DMC/DC/F.14/Comp.2779/2/2023/ 06th October, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Mukesh Sehgal r/o C-9/79, Sector-5, Rohini, Delhi-110085, alleging medical negligence on the part of the doctors of Fortis Hospital, Shalimar Bagh, New Delhi, in the treatment administered to the complainant’s wife Smt. Sunita Sehgal, resulting in her death on 4.3.2018.

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

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Mukesh Sehgal r/o C-9/79, Sector-5, Rohini, Delhi-110085(referred hereinafter as the complainant), alleging medical negligence on the part of the doctors of Fortis Hospital, Shalimar Bagh, New Delhi (referred hereinafter as the said Hospital), in the treatment administered to the complainant’s wife Smt. Sunita Sehgal (referred hereinafter as the patient), resulting in her death on 4.3.2018.

The Disciplinary Committee perused the complaint, joint written statement of Dr. Manoj Arora and Dr. Gurvinder Kaur, Medical Superintendent, Fortis Hospital; written statement of Dr. Brijesh Yadav and Dr. Pawan Yadav, medical records of Fortis Hospital and other documents on record.

The following were heard in person :-

1) Shri Mukesh Seghal Complainant

2) Dr. Manoj Arora Nephrologist, Fortis Hospital

3) Dr. Pankaj Kumar Consultant ICU, Fortis Hospital

4) **Dr. Brijesh (Dr. Brajesh) Yadav**Critical Care Resident, Fortis Hospital

5) Dr. Pawan Chauhan Consultant Critical Care, Fortis Hospital

4) Dr. Archana Bajaj Medical Superintendent, Fortis Hospital

The complainant Shri Mukesh Sehgal alleged that he had admitted his wife Smt. Sunita Sehgal (the patient) aged 48 years, to the Fortis Hospital, Shalimar Bagh, Delhi for the minor treatment of dialysis. The patient was treated by Dr. Brijesh and referred the patient for dialysis on 03rd March, 2018. But due the medical negligence of the doctors and the staff, the dialysis was not conducted on 03rd March, 2018 at 11:20 p.m. (night). He completed the documents formalities for submission of the required document and the same was submitted to the doctors/medical staff for conducting the treatment of dialysis of the patient on 03rd March, 2018 at 11:20 p.m. and informed by the doctors of this hospital, as they had started the dialysis of the patient on 03rd March, 2018 in night. In the morning of 04th March, 2018 about 07:30 a.m. informed him that the heart-beat of the patient was lower down and doctors started pumping the heart. He asked the question that dialysis was completed or not? But Dr. Brijesh and other coordinate doctors and his team informed the complainant that the dialysis was not done in the night, as the machine was not available in the night. The doctors informed that the dialysis was not conducted; due to that, the heart-beat of the patient was lower down which is the gross negligence towards the patient. The doctors/staff of the Fortis Hospital never/not informed him nor informed to the relatives about the non-availability of the dialysis machine, which was required for the treatment of the patient. The doctors/staff members requested to deposit rupees fifteen Lacs for another advance dialysis treatment for the patient, which the same was refused, as the medication papers was already submitted by him to the hospital/staff members. The doctors/staff members signed the required papers/bank papers for the purpose of the treatment. In the night at 11:45 p.m., on 04th March, 2018, the doctors informed about the death of the patient. He already lodged the complaint to the SHO Police Station Shalimar Bagh, Delhi in afternoon for the negligence of the doctors/staff members of Fortis Hospital. After the death or information given by the doctors of the Fortis Hospital, the he informed/called to 100 number of the Police for the negligence of the doctors/Senior Resident for the negligence in the treatment, carelessness for attending the patient. It is therefore prayed to take strict action against the doctors/staff members of Fortis Hospital after conducting the Post Mortem of the body of the patient. The action should be taken for the negligence against the doctors/staff members of the Fortis Hospital.

On enquiry by the Disciplinary Committee, the complainant stated that they were advised haemodialysis for the patient at around 09.00 p.m.; however, since, he needed sometime to think over, the consent was given subsequently at around 11.00 p.m.

