DMC/DC/F.14/Comp.2760/2/2023/ 07th December, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Smt. Sangeeta Sharma r/o RZ-661/A Kailash Puri, Nasir Pur Road, Palam Colony Delhi-110045, alleging medical negligence on the part of the doctors of Aakash Hospital, Hospital Plot, Road No.201, Sector-3, Dwarka, New Delhi-110075, in the treatment of complainant’s husband Shri Sanjeev Sharma, resulting in his death on 12.2.2019.

The Order of the Disciplinary Committee dated 19th October, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Smt. Sangeeta Sharma r/o RZ-661/A Kailash Puri, Nasir Pur Road, Palam Colony Delhi-110045 (referred hereinafter as the complainant), alleging medical negligence on the part of the doctors of Aakash Hospital, Hospital Plot, Road No.201, Sector-3, Dwarka, New Delhi-110075 (referred hereinafter as the complainant), in the treatment of complainant’s husband Shri Sanjeev Sharma (referred hereinafter as the complainant), resulting in his death on 12.2.2019.

The Disciplinary Committee perused the complaint, written statement of Dr. Jyoti Mishra Medical Superintendent of Aakash Hospital enclosing therewith written statement of Dr. Asish Agarwal, Dr. Sharad Malhotra, Dr. Abhay Kumar, Director CTVS; copy of medical records of Aakash Hospital; post-mortem report No.280/2019 dated 13th February, 2019; written statement of Dr. V.K. Ranga, Specialist Forensic Medicine, Deen Dayal Upadhyaya Hospital and other documents on record.

The following were heard in person :-

1) Smt. Sangeeta Sharma Complainant

2) Shri Vaibhav Sharma Son of the complainant

3) Shri Sanjeev Sharma Brother-in-law of the complainant

4) Shri Ankur Pachori Son in law of the complainant

5) Dr. Ashish Agarwal Cardiologist, Aakash Hospital

6) Dr. Sharad Malhotra Gastroenterologist, Aakash Hospital

7) Dr. Abhay Kumar CTVS, Aakash Hospital

8) Dr. Amrish Kumar Consultant CTVS, Aakash Hospital

9) Dr. Sonal Chaudhary Attending Consultant Cardiology, Aakash

10) Dr. Jyoti Mishra Medical Superintendent, Aakash Hospital

11) Dr. V.K. Ranga Specialist Forensic Medicine, Deen Dayal

Upadhyaya Hospital

The complainant Smt. Sangeeta Sharma alleged that her husband Shri Sanjeev Sharma (the patient) had a massive heart attack on 02nd November, 2018. They took him to Aakash Super Speciality Hospital, Dwarka, Sector-03, where he was given medical aid. At that time, the doctors suggested them for open heart surgery. They deposited almost eight to ten lacs for that also. The operation went well and he was fine at that time. He was discharged from the hospital on 10th November, 2018. She (the complainant) regularly took him (the patient) to the hospital for general checkups on weekly basis; then, suddenly in February, 2019, he was started vomiting and his blood pressure was also very low. She consulted Dr. Abhay and Dr. Amrish for the same and took him emergency on 10th February, 2019. But according to the doctors, he (the patient) was well and had an anxiety only. They discharged him normally. Which later, after his death they found that there was a leakage in his heart wall. His health was continuously going down. Again, on Monday i.e., 11th February, 2019, she took him to hospital, he was not well at that day also. Dr. Abhay even without checking said “Aapkyun daily aate hain leke inhe, inhe just anxiety hai”. He (Dr. Abhay) prescribed for some blood tests and endoscopy. At that time also, his blood pressure was continuously fluctuating. They admitted him in hospital for general tests. At that time also, the patient was continuously saying one thing only that he was not feeling well. On Monday night, all of sudden, again his condition was very serious, he was not able to breathe even properly. She called Dr. Amrish and Dr. Abyay many times but they did not respond her. On many requestsmade by her, they shifted the patient to the ICU on ventilator where again according to the doctors, he had a heart attack. After a long struggle of her husband with his pains, they lost him on 12th February, 2019. She launched FIR against Dr. Amrish and Dr. Abhay for their negligence and least bothered behavior. After postmortem, they found very strange thing, according to the reports, third artery which usually gets transplants after bypass surgery, was missing. It means that they had not done bypass surgery, they misguided them. Usually, after bypass surgery, the patient was assured for ten to fifteen years not to have heart attack. But in post-mortem reports, his blockages in the walls were as it is it was in November. Post mortem was done by the government hospital. Whenever she took her husband for regular checkups, Dr. Abhay and Dr. Amrish used to make fun of him that why he (the patient) regularly come up with his anxiety, she does not have anything, go home and take rest. She is very much harassed and disappointed with the negligence and this kind of criminal behavior of them. They had done injustice with their professions as well as with their degrees. She has a doubt that whether degrees with them are original or not. She wants to file a legal complaint against them of the crime which they made and their negligence. just because of them the complainant lost his husband.

