DMC/DC/F.14/Comp.2037/2/2021/ 01st October, 2021

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Kuldeep Singh s/o Late Sh. Prem Singh r/o-Village Jondhan Kalan, The Israna, District Panipat, Haryana, alleging medical negligence on the part of Dr. Alok Aggarwal, Dr. Anuj Kumar Gupta and Maharaja Agrasen Hospital, Panjabi Bagh New Delhi-110026, in the treatment administered to the complainant’s father Shri Prem Singh, resulting in his death.

The Order of the Disciplinary Committee dated 27th July, 2021 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Kuldeep Singh s/o Late Sh. Prem Singh r/o-Village Jondhan Kalan, The Israna, District Panipat, Haryana (referred hereinafter as the complainant), alleging medical negligence on the part of Dr. Alok Aggarwal, Dr. Anuj Kumar Gupta and Maharaja Agrasen Hospital (referred hereinafter as the said Hospital), Panjabi Bagh New Delhi-110026, in the treatment administered to the complainant’s father Shri Prem Singh (referred hereinafter as the patient), resulting in his death.

The Disciplinary Committee perused the complaint, written statement of Dr. Anuj Kumar Gupta, Dr. Alok Aggarwal, Dr. Mamta Jain, Medical Superintendent of Maharaja Agrasen Hospital, copy of medical records of Maharaja Agrasen Hospital and other documents on record.

The following were heard in person :-

1) Dr. Alok Aggarwal Sr. Consultant Surgeon, Maharaja Agrasen Hospital

2) Dr. Anuj Kumar Gupta Sr. Consultant Surgeon, Maharaja Agrasen Hospital

3) Dr. S. S. Srivastav Joint Medical Superintendent, Maharaja Agrasen Hospital

4) Shri K.D. Sharma Medical Records Technician, Maharaja Agrasen Hospital

The Disciplinary Committee noted the complainant Shri Kuldeep Singh did not appear before the Disciplinary Committee, inspite of notice. The Disciplinary Committee contacted the complainant telephonically wherein he confirmed the receipt of notice for hearing but due to bad weather, expressed his inability to attend the proceedings.

In view of the fact that the complainant was resident of District Panipat, Haryana, in the interest of justice, the Disciplinary Committee acceded to his request to be heard telephonically.

The complainant Shri Kuldeep alleged that his father who was suffering from chest, belly pain and vomiting, was admitted in Maharaja Agrasen Hospital on 05.09.2016. The doctors suggested number of test to be conducted on the patient. Even after the tests were conducted, the doctors were not able to identify the problem. The doctors also conducted X-Ray and ultrasound of the whole abdomen which was done under the supervision of the doctors. As per the report of the ultrasound dated 05.09.2016 it was found that prostate is mildly enlarged in size and normal in echotexture. Weight-35.8 gms. No evidence of free fluid is seen in abdomen/pelvis. Praumbilical Hernia of abdominal wall defect approx 3.2 cm seen. The surgery for the same was performed and all routine investigation was done and evaluated for the same. After that, the patient was discharged on 09.09.2016. The patient did not get any relief even after the surgery by the doctors and he was again admitted in the said Hospital on 18.10.2016. All necessary investigations were done including CECT and endoscopy with duodenoscopy. In endoscopy D3 infiltrating mass was found for which biopsy was taken. The patient had persistent vomiting . In hospital patient was given iv fluids and kept NPO. In CECT W/A large retroperitoneal mass measuring 16.5x 12.8x 11.5 cm was found and the PET scan was advised by the doctors. After doing the needful, the patient did not get any relief from the treatment given by the above named doctors and the patient was discharged on 21.10.2016 and was advised to consult in Sri Balaji Action Medical Institute. All necessary investigations were done including CECT. The doctors of the said Institute call the biopsy done by the doctors of Maharaj Agrasen Hospital on 26.10.2016. It was evident that Histopathological features were suggestive of Adenocarecinoma. Most probably signet ring cell carcinoma. The patient was advised for Gastrogejunostomy followed by medical management. The patient relatives refused for any intervention at present. They were explained about the disease progression and outcome with responsible management and the patient was discharged on 28.10.2016. On 07.11.2016, the father of the complainant Shri Prem Singh died at his residence. It is submitted that the doctors of the Maharaja Agrasen Hospital and the hospital are responsible for the death of Shri. Prem Singh. It is submitted that the doctors of the Maharaja Agrasen Hospital submitted the wrong report of investigation and did the surgery for Hernia of abdominal wall defect approx. 3.2 cm seen. The surgery and all routine investigation was done and evaluated for the same, but the patient was not suffering from hernia and they said that the patient responded well to the treatment and is being discharge in stable condition, but the patient did not get any relief from the surgery and treatment. The patient was forcefully discharged. The biopsy report made by the doctors of Maharaja Agarasen Hospital was suggestive of adenocarcinoma, but the doctors failed to give the proper treatment to the patient and because of the negligence of the doctors the patient died. The aforesaid acts clearly reveal that the said doctors have caused negligence and are responsible for the death of Sh. Prem Singh.