Dr. Manoj Arora, Nephrologist, Fortis Hospital stated that the complainant Shri Mukesh Sehgal alongwith the patient Smt. Sunita Sehgal approached the hospital in the afternoon of 03rd March, 2018 with complaining of cough and fever for the past three days. The patient was admitted in the High Dependency Unit (HDU) as a case of pneumonia and was immediately put on antibiotics (Piperacillin and Tazobactum 4.5 gm IV stat and 2.25 gms. 8 hourly) and other supportive treatment. The patient was a known case of diabetes, and hypertension and chronic kidney disease for the past few years. Arterial Blood Gas Test (ABG) was performed showed metabolic acidosis and mild hyperkalaemia(5.8meq/L). Therefore, medical treatment of sepsis, metabolic acidosis, and hyperkalaemia was initiated. At about 09:00 p.m. on 03rd March, 2018, the hospital informed the complainant about the clinical condition of the patient and after receiving reports, it showed raised total leucocyte count suggestive of sepsis and worsening of renal function in comparison to her past reports. Thus, haemodialysis was planned. However, the attendant wanted sometime to decide for haemodialysis, as they were not willing for haemodialysis at that time, as the patient was stable clinically. After almost two and half hours, the complainant gave his consent for dialysis at 11:20 p.m. on 03rd March, 2023. After the consent was given by the complainant at 11:20 p.m., internal jugular vein haemodialysis catheterization was done at 12:50 a.m. i.e. on 04th March, 2018, following which, a check chest x-ray was done to confirm the position of the haemodialysis catheter, which was received at 02:05 a.m. All this, while the patient was in a stable condition. The patient had her morning tea at 06:30 a.m. and subsequently at 08:10 a.m., the patient met the complainant. On 04th March, 2018, before haemodialysis could begin, the patient suffered a sudden cardiac arrest. Due to such urgency and sudden change in the medical condition of the patient, immediate CPR (Cardiopulmonary Resuscitation) was provided and return of spontaneous circulation was achieved. After stabilizing the patient, the process of haemodialysis (SLED) was initiated at 09:30 a.m. but the same had to be discontinued, as the patient suffered from hypotension and bradycardia at 10:15 a.m., due to which, CPR was again conducted, which was successful and the patient was revived, after which, the patient was conscious. The continuous renal replacement therapy (CRRT) and signed high risk Consent Form. Simultaneously, the patient was seen by the cardiologist and an echocardiography was done on 04th March, 2018, which revealed decrease in cardiac function (Ejection Fraction 35%) and regional wall mention abnormality. Possibility of sepsis and a coronary event were kept. Antibiotics were escalated to Meropenem and Tiecoplanin as Procalcitonin (Sepsis Marker) was found to be high at 13, which is indicative of severe sepsis. Even after various attempts made by the doctors, the patient had multiple episodes of bradycardia even after six hours of CRRT. Therefore, another antibiotic injection Polymyxcin was further added, considering severe septic shock as a case of deterioration. A repeat cardiac evaluation was also done to find out the cause but echocardiography showed further reduction in cardiac function (EF 25%). The patient had ventricular tachycardia and cardiac arrest and could not be revived. Hence, the patient was declared dead at 11:15 p.m. on 04th March, 2018. The above facts show that the hospital was not negligent in treating the patient.

Dr. Pankaj Kumar, Critical Care, Fortis Hospital reiterated the stand taken by Dr. Manoj Arora.

