DMC/DC/F.14/Comp.2785/2/2023/ 31st October, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Dy. Commissioner of Police, South East District, Sarita Vihar, Delhi, seeking medical opinion on a complaint of Shri Biswajit Mohanty r/o Prateek Laurel, Sector-120, Noida, alleging medical negligence in the treatment of complainant’s wife Smt. Monisha at Apollo Cradle Royale, R-2 Nehru Enclave, Kalkaji, New Delhi-110019, resulting in her death on 25.06.2018.

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

The Disciplinary Committee of the Delhi Medical Council examined a representation from Dy. Commissioner of Police South East District Sarita Vihar, seeking medical opinion on a complaint of Shri Biswajit Mohanty r/o Prateek Laurel, Sector-120, Noida (referred hereinafter as the complainant), alleging medical negligence in the treatment of complainant’s wife Smt. Monisha (referred hereinafter as the patient) at Apollo Cradle Royale, R-2 Nehru Enclave, Kalkaji, New Delhi-110019 (referred hereinafter as sad Hospital), resulting in her death on 25.06.2018.

The Disciplinary Committee perused the representation from police, complaint of Shri Biswajit Mohanty, written statement Dr. Ranoo Mann Arora, Regional Medical Superintendent, North India, Apollo Health and Lifestyle Limited, enclosing therewith written statement of Dr. Vishakha Munjal, Dr. Nemi Kant Sharma; written statement of Dr. Rupali H.K. Chadha, Dr. Sulay Ray Prasad and Dr. Ruqqia Syed; copy of medical records of Apollo Cradle Royale; Post mortem report No.905-18 dated 26.06.2018 and other documents on record.

The following were heard :-

1) Shri Biswajit Mohanty Complainant

2) Shri Ranjeet Mohanty Brother of the Complainant

3) Dr. Vishakha Munjal Gynaecologist, Apollo Cradle Royale

4) Dr. Nemi Kant Sharma Anaesthetist, Apollo Cradle Royale

5) Dr. Rupali H.K. Chadha Registrar, Apollo Cradle Royale

6) Dr. Ruqqia Aslam Syed Senior Resident, ApolloCradle Royale

7) Dr. Sula Ray Prasad Physician, Apollo Cradle Royale

8) Ms. Kritika Document Indoor Incharge, Apollo

Cradle Royale

9) Romen Philem Centre Head, Apollo Cradle Royale

10) Dr. (Maj.) Shilpi Verma Regional Medical Superintendent, Apollo Cradle Royale

The Disciplinary Committee noted that Dr. Ruqqia Alam Syed and Dr. Sula Ray Prasad participated in the proceedings of the Disciplinary Committee through video conferencing.

It is noted that the police in its representation has averred that on 31st July, 2018, Shri Biswajit Mohanty has filed a complaint at Police Station Kalkaji, alleged that on 25th June, 2018, his wife namely Smt. Monisha, aged 33 years old, who was pregnant, was admitted at Appollo Cradle Royale. She gave birth to two babies at 10.18 p.m. and 10.19 a.m., respectively after the surgery. At around 02.00 p.m., the complainant was informed that his wife was becoming restless and was in pain. Thus, her condition was deteriorating. The senior treating doctor was absent at that time (post-surgery) from 10.40 a.m. to 04.00 p.m.). After ultrasound, the senior treating doctor took consent from him for re-exploration, which was done at 05.30 p.m. and the treating doctor left hospital around 06.35 p.m., saying everything was under control. The complainant kept chasing the authorities for the status of his wife till 08.30 p.m. but they did not provide proper answer. Further, the complainant alleged that he was kept in dark for may hours and finally, the doctors declared his wife dead due to cardiac arrest around 11.55 p.m. He rose suspicion that death of his wife caused due to negligent act and carelessness of the doctors of Apollo Cardle Royale. The allegations have been levelled by the complainant against the doctors at Apollo Cradle for their negligent act and carelessness while the treatment of his wife, resulting in her death. In view of the above facts and circumstances, it is requested to give opinion whether there is any negligence or carelessness on the part of the doctors of Apollo Cradle Royale.

