DMC/DC/F.14/Comp.2794/2/2022/ 04th November, 2022

**O R D E R**

**The Delhi Medical Council through its Disciplinary Committee examined a** complaint of Shri Hraadyesh r/o S-55, SF Greater Kailash-2, New Delhi-110048, alleging medical negligence and professional misconduct in the treatment of the complainant’s wife and her twin baby at Fortis La Femme, Greater Kailash New Delhi and Indraprastha Apollo Hospital.

The Order of the Disciplinary Committee dated 22nd August, 2022 is reproduced herein-below :-

**The Disciplinary Committee of the Delhi Medical Council examined a** complaint of Shri Hraadyesh r/o S-55, SF Greater Kailash-2, New Delhi-110048(referred hereinafter as the complainant), alleging medical negligence and professional misconduct in the treatment of the complainant’s wife (referred hereinafter as the patient) and her twin baby at Fortis La Famme, Greater Kailash New Delhi and Indraprastha Apollo Hospital.

The Disciplinary Committee perused complaint, written statement of Dr. Meeta Dixit, Medical Superintendent, Fortis La Famme Hospital enclosing therewith written statement of Dr. Anjila Aneja, Dr. Raghuram Mallaiah and Dr. Uma Mallaiah, written statement of Dr. Gaurika Sahi, written statement of Dr. Anjila Aneja, written statement of Dr. Gaurika Sahi, written statement of Dr. Vikas Sangwan, Manager, Office of the Director Medical Services, Indraprastha Apollo Hospital, Sarita Vihar, New Delhi enclosing therewith written statement of Dr. Uma Mallaiah, written statement of Dr. Shilpa Ghosh, copy of medical records of Fortis La Famme and Indraprastha Apollo Hospital, and other documents on record.

The following were heard in person :-

1) Shri Hraadyesh Complainant

2) Dr. Uma Mallaiah Consultant, Ophthalmology, Fortis La Famme and Indraprastha Apollo Hospital

3) Dr. Anjila Aneja Director, Fortis La Famme

4) Dr. Raghuram Mallaiah Neonotologist, Fortis La Famme

5) Dr. Sneha Taneja Fellow Registrar, Fortis La Famme

6) Dr. Avadhesh Ahuja Consultant Neonatologist, Fortis La Famme

7) Dr. Meeta Dixit Medical Superintendent, Fortis La Famme

8) Dr. Ravi Vaish Dy. Mng. DDMS Officiate, Indraprastha Apollo Hospital

9) Dr. Vriti Lumba Ex. Facility Director, Fortis La Famee

10)Dr. Shivani Sabharwal Ex. M.S., Fortis La Famme

11)Dr. Gaurika Sahi Consultant Radiologist, Fortis La Famme

12)Dr. Shilpa Manchanda Distant Relative of the complainant

13)Dr. Avadhesh Ahuja Consultant Neonatologist, Fortis La Famme

14)Dr. Meeta Dixit Medical Superintendent, Fortis La Famme

15) Dr. Deepak Vats Medical Superintendent, Indraprastha Apollo Hospital

The Disciplinary Committee noted that Dr. Shilpa Manchanda (Dr. Shilpa Ghosh) participated in the proceedings of the Disciplinary Committee and was heard through video conference.

The Disciplinary Committee first took note of complainant’s Shri Hraadyesh grievance against Dr. Anjila Aneja, Gynaecologist. It is noted that as per the complaint, Dr Anjila Anjea instructed his wife over telephone to get admitted on 21st December, 2017 at Fortis La Femme for conducting a minor precautionary surgery. On Dr. Anjila Aneja instructions his wife was admitted at Fortis La Femme around 05:00 PM on 21st December, 2017. Post admission on third floor LDR 2 his wife was kept on strict bed rest with legs elevated, later shifted on stretcher to second floor room 201. As per Dr. Anjila Aneja instructions his wife was not allowed to walk or stand not even to use washroom (bedpan given). The precautionary surgery conducted on 22nd December, 2017 was termed as McDonald stitch surgery to avoid any future complication in precious twin pregnancy. On 23 December, 2017 " wellbeing" ultrasound was done at Fortis La Femme shifting his wife on stretcher from second floor room 201 to ground floor ultrasound room and post humiliating ultrasound experience shifted back again on stretcher to room 201. After few hours post completion of discharge formalities on 23 Dec 2017 -his wife was verbally advised and also documented perfectly fit to discharge. His wife was instructed normal routine without any precautions or care. Post discharge, his wife was instructed to walk out from same room 201 where from last two days till just few hours back she was on strict bed rest. As per discharge summary his wife followed-up post one week, over telephone with Dr Anjila Aneja for appointment; wife was instructed to visit after four weeks. Just within 30 days of above discharge, his wife was admitted on 23 Jan 2018 at around 10:30 PM as instructed by Dr Anjila Aneja at Fortis La Femme complaining unbearable back-pain and bleeding. Dr Anjila Aneja refers to "medical jurisprudence world over" briefing about complications of high risk pregnancy. Same Dr. Anjila Aneja failed to provide this basic care of information while discharging his wife on 23rd December, 2017. Dr Anjila Aneja defeated the whole purpose of her extensive international qualification and experience when she discharged his wife without even making him or his wife aware about any precautions, care or safety. It still amuses him - his wife was admitted from 21 December, 2017 till afternoon 23rd December, 2017 at Fortis La Femme she was instructed strict bed-rest. Just completing discharge formalities made his wife return to normal routine?. There is absolutely no mention of any precautions, care, and safety in the entire discharge summary issued by Dr. Anjila Aneja on 23rd December, 2017. Ironically that now skilled knowledge of Dr. Anjila Aneja is now documenting the" high risk" its complication etc in her individual statement of defence. If she was so well aware about the high risk complications of their precious pregnancy - she could have offered an alternative like long term stay of his wife at hospital itself for the remaining tenure of pregnancy. He is sure if informed may be a preterm delivery followed by entire devastation may have avoided. Dr. Anjila Aneja who was so well aware about the "High Risk" " Complications" "Wilfully" "Neglected" to provide even a basic professional medical “care”. Such an experienced Dr. Anjila Aneja missing just a basic professional medical care, attention and appropriate instructions while discharging on 23rd December, 2017 resulted into admission of his wife just within 30 days of above discharge on 23rd January 2018 around 10:30 PM under Dr. Anjila Aneja at Fortis La Femme. On 24 January, 2018 Dr Anjila Aneja performed extreme preterm delivery of his wife with preterm twin babies (his son and his daughter). His daughter medically declared dead on 25th January, 2018. His son continues with his never ending struggle for life since birth. His wife went into isolation post this physical and emotional trauma.

His wife spoke to Dr Anjila Aneja over phone discussing her discomfort and issues on 23rd Jan 2018. As instructed they reached Fortis La Femme at around 10:30 PM - 23 January, 2018. Based on earlier humiliating experience dated 23 December. 2017 he asked for wheelchair and requested for ultrasound before going to room. Officer at reception desk asked to go on LDR 2 third floor for further diagnosis. Doctor on duty admitted his wife after documenting past and current history. The same information recorded in the Nurse chart also in his detail experience note shared with Senior Management - Fortis La Femme. Dr Anjila Aneja came around 11:30 PM - 23 January, 2018 in LDR2. Dr Gaurika Sahi was called in by duty doctor for ultrasound test. When Dr Gaurika Sahi arrived at Fortis La Femme Dr Anjila Aneja instructed her team to shift his wife on stretcher from LDR 2(third floor) to Ultrasound room (Ground Floor) knowing the fact - ultrasound room at Fortis La Femme is not big enough to take a patient on stretcher. His wife who was already in pain and shock had to go through same humiliation and physical torture as experienced on 23 December, 2017. Once Dr Gaurika Sahi was through with her ultrasound test she informed her findings to Dr. Anjila Aneja. Dr Anjila Aneja was never present during the horrifying humiliation and physical pain his wife experienced during shifting process every time she was bought on stretcher to this tiny ultrasound room of Fortis La Femme - not even big enough to accept a patient on stretcher. Dr. Anjila Aneja first diagnosis was a serious medical complication which is causing unbearable back pain to his wife hence our precious pregnancy to abort. Dr. Anjila Aneja also informed same to his wife -who was already in pain and this information of aborting their precious pregnancy, further broke her. Dr Anjila Aneja said she will be conducting a physical inspection of his wife before deciding any further course of treatment. Post physical inspection Dr Anjila Aneja informed that his wife was experiencing labour pain. Dr Anjila Aneja also informed that her earlier decision of abortion was not possible due to some Government regulations. Dr Anjila Aneja briefed about some more protocols to be followed which Dr. Avadesh Ahuja from NICU will share with him. Dr Anjila Aneja said no treatment or any surgery process was required, she will just wait as babies have already started coming out and she will be performing a normal delivery. Dr Anjila Aneja instructed a nurse to get his signatures on some additional set of operational documents. In good faith and trust on Dr. Anjila Aneja he signed all documents given to him. He remained personally present in LDR 2 along with his wife. His first twin baby - his son was born on 24 January, 2018 around 5:00 AM crying and was handed to Dr. Avadesh Ahuja consultant NICU who took him in his hands and ran towards NICU. His second twin baby - his daughter was born after few minutes on 24 January, 2018 and was handed to Dr. Sneha Taneja who remain in same LDR 2 attempting plugging / injecting and similar lot of things to his daughter inside LDR 2 itself without any supervision or assistance from anyone or NICU team. Dr Anjila Aneja and her team were still with his wife doing some medical process. After some time one of the staff who just walked inside LDR 2 room saw and commented to Dr Sneha Taneja – “what are you doing? This does not move". It was shocking for him to personally witness that another staff is more informed then the doctor treating his new-born daughter documented as "extreme premature", "High risk", "critically ill". After this Dr Sneha Taneja freaked and struggled to undo all processes / injecting / plugging she was doing to his daughter. She took his daughter in hands and went towards NICU. On his enquiry with one of the NICU staff, he was told - Dr Sneha Taneja recently joined at Fortis La Femme NICU for a short-term training. There was no senior neonatologist or two skilled neonatologist or adequate NICU staff to handle two human life - his son and his daughter – medically documented as High risk - Critically ill, Extreme premature in individual statement of defence by Dr Anjila Aneja. NICU medical records of his daughter reflect no medical attention was given to his daughter from time of birth 05:15 AM till 6:30 AM - 24 January, 2018. The first medical record for his daughter starts 1 hour 15 minutes after from her birth. The initial first hour documented in local and international medical papers as "The Golden Hour risk management for High Risk New-born" - No one did anything to save life of his daughter expect letting a new medical professional experiment with his daughter - without any supervision or assistance of skilled Neonatologist. Dr Anjila Aneja remained wilfully negligent failing to consider basic "care" of avoiding unnecessary shifting of his wife from third floor to ground flood on stretcher; Knowing the fact - that Fortis La Femme ultrasound room is not big enough to take any patient on stretcher. Dr Anjila Aneja willfully remain negligent in providing a reasonable basic care towards his wife and also failed to adhere to various regulatory guidelines for his daughter and his son. Dr Anjila Aneja remain willfully negligent ignoring another rule of not even involving NICU Head who is also the "only" senior Neonatologist at NICU Fortis La Femme - Dr Raghuram Mallaiah. Dr Anjila Aneja failed to ask for his emergency presence or even discussing this high-risk case / further course of suitable action plan over a phone call. Dr Anjila Aneja being the only senior most available doctor present in LDR2 remain grossly negligent even in raising her concern on Dr Sneha Taneja (newly joined short term trainee NICU) alone handling his daughter without any assistance from NICU team / or in supervision of any senior Neonatologist. He never knew anyone at the Hospital who is who, specializing in what medical profession, who is senior or who is junior. Everything happened in front of his eyes. He was strongly trusting, the experience and professional presence of Dr. Anjila Aneja, whom his wife (patient) and he highly trusted and respected throughout - not only as experienced professional doctor but also as an extremely important individual in their life. Dr. Anjila Aneja considering her extremely high knowledge, experience did nothing at all - in her professional capacity - to even ensure appropriate medical "care" is available to save the life of his daughter and his son. Dr Anjila Aneja remain willfully negligent in providing basic care to his new born daughter and his new born son termed by her as "high risk" "critical". Dr Anjila Aneja remain willfully negligent in adhering to basic guidelines. Dr Anjila Aneja wilful negligence in not providing even basic care resulted in his daughter medically declared dead on 25 January, 2018. His son continues with his never ending struggle for life since birth. His wife went into isolation post this physical and emotional trauma.

