DMC/F.14/DC/Comp. 2005/2/2020/ 20th May, 2020

**O R D E R**

**The Delhi Medical Council through its Disciplinary Committee examined a** complaint of Shri Satish Chander Sharma, r/o- House No.89, Block-12, B.S.E.S Colony, Janakpuri, New Delhi-110058, alleging medical negligence on the part of Dr. Rajeev Mohan and Dr. Sanjeev Mohan of Mohan Eye Institute, 11-B, Ganga Ram Hospital Marg, New Delhi-110060, in the treatment administered to the complainant’s wife Smt. Sushma at Mohan Eye Institute, resulting in her death on 04.01.2017 at Ganga Ram Hospital where she was subsequently treated.

The Order of the Disciplinary Committee dated 20th January, 2020 is reproduced herein-below:-

**The Disciplinary Committee of the Delhi Medical Council examined a** complaint of Shri Satish Chander Sharma, r/o- House No.89, Block-12, B.S.E.S Colony, Janakpuri, New Delhi-110058 (referred hereinafter as the complainant), alleging medical negligence on the part of Dr. Rajeev Mohan and Dr. Sanjeev Mohan of Mohan Eye Institute, 11-B, Ganga Ram Hospital Marg, New Delhi-110060, in the treatment administered to the complainant’s wife Smt. Sushma (referred hereinafter as the said patient) at Mohan Eye Institute, resulting (referred hereinafter as the said Medical Institute) in her death on 04.01.2017 at Ganga Ram Hospital where she was subsequently treated.

The Disciplinary Committee perused the complaint, joint written statement of Dr. Rajiv Mohan, Dr. R.L. Garg, Dr. Sanjiv Mohan of Mohan Eye Institute, copy of medical records of Mohan Eye Institute and other documents on record.

The following were heard in person :-

1. Shri Satish Chander Sharma Complainant
2. Dr. Rajiv Mohan Director, Mohan Eye Institute
3. Dr. Sanjeev Mohan Director, Mohan Eye Institute
4. Dr. R.L. Garg Consultant Anaesthesia, Mohan Eye Institute

The complainant Shri Satish Chander Sharma alleged that the patient his wife Smt. Sushma age 53 years was under treatment of Dr. Rajiv Mohan of Mohan Eye Institute, for her cataract problem. On 2nd January, 2017 around 8.30 a.m., she was admitted in Mohan Eye Institute and thereafter taken up for cataract surgery by Dr. Rajiv Mohan. After sometime, something went wrong during the surgery and Dr. Rajiv Mohan called for an ambulance from Ganga Ram Hospital. When they were taking her in the ambulance, it was noted by him that she seemed pulse-less, cold and turning blue, with forth coming from her mouth. When this was brought to the notice of Dr. Rajiv Mohan, he said that they were trying everything to save her life. Dr. Rajiv Mohan got his wife admitted in Ganga Ram Hospital. In the evening of 2nd January, 2017, he was informed that his wife was being kept on ventilator. On 4th January, 2017 around 2.30 p.m., it was informed that his wife had expired. When he enquired about the bill, it was told that the same was in the amount of rupees two lakhs and had been settled by Sanjiv Mohan brother of Dr. Rajiv Mohan. He was not provided any documents and asked to collect the dead body. He further alleged that his wife died due to negligence of Dr. Rajiv Mohan, Dr. Sanjiv Mohan and Mohan Eye Institute and requests that strict action be taken against them in accordance with law.

