DMC/DC/F.14/Comp.2733/2/2023 23rd November, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Sushant Sharma, Manager, Religare Health Insurance Company Ltd., Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Gurgaon, Haryana-122009, forwarded by the Telangana State Medical Council, alleging professional misconduct on the part of Dr. Pushpendra Nath Renjen, Indraprastha Apollo Hospital, Sarita Vihar Delhi-Mathura Road, New Delhi-110076, in the treatment of Smt. Pooja Mehra.

The Order of the Disciplinary Committee dated 17th October, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Sushant Sharma, Manager, Religare Health Insurance Company Ltd., Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Gurgaon, Haryana-122009(referred hereinafter as the complainant), forwarded by the Telangana State Medical Council, alleging professional misconduct on the part of Dr. Pushpendra Nath Renjen, Indraprastha Apollo Hospital, Sarita Vihar Delhi-Mathura Road, New Delhi-110076 (referred hereinafter as the said Hospital), in the treatment of Smt. Pooja Mehra (referred hereinafter as the patient)

The Disciplinary Committee perused the complaint, written statement of Dr. Vikas Sangwan, Manager-Medical Services, Indraprastha Apollo Hospital enclosing therewith written statement of Dr. Pushpendra N. Renjen; written statement of Dr. Vishwpratap Singh, copy of medical records of Indraprastha Apollo Hospital and other documents on record.

The following were heard in person :-

1) Shri Sushant Sharma Complainant

2) Dr. Pushpendra Nath Renjen Neurologist, Indraprastha Apollo Hospital

3) Dr. Vishwpratap Singh Attending Consultant, EM Medicine, Indraprastha Apollo Hospital

4) Dr. Deepak Vats C.M.O., Indraprastha Apollo Hospital

The complainant Shri Sushant Sharma, Manager, Religare Health Insurance Company Ltd. alleged that the patient Smt. Pooja Mehra, 51 years old female, was hospitalized in the emergency ward of Indraprastha Apollo Hospital with complaints of drowsiness and one episode of vomiting on 10th June, 2018 where her Medico Legal Report was prepared by Dr. V.P. Singh. It is pertinent to mention here that the report was also received by SI Rahul Soni, Police Station Greater Kailash-1, New Delhi. Pursuant to admission of the patient to the hospital, internal assessment sheet for suspected/ unknown poisoning was duly filled by the Department of Emergency Medicine. It is pertinent to mention that in both the documents i.e. medico legal report as well as Internal Assessment Sheet for suspected unknown poisoning, it is mentioned that the “patient brought to ER with the alleged history (Alprax poisoning) at evening followed by the drowsiness since 09th June, 2018 09:30 p.m. and one episode of vomiting”. Also, it is mentioned that “h/o” insomnia on medication present. Furthermore, it is noted that the internal assessment sheet for suspected/ unknown poisoning clearly mentions that history of travel to Bihar since last three to four days. In the same document, it is mentioned that history of alcohol intake in the evening of 09th June, 2018. A letter dated 12th June, 2018 was submitted wherein it is mentioned that the patient presented to the emergency with short history of altered sensorium for two to three days. At that time, the patient was in Bihar and there is excessive intake of fruits which causes hypoglycaemia and encephalopathy. The letter was signed by Dr. (Prof) P.N. Rengen, DM (Neurology); FRCP (Glasgow); FRCP (Edin); FRCP (Ireland); MNAMS (India), Indraprastha Apollo Hospital. It is submitted that another letter dated 04th September, 2018 was issued by Dr. Vikas Sangwan, Deputy Manager, Office of Director of Medical Services, Indraprastha Apollo Hospital stating that they wish to clarify that the patient came to the emergency with short history of altered sensorium for three to four days. During that time, as updated by the patient and the family, she (the patient) was in Bihar and there was excessive intake of fruits which causes hypoglycaemia and encephalopathy. A Show Cause Notice dated 22nd June, 2018, was sent to the doctor seeking rationale behind giving two contradictory statements pertaining to the diagnosis and history of the patient. The reply to the said Show Cause Notice was received on 13th November, 2018 wherein the treating doctor has mentioned that they have recorded everything as per the history they got from the patient and later during the course of admission, it became evident that the patient had the problem due to excessive intake of litchi and the presenting complaints were not linked to any kind of Alprax poisoning. When the patient recovered and was being discharged, the diagnosis made after the treatment of the patient, was noted in the Discharge Summary and later, the two letters were issued so as to facilitate the payments for the patient. The notes recorded on 12th June, 2018, by the Neurophysiology Division, Apollo Hospital, New Delhi clearly mentions drowsiness following ingestion of Alprax and Nexito, fluctuating blood sugar levels. On the same day, the letter was issued by the doctor stating that the patient was in Bihar and there was excessive intake of fruits which causes hypoglycaemia and encephalopathy. This raises grave suspicion about the intention of the doctor for issuing letter containing contradictory statement. The statement with respect to the cause of illness and history of the patient have been tampered with, so the patient can file for health insurance claim. These are various discrepancies that have been identified which are as follows : the patient was brought to the hospital by her daughter and all the history was provided by the daughter of the patient. The MLC clearly records that alcohol breath was present, and alleged history of Alprax poisoning was told by the daughter to the doctors at emergency ward. Notes of Neurophysiology Apollo Hospital clearly mention that drowsiness following ingestion of Alprax and Nexito, fluctuating blood sugar levels. On the same day, the letter was issued by the doctors stating that the patient was in Bihar and there was excessive intake of fruits which causes hyplogycaemia and encephalopathy. The history of Alprax poisoning was recorded by the doctor because the patient was showing symptoms of drug overuse and rest of the patient history was conveyed to the doctor by the patient’s daughter. As per the statement of Shri Gaurav Mehra (son of the patient), the patient was in Bihar for a month. She even travelled from Bihar to Delhi, which took more than twenty plus hours. None of the symptoms of hyplogycaemia and encephalopathy were present, while she was in Bihar or was travelling. Moreover, the patient was feeling healthy, even after, she came back from the Bihar and the condition of the patient rapidly deteriorated suddenly on the night of 09th June, 2018. This also raises grave suspicion about the alleged fact that the patient suffered hyplogycaemia and encephalopathy due to excessive intake of litchi. No tests have been done that confirms that the condition of the patient suddenly deteriorated due to excessive consumption of litchi. The above-mentioned doctor with malafide intention, to cause wrongful loss to the complainant company, had changed the material facts that were stated at the time of admission of the patient in the emergency ward on 10th June, 2018. The patient filed for the claim, which was rejected on the ground of substance abuse which is under the permanent exclusion clause of the Health Insurance Policy, purchased by the insured. The two letters from the treating doctor and Dr. Vikas Sangwan, Deputy Manager, Office of the Director of Medical Services, Indraprastha Apollo Hospital was given in favour of the patient with the sole intention to make the patient eligible to claim treatment amount form the complainant company. In view of the above-mentioned facts, it is evident that treating doctor issued false Medical Certificate dated 12th July, 2018 and 04th September, 2018 with altered patient history and cause of illness of the patient. The document highlighted above, is in contravention of the following rules and regulation laid down under Indian medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002:-