The complainant Shri Sangeeta Sharma, on enquiry by the Disciplinary Committee, confirmed that the patient did have a big scar mark on his chest(sternum).

Dr. Ashish Aggarwal, Cardiologist, Aakash Hospital in his written statement averred that the patient Shri Sanjeev Sharma, 52 years old male, was admitted under gastroenterologist with complaints of vomiting, anorexia and uneasiness since last three days. There was no history of chest pain or dyspnea. The patient was referred for clearance of endoscopy. The patient was a known case of uncontrolled DM Type II, HTN, CAD–post CABG for anterior wall myocardial infarction and had residual MR with LV dysfunction in November, 2018. Hence, clearance for endoscopy was done with high risk with cardiac monitoring. The treatment from cardiac side was optimized. On 11th February, 2019, the patient had episodes of restlessness and hypotension, for which, urgent cardiology reference was taken. Cardiac enzymes were sent and ECG done and advice was followed. On 12th February, 2019, the patient again complained of breathlessness and uneasiness. The patient was given ionotropic support and put on mechanical ventilation due to increasing drowsiness and hypotension and a diagnosis of acute coronary syndrome based on raised BNP levels and raised troponin levels was made. ECG and echocardiography were done which showed no fresh changes and the treatment was optimized. The patient had cardiac arrest on 12th February, 2019 at 06:00 a.m. and immediate resuscitation was done. The patient; however, continued to deteriorate and had another cardiac arrest at 09:00 a.m. of 12th February, 2019. The cause of death was acute coronary syndrome with cardiogenic shock with severe left ventricular dysfunction, CAD-post CABG status with diabetes mellitus type II and acute gastritis. In the view of the above facts, the patient was treated with utmost care as per all available expertise and unfortunately suffered acute coronary insult which led to his unfortunate demise.

