DMC/DC/F.14/Comp.2402/2/2022/ 20th September, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from ACP/PG Cell, for Dy. Commissioner of Police, North-East District, enclosing therewith a complaint of Shri Javed Ali s/o Shri Liyakat Ali, r/o B-12/190, Gali No. 5, Kabir Nagar, Delhi-110094, forwarded by the Medical Council of India, alleging medical negligence on the part of Dr. Ashok Kumar Sharma, Sharma Clinic, 16, Main Road, Babarpur, Shahdara, Delhi-110032, in the treatment of complainant’s mother late Smt. Sajida, resulting in her death.

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

The Disciplinary Committee of the Delhi Medical Council examined a representation from ACP/PG Cell, for Dy. Commissioner of Police, North-East District, enclosing therewith a complaint of Shri Javed Ali s/o Shri Liyakat Ali, r/o B-12/190, Gali No. 5, Kabir Nagar, Delhi-110094 (referred hereinafter as the complainant), forwarded by the Medical Council of India, alleging medical negligence on the part of Dr. Ashok Kumar Sharma, Sharma Clinic, 16, Main Road, Badarpur, Shahdara, Delhi-110032, in the treatment of complainant’s mother late Smt. Sajida (referred hereinafter as the patient), resulting in her death.

The Disciplinary Committee perused the complaint, written statement of Dr. Ashok Kumar Sharma and other documents on record.

The following were heard in person :-

1. Dr. Shri Javed Ali Complainant
2. Dr. Ashok Kumar Sharma General Physician, Sharma Clinic

The complainant Shri Javed Ali alleged that his mother (the patient) late Smt. Sajida was diagnosed with suspected stomach disease and was getting treating since 20th October, 2016 to 09th November, 2016 from Dr. Ashok Kumar Sharma at Babarpur, Delhi. Dr. Ashok Kumar Sharma wrongly diagnosed his mother, as Dr. Ashok Kumar Sharma told that his mother was suffering from tuberculosis and suggested for the same to medical check-up on 25th October, 2016 but as per the report by Zaina Diagnostic & Imaging Centre, the same was found negative. Despite that, Dr. Ashok Kumar Sharma gave the treatment of T.B. to his mother. Thereafter, on 10th December, 2016, he admitted his mother at G.T.B. Hospital, Delhi and where she received the treatment from 10th December, 16 to 24th December, 2016. Thereafter, on 01st January, 2017, his mother got treatment from Anwar Nusing Home, Shamli (UP) and expired on 04th January, 2017. Thus, he alleged that due to the wrong diagnoses and excessive dose of medicine by Dr. Ashokk Kumar to his mother, the liver of his mother got damaged and due to which, his mother expired.

Dr. Ashok Kumar Sharma, General Physician, Sharma Clinic in his written statement averred that the patient Smt. Sajida was first time attended by him on 20.10.2016 as a known case of hypothyroidism with hypertriglyceridemia with PUO 20.10.2016. On examination, her fever was 99 degree celcius, oxygen saturation was 96%, blood pressure was 100/70 mm of Hg and pulse was 105 per minute. On this date following symptomatic treatment was provided to her.

(i) CapPantop DSR (Pantoprazole +Domperidone) l OD.

(ii) Tablet Nepra D (Naproxen + Domperidone) 1 BD

(iii) Tablet Zintec ( Ranitidine)150 mg BD

(iv) Levocet (Levocetrizine) 10 mg HS 1

The following Investigations were advised to find out status of her hypothyroidism and cause of her fever :

Blood sugar Fasting & PP, T3, T4, TSH. Fever Panel

The patient was also advised to continue anti-thyroid treatment with advice to come for review after three days. In the absence of findings on physical examination, no diagnosis of any abdominal disease was made on this day. Though, the patient was advised to come for review after three days with reports of investigations advised i.e. on 23.10.2016, she came on 22.10.2016 without any report of advised investigations. She told him that due to financial constrains, she could not get investigations done. She also requested for treatment with him only, without much investigations or referral. Then, after review of her condition, he advised her the following :-

(i) Tablet Cyra LS(Rabeprazole+Levosulpride) l OD

(ii) Zifi 0 (Cefixime+ Ofloxacin) 200 mgm 1 BD

(iii) Zintec 150 mgm BD

(iv) Enerzosh (Multivitamins +Minerals) l OD

Also advised 5% DNS,5% Dextrose,which was given in his clinic with injection polybion(multivitamins). On this day, the temperature was normal; blood pressure was also 110/80. She was advised to come for review after three days. Then, the patient came on 25.10.2016. On this date, her blood-pressure was normal i.e. 110/80 mm of Hg, the temperature was normal. However, she was having complaint of breathing difficulty and fullness of upper abdomen. As she was not willing for investigations, so she was advised following symptomatic treatment.

