DMC/DC/F.14/Comp.2624/2/2023/ 24th April, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Smt. Nisha Rajouria, w/o Shri. Dinesh Kumar, r/o- House No. 26-A/Vrindavan Enclave, Sahibabad, Ghaziabad-201005, alleging medical negligence on the part of Dr. Sangeeta Jain, Jain Hospital, Jagriti Enclave, Delhi and Dr. Sunil Kumar, City X-ray and Scan Clinic Pvt. Ltd, Tilak Nagar, Delhi, in the treatment administered to the complainant at Jain Hospital.

The Order of the Disciplinary Committee dated 28th March, 2023 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Smt. Nisha Rajouria, w/o Shri. Dinesh Kumar, r/o- House No. 26-A/Vrindavan Enclave, Sahibabad, Ghaziabad-201005 (referred hereinafter as the complainant), alleging medical negligence on the part of Dr. Sangeeta Jain, Jain Hospital, Jagriti Enclave, Delhi and Dr. Sunil Kumar, City X-ray and Scan Clinic Pvt. Ltd, Tilak Nagar, Delhi, in the treatment administered to the complainant at Jain Hospital.

The Disciplinary Committee perused the complaint, written statement of Dr. Sunil Kumar, Consultant Radiologist, City X-Ray & Scan Clinic, written statement of Dr. Sangeeta Jain, Gynaecologist and Dr. Balwant S. Sikarwar, Medical Superintendent, Jain Hospital, copy of medical records of Jain Hospital and other documents on record.

The following were heard in person :-

1. Shri Dinesh Kumar Husband of the complainant
2. Dr. Sangeeta Jain Gynaecologist, Jain Hospital

3) Dr. Shahbar DMS, Jain Hospital

4) Dr. Sunil Kumar Consultant Radiologist, City X-ray and

Scan Clinic Pvt. Ltd.

The Disciplinary Committee noted that the complainant Smt. Nisha Rajouria did not appear before the Disciplinary but her husband Shri Dinesh Kumar appeared before the Disciplinary Committee.

