DMC/DC/F.14/Comp.2690/2/2023/ 19th January, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Sunny, s/o Shri. Devender Pal, r/o- House No. A-1665, Third Floor, Jahangir Puri, Delhi, alleging medical negligence on the part of Dr. Rishi Jain and Dr. Purnima Jain of Samyak Hospital, BM-7, (East) Shalimar Bagh, Delhi-110088, in the treatment administered to the complainant’s wife Smt. Bhanu, resulting in her death.

The Order of the Disciplinary Committee dated 13th December, 2022 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Sunny, s/o Shri. Devender Pal, r/o- House No. A-1665, Third Floor, Jahangir Puri, Delhi (referred hereinafter as the complainant), alleging medical negligence on the part of Dr. Rishi Jain and Dr. Purnima Jain of Samyak Hospital, BM-7, (East) Shalimar Bagh, Delhi-110088 (referred hereinafter as the said Hospital), in the treatment administered to the complainant’s wife Smt. Bhanu (referred hereinafter as the patient), resulting in her death.

The Disciplinary Committee perused the complaint, joint written statement of Dr. Purnima Jain and Dr. Rishi Jain of Samyak Hospital; written statement of Dr. Ayush Gupta; written statement of Dr. Pankaj Saraswati, copy of medical records of Samyak Hospital, Post Mortem report No.13/19 dated 04.01.2019, FSL Report dated 25.07.2019 in respect of Post mortem report No.13/19 dated 25.07.2019, copy of medical records of Samyak Hospital and other documents on record.

The following were head in person :-

1) Shri Sunny Complainant

2) Shri Gulshan Kumar Father-in-law of the complainant

3) Dr. Rishi Jain Surgeon and Medical Superintendent, Samyak

Hospital

4) Dr. Purnima Jain Gynaecologist, Samyak Hospital

5) Dr. Pankaj Anaesthetist, Samyak Hospital

6) Dr. Ayush Gupta Physician, Samyak Hospital

The complainant Shri Sunny alleged that in the month of May, 2018, his wife Smt. Bhannu (the patient) informed him of chance of her pregnancy; they went to Dr. Vandana Arora, in her clinic at C-1989, Main Road, Jahangir Puri, Delhi-110033. After the small enquiry about DLMP (date of last menstrual period), the said doctor decided about the EDOP (expected delivery order process) and EDOB (estimated date of birth) and thereafter he and his wife started visiting the aforesaid doctor as per her advise and also undergone all the advised tests. Everything was going happy and in control, but with the passage of time, he decided to take second opinion from a government hospital and accordingly, he approached Babu Jagjivan Ram Hospital, Jahangir Puri, Delhi, as the same was most near to their residence and there also his wife had undergone required tests and according to the same, everything was being well managed from all the corners. He carried all the relevant documents/test reports of his wife. In the midnight of 02nd January, 2019, his wife informed him about her un-comfortability but as according to her, the same was not much serious, he did not take her to any hospital, but in the early morning, she informed that she needs the medical assistance and accordingly, he took her to Babu Jagjivan Ram Hospital in emergency and after taking sometimes, in diagnosing her, the concerned doctors further advised him to take his wife to Dr. Baba Saheb Ambedkar Hospital, Rohini, Delhi. Accordingly, he immediately took his wife to the same hospital and on reaching therein, his wife was entertained like other patients and after spending sometimes on her condition, he was further advised to take her to home and accordingly, he was on the way to his home, but once again his wife started feeling pain in her abdomen and this time, he preferred to call his regular doctor i.e. Dr. Vandana Arora, who informed him that she (Dr. Vandana Arora) was out of station and at the same time on her (Dr. Vandana Arora) advice, he took his wife to Samyak Hospital. On reaching the said hospital at about 09.30 a.m., they were treated like VIP and were asked to deposit Rs.30,000/- immediately as an expense for the delivery. Due to paucity of funds, he deposited Rs.10,000/- and further assured to bring the balance amount immediately. By the time as per the said hospital, his wife was taken for the treatment and for the first time, he and his mother-in-law Smt. Sunita were informed about 11.45 a.m. that he has been blessed with the baby boy, but at the same time, Dr. Rishi Jain came to him and informed him that his wife is under treatment and his son may be sent to the nursery, if required, and at the same time, the said doctor asked to deposit the balance amount of delivery charges. He and his mother-in-law had belief in on Dr. Rishi Jain as a God but at the same time, he and his mother-in-law requested the said doctor to arrange their meeting with his wife at-least. On the strong persuasion, Dr. Purnima Jain showed him and his mother-in-law, though, she (the patient) was not responding but the same time, her condition was not looking to be normal but the said doctor i.e. Dr. Purnima Jain created such a situation that he and his mother-in-law believed her. At around 01.25 p.m., Dr. Rishi Jain and Dr. Purnima Jain called him in their room and asked him to arrange blood for his wife, as she was being undergoing an operation. Once again, he blindly believed in the aforesaid doctors and accordingly arranged blood from Lion Blood Bank. At around 02.30 p.m. for the first time, an employee of he said hospital came to him and surprisingly informed him that the medical condition of his wife was not proper and moreover, aforesaid doctors had left the hospital after advising to take his wife to Fortis Hospital due to her medical condition. He and his mother-in-law did not smell any wrong doing because of their belief in the aforesaid doctors and the aforesaid hospital and accordingly, he took his wife to Fortise Hospital where he became numb, when he was informed that his wife is no more and they have brought her dead and the staff of the Fortise Hospital also made 100 number call. The aforesaid doctors of Samyak Hospital and its management, even the said hospital have caused such bodily injuries to his wife, which has become cause of her death and accordingly, they are liable to be punished as per law.

