DMC/DC/F.14/Comp.2946/2/2023/ 16th May, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station, Shalimar Bagh, Delhi, seeking medical opinion on a complaint of Shri Karan Khanna, r/o- B-4/172 A, Keshav Puram, Delhi, alleging medical negligence on the part of doctors of Fortis Hospital, Shalimar Bagh, New Delhi-110088, in the treatment of complainant’s father Shri Kamal Khanna, resulting in his death.

The Order of the Disciplinary Committee dated 09thMay, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station, Shalimar Bagh, Delhi, seeking medical opinion on a complaint of Shri Karan Khanna, r/o- B-4/172 A, Keshav Puram, Delhi (referred hereinafter as the complainant), alleging medical negligence on the part of doctors of Fortis Hospital, Shalimar Bagh, New Delhi-110088(referred hereinafter as the said Hospital), in the treatment of complainant’s father Shri Kamal Khanna (referred hereinafter as the patient), resulting in his death.

The Disciplinary Committee perused the representation from Police, copy of complaint of Shri Karan Khanna, joint written statement of Dr. Manish Kulshrestha and Dr. Gurvinder Kaur, Medical Superintendent, Fortis Hospital, written statement of Dr. Arvind Khurana, copy of medical records of Fortis Hospital, All India Institute of Medical records, joint written explanation of Dr. Manish Kulshrestha and Dr. Archana Bajaja, Medical Superintendent, Fortis Hospital and other documents on record.

The following were heard in person :-

1) Shri Karan Khanna Complainant

2) Dr. Manish Kulshrestha Surgeon, Fortis Hospital

3) Dr. Pankaj Kumar ICU Doctor, Fortis Hospital

4) Dr. Atrey Garg Consultant Surgery, Fortis Hospital

5) Dr. Arvind Kumar Khurana Gastroenterologist, Fortis Hospital

5) Shri Sunil MRD, Fortis Hospital

6) Dr. Archana Bajaj Medical Superintendent, Fortis Hospital

It is noted that the police in its representation has averred that on 13th October, 2015, the patient late Shri Kamal Khanna was admitted in Fortis Hospital, Shalimar Bagh, Delhi with the complaint of stomach pain, vomiting and loose motion in emergency ward and later, he was shifted to the ICU ward since the patient was suffering from diabetes and gangrene and due to which, his one of foot thumb was amputated. Therefore, on the doctors recommendation, the patient’s foot was amputated. But his condition deteriorated again and thereafter during the course of treatment, the gall bladder of the patient was also removed by the alleged doctors of the Fortis Hospital. Despite all this treatment, the medical condition of the patient kept deteriorated. On enquiry from the alleged doctors, they kept telling the complainant Shri Karan Khanna that his father’s brain is not working properly. Later, after seeing the deteriorated condition of the patient, the complainant admitted his father in AIIMS, Delhi and wherein the doctors of AIIMS told the complainant that due to over dose of medicine i.e.Metrogil, has father expired on 04th December, 2015. Now, the complainant filed his complaint before the Hon’ble Ld. MM, Rohini Courts, Delhi U/S 156.3 Cr.P.C. for getting the F.I.R. registration against the allged doctors of Fortis Hospital, Shalimar Bagh, Delhi. Therefore, in light of the present facts and circumstances, the copy of complaint and annexed papers are hereby sent to the office of the Delhi Medical Council for providing the medical opinion in the death of the patient Shri Kamal Khanna.