Dr. Abhay Kumar, CTVS, Aakash Hospital in his written statement averred that the patient Shri Sanjeev Sharma, 52 years old male, was first brought to Aakash Hospital on 2nd November, 2018 at evening from another hospital with acute anterior wall myocardial infarction with cardiogenic shock with pulmonary edema. The patient had uncontrolled diabetes mellitus type II with high blood sugar levels. The patient was immediately shifted to cardiac cath lab for coronary angiography + primary coronary angioplasty. The patient was intubated + ventilated and stabilized with IABP (Intra-Aortic Balloon Pump) and inotropes. The patient’s coronary angiography done on 2nd November, 2018 at night, revealed critical triple vessel coronary artery disease. Angioplasty of left anterior descending coronary artery was attempted, but good flow could not be established due to diffuse block of coronary arteries. The patient was stabilized with intra-aortic balloon pump, intotropes and ventilator support. His echocardiogram done on 03rd November, 2018, showed severe left ventricular dysfunction with LV ejection fraction 25% and moderate mitral valve regurgitation. The critical condition of the patient was explained to the relatives and high- risk coronary artery bypass grafting was done after explaining the risks of the surgery. coronary bypass surgery was done on 05th November, 2018, four grafts were placed on the coronary arteries under support of intra-aortic balloon pump. Immediate post-operative chest x-ray was done on 05th November, 2018. After the surgery, the patient was discharged on 12th November, 2018. The patient’s discharge diagnosis was acute anterior wall myocardial infarction, critical triple vessel coronary artery disease, severe left ventricular dysfunction (LVEF 25%), moderate mitral regurgitation, uncontrolled diabetes mellitus (HBA1c 13.4%) and hypertension. The patient complained of vomiting, anorexia and uneasiness with constipation on 11th February, 2019 and was admitted under care of gastroenterologist Dr. Sharad Malhotra. The patient was seen by Dr. Ashish Agarwal, HOD Cardiology and by him (Dr. Abhay Kumar) on 11th February, 2019 at afternoon. On 11th February, 2019 at night around 11:35 p.m., the patient complained of restlessness and developed hypotension which improved spontaneously. ECG showed no fresh ST-T changes. The patient’s pro BNP and troponin I levels were send. On 12th February, 2019 at 04:30 a.m., the patient developed breathlessness, restless and irritability with hypotension and was shifted to ICU. The patient was started on IV fluids, inotropes and ventilated. The patient’s pro-BNP and troponin I levels were raised and was managed for acute myocardial infarction with left ventricular failure and shock. Echo done showed LVEF 20-25% with akinetic LAD territory as in previous echo reports. The patient developed cardiac arrest at 06:00 a.m. and was revived after ten-twelve minutes of CPR (Cardio Pulmonary Resuscitation. The patient’s condition continued to deteriorate and suffered another cardiac arrest at 09:00 a.m. on 12th February, 2019 and could not be revived despite resuscitation effort. The patient was declared expired on 12th February, 2019 at 10:06 a.m. The cause of death was acute anterior wall and myocardial infarction with cardiogenic shock with severe left ventricular dysfunction with diabetes mellitus with acute gastritis. In the light of all above facts, may he state that the patient was treated with utmost diligence and according to well established scientific procedures and protocols. It is absolutely wrong to conclude from the post mortem report that coronary bypass surgery was not performed, as alleged by the complaint. The post-mortem reportis silent on the number and pattern of bypass grafts placed during surgery. It surprisingly does not mention about the primary evidence of recent surgery as metallic sternal wires, as evidenced in post operative chest x-ray. The patient was absolutely high risk at the time of the surgery and the surgery was done as a life-saving procedure. The patient had absolutely low cardiac reserve with multiple co-morbidities. The complainant’s contention that no heart attack can happen for ten-fifteen years post-bypass, seems to be an unfortunate, emotional statement without any scientific merit. The patient was always thoroughly attended and analyzed during all his post operative follow-ups and properly advised.

Dr. Sharad Malhotra, Gastroenterologist, Aakash Hospital stated that the patient Shri Sanjeev Sharma, 52 years old male, was seen by him on 11th February, 2019 at 10:00 a.m. with complaints of vomiting, anorexia and uneasiness since last three days. The patient was a known case of uncontrolled DM type II, HTN, CAD–post CABG for anterior wall myocardial infarction and had residual MR with LV dysfunction in November, 2018. On presentation, the was moderately dehydrated and had a blood pressure of 90/60 mmHg. The patient was started on antiemetics and IV fluids and admitted for improving his fluid and hemodynamic status. During admission, consult was taken from the cardiologist Dr. Ashish Aggarwal and CTVS surgeon Dr. Abhay Kumar and advice was incorporated in the treatment. By evening of 11th February, 2019, the patient had improved symptomatically and was allowed liquid diet orally. On 11th February, 2019, the patient had episodes of restlessness and hypotension, for which, urgent cardiology reference was taken. Cardiac enzymes were sent and ECG was done and Cardiology advise was followed. On 12th February, 2019 at around 04:30 a.m., the patient again complained of breathlessness and uneasiness. Cardiology team was re-consulted and the patient shifted to ICU where the patient was given ionotropic support and put on mechanical ventilation due to increasing drowsiness and hypotension and a diagnosis of acute myocardial infarction based on raised BNP levels and raised Troponin levels. Echocardiography was done by the cardiology team and a diagnosis of acute MI with left ventricular failure and shock was made. The patient had cardiac arrest on 12th February, 2019 at 06:00 a.m. and immediate resuscitation was done. He, however, continued to deteriorate and had another cardiac arrest on 12th February, 2019 at 09:00 a.m. The cause of death was acute anterior wall myocardial infarction with cardiogenic shock with severe left ventricular, dysfunction, CAD-post CABG status with diabetes mellitus type II and acute gastritis. In view of the above facts, the patient was treated with utmost care as per all available expertise and unfortunately, suffered acute coronary insult, which led to the patient’s unfortunate demise.