Dr. Rajiv Mohan, Ophthalmologist, Mohan Eye Institute stated that the patient named Mrs. Sushma, 53 yrs old, vide OPD no 7838/16 was getting her eye treatment for her defective vision in her right eye since 21.12.2016. She was obese and suffering from Epilepsy since 35 years, anaesthesia hypertension since 7-8 years and hypothyroidism since 5 years for which she was undergoing treatment. She had last episode of epilepsy in October, 2016. She approached his Institute for her cataract surgery on right eye on 28.12.2016. A day before operation, the complainant called on Mohan Eye Institute on phone and requested to postpone the surgery which was scheduled for 28.12.2016. The complainant informed the Institute that the patient was not feeling good and was ill. The Institute’s attending staff specifically asked about the illness, so that the intimation to the consultant doctors could be made but the husband did not disclose anything about the condition and illness of the patient. Inspite of enquiring about her illness, for which, he replied “Kuch Khaas Baat Nahi Hat”. The complainant visited the Institute next day for getting new date for the surgery, as such paper work was required for medical claim from the Department and he got another date 02.01.2017 fixed for surgery. At this point of time, again her cause of illness was inquired and was told nothing about the problem / illness for which the operation was postponed, therefore, on his request, the next date of operation was fixed on 2nd January, 20197. On 02.01.2017, the patient and the complainant visited Mohan Eye Institute for surgery in morning. After verifying her investigation reports and undergoing examination, she was admitted and informed written consent was taken from the patient and her husband. Right peribulbar block was given by the anaesthetist, Dr. R L Garg, with injection Xylocaine with Adrenaline with Hylase (5ml volume), under Monitor Anaesthesia Caret (MAC). The cataract Surgery (right eye) was done by microincision with Phacoemulisification technique with posterior chamber IOL implant done by him. After the surgery, eye ointment was applied and the eye was dressed with pad and eye shield. The whole procedure was uneventful. It is important to mention here that the technique and the procedure followed were as per standard technique for Cataract Surgery. The patient was well responsive and attentive after dressing. Thereafter, the patient was being shifted from operation theatre to her room. Outside the operation theatre, the patient complained “Chakkar Aa Raha Hail/and started slipping down on the floor and urinated in clothes and biting her tongue in between her jaws. She was made to lie down on the floor and her airway was protected immediately by the anaesthetist. The complainant was called to OT complex to inform about his wife’s condition and episode of epilepsy after the operation while shifting to the room. In the meantime, the patient was shifted back to operation table and resuscitation started. As after the resuscitation, the condition of the patient was not improving satisfactorily; it was decided to shift her to Ganga Ram Hospital for further management. Again the patient husband was called to OT complex to inform about the serious condition of the patient and to shift her to Ganga Ram Hospital for that he consented verbally. Immediately, bed in emergency department of Ganga Ram Hospital was arranged and at the same time ambulance was also called, which arrived within no time at Mohan Eye Institute. Further a team of emergency doctors, staff, intensivist, physician and cardiologist were alerted regarding the transfer of the patient in emergency department of Sir Ganga Ram Hospital and there the team of doctors were ready to attend the patient. Further, in the ambulance, the necessary monitors were instituted to the patient and portable ventilator was put on to ventilate while transferring the patient to Ganga Ram Hospital, which is approximately about 500 mts away. The patient in the ambulance was escorted by their resident doctor, anaesthetist and the complainant. At Ganga Ram Hospital, the patient was taken straight to emergency from ambulance where she was attended by team of above doctors for further treatment and management.

It is denied the allegations made for wrong treatment given at Mohan Eye Institute and any negligence during the peri-operative procedure or there was no medication or procedure adopted or followed which endangered the life of the patient. On the contrary the best and possible immediate emergency care was provided by doctors of Mohan Eye Institute and Sir Ganga Ram Hospital to save the patient. It is possibly a case of SUDEP. It is the sudden, unexpected death of some with epilepsy, who was otherwise healthy. In SUDEP cases, no other cause of death is found. It is reported that each year, about 1 in 1,000 adults and 1 in 4,500 children with epilepsy die from SUDEP. The patient’s condition might have been compounded by some other illness (if any) which might have been concealed by the complainant resulting in seizure and subsequent death. It seemed that when the surgery was requested to postpone, the patient might not have been feeling well.