The complainant Shri Karan Khanna alleged that his father (the patient) Shri Kamal Kishore had a complaint of abdomen pain, vomiting and loose motion and as such, was admitted to Fortis Hospital on 13.10.2015 in ICU and after the rest, it was diagnosed that his father was suffering from severe sepsis and the doctors started the treatment. During the course of treatment, the doctors of Fortis Hospital removed the left foot of the patient, as he was a sugar patient and was suffering from sepsis, therefore, the said doctors of Fortis Hospital advised the family of patient to impute the left foot of the patient and thereafter, left foot of the patient amputated by the doctors and the patient was discharged from the Hospital. The medical condition of his father again deteriorated and as such, he was again admitted to the hospital on October, 2015 at night and again, the doctors started the treatment and thereafter, he was shifted to ICU. The doctors conducted the treatment and the tests were conducted and the medicines were given to the patient, as prescribed by the doctors of the hospital. During the course of treatment, the gall bladder of the patient was also removed by the doctors of the Fortis Hospital. During the course of treatment, the gall bladder of patient also removed by the doctors of the Fortis Hospital. Despite the treatment, there was no improvement in the medical condition of patient rather it kept on deteriorating time by time. The complainant was shocked when the doctors told that the brain of his father is not working properly, despite the fact that he (the patient) has never any such problem in the past whole his (the patient) life. The complainant kept on approaching the doctors asking about the future condition of his father and the treatment they are doing, so that the brain of his father, which was not working, may be treated and he may be fine but, the doctors kept on avoiding the same. The condition of his father kept on deteriorated and got worsened and the complainant and his family taken the patient to AIIMS, where the patient was admitted, but his father could not recover, as the doctor of AIIMS opined that he (the patient) he had been given the over dose of Metrogil, which is not advisable to the person whose gall bladder has been removed or any abdominal related problems ultimately, the patient, unfortunately, expired on 04.12.2015. Such acts on the parts of the doctors are serious miscarriage of the medical profession, as they have not conducted their part of duty seriously, which is resulted into the death of his father.

On enquiry by the Disciplinary Committee, the complainant Shri Karan Khanna stated that from 20th November, 2015 to 02nd December, 2015, the patient was kept at home where they had made provisions for oxygen, ventilator and IV facilities. The patient was being treated under medical supervision.

Dr. Manish Kulshrestha and Dr. Gurvinder Kaur, Medical Superintendent, Fortis Hospital in their joint written statement averred that the patient Shri Kamal Khanna aged 50 years old, was admitted in Fortis Hospital, Shalimar Bagh on 13.09.2015 with history of type 2 diabetes mellitus with dilated cardiomyopathy and very poor heart function (-20%), left diabetic foot with gangrene with sepsis and multiple organ dysfunctions, for which, the patient underwent left below knee amputation. The patient was also diagnosed with acalculus Cholecystitis which was managed conservatively and was discharged on IV antibiotics in stable condition on 08.10.2015. On 13.10.2015, the patient was brought to Fortis Hospital with hypoglycaemia and was admitted in ICU for sepsis and for further management. The patient underwent ERCP (Endoscopic Eetrograde Cholangiopancreatography) and CBD (Common Bile Duct) stenting, followed by laparoscopic cholecystectomy for acalculous Cholecystitis and drainage of right sub-diaphragmatic abscess on 14.10.2015. In post-operative period, the patient had progressive deterioration in his consciousness level, altered behavior and encephalopathy, for which, a prompt consultation with neurologist and physicians were taken. The patient was investigated extensively and MRI brain, EEG, CSF examination and trans-esophageal echocardiography were also done as per standard recommended guidelines to find the cause of encephalopathy. The patient was also reviewed by a second neurologist, as diagnosis was difficult, as it was a complex neurological problem. Various possibilities (differential diagnosis) were kept such as : PRES (Posterior Reversible Encephalopathy Syndrome); septic encephalopathy; viral encephalitis; other rare entities such as anti–NMDA antibodies and VGKCA (Volted Gated Potassium Channel Antibodies) were also checked and metronidazole induced encephalopathy (based on MRI findings). The patient presented with encephalopathy which did not respond to standard medical therapy and remained a diagnostic dilemma despite extensive investigations and was treated as per protocol and standard medical guidelines. Fortis Hospital at all times and stages informed the condition of the patient to the complainant and his family. The patient had a poor prognosis on account of many co-morbidities i.e. advanced diabetes, hypertension, kidney disease, DCMP EF 20-25%, gangrene of left foot, multiple severe infections, hypothyroidism. Thereafter, on 15.11.2015, the complainant and his family insisted on discharging the patient from the hospital and accordingly, the patient was discharged from Fortis Hospital against medical advice. The complainant has alleged that Fortis Hospital avoided answering the complainant when he was asking about the condition of the patient and as regards the treatment they should adopt so that the brain of his father, which is not working, may be treated and the patient may recover; there is no question of avoiding the issue of “patient’s brain not working”, as claimed by the complainant, as this issue with two senior neurologist apart from the head of the department of radiology alongwith the senior physicians. The patient was investigated extensively and treated appropriately; the same was also informed to the complainant and his family. It is denied, for want of knowledge, that after discharge from Fortis Hospital against advice, father of the complainant again deteriorated and the patient was admitted to AIIMS. Further, the allegation that the patient was given an overdose of Metrogyl, is denied. The allegation that the patient’s clinical condition deteriorated due to Metrogyl is false and misconceived, and denied vehemently. As there was no clear explanation for the altered sensorium of the patient, a brain scan (MRI) was done, which was reported as viral encephalitis. It was never proven that the patient’s condition deteriorated due to Metrogyl and it only remained a differential diagnosis amongst many other causes of altered sensorium. It is pertinent to mention here that even after stopping Metrogyl after extensive medical discussions, the patient’s condition did not improve. Thus, the condition of the patient had not deteriorated due to Metrogyl, as alleged. It is denied that Fortis Hospital has not conducted their part of duty seriously which resulted into the death of the father of the complainant. Furthermore, it is submitted that death of the patient occurred in the premises of other hospital and the treatment last given to the patient was not by Fortis Hospital. Hence, there has not been any miscarriage in the services rendered by the Fortis Hospital. The team of doctors of Fortis Hospital extensively investigated, evaluated the patient and the entire treatment was instituted promptly and as per internationally accepted standard of care and as per protocol. The doctors were very diligent and inactive in treatment of the patient as per best medical practices and the unfortunate outcome of cannot be even remotely blamed on Fortis Hospital. In view of the above, they submit that the complaint has no merit, as there is no medical negligence in the treatment of the patient. It is regretful and unfortunate that the patient’s complaint is relying heavily on mere verbal remarks of the AIIMS doctor, which has created doubt in the complainant’s mind and mental agony.