(i) Cap Pepsia L ( Rabeprazole+Levosulpride )1 BD

(ii) Tab ZIFI O 1 BD

(iii) Tab Lanol ER (Paracetemol) 1/2 BD

(iv) Tab Zinetac 150 mg BD

(v) SCapHepatoglobin (Iron+B Complex) HS

(vi) Pantop MPS Syp (Pantoprazole) 2 TSFTDS

She was advised to come for review after five days. Then, the patient came to him on 29th October, 2016. As she was complaining of fullness in abdomen, she was advised to get ultrasonography of whole abdomen. On their enquiring, name of Ziana Diagnostic centre was told to them. Further, the following symptomatic treatment was advised to her :-

(i) Cap Rabekind Plus ( Rabeprazole+Levosulpride ) 1 BDXIO days

(ii) Zifi 0 1 BD X 4 days

(iii) Xtrapara (Paracetemol) :Y2 BDx4 days

(iv) Zinetac 1 BD x 10 days

(v) Cap Hepataglobin HSx10 days

(vi) PantopMPS 2 tsf TDS

(vii) TabOndem 8 mg BDx 3 days

For immediate symptomatic relief, injection Perinorm + injection Rantac were given. Then, the patient came to him on 04.11.2016. This time, she complained of pyrexia. On examination Ascites was also found and same was recorded on his prescription. As rapid development of Ascites was a cause of concern, he referred the patient to one internal medicine specialist Dr. Jasveer Singh at Jaslok Hospital in Yamuna Vihar, quite nearer to place of residence of patient and with facility of admission, if required, for investigations and further management of case. However, the patient did not go to Dr. Jasveer Singh, a specialist and she again came to him on 09.11.2016 stating that she did not have financial resources to meet hospital treatment and requested him only, to treat her. He also suggested her option of going to a government hospital but she was unwilling. So, he did not have any option but to continue treatment with best of his skill and resources. As per literature, three most common causes of ascites in India are cirrhosis of liver, tuberculosis and malignancy of liver. So after considering all the aspects of the case in this setting, he as an only option left with him to treat this patient, prescribed a therapeutic trial of anti tubercular treatment (which is a well established practice and principle in resource constrained Indian scenario in private practice) for fifteen days with following medicines.

(i) Cap Cyra LS(Rabeprazole+Levosulpride) 1 OD.

(ii) Cap Rcinex (Rifampicin 450+ Isonex 300 mg) 1 OD.

(iii) Tab Ethambutol 800 mg 1 OD.

(iv) Tablet Pyrazinamide 750 mgm 1 BD.

(v) NVM M12 (Vitamins) 1 OD.

(vi) Dolo (Paracetemol) 500 mgm l SOS

(vii) LCIN (Levofloxacin) 500 mgm 1 OD.

(viii) Livot Syp

(ix) Tablet Deflazacort 12 mg OD after breakfast

She was again advised verbally to go to higher centre. However, the patient did not go to any higher centre and came to him again on 24.11.2016. He does not know whether the treatment prescribed by him was taken by her or not though to an extent, same can be corroborated by medicine purchase receipts, which must be with the complainant Sri Javed Ali. However, she was not having jaundice which is 'earliest sign of liver toxicity of ATI. He distinctly remembers that he had again counselled her to go to a higher centre, but she was not inclined. Then, he prescribed her as follows :-

(i) Cap Pantop DSR 1OD.

(ii) Rcinex 450 mgm 1 OD BBF.

(iii) Pzide 450 mgm BD.

Deflazacort 12 mgm 1OD After breakfast

(iv) NVM 12 1 OD

(v) Lasilactone 50 mgm ½ tablet in morning of Friday Tuesday.

