DMC/DC/F.14/Comp.2496/2/2023/ 11th May, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Shailendra Kumar s/o Late Sh. Yamuna Ram, r/o- House No.G-625-A, Phase VI, Arya Nagar Extension, New Delhi-110047, alleging medical negligence on the part of Dr. V. Bhatnagar, Dr. Ravi and All India Institute of Medical Sciences, in treatment administered to complainant’s daughter baby Kashvi, resulting in her death 30.09.2016.

The Order of the Disciplinary Committee 06th April, 2023 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Shailendra Kumar s/o Late Sh. Yamuna Ram, r/o- House No.G-625-A, Phase VI, Arya Nagar Extension, New Delhi-110047(referred hereinafter as the complainant), alleging medical negligence on the part of Dr. V. Bhatnagar, Dr. Ravi and All India Institute of Medical Sciences(referred hereinafter as the said Hospital), in treatment administered to complainant’s daughter baby Kashvi(referred hereinafter as the patient), resulting in her death 30.09.2016.

The Disciplinary Committee perused the complaint, written statement of Dr. V. Bhatnagar Professor & Head of Pediatric Surgery AIIMS, enclosing therewith written statement of Dr. Ravi Patcharu; written statement of Dr. Sachit Anand and Dr. Anjan Dhua,medical records of AIIMSand other documents on record.

The following were heard :-

1) Shri Shailendra Kumar Complainant

2) Dr. V. Bhatnagar Former Prof & Head, Paediatric Surgery, All India Institute of Medical Sciences

2) Dr. Ravi Patcharu Senior Resident, All India Institute of Medical Sciences

3) Dr. Sachit Anand Junior Resident, All India Institute of Medical Sciences

4) Dr. Anjan Dhua Additional Professor, All India Institute of Medical Sciences

5) Dr. Sanjeev Lalwani M.S., All India Institute of Medical Sciences

6) Dr. Kanika Jain Assistant Professor, Hospital Administration All India Institute of Medical Sciences

Dr. Ravi Patcharu participated in the proceedings of the Disciplinary Committee and was heard through video conferencing.

