DMC/DC/F.14/Comp.2632/2/2023/ 02nd February, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Dr. Abhimanyu Pandit, r/o A4, Block-133, Paschim Vihar, Delhi, alleging medical negligence and professional misconduct on the part of Dr. Pramod Sehrawat, Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi, in the treatment administered to the complainant’s wife Dr. Sony Sohanee.

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

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Dr. Abhimanyu Pandit, r/o A4, Block-133, Paschim Vihar, Delhi (referred hereinafter as the complainant), alleging medical negligence and professional misconduct on the part of Dr. Pramod Sehrawat, Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi(referred hereinafter as the said hospital), in the treatment administered to the complainant’s wife Dr. Sony Sohanee (referred hereinafter as the patient).

The Disciplinary Committee perused the complaint, written statement of Medical Superintendent of Sri Balaji Action Medical Institute enclosing therewith joint written statement of Dr. Manisha Arora, Sr. Consultant, Dr. Deepak Gupta, Sr. Consultant, written statement of Dr. Parmod Sehrawat, Intensivist, copy of medical records of Sri Balaji Action Medical Institute, and other documents on record.

The following were heard in person :-

1) Dr. Parmod Sehrawat Intensivist, Sri Balaji Action Medical

 Institute

2) Dr. Manisha Arora Consultant Medicine, Sri Balaji Action Medical Institute

3) Dr. Deepak Gupta Consultant, Sri Balaji Action Medical Institute

4) K.M. Gulati G.M. (Admn.), Sri Balaji Action Medical

 Institute

5) Dr. Sunil Sumbli Medical Superintendent, Sri Balaji Action

 Medical Institute

The complainant Dr. Abhimanyu Pandit did not appear before the Disciplinary Committee, but sent a representation (e-mail) dated 06th December, 2022 wherein he stated that he shifted to Bihar, also he is suffering from AVN HIP Joint, so unable to walk and travel.

In the interest of justice, the Disciplinary Committee decided to proceed with the matter in order to determine it on merits.

The complainant Dr. Abhimanyu Pandit alleged that his wife Dr. Sony Sohanee (the patient) admitted in Sri Balaji Action Medical Institute on 19th October, 2018 with fever and severe body-ache, diagnosed to be a case of dengue with past history of cardiac illness (PSVT), in pvt. room 1009. Since beginning, they were facing difficulties in getting the proper treatment during night time. On 21st October, 2018, she was having rigors with chills and hypotension (systolic BP below 80). He called on duty doctor but nobody came. He had to call Dr. Manisha Mam (Unit chief med II) she (Dr. Manisha Mam) instructed on phone and ordered to shift in HDU. He personally with help of ward boy shifted the patient in HDU, vitals in HDU was pulse more than 100, BP 90/60 SPO2 70% and the patient was in altered sensorium. O2 support alongwith bolus fluid was given. Considering the seriousness of the patient, she was transferred to MICU bed 13, only after approx 1-2 hr, it would be stabilized. If, he were not a doctor, his patient would have died. Thanks to god only. Then Dr. Manisha came for the round the following day (22nd October) morning and discussed all the factors regarding disease and prognosis. She counseled them not to worry. Considering the above negligence and being a doctor, he requested MICU in-charge and AMS to allow him (the complainant) to visit his wife in between. The nightmare and worst experience begins with start of duty of Dr. Pramod Sehrawat on 22nd October night. He personally met him (Dr. Pramod Sehrawat) in his duty doctor room when he (Dr. Pramod Sehrawat) was relaxing there at approximately 10.30 p.m. and requested for his (Dr. Pramod Sehrawat) kind attention, he (Dr. Pramod Sehrawat) laughingly nodded yes. At approximately 11.30 p.m. when he(the complainant) rang at basic phone, he came to know that she was having severe chest pain; she told sister to inform duty doctor, Dr. Pramod did not come to see and examine. He requested him (Dr. Pramod) to talk at least on phone. The message was Dr. Pramod is busy will talk in the morning and disconnected. He (the complainant) has the call recordings for proof. He was surprised with his (Dr. Pramod) behaviour. He again called and tried to talk with Dr. Pramod this time, he opened his mouth. Because of past experience (mentioned above), he tried to discuss the condition and the required investigation, he (Dr. Pramod) simply said that he (Dr. Pramod) ordered ECG. He (the complainant) requested him (Dr. Pramod) to get done x-ray chest, he (Dr. Pramod) was telling; mujhe jo samjh aayega mai kar lunga interference mat karo, Dr. Pramod ne patient dekhe bina ECG ka order de diya. He (Dr. Pramoid) does not know the necessity of x-ray chest in a case of dengue patient with severe vomiting with symptoms of ARDS and with previous x-ray suggestive of pulmonary infiltrates and blunting of CP angle and chest pain that exaggerate on cough even after request, he (Dr. Pramod) was arguing(have call recordings for the proof). Finally, he (the complainant) has to go there in the presence of AMS, he (the complainant) asked why he (AMS) did not see and examined the patient, his (AMS) answer was what to examine in this case. He (the complainant) strongly believes that he is not competent enough to handle ICU/critical care zone alone without any supervision. Then again the patient was complaining of palpitations and anxiety (a known case of PSVT); she was on SOS treatment of Dilzem 60 mg and alprax. He sent his junior doctor (Dr. Dhroov) who told Dr. Sony ki koi PSVT ka drama mat karo koi dawai nai milega. He (the complainant) again tried to call but they refused to talk (have call recordings for the proof). He requested AMS to get done cardio reference. He was ready to call police for help and justice. Then only cardio reference was done. Dr. Pramod forced them to take LAMA at late night 02.00 a.m. on 23rd October. He has snap of LAMA card. Shayad Dr. Pramod ka yahi tarika hai ki galti pakde jaane pe LAMA bhej do, warna patient marta hai to mare. The whole night Dr. Pramod was staring his wife and laughing loudly in MICU. His wife was feeling harassed and tortured in ICU because of his(Dr. Pramod) negligence and misbehaving attitude. He (Dr. Pramod) did the negligence, harassed and misbehaved them. Requesting the Appropriate Authority to take strict action against Dr. Pramod, so that no other patient could suffer or demise his life. Hope, the he will get justice. Again, Dr. Pramod Sehrawat in his night duty (on 24th October MICU), his wife had bradycardia (pulse rate 47-54 with dizziness) but Dr. Pramod ignored it and did multiple ECG till it became normal and discarded all abnormal ECG. On 25th October at morning (the day of discharge) his wife wanted to use washroom also because there was no privacy with outpouring of people (as she was shifted to another bed); Dr. Pramod did not allow to use the washroom even after permission of the sister. His wife had to wait for four hours till Dr. Pramod’s relievers came and allowed to use washroom. They have mentioned in the feedback/complaint book of MICU on page no.41-42. Because of Dr. Pramod’s negligence and tortured behaviour, they had to take discharge.