Dr. Alok Aggarwal, Senior Consultant, Surgery 2A, Maharaja Agrasen Hospital in his written statement averred that as per hospital record patient Shri Prem Singh visited surgery OPD on 02.09.2016 and was diagnosed as a case of Large Supra Umbilical hernia by him, for which, he was advised meshplasty either by Laparoscopic or open method. The complainant Shri Kuldeep Singh wrongly said that patient Shri Prem Singh was admitted in the Hospital with complaint of chest pain. Patient was advised pre operative tests for surgery (PAC package with HCV,S. Cretinine, LFT, Cardiac clearance and physician reference ultrasound whole abdomen). He was advised to get admitted on 05.09.2016 for surgery on 06.09.2016. The patient Shri Prem Singh aged about 72 years was admitted on 05.09.2016 through OPD vide IP No. 1635034 in economy category under surgery 2A unit. As history sheet clearly mentioned patient had complaint of swelling over abdomen/ umbilical area for 3 years which progressively increased in size with confirm diagnosis of supra umbilical hernia. Required investigations were conducted. Reports were normal. Cardiology fitness given to the patient for surgery and ultrasound report showed prostatomegaly with para umbilical defect of 3.2 cm. Urologist opinion was taken for prostatomegaly and he advised CPE with TURP for that surgical procedures were explained to the patient Prem Singh and his attendant Shri Kuldeep Singh. They duly signed the informed written consent for the surgery of supraumbilical hernia and protatomegaly. Exploration of hernial sac with adhesiolysis with repair of defect with Meshplasty (exploratory laparotomy with meshplasty for large supra umbilical hernia)(Dr. Alok/Dr. Anuj) and TURP with bladder neck incision (Dr. R.K. Sharma) was conducted on 06.09.2016. Post operative period was uneventful. Patient was discharged on 09.09.2016 under stable condition and was further advised for review in surgery OPD on Friday, 16.09.2016 for follow up. The patient visited on 13.09.2016 for cath removal. After 38 days of surgery patient Shri Prem Singh again visited casualty of the hospital on 18.10.2016 with complaint of pain in abdomen and vomiting for 1 week and diminished oral intake for 1 week. After examination of the patient, Shri Prem Singh was advised for admission. The patient Shri Prem Singh was admitted on 18.10.2016 vide IP No. 1641756 in semi private category under surgery 2A. He was advised CECT whole abdomen. In CECT whole abdomen large retroperitoneal mass measuring 16.5 \*12.8\*11.5 cm was found. Patient was given medicine and Gastroenterology reference. In endoscopy D3 infiltration mass was found for which biopsy was taken. Attendant of the patient refused for Ryle’s tube insertion. PET scan was advised to the patient. Patient was under further evaluation but patient left against medical advice on 21.10.2016 and at that time biopsy report was awaited. The grandson of the patient Shri Jasmer Singh Jaglan refused for Laparoscopy on 05.09.2016 and further took the patient as LAMA on 21.10.2016. The patient’s attendant was advised for Gastrojunostomy followed by medical management and they have been explained about the disease progression and outcome with responsible management. Patient relative refuse for any intervention and took discharged from Action Balaji Hospital on 28.10.2016 as mentioned in the complaint patient’s attendant did not take proper treatment for late Shri Prem Singh that’s why he died. So, it is grave negligence on the part of Mr. Kuldeep Singh that he did not follow the advice of doctor’s.

Dr. Anuj Kumar Gupta, Consultant, Surgery 2A, Maharaja Agrasen Hospital, reiterated the stand taken by Dr. Alok Aggarwal in his written statement.