Shri Biswajit Mohanty alleged that it was planned C Section on delivery with twin conceive, they admitted his wife Smt. Monisha Pattanayak (the patient) on 25th June, 2018 at Apollo Cradle Royale, Nehru Place, New Delhi with prior consultation with the treating doctor on 19th June, 2018. His wife delivered two baby girls at 10.18 a.m. and 10.19 a.m. on 25th June 2018; spoke to him at 02.00 p.m. fed the babies after shifting to recovery room post-caesarean. Later, she became restless and was in pain, he was with her. Her condition started deteriorating thereafter. The senior treating doctor was absent at that time (post-surgery 10:40 a.m. till 04.00 p.m.). After an, ultrasound being done, hospital doctors alongwith the main treating doctor took consent from him for re-exploration which was done around at 05.30 p.m. The treating doctor left hospital around 06.35 p.m. saying everything is under control- wife was doing good and was in OT for monitoring. He kept on chasing the authorities to know the status of his wife from that time till 08.30 p.m. but he did not get any proper answer and was clueless about when she will be back from OT to recovery room. The family members were completely guarded by the hospital staffs, not allowed to meet his wife even after his wife’s death past two hours. He called the doctor over phone. She was driving back to hospital and was not there at the hospital (from 6.30 p.m. till 08.35 p.m.). Later, when she (the treating doctor) arrived, he came to know that his wife was on ventilator in the OT and unconscious. Hospital took another high-risk consent from him to shift his wife to tertiary care center Apollo Indraprastha hospital Sarita Vihar, but neither did they shift her nor was there any serious effort to shift her or save her. He was kept in dark for many hours and finally hospital declared his wife dead due cardiac arrest around11:55 p.m. The hospital fabricated a story to declare his wife dead; it is indeed a murder, as a result of inadequate treatment by the hospital Apollo Cradle. They did not inform him about her status in due time even when he was present at the hospital throughout and struggled to get her health status many a times. He was helpless because his two newborns were in NICU in same hospital. He would have provided all possible treatments to save his wife with his best effort if the hospital authorities had given him transparent information at right time. His wife’s death in these circumstances raises many questions which need serious investigation. He raised a complaint against Apollo Cradle Royale and the doctors, Nehru Enclave, at Kalkaji PS, New Delhi on this maternity negligence on 26th June, 2018 (FIR / DD Number :3A, FIR Date 26thJune 2018). He is a common man, working in software sector. He does not have adequate knowledge of medical methodologies; hence, he is but, forced to accept the conclusion that was thrown at his face as a reason of his wife’s death. He put his trust as well as the life of his wife in the-hand of experienced doctors at the best possible hospital to make sure that he and his wife can finally start a happy life without any complications. While he hoped that from the hospital four people would return home, but one left the world, and now he is left with two one-month old babies who have to spend an entire life without their mother. He understands that he may not be the only single father in this country. But the crux of the matter is, throughout the entire operation, he was kept in the dark-his wife’s death was dropped on him like a bolt out of the blue. Did he, as a husband, not deserve to be regularly updated on his wife’s condition? Did he not have the right to be given detailed explanation of the on-going operations? The common men rely on the doctors, trust them blindly due lack adequate medical knowledge and it is probably understandable, if a patient is in critical condition, but not if they are assured that everything is under control and all of a sudden, a patient dies. He may be unaware of the risk factors but the doctor knew this. Because of carelessness and very casual approach during operation, there was excessive internal bleeding-what caused this internal bleeding? Why should there be a life-threatening procedure done in the first place that results in a second operation? Are such experienced professional doctors even allowed to make such mistakes? Were there no other alternatives? Is this the value of a life? Here, it is not just one life- three lives have suffered an irreparable loss and it is plainly infuriating to not be able to do anything about it. Today, it is him. Tomorrow, it will be someone else. If strict actions are not taken against such ignorant hospital and the doctors, many lives will be lost, many families will be wrecked. Request the Delhi Medical Council to take up this matter urgently and expedite an investigation into the case. Strict action should be taken against those who are found guilty and justice to him and his family and to the society. He realized the hospital is not equipped, expertise, efficient enough to treat a minor case which is not even life threatening, as informed by the doctors to him at time. He was never intimated of such high risk of mortality by the hospital or doctor prior to this caesarean delivery of his wife. He hopes that urgent attention will be paid to this extreme maternity negligence case from one of reputed Hospital situated at National Capital of India. He does expect an immediate action to be taken against those involved in the death of his wife.

