed the fact of bedsores (pressure ulcers) which had developed on account of negligence of the doctors who were treating her and support staff of Max Hospital. She died on account of the fact that the treatment was carried out in the Max Hospital which were not having proper and requisite facilities/equipments, etc. and further that there was negligence in the treatment, care, proper nursing and dressing of the patient. The hospital was not having competent doctors, staff and proper nursing facilities for treatment care and dressing, which resulted in loss of most valuable thing of their life. He has lost his mother on account negligent act on part of the Max Hospital, their doctors and their medical staff. The doctors and medical staff/nursing staff of the hospitals, as mentioned above did not undertake a fair and reasonable standard of care and competence. It is humbly submitted that fair, proper and reasonable treatment was not provided by the doctors and medical staff/nursing staff of the hospitals, as mentioned above and the mother of the complainant died on account of rashness and negligence on their part. It is most humbly submitted that investigation be initiated and appropriate action be taken against the doctors namely Dr. Satish Chhabra, Dr. Paritosh Thakur, ICU-in-charge HOD and DMS Dr. Praveen Pandey, Dr. Priyanka Aggarwal and the medical staff & nursing staff of Max Hospital, Patparganj, Delhi, for their negligent act in view of this complaint, so as to ensure that justice is done to him herein and further such negligent act do not occur in future.

Dr. Satish Chabra, Dr. Praveen Kr. Pandey, Dr. Y. P. Singh and Dr. Priyanka Aggarwal and Dr. Nidhi Saxena, Medical Superintendent, Max Hospital in their joint written statement averred that the patient Smt. Sunaina Devi came to the emergency department of breathlessness, mild chest pain and sweating on 04th December, 2017 with history of pre-hospitalization since 28th November, 2017 where the patient was treated for LRTI and fever. There was also a history of fever and cough since last 10-12 days alongwith reduced urine output since 02nd December, 2017. The patient was thoroughly examined in the emergency by the team of the doctors and the vitals were found to be as follow : pulse was 103 per minute, blood pressure was 160/90 mmHg, temperature was 99.3 degrees at F at around 04.45 p.m. The patient was found to be drowsy and in an altered mental status at the time of admission. On physical examination, there was a presence of bilateral crepts with rhonchi (right>left) in the chest, per abdomen was soft and non-tender; bowel sounds was present. Presence of pedal edema was noted. The patient had two episodes of AF with FVR in the triage, for which, injection Cordarone 150 mg IV was loaded. The patient being sick, and in view of low GCS, she was intubated and put on mechanical ventilator support in the triage itself. A triple lumen HD catheter was put in right internal jugular vein under all aseptic precautions, as the patient was found to be in severe metabolic acidosis, fluid overload and required urgent hemodialysis. The patient was diagnosed to have LRTI with sepsis and renal failure. Thereafter, the patient was shifted to medical ICU for further management. The following investigations were done at the time of admission.