Dr. Purnima Jain and Dr. Rishi Jain of Samyak Hospital in their joint written statement averred that the patient Smt. Bhanu, 25 years old, wife of the complainant Shri Sunny was undergoing ante-natal care under Dr. Vandana Arora and at Babu Jagjivan Ram Hospital at Jahangir Puri, Delhi before she was brought in labour to their hospital. On 03rd January, 2019, when the labour pains persisted since the night before, she was first taken to Babu Jagjivan Ram Hospital. After examination, the doctors advised the complainant to take her to Dr. Baba Saheb Ambedkar Hospital at Rohini. She was taken to that hospital, where after examination, the doctors sent her home. During her journey back home, her pains increased and she became uncomfortable. The complainant called-up their regular gynaecologist, Dr. Vandana. Due to her (Dr. Vandana) non-avalability, he decided to bring the patient to Samyak Hospital at Shalimar Bagh. The patient was attended immediately, comforted and admitted under care of Dr. Purnima Jain, on 03rd January, 2019 at 09.50 a.m. This is a fifteen bedded hospital registered with the Delhi Government vide Registration No.765 dated 04th May, 2017. This patient was an un-booked case with 36+2 weeks of pregnancy, G2 P1 A0 with previous LSCS, with labour pains an scar tenderness of previous cesarean section. She was immediately attended to by Dr. Purnima Jan, a qualified and registered gynaecologist. Dr. Purnima is MBBS, MD OBG and registered with DMC vide Registration No.23151 dated 09th July, 2014. On clinical evaluation, her opinion was that the patient was in labour and had imminent possibility of uterine rupture, in view of the scar tenderness. Emergency LSCS was planned and the details discussed with the patient and her husband (the complainant). The complainant was clearly explained the nature of the problem and the need for the surgery. The complainant was explained the issues of concern, possible risks of uterine rupture at the scar site, massive hemorrhage and consequent risk of maternal and fetal death. The complainant was explained that an emergency LSCS was the prudent option, under the circumstances, in order to try and save the mother and the child. The complainant was given the option to go to a higher centre, if he so desired. The complainant was made aware of the limitations of infrastructure of this hospital, as compared to the higher centers. His queries about the expenses, etc. were addressed to his satisfaction. Considering all that, he agreed for the emergency operation at this center itself. A written informed consent was taken for this surgery. With all precautions and due preparations, the surgery was performed. LSCS was performed by Dr. Purnima Jain and Dr. Rishi Jain under spinal anaesthesia conducted by Dr. Pankaj. Dr. Rishi Jain is a qualified surgeon, with MBBS, MS General Surgery registered with the Delhi Medical Council vide registration No.15682 dated 18th July, 2017. Dr. Pankaj is a qualified anaesthesiologist with MBBS, DA Anaesthesia, registered with the Delhi Medical Council vide registration No.36846 dated 11th September, 2018. No difficulty was en-counted during the surgery. The baby and placenta were removed comfortable at 10.20 a.m. Male baby boy weighing 3.0 kg was delivered and it cried immediately after birth. Uterus contracted promptly and there was no bleeding. The scar of previous surgery was found thinned out. It was reinforced on closure, with deep continuous sutures in a standard manner. The abdomen was examined and found to be clean, before closure in layers. After the surgery, PV examination revealed no unusual bleeding and the uterus was also found to be well contracted. The patient was comfortable and her vital signs were found to be normal. After observing her in the OT for some-time, the patient was shifted to her bed, n a stable condition at about 11.40 a.m. The complainant and other relatives were happy to meet the patient and the baby. They were happy to take their photographs and the videos. The patient and the baby were closely monitored by the nurses. After about one hour of being shifted to the bed(at about 12.50 p.m.), the patient was noted to have a sudden drop in oxygen saturation to 80-85 %. The patient was duly examined and assessed by Dr. Purnima and Dr. Rishi Jain. The patient had no complaints, vital signs were normal (pulse 84/min, BP 120/80 mmhg, chest B/L clear, urine output 250ml), abdomen was soft and non-distended, uterus was well contracted and the PV examination was satisfactory. Oxygen saturation was cross checked with another oxymeter. This oxymeter also showed the same reading. After taking the complainant into the confidence, the patient was shifted to the OT for better oxygenation, closer monitoring and possible intervention. The physician Dr. Ayush Gupta and anaesthesiologist Dr. Pankaj were called for professional opinion and help, taking the complainant into the confidence. Dr. Ayush Gupta is a qualified physician, MBBS, MD from AIIMS, Delh and registered with the Delhi Medical Council vide registration No.2900 dated 21st October, 2015. He joined at about 01.10 p.m. The complainant was asked to arrange one unit of blood, for a possible surgery in case there appeared any evidence of internal hemorrhage. Oxygen inhalation was continued, nebulization was given and injection Lasix 10 mg and injection Effcorlin 100 mg were given. Injection Clexane 0.6 mg was given keeping in mind the possibility of thromboembolism. The patient remained stable, conscious and well oriented and communicating with the doctors. She was obvious worried and wanted to know what was wrong with her condition. The doctors gave her the requisite assurance, in a professional manner. The doctors discussed the details with the complainant and explained the issues of concern and further plan of management. He was told that there was no evidence of any internal bleeding and the problem appeared to be pulmonary oedema or thromboembolism. However, if the oxygen saturation failed to improve to satisfactory levels, she would need to be shifted to a higher centre, for advanced evaluation and the treatment. Dr. Pankaj also joined by about 01.30 p.m. and decided to ventilate the patient fearing hypoxic damage. He paralyzed the patient, inserted Guedel airway in her mouth and put her on bag and mask ventilation. Oxygen saturation was improved to 90-95 %. After sometime, the oxygen saturation again fell and dropped to around 70 %. Now, he immediately intubated the patient and it was then decided to shift the patient to nearby Fortis Hospital. This was discussed with the complainant. With his consent, the patient was shifted in ambulance, with the anaesthesiologist Dr. Pankaj accompanying her and providing medical assistance on the way. Dr. Pankaj handed over the patient to the ER of Fortis Hospital, in a very critical condition with very feeble pulse and respiration supported by bag and mask ventilation. The events after that are not within their knowledge.