The complainant Shri Shailendra Kumar in his complaint alleged that in the mid of September 2016, his one and half year-olddaughter, Kashvi had swelling on the left side of her neck. He thought it to be a minor problem, but when the swelling persisted even after 2-3 days and when there was no sign of recovery, he immediately took her to the AIIMS Hospital in the emergency ward. The doctors after observation said that, the problem was not a major one and sent them back home after prescribing some medicines. They were advised to visit in the pediatric OPD for follow up after one week. After one week, on their second visit the pediatric resident doctor observed the patient and told them not to worry and prescribed some tests such FNAC, Chest x-ray, CBC and Mantoux test and told them to provide the test reports. After getting the tests done from private laboratory, he took his daughter to another private doctor (Dr. H.S. Kochhar) for a second opinion. Dr. Kochhar was of the opinion that it was a cervical abscess and he suggested getting the cervical aspiration/ drainage done from AIIMS or from any other hospital or clinic. Next day he went to AIIMS with her daughter with all the reports and private doctor’s consultation slip and asked them their opinion on the case. After seeing his daughter, the Pediatric OPD resident doctor referred them to Pediatric Surgery for cervical aspiration. In Pediatric Surgery department, Dr. Ravi and his team told them after reviewing their reportsto get an emergency ultrasound done from emergency department after which, they will perform the cervical aspiration. After getting ultrasound done of his daughter, he came back again to the Pediatric Surgery department where Dr. Ravi asked another doctor to perform cervical aspiration of his daughter and he left. Before the procedure, that doctor asked him to grab the hand of his daughter so that he can gave anesthesia to his daughter, but he was unable to hold his daughter hand tight.So he was asked to get out of the room and asked his wife to hold his daughter’s hand, so he can administer the anesthesia. After that the doctor gave sedation (Anesthesia) injection to his daughter. He did not perform any pre-anesthesia check and not even taken his informed consent before the procedure. After administration of anesthesia, his daughter lost her consciousness and became unconscious and then doctor performed the procedure called as cervical aspiration. The doctor inserted some needles into his daughter’s neck to take out the pus from that portion of her neck, but nothing comes out from it, only blood has come out from that site where doctor was performing the cervical aspiration. After doing the whole procedure, the doctor told them to take the child home and told that she would gain consciousness after an hour. But he told the doctor that they would wait till the time their child got consciousness. They were waiting outside the pediatric surgery department for their child to regain consciousness, but after half an hour his wife noticed that some blue lines occurred on his daughter’s legs. They worrieda lot and he immediately informed Dr. Ravi about the same. But he did not respond to their problem and told him to wait for some time and said to them that he would be coming in few minutes. So they waited outside the pediatric surgery department for 20-30 minutes, and after 30 minutes later Dr. Ravi came to see the condition of his daughter and doctor examined her. After examination, Dr. Ravi told them that her condition was serious and her heart beat was not coming. So ,they performed few life saving techniques to save his daughter. After few minutes, all other doctors and unit head of the pediatric surgery department Dr. V. Bhatnagar came to see his daughter condition. It showed that his daughter condition was very serious.The doctors did not respond in time when he initially told about his child condition to Dr. Ravi; the doctor did not took it seriously. Then the doctors gave CPR and put their daughter on ventilator. But by that time the child was already gone. That was the end of the world for them. The doctor came out of the room and told them, that their daughter was dead due to aspiration of vomitus and they told them that some milk has been found in her lungs. After that they took his signature on the several papers relating his daughter medical paper. He and his wife were not in a condition to understand anything. At that time, his wife wept so much that he could not understand what was going on with them on that time, so they refused to get his daughter’s postmortem, more so because the doctor said that they will get the body after 3-4 days and they were not convinced by their view. His wife still could not believe that her daughter was no more. She was holding the child in her arms and waited for her to get up. In the mean time, his elder brother Satyender Kumar dialed 100 number around 5.54 pmto summon the PCR. The doctors did the wrong treatment without doing the mandatory investigations which were required to be done before performing procedure or giving the anesthesia to child whose age was just one and half year old. The doctor did not even take his express consent while giving her the anesthesia and they even did not ask for any preliminary inquiry that they have to ask from him before doing or giving anything drug to the patient. Instead, in their clinical report which was given by the AIIMS, it was written by Dr. Ravi and the professor I/C Dr. V. Bhatnagar Unit head of the pediatric surgery department in their report they said that his daughter died due to aspiration of vomitus. He, in the above mentioned background, craves the kind indulgence to safeguard his interest and take appropriate action against the above named miscreant Dr. V. Bhatnagar and Dr. Ravi at the earliest according to the principles laid down by the Hon’ble Supreme Court in P.B. Desai vs State of Maharashtra (2013) 15 SCC 481, as he has been grossly negligent as knowing fully well that he was not competent/properly qualified to perform asurgery and to operate a diabetic foot he undertook the task, so that he may not apply similar stunts or tactics with any other patient.

Dr. V. Bhatnagar Professor & Head, Department of Pediatric Surgery, AIIMS in his written statement averred that he, Professor in the Department of Pediatric Surgery at AIIMS was not involved in the management of this case. Hence, a charge of negligence in the management of this case should not be made against him. However, as per the records made available to him i.e. the case sheet bearing CR No. 725132/UHID No. 102257054 the summary of the case is as follows: Baby Kashvi, d/o ShriShailender Kumar of Aryanagar Extension New Delhi, was brought to the Pediatrics Department with a swelling in the neck. It was diagnosed as a possible cervical abscess and referred for aspiration to the pediatric surgery department. The child was seen by Dr. Anjan Dhua (Assistant Professor) in the OPD and sent to the emergency for an urgent ultrasound scan and review by the Senior Resident Pediatric Surgery. In the emergency the patient and ultrasound scan were reviewed by Dr. Ravi (Senior Resident) and the ultrasound scan which showed a “well defined cystic lesion with thick echogenic debris and septations suggestive of abscess”. Based on these findings a cervical aspiration was attempted by Dr. Sachit (Junior Resident) under guidance of Dr. Ravi after consultation with Dr. Anjan Dhua on 29.9.2016. The consent for the procedure to be done under anesthesia, local or general, was signed by the father (Shri Shailendra Kumar). However, the procedure was conducted under sedation only. Since no pus was found on aspiration, the parents were advised to keep the child on antibiotics and follow up in the OPD. The child was under observation in the ward, the mother of the patient was sitting on the bedside and the clinical parameters were noted 20 minutes after the procedure. However, after sometime the mother reported that the child was unresponsive. Immediate resuscitation was instituted and during laryngoscopy for intubation, milk was noted in the trachea. Despite all attempts, the child could not be revived and was declared dead at 5.00 p.m. Consent for a post-mortem was advised but parents refused. Hence, the exact cause of death could not be ascertained and has been recorded as likely due to aspiration of vomitus. Since Dr. Ravi does not work in the Institute any more he has been informed regarding this complaint.