Dr. Manisha Arora, Sr. Consultant and Dr. Deepak Gupta, Sr. Consultant, Sri Balaji Action Medical Institute in their joint written statement averred that patient Dr. Sony Sohanee, aged about 36 years was brought to Sri Balaji Action Medical Institute on 19th October, 2018 in the afternoon with complaints of fever with chills, nausea, recurrent vomiting, headache, bodyache, and pain over eyes for the last 3-4 days. She had history of mild acute pancreatitis in July 2017, hyperlipidemia and was a known case of PSVT on medication Dilzem 60 mg to be taken as SOS basis. In the emergency, her presenting BP was 90/60 mmHg, PR 100/min., RR 18/min., temp. 100.5° F, RBS 121 mg and systemic examination was normal. She responded very well to I/Vfluids in the emergency and her BP came up-to 110/70 mmHg. She was put under charge of Dr. Manisha Arora at Unit Med-II with her colleague, Sr. Consultant, Dr. Deepak Gupta. On the face of it, neither the patient nor her husband (the complainant) had any complaint, until the incident of the patient was seen using her mobile phone for making video in the MICU and was requested not do so and to hand-over the same to her attendant, which she refused, upon which the AMS on duty Dr. Rajnish was called to intervene and after a great deal of arguments with Dr. Rajnish, the complainant agreed to take the patient’s mobile phone but still insisted to stay with the patient at the MICU which also could not be permitted for obvious reasons. Besides this, the patient as well as the complainant had also been insisting for certain investigations and self medication which were either not needed or were not desirable in view of the patient’s condition at the relevant times, and refusing to take the prescribed medicines. This appears to have enraged the complainant against Dr. Parmod Sehrawat upon which he started behaving in an unacceptable manner especially being a medical professional. Dr. Parmod Sehrawat was on night duty during the period of the patient’s stay at the hospital and, apparently, it is for this reason that the complainant has prefaced his complaint alleging that they (the patient and the complainant) were facing difficulties in getting proper treatment during night time which allegation is false and unfounded except their grudge against Dr. Sehrawat borne out of the facts and circumstances mentioned in the preceding paragraph. From 21st October, 2018notes, it will appear that right from the beginning of the day, the patient was not cooperative, unduly demanding and advising self treatment. She demanded to be seen only by MD doctor and refused to get ultrasound lower abdomen and pelvis. Neither the patient nor the attendant was qualified or experienced enough in the field of medicine and intensive care, to suggest any kind of course of the treatment to be adopted or followed. With regard to shifting of the patient to HDU and transfer to MICU, there is sufficient evidence in records that on the evening of 21st October, 2018, when the patient had chills and rigors, she was seen by Dr. Amit, Senior Resident of the unit as the notes represent and the patient was shifted to HDU. She received appropriate treatment and due to the seriousness of her condition, she was transferred to ICU. As mentioned by the complainant himself that she was soon stabilized but still an allegation of negligence has been made him without specifically stating as to what wrong had been done. On the other hand, this itself reflects that the complainant had been unnecessarily involving himself and interfering in the management of the patient without any reason. With regard to the allegations of 22nd October, 2018, the statement of Dr. Parmod Sehrawat may kindly be referred to which they endorse as a statement of truth on the part of Dr. Parmod Sehrawat having been Dr. Manisha Arora called to intervene or otherwise being the head of the team of the unit and being present from time to time in course of Dr. Manisha Arora’s duty and responsibility. On 22nd October, 2018, when examined by Dr. Manisha Arora, the patient’s vitals were stable, bleeding PV had decreased and her oxygen saturation was maintained on 2 litres 02. Her examination revealed decreased air entry at bases, suggestive of pleural effusion that was collaborated with CXR findings of B/L LZ haze. Her IV fluids were decreased and Dilzem was specifically stopped and her HR was being monitored closely. Respiratory review also suggested the possibility of left Pleural effusion in CXR. Further, the examination done in the evening again revealed that there was no evidence of respiratory distress. On 22nd October, 2018, the patient was seen by Dr. Parmod at 06.30 p.m. when the patient was absolutely stable in terms of HR 88/min. and no respiratory distress was observed (RR 16/min.) and was maintaining saturation of 99%. The patient was, later, examined by Dr. Dhruv at 10.00 p.m. and 01.10 a.m. when no evidence of respiratory distress was noticed. ECG showed sinus rhythm. She was shown to the cardiologist and on further discussion with Dr. Manisha Arora, it was inferred that the patient was very anxious and was irrationally asking for Dilzem, not knowing the consequences of taking it. On 23rd October 2018, at 05.00 a.m., the patient refused for routine sponging and even routine blood investigation which is important for monitoring platelets in dengue fever. Morning review by Dr. Manisha Arora’s colleague Dr. Deepak Gupta revealed that the patient was stable and Lonazep MD (0.25 mg) 1 BD was added to combat with the features of general anxiety. It may be noted that on 24th October, 2018 morning, blurring of vision of the patient was noticed in view of which appropriate treatment was instituted at the earliest. Diagnosis of optic neuritis (macular oedema) was made immediately and steroids were started at once. It may be appreciated that bilateral optic neuritis is an unusual complication of dengue fever (Ref. Malays Fam. Physician 2017:12(1):pp 32-34) that needs to be recognized early and treated appropriately. This definitely deserves appreciation to the treating team rather than condemning any of them for what any of them never omitted or committed. It may also be noted that the patient also suffered from acute infarct involving splenium of corpus collossum, which is, again, an extremely rare manifestation (Ref. CMAJ 2018 Mar 12; 190(10): E285-E-290 Dengue infection presenting as ischemic stroke an uncommon neurological manifestation), that was appropriately and timely diagnosed The complainant has stressed in his complaint about history of PSVT for which the patient, was on Dilzem SOS and that the patient had tachycardia which was not attended to, but in-fact, the patient never had evidence of PSVT throughout her hospital stay while on the other hand, dengue is known to have relative bradycardia (Ref. Emerg.lnfect.Dis 2007 April; 13(4): pp.650-651) and AV blocks are the most common rhythm disturbance (Ref. J of Association of Physicians of India Vol. 64 July 2016 -Cardiac manifestation in Dengue fever). Dilzem can cause AV block by itself as well as low BP. Thus, in the setting of dengue fever, Dilzem per se should not be given at all unless and until definitely indicated, the fact that the patient as well as the complainant, did not understand and appreciate and have made the present complaint and also sent a legal notice threatening of criminal and civil actions.

