DMC/DC/F.14/Comp.2720/2/2023/ 15th September, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Naveen Mittal A-1/42, First Floor, Sector-11, Rohini, New Delhi-110085, alleging medical negligence on the part of the doctors of Saroj Super Specialty Hospital, Madhuban Chowk, Rohini, Delhi-110085, in the treatment administered to the complainant’s father Shri Paras Ram Mittal, resulting in his death on 30.09.2018.

The Order of the Disciplinary Committee dated 01stAugust, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Naveen Mittal A-1/42, First Floor, Sector-11, Rohini, New Delhi-110085 (referred hereinafter as the complainant), alleging medical negligence on the part of the doctors of Saroj Super Specialty Hospital, Madhuban Chowk, Rohini, Delhi-110085 (referred hereafter as the said Hospital), in the treatment administered to the complainant’s father Shri Paras Ram Mittal (referred hereinafter as the patient), resulting in his death on 30.09.2018.

The Disciplinary Committee perused the complaint, written statement of Dr. Kiran Chawla, Dy. G.M. Medical Operation, Saroj Super Specialty Hospital enclosing therewith written statement of Dr. B.K. Aggarwal, Dr. Akhil Vohra, written statement of Dr. S.K. Singh, Dr. Mukesh Gupta and Dr.Laltesh, copy of medical records of Saroj Super Specialty Hospital and other documents on record.

The following were heard in person :-

1. Dr. Naveen Mittal Complainant
2. Dr. Nidhi Garg Wife of the complainant
3. Dr. B.K. Aggarwal Consultant Medicine, Saroj Super Specialty Hospital
4. Dr. Akhil Vohra C.M.O., Saroj Super Specialty Hospital
5. Dr. S.K. Singh Casualty Doctor, Saroj Super Specialty Hospital
6. Dr. Mukesh Gupta Casualty Doctor, Saroj Super Specialty Hospital
7. Dr.Laltesh R.M.O., Saroj Super Specialty Hospital
8. Dr. Kiran Chawla DGM, Medical Operations, Saroj Super Specialty Hospital

The complainant Dr. Naveen Mittal alleged that the patient Shri Paras Ram Mittal (aged 72 years) availed OPD consultancy from Dr. B. K. Agrawal in Saroj Hospital’s OPD on 15th September, 2018, morning regarding fever since 13th September, 2018 night. Some tests were prescribed and on the same day evening, when the reports came. The patient was required admission because of raised TLC (i.e., 25420). Since no beds were available in Saroj Hospital on 15th September, 2018 at evening, the patient was admitted in Fortis Hospital, Shalimar Bagh on 15th September, 2018 at late night without any delay. The treatment was started in Fortis Hospital without any delay and all tests which were prescribed in Fortis Hospital (viz., CECT chest, ultrasoundwhole abdomen, X-ray chest, etc.) were done in the Fortis Hospital itself. Since Saroj Hospital was near to the the patient's residence, the patient was shifted to Saroj Hospital on 16th September, 2018 at afternoon without any gap in the treatment. The patient continued medication under Dr. B. K. Agrawal in Saroj Hospital. The patient was discharged from Saroj Hospital on 22nd September,2018 but advised to continue medicines and get regular consultancy with Dr.B.K. Agrawal. After discharge, the patient took regular consultancy (as advised at the time of discharge) from Dr. B. K. Agrawal at his clinic (Narayani Health Services, Shop No. 73, C.S.C.-II, DDA Market, Near Gurudwara, Sector-S, Rohini, Delhi-110085) on 27th September, 2018 at evening and he was advised by Dr.B.K. Agrawal to continue some medicines for next few days. On 30th September, 2018(Sunday) afternoon, the patient complained of chest pain and got admitted in Saroj Hospital in the evening. The patient spent around two hours in the hospital emergency during which the patient was aadministered Zorav 20 mg and Drotin by Dr. Akhil Vohra of emergency department. After around 1.5 hours when the patient didn't get any relief, the patient was sent for chest x-ray. When the patient came back to the emergency department after gone through X-ray, the patient had a cardiacarrest in the hospital emergency and the patient died within two-three hours of cardiac arrest.