Dr. V.K. Ranga, Specialist Forensic Medicine, Deen Dayal Upadhyaya Hospital in his written statement averred that he had conducted the post mortem examination on the dead body of the patient Shri Sanjeev Sharma, aged 52 years/male, vide post-mortem no.280/2019 dated 13th February, 2019, in which, he has given the cause of death was due to cardiac arrest subsequent upon coronary arteries blockage-a natural cause. In that report, he did not mention about the old scar mark present on the dead body, as the dead body was identified by the relatives of the deceased (usually they mention old scar in the case of unidentified dead bodies for the purposes of identification in routine practice) and also was not related to the cause of death in this case. Also, the facts were not put up before him by the investigating officer of police about any negligence in this case. If the case was of any negligence, the investigating officer should approach to the Delhi Secretariat for constitution of Medical Board of three forensic experts. In view of the above facts, there is no attributable from his side and there is no dereliction of duties during the post-mortem examination.

Dr. V.K. Ranga stated that the post-mortem on the deceased Shri Sanjeev Sharma (the patient) was conducted by him and was reported vide post-mortem report No.280/2019 dated 13.02.2019. His findings as to regarding the organ of the chest, relating to heart vessel, was that the deceased had cardiomegaly with left ventricular hypertrophy with thickening of ventricular wall present. On dissection all coronary arteries were found thickened and hardened and wall narrowed lumens. The left coronary artery blockage more than 90% and right coronary artery blockage more than 85% by blood clots. A hyperaemic patch with centrally necrosis present on the inferior wall of ventricle showing the size of 3.2 cm x 2.8 cm. (Suggestive of acute myocardial infarction subsequent to coronary arteries blockage.

On enquiry by the Disciplinary Committee as to whether, it was in his knowledge that the patient had history of bypass surgery, Dr. V.K. Ranga stated that his information was confined to what must have been provided to him in inquest papers by the police. As per him, since, he has not documented any finding, which is evidence of the deceased having undergone any bypass surgery in the past, he maintained that no bypass surgery had been performed on the deceased.

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

1. It is observed that patient Shri Sanjeev Sharma, 52 years old male, presented in the OPD of the said Hospital on 11th February, 2019 at 10.00 a.m. with complaints of vomiting, uneasiness, anorexia for three days. The patient was a known case of Diabetes Mellitus Type II, hypertension, CAD-post CABG (05.11.2018), acute AWMI (02.11.2018). After initial management, the patient was admitted in ward. At the time of admission: moderately dehydrated, blood-pressure was 90/60 mmHg, pulse was 100/minute, conscious and well oriented. The patient was started on IV fluids, anti-emetics, antacids. Subsequently, the patient was clinically better and the patient’s blood-pressure improved. The cardiologist/CTVS reference was taken for post-CABG status. Medical management was advised by the cardiologist and the CTVS team and the same was incorporated in the treatment. The patient showed consistent clinical improvement.

Suddenly, on 12th February, 2019 at 04.30 a.m., the patient complained of uneasiness and breathlessness. The patient was immediately shifted to MICU. In the MICU, diagnosis of acute MI with cardiogenic shock with cardiac arrest was made. Resuscitative measures were initiated. The patient was put on ventilator and inotropes support. Cardiac activity was restored and the blood pressure was maintained at 90/60mmHg. At around 08.30 a.m., inspite of all measures, the patient’s condition further deteriorated and again, resuscitative measures were initiated but the patient could not be revived and the patient was declared dead at 10.06 a.m. on 12th February, 2019.