On enquiry by the Disciplinary Committee, Dr. Manish Kulshrestha confirmed that the patient was given Metrogyl from 13th October, 2015 to 19th October, 2015, only.

On being asked by the Disciplinary Committee as to why in the case summary for the admission dated 13th October, 2015, it is mentioned under the ongoing treatment injection Metrogyl 500 mg IV thrice daily, Dr. Manish Kulshrestha stated that it seems to be discrepancy and he sought to submit a clarification regarding the same.

Dr. Manish Kulshrestha and Dr. Archana Bajaja, Medical Superintendent, Fortis Hospital in their joint explanation averred that the patient was first treated in Fortis Hospital, Shalimar Bagh from 28th September, 2015 to 08th October, 2015 for Type II Diabetes Mellitus with dilated cardiomyopathy, very poor heart function (20%), left diabetic foot with gangrene with sepsis and multiple organ dysfunctions, for which, the patient underwent left knee amputation. The patient was also diagnosed with acalculous cholecystitis which managed conservatively. During this period, the patient was given injection Metronidazone 500 mg IV eight hourly empirically for abdominal sepsis from 29th September, 2015 to 06th October, 2015 I.e. for eight days. The same is evident from the hospital bill raised to the patient and Drug Administration Charts. The patient was again admitted to Forits Hospital, Shalimar Bagh from 13th October, 2015 to 15th November, 2015 and treated for multiple organ dysfunction syndrome, perforated gangrenous acalculous cholecystitis. Encephalopathy, diabetes mellitus, hypertension and DCMP (EF-20 to 25%). During this hospitalization, the patient was administered injection Metronidazole 500 mg IV eight hourly empirically for abdominal sepsis from 13th October, 2015 to 21st October, 2015 i.e. eight days. The same is evident from the hospital bill raised to the patient and Drug Administration Charts. From the above records, it is evident that the patient was given Metronidazole as established standard medical protocols. The case summary given to the patient’s relatives during hospitalization on 23rd October, 2015 showing injection Metronidazole as ongoing treatment is a typographical error which is evident from the hospital bill and Drug Administration Charts. They would like to reiterate at the cost of repetition that the patient was not given any overdose of Metronidazole the patient’s clinical condition was not deteriorated due to Metronidazole. As there was no clear explanation for the altered sensorium of the patient, a brin MRI was done which was reported as viral encephalitis. There is no evidence on record that the patient’s condition deteriorated due to Metronidazole and it only remained a differential diagnosis amongst may other cause of altered sensorium. It is pertinent to mention that even after stopping Metronidazole after excessive medical discussions, the patient’s condition did not improve. Thus, the condition of the patient had not deteriorated due to Metronidazole, as alleged. In his regard, reliance is placed on medical literature which states that “*Metronidazole inducted encephalopathy, case report and discussions on the differential diagnosis, in particular, Wernicke’s encephalopathy, radiology case 2019 sep; 13(9): 1-7. The management of intra-adominal infections from a global respective: 2017 WSES guidelines for management of intra-abdominal infections. Use of Metronidazole to treat or prevent infections that are proven or strongly suspected to be caused by bacteria*”. Thus, in light of the above stated, they respectfully submit that the complaint is nothing a misinterpretation of the facts and has merit, as there is no medical negligence in the treatment of the patient.