Dr. Ravi PatcharuSenior Resident in his written statement averred that he was the Senior Resident (Pediatric Surgery) on call on 29th September, 2016. At 13.30 hrs., there was a call from the Pediatric emergency that a patient with a left sided cervical swelling was to be reviewed. The patient was a one and half year old girl Kashvi with UHID 102257054 and Pediatric Surgery OPD appointment ID 2016092814545. She was brought in to the Pediatric Surgery OPD with complaints of swelling left cervical region since 20 days, following an episode of upper respiratory tract infection. She was initially seen under Pediatric Medicine and advised syp Augmentin, however, after two days, the child was also reviewed at a private hospital in Delhi. Where syp Augmentin was stopped and the child was started on syp Linezolid and sypRefzil (Cefpirome). The swelling in the left cervical region had only minimally subsided and hence, the child was brought to the OPD for review. The child was seen in the Pediatric Surgery OPD and advised ultrasound neck to look for any pus collection in the swelling and then to be followed up by SR Pediatric Surgery on call. Clinically: the child had a 4x4cm, non tender swelling upper left cervical region, with no erythema and with minimal induration. The ultrasound showed “thick walled cystic lesion with thick echogenic debris suggestive of an abscess”. He informed the report of the ultrasound to Dr. Anjan Dhua who was the consultant on call. With the clinical and radiological findings, it was planned to do a test aspiration from the swelling to look for pus and obtain a specimen for culture/sensitivity. As per the parents, the child was last fed milk at home about 4-5 hours back. The child was given Inj. Midazolam 1mg after insertion of an IV cannula. Aspiration was attempted, but no pus could be drained. He informed Dr. Anjan Dhua about the findings of the test aspiration who instructed him to continue the child on antibiotics and review in the next OPD and also explain to the parents. He explained to the father of the patient, the need to keep the child on antibiotics and to follow up. About 15 minutes later, the parents wanted to take the child home, so the IV cannula was removed. At that time the heart rate of the child was 110/min and respiratory rate of 40/min. Meanwhile, he was called by SR on duty in the ICU to see a patient in the ICU who had features of abdominal compartment syndrome. After seeing the child, while he was coming out of the ICU, the father of the patient Kashvi, asked him to have a look at the child before taking the child home. On examination, he found that the child was unresponsive and pulse was impalpable. The child was immediately moved to bed no PO 5 and CPR started. Laryngoscopy was done which showed presence of curdled milk in the trachea. After suctioning, ETT was inserted and resuscitation continued. However, there was no cardiac activity. Dr. Anjan Dhua was informed, who came to the ward. Parents were explained the condition and the likelihood of the child having aspirated her own vomitus. As the critical condition of the child was explained to the parents, the parents called for more relatives who came into the ward and wanted to know reason for the present condition. Subsequently there was also the presence of two police personnel in the ward. At 1700 hrs., the patient was declared dead. The parents and relatives were accusing of medical error and refused to take the body. Duty officer was informed about the situation in the ward and asked for administrative guidance. He initially asked for an MLC to be initiated, which they informed the parents and relatives and that they would get the body after the post mortem, so that the exact cause of death could be ascertained. The parents were unwilling for post mortem and the relatives also met and discussed with the duty officer, after which they were asked to hand over the body to the parents along with the death certificate. As the parents were unwilling for a post mortem, a certificate to the effect was signed by the father of the patient and the body handed over to the parents.