1. It is observed that the patient was examined, investigated and treated as per accepted professional practices in such cases; he died due to his underlying condition (post CABG-acute interior wall infarction) and it sequalae, inspite of being provided adequate treatment.
2. We, however, find it very disconcerting that even though, as per the medical records of Aakash Hospital, the patient who was diagnosis case of CAD acute anterior wall MI, TVD, severe LV dysfunction, LVEF-25%, moderate MR, HTN, DM and undergone the surgical procedure of CABG X 4 LIMA to LAD (Beating heart on IABP support) RSVG to RI & DCX RSVG to RCA (piggy back graft done to RSVG to DCX graft) on 05th November, 2018 at Akash Healthcare Super Speciality Hospital, there was no mention or finding viz. scar mark on sternum and leg, steel wire, suture not mentioned, adhesions on heart and pericardium, presence of venous graft, internal mammary artery and suture (prolene non absorbable), is also not mentioned in the post-mortem report Dr. V.K. Ranga. The same is reflective of the fact that Dr. V.K. Ranga did not exercise due diligence, which is expected of reasonably prudent doctor whilst performing the post-mortem.

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 Aakash Hospital, in the treatment of the complainant’s husband Shri Sanjeev Sharma; however, the Disciplinary Committee recommends that a warning be issued to Dr. V.K. Ranga (Dr. Vinod Kumar Ranga, Delhi Medical Council Registration No.DMC/R/371) for the shortcomings highlighted hereinabove on his part with a direction that he should be more careful in future; however, since, Dr. V.K. Ranga is currently not registered with the Delhi Medical Council (his registration expired on 02nd May, 2017); a copy of this Order be sent to the National Medical Commission with a request to take cognizance of this Order and take necessary action against Dr. V. K. Ranga.

Complaint stands disposed.

Sd/: Sd/: Sd/:

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

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

Sd/: Sd/:

(Dr. Mohd. Abid Geelani) (Dr. N.K. Aggarwal)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 19th October, 2023 was confirmed by the Delhi Medical Council in its meeting held on 06th November, 2023.

The Council further confirmed the punishment of warning awarded by the Disciplinary Committee to Dr. V.K. Ranga (Dr. Vinod Kumar Ranga, Delhi Medical Council Registration No.DMC/R/371); however, since, Dr. V.K. Ranga is currently not registered with the Delhi Medical Council (his registration expired on 02nd May, 2017); a copy of this Order be sent to the National Medical Commission with a request to take cognizance of this Order and take necessary action against Dr. V. K. Ranga

The Council further observed that the Order directing the issuance of warning to Dr. Sunil Kumar Negi 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. Smt. Sangeeta Sharma, r/o RZ-661/A Kailash Puri, Nasir Pur Road, Palam Colony Delhi-110045.
2. Dr. Ashish Agarwal, Through Medical Superintendent, Aakash Hospital, Hospital Plot, Road No. 201, Sector-3, Dwarka, New Delhi-110075.
3. Dr. Sharad Malhotra, Through Medical Superintendent, Aakash Hospital, Hospital Plot, Road No. 201, Sector-3, Dwarka, New Delhi-110075.
4. Dr. Abhay Kumar, Through Medical Superintendent, Aakash Hospital, Hospital Plot, Road No. 201, Sector-3, Dwarka, New Delhi-110075.
5. Medical Superintendent, Aakash Hospital, Hospital Plot, Road No. 201, Sector-3, Dwarka, New Delhi-110075.
6. Dr. V.K. Ranga, Specialist, Department of Forensic Medicine, Through Medical Director, Deen Dayal Upadhyay Hospital, Govt. of NCT of Delhi, Hari Nagar, New Delhi-110064.
7. National Medical Commission, Pocket-14, Sector-8 Dwarka, New Delhi-110077-**for information & necessary action.**

(Dr. Girish Tyagi)

Secretary