Dr. Arvind Kumar Khurana, Gastroenterologist, Fortis Hospital in his written statement averred that he had seen the patient on 13th October, 2015 with complaints of altered sensorium, fever and loose motions. The patient was immediately started on IV antibiotics, fluids and blood and other investigations were done. The patient was found have high TLC, raised creatinine and deranged LFT. Ultrasound revealed gall bladder sludge, wall thickening, sub diaphragmatic collection. In view of suspicion of perforated gall bladder with collection, deranged liver function test, the decision was taken to perform endoscopic retrograde cholangiopancreaticography (ERCP), papillotomy and biliary stenting so to minimize the risk of cystic duct blow out after cholecystectomy. ERCP, EPT and biliary stenting was done on 14th October, 2015. The procedure was smooth, successful without any complication. Following ERCP, the patient underwent cholecystectomy and drainage of collection.

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

1. The patient Shri Kamal Khanna, a 50 years old male, who was known case of type II diabetes, HTN and DCMP, was admitted on 28th September, 2015 in the ICU of the said Hospital with complaints of acute pain abdomen, distension since two days and left diabetic foot. On evaluation, the patient had elevated WBC count (47,300) suggestive of severe sepsis. Kidney functions were deranged with elevated liver enzymes suggestive of multiple organ dysfunction. Left foot showed gangrenous changes with foul smelling discharge. Abdominal imaging was suggestive of acute of acalculus cholecystitis. Consultations sought for cardiologist, gastroenterologist, physician, nephrologist and orthopaedics. The patient was diagnosed with sepsis with multiple organ dysfunction syndrome in case of left diabetic foot gangrene and acute acalculus cholecystitis and diabetes mellitus/hypertension/DCMP EF-20-25%. The patient was started on higher antibiotics and other supportive management. The patient underwent left below know amputation on 30th September, 2015. Post-operatively, the wound was healthy on follow-up dressing. The patient’s kidney functions improved with reduction in WBC counts. The patient gradually started on oral diet but pain continued to persist. CECT abdomen showed presence of acalculus cholecystitis with right lower lobe consolidation. In view of the patient being high risk case for the surgery, the decision was taken to continue with conservative management after discussing with gastroenterologist. On improvement of the condition, the patient was shifted to ward and managed. The patient was discharged in stable condition on IV antibiotics on 08th October, 2015.

The patient was readmitted in ICU of the said Hospital on 13th October, 2015 with complaints of pain abdomen, loose motion, fever and recurrent episodes of hypoglycemia. On evaluation, the patient had raised WBC count and deranged kidney function test suggestive of severe sepsis. USG abdomen was suggestive of acalculus cholecystitis and right sub-diaphragmatic abscess. The patient underwent ERCP, EPT and CBD stenting followed by laparoscopic cholecystectomy and drainage of right sub-diaphragmatic abscess on 14th October, 2015. Post-operatively, the patient’s sepsis and kidney functions test improved. In view of low oral intake, the patient was started on supplementary parenteral nutrition alongwith IV antibiotics and rest supportive management was continued. On 20th October, 2015, the patient was transferred from ward to ICU with complaint of vomiting and drowsiness. The patient had progressive deterioration in GCS, had MRI brain, LP and TEE alongwith other relevant investigation. The patient was intubated on 23rd October, 2015 and put on ventilatory support in view of very low GCS (E1V1M1). Neurology and the physician reference were taken and the treatment was continued. Tracheostomy was done on 27th October, 2015 in view and need of prolonged intubation. The patient was diagnosed with Metronidazole induced encephalopathy (based on MRI findings) and supportive treatment continued for the same with IV antibiotics and other medications. The patient was shifted from TPN to RT feeds which was tolerated. The patient’s morrison’s pouch drain was draining bilious fluid(around 150-200 ml/daily). The patient was discharged against medical advice on 15th November, 2015 on medication with RT, silicon catheter and morrison’s drain in situ with no significant improvement in neurological status (except spontaneous blinking of eye) and marginal improvement in findings on subsequent MRI evaluation.