In regard to the allegation made for the removal of body part from the body of the patient, which is totally baseless and denied very strongly. No post mortem evidence / report is available proving that allegation. Moreover, the patient was attended by the team of doctors at Ganga Ram Hospital, a prestigious hospital who also did not make a note of that, rather undertook numerous tests and investigations. Had it been the situation / apprehensions, the complainant and family members always had opportunity to conduct post mortem etc. to implicate him. The patient died in the very early hours of 4th January, 2017. The complainant had expressed his inability to foot the bill of Ganga Ram Hospital. Mr. Satish Chandra Sharma works for BSES which is empanelled with Mohan Eye Institute and the CMO of BSES also called him in the middle of night of 4th January, 2017 to do the payment which could be settled later. The Ganga Ram Hospital bill was paid by Mohan Eye Institute was not only on humanitarian ground but it was the need of hour. The payment by Mohan Eye Institute was never to hide anything/ facts and not with any bad intention. It seems the complainant and other family members in the present complaint want to defame the institution and its doctors. All the documents including case records were provided and made available to the husband of the patient at the earliest available opportunity by speed post. Moreover, a false complaint was also made by them at police station, Rajinder Nagar, New Delhi and the investigation is going on. He constantly appraised the complainant and the relatives regarding the condition of the patient. It may noted that Dr. Sanjiv Mohan as a Director of Mohan Eye Institute met the complainant and the relatives from time to time and stayed abreast of the health of the patient but was not directly involved in the treatment of the patient.

Dr. Sanjjiv Mohan, Director, Mohan Eye Institute reiterated the stand taken by Dr. Rajiv Mohan.

Dr. R.L. Garg, Consultant Anaesthesia, Mohan Eye Institute stated that Right peribulbar block was given by him with injection Xylocaine with Adrenaline with Hylase (5ml volume), under monitor anaesthesia caret (MAC). The cataract surgery (right eye) was done by microincision with Phacoemulisification technique with posterior chamber 10L implant done by Dr. Rajiv Mohan. Thereafter, the patient was being shifted from operation theatre to her room. Outside the operation theatre, the patient complained “Chakkar Aa Raha Hail/and started slipping down on the floor and urinated in clothes and biting her tongue in between her jaws. She was made to lie down on the floor and her airway was protected immediately by the anaesthetist. The complainant was called to OT complex to inform about his wife’s condition and episode of epilepsy after the operation while shifting to the room. In the meantime, the patient was shifted back to operation table and resuscitation started. After the resuscitation, the condition of the patient was not improving satisfactorily; it was decided to shift her to Ganga Ram Hospital for further management.

On enquiry by the Disciplinary Committee, Dr. R.L. Garg stated that he had himself done the pre-anaesthesia check-up on 2nd January, 2017.

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

1. It is observed that the patient Mrs. Sushma, 53 yrs old, female, a known case of epilepsy and hypothyroidism, underwent cataract surgery performed by Dr. Rajiv Mohan at Mohan Eye Institute on 2nd January, 2017 following which, she developed dizziness and gasping. She was immediately intubated started on CMV mode of ventilation and shifted to Sir Ganga Ram Hospital casualty where she was found to be pulse-less, RBS 55 mmHg, blood-pressure not recordable, CNS-unconscious, pupil non-reacting, right eye padded. CPR was started immediately and the patient was revived after twenty minutes of CPR. ABG showed pH-6.822, PCO2-67.3, HCO3-10.8, Lac-12.42. After detailed counseling of family members regarding poor prognosis in view of prolonged CPR, the patient was admitted in ICU. She was maintained on CMV mode of ventilation, inotropic support with IV antibiotics and supportive measures. 2D ECHO showed trace TR, PASP 36mmHg, no RWMA, LVEF 60%. Cardiology reference was sought and no active intervention suggested. Initial investigations showed Hb 13.2gm/dl, TLC 25,900/cumm, plts 2.10 lakhs, Na/K 145/3.7 mEg/L, serum creatinine 1.64 mg/dl, SGOT/PT 2145/2250 IU/L, Trop-1-16.78, CPK-7362, CPK(MB) 822, PT>320, APTT>400. FFP was transfused in view of severe coagulopathy. Neurology reference was sought and advice followed. The patient further developed oliguria and persistent metabolic acidosis, for which, CRRT was started as per nephrologist’s advise. However, the patient’s condition kept on deteriorating and developed profuse malena alongwith blood in RT. Texid and pantocid infusions were started as per gastroenterologist’s advice. Ophthalmologist was consulted in view of cataract surgery and advice followed. The surgical gastroenterology reference was sought and advice followed. The repeat investigation showed Hb 7.7 gm/dl, TLC 17,600/cumm, Plts 1.25 lakhs, serum creatinine 3.13 mg/dl, Na/K 156/3.2mEg/L. Prognosis was explained to the family of the patient in detail. On 3rd January, 2017, the patient developed asystole. CPR was started as per ACLS guidelines, but despite all resuscitative measures, the patient could not be revived and declared dead at 2.10 a.m. on 3rd January, 2017.
2. It is observed that the patient was a diagnosed hypertensive for five-six years on tablet Cardace 5 mg. However, the ECG presented as part of pre-surgical work-up appears to be normal.