Serum creatinine 65H 0.44-1.0

Sodium 149H 36.0-144.0

Potassium 3.3L 3.6-5.1

Chloride 101 101.0-111.0

Bicarbonate 15.6L 22.0-32.0

Serum urea 143 H 17.1-55.6

TLC 26.5 H 10-9/L 4.0-10.0

RBC 2.8 L 10-12/L 3.8-4.8

Haemoglobin 8.5 L gm/dL 12.0-15.0

Packed cell volume 25.5 L % 36.0-46.0

MCV 91.4 fL 83.0-101.0

MCH 30.5 pg 27./0-32.0

MCHC 33.4 gm/dL 31.5-34.5

RDW 15.5 H % 11.6-14.0

Platelet Count 272 10-9/L 150.0-410.0

USG abdomen was suggestive of bilateral kidneys small in size. Both kidneys show raised cortical echogenicity with lost cortico-medullary differentiation suggestive of renal parenchymal disease grade III. No focal lesion or calculus seen. Bilateral pelvicalyceal systems not dilated. Right kidney measures 6.4 x 2.9 cm. Left kidney measures 5.7 x 2.5 cm. Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Moderate ascites was seen alongwith mild right sided pleural effusion. 2D ECHO was also done and the following findings were as : Global Hypokinesia and LVEF 25-30%, Normal RV Systolic Function, TAP SE 17 MM and LVH, LA High Normal, Mitral Leaflets are Thickened, Mild 2+ MR MILD TR RVSP 32 mmHg, No Vegitations/clot, minimal pericardial effusion seen, IVC dilated <50% respiratory variation. Chest x.-ray showed: Right Para-cardiac Haziness. Thereafter, the patient was conservatively managed with IV antibiotics, other supportive measures and weaning trials were given. On stabilization, the patient was extubated and put on NIV support. As she was hemodynamically stable with stable vitals and no external ventilatory support, she was stepped down to HDU. On 12th December 2017, the patient had an episode of hypotension with de-saturation and drowsiness. She needed to be re-intubated and shifted back to MICU. Inotropic infusion of injection Norad and injection C-Pressin was started. USG chest was done which revealed moderate to marked left sided pleural effusion with atelectasis and minimal pleural effusion on the right side. ABG was as follows: PH- 7.29, P02- 49.1, PC02- 51.1, Lac- 1.8, HC03- 24.1, Sp02- 92.9. The patient was put on following antimicrobial treatment of injection Meropenem, Targocid and Claribid. USG guided arterial line insertion was done in the right radial artery. The patient again underwent weaning trails and was put on CPAP mode of ventilation. On 13th December 2017, chest x-ray showed bilateral patchy opacities ? pneumonia and a bronchoscopy was done in view of the non-resolving pneumonia. The ET/BAL culture report, thus, obtained was positive for E. Coli and acenetobactor sp on 16th December 2017. The antibiotics were stepped up accordingly. On 17th December 2017, the blood culture/sensitivity report was also suggestive of E. Coli and the patient was already under broad spectrum antibiotic coverage according to sensitivity. On 19th December 2017, the patient was trachestomized in view of difficult weaning. She was further managed conservatively and remained on vasopressor support with a GCS of E2VTM5. Despite a good antibiotic coverage with injections Elores, Polymixin B and Fluconazole, the patien’s TLC was 30,800 as of 23rd December 2017. A guarded, poor prognosis of the patient with respect to her health condition was explained to the attendants and they expressed their wish to take the patient LAMA. It further be noted that the patient Smt. Sunanina Devi had a blackish discoloration in the lumbosacral region with no ulceration in the lower back area, suggestive of Grade I pressure sore according to Braden’s grading score at the time of admission on 4th December 2017, as noted by the nursing staff. A specialized wound care nurse works according to a set protocol for the prevention and treatment of pressure ulcers in the intensive care unit. Grade I sore had resolved by the time the patient left from the hospital after proper wound management in the hospital. The family was briefed daily about the poor prognosis of the patient (documented in family meeting records). At no point of time, the treatment or care was delayed or halted for financial reasons. The treatment administered to the patient while admission during their hospital was in line with set medical practice in India or globally under the facts and circumstances and conditions of the patients; there is no question of negligence attributed to the hospital and treating team of the doctors of whatsoever nature. In view of above submissions, they out-rightly deny all allegations of medical negligence and wrong doing in toto, further, no action lies against the hospital or its doctors, the present complaint is devoid of merit and should be dismissed.

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

1. It is noted that the patient Smt. Sunaina Devi, 54 years old female presented to the emergency of Max Hospital, Patparganj, Delhi on 04th December, 2017 with complaints of breathlessness, mild chest pain and sweating. There was history of re-hospitalization since 28th November, 2017 when the patient was treated for LRTI and fever. History of fever and cough since last ten-twelve days. Acute, reduced urine out since 02nd December, 2017. There was no history of DM/HTN/PTB/CAD. On examination, the patient was found to be conscious/oriented, pulse rate was 100/minute, blood pressure was 117/70 mmHg, respiratory rate was 17/minute, chest-B/L AE (+), CVS-S1 S2 (+) and PA-Soft, BS (+).