Further, Dr Anjila Aneja issued first incomplete discharge summary, for his wife treatment 21 December, 2017 to 23 December, 2017. Dr Anjila Aneja issued second incomplete discharge summary medical records for his wife delivery dated 23 January, 2018 to 30 January, 2018. Dr Anjila Aneja even scraped the information. "There is no mention of Antenatal corticosteroids Dexamethasone given to his wife by the treating doctor Dr. Anjila Aneja”. Dr Anjila Aneja denied any error in her discharge summary, contradicting to the same Dr Raghuram Mallaiah Director & NICU head accept negligence on behalf Dr Anjila Aneja for same raised issues.

He had requested Dr. Anjila Aneja to take suitable decision she thinks as medical professional is right considering the health of his wife his daughter and his son. There is deceitful misrepresentation by Dr. Anjila Aneja that he had knowingly refused for caesarean delivery for his wife quoting some high-risk consent. As per best of his senses he can never take a call on behalf of a skilled medical professional to decide - caesarean or normal delivery for his wife. This information never even came to his attention till he read this statement of Defence by Dr Anjila Aneja. Dr Anjila Aneja had his full consent to decide appropriate treatment strategy for his wife, his daughter and his son. Neither he was informed about any risk / alternative treatment norgiven any choice to refuse. His signatures on blanks formats later represented as informed consents hold no relevance or existence.

Dr. Anjila Aneja in her defense averred that the complainant and his wife visited her at Fortis La Femme, GK-2, New Delhi for the first time on 04.10.2017 in OPD when the Patient was just 8 weeks into her pregnancy. At that point, after she suggested the treatment plan to the Complainant and his wife and wanted to conduct an Ultra Sonography (USG), the complainant had made a statement to her to the effect that he and his wife will in due course decide as to whether they would like to continue the treatment of Mrs. Ridhima(complainant’s wife) with her or with some other doctor as they were referring to other doctors as well. She had duly advised and provided the treatment to the Patient to the best of her abilities. The patient first visited her for consultation on 04.10.2017 in OPD. Then on 11.10.2017, 30.10.2017 and 24.11.2017 the first, second and third Ultrasounds of the Patient were conducted at Fortis La Femme, GK 2, New Delhi. The patient’s pregnancy was a twin pregnancy. Moreover, as already informed to her, the pregnancy was conceived through In Vitro Fertilization. In her experience, which is also established in medical jurisprudence world over, when these conditions are present, there usually are certain complications with the pregnancy and the risk to both the mother and the babies are higher. The ultrasounds showed that there in fact were certain complications with the pregnancy in form of short cervix which puts patient at risk of miscarriage and for that the patient would require a McDonald Stitch Surgery to prevent miscarriage. Thereafter, as planned between her, the patient and the complainant, on 21.12.2017, the patient was admitted in the Hospital for the Mcdonald Stitch Surgery when she was 19+ weeks pregnant. All the risks associated with surgery were explained to the Complainant and his wife and the consent was accordingly taken. The surgery went as planned without any complications and thus, the miscarriage was prevented. The patient was kept in the Hospital for 1 day after the surgery under the observation of her team and her and was discharged on 23.12.2017 after conducting an Ultrasound of the patient to ensure that she is fit for discharge. However, before the discharge, the complainant approached her and complained to her about some problems with his room and the food served to the complainant and the patient. After hearing this, she introduced the complainant to the Customer Service Head for speedy redressal of his grievances; however, the same has no relation to her professional obligation/discharge in relation to treatment of patient. On 23.01.2018 at around 9.00 p.m., she got a call from the complainant that the patient had been experiencing back pain since the past 1 day and had also started bleeding from her uterus. Upon hearing this, she asked the complainant to come with the Patient immediately to the Hospital as she suspected that the Patient could have gone into Labour due to twin pregnancy and already existing short cervix. This fact of pre-mature labour had already been explained to the complainant and the Patient before the surgery on 22.12.2017. She reached the Hospital almost at the same time when the complainant and the Patient had reached the Hospital. As she suspected premature delivery of the babies, she informed her whole team and everyone else required for the treatment and delivery in the Hospital about the situation of the Patient and started preparing for their arrival. The Complainant and his wife reached the Hospital on 24.01.2018 at 12.39 am and were immediately shifted to Ultrasound Room to carry out an Ultrasound, which is necessary for any treatment including a possible delivery. She had already asked the Hospital staff to arrange the Ultrasound Room and as soon as the complainant and his wife reached the Hospital, the wife was straight away taken for Ultrasound without even a minute of waiting. The Ultrasound showed that the Patient was already in labour, which confirmed her suspicion and as she was 24 weeks + 5 days into her pregnancy, the only option available was the delivery of the premature babies. From the Ultrasound Room, the Patient was taken directly to Labour room and as per the speculum, it was seen that she was already dilated by 6-7 centimeters and twin baby 1 had come down in the pelvis of the patient, which means she was already in active and advance labour. At that time, Dr. Avadesh Ahuja who is in the Neonatology consultant was also called to further explain to the complainant and his wife as to how the delivery will take place and under whose care will the twin babies will be treated and monitored after delivery. To make the twin babies healthier and increasing their chances of survival, the twin babies were given antenatal and prophylactic steroids through their mother, however, even before the course of antenatal and prophylactic steroids (24 hours) could have been completed, the wife started complaining of more pain and decrease in time interval of contractions was noted. After understanding the pros and cons of normal delivery as well as Caesarian delivery, the complainant refused to give consent for Caesarian Delivery and wanted a vaginal delivery. This aspect is duly recorded in the Progress Notes dated 24.01.2018. Her whole team and she along with Dr. Avadesh Ahuja and Dr. Sneha Taneja from Neonatology were present during the delivery in the delivery room, in order to ensure that immediate proper treatment was given to the twin babies. As of this point, the patient was in active labour and almost 1/3rd of the body of twin baby 1 was delivering out of the vaginal cavity of the patient. Twin baby 1 (male) was born first on 24.01.2018 at 5:11 AM with birth weight of 715 grams. Immediately after being born, the baby had a weak cry and was intubated and shifted to NICU for further treatment and monitoring by Dr. Avadesh Ahuja. Twin Baby 2 (female) was born second on 24.01.2018 at 5:15 AM with birth weight of 659 grams and was a breech birth. Immediately after being born, the baby had a weak cry and was intubated and shifted to NICU for further treatment and monitoring by Dr. Sneha Taneja. Both the babies suffered from various complications as anticipated. The babies were under the care of NICU and were being treated by Doctors of Neonatology department and the wife of the complainant was under her care. Unfortunately on 25.01.2018, the twin baby 2 passed away due to extreme prematurity, extremely low birth weight, Respiratory Distress Syndrome, Catecholeamine Resistant Shock, Metabolic Acidosis and probable Sepsis. After the unfortunate demise of Twin baby 2, she and all the other treating doctors and· the support staff, understanding the tragic loss suffered by the Patient counselled her and gave comfort to her to the best of their capability and ability to cope with such tragic loss. The Patient became completely medically fit and ready for discharge on 27.01.2018 itself, however, she didn't want to take discharge as she wanted to remain present with her twin baby 1 at all times. So she suggested her that she can retain her room as a breast-feeding mother which she did till 30.01.2018 and then took discharge. After Discharge, the Patient visited her on three occasions for follow up, i.e., on 14.02.2018, 13.04.2018 and 18.05.2018. In all these visits, she thoroughly examined her in OPD and after full examination, she found her to be medically fit and stable.

In relation to the allegation of her alleged advice of abortion she must point out that the same is wholly false and fabricated. At no point during the treatment provided to the Patient, did she advise the Patient for abortion and further, she could not have also advised the same, as, already stated above, the patient’s cervix was already dilated 6-7 centimeters which means that the Patient was already in active and advance labour when she came to the Hospital on 24.01.2018 and further it was also not permissible under law as the Patient was already 24 + 5 weeks into her pregnancy. Further, she submits that she performed the Mcdonald Stitch Surgery on 22.12.2017 on the patient and gave her progestogens only to prevent the miscarriage/ abortion.

With regards to another allegation against her by the complainant that she shared confidential information of the treatment/condition of the patient with an “unknown” Dr. Shilpa Ghosh, she submits that this allegation is baseless, false and frivolous. She reiterates that she never submitted/provided any confidential information to a third party or Dr. Shilpa Ghosh for that matter regarding the treatment of the patient. She further submits that Dr. Shilpa Ghosh is related to the patient. The patient is the niece/relative of Dr. Shilpa Ghosh and as already stated she has already enclosed the printout taken from the social media profile of the patient along with this reply depicting the same. This fact can also be verified from the concerned doctor.

In answer to the allegation by the complainant that she should have ensured that two senior doctors were present during the delivery; she would like to submit that this fact is decided by the Hospital management and by the Neonatology department. In any event two doctors were present and thus context of the allegation is wholly irrelevant and baseless.

In response to the allegation of the alleged incident on 23.12.2017 in the ultrasound Room, the same is false, completely cooked up and seems to have been made with an oblique motive to make a false and frivolous complaint against her as there is evidently no case of Medical Negligence/Professional Misconduct /in the present complaint. She further submits that if there was any basis in the allegations made by the complainant, the patient and the complainant wouldn’t have decided to continue their treatment with her. Infact the complainant used to tell her that he was grateful that she gives so much time to the patient and that she feels more comfortable after talking to her. Thus, their continuation of treatment with the hospital and her is inconsistent with all the allegations made by the complainant in the present complaint.

In regards to the allegation by the complainant that different Discharge Summaries have been issued by the hospital and her for the same period of stay of the patient, she submits that there was no such incident and all the allegations regarding the same are also unsubstantiated, false and frivolous. She respectfully submits that the complaint under reply is nothing but an abuse of process. The complaint contains no material or incident of Medical Negligence/Professional Misconduct. Rather, stories have been cooked up to create some case against her and other doctors. The complaint does not raise any issue of Medical Negligence/Professional Misconduct that would require adjudication of the Ld. Council. Therefore, she humbly prays to the Ld. Council to dismiss the complaint for being false, frivolous, meritless, vexatious and baseless.

The Disciplinary Committee noted that the complainant’s grievance against the paediatrician team is that Dr Raghuram Mallaiah Director and Head of Department Neonatology who is also only senior neonatologist at NICU Fortis La Femme, assumed to have all skills, knowledge; - wilfully decided to remain completely absent from handling emergency involving life of his son and his daughter. Around 05:00 AM, 24 Jan 2018 his son was born in LDR 2 of Fortis La Femme who was handed over to Dr Avadesh Ahuja consultant NICU Fortis La Femme. Dr Avadesh Ahuja took his son in his hand and ran towards NICU. Few minutes later his daughter was born who was handed to Dr Sneha Taneja (newly joined short term trainee NICU). Dr Sneha Taneja remain present in LDR2 attempting, injecting and plugging a lot of things to his daughter in LDR2 itself. She was all alone without any help from any NICU nurse or any supervision. After some-time, a staff entered in LDR 2 who saw Dr. Sneha Taneja and commented – “What are you doing? this does not move”. Listening to this, Dr. Sneha Taneja (newly joined short term trainee) freaked and attempted to undo all process/ injecting / plugging she was doing to his daughter. She took his daughter in hands and went towards NICU. It was a shocking for him to witness that other staff is more aware then the doctor treating his new-born daughter - referred medically as high risk, extremely premature, extremely low weight, critically ill and many other medical conditions. There was no team, not even two senior neonatologist or appropriate skilled staff from NICU to handle two life-his son and his daughter; medically documented as high risk, extremely premature, extremely low weight, critically ill and many other medical conditions. The medical records of NICU Fortis La Femme states the first medical treatment started at 6:30 AM - 24 Jan 2018 for his daughter. Medical examination for his daughter timed as 6:30 AM, 24 Jan 2018 signed by Dr. Sneha. Birth time of his daughter recorded as 5:15 AM, 24 Jan 2018 and the first medical treatment entry at 6:30 AM, 24th January, 2018. The first medical record and examination entry is documented after 1 hour 15 minutes of birth of his daughter at NICU Fortis La Femme. The medical records of his daughter clearly confirms she remain completely neglected during the first hour of her life "referred as Golden hour for high risk preterm neonates" further risking her survival chances.