The complainant Shri Biswajit Mohanty further stated that the M.L.C. report MLC/002, having time stamp of collection and sample received is mentioned as 25th June, 2018-09.07 p.m. and 25th June, 2018-09.24 p.m., respectively, which is not correct, but may be wrong timestamp by mistake or intentionally marked. This report MLC/002 (CBC report) shows haemoglobin 16.08/dl grams (g) of haemoglobin per decilitre (dl) which could be correct if sample was taken in the morning and it must be not 16.08g/dl at 09.07 p.m. (night) on 25th June, 2018 as per medical report. The doctor N.K. Sharma confirmed the haemoglobin at 09.00 p.m. was 07.x g/dl. Haemoglobin 16.08 g/dl sample collected at 25th June, 2018 at 09.07 a.m. and platelet count 60000 cells/cu.mm. Haemoglobin 05.2 g/dl samples collected at 25th June, 2018 at 03.37 p.m. and platelet count 152000 cells/cu.mm. Haemoglobin 13.6 g/dl sample collected at 25th June, 2018 at 05.22 p.m. and platelet count 152000 cells/cu.mm. Prothrombin time test was never done before the surgery. Similarly, under pre-operative checklist, the section for blood requirement with type and crossmatch units, screen, hold blood ready is marked, this was done on 09.20 a.m.-10.00 a.m. on 25th June, 2018, then why at 03.30 p.m.-04.00 p.m. its being instructed to arrange blood while the same being mentioned ready in pre-operative check. Could have been early arrangements of blood done, would have saved wife’s life or such critically would have not occurred. Further, in Death Summary, it has mentioned his wife/patient was extubated at 07.00 p.m. and was conscious and responding to commands. The patient had difficulty breathing. Nebulization was done and she was put on oxygen @ 04 ltr/minute by venti-mask while they were told that the patient was doing well, changing dress/clothes to be shifted to the recovery unit. This seems concealing the fact and criticality of his wife.