The complainant Smt. Nisha Rajouria alleged that she approached Dr. Sangeeta Jain in the month of April, 2017 with her husband stating her problem that after seven years of marriage she was not able to have her child where she (Dr. Sangeeta Jain) advised her (the complainant) to have IVF treatment and assured her of the positive results. She alongwith her husband agreed for the same and got the treatment conducted as per the time and schedule provided by Dr. Sangeeta Jain. It is pertinent to mention that the complainant followed each and every aspect of the treatment on regular intervals without avoiding any. After the treatment which was given by Dr. Sangeeta Jain, on 28th October, 2017, it was brought on record that the said IVF treatment had failed and she (the complainant) could not proceed further with the said process. She used to visit Dr. Sangeeta Jain at regular intervals in regard to her problem, on which, Dr. Sangeeta Jain again convinced her (the complainant) for continuing with the same process of In-Vitro Fertilization for the second time. It was after the continuous approach made by Dr. Sangeeta Jain towards her (the complainant) and her husband that she agreed for taking the same step again risking her life in her (Dr. Sangeeta Jain) hands. Again sometime elapsed and she started visiting regularly her (Dr. Sangeeta Jain) for getting the treatment done and finally on 14th March, 2018, she conceived and was in the early stages of pregnancy. It is pertinent to mention before the Delhi Medical Council that during the USG pregnancy level II scan which was conducted in the year 19th week; no obvious gross fetal abnormality was identified in the present fetal position. Believing the said assurances and response through Dr. Sangeeta Jain, she (the complainant) started living in a hope that she finally would be blessed with a child. She used to visit Dr. Sangeeta Jain on regular intervals and continued with the treatment for a long time. It is pertinent to mention that when she reached her 29th week of pregnancy, Dr. Sangeeta Jain referred her (the complainant) for Color Doppler in which negative impacts regarding the fetus were brought before indicating that there is evidence of absent corpus collosum and cavum pellucidum. Third ventricle is displaced upwards. On Doppler flow the pericollasal artery appears absent. Immediately, she was advised to get the fetal MRI of the child and even advised to abort the said fetus. The fetal MRI which got conducted at City X-ray and Scan Clinic Pvt. Ltd. Tilak Nagar by Dr. Sunil Kumar (MD Radio-Diagnosis Cons. Radiologist) was also one loop hole in the instant case. In the fetal MRI of the child, no such anomaly was diagnosed and further was advised to abort the fetus to which she refused. It was due to the lack of the treatment (negligence) provided by Dr. Sangeeta Jain and pure negligence on the part of Dr. Sunil Kumar that she (the complainant) had to suffer financially as well for her life. The expected time for the delivery of the child was on 15th November, 2018 where due to some complications, she had to go for USG obstetrics wherein it was revealed that amniotic fluid is anechoic and appears more than adequate which caused risk onto her life and due to the same, she had to get the operation done before the recommended date. It was finally on 15th October, 2018 when she got admitted at the hospital; as she was not left with no other option than to give birth to the said fetus which had grown up into a baby. It was on 15th October, 2018 at around 05.06 p.m., she gave birth to a baby who had multiple congenital anomalies (prominent, forehead with wide opened) skull structures, short neck, low set ear, scandactyly of all finger is all four limbs and the baby had bradycardia. It was only these doctors who gave wrong treatment and advised her and did not adhere to the proper scheme and facts presented in front of them and just to grab her (the complainant) and her husband hard-earned money; they left her with an abnormal baby who even died within a short span of time immediately after his (the baby) birth. Such negligent activities by the professions call for detention and even the licenses provided to them should be revoked for the reason being they are continuing these activities just to fulfill their pockets, risking the life of the poor and hapless people. Therefore, most respectfully prays before the Delhi Medical Council to take serious actions against both the above mentioned doctors in their individual capacity for the loss they has caused to the life of the child and the complainant. Cancel the licenses provided to these doctors to run such activities which are in-tune a medium of making profits by risking the life of innocent people.

Dr. Sangeeta Jain, Gynaecologist in her written statement averred that the complainant Smt. Nisha Rajouria approached her in the month of April, 2017 stating her (the complainant) problem that after 63/4 years of marriage, the complainant was not able to have her child and the complainant had been bleeding per vagina irregularly for last one month. The complainant was diagnosed as suffering from PCOD with severe anemia. The complainant was not advised IVF at that time, as the treatment of PCOD is primarily medical treatment, although, the complainant had received if off and on in past few years. The complainant’s anemia was corrected and was advised laparo hysteroscopy with ovarian drilling as per the standard recommendations for work up of infertile couple. Laparohysteroscopy was done on 11th May, 2017. It revealed that besides having problem of PCOD, the complainant also had other problems including bilateral blocked tubes, severe grade pelvic adhesions. Subsequently, the complainant was advised IVF treatment on 22nd May, 2017. When the couple approached the clinic in the month of September, 2017 for IVF treatment, they were properly counseled on various issues regarding IVF treatment including the success rate and normalcy of the baby and Informed Consent was then taken from the couple as per the ICMR guidelines. The complainant took IVF treatment in the month of September-October, 2017 as per the standard IVF protocol. Eighteen eggs were retrieved. Seven good embryos were formed. One fresh embryo was transferred and after taking proper Informed Consent, six embryos were frozen on 13th October, 2017 for further use, if need be. The complainant had already got her embryos frozen for future use, so the complainant was advised for frozen embryo transfer (FET) treatment. FET is a non-operative OPD procedure where some medicines are given to the patient and embryo transfer is done in due course. FET treatment cycle started in the month of January, 2018 which the complainant got canceled due to her personal reasons. Again, FET treatment cycle was started in February, 2018 and the complainant became pregnant subsequently. As, not all the fetal congenital abnormalities are identified on ultrasound, the complainant was already advised on 25th July, 2018 to undertake pregnancy ultrasound with fetal Doppler study after four weeks. When the complainant repeated sonography after one month in August, 2018 and fetal abnormality was reported, the complainant was lost to follow-up. Agenesis of fetal corpus callosum may escape diagnosis at mild-trimester screening ultrasound. In particular, a third of examinations in fetuses with PACC may not show any abnormality in the transverntircular screening view < 24 weeks. The medico legal implications of such findings are important and should be considered. Also ultrasound has been found to be poor in diagnosis of ACC (Agenesis of the corpus callosum). Proper treatment protocols were followed at every step. She denies each and every allegation made in the complaint by the complainant and, thus, the complaint deserves to be dismissed, as there was no negligence or deficiency in service, on her part.