As the patient was asymptomatic for cardio-respiratory symptoms, no cardiac consultations or further investigations including echocardiography was considered necessary.

Pre-surgical investigations did not include serum electrolytes although; the patient had been on ACEI for over five to six years. However, renal functions were normal.

Immediate post-surgery, the patient developed an acute event which was witnessed by the anaesthetist (Dr. R.L. Garg).

In the absence of an accurate patient description of the event, it could have been :-

1. A cardiac syncope followed by a seizure.
2. An episode of seizure during which the patient had a cardiac arrest.
3. A vaso-vagal syncope due to oculo-cardiac reflex.
4. It is observed that as per records, the patient was managed as per the standard protocol in such cases; hence, no medical negligence can be attributed on the part of Dr. Rajeev Mohan, Dr. Sanjeev Mohan and Dr. R.L. Garg of Mohan Eye Institute, in the treatment administered to the complainant’s wife Smt. Sushma at Mohan Eye Institute, however, it is advised that communication with the patient’s attendant should be more transparent in case of an unforeseen events which can neither be forecast or completely avoided.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Subodh Kumar), (Dr. Ashwini Dalmiya) (Shri Bharat Gupta)

Chairman, Delhi Medical Association, Legal Expert

Disciplinary Committee, Member, Member,

Disciplinary Committee Disciplinary Committee

Sd/: Sd/: Sd/:

(Dr. A.K. Sethi), (Dr. Atul Goel) (Dr. B.P. Gulliani)

Expert Member, Expert Member, Expert Member

Disciplinary Committee, Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 20th January, 2020 was confirmed by the Delhi Medical Council in its meeting held on 28th February, 2020.

By the Order & in the name

of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:-

1. Shri Satish Chander Sharma, r/o- House No.89, Block-12, B.S.E.S Colony, Janakpuri, New Delhi-110058.
2. Dr. Rajeev Mohan, Through Medical Superintendent, Mohan Eye Institute, Mohan Eye Institute, 11-B, Ganga Ram Hospital Marg, New Delhi-110060.
3. Dr. Sanjeev Mohan, Through Medical Superintendent, Mohan Eye Institute, Mohan Eye Institute, 11-B, Ganga Ram Hospital Marg, New Delhi-110060.
4. Medical Superintendent, Mohan Eye Institute, Mohan Eye Institute, 11-B, Ganga Ram Hospital Marg, New Delhi-110060.
5. Addl. Director, PG Cell, Directorate General of Health Services, Govt. of NCT of Delhi, F-17, Karkardooma, Delhi-110032-w.r.t. letter No.F.23/34/DHS/PG Cell/2016/191745 dated 25.01.2017-**for information**.

(Dr. Girish Tyagi)

Secretary