They further averred that the complainant has made a very vague and frivolous complaint. There is no specific allegation made against the doctors. He has in-fact, admitted that : -the hospital gave them a VIP treatment, the hospital was receptive to them in a difficult situation when they were running from one hospital to the other, the hospital was sensitive when the complainant could not make the advance deposit, there were no problems faced before or during the surgery, periodic counseling was done by the doctors at different times, family members could meet the mother and the child, whey they wanted, he was periodically updated about the condition of the treatment and the complainant was mentally prepared for a possible referral of his wife to Fortis Hospital, before he was actually referred. It is not clear from the complaint, as to what was done which should not have been done or what was not done which should have been done, by the treating doctors, under the given circumstances. Yes, the patient has died. They are themselves saddened by this outcome and they do sympathize and empathize with the grieving family members. Medical science and medical practice has its inherent limitations. The doctors can just make the best efforts as per standards and cannot guarantee life or cure. They had never claimed to be gods or insurers for their patients. The patient died inspite of best efforts by them and their teams. They did consider the possibility of internal bleeding and were prepared to undertake the surgery, if required. However, there was no evidence to indicate any internal bleeding. They did consider the possibility of pulmonary oedema or thromboembolism. Requisite treatment under the guidelines of the physician and anaesthesiologist was started. However, in view of the limitations of the hospital, they referred the patient to a higher centre, in an ambulance and the anaesthesiologist as professional escort. They vehemently deny any evidence of negligence of deficiency of service in their part in the treatment and care of this patient.