The complainant further alleged that Dr. B.K. Agrawal, inspiteof claiming himself to be cardiologist (as claimed by Dr. B.K. Agarwal in bold letters on his letter pad, even though, he does not posses any such qualification, failed in thinking in the direction oflooking at blockage in cardiac activity of the patient. The patient was under his (Dr. B.K. Agarwal) continued supervision since 16thSeptember, 2018 till death but a basic test (i.e.ECG) was not done even once. Had this test been conducted during the treatment of the patient in Saroj Hospital (16th September, 2018 to 22nd September, 2018) or during the regular follow up at Dr.B.K. Agrawal's clinic on 27thSeptember, 2018 when the patient was still having some uncomfortableness in the chest area, there might be a possibility of cardiac arrest being prevented. If the contention may be taken that the patient was in continuous prescription/observation of the doctor and the ECG was not so important, even though, the continuous pain near chest area amounts to the conduct of ECG as a normal practice to rule out cardiac arrest. The reports of the patient were also indicating some abnormality in the cardiac activity. CECT chest of 16th September, 2018 mentioned that ‘Calcifications noted in coronary vessels’. X-ray chest of 16thSeptember, 2018 mentioned that ‘Cardiac shadow mildly enlarged’. Were these not the indications where at least ECG should have been done to rule out the possibility of cardiac arrest?These reports were seen by Dr.B.K. Agrawal when the patient was admitted in Saroj Hospital on 16thSeptember, 2018. Further, even, if the above reports are ignored, was it not necessary to go for ECG in case of a patient of 72 years admitted in the hospital with chest pain?It is to be noted that the patient was active and healthy at this age. So, he (the complainant) chargesDr.B.K. Agrawal for not following the correct procedure, inspite of being a cardiologist, by not holding ECG or other relevant test to rule out any blockage in thefunctioning of the heart of a patient who got admitted because of uncomfortableness in breathing and pain in the chest area. If a cardiologist does not go for such basic tests, who else will?Had Dr. B.K. Agrawal not claimed himself a cardiologist; as a layman, he (the complainant) would have requested the doctor to go for ECG for the patient to see whether everything isfine with the heart or not.

The complainant also alleged that the patient was admitted in emergency department of Saroj Hospital on 30thSeptember, 2018 evening for chest pain. The doctor on duty gave medicines without going through recently discharged treatment availed during 16thSeptember, 2018 to 22ndSeptember, 2018 in Saroj Hospital and without going through the prescription of Dr.B.K. Agrawal dated 27thSeptember, 2018. Even after giving medicines like Zoravand Drotinvin the hospital emergency, the patient got no reliefin chest pain during 1.5 hours of his stay in the emergency department. The patient had a cardiac arrest in the emergency department itself after spending around two hours in the department and the was declared dead within two-three hours of cardiac arrest. Was it not necessary on the part of Dr. Akhil Vohra of emergency department to go for ECG when the patient was admitted in emergency with chest pain?Further, if the patient did not get any relief even after having prescribed medicines in the emergency department by Dr. Akhil Vohra, was it not required to go for ECG then, at least?

The complainant further alleged that he failed to understand that ECG, a test which is considered as the basic test to check any blockage in cardiac activity and which is available in every nook and comer of this nation and which can be done even by a basic medical practitioner, was not done in the present case where the treatment had been going on since 16thSeptember, 2018 till death of the patient on 30thSeptember, 2018 under qualified medical professionals of a reputed hospital. The strange thing is that ECG was done when the patient died and it was done to show to family members that there is no cardiac activity in the patient. Shockingly, it was not done when the patient was alive to check for any blockage in cardiac activity.In the present case where the patient got admitted because of uncomfortableness in breathing and pain in chest area, why Dr. B.K. Agrawal did not go for ECG or other relevant test related to diagnose of any type of heart blockage, inspite of being a cardiologist?What was the reason behind prescribing the medicines Zorav and Drotinby Dr.Akhil Vohra?Didn't these medicines aggravate the cardiac attack?Why Dr.Akhil Vohra at emergency department did not go for ECG or other relevant test related to diagnose of any type of heart blockage inspite of being the patient (72 year male) admitted with chest pain?Why Dr.Akhil Vohra at emergency department did not go for ECG or other relevant test related to diagnose of heart blockage inspite of having no relief in chest pain of the patient for 1.5 hours even after administering the medicines by him?Any other observations/ queries, that the technical medical committee can raise in the due course shall be taken into consideration because as a layman, he cannot raise technical issues. Above four issues raised are some basic issues which can come in the mind of any layman. He chargesDr.B.K. Agrawal as well as Dr.Akhil Vohra (both of Saroj Hospital) for medical negligence in the present case and he demandsthe cancellation of licence of the above two doctors. It is expected from the Delhi Medical Council to take into consideration the above questions and other relevant questions which can come in the mind of medical professionals and then to come out with the correct findings.