Dr. Mamta Jain, Medical Superintendent, Maharaja Agrasen Hospital in her written statement averred that Maharaja Agrasen Hospital is amulti-disciplinary, super specialty hospital having accreditation of NABH, NABL and ISO certification. It is bounden duty and obligation of the civil society including family of the patient to ensure that the medial professionals are not unnecessary harassed or humiliated, so that they can perform their professional duties without fear and apprehensions. In view of the facts and circumstances mentioned above as well as in the documents submitted, the complainant of Shri Kuldeep Singh is liable to be dismissed against the hospital and the treating doctors.

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

1. The patient Shri Prem Singh, 72 years old male, a known case of type II diabetes mellitus with hypertension, was admitted on 05th September, 2016 in the said Hospital with complaints of swelling over umbilical area that progressively increased in size over 3 years. He was diagnosed as a case of large supraumblical hernia. As per the ultrasound whole abdomen report dated 05.09.2016 of the said Hospital, ‘Paraumblical hernia of abdominal wall defect approx 3.2 cm was seen’. He underwent exploratory laparotomy with meshplasty of supramblical, Hernia, under consent, under spinal anesthesia on 06.09.2016. The surgery was performed by Dr. Alok Aggarwal; post operative period was uneventful and he was discharged on 09.09.2016. The patient had to be readmitted on 18.10.2016 in the said Hospital with complaints of pain abdomen and vomiting for one month and decreased oral intake for one week. He was subjected to CECT scan and endoscopy with duodenoscopy. In endoscopy D3 infiltrating mass was found for which biopsy was done. Patient condition prognosis was explained to the patient. Patient refused for Ryle’s tube insertion. He continued to have persistent vomiting . In CECT W/A large retroperitoneal mass measuring 16.5x12.8x11.5 cm was found. PET scan was advised. The patient, however, went LAMA on 21.10.2016. The patient, thereafter, was admitted in Sri Balaji Action medical Institute, Paschim Vihar on 21.10.2016. The biopsy report dated 26.10.2016 of Maharaja Agrasen Hospital of sample received on 20.10.2016 gave impression of Adenocarcinoma. The PET CT scan done at Sri Balaji Action Medical Institute was suggestive of retroperitoneal mass with involvement of adjacent organ with multiple abdominal lymphyatenopathy and peritoneal/perisplenic metastic deposits with bilateral metastic lung nodule. Patient was advised for Gastrojejunostomy which was refused. They were explained about disease, disease progression and outcome with possible management. Patient did not want to continue with any further treatment and decided to shift to nearby hospital for support of management, thus was discharged on request on 28.10.2016. As per the complaint patient died on 07.11.2016.
2. The patient was operated for supra umbilical hernia and BPH(Benign prostatic hyperplasia). The informed written consent for both the procedures were taken. Ultrasound abdomen is not an appropriate imaging modality to diagnose retroperitoneal tumors such as pancreatic tumors etc. CECT scan abdomen is not routinely required in the pre-operative work-up of supra umbilical hernia. Retroperitoneal tumor was diagnosed after approximately one month of hernia surgery based on clinical presentation, CT scan and upper GI endoscopy. Biopsy was signet ring carcinoma, which is an aggressive tumor. The tumor has no relationship with hernia surgery. The patient was managed as per standard operating procedures.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of Dr. Alok Aggarwal, Dr. Anuj Kumar Gupta and Maharaja Agrasen Hospital, in the treatment administered to the complainant’s father Shri Prem Singh.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. G.S. Grewal) (Dr. Anil Kumar Yadav) (Dr. Subodh Kumar)

Delhi Medical Association, Eminent Publicman, Expert Member

Member, Member, Disciplinary Committee

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 27th July, 2021 was confirmed by the Delhi Medical Council in its meeting held on 23rd September, 2021.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Kuldeep Singh s/o Late Sh. Prem Singh r/o-Village Jondhan Kalan, The Israna, District Panipat, Haryana.
2. Dr. Anuj Kumar Gupta, Through Medical Superintendent, Maharaja Agrasen Hospital, Panjabi Bagh, New Delhi-110026.
3. Dr. Alok Aggarwal, Through Medical Superintendent, Maharaja Agrasen Hospital, Panjabi Bagh, New Delhi-110026.
4. Medical Superintendent, Maharaja Agrasen Hospital, Panjabi Bagh, New Delhi-110026

(Dr. Girish Tyagi)

Secretary