Surfactant is referred as one important medication for extreme premature neonates to reduce mortality rate is administered as follows by NICU Fortis La Femme:-

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment for | Time of Birth | Surfactant given time | Next dosage given at |
| His Son | 5.11 am | Survanta @ 7.00am | @4.00pm |
| His Daughter | 05.15 am | Survanta @ 06.30am | @3.00pm |

Fortis La Femme instead of recommended timeline of within 15-30 mins gave surfactant Survanta after 2 hours. Fortis La Femme instead of recommended time for repeat dose within 4-6 hours actually gave repeat dosage after 9 hours. There is no difference in time as misrepresented by Fortis La Femme. Dr. Raghuram Mallaiah failed in ensuring basic care towards his patients (his son and his daughter) and remain wilfully negligent by allowing his juniors to treat without any proper supervision or aid causing grievous hurt by endangering multiple human life and loss on one life. The loss due to above medical negligence of Dr. Raghuram Mallaiah was that his daughter was declared medically dead on 25 Jan 2018 by NICU Fortis La Femme(actual situation stays unknown). His daughter was managed since birth by Dr. Sneha Taneja newly joined short term trainee NICU Fortis La Femme without any supervision of any senior neonatologist. His son continues never ending struggle for his life since birth. His wife went into isolation post this physical and emotional trauma.

Dr. Raghuram Mallaiah forced his opinion of using steroids -Dexamethasone as treatment of his son. Dr Raghuram Mallaiah informed him that steroids are very basic line of treatment, he uses to practice in United Kingdom and there are no issues at all in his entire professional career. Based on this information, he signed a document given to him, which is not an "INFORMED CONSENT" on 09 Feb 2018. After reading references available in open domain he was troubled with his decision, he never wanted his ignorance becoming cause of series of medically induced disabilities in his son via undisclosed clinical trial. He immediately discussed his concerns with Dr Raghuram Mallaiah on which he told him to ignore, as his son was not responding to steroid treatment. In March once again steroid treatment was discussed with him based on his earlier understanding, he denied his consent. He also requested to document his decision of not using steroid treatment considering the numerous side effects. His decision was not appreciated by Dr. Raghuram Mallaiah and he said someone will get relevant documentation done later. After few reminders on 15 March 2018 his non-willingness of steroid treatment was documented in medical records. On 16 March 2018 Dr Raghuram Mallaiah had a discussion alone with his wife to start steroids treatment. On 16 March 2018, they took signature from his wife on a fresh document again misrepresenting it as "INFORMED CONSENT" and started steroids treatment on his son for over 16 days. The only information his wife understood - this treatment will save his son’s life and he may be little slow in his learning during playschool. This event also changed a pattern where he was majorly avoided in any document, consent signing process by NICU Fortis La Femme. This pattern can be verified by referring to his son’s medical records issued by Fortis La Femme. Dr Raghuram Mallaiah forced his decision of steroid treatment on him. His son is intentionally exposed to grave negative side effects via this forced clinical treatments. Final neurological and other disabilities of his son yet to ascertain due to an early age.

Dr Raghuram Mallaiah confirmed that he assigned Dr Uma Mallaiah (spouse) for ROP screening of his son since Feb, 2018. Dr. Raghuram Mallaiah also confirmed that Dr Uma Mallaiah is a visiting consultant not part of his NICU team at Fortis La Femme. Dr Raghuram Mallaiah never even bothered to inform her credentials or take a consent from him before or after involving Dr. Uma Mallaiah for ROP Screening. Dr. Raghuram Mallaiah offered no option but forced Dr Uma Mallaiah on his wife as a compulsion. Dr Uma Mallaiah is not even skilled enough for such a specialised requirement of ROP treatment on critically ill neonate. Dr Uma Mallaiah intentionally opted a time for examination 8:30 AM - 9:30 AM when he (father) is strictly not allowed at NICU Fortis La Femme. Dr Raghuram Mallaiah just assumed he should automatically know - What is ROP, its treatment and every information related to ROP treatment for his son. Dr. Raghuram Mallaiah ensured to charge specialist fee under his name for everything at Fortis La Femme still never remain available when required. Dr Raghuram Mallaiah remained missing at the time of emergency birth of his son and his daughter. Dr Raghuram Mallaiah absence was also as the only senior Neonatologist of NICU Fortis La Femme during the emergency birth of his daughter and son. Dr Raghuram Mallaiah assigned his duties to a junior short-term trainee resulting in death of his daughter and lifelong sufferings of his son. Dr. Raghuram Mallaiah remained missing at the time of transfer to Indraprastha Apollo hospital - when his son on life support since birth was forced to transfer in an Ambulance with non-functional life support system. Dr Raghuram Mallaiah was specially called when Indraprastha Apollo Hospital in a sudden panic rush discharged his son at 10:27 PM, 16th April 2018 and transferred his non-moving son in middle of night to NICU Fortis La Femme. Dr Raghuram Mallaiah never came but once again asked Dr Avadesh Ahuja to confirm life status of his son. Dr Raghuram Mallaiah was needed on 25 April 2018 to call and immediately get a specialist opinion for CMV treatment (if that was the real diagnosis). Dr Raghuram Mallaiah never did anything except allowing Dr Uma Mallaiah to treat his son also for CMV. Dr Raghuram Mallaiah was needed to arrange for required diagnostic and treatment machines missing in NICU; In best health interest of his son, he had already authorized to pay rent or purchase cost - still he remain missing. Dr Raghuram Mallaiah was needed to take SOS measures when he was informed about Dr Uma Mallaiah incorrect documentation and eye treatment on 06 May 2018. Shame that Dr. Raghuram Mallaiah took SOS measures not for saving his son-his patient; but for saving himself, Dr Uma Mallaiah and Fortis LaFemme. Dr. Raghuram Mallaiah was needed to get inguinal hernia surgery arranged at Fortis La Femme as he had planned earlier but he did nothing except charging everything as specialist fees all under his own name. Dr Raghuram Mallaiah is promoting and allowing his wife Dr Uma Mallaiah as only ROP specialist in Delhi region. Dr Uma Mallaiah failed to demonstrate single incident in her medical practice confirming her as ROP specialist - instead damaged eye of his son. Dr. Raghuram Mallaiah conducted so many regular diagnosis, clinical tests on his critically ill son and daughter resulting in what? Dr. Raghuram Mallaiah deceitfully kept his son almost entire time from birth at level 3 to charge higher fees till the discharge. Dr Raghuram Mallaiah while charging fees for his son- document him as critically ill neonate hence almost entire stay is charged at level 3 ; but in his statement of defence as self-boost misrepresentation his son was fit and healthy - why so much of disconnect for same patient?.

Considering critical situation of his son on life support all the senior doctors were ready to immediately visit NICU Fortis La Femme. Dr Raghuram Mallaiah denied permission for these second opinion visit at Fortis La Femme.

Dr. Raghuram Mallaiah, Director & Head of Department, Neonatology, Fortis La Femme in his defense averred that the complainant, Mr. Hradyesh Kumar Namdeo and his wife, Mrs. Ridhima Namdeo came into contact with the neonatal team for the first time when Mrs. Ridhima was admitted into the Hospital on 24.01.2018. Dr. Avadesh Ahuja along with Dr. Sneha Taneja had counselled the complainant antenatally regarding the consequences of such a premature delivery and the effect of the same on the twin babies. They informed the parents that the babies would need to be intubated as soon as they are delivered and shifted to NICU for further treatment and management. They were also informed that apart from being extremely premature and underweight, the twin babies were likely to have many other complications as well and would require medical intervention. It was also informed that in such cases, mortality rate is very high and there are chances of long term neurodevelopmental issues and requires long term neurological follow up in view of extreme prematurity, multiple pregnancy and lack of antenatal steroid cover. One dose of antenatal steroids was given to Mrs. Ridhima prophylactically to increase the chances of survival of the twin babies. However, Mrs. Ridhima went into premature labour and delivered the babies much before completion of the steroid course as a result of which the babies did not get the much needed benefit of the steroids administered. Dr. Avadesh Ahuja and Dr. Sneha Taneja were present in the delivery room on 24.01.2018 along with Dr. Anjila Aneja and her team. Twin Baby 1 (male) was born first on 24.01.2018 at 5:11 am with birth weight of 715 grams. Immediately after being born, the baby had weak cry and was intubated and immediately shifted to NICU for further treatment and monitoring by Dr. Avadesh Ahuja. Twin Baby 2 (female) was born second on 24.01.2018 at 5:15 AM with birth weight of 659 grams and was a breech birth. Immediately after being born, the baby had weak cry and was intubated and shifted immediately to NICU for further treatment and monitoring. However, unfortunately on 25.01.2018 at 9:20 AM, even after extensive efforts of his whole team and himelf, the twin baby 2 passed away due to extreme prematurity, extremely low birth weight, Respiratory Distress Syndrome, Catecholamine Resistant. Shock, Metabolic Acidosis and probable Sepsis. From the date of birth, i.e., 24.01.2018 to the date of discharge, i.e., 03.06.2018, the twin baby 1 was under constant supervision and treatment of his team and himself and was given the best treatment possible. After twin baby 1 was born, after examination and subsequent assessment, it was discovered that the baby had many issues and his chances of survival were low. The various issues he suffered from, were extreme prematurity, extremely low birth weight, severe respiratory distress syndrome, patent ductus arteriosus (PDA), Metabolic Acidosis, Bronchopulmonary Dysplasia, Neonatal Hyperbilirubinemia, Rap (Retinopathy of prematurity), CMV Retinitis, Hypovolemic Shock, Subependymal haemorrhage in right ventricle, anaemia of prematurity, apnoea of prematurity and clinical sepsis, CMV infection, Bilateral inguinal hernia, umbilical hernia, Echogenic focus in lower calyx of left kidney and B/L hearing screen refer. All these problems were detected as the time progressed and managed appropriately.

For the Respiratory issues the following treatment was given- On 24.01.2018 itself, an X-ray of the twin baby 1 was done and it was suggestive of Respiratory Distress Syndrome and accordingly, Patient was started on CMV mode of ventilation and was given 2 doses of Survanta Injection at a gap of 9 hours. This resulted in a decrease in oxygen requirement, on 30.01.2018, the patient was started on Capnea Injection and was extubated and put on BiPhasic-CPAP. However, the patient still continued to have multiple episodes of Aponea. On 01.02.2018, “the Patient was noted to have respiratory failure and had to be again started on mechanical ventilation on CMV mode, on 06.02.2018, the Patient continued to suffer from intermittent desaturation and blood gas showed C02 retention and thus, Patient had to be started on HFO mode of mechanical ventilation. On 07.02.2018, the baby was transferred back to CMV mode of ventilation as the blood gas of the Patient improved.

