DMC/DC/F.14/Comp.2577/2/2023/ 30th January, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Amar Singh Dhanwal, r/o- RZ-G-1/49, Mandir Marg, Mahavir Enclave-I, New Delhi-110045, alleging medical negligence on the part of the doctors of Rockland Hospital, HAF-B, Sector-12, Phase-1, Dwarka, New Delhi, in the treatment administered to the complainant’s wife Smt. Savitri, resulting in her death on 22.08.2018.

The Order of the Disciplinary Committee dated 22nd November, 2022 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Amar Singh Dhanwal, r/o- RZ-G-1/49, Mandir Marg, Mahavir Enclave-I, New Delhi-110045 (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Rockland Hospital, HAF-B, Sector-12, Phase-1, Dwarka, New Delhi (referred hereinafter as the said Hospital), in the treatment administered to the complainant’s wife Smt. Savitri (referred hereinafter as the patient), resulting in her death on 22.08.2018.

The Disciplinary Committee perused the complaint, written statement of Dr. Sangeeta Singh, Deputy Medical Superintendent, Medeor Hospital (Formerly known as Rockland Hospital Limited) enclosing therewith joint written statement of Dr. V.K. Raju, Senior Consultant-Internal Medicine, Dr. Mirza Azfar, ICU-Duty Doctor, Dr. Manoj Kumar Singh, ICU-Duty Doctor, copy of medical records of Rockland Hospital and other documents on record.

The following were heard in person :-

1. Shri Amar Singh Dhanwal Complainant
2. Shri Rajkumar Son of the Complainant
3. Dr. V.K. Raju Consultant Internal Medicine, Medeor Hospital
4. Dr. Mirza Azfar ICU Incharge, Medeor Hospital
5. Dr. Manoj Kumar Singh ICU Resident, Medeor Hospital

6) Dr. Ram Kumar Kadamb Medical Superintendent, Medeor Hospital

The complainant Shri Amar Singh Dhanwal alleged that his wife late Smt. Savitri Devi (the patient), was admitted in the Rockland Hospital, Sector-12, Dwarka on 09th August, 2018 for treatment of fever. At the time of her admission, she was shifted to the ICU ward for her treatment under supervision of Dr. V.K. Raju. At the time of diagnosis, they told them that she have fever double pneumonia and they shifted to the ventilator. In the duration of three-four days, they told them that her kidneys were not working properly and urine also was not passing. It is not beyond understanding that since she was not having previous history of kidney problem, as previous year all her body tests were examined in the Base Hospital. If the kidney was affected, he has some doubts that they have given any medicine for stopping the urine, to inflate the bill charges. Secondly, they told that the infection was also more in the chest at the time of the admission that is 46000 and but on day to day, the infection had increased on 21st August, 2018 and it was told them that it is 17000 and fever was normal since four-five days. She had never suffered from the diabetes in her whole life. She was also examined in the Base Hospital and she had no kind of sugar. On 21st August, 2018, he personally visited the hospital and saw his wife, she was seen 100% quite well and she was better and her face was charming. He talked to her whether she is feeling any pain; she totally refused by her hand and head. He met her at 1700 hrs in the evening and thereafter, he met the nurse on duty for confirming the progress. The nurse told them that they stopped ventilator for 1 hrs and observed that her (the patient) all body parts were working smoothly and they will also check tomorrow by stopping ventilator for 1 hrs. and if her body parts are working normally, they will shift her to the normal wards. He confirmed regarding the blood-pressure, pulse rate, fever and infection. She told him (the complainant) that all were correct and control. Thirdly, when he was talking with the nurse; his brother senior citizen entered in the ICU, as he was standing away with the nurse. The gate security girl shouted on his brother and caught his shirt at neck and said why you have entered inside when one is already inside the ICU and shouted more and more at him. He requested her that he is standing with the nurse and why you are unnecessarily shouting but she did not stop her shouting and challenged him(the complainant) that he and all staff of ICU will see later on. In night, they had given the result and murdered his wife. They told she died due to heart attack. It is not understood that she was kept on the ventilator and suffered heart attack, despite having all medicines available and under supervision of the doctors, how can she die, it is crystal clear that nobody was there to look after or any wrong medicine or injection was given to his wife, due to which, she died. She did not suffer any heart attack during her entire life, as they had examined her monthly in Base Hospital. When they left from the hospital nearly 2100 hrs. in evening, they met the senior Dr. V.K. Raju and confirmed the progress, she is in normal condition and tomorrow, they will conduct a small operation near neck and her moth pipe will be shifted at that place. Thereafter, she will talk smoothly and easily. Till they left the hospital on 2100 hrs on 21st August, 2018, she was completely OK and the blood-pressure and all other were normal but in the next two-three hrs. She died to some wrong medicine and injection given to his wife by the nursing staff or doctor.