The patient was, thereafter, brought to the casualty of the said Hospital on 19th November, 2015 at night in view of tachycardia, shivering and low blood-pressure with pulse-130/minute, blood pressure-70mm systolic and temperature-99.6 degree F. The patient was admitted in the ICU and started on vasopressors and fluid resuscitation was done with rise in the blood-pressure. On evaluation, the patient had low Hb-6.5, for which, one unit PRBS was transfused and the patient was advised by the physician team to be started injection Timentin (TLC-24,700).

The patient’s relatives wanted discharge against medical advice, with the patient being on nor-adrenalilne at 2ml/hr for blood-pressure. The patient’s relatives were explained the risk for the same. The patient again went LAMA on 20thNovember, 2015.

As per the complainant, from 20th November, 2015 to 20th December, 2015, the patient was kept at home where they had made provisions for oxygen, ventilator and IV facilities and he was being treated under medical supervision.

The patient was subsequently admitted in AIIMS, New Delhi on 03rd December, 2015. He expired on 04th December, 2015. The cause of death as per AIIMS record was sepsis with refractory septic shock, MODS.

1. The allegation of the complaint that the patient died due to overdose of Metrogyl, which is not advisable to a person whose gall bladder has been removed or has any abdominal related problems, is misconceived and, hence, untenable in the present case.

The dose of Metrogyl which was given to the patient was as per accepted clinical practices. The same is substantiated by the Hospital Bill and Drug Administration Charts. Infact, Metrogyl was stopped on 21st October, 2015 as per the hospital record.

1. It is noted that the doctors of Fortis Hospital have admitted that the mention of ‘injection Metronidazole as ongoing treatment’, in the case summary dated 23rd October, 2015, was a typographical error. We are of the view that such errors should be avoided and the clinical team should be more vigilant in preparing case summary in future.
2. The condition of the patient may have deteriorated due to his underlying pathology, as he was suffering from diabetes, hypertension,sepsis,recurrenthypoglycaemia and cardiac disfunction, as his ejection fraction was 20-25%, which has guarded prognosis, inspite of being given appropriate treatment.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Fortis Hospital, Shalimar Bagh, New Delhi-110088, in the treatment of complainant’s father Shri Kamal Khanna.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal), (Dr. Satish Tyagi) (Dr. Brijesh Sharma) Chairman Delhi Medical Association, Expert Member,

Disciplinary Committee, Member, Disciplinary Committee

Disciplinary Committee

Sd/: Sd/:

(Dr. P.N. Aggarwal ) (Dr. Abhinav Jain)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 09th May, 2023 was confirmed by the Delhi Medical Council in its meeting held on 11thMay, 2023.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Karan Khanna, r/o B-4/172 A, Keshav Puram, Delhi- 110035.
2. Dr. Manish Kulshrestha, Through Medical Superintendent, Fortis Hospital, Shalimar Bagh, New Delhi- 110088.
3. Dr. Arvind Kumar Khurana, Tower, 20-1B M3M Golgestate, Sector 65, Gurugram, Haryana-122101
4. Medical Superintendent, Fortis Hospital, Shalimar Bagh, New Delhi- 110088.
5. Station House Officer, Police Station Shalimar Bagh, Delhi-110088-w.r.t CC No.17949/19, matter titled Karana Khanna (Complainant) Versus Fortis Hospital(Respondent)-**for information**.

(Dr. Girish Tyagi)

Secretary