On 09.02.2018, as the patient was facing difficulty in weaning off Mechanical ventilation, the patient was given Dexamethasone injection after the parents of the patient were explained the long term effects on neurodevelopment and the short term risks associated with the same and the consent for the same was taken. However, the said injection had to be withheld from 10.02.2018 in view of hyperglycaemia. The Patient was shifted to SIMV mode of ventilation. As the baby was not getting weaned off the ventilator, Dexamethasone Injection had to again be started; however, the same was again withheld from 19.02.2018 due to hyperglycaemia. On 21.02.2018, Patient was given Capnea Injection and was extubated to BiPhasic CPAP. However, on 10.03.2018, the Patient had to be restarted on CMV mode of Mechanical ventilation due to the increasing episodes of desaturation and bradycardia. After this, the patient had multiple episodes of desaturation with bradycardia even on CMV mode of ventilation which required resuscitation and bag and tube ventilation. On 15.03.2018, the baby was shifted to SIMV mode of ventilation, X-ray of the patient was conducted which suggested existence of Broncho-pulmonary dysplasia and Injection Dexamethasone was started on 16.03.2018, after taking due consent and explaining the short and long term neurological side effects of steroids to the parents again, to wean the patient off from mechanical ventilation, in low doses and the same was given till 04.04.2018. On 26.03.2018, the patient was extubated and put on N-CPAP. After 05.04.2018, as the patient’s condition improved gradually, the Nasal CPAP was also started to be weaned off.

On 16.04.2018, the baby was transferred to Indraprastha Apollo Hospital where ophthalmologist Dr. Uma Mallaiah performed Laser Photocoagulation in view of the B/L ROP. Post procedure, the patient had recurrent episodes of Apnoea at Indraprastha Apollo Hospital and was intubated and started on CMV mode of ventilation. On 17.04.2018, the baby was transferred back to the Hospital on the ventilator. On 17.04.2018 only, the patient was extubated and started on NCPAP and IV Caffeine was continued. From 18.04.2018, the NCPAP was started weaning off and was completely removed on 23.04.2018. Caffeine IV was also stopped on 21.04.2018, as the patient’s situation improved gradually and was stable and breathing on his own.

For the cardiovascular issues, the following treatment was given-From 24.01.2018 to 26.01.2018; the patient was on ionotropic support. On 03.02.2018, a 2D ECHO of the Patient was done by the paediatric cardiac team from Fortis Escorts, which showed a PFO with PDA of approximately 2 mm. On 04.02.2018, oral Ibuprofen was started however, due to low urine output and oedema, Ibuprofen was withheld from 06.02.2018. On 21.02.2018, another 2D ECHO was conducted which showed a PFO with PDA of approximately 2 mm. Another 2D ECHO was done on 13.03.2018 which showed a PFO with PDA of approximately 2 mm along with dilated LA/LV. Due to the significant PDA and the fact that the Patient was not able to be weaned off the mechanical ventilation, the Patient was started on IV Paracetamol for ductal closure and was given the same till 17.03.2018, i.e.3 days. On 17.03.2018, another 2D ECHO was conducted with showed a PFO with PDA of approximately 3 mm along with dilated LA/LV. Due to the dilated LA/LV, fluids were restricted and intermittent doses of oral furosemide were given. On

20.03.2018, he discussed the case telephonically with Dr. Krishna S. Iyer, Pediatric Cardiac Surgeon at Fortis Escorts Hospital and subsequently a meeting for the Complainant with Dr. Krishna S. Iyer was arranged at Escorts on 21.03.2018. Dr. Iyer in the meeting suggested surgical procedure for closure of PDA, however, the Complainant and his wife were not keen for surgery and hence, medical management only was continued. However, when on 17.04.2018, the Patient was extubated, the PDA size decreased gradually and when the 2D ECHO was done again on 04.05.2018, it showed normal segmental analysis, laminar flow, normal biventricular function and no PDA.

For the Gastro-Intestinal issues, the following treatment was given- On 24.01.2018 itself, the Patient was started on trophic orogastric feeds along with IV fluids. The Patient was given oral probiotics at the start of feeding and was also given IV Aminoven and IV SMOF Lipid. The Patient started tolerating feeds well and the feeds were gradually increased and the fluids tapered. By 03.02.2018, the Patient reached full feeds and the feeds were fortified with human milk fortifier. On 02.04.2018, a B/L reducible Inguinal Hernia was noticed to be present. A USG of the B/L Inguinal Canal was done and that showed peristaltic bowel loops in the B/L Inguinal canal. On 07.04.2018, a surgical reference was taken from Dr. Sujit Chaudhary (Paediatric Surgeon) who suggested elective hernia repair surgery at around 40 weeks of gestation of the Patient or at discharge or SOS, in case of signs of obstructed hernia. On 16.04.2018, when the Patient was transferred to Indraprastha Apollo Hospital for laser Photocoagulation for ROP, the Patient was kept NPO for the procedure. On 17.04.2018, the Patient was started on full tube feeds. Further on 25.04.2018, the Patient was tried to be given bottle feeds that the Patient successfully took and subsequently on 25.04.2018, the Patient was started breastfeeding successfully. On 26.04.2018, an USG of the abdomen of the Patient was done due to Cytomegalovirus being positive in the Patient. The USG didn't show any signs of hepatomegaly or splenomegaly. It showed that both Kidneys were normal in shape, size, position and echo texture. However, a 2 mm echo genic focus in the left kidney was noticed in the lower calyceal region. On 28.04.2018, the Complainant told us that he wanted to get the Inguinal Hernia Surgery during the stay only, however as explained earlier,' it was advised that the surgery is not urgently needed and the same be performed around 40 weeks of gestation of the Patient or at discharge or SOS in case of signs of obstructed hernia. On 02.05.2018, the baby was on full breast and bottle feeds. On 07.05.2018, oral probiotics were stopped and fortifier was stopped once the baby reached 2 kgs of weight. On 10.05.2018, another USG of the abdomen was done which showed an "unchanged" (in terms of the intensity of the echogenicity and not the size) echogenic focus in lower calyx of the left kidney that measured 4.2 mm. On 18.05.2018, another pediatric surgery opinion was taken with Dr. Sujit Chaudhary in view of B/L reducible Inguinal Hernia. The mother of the Patient was advised that the surgery of the Patient be done at later stage at a multispecialty hospital where complications, if any, could be dealt with. However, the Mother of the Patient did not give consent for the same. Another telephonic opinion was sought from Dr. Arvind Sabharwal at FMRI, Gurgaon and he also advised surgery at a multispecialty hospital. However, when given the option of transfer of the Patient to FMRI Hospital, the mother refused to give consent. On 30.05.2018, another USG of abdomen was done which showed an unchanged Echogenic Focus in lower calyx of the left kidney measuring 3.9 mm. On 02.06.2018, before discharge it was decided to follow up the Echogenic Focus with USG on follow up. He discussed the case telephonically with Dr. R.N Srivastava (Pediatric Nephrologist) who advised him that the Echogenic Focus is not significant, although it needs to be monitored and advised USG KUB after 1 month.

For examining the neurological condition of the patient, the following tests were done and accordingly treatment was given as under: On 24.01.2018, an USG Cranium of the patient was done in which everything was found to be normal. On 27.01.2018, another USG Cranium was done which showed a 4.3x1.3mm sub-ependymal haemorrhage in right frontal horn of the Patient. On 05.02.2018, the USG Cranium test was repeated and it showed no fresh bleed/mass in the brain parenchyma. However, an unchanged 3 mm sub-ependymal haemorrhage in the right ventricle was observed and the left lateral ventricle appeared marginally prominent as compared to the right lateral ventricle. On 01.03.2018, the USG Cranium was repeated again and it showed complete resolution of the sub-ependymal haemorrhage in the right ventricle. After this, as a precautionary means, the USG Cranium tests were done on 19.03.2018, 07.04.2018, 26.04.2018 and 14.05.2018 and were normal.

The treatment for the eye issues of the patient was done by ophthalmologist, Dr. Uma Mallaiah under his supervision. The brief of the treatment provided to the Patient is as follows. On 07.03.2018, Dr. Uma Mallaiah diagnosed Retinopathy of Prematurity (ROP) -Demarcation line zone-I-in the Patient. Patient was given Bilateral Intraviteral Lucentis along with Vigamox, Nevanac and Refresh eye drops on 21.03.2018. On 16.04.2018, Dr. Uma Mallaiah did the Bilateral Argon Laser Photocoagulation to ishemic retina for threshold ROP at Indraprastha Apollo Hospital. After the surgery, Predacetate, Tobacin, Refresh and homicide eye drops were prescribed to be given every 6 hours. Then on 25.04.2018, due to the retinitis of the eyes, a second opinion was sought by Dr. Uma Mallaiah from Dr. Dinesh Talwar, who examined the Patient on the same day. Dr. Dinesh Talwar suspected viral pan uveitis in the Right eye and active retinitis in the Left eye. However, he wanted to take another opinion from Dr. Parijat and Dr. Rohan Chawla(AIIMS). Due to the retinitis blood tests such as CBC, CRP, Blood Culture, TORCH, PCR for Cytomegalovirus Infection (CMV) were done. IV Gangcyclovir was started on 26.04.2018. On 27.04.2018, the IgM for CMV was positive, IgG was also positive with low avidity, Blood PCR for CMV was also positive and Urine PCR for CMV was also positive which confirmed the diagnosis of CMV Retinitis. Same treatment was continued. By 01.05.2018, the Left eye started healing and the right eye was still inflamed. Dr Uma Mallaiah wanted a review from AIIMS which was refused by the parents. On 09.05.2018, it was observed that the Right eye was still congested; the eye ball was soft, clear cornea and total cataract. The left eye also had cataract, fluffy retinitis in laser scars totally healed, sheathing of blood vessels totally improved, haemorrhages have been resolved and no new vessels noticed. B-scan and IOP measurement of right eye was advised to the parents to be conducted at AIIMS, however, again refused. On 19.05.2018, it was observed that the Left eye is better with no congestion, blood vessels are better, disc is pink, no new vessels are visible and no Retinitis. Right eye same as before, the congestion and cataract are present as before and the cornea is clear. Advised further investigation at AIIMS, however, mother refused to give consent and father not coming to the Hospital.

On 02.03.2018, it was observed that in the Left eye the cornea was clear, Lenticular opacity was as before and the Retinitis was completely healed in the left eye. However, in the Right eye it was observed that Circumciliary injection is persistent and the cornea was clear. There was total cataract in the Right eye and the eye was still softer than the other eye. Therefore, on discharge, the left eye was completely fine; however, the right eye still needed treatment through follow ups and review at AIIMS.

For managing the metabolic issues, the following treatment was administered- On 24.01.2018 and 25.01.2018, it was noticed that the Patient had episodes of hyperglycemia and that was managed by reducing the GIR. Further, on a few occasions, Insulin Infusion had to be given to maintain eugylcemia. On 29.01.2018, on examination, it was observed that the Patient had hyperbilirubinemia. The patient was immediately started on double surface phototherapy and the same was given to the patient till 31.01.2018 and the Serum Bilirubin was observed to be 4.5 mg/dl at the time phototherapy was stopped. On 08.02.2018, TSH Screening was done and it was observed to be normal. On 23.04.2018, Metabolic Screening was done which was observed to be normal. The patient was observed to have metabolic acidosis and was given a few doses of Sodium bicarbonate injections for the same. In view of Hyponatremia, the patient was given oral sodium supplementation. With a view to prevent sepsis which is an infection which injures its own tissues and organs, the following precautionary tests were conducted in response to the treatment. On 24.01.2018, a sepsis screen was conducted and it came back negative but in view of preterm labour and respiratory distress the Patient was started on IV Antibiotics and was given Tazact and Amikacin Injections which was subsequently upgraded to meropenem. On 07.02.2018, the Patient was again started on IV Meropenem due to the increased ventilator requirement. However, the same was again stopped after 17.02.2018. The sepsis screen was negative. On 07.03.2018, the Patient was again started on IV Meropenem due to the frequent episodes of desaturation. Sepsis screen was again conducted which came back as negative and Blood Culture came back sterile. On 10.03.2018, due to the increased ventilator requirement, the Patient was started on IV Meropenem and Colistin. The Blood Culture came back sterile; however, the CRP was increased. The same were stopped when the CRP became normal and the clinical condition of the Patient improved. On 17.04.2018, due to the increased ventilator requirements after ROP laser, the Patient was again started on IV Meropenem. The Sepsis screen came back as negative again and the Blood Culture came back as sterile. The IV was stopped on 22.04.2018. On 25.04.2018, when the Patient started showing signs of Retinitis on ROP screening, he was started on IV Gancyclovir after sending blood and urine tests for CMV. TORCH screen was done which showed high titres of CMV IgM and IgG. The Blood CMV PCR and Urine CMV PCR were both positive. As a part of screening for congenital CMV, TORCH screen was done on the mother, which also came back as positive for CMV. On 05.05.2018, the Blood CMV PCR was repeated and became negative in response to the IV Gangcyclovir. The IV Gancyclovir was continued till 16.05.2018 and then the Patient was shifted to Oral Valganciclovir. On 12.05.2018, Urine CMV PCR was conducted again which showed CMV DNA positive and the medication was continued. On 24.05.2018, he discussed the case telephonically with Dr. Dinesh Kaul (Paediatric infectious disease specialist) who advised to continue the same medication and the same to be continued even after discharge till review by Dr. Dinesh Kaul. As part of the treatment, the Patient was given 5 PRBC transfusions during the stay in the Hospital from 24.01.2018 to 16.04.2018 and' from 17.04.2018 to 03.06.2018. The PRBC transfusions were done on 26.01.2018, 05.02.2018, 22.02.2018, 10.03.2018 and 26.03.2018. After the CMV was detected on 25.04.2018, the first hearing screen was conducted on 30.04.2018 as CMV infection can also affect hearing of the Patient. In the first test, in the right ear both OAE and ABR were not present, however, they were present in the left ear. On the second hearing test done on 15.05.2018, both ABR and OAE were done and were not passed and advised Diagnostic BERA after 1-2months. Later in view of the CMV infection, it was decided that hearing tests will be done every 6 months. The Patient was discharged on 03.06.2018 as being medically fit for discharge. The mother of the Patient was explained the follow up arrangements and was advised as to how to take care of the Patient after discharge. All these were mentioned in the Discharge Summary of 03.06.2018 as well.