Dr. Vishakha Munjal, Gynaecologist, Apollo Cradle Royale in her written statement averred that the patient Smt. Monisha Pattanayak was an antenatal patient who started following with her from 28 weeks of gestation. The patient had conceived through IVF and was a case of twin gestation with GDM (on Insulin) with idiopathic cholestasis of pregnancy. The first twin was breech and second was a transverse lie. The patient underwent LSCS at 35+ weeks of gestation under spinal anaesthesia (Indication high risk pregnancy with mal-presentation with preterm labour) on 25th June, 2018 at around 10.00 am. The patient’s caesarean was uneventful and she had approximately 700-800 ml of blood loss during surgery. The patient’s cord blood was also collected from both cords for stem cell banking. The patient was given prophylactic Syntocinon (20 units in drip), injection Methergin, injection Trenaxemic Acid (1 gm in drip) and tablet Misoprost600 mg rectally in view of her being high risk for PPH. She responded well to treatment and did not have PPH during surgery. Post-surgery, the patient was shifted out in the recovery room adjacent to OT at around 11.00 a.m. She did another case in the OT following her (the patient) case and saw her before leaving the OT at 11:30a.m. The patient remained fine till that time and fed one of her babies as well. After approximately two hours, the patient started becoming restless and having tachycardia and was observed to have excessive bleeding P/V. Uterine massage was done and the patient was given 250mcg of injection Prostodin I/M. Injection Syntocinon was on flow in drip. Voluven transfusion was given. Two units of blood were arranged and transfusion was started. The patient continued to remain restless and her tachycardia persisted along with tachypnoea. Her abdomen was soft & uterus was well contracted. A per vaginal examination was done and fistful of clots were removed from vagina and bimanual uterine massage was done. Blood transfusion was on flow and 4 more units of blood and 4 FFP were arranged. After examining the patient, she asked for an ultrasound to be done to rule out any intra-abdominal bleeding. On ultrasound, a blood clot (approximately 250 ml) was seen anterior to uterine corpus and cervix. The decision was taken to re-explore the patient to control the site of bleeding/further management like hysterectomy, if need be. The patient was taken up for re exploration under GA after consent at approximately 05.30 p.m. On reopening the incision, a moderate sized blood clot(approximately 250 ml) was seen anterior to rectus sheath s/o rectus sheath hematoma, which was removed. There was no active bleeding seen inside the peritoneal cavity and uterine incision site was intact. Uterus was thoroughly massaged with hot mops and was well contracted. Peritoneal lavage done with copius amount of warm saline and a drain was left in situ. Hemostasis ensured before closure. Abdomen closed in layers. The patient was extubated at approximately 07 pm. and was kept on OT table for observation. The patient’s condition again deteriorated and she was re-intubated and the decision was taken to shift the patient to higher centre for further management. The husband (the complainant) was counselled and team from Indraprastha Apollo was called for shifting. The patient collapsed during the process of shifting and could not be revived. This is to bring the notice of the Delhi Medical Council that they managed the patient to the best of their capabilities and as per the guidelines of emergency management. Their team of experienced doctors managed throughout but unfortunately; they could not salvage the patient.

Dr. Vishakha Munjal confirmed that the patient was transfused one whole blood + four units of PRBC and four units of FFP. She also confirmed that there was no communication gap between her and Dr. Ruqqia Aslam Syed.

Dr. Rupali H.K. Chadha, Gynaecologist, Apollo Cradle Royale in her written statement averred that she was working in Apollo Cradle Royale, Nerhu Place, Delhi in 2018, in the capacity of Senior Resident/Registrar at that time. She worked as a Senior Resident/Registrar in Apollo Cradle Royale from 2017-2019. Her work in the hospital was to attend to the OPD inpatients and inform the respective primary consultants regarding the patient’s clinical condition and progress and to follow their orders for further management. It was also her responsibility to assist the consultants in various surgical procedures. She did not take any independent decisions regarding the management of the patients and used to follow the instructions given to her by the respective consultant regarding the patient management. On 25th June, 2018, she was on duty and was specifically called by the hospital management to assist Dr. Vishkha Munjal, Consultant Gynaecologist in Apollo Cradle Royale for LSCS of the patient Smt. Monisha Pattanayak. The patient Smt. Monisha Pattnayak underwent LSCS under spinal anaesthesia at approximately 10.00 a.m. (indication G6A3E2 with 36 weeks of gestation with the twin pregnancy IHCP with GDM on insulin, IVF conception). The first twin was breech and second was a transverse life. The patient’s cesarean section was uneventful and the patient had approximately 700 to 800 ml of blood loss during the surgery. At the end of the surgery during vaginal toileting, a clot was removed from vagina in the present of Dr. Vishakha Munjal. On in the instruction of Dr. Vishakha Munjal, tablet Misoprostol 600 mcg was kept per rectum, injection Syntonic 20 units in drip, injection Tranexamic acid 1gm slow I/V was given. The patient responded well to the treatment. The patient was shifted to recovery at approximately 11.15 a.m. with vitals pulse rate-88bpm, blood-pressure was 120 mmHg. SPO2 was 100% on room air, respiratory rate was 20 per minute, per abdomen-uterus well contracted, dressing dry, per vagina-bleeding within normal limits. Injection Syntocin 20 units was on flow in drip. Notes documented in case sheet. The case was handed over to Dr. Ruqqia Aslam Syed, Senior Resident on duty at around 11.15 a.m. with all intra-operative and immediate post-operative findings with special mention about clot during vaginal toileting was informed to her. She left the hospital premises soon after at 11.30 a.m.