It is further alleged that during the treatment, fever had almost been treated well. The kidneys of the patient were in good condition at the time of admission, as the doctor did not point out anything wrong in the starting. Thereafter, the doctor started the treatment of the kidneys and said her kidneys are not responding well and there is problems related to urine and kidney dialysis is urgently required, which was clearly contradictory to the above diseases (fever pneumonia). The infection was also told to be main cause of suffering during this period. His wife responded well when the infection dropped from 46000 to 17000. So, it does not seem to be main cause. It is also worth mentioning that his wife had never suffered or had history of heart attack and if there was such thing then it was the duty of the doctor to take proper care ad provide best treatment, as his wife was on the ventilator, which is said to be life support system under the supervision of the expert doctor round the clock. It means either the ventilator was not working properly of his wife was wrongly diagnosed by the nursing staff or the doctor. It also appears that they have given wrong medicine or injection, as a result of which, the health of his wife deteriorated fast, which resulted in to the death of his wife. It was all due to negligence of the doctor in-charge (Dr. V.K. Raju) and night duty doctor (Dr. Manoj Kumar Singh). They got a call from the hospital at nearly 0200 hrs on 22.08.2018 about this tragedy. When they reached the hospital and met the doctor on duty, they inquired when the services of the senior doctor were taken? Dr. Manoj Kumar Singh said that it was not required at all. It means they did not take the treatment seriously and treated the patient casually. They did not find nursing staff there. It was an inhuman and unprofessional approach of the doctor who is trained to save life but he tried to hide his mistake and caused the situation to take such course, which resulted into forced death of his wife. From their point of view, Dr. V.K. Raju overall in-charge of the case and Dr. Manoj Kumar Singh, the night duty doctor, are fully and collectively responsible for this intention killing. They were neither serious nor professionally handled the case.

Dr. Sangeeta Singh, Deputy Medical Superintendent, Medeor Hospital(Formerly known as Rockland Hospital Limited) in her written statement averred that that they treat their patients very professionally and ethically. In the case related to the patient late Smt. Savitri, they have provided the treatment as per the protocols and there has been no wrong doing in the same.