The allegation of the complainant that the twin baby 2 did not survive because of the incompetence of the junior doctor assigned to handle her, i.e., Dr. Sneha Taneja is wholly untrue, false and baseless. All the doctors in Neonatology department of the Hospital are highly qualified and are only employed by the Hospital after evaluation of their skills. Further, two doctors from the Neonatology department were present in the delivery room at the time of the delivery. No particular incident of any such incompetence/negligence has been mentioned in the Complaint. Rather the allegation is general and vague in nature.

The allegation of the complainant that even though all the bills with regards to twin baby 1 are charged in the name of Dr. Raghuram, however, he wasn't ever present when needed is baseless, false and frivolous. It is submitted that baby twin 1 was under constant 24/7 supervision of his team and they used to conduct daily examinations on the Patient and daily updates regarding the babies condition was given to the Parents. Further, he used to himself check up on the twin baby 1 everyday to ensure that the best possible treatment was being provided to the Patient. Further there were no instances of mismanagement in the treatment of the Patient as alleged by the complainant.

The allegation against him by the complainant that he refused the complainant to take a second opinion on 11.04.2018 regarding the eye condition of the Patient is false and frivolous. When the Complainant requested him to take the patient for a second opinion, he stated to the complainant that as per hospital policy, the doctors that are not employed/empanelled with the Hospital are not allowed to visit the Hospital for physically examining a Patient of the Hospital. However, to assist the complainant, he provided him with all the documents, records and handwritten notes regarding the treatment being given to the patient by the treating Doctors of the Hospital for ROP so that the Complainant can have the opportunity to get these evaluated by the Doctor he has been referring to and get the second opinion successfully, which is the standard practice across hospitals. He even offered to the Complainant that if he wants to get the Patient physically examined, he can take discharge of the Patient from the Hospital and after getting the examination done by his referring doctor, he can even get the treatment done by them if he so wishes, or else he can bring the Patient back to their Hospital, to continue the treatment in the Hospital itself. However, the Complainant refused to do so which evidences the trust of the Complainant in the treatment being provided by his team and himself to the Patient. Further, no such issue was raised after his discussion with the Complainant.

The allegation of the complainant that there was conflict of interest as Dr. Uma Mallaiah is his wife is wholly untrue, unsubstantiated and frivolous. Dr. Uma Mallaiah has been empanelled with the Hospital from 2012, to do ROP screening and provide treatment for the same to all NICU Patients and she is also the only Ophthalmologist at Apollo who regularly screens and treats ROP. There is no mention in the complaint as to the nature of conflict of interest. The Complaint only levels a general, vague allegation with no context. The allegation of the complainant that the doctors started stressing the need for second opinion only after the ROP surgery and post 25.04.2018 is false, frivolous and baseless. A second opinion was sought on 25.04.2018 because the Patient developed retinitis, which is unexpected. This was done keeping the best interest of the patient in mind.

The allegation that several tests were done on the patient for the same condition stating that the machines/environment is not suitable for conducting the tests is wholly untrue, frivolous and baseless. It is clearly evident from the above-mentioned treatment given to the Patient and all the records submitted to the Ld. Council that multiple tests were only so as to ascertain whether the treatment being provided to the Patient is working as expected or not. Thus, none of the tests were conducted or repeated without any basis and all the tests were only done to further provide adequate treatment to the patient according to the prevalent situation of the Patient. These allegations are an afterthought. There is no communication between the Complainant and the treating doctors at the relevant time that the tests were conducted in unsuitable conditions/machines. Further, no specific information is provided in the Complaint regarding the unnecessary several tests conducted. If the Complainant puts a specific instance forward, he can respond to it with the reasons of the requirements of such tests.

The allegation that even though, the complainant and his wife used to be informed by the treating doctors and nursing staff that they should expect bad news, however, multiple surgeries were planned is false and baseless. Even though the medical situation of the patient was critical, none of the doctors/nursing staff made any such statements to the Complainant and his wife and in fact, on the contrary the doctors, used to work endlessly to the best of their ability to provide the best treatment to the patient. This is evident from the fact that not only has the Patient survived but was discharged in medically healthy and fit condition.

The allegation of the complainant that while taking consent for giving steroids on 15.03.2018, the mother was told that steroids might only result in slow learning of the patient during playschool, is false and baseless. The Complainant and his wife were never mislead that the steroids would only affect the pre-school learning of the Patient. As already mentioned above, they were informed about the complete long term and short term side-effects of the steroids on the neurodevelopment of the Patient. This can even be seen from the well informed Consent given by the Parents dated 09.02.2018 and 16.03.2018 given by the Complainant for administration of steroids to the Patient due to his low birth weight. Further, from the refusal of consent to give steroids dated 15.03.2018, it becomes clearer that the parents of the Patient were informed clearly about the long-term and short-term side effects of the Steroids and were never mislead about the same. He respectfully submit that he have treated the patient to the best of his ability. After suffering from so many ailments it was on account of the extreme care and treatment extended by him and other doctors that the child survived.

Dr. Avadhesh Ahuja, Consultant Neonotologis and Dr. Sneha Taneja, Fellow Registrar, Fortis La Famme reiterated the stand taken by Dr. Raghuram Mallaiah.

The Disciplinary Committee noted that the complainant’s grievance against Dr. Uma Mallaiah is that Dr. Uma Mallaiah failed to confirm that she has any specialized skills or patience required to screen ROP, conduct ROP laser surgery on extremely premature critically ill neonates likely his son. Dr. Uma Mallaih failed to exercise or display even a single reasonable professional competence or duty of care towards his son (patient). Dr. Uma Mallaiah deceitfully conducted clinical trials without his consent or knowledge by injecting lucentis in both eyes of his son. This injection is not recommended by ROP specialist in India or globally due its various serious side effects including vascular development delayand other risks related to organs damage. Lucentis lab itself warns against paediatric use. Dr. Uma Mallaiah, even, having all the advance resources available with her failed to perform any Bscan, IOP, Retcam or allied before or after laster eye surgery. She had all the options, facility available for dilode laster (first line of ROP treatment) still used argon laser (recommended as last resort)-due to its negative implications on critically ill neonates ROP patients. Dr. Uma Mallaih deceitfully in a very suspicious way involved Dr. Dinesh Talwar showcasing as second opinin to treat his son in actual it was nothing but just an act of distraction and erasing all trails or her negligence. Dr. Uma Mallaiah in another act to cover up trails of her errors-deceitfully prescribed CMV medication administered it for over 30 days without any specialized skills to treat CMV patient.

It is further noted that Dr. Uma Mallaih via Dr. Raghuram Mallaiah informed Fortis La Femme does not have appropriate machines, diagnosis devices, operation theatre and cannot be arranged at Fortis La Femme; hence, an immediate eye sugery will be done at Indraprastha Apollo Hospital by Dr. Uma Mallaih. 16th April, 2018 at evening, Dr. Uma Mallaiah further performed laser eye surgery on both eyes of his son at Indraprastha Apollo Hospital. The reason for transfer was Indraprastha Apollo Hospital has complete infrastructure. All rules and protocols for transferring a crtically ill neonate patient were breeched while all transfers, further, risking life of his critically ill son. Dr. Uma Mallaiah had all facilities available yet she willfully ignored to use any Fortis La Femme informed the surgery needs specialized operation theatre. Dr. Uma Maallaih in actual performed a bedside laser eye surgery in NICU. During the surgery, no anaesthetist was present to monitor his critically ill son. Laser surgery performed is documented as Argon Laser Photocoagulation. He was informed that discharge will happen next day 17th April, 2018 post 08.00 a.m. After the surgery, his son cried out loud and suddenly stopped. Post which Indraprastha Apollo Hospital in a sudden panic rush discharged his son who was not even moving at 10.27 p.m. on 16th April, 2018 itself.