Dr. B.K. Aggarwal, Consultant Medicine, Saroj Super Specialty Hospital in his written statement averred that the patient Shri Paras Ram Mittal was seen by him in the OPD on 15th September, 2018 with the history of fever,cough,breathlessness of two days duration. The patient was advised for CBCand chestx-ray. The TLCcame out to be 25420 and x-ray chest showed right lower lobe infected. The patient was advised for hospitalization and the treatment. But the patient and the attendant went to Fortis hospital and got admitted and was investigated thoroughly with CTchest, ultrasound whole abdomen, x-ray chest, etc. and diagnosed with right upper zone consolidation with septicemia. The patient was treated conservatively and the next day shifted to Saroj hospital. It was a clear diagnosed case of right lower lobe chest infection septicemia, sputum AFB negative. The patient improved significantly after five to six days of antibiotics and other conservative treatment and discharged on 22ndSeptember, 2018 on satisfactory condition. There was no cardiac signs and symptoms and no past history of cardiac event. Also,x-ray chest report was of normal cardiac size. On 27th September, 2018, the patient came to his clinic on follow-up walking to his (Dr. B.K. Agarwal) first floor clinic without any chest pain and no breathlessness or exertion that means the patient has no cardiac problem till date. He examined the patient, the was afebrile, chest was clinically clear; the patient was advised to stop antibiotic and continue antacid and vitamins tablet. In his opinion, the patient had no cardiac disease at all in this course of chest infection. It was a simple case of fever with pneumonia and was curedcompletely on the treatment and was asymptomatic on 27thSeptember, 2018. Then, there was no suspicion of cardiac symptoms or signs. As per the complainer’s language, in an asymptomatic patient, ECGis not the test to know the blockage of the heart. As per the complainer’s language, the patient’s breathing problem and pain in the right chest with fever and highTLCcount and CT scan showed pneumonia, were due to chest infection only. This patient was 72 years old male with the past history of mouth cancer, was operated in the past without any complications, with no history of diabetes or hypertension, no symptoms of chest pain, breathlessness on exertion on normal life, how could suspect heart problem. All the allegations against him regarding heart problem and ECG, were false and was sick-minded thinking and wrong motivation. He objects and clearly say that ECGis not a definite test to know heart blockage or heart problem always.

Dr. Akhil Vohra, C.M.O., Saroj Super Specialty Hospital in his written statement averred that the patient came to the casualty at 08.14 p.m. on 30th September, 20185 and was comfortable. He examined the patient in detail and found the patient clinically stable. Pulse was 82/min, blood pressure was 130/80 mm of Hg, chest was clinically clear and the patient was normal. The patient was complaining of right sided chest pain. He gave injection Zorav and injection Drotin. The patient was clinically normal. ECG was not done, as there was no suspicion of cardiac signs and symptoms.

Dr. Mukesh Gupta, Casualty Doctor, Saroj Super Specialty Hospital stated that on 30th September, 2018, he saw the patient in casualty between 08.30 p.m. and 08.45 p.m.; the patient was handed over to him by Dr. Akhil Vohra. The patient was clinically stable. Pulse was 82/minute, blood pressure was 130/80 mmHg, chest was clinically clear and heart was normal. The patient was having severe right sided chest pain, so he advised chest x-ray and injection Dynapar. Then, he handed over the patient to night CMO on duty and he left at 08.45 p.m.

Dr.S.K. Singh, Casualty Doctor, Saroj Super Specialty Hospital stated that on 30th September, 2018, he was in duty in casualty at 09.30 p.m., the patient returned from x-ray department after x-ray, which was advised by the CMO. While attending the patient in casualty for further treatment, the patient had cardio-respiratory arrest. He started CPR and announced Code Blue. The patient was revived with the help of Code Blue Team and the patient was shifted to the CCU with proper care.

Dr.Laltesh, R.M.O., Saroj Super Specialty Hospital stated that he is working as a RMO in the CCU. The patient Shri Paras Mittal was admitted in emergency with complaint of chest pain. He attended the patient with Code Blue Team. The patient was intubated and CPR was started immediately. The patient was shifted to the CCU with proper care. He tried to resuscitate the patient till 10.39 p.m. on 30th September, 2018. The patient could not be revived and was declared dead at 10.39 p.m. on 30th September, 2018.