Dr. V.K. Raju, Senior Consultant-Internal Medicine, Dr. Mirza Azfar, ICU-Duty Doctor, Dr. Manoj Kumar Singh, ICU-Duty Doctor, Medeor Hospital(Formerly known as Rockland Hospital Limited) in their joint written statement averred that the patient Smt. Savitri Devi, 69 years old female who came to the emergency with chief complaints of fever for four-five days with breathing difficulty with cough and breathlessness increased since one day. On examination, pulse-94/min, blood-pressure-110/70 mmHg, RR-22/min and SPO2 on room air was 74%. On further investigations, TLC was 33600, S. procalcitonin was 26.96, blood-urea was 76 mg/dl and creatinine was 1.2 mg/dl. Immediately, injection Effcorlin was given and O2 inhalation @ 2lts/hours was started. In emergency ward, ICU duty doctor Dr. Mirza has also examined the patient and explained the initial assessment of the condition and course of treatment. Immediately, the patient was admitted to the ICU. In ICU again prognosis was explained to the attendant and high risk consent was signed by the patient’s son Shri Pritam Singh. The senior consultant Dr. V.K. Raju examined the patient in detail and took note of present symptoms and pas history of hypertension. The patient’s condition and seriousness regarding bilateral pneumonitis with respiratory failure acute renal injury was discussed with the patient’ relative and the treatment modified accordingly. Thereafter, on 10th August, 2018, as the patient’s condition was not improving, so the patient was put on ventilator support after getting consent from the patient’s relative. The patient was diagnosed as a case of HTN/bilateral pneumonitis/ARDS/septicemia/ARF/shock. The daily CBC, LFT, KFT, chest x-ray and ABG were done to keep a track of all the parameters. TLC showed excessive high range, on 11th August, 2018, it was 45000 (normal range : 4000-11000/UL). Immediately, the patient was put on higher antibiotics (injectin Meropenom). On 12th August, 2018, urea was 122 mg/dl (normal range :13-45 mg/dl), creatinine-1.8 mg/dl (normal range : 07-1.2 mg/dl) and showed alarming in the reading. This necessitated various cross consultations and line of the treatment was modified in the patient’s interest. Opinion of the nephrologist was taken on 10th August, 2018, 11th August, 2018, 13th August, 2018, 14th August, 2018, 16th August, 2018, 17th August, 2018 and 18th August, 2018 and hemodialysis was done on 10th August, 2018, 11th August, 2018 and 12th August, 2018 as per the advice by the nephrologist. Opinion of pulmonologist was taken on 09th August, 2018, 10th August, 2018, 12th August, 2018, 14th August, 2018, 17th August, 2018 and 20th August, 2018. Opinion of cardiologist was taken on 10th August, 2018. The patient was on continous ventilator support. The blood sugar level was also checked daily and was around 200 mg/dl and observed high at 322 mg/dl on 17th August, 2018. Therefore, injection Insulin was started. The patient was on inotropes since 10th August, 2018. With the treatment, the patient had stabilized. She became conscious and was responding to verbal commands. On 19th August, 2018, the TLC was 17700, KFT improved with S. creatinine-0.53 mg/dl, with noral electrolytes. On 20th August, 2018, her KFT showed S. creatinine-0.50 mg/dl and on 21st August, 2018 it was 0.47 mg/dl with normal electrolytes. She had peripheral neurological weakness, because of that; they were not able to wean her off from ventilator. So need of prolonged ventilation was sensed and tracheostomy was planned. On 21st August, 2018, the patient was planned for tracheostomy as per pulmonologist and ENT opinion, but was deferred due to T-piece trial. The patient was on continous ventilator support. She was transfused with one unit of PRBC on 21st August, 2018 in view of Hb 7.08g/dl and 7.4 g/dl on 20th August, 2018 and 21st August, 2018, respectively. On 22nd August, 2018, at 12.40 a.m., the patient was breathless and shifted from CPAP mode to VCV mode. ABG revealed pH : 7.39 (normal range : 7.35-7.45), pCO2: 52 mmHg (normal range : 35 mmHg-45 mmHg), pO2: 135 mmHg(Normal range : 80-100 mmHg), Blood-pressure : 110/70 mmHg, RBS-315 mg/dl, the patient was on insulin infusion ad noradrenaline infusion and was on 35 % O2. At 01.00 a.m., the patient developed sudden bradycardia with heart rate 18/minute. The patient was unconscious; the blood-pressure was not recordable, immediately CPR was started as per the protocol. 1 ampule of each injection Adrenaline and injection Atropin were given and repeated at 01.05 a.m., 01.15 a.m., 01.18 a.m., 01.25 a.m. and 01.35 a.m. The CPR was continued till 01.45 a.m.. At 01.45 a.m., ECG showed straight line. Heart rate and pulse were not felt. Inspite of all medications and efforts, the patient could not be revived and was declared dead at 01.45 a.m. on 22nd August, 2018. The patient developed sudden bradycardia was an unexpected and unfortunate happening. When this patient was treated in the ICU, there were two more patients in the ICU, who were on ventilator support. All the patients were given best treatment alongwith with care and support needed. The notings in the clinical files also mention clearly about the hospital staff calling up the patient’s attendant telephonically on both their given numbers. But, the phones were not answered. At 02.00 a.m., the security incharge from the hospital was sent to the patient’s house on address mentioned on admission sheet (RZ-G149, Mandir Marg, Mahavir Enclave, Palam, New Delhi-110045) to inform the attendants. With regards to the security arrangement, it is pertinent to mention that the attendants also did a security breach by forcing themselves on the ICU staffs to allow them in more number than as per security policy. As per the hospital protocol, only one attendant is allowed at a time to meet any patient, in order to avoid infection, as per infection control management. Hence, the security guard was performing his/her duty and was following hospital norm by allowing one attendant at a time. The ICU doctor on duty, Dr. Manoj Kumar Singh did his best and recorded all his effort to save her life. Dr. Manoj Kumar Singh never said that it was not required at all regarding the senior doctor consultation at the time of cardio-pulmonary resuscitation, it is emergency situation in which they have no time to ask the senior doctor to come to the hospital and Dr. Manon is fully competent and qualified doctor to handle such emergencies. It is denied that the wrong medicine or injections were given to her. It is pertinent to mention that the relatives were called multiple times at night but no more responded, then the security in-charge went to their house in night to inform them. This is to state that there was sincere and profession approach in managing the case by team of the doctors with twice a day update to family members. They deny in its entirely any wrong doing on ignorance of negligence in managing the patient on part of the hospital or the doctors. It is most respectfully submitted that the above mentioned remarks or statement made by complainant against the doctors are completely unfortunate, baseless and de-motivating. The, the doctors, as a caregiver strive hard to provide the highest standard and quality of the treatment to all their patients.