Dr. Brijesh Yadav, Fortis Hospital, Shalimar Bagh in his written statement averred that he was working in the Department of Critical Care in 2018 and was on duty on the night of 03rd March, 2018 with Dr. Pawan Chauhan. The patient Smt. Sunita Sehgal was admitted earlier in the day and was receiving treatment for suspected pneumonia. He called Dr. Pawan to assess the patients in the surgical ICU including the patient, Smt. Sunita Sehgal. In the High Dependency Unit, arterial blood gas test showed metabolic acidosis and mild hyperkalaemia. Dr. Pawan reviewed the patient and discussed the reports with the treating nephrologist. It was decided that the patient shall have to be put on dialysis. Dr. Pawan requested him(Dr. Brijesh Yadav) to inform the family of the patient and take their consent. He spoke to the husband (the complainant) of the patient and informed him about the need for dialysis and requirement of his consent before initiating such procedure. The complainant informed him (Dr. Brijesh Yadav) that he is not in hospital premises and will come in an hour. When the complainant came, he (Dr. Brijesh Yadav) explained to the complainant that the reports showed increased Total Leucocyte Count, which suggested sepsis and worsening of renal function, for which, the patient required dialysis and insertion of HD catheter. The complainant did not give consent at that time, as he needed time to consider and discuss with other family members. After an hour or so, the complainant questioned him (Dr. Brijesh Yadav) as to why the need for dialysis, was not informed to him by the nephrology team. He (Dr. Brijesh Yadav) explained the complainant that the latest reports indicate requirement for dialysis. After a lot of explanation and persuasion, consent for dialysis was given at 11:20 p.m. on 03rd March, 2018. After the consent, dialysis catheter was inserted at 12:50 a.m. He(Dr. Brijesh Yadav) informed the nursing team and instructed them to put the name of the patient on the dialysis register as soon as the chest x-ray report is available. The chest x-ray confirmed the catheter position at around 02:00 a.m. By then, there were two other patients before the patient who were scheduled for dialysis. One was a 72 years old male and other was a 64 years old female. At around 03:00 a.m., he reviewed the patient and found her comfortable and stable. Around 04:00a.m. on 04th March, 2018, he informed the above to the complainant when he came to meet the patient. Between 06:30 a.m. and 07:30 a.m., the patient had tea and the complainant gave breakfast to her. Almost at the same time or around 08:00 a.m., dialysis machine was brought to the patient’s bed and priming for the dialysis started. But before the dialysis could start, around 08:30 a.m., the patient had sudden onset of hypotension. He starting managing the patient and asked **TL** to call Dr. Pawan. The patient had an episode of bradycardia followed by asystole. CPR was given as per protocol, ROSC (Return of Spontaneous Circulation) after four to five minutes. The patient was intubated and put on mech ventilator support and spontaneous circulation was achieved.

Dr. Pawan Chauhan, Consultant Critical Care, Fortis Hospital, Shalimar Bagh in his written statement averred that he was working in Fortis Hospital, Shalimar Bagh, Delhi as Consultant Critical Care in 2018. As far as he remembers, he was on night duty in medical ICU on 03rd March, 2018 and Dr. Brijesh Yadav was looking after surgical ICU on 03rd March, 2018 night. Dr. Brijesh Yadav called him to assess the patients in Surgical ICU, then, they saw the patient Smt. Sunita Sehgal on Bed No. 08 in Surgical ICU. The patient was admitted under Dr. Manoj Arora (Nephrologist). After reviewing her reports, he discussed the case with Dr. Manoj Arora telephonically and he (Dr. Manoj Arora) suggested dialysis. Then he asked Dr. Brijesh Yadav to inform the family about the planned dialysis and prepare the patient for dialysis. Then, he went to the medical ICU to manage the patients and Dr. Brijesh Yadav was looking after surgical ICU where the patient was under observation and being treated. While, he was managing the patients in medical ICU, a patient Smt. Sudha Jain (64 years/female) was in acute renal failure, metabolic acidosis, hyperkalemia and required emergency dialysis. At 08:30 a.m. on 04th March, 2018, he got a call from Dr. Brijesh Yadav that the patient had bradycardia and hypotension. He immediately rushed to the Surgical ICU and the emergency measures were given to the patient and she was stabilized.

Dr. Archana Bajaj, Medical Superintendent, Fortis Hospital, Shalimar Bagh stated that there were two other patients, who had undergone dialysis between 01.00 p.m. to 05.00 a.m. on the intervening night of 03rd March, 2018 and 04th March, 2018. The patient 1, Shri Shashipal Bajaj (UHID: 478545), was shifted directly from the ward. Time of initiation was 03:15a.m. The patient -2, Smt. Sudha Jain (UHID: 474327), who was already admitted in SICU, was a known case of DM/HTN. She was having vomiting/restlessness/abdominal pain/decreased urine output and breathing difficulty. The patient deteriorated and need for urgent dialysis was decided at 02:00 a.m. on 04th March 2018. At 03:00 a.m., HD catheter was placed and after requisite investigation emergency dialysis was started at 04:00 a.m. While this dialysis was happening, the patient Smt. Sunita Sehgal, who was posted for planned dialysis, was being monitored closely. The patient was hemodynamically stable. The attendant was explained the need for urgent dialysis for the above-mentioned patients.