Dr. Pankaj Saraswat, Anaesthetist, Samyak Hospital in his written statement averred that he got a call for emergency LSCS of a patient with previous LSCS with labour pains and scar tenderness from Samyak Hospital at 09.30 a.m. on 03rd January, 2019 at 10.00 a.m. He reached Samyak Hospital, after thorough preop assessment, spinal anaesthesia was given with 25 G quince needle. 2 ml Bupivicaine heavy was given in L3L4 space with adequate effect. Total 3 vac intravenous fluids RL (2), DNS (1) was given during the surgery with 250 ml clear urine output. At 11.20 a.m., the surgery finished uneventfully. At 11.40 a.m., the patient was re-examined in ward before leaving hospital, all vitals were stable. At around 01.00 p.m., he got a call from Samyak Hospital for de-saturation of the patient. At 01.30 p.m., he reached the hospital and re-examined the patient, saturation was 85-89% on O2 with shortness of breath with B/L crept, blood-pressure was 130/80 mmHg. The patient was relatively stable between 01.30-02.00 p.m. with SPO2 85-90 % on face mask oxygen, blood-pressure was 120/70 mmHg, respiratory rate 24 with shortness of breath. At 02.05 p.m. O2 saturation started falling to 70%. Propofol 05ml sedation with relaxant (scoline) was given and the patient was ventilated with bag and mask, saturation improved to 90%. The mask ventilation was continued, blood pressure was 110/60 mmHg. At 02.15 p.m. SPO2 again started falling to 65%, after discussion with all concerned doctors, the decision was made to intubate the patient. Laryngoscopy was done and intubation was tried, heavy secretions encountered during intubation, difficulty faced in negotiating the endotracheal tub, hence, Dr. Rishi Jain simultaneously started tracheostomy. However, he was able to negotiate the endotracheal tube, which was confirmed with B/L air entry on auscultation. The position of tube was, although, reconfirmed by tracheostomy. Incision was made by Dr. Rishi Jain and bulb of tube was beyond tracheostomy incision. In view of deteriorating general condition of the patient, need of ICU care and ventialtory support, he, himself shifted the patient to Fortis Hospital with monitor on bains circuit with oxygen cylinder alongwith staff of Samyak Hospital, handed over the patient to Fortis Hospital emergency room at around 02.40 p.m. on 03rd January, 2019.

Dr. Ayush Gupta, Physician, Samyak Hospital in his written statement averred he received a call from Dr. Rish Jain from Samyak Hospital, Shalimar Bagh, Delhi on 03rd January, 2019 at 01.05 p.m. to attend to patient Smt. Bhanu 25 years on an urgent basis. He reached Samyak Hospital on 03rd January, 2019 at around 01.15 p.m. The patient was already in OT and on oxygen inhalation. The patient gave history of mild shortness of breath. The patient had undergone emergency LSCS one and half hours back. The patient did not give any previous history of shortness of breath, palpitation or any other respiratory or cardiac illness. On examination, the patient was fully conscious, oriented. No apparent distress was visible. Pulse was 90/min, blood-pressure was 140/90 mmHg, respiratory rate was 24/min., SPO2 was 80 %, cardiac monitor showed-sinus rhythm and chest-B/L occasional crepts on auscultation. In view of history of LSCS at around 11.30 a.m. and the patient having unexplained hypoxia, a possibility of pulmonary thromboembolism cause-? Amniotic Fluid was kept in mind with differential diagnosis of LVF. The patient was already on oxygen and nebulisation, which was continued. He advised that injection Lasix and injection Clexane to be added. Monitoring continued within half an hour of the treatment at 01.45 p.m., SPO2 improved to 85%. He left Samyak Hospital after Dr. Pankaj anaesthetist, reached there, with the advice to refer the patient to higher centre for further management.

On enquiry from the Disciplinary Committee, Dr. Ayush Gupta admitted that he had recorded the respiratory rate. Further, ABG was not done since the facility was not available at the said Hospital.