Dr. Parmod Sehrawat, Intensivist, Sri Balaji Action Medical Institute in his written statement averred with regard to personal profile regarding professional qualifications, training, occupation, etc. of the patient (Dr. Sony Sohanee) or of the complainant (Dr. Abhimanyu Pandit), he had no occasion and/or reasons to verify the same and, therefore, it is not possible for him to say anything in that behalf except that on their representations that they are the doctors, he extended maximum cooperation, courtesies and indulgence to both of them as far as possible despite their aggressive, arrogant, and humiliating behaviour meted out as well as threats extended to him by both of them. The patient wanted the investigations and the treatment done as per herself diagnosis and had been persistently refusing the investigations and the treatment done or required to be done, as advised by the treating medical team/the doctors on duty. Further, the patient had been keeping her mobile phone with her in ICU from which she had been making calls. The trouble really escalated when she was requested not to keep the mobile with her and make calls from there thereby causing disturbance and discomfort to other patients in the ICU. On 22nd October, 2018, he 'was on duty from 05.00 p.m. to 09.00 a.m. The staff on duty/team leader informed him that the patient had been making calls from her mobile phone and had also been seen making videos on her mobile in the ICU upon which she was requested by him not to do so and to handover the mobile to her attendant/husband, but she refused. Therefore, they informed the AMS on duty Dr. Rajneesh, who came to ICU (MICU) and had talks with the patient’s husband (the complainant) and after a great deal of arguments, the complainant took the said mobile phone. After that the complainant started calling on the hospital ICU telephone. It is denied that when the complainant met him in the duty doctor room, he was relaxing there at about 10.30 p.m. and he requested for his attention which he laughingly nodded yes. He was very much in the ICU fully alert. After the mobile phone incident, the patient started complaining of chest pain while she was clinically stable. Still in view of her complaint of chest pain, her ECG was done. In-fact the patient insisted upon self-medication and the investigation and was persistently refusing to take the treatment and the investigation advised by the treating medical team and also by him. The patient's husband/complainant was duly counselled and updated from time to time. The investigations and findings were discussed with the treating team head of the Unit Dr. Manisha, upon which, no medication was advised as there was no new finding. Nevertheless, the patient had also been seen by the cardiologist on call who also had the same opinion that no medication was required for that. Even the x-ray chest had also been got done on the insistence of the complainant in which no difference from the previous one had been seen. The patient also complained of nausea and vomiting (there was, in fact, no vomiting at the relevant time) for which injectable medicine was given but still she demanded sleeping pills and tablet Oilzem which, reportedly, she had already been taking. The matter was also informed to the team head Dr. Manisha, AMS on duty Dr. Rajnish and they repeatedly counselled the patient as well as the complainant, that there was no requirement for such pills, as it would do more harm than good. The complainant also insisted that either the patient be given the mobile or he be allowed to be with her in the ICU both of which are not permissible in the interest of other ICU patients. The patient as well as the complainant also harassed him in many ways during his duty hours and also threatened him of police action. Thereafter, the complainant started repeatedly calling on ICU telephone which he (the complainant) continued till 03.30 a.m. It is denied that at approximately at 11.30 p.m. when he (the complainant) rang at basic phone, he (the complainant) came to know that she (the patient) was having severe chest pain and she told sister to inform duty doctor i.e. he and he did not come to see and examine. It is denied that when the complainant requested to talk at least on phone, the message was Dr. Pramod is busy will talk in morning and disconnected. It is denied that when he (the complainant) again called and tried to talk with him (Dr. Parmod Sehrawat) and this time he opened his mouth and that because of his past experience, he tried to discuss the condition and required investigation, he (Dr. Parmod Sehrawat) simply said that he ordered ECG. It is denied that when he (the complainant) requested him to get done x-ray chest, he (Dr. Parmod Sehrawat) was telling mujhe jo samjh aayega mai kar lunga interence mat karo and that he (Dr. Parmod Sehrawat) was arguing from the narration, language, tone and tenor of what is alleged in