All was advised for fifteen days. He did not see patient after that. It is accepted that the patient consulted him on 20.10.2016, 22.10.2016, 25.10.2016, 29.10.2016, 09.11.2016 and 24.11.2016, gave her prescription of medicines too, to be purchased from outside. He cannot say whether she took his medicines fully or partially or not at all. However, the complainant may be asked to produce cash receipt of medicines to verify whether medicines were even purchased or not. As explained in summary above, the patient was advised repeatedly, once in writing as well as few times verbally to go to higher centre for investigation as well as further management, the patient did not go and requested for treatment with him only. She was never diagnosed by him as a case of tuberculosis. Due to reluctance of the patient to go to higher centre for specific investigations and further management, on the basis of pattern in the community in Indian scenario as well as wide practice prevalent in private sector of the country, presumptive anti tubercular treatment as a short therapeutic trial was advised. Furthermore, ultrasonography or simple tests cannot confirm or exclude abdominal tuberculosis unlike pulmonary tuberculosis where presence of acid fast bacilli in sputum can confirm diagnosis of pulmonary tuberculosis. Even after counselling few times, she was not willing to go to a higher private or government centre. So charge that diagnosis of tuberculosis was made by him and that same was found negative in report of Zaina Diagnostic and Imaging Centre is false and wrong. Presumptive ATT was given with all good intention, as only option due to reluctance of the patient to go to a higher centre. As explained above, no diagnosis of tuberculosis was ever made by him. Further, it can be seen from the prescription, that dose of anti tubercular treatment advised by him was standard dose as per about 50kg body weight of the patient. Further, even if they for a minute presume, liver of the patient was damaged, it cannot be confirmed now whether it was already damaged before coming to him or not. Furthermore, hepatic side effects of anti tubercular drugs are well known and cannot be predicted in advance or even after initiating treatment without investigations. Clinically jaundice is first sign of liver toxicity due to ATT. However, jaundice was not present on 24.11.2016. It is further requested that complainant should be asked to produce cash receipt of drugs to verify whether he ever even purchased the anti tubercular medicines at all or not. Further, the complainant has not mentioned about treatment and investigations got done by him after 24.11.2016 when she last attended him. It is humbly requested to seek details of treatment got done by the complainant for his mother after 24.11.2016, as if the complainant was not satisfied with him (Dr. Ashok Kumar Sharma), he (the complainant) would had gone to some other doctors and got his mother investigated fully at some other centre. That would also reflect sincerity of the complainant in treatment of his mother. It is surprising allegation as how could he prevent chance of complainant from making complaint about payment and any other issue to him. He could have raised these issues anytime during treatment. Further allegation of complainant that he kept on reassuring him about his mother is false and contradicted by the fact also that on 04.11.2016 itself, he referred the case to Dr. Jasveer Singh at Jaslok Hospital at higher centre but they did not go and insisted for treatment from him only. So again a false allegation against him. As explained above, he totally acted in best interest of the patient with best of his ability and available resources. It was the mistake of the patient by not going to a higher centre. He is a MBBS doctor and treated the patient with the best of his ability. He emphatically states that he did not charge anything except routine consultation fee, from the patient. It is humbly requested that complainant should submit details of amount of consultation fee charged by him or any other charges asked by him to prove his allegation against him. This allegation is a reckless lie, false and with a motive to harass him. First of all, he did not diagnose any disease. So, the question of making deliberate diagnosis does not arise. Further, why he would diagnose deliberately and with what mala-fide intention ? As mentioned above he tried his best to motivate the patient to go to higher centre, where she did not go. Now, the complainant had been accusing him (Dr. Ashok Kumar Sharma) for death of his mother. In conclusion, he has to state that :-

(a) Most of the allegation levelled by the complainant against him are non specific, vague and without any basis.

(b) Specific allegation that he wrongly diagnosed the tuberculosis to his mother is also false, as he never made confirm diagnosis of tuberculosis. Further allegation that she died due to his treatment is also false as even after fifteen days of start of ATT, on 24.11.2016, no sign of toxicity of ATT was found. Simply, due to unwillingness of the patient to go to higher centre for investigations and management, he had no option but to start anti tubercular treatment as a therapeutic trial in all good faith and best of his ability. In view of above facts, the complaint of Shri Javed AIi against him may be dismissed.

