DMC/DC/F.14/Comp.2752/2/20233/ 15th September, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Faizan s/o Shri Mohd. Sheed r/o E-35, Rani Garden Extension, Shastri Nagar, Delhi-110031, forwarded by the Directorate General of Health Services, alleging medical negligence in the treatment administered to the complainant’s wife Smt. Yasmin at Shanti Mukand Hospital, 2, Institutional Area Vikas Marg Extn. Delhi-110092, resulting in her death on 3.12.2018.

The Order of the Disciplinary Committee dated 10thAugust, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Faizan s/o Shri Mohd. Sheed r/o E-35, Rani Garden Extension, Shastri Nagar, Delhi-110031 (referred hereinafter as the complainant), forwarded by Directorate General of Health Services, alleging medical negligence in the treatment administered to the complainant’s wife Smt. Yasmin (referred hereinafter as the patient) at Shanti Mukand Hospital, 2, Institutional Area Vikas Marg Extn. Delhi-110092 (referred hereinafter as the said Hospital), resulting in her death on 3.12.2018.

The Disciplinary Committee perused the complaint, written statement of Dr. Chandan Kumar Medical Superintendent of Shanti Mukund Hospital enclosing therewith joint written statement of Dr. Sonal Rohtagi, Dr. Babar Suri, Dr. Pooja Jain, Dr. Harish Bora, Dr. Gautam Jain, Dr. Rajesh Dhall, Dr. Fateh Singh, copy of medical records of Shanti Mukund Hospital and other documents on record.

The following were in person :-

1) Shri Faizan Complainant

2) Dr. Sonal Rohtagi Consultant Obst. & Gynae., Shanti Mukand Hospital

3) Dr. Babar Suri DNB, Shanti Mukand Hospital

4) Dr. Pooja Jain Assistant Professor, Shanti Mukand Hospital

5) Dr. Harish Bora Consultant Anaesthesia, Shanti Mukand Hospital

6) Dr. Gautam Jain Consultant Surgeon, Shanti Mukand Hospital

7) Dr. Rajesh Dhall Consultant Anaesthesia, Shanti Mukand Hospital

8) Dr. Fateh Singh Consultant, Consultant Anaesthesia, Shanti Mukand Hospital

9) Dr. Sandeep Mittal Medical Superintendent, Shanti Mukand Hospital

The complainant Shri Faizan alleged that on 02nd December, 2018, he took his wife Smt. Yasmin (the patient) who was pregnant, for routine check-up to Shanti Mukand Hospital. After examination, the doctor advised for admission the same day. She underwent LSCS and delivered twin babies. Thereafter, he was not allowed to meet his wife and was asked to arrange for blood. The doctors never asked him to arrange for blood prior todelivery. Thereafter, the doctors conducted hysterectomy on his wife without getting his signatures. Subsequently, in the night, his wife was shifted into the ICU. Around 05.00 a.m. or 06.00 a.m., his wife was declared dead. They also gave him his wife’s Death Summary after long delay. He alleged that his wife died due to medical negligence of the doctors and asked for strict action on his complaint.

Dr. Sonal Rohtagi, Dr. Babar Suri, Dr. Pooja Jain, Dr. Harish Bora, Dr. Gautam Jain, Dr. Rajesh Dhall and Dr. Fateh Singh Shanti in their joint written statement averred that that the patient Smt. Yasmin was admitted at 08.00 a.m. in labour room on 02nd December, 2018 as primi + 37 weeks twin pregnancy + labour pain + LPs (IVF conceived). The patient had no history of DM/high blood pressure or other illness except congenital malformation of right hand. Emergency LSCS was done on 02nd December, 2018 at 09.00 a.m. for primi + 37 weeks + twins + labour pain + LPs + Oblique lie. In the query why the blood was not arranged since the baseline haemoglobin of the patient was 13.5 before operation, so there was no need to arrange blood beforehand, however, the availability of A positive blood was confirmed from Lions Blood Bank, Patparganj. When atonic PPH (Post Partum Haomorrhage) occurred, request for blood was sent to the Lions Blood Bank, when atonic PPH did not respond to medical management (manual compression, packing, Syntocinon, Prostodin, Misoprost, Methergine). The decision of life saving hysterectomy was taken collectively (with surgeon Dr. Gautam Jain and Dr. Pooja Jain), consent for hysterectomy was taken from the patient and her husband (the complainant). Subtotal hysterectomy was done and drain kept in abdominal cavity and the patient was given two units PRBC in OT, since the patient was on vasopressor (Dopamine). It was decided by the anaesthesia team (Dr. Babar Suri, Dr. Harish Bora, Dr. Rajesh Dhall) to shift the patient to ICU for elective ventilation and further management. At the time of shifting, pulse rate was 100/minute, blood pressure was 130/90 mmHg, oxygen saturation was 98%, intraoperative urine output 350 ml clear, drain output IP-minimal. In the ICU, the patient was kept in elective ventilator and two units of blood (PRBC) and four units of fresh frozen plasma (FFP) were transfused in ICU. CVP cannula put and central venous pressure (CVP) was 10, during her stay in ICU, tachycardia persisted and the blood pressure had to be maintained by vasopressor support, injection Atracurium and Midazolam were continued. The attendants were constantly briefed about the condition of the patient and high-risk consent was taken. At around 08.00 p.m., Atracurium was stopped and attempt to take the patient off from the ventilator was taken. The patient was conscious after stopping Atracurium. She wanted endotracheal tube to be removed since she became tachypnoeic, so it was decided to continue ventilatory support. The attendants were present at that time and saw the patient, wanting to remove the tube. The physician and the cardiologist opinion were also taken and they asked to add Vasopressin and Dilzam. Impression of post-partum cardiomyopathy, takayasu’s disease was made on the basis of echo findings. In the ICU, CBC, KFT, Pro BNP, D-Dimer, x-ray chest, ECG, procalcitonin, echo and ABG were done. Tachycardia persisted throughout and the blood-pressure had to be maintained with high dose of Vasopressors. There was no bleeding as per vaginum. No blood in drain. Urine output was adequate. On 03rd December, 2018 at 07.00 a.m., the patient had cardiac arrest, resuscitation was carried out as per ACLS guidelines for almost an hour, but the patient could not be revived and declared dead at 08.00 a.m. Final impression :- caesarian (LSCS), atonic post-partum haemorrhage, caesarian hysterectomy, post-partum cardiomyopathy. At all time during the treatment in the hospital, all standard guidelines and protocols were followed to save the patient and as such there no negligence in imparting treatment to the patient.