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

1. It is noted that that the patient late Smt. Savitri Devi 69 years old female was admitted in the said Hospital on 09th August, 2018 with complaints of fever since four-five days with breathing difficulty and cough since two days. The patient was examined and investigated properly. The patient’s blood-pressure was low with respiratory distress ++, SPO2 with high O2 support around 88-90%. The patient was kept on NIV support. The treatment was started accordingly. The patient’s TLC was 33600, serum procalcitonin was 26.96, blood urea was 76 and serum creatinine was 1.2. The treatment was started with IV antibiotics and other supportive treatment. ABG was suggestive of metablic acidosis. SPO2 did not improve even with high O2 support. X-ray was suggestive of featuring of ARDS. The patient was elective intubated and kept on ventilator support. Chest physician opinion was taken and advice was followed. Nephrologist opinion was taken and advice was followed. Haemodialysis was done. Inotropic support was started. Gradually, the patient’s TLC improved. The blood pressure became normal. Inotropic support was decreased. But the patient fatigued very soon when T-piece trial was given. The patient had become conscious but was unable to move all four limbs. Tracheostomy was planned for next day. But at around 01.00 a.m. on 22nd August, 2018, the patient developed sudden bradycardia and hypotension. Immediately, CPR was initiated but the patient could not be revived and declared dead on 01.45 a.m. on 22nd August, 2018.
2. It is observed that the patient Smt. Savitri Devi, 69 years old female was admitted in the said Hospital with a working diagnosis of bilateral pneumonia on 09th August, 2018. She was a known case of hypertension. She was appropriately treated as per the standard protocol. She was put on mechanical ventilation on account of her severe infection with TLC count of around 33600. She did not respond adequately to initial treatment and she then had to be intubated and put on mechanical ventilation. She initially showed some improvement in her condition, but all attempts to extubate her, did not materialize. She was planned for tracheostomy on 21st August, 2018, but due to T-piece trial, it was deferred. However, she had to again put on volume controlled ventilation from C PAP mode on account of deteriorating condition. However, she developed cardiac arrest and all attempt to revive her failed and she was declared dead at 01.45 a.m. on 22nd August, 2018.
3. It is observed that the patient was examined, investigated and treated as per accepted professional practices in such cases. The patient died due to her underlying condition, which carried a poor prognosis, inspite of being administered adequate treatment.
4. It is noted that the patient’s attendants were regularly prognosticated about the critical condition of the patient from time to time and all consents were taken for putting the patient on ventilator support, for hemodialysis, and tracheostomy.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Rockland Hospital, HAF-B, Sector-12, Phase-1, Dwarka, New Delhi, in the treatment administered to the complainant’s wife Smt. Savitri.

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. Amitesh Aggarwal),

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 22nd November, 2022 was confirmed by the Delhi Medical Council in its meeting held on 21st December, 2022.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Amar Singh Dhanwal, r/o- RZ-G-1/49, Mandir Marg, Mahavir Enclave-I, New Delhi-110045.
2. Dr. V.K. Raju, Flat No.14, DIN CGHS, Plot No.07, Sector-04, Dwarka, New Delhi-110078.

1. Dr. Mirza Azfar, C-241, Third Floor, Near Clock Tower, Hari Nagar, New Delhi-110064.
2. Dr. Manoj Kumar Singh, Flat No.652, Plot No.1, Bahawalpur Housing Society, Sector-04, Dwarka, New Delhi-110075
3. Medical Superintendent, Medeor Hospital (Formerly Known as Rockland Hospital), HAF-B, Sector-12, Phase-1, Dwarka, New Delhi-110075.
4. 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.)/2018-Ethics./156631ated 27.12.2018-**for information.**

(Dr. Girish Tyagi)

Secretary