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

1. The patient Smt. Bhanu, 25 years old female with 36 + 2 weeks of pregnancy, G2 P1 A0 with previous LSCS (Lower Segment Cesarean Section) with ? scar tenderness, was admitted in the said Hospital at 09.50 a.m. on 03rd January, 2019, under Dr. Purnima Jain. She underwent emergency LSCS, under consent and delivered a male baby at apparently 10.20 a.m. (no time lines are mentioned in the LSCS notes or in the Anaesthesia chart). The LSCS was uneventful. The patient was shifted to the bed. However, at about 12.50 p.m. (03-01-2019), the patient was noted to have dip in oxygen saturation to 80%, hence, the patient was again shifted back to O.T. and call was sent for physician and anaesthetist. Oxygen inhalation was continued, nebulization was given alongwith injection Lasix and Effcorlin. As per the 01.30 p.m. note of the anaesthetists, the patient was fully conscious, oriented. HR-90, blood-pressure-130/80 mmHg, SPO2-90%, chest B/L occasional crepts. At 02.05 p.m., there was sudden drop in oxygen saturation 70% to 60%, the patient was ventilated using mask. O2 saturation improved to 90%. But at 02.15 p.m., SPO2 again fell to 65%. Difficult intubation was encountered and ETT (Endotracheal Tube) was inserted. In view of deteriorating general condition and need for ventilator support, it was decided to shift the patient to higher centre. The patient was referred to Fortis Hospital at 02.30 p.m. (03.11.2019). The patient, as per MLC of Fortis Hospital arrived at 02.55 p.m. (03.01.2019) and declared brought dead at 03.00 p.m. The cause of death as per the postmortem report no. 13/19 dated 04th January, 2019 of Babu Jagjivan Ram Hospital was pulmonary edema and pneumonitis.
2. It is observed that the pulmonary edema is a known complication of LSCS procedure which carries a high mortality.
3. The record keeping in the present case left much to be desired, as no time lines neither are mentioned in the LSCS notes by the gynaecologist nor in the anaesthesia chart by the anaesthetist. Infact, the anaesthetist has not even mentioned the kind of anaesthetic agent which was used nor whether it was general anaesthesia, spinal anaesthesia or regional anaesthesia. The writing of anaesthetist is cryptic and hard to decipher.

Similarly, the clinical notes are bereft of the time and the details as to when the complication was detected or what treatment was initiated to manage the complication.

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 of Samyak Hospital, in the treatment administered to the complainant’s wife Smt. Bhanu. However, a warning be issued to Dr. Punima Jain (Delhi Medical Council Registration No.23151), Dr. Rishi Pal Jain(Delhi Medical Council Registration No.15682), Dr. Pankaj Saraswat(Delhi Medical Council Registration No.36846) and Dr. Ayush Kumar Gupta (Delhi Medical Council Registration No.2900) for poor record keeping. Further, they are directed to exercise due diligence in record keeping, as the same is an integral part of good medical practice.

Complaint stands disposed.

Sd/: Sd/:

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

Chairman, Delhi Medical Association,

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Dr. Ashok Kumar) (Dr. Vinod Chaitanaya) Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 13th December, 2022 was confirmed by the Delhi Medical Council in its meeting held on 21st December, 2022.

The Council further confirmed the punishment of warning awarded by the Disciplinary Committee to Dr. Punima Jain (Delhi Medical Council Registration No.23151), Dr. Rishi Pal Jain (Delhi Medical Council Registration No.15682), Dr. Pankaj Saraswat (Delhi Medical Council Registration No.36846) and Dr. Ayush Kumar Gupta (Delhi Medical Council Registration No.2900).

The Council further observed that the Order directing the issuance of warning 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 Sunny, s/o Shri. Devender Pal, r/o- House No. A-1665, Third Floor, Jahangir Puri, Delhi-110033.
2. Dr. Rishi Jain, Through Medical Superintendent, Samyak Hospital, BM-7, (East), Shalimar Bagh, Delhi-110088.
3. Dr. Purnima Jain, Through Medical Superintendent, Samyak Hospital, BM-7, (East), Shalimar Bagh, Delhi-110088.
4. Dr. Ayush Gupta, H.No.155 D, Kamla Nagar, Delhi-110007.
5. Dr. Pankaj Saraswat, Flat No.254, Kanishka Apartments, C&D Block, Shalimar Bagh, Near Max Hospital, Shalimar Bagh, Delhi-110088.
6. Medical Superintendent, Samyak Hospital, BM-7, (East), Shalimar Bagh, Delhi-110088.
7. Station House Officer, Police Station Shalimar Bagh, District North-West, Delhi-110088-w.r.t. Case No.8410/19 :-Sunny & Ors Versus Samyak Hospital)-**for information**.
8. Registrar, Assam Council of Medical Council Registration, Sixmile, Khanapara, Guwahat-781022, Assam (***Dr. Pankaj Saraswat is also registered with the Assam Council of Medical Council Registration under registration No.17758 dated 10.02.2006***)-**for information & necessary action.**
9. National Medical Commission, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077-**for information & necessary action; *further, Dr. Purnima Jain, Dr. Rishi Jain and Dr. Ayush Kumar Gupta are also registered with the erstwhile Medical of India under registration No.16335 dated 02.04.1997, No.014359 dated 17.01.1996 and No.9086 dated 02.01.1991, respectively-for information & necessary action*.**

(Dr. Girish Tyagi)

Secretary