Dr. Uma Mallaiah, Consultant, Ophthalmology, Fortis La Famme in her defence averred that on 20.02.2018, she was asked by Dr. Raghuram Mallaiah who was heading the care and treatment being provided to the baby of the complainant in the Neo-Natal Intensive Care Unit to screen the baby for ROP and she accordingly, screened the baby for Retinopathy of Prematurity (ROP). The examination was necessary on account of the fact that the child was a pre-term baby born at 24 weeks and 4 days and weighed 715 gm. She conducted the first ROP screening on 20.02.2018. She observed that only the optic disc could be seen and minimal blood vessels had formed around the disc. The retina was extremely ischemic. It is needless to mention that ROP is a common condition in babies born before 32 weeks. Before she delves into the details of the examination conducted and treatment given by her, it is pertinent to provide a brief background of ROP. ROP or retinopathy of prematurity is an eye disorder caused by abnormal blood vessel growth in the light sensitive part of the eyes (i.e. the retina) in premature infants born before 32 weeks and those weighing 1.8 Kg or less at the time of birth. Infants born full term do not get ROP. Blood vessels in the eyes normally finish developing a few weeks before birth. In babies born early, normal retinal vessel growth may be disrupted and abnormal vessels can develop. This can cause leaking and bleeding into the eye. Premature babies born before 32 weeks are at a high risk of contracting ROP. As per the Medical Literature ROP is a disorder found in pre-mature babies. The retina is a tissue located in the back of the eye, and is primary affected due to this condition. The growth of unwanted blood vessels on an infant’s retina can cause serious eye and vision problems. ROP can go away on its own as an infant grows. If it does not go away, however, it needs to be treated. If left untreated the infant can suffer severe vision loss, or even go blind. ROP has no signs or symptoms when it first develops in a new-born. The only way to detect it is through an eye examination by an ophthalmologist. If ROP is not detected in time and is left untreated, then, it may lead to blindness in the infant. However, since the disease has no outward symptoms, the doctors and nurses who work, in the neo-natal intensive care unit cannot detect or diagnose it. Infants at a risk for ROP are routinely screened by the ophthalmologists. ROP is not detectable in an infant immediately after birth and develops later on. It is stated that the window in which the ROP needs to be treated is very small, and if the same is not treated in this period, the baby is at a risk of suffering from serious vision problems including blindness. For many years, the only treatment for ROP known to medical science was cryotherapy and laser treatment. It is only in the recent past that intravitreal injection has been discovered as an effective treatment for ROP. After 20.02.2018, she further examined the baby on 28.02.2018 and noted that the formation of blood vessels was a little better and no ROP was detected. On 07.03.2018, she noted the beginning of ROP in the baby of the complainant. On 16.03.2018, she observed that the ROP was worsening and the disease was very posterior on the basis of which, she counselled the mother about the possibility of the baby needing treatment. When she reviewed the baby on 19.03.2018, ROP had further worsened and I advised bilateral intravitreal anti VEGF injection, as the next step in the treatment of the baby. She also explained to both the parents that there is a strong likelihood of the baby needing laser treatment at a later stage after the intravitreal injection. However, as Informed Consent for intravitreal injection was only given by the parents on 21.03.2018, the same was administered to the baby in both the eyes on 21.03.2018. The baby was also given Vigamox eye drops, Nevanac eye drops, refresh eye drops six hourly in both eyes. She further examined the baby on 23.03.2018, 28.03.2018, 02.04.2018 and 07.04.2018. On 07.04.2018, she noted neovascularisation in two to three clock hours of posterior Zone 2 region and, therefore, counselled the mother on the need for laser treatment. On 11.04.2018, she noted posterior zone 2, almost 360 degrees new vessels, tortuosity of posterior pole vessels. Based on the worsening condition of the eye of the baby, she advised that the baby needed laser photocoagulation at the earliest in order to prevent permanent damage to the baby’s eye. Meanwhile the complainant had sought to obtain a second opinion, which was duly acceded to by the concerned doctors. It was informed to the complainant that the child can be discharged and taken for the second opinion and after the second opinion, if the parents wish to continue the treatment of the child with the hospital, the child can be re-admitted, however, the parents chose not to take the baby elsewhere for a second opinion. The laser procedure for the ROP could not be done at La Femme Hospital because the hospital did not have the equipment to conduct the same. The management of the hospital advised the parents that the baby would be transferred to Indraprastha Apollo Hospital for the laser procedure, where she would conduct the laser procedure. On 16.04.2018, the baby of the complainant was shifted to Indraprastha Apollo Hospital for laser for the treatment of ROP. At Indraprastha Apollo Hospital, bilateral argon laser photocoagulation was done at 4:30 p.m. under sedation after taking a detailed written Informed Consent from the parents after the same was explained to them in great detail, and the same was successful. The parents of the baby were advised to continue admission in Indraprastha Apollo Hospital, as the baby had been sedated during the procedure and, hence, required observation post procedure. The baby was also intubated and placed on ventilator in view of the frequent apneic spells, which could not be managed with non-invasive ventilation. The mother of the baby, however, insisted on sitting inside the neonatal ICU. It was explained to her that intensive care units are to have controlled environment with restricted entry, but the parents insisted on taking the baby back to Fortis La Femme hospital and, hence, the baby was re-admitted to La Femme Hospital on 17.04.2018. On 18.04.2018 and 21.04.2018, she noticed that there was regression(improvement) in ROP, as is expected after a laser procedure. On 25.04.2018, she noted that there was severe inflammation in both eyes of the baby. She suspected that the inflammation was due to infection, however, she decided to seek a second opinion from Dr. Dinesh Talwar who is a vitreo retinal specialist. Dr. Dinesh Talwar visited the Hospital on 25.04.2018 and examined the baby. On examination of the baby, Dr. Dinesh Talwar suspected that the baby had contracted viral pan uveitis in the right eye and active retinitis in the left eye. Dr. Dinesh Talwar however, advised that another opinion should be sought from AIIMS, namely from Dr. Parijat. After taking consent from the parents, the baby was examined by Dr. Parijat and Dr. Rohan Chawla on 25.04.2018 at AIIMS. No clear diagnosis was reached by the aforementioned doctors and a few changes were made to the topical eye treatment. They carried out certain blood tests on the baby including CBC, CRP, blood culture, TORCH and CMV PCR to determine the cause for the inflammation. The PCR test conducted on the baby revealed that the baby had cytomegalovirus retinitis, also known as CMV retinitis. CMV retinitis is an inflammation of the retina of the eye that can lead to blindness. It is stated here that the inflammation and the ROP suffered by the baby were independent of each other. Empirical intravenous gancyclovir was started which was the treatment of choice after a detailed discussion with the mother was had with regard to the same. On 01.05.2018, the left eye of the baby showed improvement. However, the right eye was still congested with total cataract, but eye pressure was better digitally. It is stated that she wanted to seek another opinion from AIIMS, as the right eye was not responding to the treatment in the desired way. However, the same was refused by the parents. It was at this stage that she began to make separate observations for the eyes of the baby, as the condition of the left eye was better than the right eye. On 06.05.2018, she observed that the left eye of the baby was improving well with minimal areas showing active retinitis. The blood vessels in the eyes were healthier. There were no haemorrhages. The right eyeball was still soft, total cataract with no view of retina. The eye was not responding well to the treatment at the relevant time. On 09.05.2018, the congestion in the right eye was better; however, the eyeball was still soft with clear cornea and total cataract. The left eye had cataract as before with healing retinitis. The laser scars had totally healed and the sheathing of blood vessels had also totally improved. The haemorrhages had resolved and there were no new vessels. However, nasal retina in mid periphery still yellowish. At this stage, she advised B-scan for the right eye and IOP measurement. Since the scan was not available at Fortis La Femme Hospital, she needed to transfer the baby to either Indraprastha Apollo Hospital /AIIMS for the same and she also advised a further opinion from AIIMS. However, the parents did not give consent for the either of the options suggested. The tests that were required to treat the right eye of the baby were ultra-sound, intra-ocular IOP. These tests were pertinent in the investigation of the condition of the right eye of the baby. However, no consent was given for the same. On 16.05.2018, the status of the eyes remained the same. There was no change in the condition of the eye. She again advised B-scan IOP check for the right eye. Both these facilities were not available in the present Hospital. The mother of the baby was explained the need for these two tests, for which, the baby needed to be transferred to Indraprastha Apollo Hospital /AIIMS. She also wanted Dr. Talwar to review the baby in La Femme in the NICU itself, but the mother again refused to give consent. On 19.05.2018, the left eye was better. She observed that there was no congestion, cataract was as before; blood vessels were better, disc pink, no new vessels and no active retinitis. The right eye was as before, there was no congestion present the cornea was clear and cataract was as before. The attendants were also advised that further investigations were to be done at Indraprastha Apollo Hospital /AIIMS and second opinion from AIIMS was sought. However, the same was refused by the mother. The same treatment was continued. It is stated that on 23.05.2018, the left eye of the baby was healed of all retinitis; however, the condition of the right eye remained the same. The complainant and his wife refused to give consent for further investigations to be conducted to advance appropriate treatment to the baby. On 02.06.2018, the left eye of the baby had completely healed from both retinitis and rap while right remained unchanged. The baby was discharged from the hospital on 03.06.2018, and was advised to continue ophthalmology evaluation, and to get conducted B-scan and IOP measurement for further management.

She further averred that she is not the person who refused the visit of a third doctor to the hospital. However, it is stated that it was specifically informed to the father and mother by the NICU team, that the baby can be transferred to another hospital for the purposes of a second opinion and re-admitted to Fortis La Femme Hospital on the choice of the parents. It was the parents who refused to take the baby to another hospital for a second opinion. Therefore, the allegation levelled by the complainant in this regard is completely baseless. Moreover, the decision to conduct surgery on the baby was not a compulsion but rather an informed decision taken by the parents. It is stated that the parents at first refused to give consent to perform the procedure, however, on 16.04.2018, they gave Informed Consent to go through with the same. It is stated that the need for administration of intravitreal lucentis has been documented, and also explained to the parents of the baby. They provided Informed Consent for the same on 21.03.2018. Subsequently, intravitreallucentis was administered to the baby on 21.03.2018. The same can be verified from NICU notes and drug administration chart. It is stated that the allegations with regard to billing of the injection cannot be responded to by her, as she is not involved in the same. The treatment provided to the baby of the complainant was to the best of her ability and as per her understanding; the eyes of the child have made significant improvement. On the date of discharge, the left eye was completely healed, and the same was on account of care and treatment extended the undersigned and other doctors despite the numerous hurdles caused by the complainant. In light of the submissions made hereinabove, and on a perusal of the medical records maintained by the doctors of the NICU team and herself, it is evident that all of the allegations levelled by the complainant are completely false and fabricated.

The complainant Shri Hraadyesh alleged that Dr. Shivani Sabharwal dominated her authority as Medical Superintendent, Fortis La Femme, deceitfully attempted to cover trails of all issues. She got visibly involved and most active post 06th May, 2018 when he raised the issue of incorrect eye diagnosis, handwritten notes of Dr. Uma Mallaiah with Dr. Raghuram Mallaiah Director & NICU Head, Fortis La Femme.

Dr. Shivani Sabharwal stated that her role in this case was in capacity of Medical Superintendent, Fortis La Femme; she was never involved as a clinician in the treatment of the complainant’s wife Mrs. Ridhima and his children.

The complainant Shri Hraadyesh alleged that Dr. Gaurika Sahi is the only witness of most horrifying, humiliating incidents happened on 23rd December, 2017 and 23rd January, 2018 at Fortis La Femme ultrasound room. World class, state of art, premium luxury, Fortis La Femme-Super Speciality Hospital for women and children; which did not have an ultrasound room big enough to accept patient on stretcher. Dr. Gaurika Sahi is also the only doctor who was present and conducted both ultrasound tests of his wife on 23rd December, 2017 and 23rd January, 2018. Dr. Gaurika Sahi staying silent on this confirms her full encouragement and acceptance of such grievous acts by Fortis La Femme. Dr. Gaurika Sahi also conducted various ultrasounds for his daughter and his son. Dr. Gaurika Sahi issued reports already submitted in factual documentary evidences which are not clear when word “remain unchanged” is used for increasing diameters. None of the reports issued by Dr. Gaurika Sahi duly authenticated.

Dr. Gaurika Sahi stated that she conducted the ultrasounds and reported on them as per the accepted professional practice in such cases.

The complainant Shri Hraadyesh alleged that Dr. Vritti Lumba fixed a personal meeting with him misrepresenting her as Chief of Operations; Fortis La Femme on 19th April, 2018, during meeting corrected her as Facility Director, Fortis La Femme. Dr. Vritti Lumba breeching every rule openly shared his entire private sensititve information only available with senior management, Fortis La Femme. Considering sensitivity, Dr. Vritti Lumba was not even part of those communications. Dr. Vritti Lumba on her own started to threaten him over emails since 13th May, 2018 and became official responder on behalf of Forits La Feeme post that.

Dr. Vritti Lumba stated that the allegations made against her are incorrect. Her interaction with to the complainant was in her capacity as Facility Director. She made all efforts to redress the issues which were raised by the complainant.

The complainant Shri Hraadyesh alleged that he never met, authorized, and consulted Dr. Shilpa Manchanda (Dr. Shilpa Ghosh). Dr. Shilpa Ghosh without his authorization or his knowledge, using her own professional credence breeched mine and his entire family right to privacy. Dr. Shilpa Ghosh in association with senior doctors at Fortis La Femee mockingly breeched all rights, codes, doctor-patient privacy; devasted his entire family. Issues ongoing since December, 2017 confirm that Dr. Shilpa Ghosh was always interested in breeching mine and his family privacy. And also in broadcasting his wife, his daughter, his son, his confidential medical records, status, treatment, personal private information to any or everyone including her own visitor, patients. Calls received in March, 2019 from a visitor/patient of Dr. Shilpa Ghosh confirm that she not only broadcast but is always using his personal private family details as reference in her own medical practice.

Dr. Shilpa Manchand (Dr. Shilpa Ghosh) stated complainant’s wife Smt. Ridhima was a distant relative of her and that she has interacted with the doctors of Fortis La Femme at her behest and for the welfare of the patient Smt. Ridhima. She was not the treating doctor. The allegations of the complainant regarding the breech of doctor-patient privacy, are misconceived and denied.