Dr. Ruqqia Syed in her written statement averred that she worked as alocum doctor at Apollo Cradle Royale, Nehru, Place, New Delhi, and covered the shift on 25th June 2018, in the capacity of Senior Resident. Her job responsibility was to attend to inpatients and discuss with the consultants and follow the advised management plan. She did not make any decision independently and followed the consultant’s instructions. The patient Smt. Monisha Pattnayakwas admitted with twin pregnancy at 36-week gestation(G6A3E2, IHCP, GDM on insulin, IVF conception) under Dr. Vishakha Munjal, Consultant Obstetrician and had an elective caesarean section under spinal anaesthesia on 25th June 2018. She was not a part of operating team and was given handover post-caesarean section by Dr. Rupali Chadha that the patient was in recovery room and a clot was removed during vaginal toileting. She was on management plan as per consultant Dr. Vishakha Munjal. She (Dr. Ruqqia Syed) attended the patient at 12:10 p.m. in the recovery room. The vitals were stable, uterus was contracted and bleeding P/V was within normal limits. At 01:10 p.m., she was informed by the nursing staff that the blood pressure of the patient was dropped. She immediately attended the patient and assessed the patient. She also called consultant anaesthetist on floor Dr. N.K. Sharma for help, who also attended the patient. The patient’s blood pressure was 92/42mmHg, HR-92/m and on P/V examination-bleeding was seen, few blood clots were removed. Uterine massage was done, fluid resuscitation was escalated. She immediately informed Dr. Vishakha Munjal on phone about the patient’s condition and the severity of the event. She followed her(Dr. Vishakha Munjal) instructions and plan on the ongoing management of the patient. The patient’s vitals were improved, and the patient was kept in the recovery room for further monitoring. At 03:00 p.m., the patient developed tachycardia and her blood-pressure dropped again. On PV examination, few clots were removed. Blood transfusion was started, and tablet Misoprostol PR was given. The anaesthesia consultant Dr. N.K. Sharma was called in again and he attended the patient. At the same time, she immediately informed Dr. Vishakha Munjal on phone again about the patient’s condition and further plan was advised by her (Dr. Vishakha Munjal) in the ongoing management of the patient, was followed. She informed Dr. Vishakha Munjal again on phone and requested to the see the patient. Dr. Vishakha Munjal came and attended the patient and advised for abdominal ultrasound, which reported a hematoma of about 208 ml anterior to lower corpus and cervix (detailed report in case notes). Dr. Vishakha Munjal made the decision for re-exploration in view of persistent tachycardia, intermittent hypotension and low Hb. After the surgery, the patient was extubated at 07:00 p.m. The patient remained tachycardic after the surgery and was kept in OT for further monitoring under anaesthesia team. Dr. Vishakha Munjal was aware of this and post op plan, as advised by her (Dr. Vishakha Munjal), was followed. At 09:00 p.m., the patient suddenly became restless, and her vitals dropped. The patient was intubated again. She informed Dr. Vishakha Munjal about the patient’s condition and the event happened. Dr. Vishakha Munjal came to the hospital and attended the patient. Further on, she (Dr. Ruqqia Syed) followed the instructions as per the consultant in the capacity of a Senior Resident and as part of the attending team till the unfortunate demise of the patient.