On enquiry by the Disciplinary Committee, Dr. Ravi Patcharu, Senior Resident, All India Institute of Medical Sciences stated that at the time of admission, the general consent was taken. Further, for a specific surgical procedure, separate consent is to be taken by the Senior Resident, which was not taken in the present case.

Dr. Sachit Anand, Junior Resident, All India Institute of Medical Sciences in his written statement averred that he was the Junior Resident trainee (on call) on 29th September, 2016. The present case was a 01.5 years old girl Kashvi. She presented with the complaints of 4x4 cm sized swelling in the left side of the neck. The parents had already consulted a private hospital and were advised oral antibotics. Upon visit to the All India Institute of Medical Sciences, she was initially evlauated at the paediatrics OPD and was advised to continue oral antibotics. Subsequently, the swelling persisted and the parents brought her to pediatric surgery OPD for review. She was evaluated at the OPD and was advised to get an ultrasound-neck region. USG done at the pediatric casualty revealed cystic swelling with thick debris, suggestive of abscess. With the above features, the child was planned for an aspiration of the abscess in the ward. He was present with the Senior Resident (on call) assisting him during the procedure. As per the mother, the child had taken milk around 04 hours back. The child was given injection Modazolam(01mg) after insertion of an intravenous cannula. Cyst aspiration was negative and revealed no pus. Being the Junior Resident (on call), he was subsequently called by another Senior Resident to assist him in an emergency surgery for urinary retention. He had gone to the emergency operation theatre and was present in the OT during the adverse events.

On enquiry by the Disciplinary Committee, Dr. Sachit Anand stated that since he was the Junior Resident, it was not his responsibility to take the consent and neither he was involved in the admission process. He has administered injection Midazolam on the direction of the Senior Resident Dr. Ravi Patcharu.

Dr. Anjan Dhua, Additional Professor, All India Institute of Medical Sciences stated that he was consultant (on call) on 29th September, 2016. The present case was a 01.5 years old girl Kasvi. She presented with the complaints of swelling on the left side of the neck. The parents had already consulted a private hospital and were advised oral antibotics. Upon visit to the All India Institute of Medical Sciences, she was initially evaluated at the paediatrics OPD and was advised to continue oral antibiotics. Subsequently, the swelling persisted and the parents brought her to pediatric surgery OPD for review. He examined the patient in OPD and came to understand that the child had a cervical abscess that was not resolving and had doubtful central fluctuation which led him to confirm the findings radiologically. He counseled the patient’s father(the complainant) that an aspiration/drainage may be required which will also give them a sample for microbiological examination and a possible reason for the lingering course and it should also hasten recovery. After this, the child was referred to the pediatric casualty for further management. He was informed telephonically that the USG findings were suggestive of echogenic debris and thick pus, so he advised aspiration with a wide-bore needle. Later, he was told (telephonically) that no pus could be aspirated. Later in the after, he was in a special clinic (oncology OPD) when he was informed telephonically that the patient was critical and then, he reached the ward and found that the patient had no cardiac activity.