On enquiry by the Disciplinary Committee, it was admitted by the doctors of Saroj Super Specialty Hospital that even though, the ECG was advised by Dr. Akhil Vohra, the same was not done in the present case.

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

1. It is noted that the patient Shri Paras Ram Mittal, 72 years old male, consulted Dr. B.K. Agarwal in the OPD of the said Hospital on 15th September, 2018 with complaints of fever. The patient was advised investigations. The patient’s TLC ( Total leukocyte count) was reported to be 25,420, hence, the patient was advised admission. Apparently, since there was no bed available, the patient was taken to Fortis Hospital.

The patient was admitted in Fortis Hospital on 16th September, 2018 with complaints of high-grade fever for three days associated with generalized weakness, cough, pain abdomen and shortness of breath. At the time of admission, the patient was conscious, oriented and febrile (101degree F) with blood-pressure-130/80 mmHg, pulse rate-105/min, SPO2-93% on room air, respiratory rate-24/min, chest-B/L AE+, B/L wheeze+, right side basal crepts and PA-soft, BS+, epigastric tenderness+. Routine investigations were sent which showed raised TLC. Urinalysis showed slightly hazy, blood detected (trace) in urine, protein detected (trace) and WBC-3-5/hpf. Chest x-ray was suggestive of right sided plural effusion. USG whole abdomen was done on 16th September, 2018 showed prostate is enlarged in size (24x41x42mm with volume of 26cc) with grossly normal echotexture. Mild right sided pleural effusion was noted. In view of cough/expectoration, pulmonology opinion was taken. The patient was advised for CECT and bronchoscopy. CECT chest was done on 16th September, 2018. The patient was managed conservatively with IV antibiotics, PPI antiemetic, antipyretic, nebulization and other supportive medications. The patient needed further hospitalization for few more days but the patient and his attendants did not wish to continue the treatment and, thus, went LAMA (Left Against Medical Advice) on 16th September, 2018.

The patient, thereafter was admitted at Saroj Hospital on 16th September, 2018 with complaints of fever since four days, shivering, cough, dyspnea present. There was no history of DM/HTN, CAD, COPD. The patient was examined and diagnosed as a case of AFI, chest infection, right side consolidation. The patient was managed conservatively. The patient responded to the treatment and was discharged in a satisfactory condition on 22nd September, 2018 on medication.

The patient again consulted Dr. B.K. Agarwal at his clinic on 27th September, 2018 in the follow-up. Dr. B.K. Agarwal after examining the patient advised to continue with the medicines, as mentioned in the Discharge Summary dated 22nd September, 2018 viz. tablet Avocef 500mg, tablet Deriphyllin R 150 Mg, syrup Ambrolite for five days and thereafter tablet LevolinASD for ten days and also advised chest x-ray. The chest x-ray dated 27th September, 2018 gave findings of ‘Cardiac shadow appears normal, cavitary lesion with air fluid level is seen in the right lower zone, both CP angle age clear and bony thoracic age appear normal’.

On 30th September, 2018, the patient reported to the casualty/emergency of the said Hospital apparently at 08.14 p.m. with complaints of chest pain right side. The patient was attended to by Dr. Akhil Vohra. Dr. Akhil Vohra on examination noted the blood-pressure to be 130/80 mmHg, pulse-82/minute, chest was found to be bilateral clear. At 08.20 p.m., Dr. Akhil Vohra prescribed injection Zorav, injection Drotinand advised ECG. Thereafter, chest x-ray and injection Dynapar were prescribed by Dr. Mukesh Gupta, RMO. The patient on return from x-ray department to the casualty, suffered cardio-respiratory arrest. CPR was initiated and the patient was shifted to the CCU. Inspite of resuscitative measures, the patient could not be revived and declared dead at 10.30 p.m. on 30th September, 2018.