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

1. It is noted that the patient Smt. Sajida 55 years old female consulted Dr. Ashok Kumar Sharma on 20th October, 2016. She was diagnosed as case of hypothyroidism with hypertriglyceridemia with PUO. Dr. Ashok Kumar Sharma after examination advised symptomatic treatment and prescribed blood sugar, thyroid and fever panel investigations. Thereafter, the patient followed-up on 22nd October, 2016 and, then, on 25th October, 2016 with complaints of breathing difficulty and upper abdomen fullness; Dr. Ashok Kumar Sharma again advised symptomatic treatment. On 29th October, 2016, the patient was advised USG whole abdomen, and injection Perinorm and Rantac were given. The USG whole abdomen report dated 04th November, 2016 of Zaina Diagnostic & Imaging Centre gave impression of Gross Ascites. On 04th November, 2016, Dr. Ashok Kumar Sharma diagnosed her with Gross Ascities and referred to specialist at Jaslok Hospital. The patient consulted medicine specialists Dr. Jasvir Singh on 05th November, 2016 who noted that the patient had fever and distension of abdomen (asities) and advised diagnostic ascites tap. The patient again reported to Dr. Ashok Kumar Sharma on 09th November, 2016; when Dr. Ashok Kumar Sharma prescribed therapeutic trial of anti-tubercular treatment, for the patient’s condition. Further advised ABF investigations. The patient, thereafter, followed-up on 24th November, 2016 and Deflazacort was added on 24th November, 2016 when she was advised to continue ATT for further fifteen days.

Subsequently, the patient was admitted in G.T.B. Hospital on 10th December, 2016 where she was diagnosed with HCV+ve / LLD/ portal HTN/Ascites / Hepatic Encephalopathy/Hypothyroidism / ATT induced hepatotoxicity (improved). She was treated conservatively and discharged on 24th December, 2016.

The patient was again admitted on 24th December, 2016 in Lok Nayak Hospital with diagnosis of HCV + CLD/HT/PGP SBP/HE Gd I-II, UTI, Hypothyroidism (improved), treated conservatively and discharged on 30th December, 2016. The patient subsequently expired on 04th January, 2017.

1. The patient was referred to higher centre by Dr. Ashok Kumar Sharma on 04th November, 2016, however, the patient continued treatment with Dr. Ashok Kumar Sharma.
2. It is observed that ATT was started without evaluating the ascites fluid report which was already done and the report was available with the patient.
3. It is observed that no prior evaluation of baseline liver functions test was done before starting the ATT.
4. It is observed that tablet Deflazacort was started without ascertaining the cause for ascites and the same could have led to worsening of the patient. Besides, tablet Deflazacort is never started empirically.

In light of the observations made hereinabove, the Disciplinary Committee recommends that a warning be issued to Dr. Ashok Kumar Sharma (Delhi Medical Council Registration No.24366) and directs him that he should use ATT and steroids rationally with proper documentation .

Complaint stands disposed.

Sd/: Sd/: Sd/:

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

Chairman, Eminent Publicman Delhi Medical Association

Disciplinary Committee Member, Member,

Disciplinary Committee Disciplinary Committee

Sd/:

(Dr. Sameer Gulati)

Expert Member

Disciplinary Committee

The Order of the Disciplinary Committee dated 19th July, 2022 was confirmed by the Delhi Medical Council in its meeting held on 10th August, 2022.

The Council further confirmed the punishment of warning awarded by the Disciplinary Committee to Dr. Ashok Kumar Sharma (Delhi Medical Council Registration No.24366).

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Javed Ali s/o Shri Liyakat Ali, r/o B-12/190, Gali No. 5, Kabir Nagar, Delhi-110094.
2. Dr. Ashok Kumar Sharma, Sharma Clinic, 16, Main Road, Babarpur, Shahdara, Delhi-110032.
3. National Medical Commission, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077-w.r.t. erstwhile Medical Council of India’s letter No.MCI-211(2)(Gen.)/2017-Ethics./180876 dated 20th March, 2018-**for information & necessary action.**
4. ACP/PG Cell, Office of the Dy. Commissioner of Police: North East District, Delhi, M7CC+QHR, New Seelampur, Shahdara, Delhi, 110032-w.r.t. letter No.781/Complt.(DA-I)/NE, dated Delhi the 15/2/2018-**for information.**
5. Registrar, Uttar Pradesh Medical Council, 5, Sarvapally Mall Avenue Road, Lucknow-226001, Uttar Pradesh (**Dr. Ashok Kumar Sharma is also registered with Uttar Pradesh Medical Council under registration No-22570 dated 10.11.1978**)-**for information & necessary action**.

(Dr. Girish Tyagi)

Secretary