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

1. It is noted that the patient Baby Kashvi a one and half year old girl was brought to the Pediatric Surgery OPD of AIIMS on 29.9.2016 by her parents with history of swelling on left side of neck since 20 days and fever on and off since 20 days. Swelling in the neck was gradually progressive in size and associated with mild pain. Child was initially seen under pediatrics and started on sypAugmentin, however, the child was also taken to a private hospital where anitbiotics was changed to syp Linezolid and also advised aspiration of the abscess. Child was again brought to AIIMS and reviewed in Pediatric Surgery OPD. Clinically: vitals were stable, 4x4cm swelling in left cervical region with no fluctuation. Child was advised USG neck to look for any liquefaction, so that pus could be drained and also sent for culture, USG done in casualty showed a thick walled abscess with thick echogenic debris and septations. Trial of aspiration was done under I/v midazolam, no pus was aspirated, hence, child was planned to be kept on antibiotics and follow up in OPD. Post procedure after 20 minutes, the child was found to be stable and was crying and IV cannula was removed and parents advised to bring the child in the next OPD. About 15 minutes later, parents noted that the child was unresponsive. Clinically: pulse not palpable, no spontaneous respiratory efforts, CPR was initiated immediately, laryngoscopy revealed milk in the trachea. Child was intubated and CPR continued. Despite all resuscitative efforts, child could not be revived and was declared dead at 1700h on 29.9.2016.
2. It is noted that the All India Institute of Medical Sciences in its Internal Enquiry Report No.F-3-8/Comp./2016-Est.(H) dated 07th December, 2016 in the present incident, highlighted certain shortcomings, which are reproduced herein-below :-
3. The Committee found that the procedure was performed on the patient in AB5 ward, considering the non-availability of appropriate monitoring and resuscitation equipment’s,the Committee was of the opinion that AB5 ward was not the ideal place to perform the procedure. If the procedure would have been performed in a well-equipped and staffed setting, then, the outcome of the case might have been favourable.
4. The Committee found that the procedure was performed on the patient without admitting the patient in the hospital. This practice is against the protocol of the hospital. The Junior Resident and the Senior Residents should be instructed to avoid such practices.
5. The Committee was of the opinion that the continuous monitoring of the case could have prevented the adverse event.
6. Since the autopsy was not conducted on the disease, exact cause of death could not be identified. However, based on the information gathered, the Committee was of the opinion that the cause of death may be airway obstruction resulting from respiratory depression following Midazolam.

We concur with the AIIMS Disciplinary Committee's observations that SOPs were not in place and this unfortunate death could have been averted, if set protocols were followed.

1. The procedure should have been performed after an admission was made in the area designated for such procedures and not in the ward where adequate monitoring and resuscitation facilities were not available.
2. Midazolam injection belongs to a group of sedative drugs called benzodiazepines. It works by slowing activity in the brain and causes anxiolysis, drowsiness and decreased consciousness. The serious adverse effects associated with Midazolam administration in children include hypoventilation, decreased O2 saturation, apnoea and hypotension.
3. As the plan was to do aspiration followed by incision and drainage, a PAC and Informed Consent should have been taken. It is noted that the consent taken in the present case, did not constitute an Informed Consent. It is bereft of any relevant details about the nature of procedure to which the patient is to be subjected or its likely complications. No pre-anaesthesia check-up was done, although, the baby was being treated for upper respiratory tract infection few days ago.
4. History of nil orally for a recommended period must have been taken before giving intravenous Midazolam, which was not done. The child was breast fed just before the intervention, which can be a cause for vomiting, regurgitation and aspiration.
5. The procedure was attempted by a very junior trainee Dr. Sachit Anand. The Senior Resident Dr. Ravi Patcharu who was given the responsibility of performing the procedure did not even supervise the procedure and was not also available for help when the unfortunate incident occurred. It is further noted that during CPR attempts during aspiration of oropharynx, milky substance was found. The child was intubated and a NG tube inserted and 150ml of milky white substance aspirated. This proves that the patient in probability died of aspiration of gastric, which could have been averted had due diligence exercised before subjecting the patient to the procedure by eliciting the information regarding time of breast feed of the infant.
6. There is seemingly a cover up after the death and all admission formalities were done after the baby died.
7. There was an obvious medical negligence that led to death of the baby, for which, the responsibility mainly rests with Senior Resident Dr. Ravi Patcharu and MCh trainee Dr. Sachit Anand.
8. Dr Veereshwar Bhatnagar, Head Pediatric Surgery Department was not aware of the patient till he was informed about the mishap.