the paragraph/portion of the complaint under reply, it would appear that the complainant has made imaginary and concocted allegations; the allegations, besides being false and misconceived, clearly demonstrate that the complainant has been wantonly interfering in the course and process of treatment of the patient; the patient and the complainant, in connivance with each other, wanted everything to be done as they wanted without bearing in mind (rather without understanding/appreciating) the prognosis of the case and what actually needed to be done for the patient in respect of which neither he (the complainant) nor the patient are qualified for or otherwise having any experience; he (the complainant) as well as the patient were ordering him (Dr. Parmod Sehrawat) and behaving with him in a manner as if they were his superiors; the complainant had been unnecessarily disturbing him (Dr. Parmod Sehrawat) and harassing him as well as the other doctors and staff on duty at the dead of night when they have to be all time alert towards the ICU patients in their care and justify his (the complainant) unacceptable unruly attitude and behaviour, unnecessary and excessive interference in the management of the patient, has made wild allegations against him (Dr. Parmod Sehrawat), rather against everyone who had been attending on and/or managing the patient. Nevertheless, he had been attending to and talking with the complainant as and when feasible and had been updating him (the complainant) about the condition of the patient. The complainant has gone to the extent of alleging that he (Dr. Parmod Sehrawat) do not know the necessity of x-ray chest in a case of dengue patient with severe vomiting with symptoms of ARDS and with previous x-ray suggestive of pulmonary infiltrates and blunting of CP angle and chest pain that exaggerate on cough and after request, he (Dr. Parmod Sehrawat) was arguing. It is submitted that at the relevant time, the patient had no vomiting and rather, she had only feigned nausea but still, the x-ray had been got done; previous x-ray did not have any pulmonary infiltration, no chest pain, no tachycardia or bradycardia, no ARDS, the patient was maintaining good SP2 on 2 hrs. O2 only but still the patient and the complainant were pressurizing him (Dr. Parmod Sehrawat) to dilzem which was neither considered desirable nor recommended. It is to be appreciated that apart from what he is expected to do in ICU duty at all time, have also to go by the advices of the intensivist, team head and other senior consultants, whether on referral or otherwise, but in no case, he should do anything either under the dictates of the patient or his/her attendant, however, qualified or knowledgeable he or she may consider himself/herself to be. Nevertheless, if, in the present case, the patient and/or the complainant strongly believed that the course of the treatment and the procedure adopted in respect of the patient was not in accordance with and up to the standard, as prescribed by the medical science in today scenario, they were not expected to impose the same either on him or on the treating team of the doctors, but they could share their knowledge and/or experience in a decent way and, if not satisfied, they could seek any number of opinions from whomsoever or wheresoever they wanted or they could and then to take an appropriate decision. The complainant later came at about 09.00 a.m. when he (the complainant) was again briefed about the patient’s status. It is alleged that in the presence of AMS, he (the complainant) asked him (Dr. Parmod Sehrawat) why he did not see and examine the patient to which, his answer was what to examine in this case. This also demonstrates complainant’s aggressive, arrogant and unruly attitude and behaviour besides being misdemeanor and breach of protocol in questioning him in the presence of hi senior, as if he (the complainant) is senior even to his(Dr. Parmod Sehrawat) senior. Here also, the complainant has again gone to the extent of humiliating him (Dr. Parmod Sehrawat) as super boss alleging that his am not competent enough to handle ICU/critical care zone alone without any supervision which deserves to be deprecated. As a matter of fact, the patient as well as the complainant is guilty of misconduct apart from breach of relevant penal laws. He is feeling grievously hurt by the attitude, behaviour and other acts of omission and commission of the patient as well as the complainant which are unpardonable. The complainant has also alleged that the patient was complaining of and anxiety describing it as a known case of PSVT and impromptu admitting that the patient had been taking Dilzem 60 mg and alprax by way of self medication which, in-fact, was being repeatedly demanded by the patient and insisted by the complainant which was not considered desirable for the patient particularly because she was suffering from and was under treatment for