1. It is observed that the B.K. Agrawal is registered with the Delhi Medical Council under registration No.14178 dated 17th August, 2001with the qualifications of M.B.BS, Sambalpur University, 1989 and M.D. (Genl. Med.), Sambalpur University, 1993, hence, he cannot claim to be a specialist in the field of Cardiology, as in terms of Regulation 7.20 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics), Regulations, 2002“*a physician shall not claim to be specialist unless he has a special qualification in that branch”.* He is, therefore, directed to refrain from claiming himself to be a Cardiologist.
2. It is observed that in his consultation with Dr. B.K. Agrawal, the patient did not present with cardiac symptoms or signs, infact, he had complaints of fever and chest infection which was alleviated with conservative treatment; hence, there was no need for advising ECG by Dr. B.K. Agrawal.
3. It is noted that the patient Shri Paras Mittal, 72 years old male presented with chest pain on 30th September, 2018 in the casualty of Saroj Super Specialty Hospital and even though, advised ECG, the same was not done. Dr. Akhil Vohra erred in not subjecting the patient to ECG examination, which is a basic investigation, expected to be carried out in case of person of 72 years in age having complaint of chest pain. The result of ECG could have guided the doctors in making the correct diagnosis and administering the required treatment.

In light of the observations made herein-above, the Disciplinary Committee recommends that the name of Dr. Akhil Vohra (Delhi Medical Council Registration No.989) be removed from the State Medical Register of the Delhi Medical Council for a period of 30 days with a direction that they should undergo 15 hours of Continuing Medical Education (C.M.E.) on the subject related to ‘Management of Case Within Chest Pain’ and submit a compliance report to this effect to the Delhi Medical Council.

Complaint stands disposed.

Sd/: Sd/: Sd/:

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

Chairman, Delhi Medical Association, Expert Member

Disciplinary Committee Member, Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 01st August, 2023 was taken up confirmation before the Delhi Medical Council in its meeting held on 21st August, 2023 wherein “whilst confirming the Order of the Disciplinary Committee, the Council observed that the following observations, mentioned at the point (3) of the Disciplinary Committee’s Order be expunged and substituted, as under :-

**“*there was no need for advising ECG by Dr. B.K. Agrawal”***, is expunged and substituted with ***“Dr. B.K. Agrawal did not erred in not advising E.C.G.”.***

The Disciplinary Committee, however, directed that a warning be issued to Dr. B.K. Agrawal(Dr. Bijaya Kumar Agrwal, Delhi Medical Council Registration No.14178) for claiming himself to be a cardiologist, as the same is borne out from the prescription dated 27th September, 2018 of Narayani Health Services. He is further directed to refrain from claiming herself to be a cardiologist.

The Council also observed that the following observations mentioned at the point (4) of the Disciplinary Committee’s Order be expunged, as the patient died during the process of evaluation of chest pain right side when the patient presented on 30th September, 2018, E.C.G., chest x-ray were advised. The chest x-ray was done; however, the patient died, which does not constitute negligence; hence, the punishment of removal of name of Dr. Akhil Vohra (Delhi Medical Council Registration No.989), awarded by the Disciplinary Committee, is not warranted.

“***Dr. Akhil Vohra erred in not subjecting the patient to ECG examination, which is a basic investigation, expected to be carried out in case of person of 72 years in age having complaint of chest pain. The result of ECG could have guided the doctors in making the correct diagnosis and administering the required treatment”,*** is expunged.

However, Dr. Akhil Vohra is directed to undergo 15 hours of Continuing Medical Education (C.M.E.) on the subject related to ‘Management of Case with Chest Pain’, within a period of three months from the date of the Order and submit a compliance report to this effect to the Delhi Medical Council.

The Council further observed that the Order directing the issuance of warning to Dr. B.K. Agrawal 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 Naveen Mittal A-1/42, First Floor, Sector-11, Rohini, New Delhi-110085.
2. Dr. B.K. Aggarwal, Through Medical Superintendent, Saroj Super Specialty Hospital, Madhuban Chowk, Rohini, Delhi-110085.
3. Dr. Akhil Vohra, Through Medical Superintendent, Saroj Super Specialty Hospital, Madhuban Chowk, Rohini, Delhi-110085.
4. Medical Superintendent, Saroj Super Specialty Hospital, Madhuban Chowk, Rohini, Delhi-110085.
5. Registrar, Odisha Council of Medical Registration, A1, 4th Floor, Toshali Bhawan (Back Gate), Satya Nagar, BHUBANESWAR-751007 (**Dr. B.K. Aggarwal** **is also registered with the Odisha Council of Medical Registration under registration No.10536 dated 17.11.1989)-for information & necessary action.**
6. National Medical Commission, Pocket-14, Sector-8, Phase-1, Dwarka, New Delhi-110077-**for information & necessary action**.

 (Dr. Girish Tyagi)

 Secretary