In light of the observations made herein-above, the Disciplinary Committee recommends that the name of Dr. Sachit Anand (Delhi Medical Council Registration No.DMC/R/11616) be removed from the State Medical Register of the Delhi Medical Council for a period of 30 days. The Disciplinary Committee also recommends that name of Dr. Ravi Patcharu be removed for a period of 30 days; however, since as per records available in the Delhi Medical Council, Dr. Ravi Patcharu is not registered with the Delhi Medical Council, a copy of this Order be sent to the National Medical Commission and the Maharasthra Medical Council where Dr. Ravi Patcharu is registered under Registration No.2003031263 dated 20th March, 2003, for necessary action against Dr. Ravi Patcharu. The serious lapse of employing Dr. Ravi Patcharu by the administrative authorities of the All India Institute of Medical Sciences is a violation of Section 15(6) of the Delhi Medical Council Act, 1997 which mandates that “*any person servicing or practising modern scientific system of medicine in NCT of Delhi shall be registered with the Delhi Medical Council”,* and it warrants administrative action to be initiated by the Ministry of Health & Family Welfare, Govt. of India against the concerned personnel.

Further, AIIMS administration is also answerable for having not taken any punitive action against the concerned doctors after the incident, when its internal committee had clearly mentioned that the death had occurred due to medical negligence.

Complaint stands disposed.

Sd/: Sd/:

(Dr. Satish Tyagi), (Dr. Anil Kumar Yadav)

Delhi Medical Association, Eminent Publicman,

Member, Member,

Disciplinary Committee Disciplinary Committee

Sd/: Sd/:

(Dr. Y. K. Sarin) (Dr. A.K. Sethi),

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 06th April, 2023 wastaken up for confirmation before the Delhi Medical Council in its meeting held on 10th April, 2023.

Whilst confirming the Order of the Disciplinary Committee, the Council observed that there is a serious shortcoming in the system where a patient was administered injectable(Midazolam)and trial of aspiration was done without getting admitted and involving the consultants of the unit. This lapse in adhering to protocol, led to unfortunate outcome. Hence, a warning be issued to the head of unit Dr. V. Bhatnagar (Dr. VeereshwarBhatnagar, Delhi Medical Council Registration No.7242) for his lapse and professional conduct. Further, the Director, All India Institute of Medical Sciences is directed to make sure that credentials and the Delhi Medical Council’s registration of the doctors should be thoroughly checked before employing them.

The Council also confirmed the punishment of removal of name of Dr.SachitAnand(Delhi Medical Council Registration No.DMC/R/11616) for a period of 30days awarded by the Disciplinary Committee.

The Council further observed that the Order directing the removal of name of Dr. Sachit Anand (Delhi Medical Council Registration No.DMC/R/11616) from the State Medical Register of Delhi Medical Council shall come into effect after 60 days from the date of the Order. Similarly, the Order directing the issuance of warning to Dr. V. Bhatnagar (Dr. Veereshwar Bhatnagar, Delhi Medical Council Registration No.7242) shall come into effect after 60 days from the date of the Order.

This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Shailendra Kumar s/o Late Sh. Yamuna Ram, r/o- House No.G-625-A, Phase VI, Arya Nagar Extension, New Delhi-110047.
2. Dr. Ravi Patcharu, Department of Paediatric Surgery, Command Hospital, Air Force, Bangalore-560007.
3. Dr. V. Bhatnagar, 269, Sector-15A, Noida, Uttar Pradesh-201301.
4. Dr. Sachit Anand, Senior Resident, Through Director, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029.
5. Dr. Anjan Dhua, Through Director, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029.
6. Director, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029.
7. Registrar, Maharasthra Medical Council, 189-A, Anand Complex, 2nd Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (W), Mumbai-**for information & necessary action.**
8. National Medical Commission, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077-**for information & necessary action**.
9. Registrar, Punjab Medical Council, Punjab Medical Bhawan, Near Excise and Taxation Building, Sector-69, SAS Nagar, Mohali, Punjab-160055 (***Dr. Veereshwar Bhatnagaris also registered with the Punjab Medical Council under registration No. 17843 dated 18.04.1977)***-**for information & necessary action.**
10. Secretary, Ministry of Health & Family Welfare, Govt. of India, NirmanBhawan,Maulana Azad Road, New Delhi-110011-**for information & necessary action.**

(Dr. Girish Tyagi)

Secretary