Dr. Nemi Kant Sharma in his written statement averred that he is working in the Apollo Cradle Royale, Nehru Place, New Delhi in the capacity of Consultant Anaesthetist. He was the anaesthetist for the LSCS later re-exploration surgery of the patient Smt. Monisha on 25th June, 2018 at Apollo Cradle. The patient was admitted for LSCS on 25th June, 2018. The patient had pregnancy inducted cholestasis with deranged LFT. Earlier, the patient had GDM but for last two month, the patient was not on any medications for DM and she was maintaining her blood sugar, she stopped her insulin on the advice of the doctor. She was accepted for LSCS under spinal anaesthesia as an ASA grade-II. LSCS was done under spinal anaesthesia by Dr. Vishkha Munjal and assisted by Dr. Rupali Chadha in the morning around 10.00-11.00 a.m.; operation was uneventful with normal average bleeding. Two healthy female babies were delivered. The patient was shifted to recovery with stable vitals. After two hours, the patient had fall in blood pressure which was managed by IV fluids. The patient had per vaginal bleeding and passed clots. After one hours, again she had P/V bleeding and again passed clots. The patient was treated conservatively by the gynaecologist as PPH. Blood was arranged and blood transfusion was started. In the evening got a call for re-exploration operation (laparotomy), as her Hb was dropped to 05.02 gm (pre ope. Hb was 13gm) and ultrasound abdomen, there was a hematoma in the rectus sheeth, P/V bleeding was +nt. Four units of PRBC and FFP were arranged and blood transfusion was started and the patient was shifted to the OT. Re-exploration was done under general anaesthesia, there was bleeding from rectus sheeth. Peritoneal suction and lavage suction were done. Operation lasted around on hour. The patient was extubated. Was conscious and breathing spontaneously. The patient was kept in the OT for further observation and the management and for stabilization. After around one and half hours, later her vitals started deteriorating. Her Hb, inspite of blood transfusion, was dropped to 04.7 gm. The patient developed acidosis and was reintubated and positive pressure ventilation was started and vasopressor was started. The decision for transferring the patient to a higher centre (Apollo Hospital) was taken. The team of Indraprastha Apollo arrived, but the patient had cardiac arrest while shifting on ambulance stretcher inside the OT. Resuscitation was started but she could not be revived, inspite of all resuscitative measures. They tried as a team to the best of their efforts and knowledge to save the patient, but unfortunately, the outcome was not successful.

Dr. Nemi Kant Sharma further stated that during the L.S.C.S., the patient had normal average bleeding. After two hours, the patient had fall in blood pressure which was managed by IV fluids. The patient had per vaginal bleeding and passed clots. After one hours, again she had P/V bleeding and again passed clots. The patient was treated conservatively by the gynaecologist as PPH. Blood was arranged and blood transfusion was started. Subsequently, after re-exploration, her Hb dropped to 05.02 gm (pre ope. Hb was 13gm) and as per ultrasound abdomen, there was a hematoma in the rectus sheeth, P/V bleeding was present. Four units of PRBC and FFP were arranged and blood transfusion was started and the patient was shifted to the OT. The patient was kept in O.T. for further observation, management and stabilization. After around one and half hours, later her vitals started deteriorating. Her Hb, inspite of blood transfusion, dropped to 04.7 gm. The patient developed acidosis and was reintubated and positive pressure ventilation was started and vasopressor was started.