7. Misconduct:

7.7 Signing Professional Certificates, Reports and other Documents:

Registered medical practitioners are in certain cases bound by law to give, or may from time to time be called upon or requested to give certificates, notification, reports and other documents of similar character signed by them in their professional capacity for subsequent use in the courts or for administrative purposes etc. Any registered practitioner who is shown to have signed or given under his name and authority any such certificate, notification, report or document of a similar character which is untrue, misleading or improper, is liable to have his name deleted from the register.

CHAPTER 8 :

8. Punishment and Disciplinary Action:

It is made clear that any complaint with regard to professional misconduct can be brought before the appropriate Medical Council for disciplinary action. Upon receipt of any complaint of professional misconduct, the appropriate Medical Council would hold an enquiry and give opportunity to the registered medical practitioner to be heard in person or by pleader. If the medical practitioner is found to be guilty of committing professional misconduct, the appropriate Medical Council may award such punishment, as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered practitioner. Deletion from the register shall be widely publicized in local press as well as in the publications of different Medical Associations/ Societies/ Bodies.

In view of the discrepancies detailed above in management of the case, Religare Health Insurance Co. Ltd; in the capacity of an important stakeholder as in as a Payer of Insurance benefits, is hereby reporting the matter to the respected Medical Council to kindly take cognizance of the above matter and hold a detailed inquiry in the matter as it may deem fit.

Dr. Vishwpratap Singh, Attending Consultant, EM Medicine, Indraprastha Apollo Hospital in his written statement averred that a female, 51 years, came to the emergency room on 10th June, 2018 at 01.10 a.m. with alleged history of (? tablet Alprax ingestion) in the evening, followed by drowsiness since evening on 09th June, 2018 with one episode of vomiting. As per the history, that was given by the patient’s daughter, the patient Smt. Pooja Mehra, was a known case of insomnia and was on tablet Alprax. The examination was conducted at the time of the patient’s arrival. Upon examination, he noticed that the patient’s airway was patent, temperature was afebrile, respiratory rate was 20/minute, SPO2 was 100%, blood pressure was 100/60 mmHg, H.R. was 80/minute all peripheral pulses were well felt. GCS-E2V1 M5, pupils + B/L normal in size, reacting to light, plantar was mute. On account of drowsiness, RBS was done which was 87 mg/dl on patient’s breath smell of alcohol was noted. In view of alleged history of query tablet Alprax poisoning will alcohol on breath examination, the MLC was sent. The relevant investigations were sent and basic resuscitation was done in ER. After basic resuscitation, the patient was admitted under neurology team for further evaluation and management.