Dr. Balwant Singh Sikarwar, Medical Superintendent, Jain Hospital reiterated the stand taken by Dr. Sangeeta Jain.

Dr. Sunil Kumar, City X-Ray & Scan Clinic in his written statement averred that he, MRI consultant who reported fetal MRI of the complainant Smt. Nisha Rajouria on 25th August, 2018 has facts to present as follow : The anomalies mentioned in the fetus after delivery likely bony skull anomalies, syndractyly (body anomaly) are not diagnosed at fetal MRI. City X-ray & Scan Clinic received requisition of suspected corpus callosal agenesis in fetal brain. He examined fetal brain parenchyma and found cavum septum pellucidum and normal variant connatal cyst. No definite corpus callosal agenesis was seen. Bony anomalies might not be detected on fetal MRI, for which, ultrasound is modality of choice its established fact in medical literature. To back these known fats, he submitted Springer Journal of the skeleton and musculature on fetal MRI highlighting following :-

Magnetic Resonance Imaging (MRI) is used as an adjunct to ultrasound in prenatal imaging, the latter being the standard technique obstetrical medicine. More research and technical refinement will be necessary to investigate normal human skeletal development and to indentify MRI imaging the characteristics of skeletal abnormalities. However, there are almost no reports in the literature describing MRI for the prenatal visualization and diagnosis of skeletal and muscular abnormalities, with the exception of spinal dysraphism, as the distinction between bone and muscles becomes less conspicuous with advancing gestational age. Isolate cleft lip, however, may be impossible to diagnosis on MRI because of partial volume averaging. Ultrasound is the method of choice for measuring long bones and observing subtle findings that involve the distal appendages. The extremities are particular well suited to imaging with 3D ultrasound. Currently, the stages of bone development on MRI are not entirely known for human fetuses, and there is only initial experience in the visualization of fetal bones. Magnetic resonance imaging is the most accurate method of delineating any kind of muscular abnormalities in pediatric populations, but MRI of the fetal musculature is only in the early stages of investigations. With regard to the structure, normal individual muscles e.g. the diaphragm cannot be delineated. Fetal skeletal dysplasias are usually recognized by the ultrasound. Further role of MRI in these conditions, fetal MR imaging may complement the use of molecular genetics to diagnose skeletal dysplasia. After thirty weeks of gestation, conventional radiography of the maternal abdomen may also help to identify possible bone abnormalities. Recent case series report the application of prenatal computed tomography with 3D reconstruction as an adjunct to ultrasound to ultrasound in the diagnosis of lethal skeletal dysplasia. MRI as an adjunct to prenatal ultrasound may be helpful in fetal spinal imaging, and in the differentiation between isolated and complex abnormalities. However, increased efforts are needed to refine MRI techniques for the visualization of the fetal skeleton and to clarity the value of MRI compared with standard ultrasound.

He further averred that fetal MRI is used for evaluation of some and not all congenital anomalies. It is gross error on part of common people to assume that fetal MRI can detect anomaly of fetus from head to toe. It is his humble submission to concerned authority (Delhi Medical Council) that he, consultant radio-diagnosis, City X-ray & Scan Clinic Pvt. Ltd. provided his services here from last 9.5 years; City X-ray & Scan Clinic Pvt. Ltd is a NABH & NABL accredited diagnostic lab reputed in the field of diagnostic from last twenty five years. They provide highest level of care to the patients in diagnostic and not involved in the treatment of the patient. It is highly unfortunate that the fetus expired post-delivery with some structural anomaly in the bony skull and bones of hand and feet. However, it appears that blaming the modality of fetal MRI for medical negligence is not appropriate. He will be grateful, if concerned authorities consider facts and limitation of fetal MRI before making a final opinion.