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

1. The patient Smt. Sunita Sehgal, 48 years old female, was known case of DM, HTN (Hypertension), CKD (Chronic Kidney Disease) with diabetic neuropathy, presented in the said Hospital on 03rd March, 2018 with complaints of cough and fever for three days, associated with body-ache. On arrival, the patient was conscious co-operative, oriented. The vitals recorded as : pulse was 84 bpm, blood pressure was 120/70 mmHg, respiratory rate was 20 bpm, SPO2 was 72% improved to 97% on supplemented oxygen. The patient was admitted to the ICU and started on empirical antibiotics and other supportive treatment. On evaluation, the patient was found to have increased T.L.C., increased BUN creatinine and metabolic acidosis with hyperkalemia. The patient was treated for metabolic acidosis and antikalemic measures were initiated. The patient showed improved in potassium levels in subsequent ABG’s. Conservative management was continued for metabolic acidosis, as the patient showed adequate urine output. Injection Sodabicarbonate infusion was initiated for acidosis and the patient was planned for haemodialysis. However, the patient developed bradycardia and hypotension, followed by asystole. CPR was initiated as per ACLS protocol and the patient was revived within two minutes. Cardiology opinion was sought and advice was followed accordingly. The patient was started on hemodialysis and showed poor response in improvement in metabolic acidosis. The patient showed gradual deterioration in cardiac function on sequential echocardiography and cardiac angiography was planned after stabilization. During the dialysis, the patient had recurrent episodes of bradycardia, hypotension and asystole requiring CPR with immediate ROSC (Return of Spontaneous Circulation) with need of high dose vasopressors.

The patient had bradycardia followed by asystole at around 10.45 p.m. CPR was initiated as per ACLS protocol and ROSC (Return of Spontaneous Circulation) was achieved. The patient developed VT at 23.05 hrs (11.05 p.m.), which reverted to DC shock, followed by bradycardia and asystole. CPR was continued; however, the patient could not be revived. The patient was declared dead at 11.45 p.m. on 04th March, 2018.

1. The patient Smt. Sunita Sehgal admitted to the hospital with diagnosis of acute on CKD, pneumonia, hyperkalemia and metabolic acidosis. There was an urgent indication of hemodialysis. Nephrologist advised hemodialysis and the patient’s attendant also gave Informed Consent for hemodialysis timely. Dr. Brijesh Yadav and Dr. Pawan Chauhan, who were posted in Medical and Surgical ICU during the night of 03rd March, 2018 showed delay in providing hemodialysis to the patient till next day morning of 04th March, 2023, stating that the patient appeared stable to them, even they did not do serial evaluation (repeat ABG) to asses serum potassium levels and acid base states of the patient. As a result of this delay, the patient collapsed next day morning of 04th March, 2018 and later on expired due to multiple organ failure.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that a warning be issued to Dr. Brijesh Yadav (Dr. Brajesh Yadav, Delhi Medical Council Registration No.45402) and Dr. Pawan Chauhan (Delhi Medical Council Registration No.17995)

Complaint stands disposed.

Sd/: Sd/: Sd/:

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

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 19thSeptember, 2023 was confirmed by the Delhi Medical Council in its meeting held on 20th September, 2023.

The Council further confirmed the punishment of warning awarded by the Disciplinary Committee to Dr. Brijesh Yadav (Dr. Brajesh Yadav, Delhi Medical Council Registration No.45402) and Dr. Pawan Chauhan (Delhi Medical Council Registration No.17995).

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 Mukesh Sehgal r/o C-9/79, Sector-5, Rohini, Delhi-110085.
2. Dr. Manoj Arora, Through Medical Superintendent, Fortis Hospital, Shalimar Bagh, New Delhi 110088.
3. Dr. Pankaj Kumar, Through Medical Superintendent, Fortis Hospital, Shalimar Bagh, New Delhi 110088.
4. Dr. Brijesh Yadav, Through Medical Superintendent, Fortis Hospital, Shalimar Bagh, New Delhi 110088.
5. Dr. Pawan Chauhan, Through Medical Superintendent, Fortis Hospital, Shalimar Bagh, New Delhi 110088.
6. Medical Superintendent, Fortis Hospital, Shalimar Bagh, New Delhi 110088.
7. Registrar, Uttar Pradesh Medical Council, 5, Sarvapally Mall Avenue Road, Lucknow-226001, Uttar Pradesh (**Dr. Pawan Chauhan is also registered with Uttar Pradesh Medical Council under registration No- 045212 dated 15.12.2001**-**for information & necessary action**.
8. National Medical Commission, Pocket-14, Sector-8, Phase-1, Dwarka, New Delhi-110077-**for information & necessary action and further, Dr. Brajesh Yadav is also registered with the erstwhile Medical Council of India under registration No.MCI/09-35406 dated 26.08.2009-for information & necessary action.**

(Dr. Girish Tyagi)

Secretary

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