Dr. Pushpendra Nath Renjen, Neurologist, Indraprastha Apollo Hospital in his written statement averred that at the onset, it is submitted that no facts were hidden or manipulated in this case. The patient presented to their hospital on 10th June, 2018 at 01:10 a.m. with history of deterioration in sensorium since 09:30 p.m. on 09thJune, 2018. The patient was on medication for isonomia. On examination in the emergency, smell of alcohol from mouth was also found. The patient had repeated, persistent episodes of hypoglycaemia, for which, dextrose was given. The patient’s benzodiazepine spot urine was positive. But by this, hypoglycaemia episodes could not be explained. On further history, it was ascertained that the patient had history of excessive intake of litchi in her farms for last one month in Bihar. Hence, it was thought that it was a case of litchi induced encephalopathy and hypoglycaemia episodes were because of that. The patient’s CSF studies were normal. Regarding test for litchi poisoning, it is submitted that it was not done because the patient was clinically improving. There is no false documentation of any sort report from their side. They have recorded everything as per the history, they got from the patient and later, during the course of admission, it was clinically observed that the patient may have had the problems due to excessive intake of litchi. All such details are mentioned in the patient’s file clearly. When the patient recovered and was being discharged, the diagnosis of hypoglycaemia encephalopathy -? litchi induced was duly noted in the Discharge Summary. This is a medical case, which was clinically different and has been managed as the case evolved during the stay of the patient in the hospital. There were no efforts to hide or conceal anything and the records were available for perusal/scrutiny of insurance company officials.

Dr. Vikas Sangwan, Manager-Medical Services, Indraprastha Apollo Hospital in his written statement averred that the patient Smt. Pooja Mehra was under care of Dr. P.N. Renjen (Senior Consultant, Neurology) and was managed as per her clinical condition.

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

1. It is noted that the patient Smt. Pooja, 51 years old female, as per the doctor notes of Department of Emergency medicine of the said Hospital and the Medico Legal Report No.508/2018, presented to the emergency of the said Hospital on 10th June, 2018 at 10.00 a.m. with alleged history of Alprax poisoning, followed by drowsiness since yesterday 09.30 p.m. (09.06.2018) with one episode of vomiting, there was no history of seizure or headache, there was history of insomnia on medication. On examination, GC-sick, CNS-E2V1M5, B/L pupil-normal in size, reacting to light, plantar-mute, CVS-S1S2 presented, all peripheral pulse presented, temperature-980F, HR-80/minute, blood pressure-100/60 mmHg, respiratory rate-20/minute, SPO2-100% on room air, RBS-87mg/dl. Further, it was noted that there was smell of alcohol from mouth. A working diagnosis of drowsiness under evaluation (?Alprax poisoning), was made, necessary investigation and treatment were carried out. Similarly, it is noted that from the patient’s history and admission record, it was recorded that the patient had complaint of progressing drowsiness since 09.30 p.m. on 09th June, 2018 and there was alleged history of ? intake of Alprax 0.25mg, which she was receiving for insomnia, there was also history of travel to Bihar since last three to four days alongwith history of alcohol intake in the evening of 09th June, 2018.
2. It is observed the assertion of Dr. Pushpendra Nath Renjen that the condition of the patient was due to intake of fruits like litchi, which caused hypoglycaemia and encephalopathy, is purely based on assumption, since no investigation for assessment of toxicity (which should have carried, as the M.L.C. has been initiated), was done. Further, there is no definite evidence available or documented in the medical records of the patient to substantiate the fact that she was suffering from hypoglycaemia.
3. In the facts and circumstances of this case, the likelihood of the patient’s condition, documented hereinabove, at the time of admission, due to mixture of Alprax poisoning and alcohol intake, cannot be ruled out. Dr. Pushpendra Nath Renjen should have exercise due diligence in making diagnosis by substantiating it with requisite investigations, which were not done in the present case. However, no professional misconduct can be attributed on the part of Dr. Pushpendra Nath Renjen, in the treatment of Smt. Pooja Mehra.

Complaint stands disposed.

 Sd/: Sd/: Sd/:

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

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

The Order of the Disciplinary Committee dated 17th October, 2023 was confirmed by the Delhi Medical Council in its meeting held on 06th November, 2023.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Shri Sushant Sharma, Religare Health Insurance Company Ltd., Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Gurgaon, Haryana-122009.
2. Dr. Pushpendra Nath Renjen, Through Medical Superintendent, Indraprastha Apollo Hospital, Sarita Vihar Delhi-Mathura Road, New Delhi-110076.
3. Dr. Vishwpratap Singh, H.No.301, Sector-37, Near D.A.V. School, Faridabad, Haryana-121003.
4. Medical Superintendent, Indraprastha Apollo Hospital, Sarita Vihar Delhi-Mathura Road, New Delhi-110076.
5. Registrar, Telangana Medical Council, DM & HS and Campus, Sultan Bazar, Hyderabad- 500095, Telangana-w.r.t letter No.TSMC/41/Ethics/2019 dated 12.02.2019-**for information**.

 (Dr. Girish Tyagi)

 Secretary