Dr. Gaurika Sahi in her written statement averred that she only conducted two ultrasounds of the wife of the complainant Smt. Ridhima Namdeo on 23rd December, 2017 and 25th January, 2018 and multiple ultrasounds of the twin-1 on 05th February, 2018, 12th February, 2018, 01st March, 2018, 19th March, 2018, 07th April, 2018, 10th May, 2018, 14th May, 2018 and 31st May, 2018 and was never involved in treatment administered to twin-2. She has only conducted the ultrasounds, prepared the reports and provided the same to the concerned treating doctors, who have in turn taken the decision with regards to the course of treatment to be provided to the wife of the complainant and twin-1. Thus, she has never been directly involved in the treatment of the complainant’s wife or any of the twins and has only conducted radiological diagnostic testing, as and when required by the concerned treating doctors.

In regard to the allegation that she has given a false report with regards to the subependymal hemorrhage, observed in the brain ultrasounds of twin-1 on 05th February, 2018 and 12th February, 2018, it is stated that the same is completely false, frivolous and is based on misunderstanding of the medical records by the complainant. The word unchanged which has been used by her, as it refers to the site and intensity of the subependymal hemorrhage and not the size. Thus, the noting that the subependymal hemorrhage remains unchanged, despite the size of the same, increasing from 3 mm to 3.6 mm relates to the existence of the subependymal hemorrhage, which has not changed and does not relate to the size of the same. In any event, she has duly mentioned the size and it is for the treating doctors to take appropriate steps in this regard. Furthermore, even the change in the size of the subependymal hemorrhage is not substantial enough and the variation was duly pointed out. Similarly, the echogenic focus mentioned in the lower calyx of the left kidney in the report dated 10th May, 2018 and 31st May, 2018 is described unchanged based on its site and intensity. She has duly mentioned the size and it is for the treating doctor to take appropriate steps in this regard. Moreover, despite making such an allegation, the complainant has failed to make any mention of as to how; the said finding had any negative impact on the treating of the patient. The entire complaint is based upon a motivated misinterpretation of the reports of twin-1, as the complainant is not a medical practitioner. The complainant has alleged that none of the reports issued by her are authenticated, hence, illegal. In regards to the aforesaid, she states that the same is a completely false, frivolous and vexatious allegation.

Dr. Vikas Sangwan, Manager, Indraprastha Apollo Hospital in his written statement averred that as per medical records, the baby was admitted on 16th April, 2018 at 11.05 a.m. and bilateral argon laser photocoagulation for bilateral threshold retinopathy of prematurity was carried out by Dr. Uma Mallaih (Sr. Consultant, Ophthalmology) at 04.30 p.m. under sedation by the neonatologist after due informed consent of the parents. Since the father had some reservations, his concerns about the consent/procedure were documented in detail in the medical records. After the procedure, the child was kept under observation. The baby was managed on non-invasive ventilation but later was intubated and ventilated, as required by his clinical condition. Subsequently, the mother insisted on sitting inside the neonatal ICU. It was explained to her that in intensive care units, it is important to have a controlled environment with restricted entry, but they insisted that they would want to take the baby back to La Femme Hospital, if she is not allowed to stay inside neonatal ICU. As the child’s airway was secured, after discussing with the treating team and coordination with the doctor at Fortis La Femme Hospital, the baby was shifted back. The treatment, care and management of the baby at Indraprastha Apollo Hospital, have been done by the treating doctors keeping in mind his clinical condition. The allegation made regarding medical negligence, forgery/alteration of medical records post complaint by the doctor/hospital and unethical professional practices are denied. In reference to the point of signatures on discharge summary issued to the patient, it is submitted that the summary issued at the time of discharge from this hospital was signed by the on call duty doctor. There is no difference in the contents of the three copies. The hand written noting(mentioned by the complainant in his complaint) which are missing from the other two copies of discharge summary are an explanation of timings of various medicines (eye drops) to the given after discharge. This is written by the nurse to explain to the parents for their understanding/ease. When the complainant insisted that the summary be signed by the admitting consultant, a copy of the same summary was signed by Dr. Uma Mallaiah and given to him. Subsequently, the complainant sent an email to the hospital administration and the concerns raised by him were duly addressed. The family was duly explained about the condition of the patient and line of treatment by the treating doctors but it is unfortunate that they have perceived the care given as deficient. They understand the apprehensions of the parents about the child’s wellbeing and wish to reiterate that keeping in view the condition of the baby, the care in the neonatal unit and management of the baby was done by the treating team of the doctors (both ophthalmology and neonatology), as per the clinical condition.

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

1. It is noted that the complainant’s (Shri Hraadyesh) wife Smt. Ridhima Namdeo, a 33 years old female, with diagnosis of primi gravida at 19 weeks + 2 days of twin IVF pregnancy with cervical incompetence with DM with hypothyroidsm, was admitted in Fortis La Femme Hospital, on 21st December, 2017. She underwent operative procedure of McDonald stitch, performed by Dr. Anjali Aneja, under general anaesthesia, under high risk consent, on 22nd December, 2017. The procedure was uneventful. The patient was discharged on medication, on 23rd December, 2017, with advice to follow-up after one week.

The patient, thereafter, was admitted on 24th January, 2018 with chief complaints of amenorrhea for six months and bleeding PV(per vagina). The patient was noted to be in preterm labour and underwent preterm twin vaginal delivery with manual removal of placenta under saddle block on 24th January, 2018, under consent. The delivery was conducted by Dr. Anjali Aneja. The twin baby 1, a male with birth weight of 715 grams was delivered at 05.11 a.m.(24-01-2018). The twin baby 2, a female with birth weight 669 grams was delivered at 05.15 a.m. (24-01-2018). Post-delivery, the mother’s condition was stable and she was discharged on 30th January, 2018.

The twin baby 2 (female) was born at gestation of 24 weeks + 5 days, had APGAR score of 5,7,9 at 1,5 and ten minutes, was handed over to Dr. Sneha Taneja, paediatrician, for management. The baby had weak cry, immediately after birth. She was intubated electively and shifted to NICU. The twin baby 2 was put on mechanical ventilator in CMV mode. The chest x-ray was suggestive of respiratory distress syndrome. Intra-tracheal Injection Surfactant was given and mechanical ventilation was continued. At nine hours of life, the baby had de-saturation with SPO2 78-82% on CMV mode of ventilation. The baby was, then, put on HFO mode of ventilation. Repeat chest x-ray was suggestive of respiratory distress syndrome Intra-tracheal- injection Surfactant was repeated and the baby was put on CMV mode of ventilation. The baby failed to maintain SPO2 on CMV ventilation and was, thus, restarted on HFO mode of ventilation. At twenty six hours of life, the baby had an episode of de-saturation associated with bradycardia. Cardiopulmonary resuscitation was initiated and the baby was ventilated by bag and tube. Injection Adrenaline was administered. The baby was revived and again put on HFO mode of ventilation. At 27 hours of life, the baby had a cardiac arrest with de-saturation. CPR was initiated; however, the baby could not be revived and was declared dead on 25th January, 2018 at 09.20 a.m.

The twin baby 1 (male) who was born with gestation of 24 + 5 days, birth weight 715 grams and APGAR score of 6,7,8 at 1,5 and ten minutes, was handed over at the time of delivery to Dr. Avadhesh Ahuja, Consultant neonatologist. The twin baby 1 had weak cry at birth. The baby was intubated and shifted to NICU for further management. The baby was started on CMV mode of ventilation. X-ray chest done was suggestive of respiratory distress syndrome. The baby was administered two doses of surfactant through the ET tube, nine hours apart, following which the oxygen requirement was decreased. The baby was stable on ventilator and ventilator settings were gradually weaned down over the next few days. On day six of life, the baby was given loading dose of IV Caffeine and was extubated to Biphasic CPAP. On day eight of life, in view of increased work of breathing and the blood gases showing severe respiratory acidosis, the baby was put back on mechanical ventilation on CMV mode. On day fourteen of life, the blood gas was suggestive of respiratory acidosis on CMV mode of ventilation and the baby was shifted to HFO mode of mechanical ventilation. On day fifteen of life, the baby was weaned to CMV mode of ventilation. X-ray chest done, was suggestive of broncho-pulmonary dysplasia (chronic lung disease). On day seventeen of life in view of bronchopulmonary dysplasia (BPD), following discussion with the parents and obtaining consent, the baby was started on injection Dexamethasone with intention of weaning baby off ventilator. However, injection dexamethasone had to be stopped on day eighteen of life in view of hyperglycaemia. On day twenty of life, the baby was shifted to HFO mode of ventilation in view of repeated de-saturations. On day twenty six of life, the baby was shifted to SIMV mode of ventilation. X-ray chest still suggestive of broncho-pulmonary dysplasia. Injection Dexmethasone was restarted on day twenty six of life but again had to be stopped immediately in view of hyperglycaemia. The baby was extubated to BiPhasic CPAP on day 28 of life. The baby continued to have few episodes of de-saturation occasionally requiring stimulation. On day 45 of life, in view of increasing episodes of de-saturation and bradycardia, the patient was re-intubated and restarted on mechanical ventilation with CMV mode. X-ray chest was suggestive of broncho-pulmonary dysplasia and on day 50 of life, injection Dexamethasone was started in view of difficulty to wean off from mechanical ventilation and low dose Dexamethasone was started and gradually tapered and given for a total of 16 days. On day 56th of life, the baby was successfully extubated and put on N-CPAP with FIO2-25%. The baby remained on nasal CPAP with minimal O2 requirement. Gradual weaning off from N-CPAP was started on day 67 of life. On day 80 of life, the baby was transferred to Indraprastha Apollo Hospital on 16th April, 2018 for laser photocoagulation in view of Bilateral Retinopathy of Prematurity (ROP). The procedure was performed by Dr. Uma Mallaiah. Post-procedure, the baby had recurrent episodes of apnoea at Indraprastha Apollo Hospital and was intubated and started on CMV mode ventilation with PIP and was transferred back to Fortis La Femme on day 81 of life on CMV mode ventilation on 17th April, 2018. The baby was extubated on day 81 of life and started on NCPAP. IV Caffeine was continued with maintenance dose. Gradual weaning from NCPAP was restarted on day 82 of life and was completely off NCPAP by day 87 of life. Caffeine was stopped on day 85 of life. No episode of apnoea was noted thereafter. The baby became stable and breathing on his own, did not require anu respiratory support and had no respiratory distress or tachypnoea, SPO2 in room air was >95%.

In addition to the above, during admission, Twin baby 1 suffered from bilateral reducible inguinal hernia, for which, the surgery was advised.

The twin baby 1 was managed and treated in consultation with multidisciplinary specialists including neonatologists, ophthalmologist and, paediatric surgeon. The twin baby 1 was discharged on 03rd June, 2018 on medication with advice to follow-up with paediatric surgeon, ophthalmology evaluation, to consult with paediatric infectious disease specialist and long term neurological follow-up and to follow immunization schedule, as advised.

1. It is noted that the Mcdonald stitch procedure was done, under high risk consent, duly signed by the patient and the complainant beside the concerned doctors. Further, the consent also details the risks associated with such procedures.
2. The Discharge Summary relating to the admission of 21st December, 2017 to 23rd December, 2017, mentions the medication to be taken, on discharge and also the advice to follow-up after one week and in case of complaints/symptoms of pain, fever, excessive bleeding P.V. to contact emergency or report to hospital immediately. The Discharge Summary and advice on discharge is found to be adequate and reasonable.
3. The delivery of the patient Smt. Ridhima Namdeo who was in preterm labour, was conducted by Dr. Anjali Aneja, under high risk consent, as per accepted professional practices in such cases. It is noted that the ‘high risk consent’ signed by the complainant, details that the delivery was a case of extreme prematurity with GDM (Gestational Diabetes Mellitus)  on insulin, the babies are at high risk of being born with extreme degree of physical and mental disability due to extreme prematurity. Further, the complainant was not willing for caesarean section and that he has been explained that during normal delivery, there was high risk of birth asphyxia and intrauterine death.
4. The twin baby , a female baby, with birth weight of 659 grams and APGAR score of 5,7,9 at 1,5 and ten minutes was reasonably managed initially by Dr. Sneha Taneja, as per neonatal standard protocols. The baby suffered from respiratory distress syndrome with extreme prematurity with extreme low birth weight and chances of survival of such babies, is very low with poor prognosis, inspite of being administered adequate treatment, as was done in the present case. Further in the ante-natal counseling, the complainant had been explained in detail about the prognosis of babies born prematurity. It is noted that Dr. Sneha Taneja is registered with the Delhi Medical Council with qualification of M.B.B.S. and M.D., (Paediatrics). She, thus, was qualified to handle neonates.
5. The twin baby 2 (female) was born second on 24th January, 2018 at 05.15 a.m. with birth weight of 659 grams and was a breech birth. The baby had a weak cry and was attended by Dr. Sneha Taneja. The baby was intubated immediately and shifted to NICU for further treatment, thus, the treatment was started immediately, however, the notes were put later. Therefore, the doctors are advised to be mindful of putting the date and time properly in future.