Dr. Sandeep Mittal, Medical Superintendent, Shanti Mukand Hospital stated that it is totally false and baseless to allege that no Death Summary was provided to the complainant, it was provided immediately to the complainant on his demand. It is submitted that Death Summary of the patient was never denied to be provided. The complainant in this case after having obtained the body of the wife on 03rd December, 2018 came to the hospital on 04th December, 2018 for discharge of his baby twins but Death Summary was not demanded. The Death Summary of the patient was provided at the point when demanded by the patient.

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

1. It is noted that the patient Smt. Yasmin, 30 years old female was admitted to the emergency of Shanti Mukand Hospital as primi + 37 weeks twin pregnancy(IVF conceived) oblique lie with labour pains. The patient had no history of DM, HTN, hypothyroidism. The patient had congenital malformation of right hand. Emergency L.S.C.S. was done on 02nd December, 2018 both twins handed over to the paediatrician, after delivery of twins, uterus was atonic, bimanual compression uterine was done and injection Synto, injection Methergin and injection Prostadin, Misoprost were given. Despite all prophylactic measures were taken, uterus was still atonic and bleeding was continued, tight packing of uterus was done and Dr. Gautam Jain (Surgeon) and Dr. Pooja Jain (Gynaecologist) were called for assistance. The decision of emergency life saving sub-total hysterectomy was taken collectively and the consent was taken from the husband (the complainant) and the patient. Blood and FFP were arranged. Intra-op fluid resuscitation was also given total four RL, two units Voluven, two units Plasmalyte, two units PRBC were transfused in OT. General anaesthesia was given. Dopamine infusion was also started and sub-total hysterectomy was done, all pedicles were secured, drain was kept in abdominal cavity and the abdomen was closed.

The patient was not reversed and shifted to the ICU for further management on elective mechanical ventilation under Dr. Rajesh Dhall and Dr. Harish Bora (Anaesthetist). The patient’s vitals in ICU at shifting were:- pulse rate was 100/minute, blood pressure was 130/90 mmHg, SPO2-98%, urine output was 350ml. In the ICU, the patient was kept on elective ventilation and monitoring of vitals was done. Two units of PRBC + four units of FFP were transfused in the ICU. CVP cannula was put on CVP was 10 cm of water, urine output was adequate. The patient’s per-op Hb was 10gm% at 05.00 p.m. Drain was minimal. During the patient’s admission in the ICU, tachycardia persisted and the blood pressure had to be maintained with vasopressor support. Injection Midazolam, injection Atracurium infusion was continued. The patient was conscious and responding to verbal commands before restarting the atracurium. The physician and the cardiologist reference were taken and Vasopression and Dilzem were added and impression of post-partum cardiomyopathy/takayasu’s disease was made on based of 2D ECHO findings by the cardiologist. Pro BNP was very high. Post-op, CBC/KFT/Pro BNP, x-ray chest, ECG, ECHO, ABG, procalcitonin were done. Tachycardia persisted throughout and the blood pressure was maintained with vasopressor, although, oxygen saturation and urine output were maintained throughout. There was minimal output in drain, no bleeding PV. On 03rd December, 2018 at 07.00 a.m., the patient had cardiac arrest and resuscitation was carried out as per ACLS guideline but the patient could not be revived and declared dead at 08.00 a.m. on 03rd December, 2018.

1. The high rate of mortality due to postpartum cardiomyopathy despite all measures, is a well-known fact.
2. The management has been done as per the standard protocol.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Shanti Mukand Hospital, in the treatment administered to the complainant’s wife Smt. Yasmin.

Complaint stands disposed.

Sd/: Sd/: Sd/:

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

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

The Order of the Disciplinary Committee dated 10th August, 2023 was taken up for 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 the following observations, mentioned at point (2) of the Disciplinary Committee’s Order, be expunged, as the same are not warranted.

*“****The high rate of mortality due to postpartum cardiomyopathy despite all measures, is a well-known fact.”***

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 Faizan s/o Shri Mohd. Sheed r/o E-35, Rani Garden Extension, Shastri Nagar, Delhi-110031.
2. Dr. Sonal Rohtagi, Through Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
3. Dr. Babar Suri, Through Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
4. Dr. Pooja Jain, Through Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
5. Dr. Harish Bora, Through Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
6. Dr. Gautam Jain, Through Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
7. Dr. Rajesh Dhall, Through Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
8. Dr. Fateh Singh, Through Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
9. Medical Superintendent, Shanti Mukund Hospital, 2, Institutional Area Vikas Marg Extn., Delhi-110092.
10. Medical Superintendent, Nursing Home, Directorate General of Health Services, Govt. of NCT of Delhi, Nursing Home Cell, Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-110032-w.r.t. letter F.13/18/SHD/NH/Comp./DHS/HQ/2019/3135 dated 29th March, 2019-**for information.**

(Dr. Girish Tyagi)

 Secretary