Dr. Sula Ray Prasad, Physician, Apollo Cradle Royale in her written statement averred that the patient Smt. Monisha Mohanti was admitted under Dr. Vishakha Munjal, Senior Consultant (in-House) Gynae. & Obst. Apollo Cradle Royale in the above-mentioned hospital where the patient underwent cesarean section on 25th June, 2028 between 10.00 a.m. to 11.00 a.m. She was operating her patient Smt. Priyanka for caesarean section delivery in another O.T. in Apollo Cradle Royale between 12.00 noon to 01.00 p.m. on 25th June, 2018. Following the completion of his cesarean section delivery, she went to the recovery room adjacent to the operation theatre to do post-operative examination of his patient Smt. Priyanka. In the recovery room in the adjacent bed of his patient’s bed, she saw the patient Smt. Monihsa Mohanty was kept. The patient was having some post-operative problem. She saw that Dr. N.K. Sharma, Senior Anaesthesia who had anaesthesia to the patient alongwith the duty doctors and the nurses managing the patient. Dr. N.K. Sharma was talking to Dr. Vishakha Munjal on phone updating her with the patients status and was asking Dr. Vishakha Munjal to attend to the patient Smt. Monisha as soon as possible. She came to know from Dr. N.K. Sharma and the duty doctors that Dr. Vishakha Munjal is immediately coming back to the hospital to attend her patient personally. As she was leaving the recovery room, she met the complainant who was very anxious about his wife. As a fellow human being, she assured him that his treating doctor Dr. Vishakha Munjal is immediately coming back to the Apollo Cradle Royale, to personally attend to the patient. Listening to this, the complainant calmed down and thanked her. Thereafter, she left Apollo Cardle Royale at around 02.30 p.m. to attend to his other patients. Thereafter, she had no knowledge of the patient until the next day, 26th June, 2018 afternoon when she went to Apollo Cradle Royale. There she came to know that the patient has passed away the previous evening (25th June, 2018). This is all she knows about the patient and she has no other knowledge. She is no way associated with Dr. Vishakha Munjal apart from the fact that they were both practicing in the same hospital during that time. Dr. Vishkha Munjal was practicing as the visiting senior consultant gynae. And their respective caesarean section in their respective patients, were scheduled one after the other on 25th June, 2018. The case sheet of the patient from the MRD of Apollo Cradle Royale will show no involvement of mine and substantiate his claim.

On enquiry by the Disciplinary Committee, Dr. Sula Ray Prasad stated that after re-exploration surgery, the patient was attended to by her and the anaesthesia team in the O.T. and Dr. Vishkha Munjal was kept abreast with the condition of the patient. Further, the patient was transfused four units of the blood in the O.T.

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

1. It is observed that Smt. Monisha Mohanty, 33 years old female, who was diagnosed as G6A5 with 35 weeks of gestation with twin gestation with first twin breech and second twin transverse lie with GDM with cholestasis with deranged LFTs, was admitted in the said Hospital on 25th June, 2018 by Dr. Vishakha Munjal. The patient had history of ectopic pregnancy in 2012 laparoscopic left salpingectomy was done. The L.S.C.S. was done on 25th June, 2018 and two female babies were delivered at 10.18 a.m. and 10.19 a.m., respectively. The patient’s intraoperatively period was uneventful. On vaginal toileting, a big clot was removed from the vagina. The patient was given tablet Misoprost 600 MCG, 20 units Syntocinon in drip and 1 GM tranexamic acid. The patient responded to the treatment well and was shifted to recovery room at 11.15 p.m. in a stable condition. At 01.10 p.m., a sudden drop in blood pressure was noted (92/mm of Hg). The anaesthetist was informed and the patient was given injection Mephentermine, injection Effcorlin and one-unit Voluven, excessing bleeding P/V was noted suggestive of PPH. As per vaginal examination done, fistful size of clots removed. Bimanual massage was done. Injection Prostodin was given. Twenty units Syntocinon was on flow and one unit of blood transfusion was started. The patient responded well to the management and was stabilized.

At 03.00 p.m., the patient again had an episode of hypotension. Again, few clots were removed from the vagina and tablet Misoprost was inserted rectally. One blood was on flow, two units of blood and two FFPs were arranged. An urgent USG abdomen was done at 04.30 p.m., which showed a hematoma of size 208 CC, anterior to lower corpus and cervix. A decision for re-exploration by Dr. Vishakha Munjal was taken in view of persistent tachycardia and low haemoglobin (5.5 gm%). High risk consent was taken, four units of blood and two FFPs were asked to be arranged. On re-exploration, a clot of approximately 250 ml was noted, anterior bleeder was noted, no intraperitoneal collection/blood was noted. There was no active bleeding/hematoma at the uterine incision and uterus was well contracted. A thorough lavage was done with warm saline. Hemostatis was secured, surgicel was applied over rectus muscle and a drain was put in situ.