dengue having PV bleed, optic neuritis with blurring of vision, from which, as her treatment record would show, she was saved. The allegation is, otherwise, only imaginary and an allegation for the sake of allegation. Nevertheless, as and when the patient complained of any uncomfortable condition, she was attended on, investigation done and provided necessary medical and other necessary support. It is denied that he sent his junior, Dr. Dhruv who told the patient that koi PSVT ka drama mat karo koi dwai nai milega. It is denied that the complainant again tried to call but they refused to talk. It is denied that cardiac reference was got done when the complainant was ready to call police for help and justice and then only cardiac reference was done. As a matter of the complainant had been threatening him (Dr. Parmod Sehrawat) of implicating him in police cases after the patient was denied keeping her mobile phone with herself in the ICU, making calls and videos at the peril of other ICU patients, not allowing him (the complaint) to stay with the patient in the ICU, not allowing self medication, and requesting him (the complainant) to avoid too much interference in their working and that too at odd hours through the night. These are also concocted stories of the complainant and the patient herself. It is reiterated that the patient was duly examined and was monitored continuously, investigations were done, cardiologist also saw and examined the patient and discussed with the complainant and told the patient as well as the complainant that there was no need of any such medication at that time. Still again more wild allegations have been made by the complainant against him (Dr. Parmod Sehrawat) that he forced them to take LAMA at late night at 2.00 a.m. and that shayad Dr. Pramod ka yahis tarika hai ki galti pakde jaane pe LAMA bhej do warna partient marta hai to mare, to mare (perhaps it is the tactic of Dr. Pramod that on being caught on wrong footing, send the patient LAMA otherwise let the patient die), the whole night he was staring the patient and laughing loudly in MICU, the patient was feeling harassed and tortured in ICU because of hi negligence and misbehaving attitude. These allegations are perverse, scandalous and scurrilous, besides being baseless and call for a stern action against the complainant as well as the patient herself. It was much past midnight at about 01.10 a.m. when the patient suddenly asked for tablet Dilzem on the ground that she had history of PSVT but as her ECG was normal and heart rate was also not abnormal, tab Dilzem was kept on hold as already advised by the unit head Dr. Manisha. Nevertheless, the case was again discussed with Dr. Manisha and other doctors on duty and later, tab. Alprax was given when the patient showed that she was not having nausea. Shortly, after that the patient started insisting that she wanted to get discharge despite advising that it was not the right time to get discharged. However, at her insistence the LAMA request form was given to her but when the complainant was asked to sign it, he (the complainant) declined to sign it and as may be noted from the treatment record, she was discharged LAMA on 25th October, 2018 in the afternoon. It may also be appreciated that it is never the job of the intensivist even to suggest in any manner whatsoever what to speak of forcing at patient and that too an ICU patient, to take LAMA which the complainant as well as the patient, claiming to be qualified doctors in their respective field, out to have known. This clearly smacks of high degree of egoism of both of them and targeting him for his having not let them do beyond decent limits whatever was neither in their interest nor in the interest of other patients in the ICU which is nothing short of demeaning their own noble profession. He reiterates that he has neither committed any negligence at any point of time nor has ever misbehaved with anybody as alleged. The allegation made in the last paragraph of the complaint is afterthought. Not satisfied with the vituperation against him in the legal notice caused by the complainant to sent to me through his (the complainant) advocate, he has added this allegation. It is denied that in his (Dr. Pramod Sehrawat) night duty on 24th October in MICU, the patient had bradycardia (pulse rate 47-54 with dizziness) but he ignored it and did multiple ECG till it became normal and discarded all abnormal ECG. The patient was stable throughout the night and afterwards when she was shifted to room next morning. It is denied that the patient had to wait for four hours till his relievers came and allowed to use the washroom. It is denied that he had committed any negligence and tortured behaviour, for which, they had to take discharge. It is all figments of imagination of the complainant and patient born out of their perverse, negative, and destructive thinking and deserves to be deprecated.