Injection Surfactant is given when the baby has features of respiratory distress syndrome (RDS).

In this case, injection Surfactant was given earlier i.e. at 06.30 a.m. to twin 2, although, she was born later (at 05.15 a.m.). Twin 1, although, born earlier (at 05.11 a.m.) was, given injection Surfactant later (at 07.00 a.m.) on the same lines.

7) It is noted that on 09th February, 2018, the Twin Baby 1 was started on injection Dexamethasone, in view of difficulty to wean off from mechanical ventilation and the baby was suffering from chronic lung disease. Steroid was started after documenting the consent for the same from the complainant. However, on 10th February, 2018, injection Dexamaethasone was withheld because the baby developed hyperglycaemia. Similarly, steroid was again restarted on 20th February, 2018 but had to be withheld on 21st February, 2018 due to hyperglycaemia. Injection Dexamethasone was again started on day 50 because of difficulty to wean off the baby from mechanical ventilation and gradually tapered after being given for 16 days. It is observed that the reason for starting and withholding of the steroid are justified in light of the prevailing medical condition.

 With regard to Discharge Summary dated 30th January, 2018; it is noted that even though as per 11.50 p.m. notes dated 23rd January, 2018, Dr. Anjali Aneja had prescribed injection Dexa 6mg as antenatal steroid to the mother Smt. Ridhima and the same has been mentioned in the death summary of twin baby 2 as well as in the Discharge Summary of twin baby 1; the same is not reflected in the Discharge Summary dated 30th January, 2018 of the mother Smt. Ridhima. The doctors are, therefore, advised to be mindful of the necessity of proper record keeping, for future.

8) The twin baby 1 of the patient was born on 24th January, 2018 at La Femme Hospital in an extreme state of prematurity (24 weeks + 5 days) with extreme low birth weight (715 grams). He had multiple co-morbidities including eye problem. The child was diagnosed to be having Retinopathy of Prematurity (ROP) both Eye on 20th February, 2018 which showed signs of progression by 19th March, 2018 and necessitated the need for bilateral intravitreal lucentis which was given on 21st March, 2018. This, however, did not stop the progression of retinopathy and after initial refusal by the parents; bilateral laser photocoagulation of ischemic retina was done under consent at Indraprastha Apollo Hospital. Till 21st April, 2018, there appeared to be some regression of ROP. However, on 25th April, 2018 due to development of congestions both Eye and hazy cornea with no view of fundus, second opinion from Dr. Dinesh Twlar was taken. The Left Eye in the meantime had developed cataract. Dr. Dinesh Talwar suspected viral Panuveitis right eye and active retinitis left eye. He advised another opinion from Dr. Parijat Chander of All India Institute of Medical Sciences. The same was done on 25th April, 2018 where Dr. Rohan Chawla also saw the case. Necessary investigations were suggested and sent. Local therapy was advised. Since by the next day, there was no change in eye’s condition intravenous ganciclovir was started empirically. The eyes did respond and reports of blood and urine investigations for CMV (Cytomegalovirus) sent were found to be positive. The same treatment was continued. By 1/5/2018 the left eye had quietened with healing retinitis. However, the right eye still remained congested with formation of total cataract. The IOP though better was still low in right eye. The parents refused another opinion from the All India Institute of Medical Sciences. Over the next fortnight, the left eye was stabilized but the right eye did not and repeated request for B scan USG and second opinion from Indraprastha Apollo Hospital/All India Institute of Medical Sciences was refused by the mother. Same treatment was continued till 02nd June, 2018 (the last follow-up at La Famme Hospital) before discharge on 02nd June, 2018. The right eye still showed ciliary congestion, total cataract and soft eye, although, the cornea had cleared.

 The left eye showed clear cornea, presence of cataract with healed retinal lesions. The patient was discharged with appropriate treatment and follow-up with Dr. Neeraj Sandhuja on 06th June, 2018 and Dr. Uma on 18th June 2018. The parents were also advised to consult Dr. Parijat and Dr. Rohan at All India Institute of Medical Sciences.

 We are of the view that the case in question seems to be a case of severe bilateral ROP with multiple co-morbidities. It was further complicated by the development of viral panuveitis (CMV infection).

The treatment given was as per protocol and appropriate under the circumstances. This may be the reason why the left eye could be saved, although, the right eye did not respond favourably. The treatment was prompt, justified with regular follow-up. Despite appropriate available treatment, these eyes are known to response indifferently and can go downhill. No negligence could be found on part of the treating ophthalmologist.

9) As far as issue of not allowing second opinion to be taken regarding the eye of the twin baby 1 is considered, it is noted that on 25th April, 2018, La Femme Hospital had sought second opinion of vitreo-retinal specialist Dr. Dinesh Talwar and further on the advice of Dr. Dinesh Talwar another opinon from the All India Institute of Medical Sciences of Dr. Parijat and Dr. Rohan Chawla was taken. Similarly, on 01st May, 2018 as well as 09th May, 2018, 16th May, 2018, 19th May, 2018, another opinion from All India Institute of Medical Sciences was advised but the same was refused by the attendants/mother.

10) It is observed that both the eyes had posterior ROP which was progressing. Intravitreal Anti Veg F drugs are indicated in such cases. Lucentis (Ranibizumab) one of such drug has been used in these cases with good result. It has been used as early as twenty four weeks of gestation and report of its usage is available in literature (E.Pub) as early as 2015. Therefore, this step of treatment seems to be justified.

11) Dr. Uma Mallaih is registered with the Delhi Medical Council with the qualifications of M.B.B.S. and Diploma in Ophthalmology. Further, she has also filed a copy of Certificate of Fellowship of Royal College of Surgeon of Edinburgh in Ophthalmology. She, thus, is qualified to manage the present case of twin baby 1.

12) The issue of breech of privacy could not be reconciled, we, however, observe that in general as part of good medical practice, the confidentially regarding patient’s medical condition and treatment should always be upheld except in circumstances where the same is required to be divulged as mandated by law.

13) It is observed that in terms of provisions of Indian Medical Council(Professional Conduct, Etiquette and Ethics), Regulations, 2002, a doctors is mandated to write his/her name, designation in full alongwith registration particulars in prescription, letter-head, certificates, etc. The doctors of La Femme Hospital are directed to comply with the said Regulations, for future.

14) It is noted that consent for transporting the twin baby 1 from La Femme Hospital to Indraprastha Hospital, Delhi for the purpose of laser surgery was signed by the complainant.

 It is further noted as per Road Ambulance Medical Information Sheet, the twin baby 1 was received from Fortis La Femme Hospital at 09.50 a.m. on 16th April, 2018. He was on nasal prone O2, was given 10 %/Dextrose, vitals have been checked and recorded. He was shifted to NNICU (neonatal ICU) at 10.30 a.m. where he was managed by Dr. Nishant Bansal, a qualified paediatrician.

 The consent detailing the risks and potential complications associated with the procedure of laser photocoagulation to retina due to ROP, bears the signature of the complainant.

The twin baby 1 was seen by neonatologist and injection Ketamine was given at 04.30 p.m., for laser photocoagulation procedure and post-procedure, the baby was continued on CPAP.

The baby was intubated and placed on ventilator due to frequent apnoeic spells. It seems the mother of the Twin baby 1 insisted on staying in ICU with the baby, however, since the same was not in conformity with NICU protocols, after discussion with the parents and the doctors of La Femma, it was decided to shift the Twin baby 1 back to La Femma in an ambulance.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence and professional misconduct can be attributed on the part of the doctors of Fortis La Famme, Greater Kailash New Delhi or Indraprastha Apollo Hospital, in the treatment of the complainant’s wife and her twin babies.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav) (Dr. Satish Tyagi)

Chairman, Eminent Publicman Delhi Medical Association,

Disciplinary Committee Member, Member,

 Disciplinary Committee Disciplinary Committee

Sd/: Sd/: Sd/:

(Dr. B. Ghosh) (Dr. A.P. Dubey) (Dr. Ashok Kumar)

Expert Member, Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 22nd August, 2022 was confirmed by the Delhi Medical Council in its meeting held on 19th October, 2022.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Shri Hraadyesh r/o S-55, SF Greater Kailash-2, New Delhi-110048.
2. Dr. Uma Mallaih, Through Medical Superintendent, Fortis La Femme, S-549. Greater Kailash, Part-II, New Delhi-110048.
3. Dr. Raghuram Mallaiah, Through Medical Superintendent, Fortis La Femme, S-549. Greater Kailash, Part-II, New Delhi-110048.
4. Dr. Anjila Aneja, Through Medical Superintendent, Fortis La Femme, S-549. Greater Kailash, Part-II, New Delhi-110048.
5. Dr. Sneha Taneja, Through Medical Superintendent, Fortis La Femme, S-549. Greater Kailash, Part-II, New Delhi-110048.
6. Medical Superintendent, Fortis La Femme, S-549. Greater Kailash, Part-II, New Delhi-110048.
7. Medical Superintendent, Indraprastha Apollo Hospital, Sarita Vihar, Delhi-Mathura Road, New Delhi-110076.
8. Dr. Gaurika Sahi, B-497, New Friends Colony, New Delhi-110025.
9. Dr. Shivani Sabharwal, 147C, SFS DDA Flats, Gulabi Bagh, New Delhi-110007.
10. Dr. Vritti Lumba, A1-1102, Tulip Orange, Sector-70, Gurgaon-122101
11. Dr. Shilpa Manchanda, 703, Elephanta Heights, Plot-41, Sector-10, Dwarka, New Delhi-110075,
12. Deputy Secretary, Ethics & Medical Registration Board, National Medical Commission, Pocket-14, Phase-1, Dwarka, Sector-8, New Delhi-110077-w.r.t. letter File R-16018/04/2022/Ethics/021986 dated 21st June, 2022-**for information**.
13. Section Officer (PGMS-H&FW), Health & Family Welfare Department, Govt. of NCT of Delhi, 9th Level, A-Wing, Delhi Secretariat, I.P. Estate, New Delhi-110002-w.r.t. letter F.No.6/PGMS/H&FW/2012-14 dated 24.10.2019-**for information**.
14. Officer In-charge, PG Cell, Directorate of Health Services, Govt. of NCT of Delhi, F-17, Karkardooma, Delhi-110032-w.r.t. letter No.F-23/9/PG Cell/DGHS/2015/337 dated 10.07.2020-**for information.**
15. Assistant Director General (ME), Directorate General of Health Services, Medical Education Section, Nirman Bhawan, New Delhi-1100108-w.r.t. letter File No.U.12020/03/2020-ME dated 22.09.2020-**for information**.
16. Deputy Secretary (Council), Health & Family Welfare Department, 9th Level, A-Wing, Delhi Secretariat, Delhi-110002-w.r.t. letter F.No..F.93/P&R/2019/H&FW/Council/1981-82 dated 08.09.2020-**for information**.
17. Medical Superintendent, Nursing Homes, Directorate General of Health Services, Govt. of Nursing Home Cell, NCT of Delhi, 3rd Floor, Delhi Government Dispensary Building, S-1, School Block, Shakarpur, Delhi-110092-w.r.t. letter F.23/Comp./142/SD/DGHS/HQ/NHC/ 2018/7890 dated 08.09.2022-**for information**.

 (Dr. Girish Tyagi)

 Secretary