Dr. Sunil Kumar was handed over the fetal MRI film dated 26th August, 2018 of City X-ray & Scan Clinic Pvt. Ltd. as well as ultrasound film dated 27th August, 2018 of Jain Hospital and ultrasound with colour Doppler film dated 24th August, 2018 of Arun Imaging Centre. Even after examination the films and admitting that the ultrasound film dated 27th August, 2018 and colour Doppler and ultrasound film dated 24th August, 2018 which had raised the suspicion of corpus callosum dysgenesis and that said films have been seen by him before reporting on the MRI fetal done on 25th August, 2018 at City X-ray & Scan Pvt. Lt and reported vide dated 26th August, 2018; he still maintained that he stands by his earlier opinion that there is no obvious corpus callosum agenesis is seen.

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

1. It is observed that 1st Level-II USG was done on 21st June, 2018 at 19 weeks-POG byDr. Sangeeta Jain(gynaecologist) and was reported as normal. There is no mention of any cranial, facial or limb anomaly. Scan reported by Dr.Sangeeta Jain on 24th August, 2018 mentions 29 weeks fetus with corpus callosum dysgenesis.USG Obstetricwith colour Doppler done on 24th August, 2018 by Dr. SavitaJain(Radiologist) mentions 29 weeks fetus with corpus callosumagenesis. Fetal MRI was advised in both scans done on 24th August, 2018. Fetal MRI done on 25th August, 2018 and reported by Dr. Sunil Kumar (Radiologist) as single live fetus without obvious congenital anomaly and normal variant connatal cyst. The MRI report also mentioned bones of hands and feet as normal; which according to the radiologist Dr. Sunil Kumar is an error of formatting of report.
2. Review of the MRI films revealed thinning of corpus

callosum with bilateral areas of periventricular altered signal intensity. These findings were misinterpreted as connatal cyst

and, hence, reported as normal variant.

The MRI films do not show any evidence of frontal bossing. This likely was an evolving disease process.

1. Regarding the detection of limb abnormality on Level-II ultrasound, it may be noted that counting of fingers is not routine standard of care practice.

In light of the observations made herein-above, the Disciplinary Committee is of the opinion that Dr. Sangeeta Jain (gynaecologist) could not provide requisite documents of her training for doing ultrasound and, hence, should refrain from doing this advanced ultrasound.

Further, Dr. Sunil Kumar (radiologist) should be more careful in interpretation of fetal MRI report particularly when earlier ultrasound findings have been reported as abnormal.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal), (Dr. Satish Tyagi) (Dr. Vijay Zutshi)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

Sd/: Sd/:

(Dr. Nitin P. Ghonge) (Dr. Smita Manchanda),

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 28th March, 2023 was confirmed by the Delhi Medical Council in its meeting held on 10th April, 2023.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Smt. Nisha Rajouria, w/o Shri. Dinesh Kumar, r/o- House No. 26-A/Vrindavan Enclave, Sahibabad, Ghaziabad-201005
2. Dr. Sangeeta Jain, Through Medical Superintendent, Jain Hospital, Jagriti Enclave, New Delhi-110092.
3. Medical Superintendent, Jain Hospital, Jagriti Enclave, New Delhi-110092.
4. Dr. Sunil Kumar, Kumar, City X-ray and Scan Clinic Pvt. Ltd., Tilak Nagar, New Delhi- 110018.
5. National Medical Commission, Pocket-14, Sector-8, Phase-1, Dwarka, New Delhi-110077- w.r.t. erstwhile Medical Council of India’s letter No.MCI-211 (2)(Gen.)/2018- Ethics./ 149349 dated 30.01.2018-**for information.**

(Dr. Girish Tyagi)

Secretary