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

1. It is observed that that the patient Dr. Sony Sohanee, 36 years old female, was admitted in Sri Balaji Action Institute on 19th October 2018 with a diagnosis of Dengue fever. She had a past history of PSVT, hyperlipidemia and pancreatitis. She was shifted to HDU and subsequently to MICU on 21st October, 2018 when she developed hypotension and Type I respiratory failure. The patient was managed conservatively and she showed signs of improvement. However, on 24th October 2018, she complained blurring of vision, which was subsequently diagnosed as optic neuritis. This condition was managed appropriately with steroids. She was also diagnosed to be having acute infarct of corpus callosum during her course of stay.
2. It is observed that the patient was examined, investigated and treated as per accepted professional practices in such cases.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence and professional misconduct can be attributed on the part of the doctors Sri Balaji Action Medical Institute, in the treatment administered to the complainant’s wife Dr. Sony Sohanee.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Satish Tyagi) (Dr. Sameer Gulati)

Chairman, Delhi Medical Association Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 19th December, 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. Dr. Abhimanyu Pandit, S/o Shri Rajendra Pandit, MO Ramgadhiya, Post Nawada, District Arrah, Bihar-80230.
2. Dr. Manisha Arora, Through Medical Superintendent, Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi-110063.
3. Dr. Deepak Gupta, Through Medical Superintendent, Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi-110063.
4. Dr. Pramod Sehrawat, Through Medical Superintendent, Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi-110063.
5. Medical Superintendent, Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi-110063.

 (Dr. Girish Tyagi)

 Secretary