Thereafter, the patient was shifted to the ICU in view of severe metabolic acidosis. The patient was further managed with IV antibiotics and other supportive therapies. In the ICU, the patient had two episodes of AF, for which, injection Cordarone was given. The patient became dyspneic and drowsy; she was intubated and triple lumen HD catheter was put in right internal jugular vein under all aseptic precautions. The patient was diagnosed to have sepsis and chronic kidney disease stage V. The patient was extubated and shifted to HDU. On 12th December, 2017, USG chest done, revealed left moderate TPO, marked pleural effusion with atelectasis with minimal pleural effusion on the right side. In the evening, the patient had hypotension and desaturation, for which, she was re-intubated and put on ventilatory support with vasopressor and was shifted to the ICU for further management. Efforts were made to wean her off ventilatory support but the same were unsuccessful and she remained on ventilatory support and vasopressor. The patient’s chest condition remained the same. Her total leucocytic counts were 30,800 on 23rd December, 2017. The patient was on Elores, Polymixin B and Fluconazole. The patient’s condition remained critical and the same was explained to the family. The patient’s attendant wanted to take their patient L.A.M.A. (Left Against Medical Advice), therefore, the patient was discharged as L.A.M.A. on 24th December, 2017.

Subsequently, the patient was admitted in the ICU of Atlanta Hospital, Ghaziabad, U.P. on 24th December, 2017 on ventilator. All relevant investigations were done and the patient was managed conservatively. Her investigations revealed sepsis with renal failure. Nephrology opinion was taken in view of renal failure and decreased urine output. The patient was dialyzed multiple times and also underwent multiple transfusions. The patient’s condition continued to deteriorate and vasopressors were started. At 03.00 p.m. on 11th January, 2018, the patient had sudden onset of bradycardia, followed by asystole. CPR was initiated, however, inspite of all possible efforts, the patient could not be revived and declared dead at 03.30 p.m. on 11th January, 2018.

The cause of death as per records of Atlanta Hospital was respiratory septic shock, bilateral pneumonia with ARDS with chronic kidney disease.

1. The patient was examined, investigated and treated as per accepted professional practices in such cases practices. The patient expired due to her underlying condition, which carried a poor prognosis, inspite of being administered adequate treatment.
2. It is noted that as per the records of Atlanta Hospital at the time of admission, bedsores were noted, which is reflective of the fact that due diligence was not exercised in nursing care at Max Hospital. The hospital authorities are advised to initiate necessary corrective measures in this regard.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on part of the doctors of Max Hospital, Patparganj, New Delhi, in the treatment of complainant’s mother late Sunaina Devi.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Satish Tyagi) (Dr. A.K. Sethi)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

Sd/:

(Dr. Himanshu)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 14th September, 2023 was confirmed by the Delhi Medical Council in its meeting held on 20th September, 2023.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Shri Vishwajeett Kumar, s/o Shri Mithlesh Kumar Singh, r/o S2 Plot No. 34, Vikram Enclave, Shalimar Garden Sahibabab, Ghaziabad, UP 201005.
2. Dr. Satish Chabra, Through Medical Superintendent, Max Hospital, 108 A Indraprastha Extension, Patparganj, New Delhi-110092.
3. Dr. Praveen Kr. Pandey, Through Medical Superintendent, Max Hospital, 108 A Indraprastha Extension, Patparganj, New Delhi-110092.
4. Dr. Y.P. Singh, Through Medical Superintendent, Max Hospital, 108 A Indraprastha Extension, Patparganj, New Delhi-110092.
5. Dr. Priyanka Aggarwal, Through Medical Superintendent, Max Hospital, 108 A Indraprastha Extension, Patparganj, New Delhi-110092.
6. Medical Superintendent, Max Hospital, 108 A Indraprastha Extension, Patparganj, New Delhi-110092.

 (Dr. Girish Tyagi)

 Secretary