The patient was extubated at 07.00 p.m. and was conscious and responding to commands. The patient had difficulty in breathing. Nebulization was done and the patient was put on oxygen @ 4 litres/min. by ventimask. The whole blood and FFP were on flow and the patient was kept in the OT for monitoring. Dr. Vishakha Munjal left the patient on O.T. table.

At around 09.00 p.m. while the patient was still on O.T. table, she became restless and drowsy but arousable on verbal commands and was haemodynamically unstable. The patient was reintubated and put on ventilator. At 09.30 p.m., the decision was taken by Dr. Vishakha Munjal to shift the patient to tertiary centre for better management and outcome. The emergency team from Indraprastha Apollo Hospital was called. As the patient was being shifted from OT table on to stretcher, she had cardiac arrest and could not be revived and declared dead at 11.30 p.m. on 25th June, 2018.

The cause of death as per the post-mortem findings was suggestive of hemorrhagic shock.

1. From the records available and statements, the volume of blood loss was underestimated in the post-partum period. Besides this, the consultant in-charge (operating surgeon) left the patient in unstable condition after re-exploration. This reflects the casual attitude of the doctor in-charge.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that the name of Dr. Vishakha Munjal (Delhi Medical Council Registration No.8393) be removed from the State Medical Register of the Delhi Medical Council for a period of 15 days with a direction that Dr. Vishakha Munjal shall undergo 12 hours of Continuing Medical Education(C.M.E.) on the subject related to ‘P.P.H. Management’ and submit a compliance report to this effect to the Delhi Medical Council. Further, she should have empathetic attitude towards the attendants.

Matter 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

Sd/:

(Dr. Vishnu Datt)

Expert Member,

Disciplinary Committee

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

The Council also confirmed the punishment of removal of name of Dr. Vishakha Munjal (Delhi Medical Council Registration No.8393) for a period of 15 days awarded by the Disciplinary Committee, with a direction that Dr. Vishakha Munjal shall undergo 12 hours of Continuing Medical Education (C.M.E.) on the subject related to ‘P.P.H. Management’, 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 removal of name from the State Medical Register of Delhi Medical Council 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 Biswajit Mohanty, r/o 1502/2, Bhakata Dr. Madhu Nagar, Gandamunda, Bhubaneshwar, Odhisha-751030
2. Dr. Vishakha Munjal, B-11, Third Floor, Lajpat Nagar-III, New Delhi-110024.
3. Dr. Nemi Kant Sharma, Through Medical Superintendent, A-2, Chirag Enclave, Greater Kailash-1, New Delhi-110048
4. Dr. Rupali H.K. Chadha, Through Medical Superintendent, A-2, Chirag Enclave, Greater Kailash-1, New Delhi-110048
5. Dr. Sula Ray Prasad, 131/2, Nara Singha Dutt Road, Kadamatatla, Howrah, West Bengal-711101.
6. Dr. Ruqqia Aslam Syed, Through Medical Superintendent, A-2, Chirag Enclave, Greater Kailash-1, New Delhi-110048.
7. Medical Superintendent, Apollo Cradle Royale, A-2, Chirag Enclave, Greater Kailash-1, New Delhi-110048
8. SHO, Police Station Kalkaji, New Delhi-110019-w.r.t. DD No.3A, P.S-Kalkaji, dated 26.06.18, U/S 174 Cr. PC-**for information**.
9. Addl. Dy. Commissioner of Police, Office of the Dy. Commissioner of Police, South East District, Sarita Vihar, New Delhi-110076-w.r.t. letter No.9982/SO-DCP/SED (AC-V), dated New Delhi, the 02/11/2018-**for information.**
10. National Medical Commission, Pocket-14, Pocket-1, Sector-8, Dwarka, New Delhi-110077 (**Dr. Vishakha Munjal is also registered with erstwhile Medical Council of India under registration No.5635 dated 28.05.1986**-**for information & necessary action.**

(Dr. Girish Tyagi)

Secretary